



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, June 7, 2022

4:00 PM

IN AN EFFORT TO PREVENT THE SPREAD OF COVID-19 (CORONAVIRUS), THERE WILL BE NO PUBLIC LOCATION FOR ATTENDING THIS BOARD MEETING IN PERSON. MEMBERS OF THE PUBLIC MAY JOIN THE MEETING BY FOLLOWING THE INSTRUCTIONS BELOW:

Meeting Information

Meeting link: <https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=me8cb51f5c925db353d3aff4b5d943b40>

Meeting number: 2554 087 3648

Password: 1234

More ways to join

Join by video system

Dial [25540873648@webex.com](tel:25540873648@webex.com)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 2554 087 3648

Password: 1234

Emergency phone number if WebEx tech difficulties

951-846-2846

code: 3376#

THE TELEPHONES OF ALL MEMBERS OF THE PUBLIC LISTENING IN ON THIS MEETING MUST BE "MUTED".

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

Members of the public who wish to comment on any item on the agenda may speak during public comment or submit comments by emailing publiccomment@sgmh.org on or before 1:00 PM on Tuesday, June 7, 2022, which will become part of the board meeting record.

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

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

GENERAL TOPIC

III. Stroke Program Presentation J. Peleuses A

OLD BUSINESS

IV. ***Proposed Action - Approve Minutes** S. DiBiasi B
• May 3, 2022, Regular Meeting

NEW BUSINESS

V. Hospital Board Chair Monthly Report S. DiBiasi verbal

VI. CEO Monthly Report S. Barron verbal

VII. June, July, & August Board/Committee Meeting Calendars S. DiBiasi C

VIII. ***Proposed Action – Reappoint existing board member to a second four-year term expiring June 30, 2026** S. DiBiasi verbal
• Steve Rutledge
▪ **ROLL CALL**

IX. ***Proposed Action – Recommend approval to Healthcare District Board** J. Peleuses D
• Acquisition of Two CT Scanners from Canon Medical Systems, USA
▪ **ROLL CALL**

X. Committee Reports:

- Human Resources Committee S. Rutledge/ E
○ May 18, 2022, regular meeting minutes A. Karam
○ Reports

- Finance Committee E. Ngo/
○ May 31, 2022, regular meeting minutes D. Heckathorne F
* **Proposed Action – Approve April 2022 Financial Statement (Unaudited)**
(Approval recommended by Finance Committee 05/31/2022)
 - **ROLL CALL**

- * **Proposed Action – Recommend Approval to Healthcare District Board to Approve Annual Insurance Renewals** D. Heckathorne G
 - Professional and General Liability Programs
 - Property and Casualty Programs(Approval recommended by Finance Committee 05/31/2022)
 - **ROLL CALL**

XI. Chief of Staff Report S. Khalil, MD H
* **Proposed Action - Approve Recommendations of the Chief of Staff**
Medical Executive Committee

- **ROLL CALL**

XII. * **Proposed Action - Approve Policies and Procedures** Staff I
• **ROLL CALL**

XIII. Community Benefit events/Announcements/ S. DiBiasi J
and newspaper articles

XIV. Future Agenda Items

*** **ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION** S. DiBiasi

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

XV. **ADJOURN TO CLOSED SESSION**

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

RECONVENE TO OPEN SESSION

*** **REPORT ON ACTIONS TAKEN DURING CLOSED SESSION** S. DiBiasi

XVI. **ADJOURN** S. DiBiasi

San Gorgonio Memorial Hospital
Board of Directors Regular Meeting
June 7, 2022

***Action Required**

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

I certify that on June 3, 2022, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors
(*Government Code Section 54954.2*).

Executed at Banning, California, on June 3, 2022



Ariel Whitley, Executive Assistant

TAB A



Primary Stroke Certification SGMH Governing Board Meeting

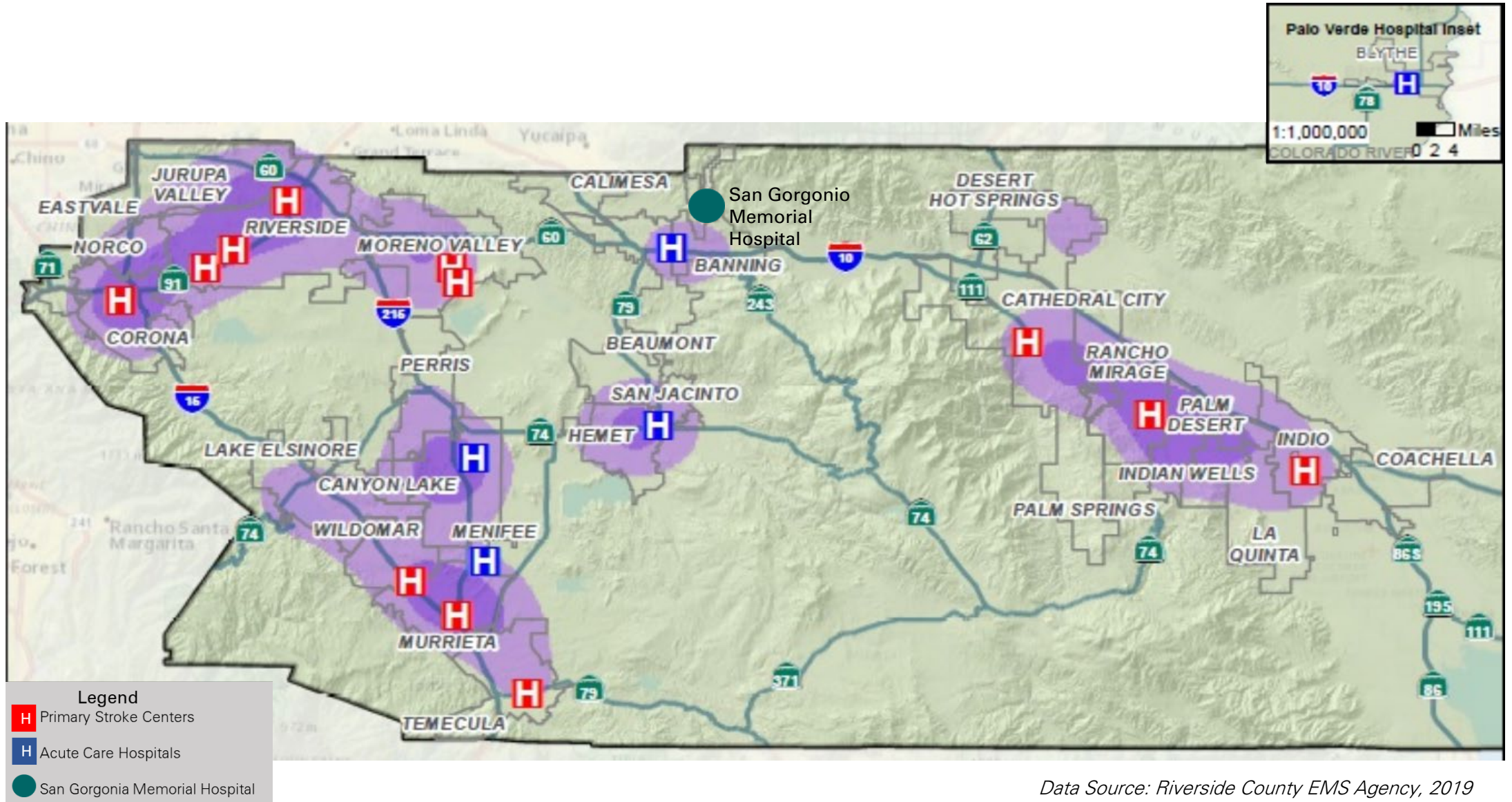


JUNE 7, 2022

STROKE CENTERS

Riverside County





Stroke Centers | Riverside County



CT UNIT SELECTION PROCESS

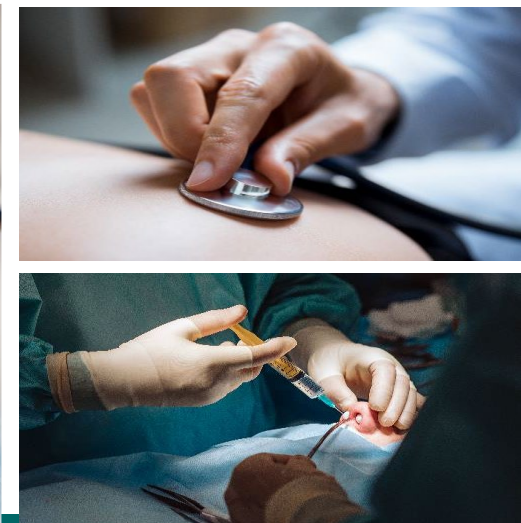


1. Determine Criteria For Units

- Publish Request for Proposal and Solicit Bids
- Review Submitted Proposals
- Vendor Presentations to Physicians, Leadership and Staff
- Negotiate with two final vendors
- Solicit Physician Input (Radiology, Neurology, Cardiology and ED)
- Finalize Selection

2. Present for Approval

3. Place Order



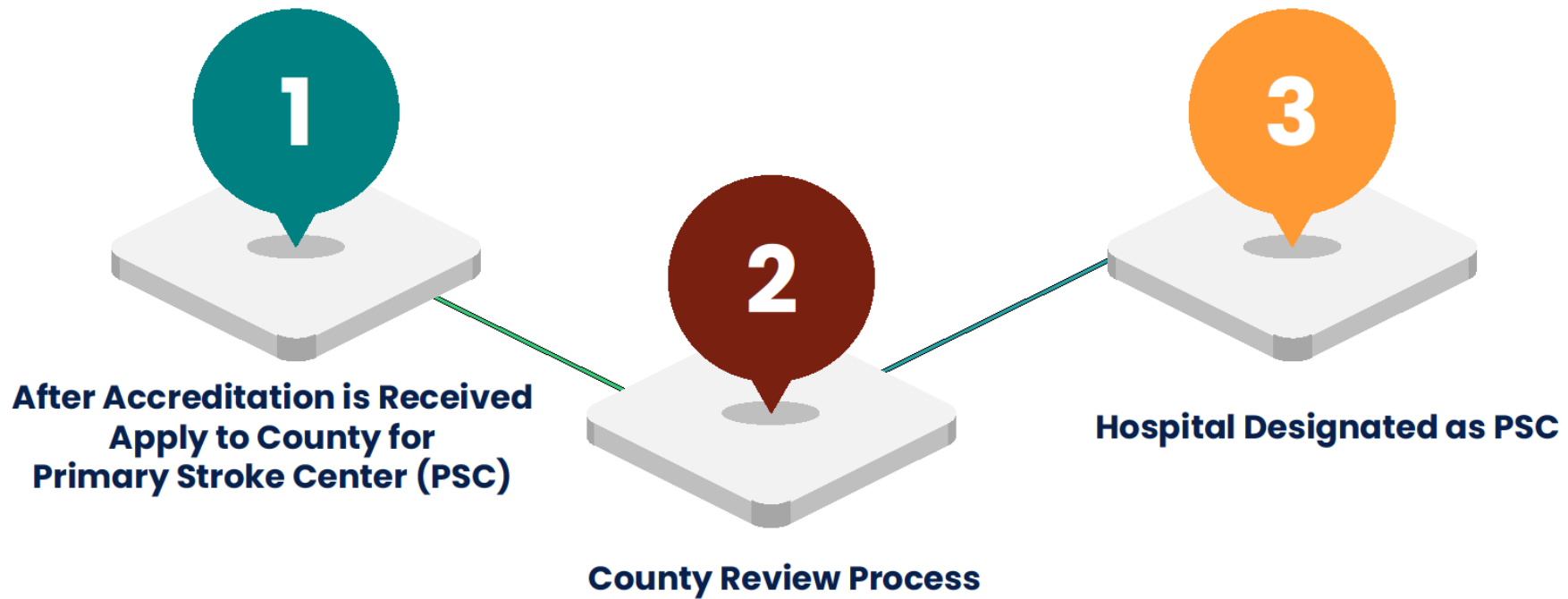
ACCREDITATION PROCESS



Task	Time Fame	Estimated Completion
Planning and Design (Phase 1)	2-3 Months	Mid-March 2022
Construction (Phase 1) <ul style="list-style-type: none"> • Relocation of Mobile Imaging Pad • CT Mobile Unit Installation • CT Installation (Emergency Department) 	6 Months	October 2022
New Equipment Selection (Canon)	2-3 Months	Mid May 2022
Replacement of Existing Equipment	2 Months	October 2022
Planning and Design (Phase 2)	4-6 Months	October 2022
Construction (Phase 2) <ul style="list-style-type: none"> • CT Installation (Diagnostic Imagining Department) • Relocation of MRI Trailor to Mobile Pad 	6-8 Months	June 2023
Licensing and Accreditation	6-8 Months	June 2023
Policy and Procedure Development	6 Months	March 2023
Hiring Staff	Varies (with position)	July 2023
Staff Education	Ongoing	August 2023

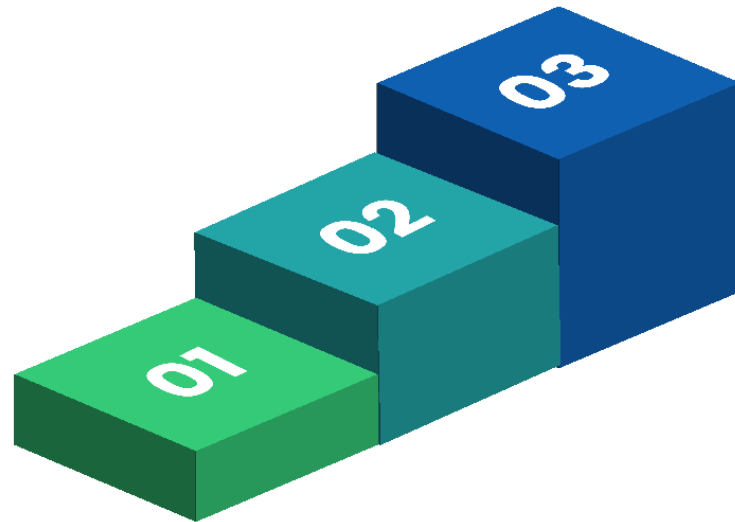






Hospital construction projects must be reviewed and approved by the California Department of Health Care Access and Information (HCAI)

Multi-Step Review Process



01

Initial submission to HCAI

02

HCAI reviews and returns with questions or comments (Backcheck)

03

Responses to HCAI
(can be multiple rounds of review)



NEXT STEPS



Develop Architectural Plans for ED CT

- Relatively Straight forward
 - Equipment Swap Like for Like

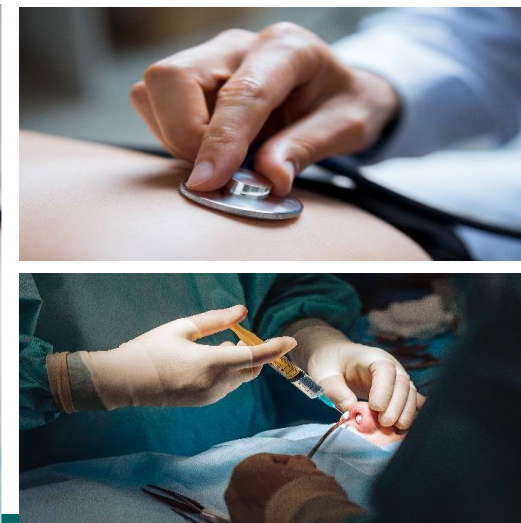
Develop Architectural Plans for Second CT

- Significantly more involved with additional construction Required
- Review Code Changes for ADA accommodations

Submit to HCAI for Approval

- Review of design
 - Backcheck / approval of design

RFP Phase 2 Construction



Next Steps



QUESTIONS



TAB B

**REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS**

May 3, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, May 3, 2022. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20 (pending AB 361 implementation), there was no public location for attending this board meeting in person. Board members and members of the public participated via WebEx.

Members Present: Phillip Capobianco III, Ehren Ngo, Ron Rader, Steve Rutledge (Vice Chair), Randal Stevens, Dennis Tankersley, Siri Welch

Members Absent: Susan DiBiasi (Chair), Joel Labha

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Sherif Khalil, MD (Chief of Staff), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Karan P. Singh, MD (CMO), Angie Brady (ED Director), Margaret Kammer (Controller), Susan Sommers (Infection Control Director), Peter Kim (Performance Improvement Director), Jayme Goodner (Surgical Services Director)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Vice Chair, Steve Rutledge, called the meeting to order at 4:02 pm.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
GENERAL TOPIC		
da Vinci Robot Presentation	Jayme Goodner, our Surgical Services Director briefly explained her experience being a patient of a robotic surgery procedure. Dr. Singh presented on the da Vinci Robot, how it works, and why hospitals invest in equipment/services as such.	
OLD BUSINESS		
Proposed Action - Approve Minutes	Vice Chair, Steve Rutledge, asked for any changes or corrections to the minutes of the April 5, 2022, regular meeting as included on the	The minutes of the April 5, 2022,

AGENDA ITEM		ACTION / FOLLOW-UP
April 5, 2022, regular meeting.	board tablets.	regular meeting will stand correct as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	No report.	
CEO Monthly Report	Steve Barron reported that census has been low. He also mentioned that we applied for a grant/earmark for about \$500,000 worth of equipment and should hear back soon.	
May, June, & July Board/Committee meeting calendars	Calendars for May, June, & July were included on the board tablets.	
Foundation Monthly Report	In the absence of Valerie Hunter, Steve Barron gave the Foundation Monthly Report as included on the board tablets.	
Patient Care Services Bi-Monthly Report	Vice Chair, Rutledge noted that the Patient Care Services Bi-Monthly report was included as a handout for review. Pat Brown reviewed the Patient Care Services Bi-Monthly Report.	
Format of Future Meetings – Discussion	Dennis Tankersley discussed returning to in-person meetings. We will return to in-person board meetings beginning on June 7, 2022.	
990 Filing (to be emailed) – Discussion	Dan Heckathorne noted that the Best On Board education module discusses the Form 990. Board members are required to look at the 990 before the hospital files. The 990 will be emailed to each board member. Dan would like a response by May 11 th . All questions should be addressed to Margaret.	
COMMITTEE REPORTS:		

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>Finance Committee</p> <p>Proposed Action – Recommend Approval of the March 2022 Financial Statement (Unaudited).</p>	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the March 2022 Financial report which was included on the board tablet. A copy of the Finance Committee’s April 27, 2022, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the March 2022 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 604 1250 793"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Absent</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Absent	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Rader/Welch), the SGMH Board of Directors approved the March 2022 Financial Statement as presented.</p>
Capobianco	Yes	DiBiasi	Absent																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p>Chief of Staff Report</p> <p>Proposed Action – Approve Recommendations of the Medical Executive Committee</p>	<p>Sherif Khalil, MD, Chief of Staff, briefly reviewed the Medical Executive Committee report as included on the board tablets.</p> <p>Approval Items:</p> <ul style="list-style-type: none"> • 2022 Annual Approval of Policies and Procedures • Approval of tPA Policy • Approval of Robotic-Assisted Privileges <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1199 1250 1388"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Absent</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Absent	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Welch/Stevens), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</p>
Capobianco	Yes	DiBiasi	Absent																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p>Proposed Action – Approve Policies and Procedures</p>	<p>There was one (1) policy and procedure included on the board tablets presented for approval by the Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1612 1250 1801"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Absent</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Absent	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<p>M.S.C., (Tankersley/Rader), the SGMH Board of Directors approved the policies and procedures as submitted.</p>
Capobianco	Yes	DiBiasi	Absent																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP
Community Benefit events/Announcements/and newspaper articles	Miscellaneous information was included on the board tablets.	
Future Agenda Items	None.	
Adjourn to Closed Session	<p>Vice Chair, Rutledge reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> ➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing ➤ Receive Quarterly Performance Improvement Committee Report ➤ Receive Quarterly Infection Control/Risk Management Report ➤ Receive Quarterly Emergency Preparedness/Environment Safety Report <p>The meeting adjourned to Closed Session at 5:11 pm.</p>	
Reconvene to Open Session	<p>The meeting adjourned from closed session at 5:35 pm.</p> <p>At the request of Vice Chair Rutledge, Ariel Whitley reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing ➤ Received Quarterly Performance Improvement Committee Report ➤ Received Quarterly Infection Control/Risk Management Report ➤ Received Quarterly Emergency Preparedness/Environment Safety Report 	
Adjourn	The meeting was adjourned at 5:35 pm.	

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

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB C



June 2022

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	8	9	10	11
12	13	14 	15	16	17	18
19 	20	21	22	23	24	25
26	27	28 9:00 am Finance Committee 10:00 am Executive Committee	29	30		

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

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



July 2022

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 ADMIN. CLOSED IN OBSERVANCE OF INDEPENDENCE DAY	5 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26 9:00 am Finance Committee	27	28	29	30
31						

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

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



August 2022

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	3	4	5	6
7	8	9	10	11	12	13
14	15	16 9:00 am Community Planning Committee	17 9:00 am HR Committee	18	19	20
21	22	23	24	25	26	27
28	29	30 9:00 am Finance Committee	31			

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

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

TAB D



Date: 13 May 2022

To: Steve Barron – CEO
Patricia Brown – CNO/COO
San Gorgonio Memorial Hospital Finance Committee
San Gorgonio Memorial Hospital Foundation

From: John Peleuses – Project Manager *JP*

Subject: CT Acquisition Recommendations

Background:

The hospital's Diagnostic Imaging Department went through an extensive selection process that included creating a Request for Proposal (RFP). This process evaluated the current and future needs of the department and criteria for obtaining American Heart Association/American Stroke Association (AHA/ASA), The Joint Commission (TJC) and the Riverside County Emergency Medicine Services Agency (REMSA) Primary Stroke Center Designation. The funding for this purchase will be obtained from the San Gorgonio Memorial Hospital Foundation through a generous donation by the Morongo Band of Mission Indians.

The proposal was published in February 2022 with responses and vendor presentations completed in late April. There were four (4) vendors that submitted proposals and met with our selection committee for the presentations. The selection committee included representatives from Hospital Leadership, Diagnostic Imaging Leadership and staff, and Physician constituents that represented the specialties of, Cardiology, Emergency Medicine, Neurology and Radiology.

Process:

All proposals were reviewed for completeness, examples of images for quality of studies and financial viability which included cost of acquisition as well as cost of operation over a five-year period. The vendors were reduced to two finalist who were contacted and given the opportunity to provide final proposals for pricing and cost of Service. Upon subsequent negotiations with the vendors we selected the vendor with the lowest responsible bid that best met all the needs of the hospital.

Recommendation:

The review was completed in concert with Hospital Leadership and Medical staff recommendation. The selection committee is pleased to submit their recommendations for the purchase of the proposal submitted by Canon Medical Systems USA.

The acquisition cost of the two Canon CT units will be \$1,284,917 plus tax, shipping, and necessary construction to accommodate the units. Construction estimates are pending architectural design and regulatory review. The annual service expense after the first-year warranty period is \$154,950 annually which would cover both units with glassware

(x-ray tubes) with the price locked in for 72 months. The purchase terms are 0% down, 80% upon shipment of the units and the remaining 20 % net 30 days after completion/acceptance.

The committee sites the quality of the images, serviceability of the units coupled with numerous features and functions that will improve patient safety and through-put. With the added ability to stabilize operating costs with guaranteed stable service pricing.

Achieve Your CT Priorities in Radiology



Making Standard of Care, Standard	Aquilion Lightning	Aquilion Prime SP	Aquilion ONE GENESIS Edition	Aquilion ONE PRISM Edition
SEMAR (Single Energy Metal Artifact Reduction) Technique to reduce metallic artifact, improving visualization of implants and the adjacent soft tissues for a clearer and more confident diagnosis	✓	✓	✓	✓
660+ lbs. Capacity Table Ability to scan a greater range of patient sizes	✓	✓	✓	✓
Extended Table/Scannable Range 2000 mm scan range	✓	✓	✓	✓
SURE^{kV} Provides for an automatic kV selection based on the patient size and the target image quality level	✓	✓	✓	✓
SURE^{Exposure} Dose modulation tool for personalized dose management	✓	✓	✓	✓
AIDR 3D Enhanced (Adaptive Iterative Dose Reduction) Iterative noise reduction tool to help lower dose	✓	✓	✓	✓
PURE^{ViSION} Detector Advanced detector technology across CT portfolio	✓	✓	✓	✓
Insta-View Enables easy review of CT scan, instantly	✓	✓	✓	✓
Gantry Tilt +/- 30° gantry tilt in all scan modes (axial and helical)	✓	✓	✓	✓



Enhancing the Patient and User Experience	Aquilion Lightning	Aquilion Prime SP	Aquilion ONE GENESIS Edition	Aquilion ONE PRISM Edition
Wide 78 cm Bore The wide bore patient aperture enhances patient comfort	✓	✓	✓	✓
Open Flared Gantry Design Unique flared gantry is designed to help improve patient access	✓	✓	✓	✓
Wide 47 cm Table Easy patient loading, positioning and transfer from a wheelchair or bed	✓	✓	✓	✓
Low 33 cm Table Height Easy patient loading, positioning and transfer from a wheelchair or bed	✓	✓	✓	✓
Flat Tabletop Design Easier patient transfer and less strain to technologist	✓	✓	✓	✓
Area Finder/Laser Collimation¹ Laser collimation allows the field of view and scan range to be set directly on the gantry			✓	✓
Auto Start Feature from Gantry Ability to initiate scan tableside for added patient safety		✓	✓	✓
Tech Assist Lateral Slide¹ Mechanically move the table right or left, up to 42 mm, to the correct position with the push of a button	✓	✓	✓	✓
SURE²Position Accurately position the patient up-down and right-left from the control room ²	✓	✓	✓	✓

Making Innovation Accessible	Aquilion Lightning	Aquilion Prime SP	Aquilion ONE GENESIS Edition	Aquilion ONE PRISM Edition
Advanced Intelligent Clear-IQ Engine (AiCE)¹ Deep Learning Reconstruction (DLR) using a next-generation approach to image reconstruction that can improve image quality and reduce scan times	✓	✓	✓	✓
Deep Learning Spectral Technology Deep Learning Spectral reconstruction for excellent energy separation and low-noise properties			✓	✓
SURE¹Subtraction¹ Automated bone subtraction and/or iodine mapping	✓	✓	✓	✓
vHP 3-Phase (Variable Helical Pitch)¹ Enables multiple specialized studies within a single scan		✓	✓	✓

¹Optional

²Right-left centering requires Tech Assist Lateral Slide

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RadiologyCSS14088US

Made For life



Standardizing capabilities/offerings/technology across their radiology department was listed as a top priority in a recent survey.¹

With most standard of care technologies being optional, this is the challenge.

Making CT Standard of Care, Standard in Radiology

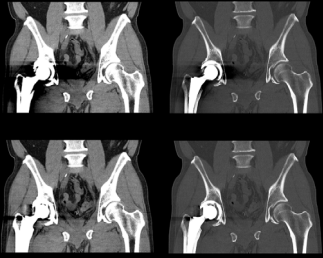
“SEMAR protocols and SEMAR software is very easy to use. It’s just a simple click on the scanner and the machine does all of the work for you. With SEMAR we get more data around metal so there is more diagnostics, and more information gathered to make a better diagnosis for the patient and prognosis of the outcome.”²



— *Grant Mooney*
Lead CT Technologist
Memorial University Medical Center

Canon makes features and technologies for treating patients standard, not optional

SEMAR (Single Energy Metal Artifact Reduction)



ORIGINAL SEMAR

- Automated metal artifact reduction
- Improving visualization of implants and the adjacent soft tissues
- No dose penalty

Enhanced table features



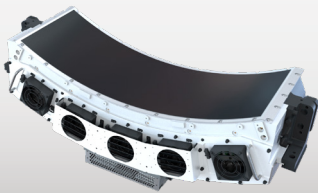
- 660+ lbs. table capacity and low 33 cm table height facilitates easy access for larger patients
- Extended table with 2,000 mm scan range that allows single head to toe acquisition
- Comfortable 47 cm table width

Dose management features



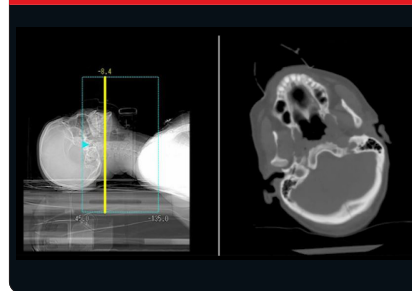
- AIDR 3D – Iterative noise reduction tool to help lower dose
- SURE^{Exposure} – Dose modulation tool for personalized dose management
- SURE^{kV} – Provides for an automatic kV selection based on the patient size and the target image quality level

PUREVISION Detector



- Advanced detector technology available across entire CT portfolio
- 40% better light output for improved image quality, especially at low doses
- 0.5 mm slice resolution

Insta-View



- Provides real-time imaging during the scan
- Monitor the scan results instantly to save scan time

+/- 30° Gantry Tilt



- Highly advanced reconstruction technology overcomes the mathematical complexity of angled scanning for helical and volumetric acquisition, with no compromise in image quality

¹Source: IMV 2019 Global Imaging Market Outlook Report

²The clinical results, performance and views described are the experience of the clinicians. Results may vary due to clinical setting, patient presentation and other factors

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RadiologyCSS14102US

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SURE Workflow



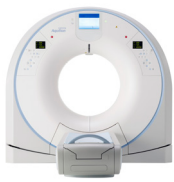
Automated workflows. Driving efficiency from referral to reporting.

Introducing Canon Medical Systems' suite of ^{SURE}Workflow tools¹ to drive efficiencies through automation of key steps of the CT imaging chain from referral to reporting. Incorporate tools for simplified patient setup enabling safe and accurate care delivery, automated protocol setup for scans with personalized/optimized dose and image quality across patients, zero-click post-processing for consistent and fast results, and an AI-based solution for optimized post-scan workflow with actionable findings at your fingertips.

SURE Workflow | Consistency Across the Portfolio

CT scanners designed for patient's safety and satisfaction with technology that meets your needs now and in the future.

Advanced technologies and ergonomics are standard on every configuration. So innovative capabilities are readily available for scanning a wide range of patients—from pediatric to bariatric. Industry-leading, automated dose reduction capabilities improve patient safety and increase your quality of care.



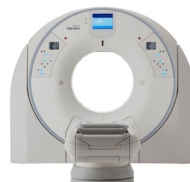
Aqilion Lightning



Aqilion Prime SP



Aqilion Exceed LB



Aqilion Precision



Aqilion ONE
GENESIS Edition



Aqilion ONE
PRISM Edition

Shared Technologies



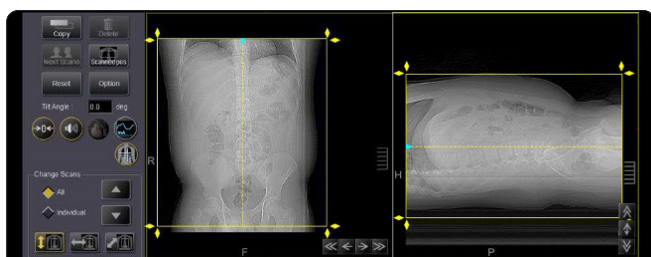
Safe & Accurate Patient Setup



Patient Centric Design

Aqilion CT systems feature a calming, wide-open space for an improved² patient and user experience.

Improved access to the patient from the front and rear of the gantry. Making innovation accessible.



Tech Assist Lateral Slide

Automatically optimizes the patient position with the push of a button.

An easier and safer way to position for the patient and technologist, reducing risk of injury.



SUREPosition

Ability to center the patient by scan plan GUI and always perform iso-center scanning for optimized IQ.

Providing safer care during trauma and time critical procedures.

Automated & Personalized Scans

Personalized Dose Management

Pediatric protocols automatically load during registration, protecting patients by ensuring the correct protocols are easily available.

Automatic exposure control ensures optimum image quality and patient dose with limits you define and cannot be exceeded.



SUREkV

Automated kV selection that is integrated into the protocol.

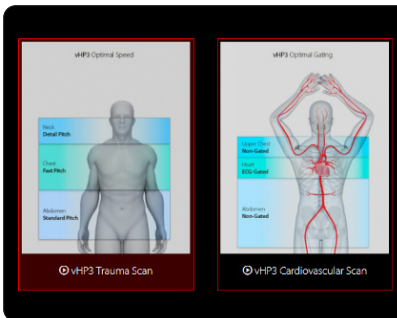
Designed to optimize image quality for clinical tasks based on habitus and SURE Exposure parameters.



vHP3

Enables multiple specialized studies within a single scan, seamlessly transitioning between scan parameters optimized for each body region.

vHP3 is integrated into the protocol, will automatically transfer images, has the potential to lower doses.

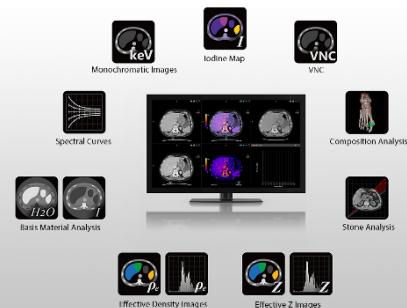


Zero-click & Consistent Results

CT Deep Learning Spectral

Spectral Deep Learning is integrated into the protocol and will automatically transfer monochromatic volumes, iodine maps and VNC results to PACS.

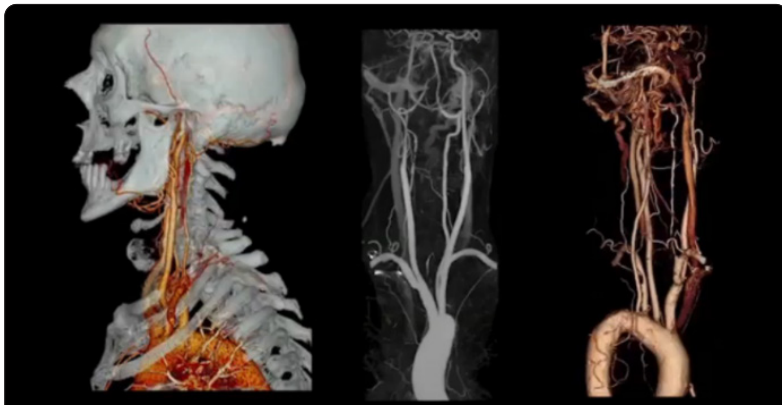
Spectral material differentiation and characterization evaluations can be launched directly from PACS with integration of Vitrea Advanced Visualization tools.



SURESubtraction

Save valuable time in the department with automated CTA results, including automated 3D VR, MIP and bone removed images.

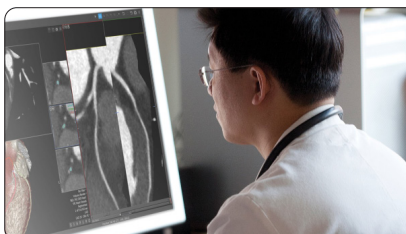
SURESubtraction has a zero-click workflow that automatically generates subtracted images and transfers directly to PACS for fast results.



Vitrea Advanced Visualization

Vitrea software can provide a full-powered solution for 2D, 3D and 4D CT evaluations.

Facilitate clinical assessment with powerful applications, streamlined partner integrations and clinical solutions and workflows tailored to your needs.

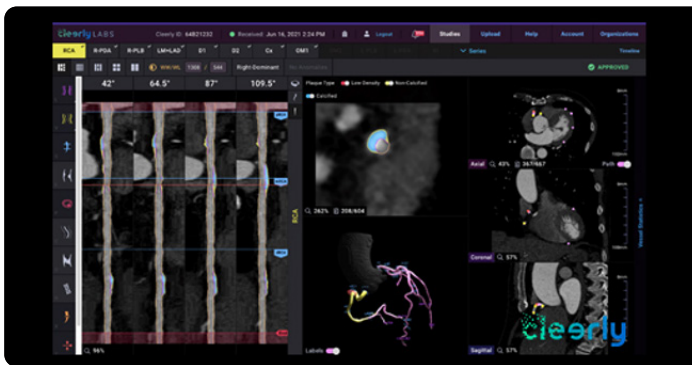
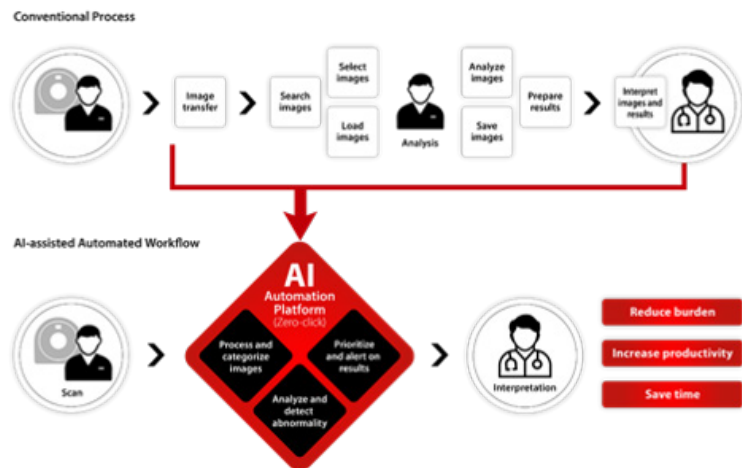


Timely & Accurate Findings

Automation Platform

Automation Platform is an AI-based, zero-click solution that uses deep learning technology to streamline workflows for fast, actionable results every time.

Using deep learning technologies to aid clinicians in making quick, easy and informed treatment decisions.



Cleerly³

AI-enabled atherosclerosis evaluation of the coronary arteries.

Cleerly analysis can provide precise quantification and characterization of the type of plaque within the coronary arteries.

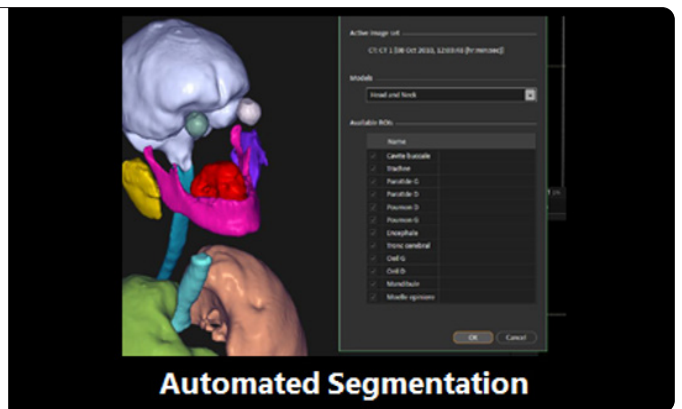
With auto-generated, fully editable reports delivered to the clinician.

RaySearch⁴

AI-trained automated organ segmentation for radiation oncology.

Using a pre-trained Deep Learning model, RaySearch is able to segment all structures in one minute.

For standardized, consistent, automated results.



Automated Segmentation

¹Not all options/features may be available across all systems/configurations

²Compared to competitive systems

³Offered through a partnership with Cleerly, Inc.

⁴Offered through a partnership with RaySearch Laboratories

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CTCSS14067US

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Aquilion Prime SP

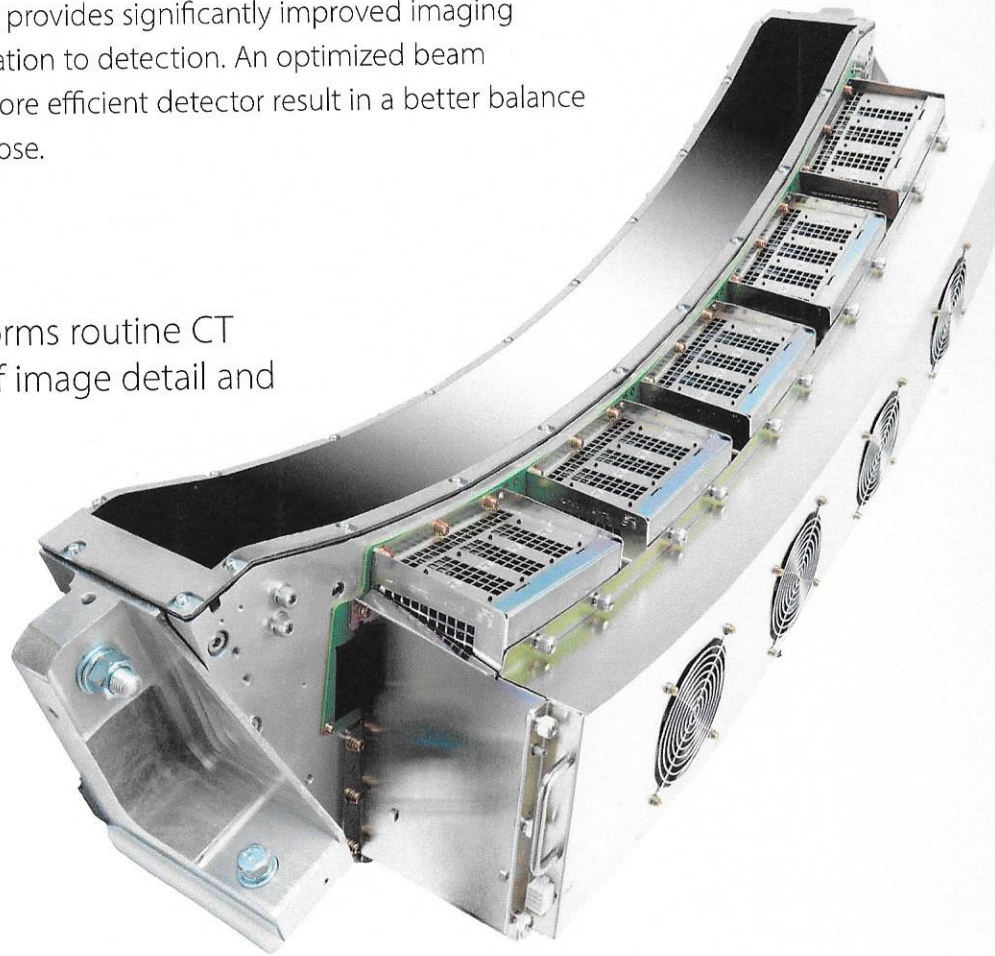
Complete Clinical Capability

160 slice Ultra Helical CT

The right balance between image quality and dose for every patient, from the youngest to the largest

Our PUREVISION Optics solution provides significantly improved imaging efficiency from photon generation to detection. An optimized beam spectrum combined with a more efficient detector result in a better balance between image quality and dose.

PUREVISION Optics transforms routine CT imaging to new levels of image detail and low contrast resolution



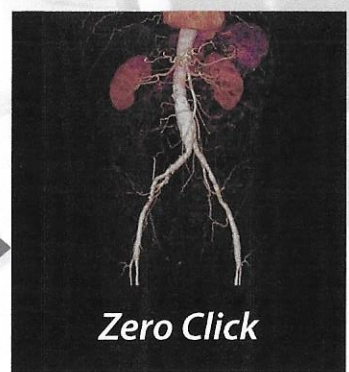
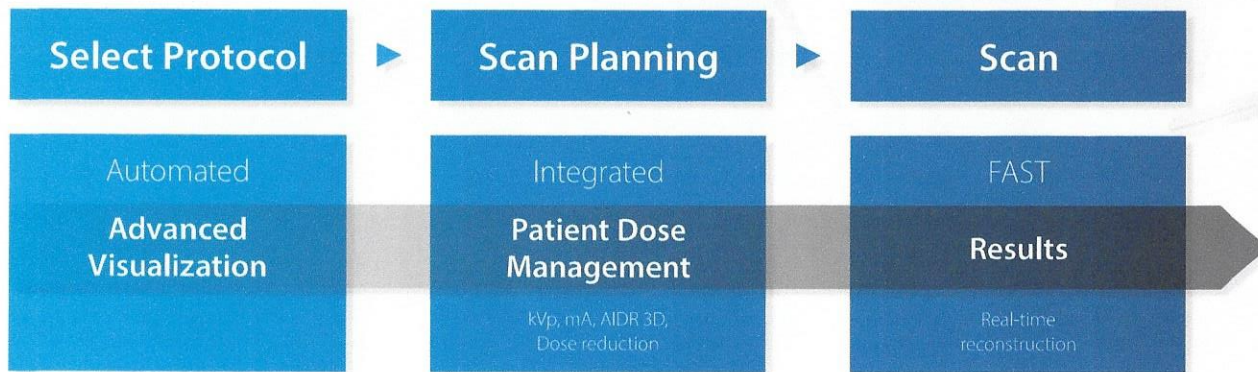
Power assisted patient positioning

When every second counts you need imaging equipment to work for you. The Aquilion Prime SP power assisted positioning* expedites the set up of patients and reduces the heavy lifting required by the attending care team.



Workflow that makes you perform

Protocol integrated automation at every step empowers even a novice operator with the skills to perform brilliantly the first time – every time.



*Option



Aquilion Prime SP

Main specifications		
Detector		TM VISION detector technology
		80 rows of 0.5 mm
Gantry	Rotation time	0.35 s
	Generator	72 kW
	Bore aperture	78 cm
	Tilt	± 30°
Patient couch	Max. load	220 / 315 kg ^{**}
	Max. scan range	150 – 200 cm ^{**}
Reconstruction speed	Helical	50 fps / 70 fps ^{*1}
	Deep learning reconstruction	AICE ^{*1}
Reconstruction	Iterative reconstruction	AIDR 3D Enhanced
	FOV	500 mm, 700 mm ^{*1}
Installation	Power capacity	100 kVA / 110 kVA ^{*1}
	Min. installation space	14.8 m ² (short couch)
Image quality	Spatial resolution	21.5 lp/cm at MTF 0% ^{*1}

^{*1} Option

^{**} Depend on System Configuration

^{*1} For reference

Disclaimer: Any reference to X-ray exposure is intended as a reference guideline only. The guidelines in this document do not substitute for the judgment of a healthcare provider. Each scan requires medical judgment by the healthcare provider about exposing the patient to ionizing radiation.

In clinical practice, the use of the AIDR 3D feature may reduce CT patient dose depending on the clinical task, patient size, anatomical location and clinical practice. A consultation with a radiologist and a physicist should be made to determine the appropriate dose to obtain diagnostic image quality for the particular clinical task.

Due to local regulatory processes, some of the products included in this brochure may not be available in each country. Please contact your sales representative for the most current information.

The Canon logo is displayed in its signature red font.The Aquilion Prime SP logo is presented in white text on a red, rounded rectangular background.

Key Features

- Image Quality with Lower Radiation Dosage
- Smart Dose - dose reduction software
- XR 29 Compliant
- 160 Slice
- Speed of Scan
- Scan Protocol Variability
- Scan Range (Head to Toe)
- Increased Length of Table
- Lateral Movement of Table for easier patient positioning
- Large Bore -78 cm
- Greater Table Weight Limit - 694 pounds
- Metal reduction software
- Six year fixed service pricing after warranty (includes glassware – x-ray tubes)

TAB E

REGULAR MEETING OF THE
 SAN GORGONIO MEMORIAL HOSPITAL
 BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
 May 18, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, May 18, 2022. In an effort to prevent the spread of COVID-19 (coronavirus), there was no public location for attending this board meeting in person. Committee members and members of the public participated via WebEx.

Members Present: Susan DiBiasi, Ron Rader (C), Steve Rutledge, Siri Welch

Excused Absence: Joel Labha

Staff Present: Steve Barron (CEO), Pat Brown (CNO/COO), Annah Karam (CHRO), Ariel Whitley (Executive Assistant)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair Ron Rader called the meeting to order at 9:07 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes: March 17, 2022, Regular Meeting	Chair Rader asked for any changes or corrections to the minutes of the March 17, 2022, regular meeting. There were none.	The minutes of the March 17, 2022, regular meeting was reviewed and will stand as presented.
NEW BUSINESS		
Reports		
A. Employment Activity/Turnover Reports		
1. Employee	Annah Karam, Chief Human Resources Officer, reviewed	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Activity by Job Class/ Turnover Report (03/13/2022 through 05/10/2022)	the report “Employee Activity by Job Class/Turnover Report” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet.	
2. Separation Reasons Analysis All Associates (03/13/2022 through 05/10/2022)	Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet. For this period, there were 19 Voluntary Separations and 2 Involuntary Separations for a total of 21.	
3. Separation Reason Analysis Full and Part Time Associates (03/13/2022 through 05/10/2022)	Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet. For this period, there were 10 Voluntary Separations and 2 Involuntary Separations for a total of 12.	
4. Separation Reason Analysis Per Diem Associates (03/13/2022 through 05/10/2022)	Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet. For this period, there were 9 Voluntary Separations and 0 Involuntary Separations for a total of 9.	
5. FTE Vacancy Summary (03/13/2022 through 05/10/2022)	Annah reviewed the “FTE Vacancy Summary” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet. Annah reported that the Facility Wide vacancy rate as of 05/10/2022 was 10.25%.	
6. RN Vacancy Summary (03/13/2022)	Annah reviewed the “RN Vacancy Summary” for the period of 03/13/2022 through 05/10/2022 as included in the Committee packet.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
through 05/10/2022)	Annah reported that the Overall All RN Vacancy rate as of 05/10/2022 was 13.17%.	
B. Workers Compensation Report		
Workers Compensation Report (04/01/2022 through 04/30/2022)	Annah reviewed the Workers Compensation Reports covering the period of 04/01/2022 through 04/30/2022 as included in the Committee packet.	
Education	<p>Annah reviewed each education article as included in the committee packets:</p> <ul style="list-style-type: none"> • 10 Things you Might Not Know about Sexual Harassment: What You Don't Know Can Hurt You • You Are Not Alone – Mental Health Awareness in the Workplace • Workplace Mental Health – Resilience: A Strong Workforce Needs It 	
Future Agenda items	<ul style="list-style-type: none"> • Benefits • Transition from Principal to VOYA • SCORE Survey Results 	
Next regular meeting	The next regular Human Resources Committee meeting is scheduled for August 17, 2022.	
Adjournment	The meeting was adjourned at 9:43 am.	

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

A B C D E F G H I J K

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

03/14/2022 THROUGH 05/10/2022

JOB CLASS/FAMILY	CURRENT NEW HIRES	2021 NEW HIRES	YTD NEW HIRES	CURRENT SEPARATIONS	2021 SEPARATIONS	YTD TERMS	ACTIVE ASSOCIATE COUNT	LOA ASSOCIATE COUNT	CURRENT TURNOVER	ANNUALIZED TURNOVER	
	03/14/2022 THROUGH 05/10/2022		01/01/2022 THROUGH 05/10/2022	03/14/2022 THROUGH 05/10/2022		01/01/2022 THROUGH 05/10/2022	AS OF 05/10/2022	AS OF 05/10/2022	AS OF 05/10/2022		
ADMIN/CLERICAL	5	17	7	2	22	4	83	2	2.41%	4.82%	1
ANCILLARY	2	28	4	2	24	6	62	1	3.23%	9.68%	2
CLS	0	7	2	0	8	0	22	0	0.00%	0.00%	3
DIRECTORS/MGRS	0	2	2	1	3	2	28	0	3.57%	7.14%	4
LVN	1	5	1	2	8	3	22	0	9.09%	13.64%	5
OTHER NURSING	5	30	14	3	27	6	78	7	3.85%	7.69%	6
PT	0	3	0	0	3	0	10	1	0.00%	0.00%	7
RAD TECH	2	6	3	1	7	2	35	0	2.86%	5.71%	8
RN	7	59	24	6	51	20	168	10	3.57%	11.90%	9
RT	0	4	0	0	2	0	22	1	0.00%	0.00%	10
SUPPORT SERVICES	6	34	12	4	32	7	86	1	4.65%	8.14%	11
											12
FACILITY TOTAL	28	195	69	21	187	50	616	23	3.41%	8.12%	13
											14
<i>Full Time</i>	15	113	46	10	97	26	410	19	2.44%	6.34%	15
<i>Part Time</i>	2	15	4	2	17	2	50	2	4.00%	4.00%	16
<i>Per Diem</i>	11	67	19	9	73	22	156	2	5.77%	14.10%	17
TOTAL	28	195	69	21	187	50	616	23	3.41%		18

Current Turnover: J22
Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:
Turnover for all Associates = 3.80%
Turnover for all RNs = 4.60%

SEPARATION ANALYSIS
ALL ASSOCIATES
03/14/2022 THROUGH 05/10/2022

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Full-Time	42.9%	3	2		2	2		9
Part-Time	4.8%						1	1
Per Diem	42.9%		3	2	3		1	9
Subtotal, Voluntary Separations	90.5%	3	5	2	5	2	2	19
Involuntary Separations								
Full-Time	4.8%	1						1
Part-Time	4.8%	1						1
Per Diem	4.8%							0
Subtotal, Involuntary Separations	9.5%	2	0	0	0	0	0	2
Total Separations	100.0%	5	5	2	5	2	2	21

Separation Reason Analysis
FULL AND PART TIME ASSOCIATES
03/14/2022 THROUGH 05/10/2022

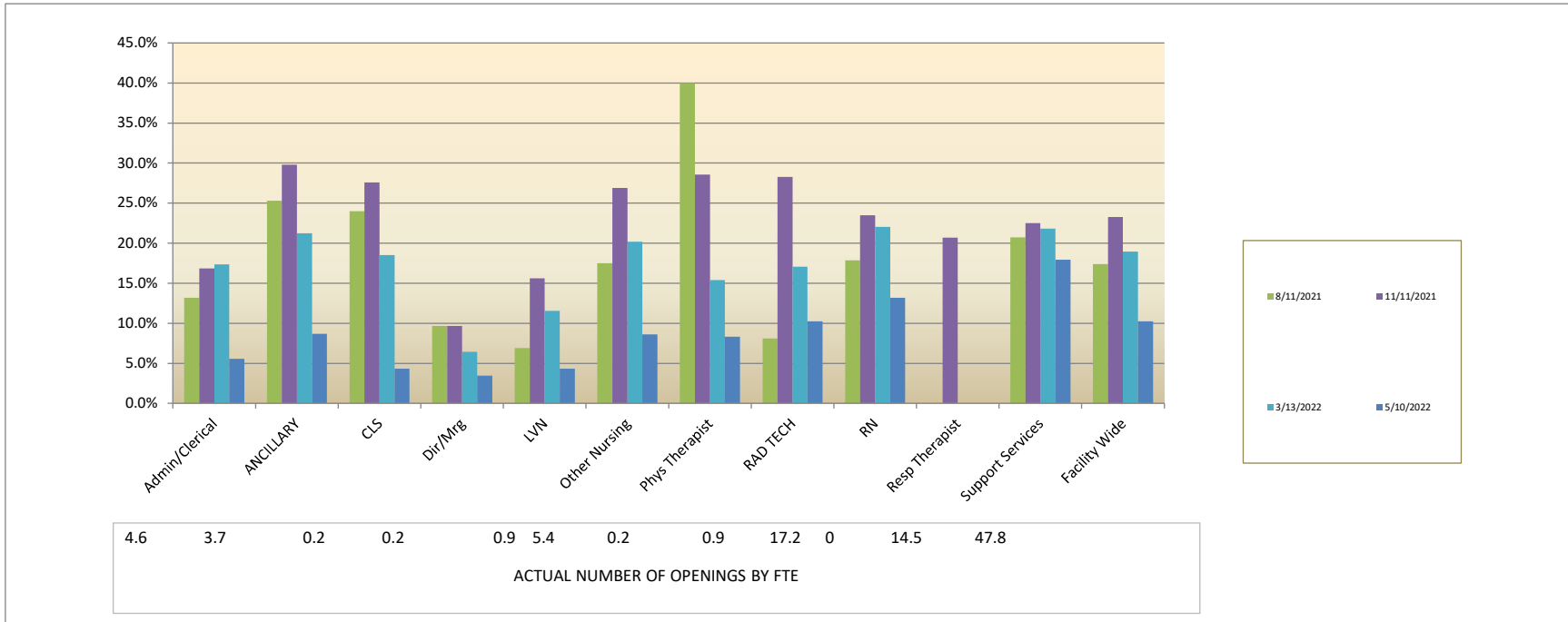
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
<i>Voluntary Separations</i>								
Family/Personal Reasons	8.3%	1						1
New Job Opportunity	50.0%	2	1		2	1		6
Job Dissatisfaction	0.0%							0
Relocation	8.3%					1		1
Medical Reasons	0.0%							0
Did not Return from LOA	0.0%							0
Job Abandonment	0.0%							0
Return to School	8.3%		1					1
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	0.0%							0
Unknown	0.0%							0
Retirement	8.3%						1	1
<i>Subtotal, Voluntary Separations</i>	83.3%	3	2	0	2	2	1	10
<i>Involuntary Separations</i>								
Attendance/Tardiness	0.0%							0
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	16.7%	2						2
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
<i>Subtotal, Involuntary Separations</i>	16.7%	2	0	0	0	0	0	2
Total Separations	100.0%	5	2	0	2	2	1	12

Separation Reason Analysis
Per Diem Associates Only
03/14/2022 THROUGH 05/10/2022

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Family/Personal Reasons	33.3%		1		2			3
New Job Opportunity	22.2%		1		1			2
Job Dissatisfaction	0.0%							0
Relocation	11.1%			1				1
Medical Reasons	0.0%							0
Did not Return from LOA	0.0%							0
Job Abandonment	0.0%							0
Return to School	0.0%							0
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	22.2%		1	1				2
Unknown	0.0%							0
Retirement	11.1%						1	1
Subtotal, Voluntary Separations	100.0%	0	3	2	3	0	1	9
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	0.0%							0
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
Subtotal, Involuntary Separations	0.0%	0	0	0	0	0	0	0
Total Separations	100.0%	0	3	2	3	0	1	9

FTE Vacancy Summary: 08/11/2021 THROUGH 05/10/2022

	<u>Admin/Clerical</u>	<u>ANCILLARY</u>	<u>CLS</u>	<u>Dir/Mrg</u>	<u>LVN</u>	<u>Other Nursing</u>	<u>Phys Therapist</u>	<u>RAD TECH</u>	<u>RN</u>	<u>Resp Therapist</u>	<u>Support Services</u>	<u>Facility Wide</u>
8/11/2021	13.19%	25.29%	24.00%	9.68%	6.90%	17.50%	40.00%	8.11%	17.87%	0.00%	20.72%	17.39%
11/11/2021	16.84%	29.79%	27.59%	9.68%	15.63%	26.88%	28.57%	28.26%	23.50%	20.69%	22.52%	23.26%
3/13/2022	17.35%	21.25%	18.52%	6.45%	11.54%	20.19%	15.38%	17.07%	22.03%	0.00%	21.82%	18.97%
5/10/2022	5.56%	8.70%	4.35%	3.45%	4.35%	8.60%	8.33%	10.26%	13.17%	0.00%	17.92%	10.25%

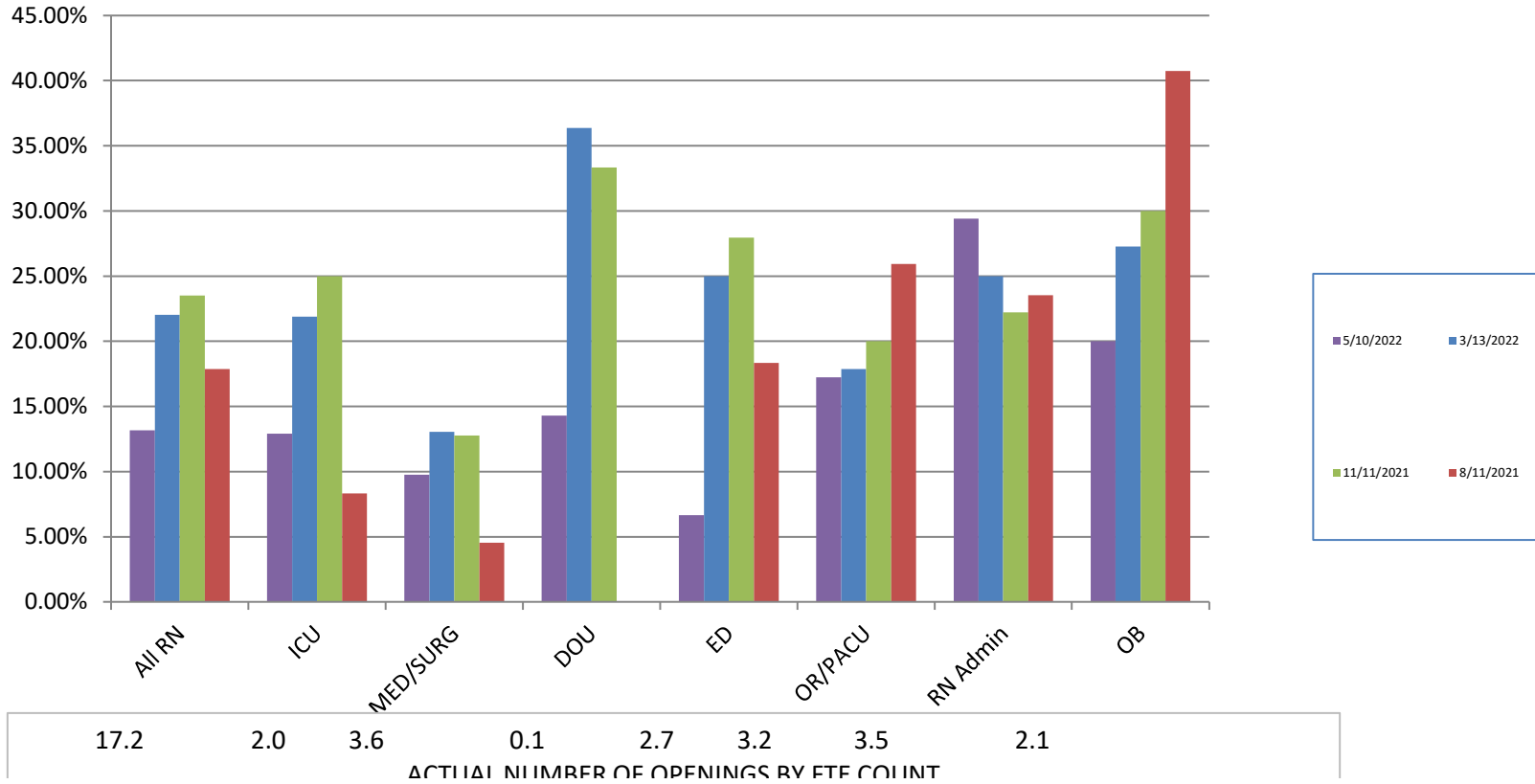


RN FTE Vacancy Summary: 08/11/2021 through 05/10/2022

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

	5/10/2022	3/13/2022	11/11/2021	8/11/2021
All RN	13.17%	22.03%	23.50%	17.87%
ICU	12.90%	21.88%	25.00%	8.33%
MED/SURG	9.76%	13.04%	12.77%	4.55%
DOU	14.29%	36.36%	33.33%	0.00%
ED	6.67%	25.00%	27.94%	18.33%
OR/PACU	17.24%	17.86%	20.00%	25.93%
RN Admin	29.41%	25.00%	22.22%	23.53%
OB	20.00%	27.27%	30.00%	40.74%

	OPEN POSITIONS	TOTAL STAFF	VACANCY RATE
All RN	27	178	13.17%
ICU	4	27	12.90%
Med Surg	4	37	9.76%
DOU	1	6	14.29%
ER	4	56	6.67%
OR/PACU	5	24	17.24%
RN Adm.	5	12	29.41%
OB	4	16	20.00%





DASHBOARD REPORT

Fiscal Year Basis: July

SUMMARY DATA

FiscalYear	ValuationDate	Values			Count	Open Count
		Total Paid	Total Reserves	Total Incurred		
2015-2016	2022-04-30	835,994	73,431	909,425	40	4
2016-2017	2022-04-30	205,546	-	205,546	27	-
2017-2018	2022-04-30	72,312	-	72,312	18	-
2018-2019	2022-04-30	86,039	8,957	94,997	15	1
2019-2020	2022-04-30	68,021	6,544	74,565	15	2
2020-2021	2022-04-30	158,256	46,049	204,305	22	3
2021-2022	2022-04-30	41,808	48,536	90,344	15	6
Grand Total		1,467,976	183,517	1,651,494	152	16

DASHBOARD REPORT

Fiscal Year Basis: July

San Geronio Memorial Hospital

Data as of 4/30/2022

Reporting Period 4/1/2022 - 4/30/2022

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
21001795		Medical Surgical	Strain or Injury By	2021-08-13	Open	24,347	35,761	60,108
21002354		Emergency Department	Caught In, Under or Between	2021-10-20	Open	2,419	6,269	8,688
21002226		Environmental Services	Strain or Injury By	2021-07-13	Re-Open	4,808	1,802	6,609
21002684		Emergency Department	Exposure	2021-11-23	Closed	4,467	-	4,467
22000077		Dietary	Strain or Injury By	2022-01-11	Re-Open	1,238	2,260	3,498
22000651		Intensive Care Unit (ICU)	Fall, Slip or Trip Injury	2022-01-23	Open	492	2,258	2,750
21001647		Direct Observation Unit (DOU)	Strain or Injury By	2021-07-23	Closed	1,462	-	1,462
21001792		Emergency Department	Strain or Injury By	2021-08-13	Closed	1,071	-	1,071
21002983		Environmental Services	Exposure	2021-12-29	Closed	798	-	798
21002461		Medical Staff	Strain or Injury By	2021-10-27	Closed	283	-	283

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	5	33.33%	7,736	8.56%
Intensive Care Unit (ICU)	3	20.00%	3,031	3.35%
Emergency Department	3	20.00%	14,226	15.75%
Medical Surgical	1	6.67%	60,108	66.53%
Medical Staff	1	6.67%	283	0.31%
Dietary	1	6.67%	3,498	3.87%
Direct Observation Unit (DOU)	1	6.67%	1,462	1.62%
Grand Total	15	100.00%	90,344	100.00%

SEVERITY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Medical Surgical	1	6.67%	60,108	66.53%
Emergency Department	3	20.00%	14,226	15.75%
Environmental Services	5	33.33%	7,736	8.56%
Dietary	1	6.67%	3,498	3.87%
Intensive Care Unit (ICU)	3	20.00%	3,031	3.35%
Direct Observation Unit (DOU)	1	6.67%	1,462	1.62%
Medical Staff	1	6.67%	283	0.31%
Grand Total	15	100.00%	90,344	100.00%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	7	46.67%	73,047	80.85%
Exposure	4	26.67%	5,393	5.97%
Caught In, Under or Between	2	13.33%	8,954	9.91%
Fall, Slip or Trip Injury	1	6.67%	2,750	3.04%
Rubbed or Abraded By	1	6.67%	200	0.22%

SEVERITY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	7	46.67%	73,047	80.85%
Caught In, Under or Between	2	13.33%	8,954	9.91%
Exposure	4	26.67%	5,393	5.97%
Fall, Slip or Trip Injury	1	6.67%	2,750	3.04%
Rubbed or Abraded By	1	6.67%	200	0.22%

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10 Things You Might Not Know About Sexual Harassment: What You Don't Know Can Hurt You

By CalChamber Employment Law Counsel

We know we must prevent sexual harassment in the workplace. California employers must put up harassment prevention posters, distribute anti-harassment pamphlets and establish policies prohibiting harassment. And employers with five or more employees are required by law to train all employees and supervisors on harassment prevention. [CalChamber's training courses for supervisors and employees](#) can easily help your company meet this new requirement.

Despite our collective knowledge about the right thing to do, the problem has not gone away. Not only did the #MeToo movement that exploded in late 2017 — in which women (for the most part) came forward about their encounters with male coworkers, supervisors, potential bosses and venture capitalists — bring an onslaught of media attention to a prevalent issue, but so too has the increase in harassment-related incidents during the COVID-19 pandemic, when many employees worked remotely.

A worker who experiences sexually suggestive, racially charged or other unwelcome posts or comments from a coworker will no longer feel comfortable with their work environment

Take, for instance, the fact that in 2020, employers [paid out](#) more than \$65 million in sex-based harassment federal enforcement actions, according to the Equal Employment Opportunity Commission (EEOC) — the second most in the last decade. And this figure doesn't include money paid resulting from litigation.

Ultimately, videoconferencing from home invites coworkers into what was formerly an employee's private domain; coworkers can now see into their colleagues' personal lives more vividly than ever, which can create fertile ground for sexual harassment, as well as other forms of harassment (e.g., race, age, disability, etc.) and unwelcome behavior that may never have happened in the physical workplace. The constantly shifting working environment means it's increasingly vital for employers to ensure their supervisors and employees are educated and trained to prevent and deal with harassment issues in the workplace.

Learning the following 10 things about sexual harassment may just keep your employees — and therefore you — out of trouble.

1. The “New” Harassment

Sexual harassment might look different today; in the past, managers worried about racy pinup calendars and in-person interactions at the office. But technology’s proliferation has opened up additional avenues of interaction. And, as previously mentioned, the COVID-19-spurred remote work revolution also had an impact.

These days, texts, emails or posts on social media sites like Instagram, Facebook, Twitter and Snapchat (where posts instantly disappear) may also be causing problems in your workplace. Employees who may be interacting after hours on social media — commenting on each other’s profiles, tweeting, or viewing and “liking” posts — may be sharing more private information and making comments online that they might never feel comfortable saying face-to-face.

And the proliferation of videoconferencing plays a role as well: Working from home and experiencing harassment in a joking manner during a Zoom meeting in front of others, for instance, may make it more difficult for some individuals to address and report the harassment.

There is no mechanical formula to identify a hostile work environment. Look at each situation on a case-by-case basis.

Whether they’re using their personal cell phones, laptops or tablets — or company-provided equipment — to make harassing comments during or after work hours won’t matter. Don’t make the mistake of thinking that because it happened after hours, in a joking manner during a videoconference or on personal equipment, you can ignore it. A worker who experiences sexually suggestive comments or posts, or any other unwanted and unwelcome comments, such as those based on race, national origin, age, or disability, for example, from a coworker will no longer feel comfortable with their work environment.

Treat it just as you would any other harassment complaint. Train your workers to understand that online harassment of a coworker, whether during or after hours, violates company policy.

2. Eyes on You: Staring, Glaring and Leering

Many types of unwanted physical, verbal and visual behaviors can constitute sexual harassment — including some you might think are innocuous. While not all stares are sexual harassment, some are. There’s a difference between a non-sexual stare from someone who’s lost in thought versus blatant leering, in which someone looks a person up and down, or other lascivious expressions.

Courts have held, for instance, that a supervisor leering at a female employee’s breasts over a period of years was unwelcome, offensive harassment — not just unprofessional behavior (*Billings v. Town of Grafton*, 515 F.3d 39 (1st Cir. 2008)).

There is no mechanical formula to identify a hostile work environment. Look at each situation on a case-by-case basis.

3. Outside In, Inside Out

California's Fair Employment and Housing Act (FEHA) provides broad protections against harassment to a number of individuals entering the workplace: employees, applicants, interns, volunteers and people "providing services pursuant to a contract," such as independent contractors.

And if a vendor or customer continuously enters your workplace and harasses employees, you have to deal with that situation, too. Under FEHA, employers have an obligation to protect employees from sexual harassment committed by nonemployees coming into the workplace. An employer can be held liable if the employer, its agents or supervisors know or should have known of the harassment and fail to take immediate and appropriate corrective action (2 CCR sec. 11034(f)(2)(C)).

Make sure your employees know these rules.

4. It's Not About Desire

Sexually harassing conduct does not need to be motivated by sexual desire. In other words, Jamie doesn't have to want to date Bob in order to harass him. If she repeatedly makes sexually offensive comments to him, that can be harassment.

An example of this is when the perpetrator acts out of hostility toward the individual because of the individual's gender or sexual orientation, not out of sexual desire. Courts have ruled that abusive comments or hostile conduct directed toward someone because of their gender can amount to unlawful sexual harassment, regardless of whether the treatment was actually motivated by sexual desire. For example, a male manager who constantly shouts at and makes threatening gestures toward women — but not men — may have violated the law.

Employers may be held liable for their supervisors' actions, regardless of whether they knew about the behavior.

5. But it Was Consensual!

A common cry from the alleged harasser: "It was consensual." We have seen this play out time and time again. Despite all appearances, a relationship may not truly be consensual or welcome, and this is especially true when the relationship is between a supervisor and a subordinate given the power dynamic involved. Power dynamics have been a factor in many of the allegations involving Hollywood moguls, medial influencers and government officials.

Don't just ignore employees who are involved romantically with each other — especially in a supervisor/subordinate situation. California employers are subject to strict liability for sexual harassment claims involving a supervisor. Employers may be held liable for their supervisors' actions, regardless of whether they knew about the behavior, and policies against such behavior will not insulate employers from the liability.

Workplace romances can cause a host of other problems, including perceptions of favoritism, disruptiveness and unprofessionalism. And when the relationship ends, the claims may begin. For instance, one party might not stop pursuing the other — causing a hostile work environment.

Because employers have a duty to prevent harassment in the workplace, managers will want to pay attention to any workplace romance due to legal risks and address conflicts of interest.

6. It Only Happened Once

Harassing behavior needn't be repeated to be unlawful. The standard is “severe **or** pervasive.” While isolated incidents will not always meet the test, there are circumstances when a single severe incident can support a claim. For example, courts have found that a single incident of sexual assault or particular acts of physical groping can create liability.

Have a zero tolerance policy that aims to prohibit disrespectful and unprofessional conduct before it becomes a legal violation.

7. Nobody Has to Say “Stop”

It can still be unwelcome, unlawful harassment even if the victim never told the perpetrator to knock it off. Although a clear message from the victim that the conduct is offensive can put an end to it, **never require** the victim to tell the harasser to stop before you will act on the complaint.

In some situations, the victim will not be comfortable approaching the harasser due to the ongoing pattern of behavior. Forcing a confrontation also could potentially subject the victim to further harassment or place the victim in danger.

8. Complaints Can Take Many Forms

There is no requirement that a harassment complaint be made in a particular way, such as in writing, or be brought to a particular person, such as only to the immediate supervisor or only to HR. A complaint can be verbal, anonymous or lodged by someone other than the alleged victim (such as a co-worker who witnessed it). Managers should be trained that they're obligated to respond to harassment of which they're aware, including an incident that has been reported to them.

In fact, California law requires employers to have a written policy that informs employees of their complaint mechanism and explains that they don't have to complain directly to their immediate supervisor. Employers must provide an alternative complaint mechanism and instruct supervisors to report any and all complaints of misconduct.

9. Don't Just Prohibit "Unlawful" Harassment

It's not enough for a company policy to only prohibit "unlawful" harassment. If you wait until the harassment is unlawful before it's prohibited, you've waited too long. The company is now liable.

Instead, your company should have a zero tolerance policy that aims at prohibiting disrespectful and unprofessional conduct **before** it becomes a legal violation. Your policy should inform employees that the company will not tolerate harassment of any type and takes harassment claims seriously.

10. You Can't Promise Confidentiality

While it might be tempting to try and put an employee at ease by telling him/her that any complaint is "confidential," such promises should not be made. The company has a legal obligation to investigate the harassment, and events and names may inevitably be disclosed during the course of the investigation.

A fair investigation gives the alleged harasser an opportunity to respond to the complaint effectively. This almost always includes disclosing the complainant's identity.

Instead of promising confidentiality, inform the complainant that you will disclose information on the complaint and investigation only on a need-to-know basis. Also stress your anti-retaliation policy to all parties and witnesses in the investigation.

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CalChamber Can Help

Did you find this helpful? Sign up for a **free 7-day trial of HRCalifornia**, which includes access to the website's HR Library, compliance tools, and select forms and checklists that help California employers with HR compliance. Limited access with free trial.



*Mandatory California Harassment
Prevention Training -
2-Hour Supervisor Version*



*Mandatory California Harassment
Prevention Training -
1-Hour Employee Version*

To learn more about CalChamber resources, please call our Customer Service Representatives at (800) 331-8877, Monday through Thursday from 8 a.m. to 5 p.m. PT, and Friday from 8 a.m. to 4 p.m. PT.

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'You Are Not Alone' — Mental Health Awareness in the Workplace

May 13, 2021 | From HRCalifornia Extra

by Katie Culliton, Editor, CalChamber

May is Mental Health Awareness month, and this year's campaign is appropriately titled — “You Are Not Alone.” After a year of school and office closures, cancelled trips, limited holidays and remote working, it's important for everyone to find ways to stay connected with their community.

The COVID-19 pandemic has kept us focused on our physical health and hygiene, but our mental health is equally important. In fact, the single most expensive health problem category is not heart disease, cancer or diabetes — it's mental health conditions, according to a [One Mind at Work white paper](#). This includes not only the direct costs under your benefit plan, but also the indirect costs caused by absenteeism, presenteeism, job turnover, work disability and premature death for both employees with mental health conditions and employees who may provide care to family members afflicted with mental health conditions.



Even before the COVID-19 pandemic, seemingly well-adjusted employees may have struggled, unbeknownst to you or your colleagues, and been afraid to reach out for help. Remote working has made these often invisible diseases even harder to spot. Thankfully, employers have several resources to help them create a supportive work environment that promotes employees' mental health and encourages employees who may be struggling to seek help.

Mental Health Facts

Overall, [one out of five adults](#) in America experience a mental illness every year — that's approximately 51.5 million adults.

In the workplace, mental health conditions are found across [all occupations](#) affecting employers regardless of industry or size. Employees of all ages, genders and race/ethnicity are affected, and one in three working-age adults experience a mental health challenge each year. The stigma around mental health along with the fear of being viewed differently (or even the fear of losing one's job) has most workers avoiding treatment.

Already, businesses lose an estimated [200 million workdays each year](#) due to depression, which is also the most expensive cause of presenteeism — productivity loss that occurs when employees are working.

Employer Toolkit

For Mental Health Awareness month, the American Psychiatric Association Foundation's Center for Workplace Mental Health (CWMH) has developed a [toolkit](#) employers can use to elevate mental health and well-being, and help create a resilient workplace.

And cultivating a supportive environment is important, as only [40 percent of adults](#) with a mental illness will receive mental health treatment each year. This is often due to stigma such as the fear of being discriminated against or harassed by colleagues or being ashamed of their diagnosis.

Removing the stigma around mental health is worth it, as [80 percent of employees](#) treated for mental illness report improved levels of work efficacy and satisfaction, according to [CWMH](#). When employees receive effective treatment for mental illnesses, businesses see lower absenteeism and increased productivity.

Resiliency

When employers promote building resilience, employees can manage stress and better address workplace conflicts and other job challenges. Some of CWMH's suggestions for promoting resilience in the workplace include:

- Offering or promoting professional networks for support.
- Creating mentorship programs.
- Encouraging mindfulness at work.
- Modeling healthy behaviors and responses to work challenges by focusing on the positive, emphasizing learning from past mistakes and moving forward.
- Creating a safe work environment that encourages both reasonable working hours and that people seek mental health support when needed.
- Acknowledging and celebrating employees' strengths and wins in the workplace.

Self-Care

Employees should be encouraged to maintain a work-life balance, which impacts their performance and productivity, especially during the pandemic.

Employers should encourage employees to keep a regular schedule including periodic breaks (especially any required meal and rest periods), to exercise and stay active, and to stay connected with friends and family using technology like FaceTime, Skype or other video-based options.

When employees are [working remotely](#), it's important for managers and HR to maintain regular communication with employees, including showing empathy and being available to answer questions and reassure them about work and other issues that may come up.

Employers can also check in with their Employee Assistance Program (EAP) to coordinate support for employees, and then encourage employees to use it (that's why it's there!) if they need any support.

Isolation and Loneliness

Isolation and loneliness were already rising before the pandemic (and pre-COVID-19 pandemic, had been dubbed the “silent pandemic”), and last year certainly didn't help. In a 2018 national Cigna survey, 40 percent of those surveyed said [they sometimes or always feel their relationships are not meaningful](#) and they feel isolated. The feeling of social isolation can have health risks equivalent to smoking 15 cigarettes per day or having an alcohol use disorder.

According to the [Centers for Disease Control and Prevention \(CDC\)](#), loneliness is the “feeling of being alone, regardless of the amount of social contact,” while social isolation is the “lack of social connection.” Someone can live alone and not feel lonely or socially isolated, while someone can feel lonely even being with other people.

Everyone feels lonely from time to time, but [problems can persist](#) if the feeling is chronic. Plus, it's not always easy to see when someone is being affected emotionally and physically from loneliness. Over time, like chronic depression or pain, it just starts to become a normal way of life.

Employers can help make a difference in addressing workplace loneliness by encouraging employees to:

- Try a new hobby they've been wanting to try.
- Talk with friends and family, and share how they're feeling.
- Find an in-person support or virtual support group.

Employers can also strengthen social connections by sponsoring or hosting an organization-wide non-work-related activity, such as a book club, walking club or trivia nights.

More Resources

The U.S. Department of Labor provides a [list of resources](#) to ensure the needs of people with mental health conditions are taken into consideration. These resources include the Employer Assistance and Resource Network on Disability Inclusion's (EARN) Mental Health Toolkit on [Resources for Fostering a Mentally Healthy Workplace](#), an [Employer's Guide to Employee Assistance Programs](#) from the National Business Group on Health and a [fact sheet](#) providing information on workplace accommodations for employees with psychiatric disabilities.

Employers can also provide online training, like [CWMH's Notice. Talk. Act. ® at Work](#), which can equip managers and employees with the knowledge required to notice potential mental illness signs, talk with the person about the concerns and then connect them to the appropriate services.

Finally, [Mental Health First Aid for Workplace](#) is a mental health training program that can increase both employees' mental health literacy and the likelihood that an employee will reach out to someone facing a mental health challenge.

Improving Resilience Is Important

Our fast-paced culture results in people working hard, meeting tight deadlines, managing work relationships and staying constantly connected through mobile devices. But this pace can lead to stress and burnout. Navigating through these challenges requires skills and strategies that can be developed. Resilience is a key strategy that helps employees tackle stress, a competitive job market, workplace conflicts, and address challenges on the job. Improving resilience is important because employees identify work as the number one stressor in their lives.¹

What is Resilience

Resilience exists when a person can bounce back and thrive from major challenges. It is often tested when stress factors arise in everyday life and when trauma or tragedy strike. Stress is not the only factor that can test a person's resilience; however, how a person handles stress is a strong indicator of their ability to bounce back.

Resilience is also a key element in well-being. Employers increasingly recognize the need to provide services, supports and health resources that address mental health and well-being.

How Resilience Impacts the Workplace

As employers build and improve workplace culture and resilience, they also seek ways to address workplace stress and mental health. When addressed, employers build a resilient workforce, employees handle work stress better, and develop protective factors against stress. There are other benefits too:

- Resilience is associated with greater job satisfaction, work happiness, organizational commitment and employee engagement.⁷
- Raising resilience contributes to improved self-esteem, sense of control over life events, sense of purpose in life and improved employee interpersonal relationships.^{9,10}
- Employers reap the rewards of increased productivity.

Given the many benefits, employers are building resilience in their workforce so that employees develop skills to manage workplace stress.

When Stress is High, Resilience is Needed!

1. Long work hours, job strain, shift work, job insecurity, limited control, peer conflict and low social support all contribute to workplace stress.¹
2. 65% of US employees view their jobs as the number one stressor in their lives.²
3. The likelihood of developing depression or anxiety is higher for those who work in stressful work environments.³
4. Stressful work environments can lead to negative physical and mental health outcomes for employees and organizations.^{4,5}
5. Alcohol and substance misuse have been linked to employees experiencing high stress levels.⁶
6. Unhealthy and difficult work environments contribute to premature death of U.S. workers.
7. Demanding workloads accounted for \$48 billion in U.S. healthcare expenditures.
8. Initiatives and programs that foster a resilient and mentally healthy workplace increase productivity, lower healthcare costs, lower absenteeism and decrease turnover.^{9, 10}

Tips for Employers

Creating a resilient workforce and more healthy culture takes commitment, but with commitment, it can be done. Case studies from diverse organizations like [Garmin](#), [Health Partners](#) and [Unilever](#) show that it can be done. Here are key factors to consider in building a more resilient workforce:

Understand Your Employees: Resilient employees make resilient organizations. People who are supported, motivated and equipped are best positioned to overcome obstacles and distractions. Learn more about what work-related stressors impact employees the most. Ask your EAP vendor how they can support your goal of improving resilience and reducing stress. Or consider asking employees to complete anonymous work satisfaction surveys or include stress and resilience related questions in your Health Risk Assessment (HRA). Once you have data and know the impact of stress and other factors, you can develop a plan for building resilience and a healthy work culture.

Engage Leadership: A resilient workplace requires leadership buy-in. Employees are more likely to participate in resilience programs when the organization's leaders are involved.¹¹ Leadership is key in establishing priorities, setting goals and allocating resources to strengthen workplace resilience. And, in communicating clearly and decisively the organization's commitment to resilience. If leaders are not already onboard, sharing the results from surveys and HRAs helps make a strong business case.

Consider Resilience Training: Employers are increasingly turning their attention to resiliency training — with good reason. In a dynamic work environment, resiliency training elevates job performance and work engagement. The American Heart Association released a comprehensive

report examining resilience training in the workplace. Innovative strategies to improve employee health and organizational performance are highlighted. When considering training and design, the report recommends including these components:

- Overcoming Interpersonal Challenges
- Managing Emotions
- Guarding Against Burnout
- Coping with Work Related Stress
- Improving Sleep Habits
- Remaining Calm
- Dealing with Difficult People
- Improving Communication Skills
- Taking on New Challenges
- Improving Physical Health

Create A Resilient Culture: Organizational culture has many layers. Ultimately, it is built on principles of empowerment, purpose, trust and accountability. Building or improving a resilient culture is strengthened by a company-wide statement showing support for employees and a commitment to addressing resilience. Promote an open and trusting management style and train managers to understand the importance of supporting the mental wellbeing of staff. Because making a declaration isn't enough, this commitment requires action and regular communication.

Look for Ways to Improve Your Work Environment: Whether your work environment has physical offices or virtual locations, being flexible when possible is important. To improve the work environment, consider the following:

- **Allow autonomy** whenever possible, and let individuals do their jobs.
- **Reward good work.**
- **Provide access to services and supports when needed to maintain good physical and mental health.** Sometimes employees require access to a specialist for physical or mental health conditions. Make sure employees are informed about how to access care and that care is available for those who need it. Provide information on resources often.
- **Allow Flexible Schedules.** Employers can improve the environment by allowing for flexible work schedules and reducing the need for late work days. If shift work is required, employers should be lenient in offering adjustable shift rotations, whenever possible so that employees stay rested.
- **Be Reasonable about Work Expectations.** Organizations should be vigilant about their policies on work expectations and hours. The drive to succeed that can result in pushing personnel to increase workloads can backfire and undermine productivity and results.

About the Author

Ewuria Darley, M.S., is a former associate director of the Center for Workplace Mental Health

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TAB F

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, May 31, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, May 31, 2022. To prevent the spread of COVID-19 (coronavirus), there was no public location for attending this committee meeting in person. Committee members, staff members, and members of the public participated telephonically.

Members Present: Susan DiBiasi, Ehren Ngo (Chair), Ron Rader, Steve Rutledge, Siri Welch

Members Absent: None

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), Margaret Kammer (Controller), Angela Brady (ED Director), John Peleuses (Project Manager), Annah Karam (CHRO), Karan P. Singh (CMO)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair Ngo called the meeting to order at 9:03 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes April 26, 2022, regular meeting	Chair Ngo asked for any changes or corrections to the minutes of the April 26, 2022, regular meeting. There were none.	The minutes of the April 26, 2022, regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p>Proposed Action – Recommend approval to Hospital Board Annual Insurance Renewals</p> <ul style="list-style-type: none"> • Professional and General Liability Programs • Property and Casualty Programs 	<p>Dan Heckathorne, CFO, reviewed the Annual Insurance Renewals including the Professional and General Liability and Property and Casualty Programs.</p> <p>Steve then discussed the Earthquake Limits proposal. The proposal was included as a handout and is available if requested.</p> <p>The Committee agreed that the Professional and General Liability Programs coverages and the Property and Casualty Programs coverages are recommended for approval to the Hospital Board as outlined.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 768 1221 884"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table> <p>The Committee then reviewed options to obtain Earthquake insurance coverage. After discussion, it was determined that the Hospital’s budget does not have the funds required for such coverages at this time, and the Committee chose not to recommend the acquisition of earthquake coverages.</p>	DiBiasi	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Welch	Yes	Motion carried.		<p>M.S.C. (Rader/DiBiasi), the SGMH Finance Committee voted to recommend approval of the Annual Insurance Renewals to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Yes											
Rader	Yes	Rutledge	Yes											
Welch	Yes	Motion carried.												
<p>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – April 2022</p>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited April 2022 finance report as included in the board packets.</p> <p>Mr. Heckathorne reported that April had \$1.1M negative EBIDA compared to budgeted EBIDA loss of \$1.24M. The average census remained at March’s levels, but surgery cases continued to stay high at 150 plus 16 G.I. procedures. Other adjustments/unusual items include \$236K AB 915 Supplemental Funding for the 2021 M-Cal O/P cost report.</p> <p>On a YTD basis the EBIDA is -\$3.9M compared to the budgeted -\$6.49M. Overall Expenses were \$314K under budget while Overall Operating Revenues are \$2.9M better than budget.</p> <p>It was noted that approval is recommended to the Hospital Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 1761 1221 1877"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Welch	Yes	Motion carried.		<p>M.S.C. (Rutledge/Welch), the SGMH Finance Committee voted to recommend approval of the Unaudited April 2022 Financial report to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Yes											
Rader	Yes	Rutledge	Yes											
Welch	Yes	Motion carried.												

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Future Agenda Items	None.	
Next Meeting	The next regular Finance Committee meeting will be held on June 28, 2022.	
Adjournment	The meeting was adjourned 10:13 am.	

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA

Unaudited Financial Statements

for

TEN MONTHS ENDING APRIL 30, 2022

Certification Statement:

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

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

CFO

San Gorgonio Memorial Hospital

Financial Report - Executive Summary

For the Month of April 30, 2022 and Ten Months Ended April 30, 2022 (Unaudited)

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

The month of April had \$1.1M negative Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$1.24M.

YTD – There was a \$3.9M loss in Earnings before Interest, Depreciation and Amortization (EBIDA) compared to a budgeted loss of \$6.49M (adjusted to \$5.59M to remove \$895K IGT Expense booked in 2021).

Month – Adjustments/unusual items: The April average census remained at March's levels, but surgery cases continued to stay high at 150 plus 16 G.I. procedures. Other April adjustments included:

- (Other Income): \$236K AB 915 Supplemental Funding for the 2021 M-Cal O/P cost report.

April's inpatient average daily census was 20.3 compared to 20.7 in March, also down from 29.5 in February and 42.1 in January. Adjusted Patient Days were 19.5% under budget (1,731 vs. 2,151) and Patient Days were 46% below budget (608 vs. 1,121). Emergency Visits were 8.6% over budget (3,195 vs. 2,941), and overall Surgeries were significantly over budget by 63% (150 vs. 92).

YTD – Overall workloads are as follows: Adjusted Patient Days = 20,077 vs. 22,009 budgeted (-8.8%); Patient Days = 8,429 vs. 10,793 budgeted (-22%); Emergency Visits = 32,393 vs. 31,396 (+3.2%), and Surgeries were 1,140 vs. 900 (+27%). EBIDA results are now \$2.58M better than the unadjusted EBIDA target of -\$6.49M for the first 10 months of the year. Overall Operating Revenues are \$2.9M better than budget, while Operating Expenses were \$314K under budget.

Patient Revenues (MTD) Positive (YTD) Positive

Month - The Net Patient Revenue in April continues to reflect improved A/R collections ratios, higher than expected payments on some long-term patient stays, and managed care rate increases estimated at \$199K for the month. These resulted in a favorable \$1.14M outcome.

YTD – Net Patient Revenue through April was \$52.6M compared to the budgeted \$51.0M. Of note, the increase in managed care contracted revenue since September is estimated at \$1.58M.

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

Month – Operating Revenue in April was \$1.2M over budget. This was impacted by the key variances in Net Patient Revenues and Other Income described above.

YTD – Operating Revenue was \$2.9M over budget, impacted by the Net Patient Revenues being \$1.6M over budget and the Non-Patient Revenues were \$1.3M over budget.

Operating Expenses (MTD) Negative & (YTD) Negative

Month - Operating Expenses in April were \$8.1M and were over budget by \$1.1M. Notable items impacting the budget were as follows: 1) Salaries were \$102K under budget due to lower than expected patient volumes, although this was somewhat offset by Contract Labor costs being \$176K over budget; 2) Benefits were 13% (\$114K) over budget, which in addition to the 5% run rate variance above budget, there was also a quarterly unemployment benefits cost of \$44K; 3) Physician Fees were \$157K over budget impacted by Anesthesia fees (\$28K), Med Surg (\$24K) and Residency costs (\$65K). The Residency costs are anticipated to be recovered in the year-end Medicare cost report filing; 4) Purchased Service costs were \$98K over budget, of which Legal fees were \$108K over budget, with favorable offsets in other departments; 5) Supplies were over budget by \$626K, including a \$355K variance in Surgical supplies, \$122K variance in Lab supplies, \$82K variance in pharmaceutical costs, and a \$33K variance in Blood supplies. April was the first month for use of the robotics surgery equipment, and this impacted the costs in that department; 5) Repairs and Maintenance costs were \$127K over budget, and were largely impacted by annual generator load bank tests, fuel oil sampling & filtering, underground fuel tank service, sprinkler testing, along with semi-annual fire alarm battery tests and replacements,

plus numerous quarterly tests of sprinklers, kitchen hood, cooling towers, and boiler emissions, and repairs to three A/C units; and 6) Other Expenses were \$118K below budget. We continue to take a conservative approach on all costs including dues and subscriptions, outside travel, and education costs.

YTD – Variances include: 1) Salaries were \$970K under budget while Contract Labor was over budget by \$451K due to shortage of nurses and the covid surge; 2) Benefits were \$495K (5.9%) over budget; 3) Purchased Services were \$368K over budget which includes Allscripts/Navigant \$645K variance to budget based on overall collection performance, offset by favorable variances in Administration (\$147K) and I/T (\$120K); 4) Supplies were over budget by \$1.87M, largely due to the covid surges and much higher Surgery volumes than budgeted. Some of the major variances over budget include Surgery (\$671K), Lab (\$712K), Pharmaceuticals (\$482K), Emergency (\$115K), Blood (\$113K), and ICU and Med Surg (\$240K). These were offset by several other departments whose supply costs were below budget; 5) Utilities are over budget by \$234K (21%) – it appears that the warmer than usual summer and the cooler than usual winter are having an impact on these costs; 6) Repairs were over budget by \$193K, which included accelerated repairs made on emergency doors and negative pressure rooms and all of the testing/repairs referred to in the April monthly comment; 7) Other Expenses were \$1.08M below budget as generally everyone is taking a conservative approach toward many projects during this year, including dues and subscriptions, outside education, and travel (combined \$315K), along with other expenditures which have been delayed; 8) IGT Expense was under budget by \$895K due to those costs being included in the previous year's audited statements; and 9) Leases and Rentals were \$550K below budget, of which \$478K was impacted by the exclusion of leasing telemetry monitors along with the delay in the surgical robotics lease, and Respiratory Therapy rentals are \$115K less than expected.

Balance Sheet/Cash Flow

Patient cash collections in April set a third consecutive monthly record at \$7.0M, compared to March's \$6.7M and February's \$6.68M. The Gross A/R Days increased from 65.6 in March to 70.5 in April, although the Net A/R Days decreased. This increase in Gross Days was impacted by the low revenues in April, along with about \$4.6M holding in the Gross A/R due to complications surrounding implementation of the new California AB1020 rule which changed the "150 day" self-pay billing process to a mandated "180 day" billing process. (This matter is expected to clear in May.)

Cash balances increased in April to \$8.4M compared to \$4.35M in March, which was good. Conversely, the Accounts Payable increased by \$1.9M of \$1.35M from March to April. The line of credit balance was able to be maintained at \$6M at the end of the April (as it was in March and February). The second phase of the QIP loan for \$1.102M was also received in April and recorded as a Long-Term Liability. Finally, there was an increase in Construction in Progress of \$1.2M related to payments made on the Siemens energy project and the Stroke Center project.

Concluding Summary

Positive takeaways:

- 1) Total Surgeries were over budget, again by over 50% as in the previous two months;
- 2) Cash collections for patient services was very strong.
- 3) Net Patient Revenue has been trending strong for several months.

Negative takeaways:

- 1) Supply expenses continue to be the biggest challenge.

Dashboard Items and New Report:

As of February, 2022 two new dashboards were added to the Financial Reports. The first compares Net Patient Revenues to overall Labor costs and illustrates that Net Revenues just slightly exceed the cost of Labor. The second new dashboard illustrates the "normalization" of the larger Supplemental fundings received during the year. Finally, the Month-to Month Statement of Revenue and Expense will continue to be a part of the packet.

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.

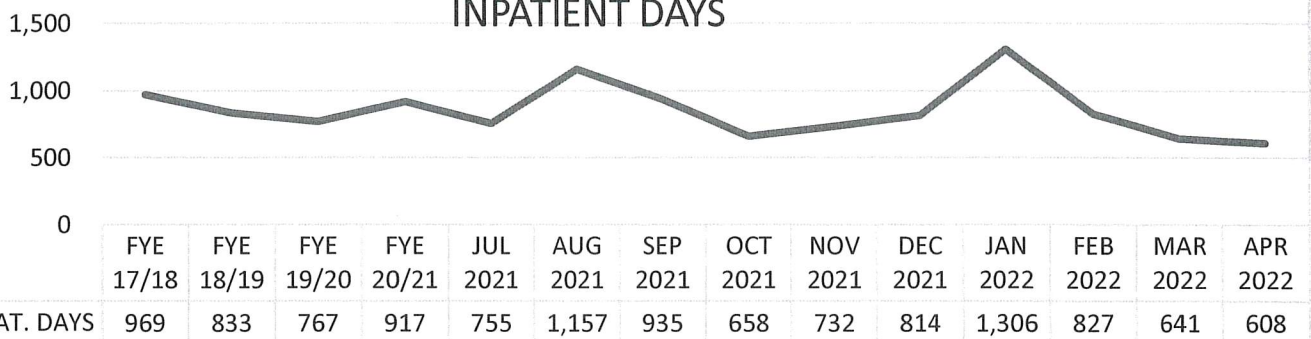
3-A

SAN GORGONIO MEMORIAL HOSPITAL

INPATIENT DISCHARGES



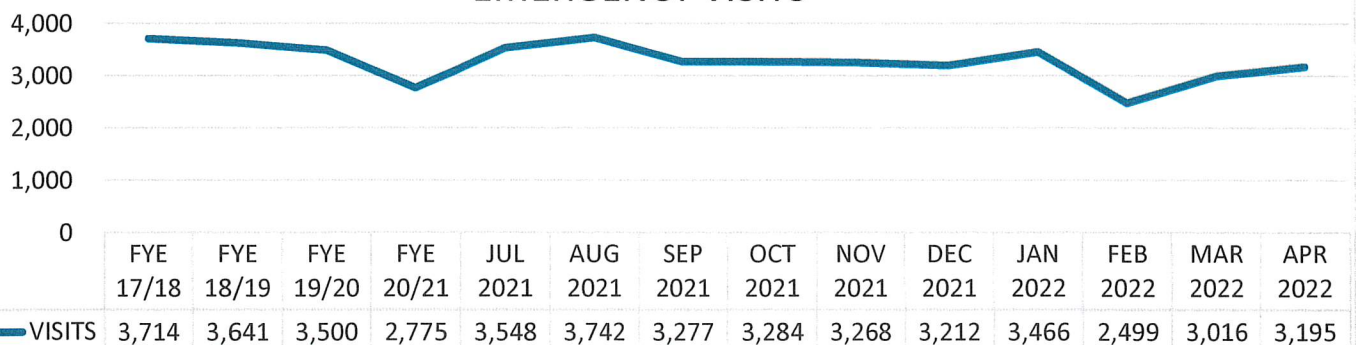
INPATIENT DAYS



AVERAGE LENGTH OF STAY



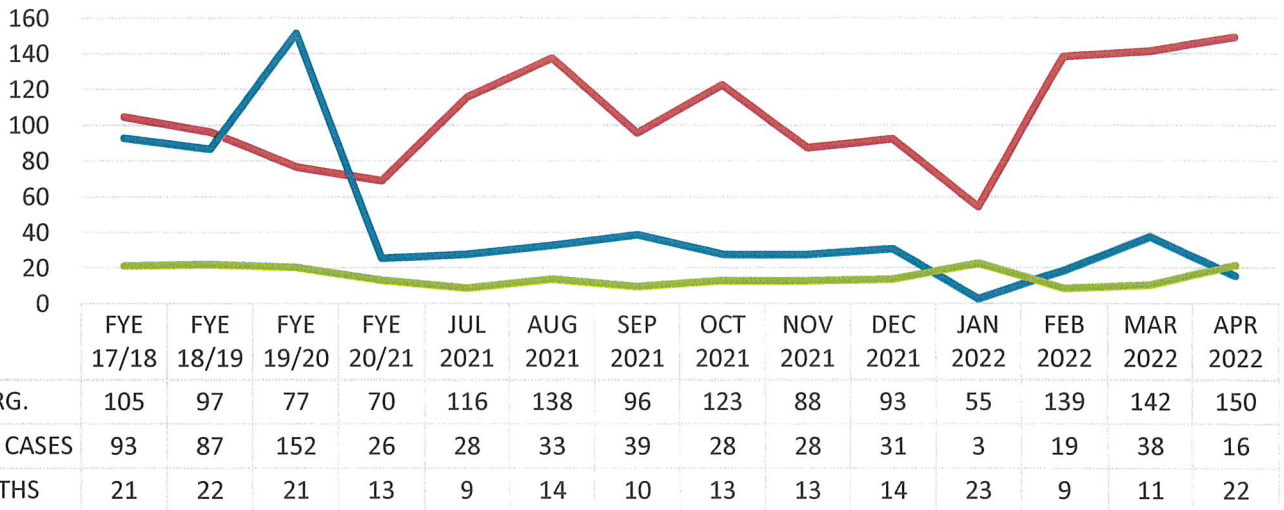
EMERGENCY VISITS



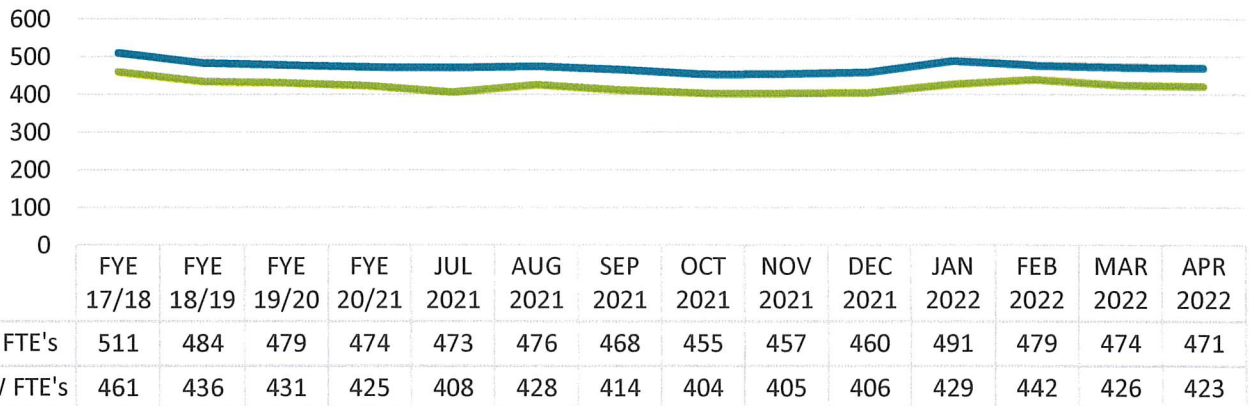
3-B

SAN GORGONIO MEMORIAL HOSPITAL

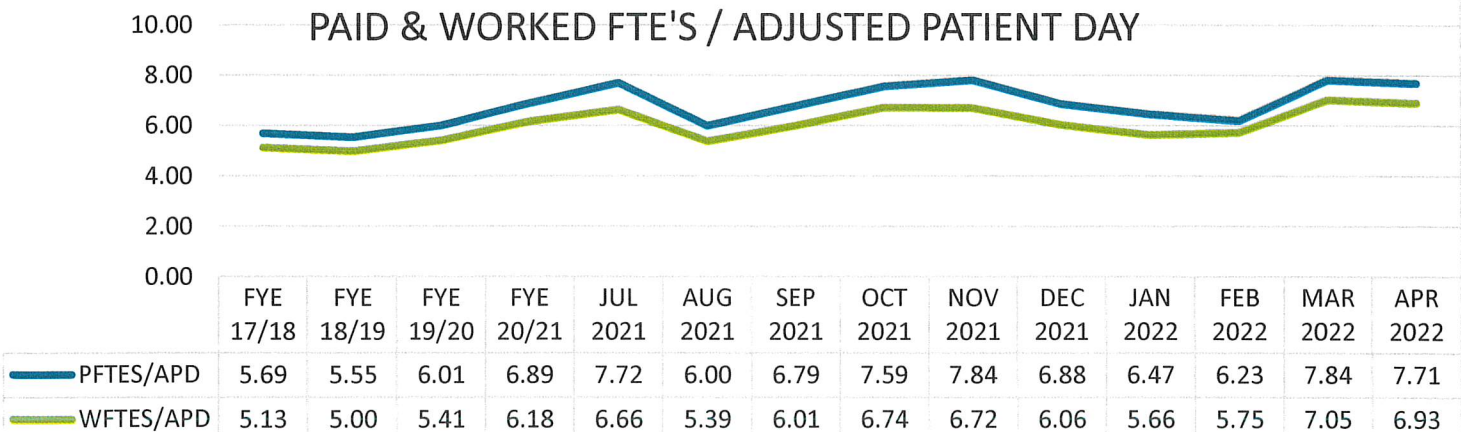
SURGERY CASES, G.I. CASES, N/B DELIVERIES



PAID & WORKED FTE'S



PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



3-C

INCOME STATEMENT

Gross Patient Revenue (000's) (Monthly Ave.)

Represents total charges (before discounts and allowances) made for all patient services provided.

Net Patient Revenue (NPR) (000's) (Monthly Ave.)

Equals the sum of all (patient) charges for services provided that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.

NPR as % of Gross

Reflects the percentage of Gross Patient Revenues (charges) that are expected to be collected. Calculated by dividing Net Patient Revenue by the Gross Patient Revenue.

Total Operating Revenue (000's) (Monthly Ave.)

This reflects all Revenues available for payment of Operating Expenses. This includes Net Patient Revenue plus all other forms of miscellaneous Revenues.

Salaries, Wages, Benefits & Contract Labor (000's) (Monthly Ave.)

Represents the total staffing expenses of the Hospital

SWB + Contract Labor as % of Total Operating Revenue

Identifies what portion the Operating Revenues are spent on staffing costs.

Total Operating Expense (TOE) (000's)(Monthly Ave.)

Operating Expense reflects all costs needed to fund the Hospital's business operations.

TOE as % of Total Operating Revenue

Identifies the relationship that Operating Expenses have to the Total Operating Revenues.

EBIDA (000's)(Monthly Average)

Earnings Before Interest, Depreciation, and Amortization. This reflects the difference between Net Operating Revenues and Total Operating Expense. This is a quick measurement of the Hospital's ability to meet its financial obligations and have additional funds for equipment replacement and future growth of the organization.

EBIDA as % of NPR

This measurement is a gauge of the surplus (or deficit) of funds available for operations and future growth.

Net Patient Revenue vs. Total Labor Expense

This measurement illustrates that Net Patient Revenues basically only cover Total Labor Expense, and that all of the Other Revenues and Supplemental Incomes are necessary to cover the remaining operational Expenses and EBIDA required to operate the Hospital.

(new in February, 2022)

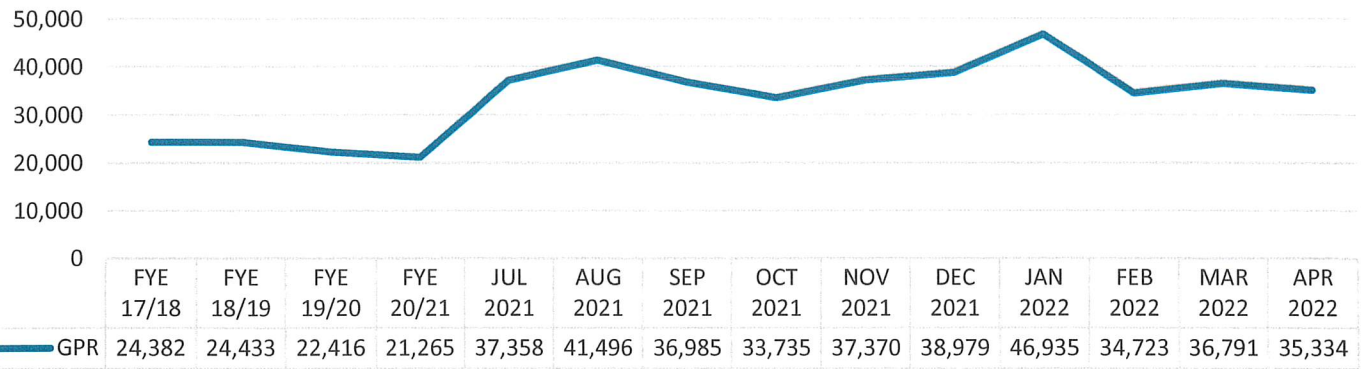
Operating Revenues (Normalized), Expenses, Staffing Expenses, and EBIDA (Normalized)

This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating the Rate Range Income booked in December, 2021 over the all 6 months of the FYE December 31, 2021.

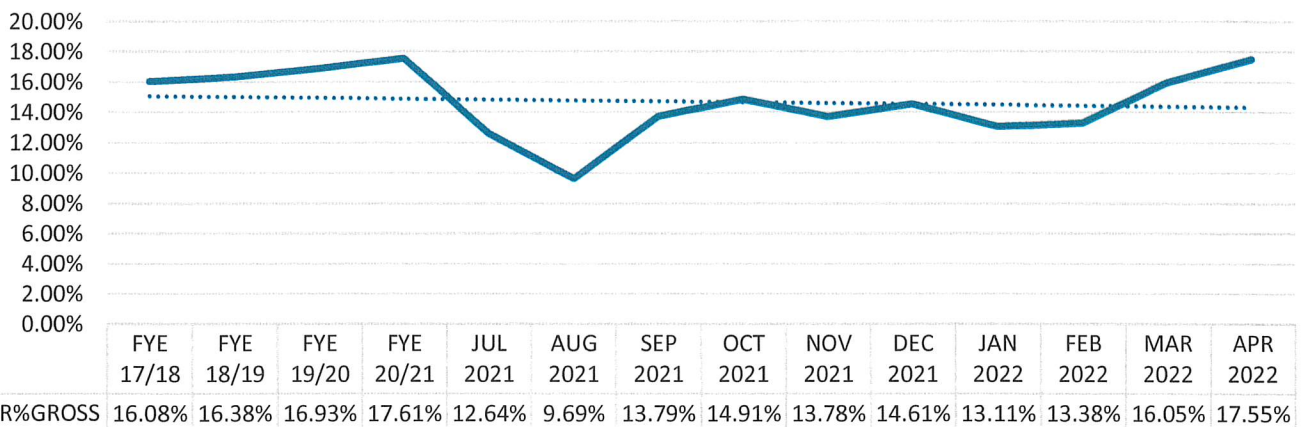
(new in February, 2022)

SAN GORGONIO MEMORIAL HOSPITAL

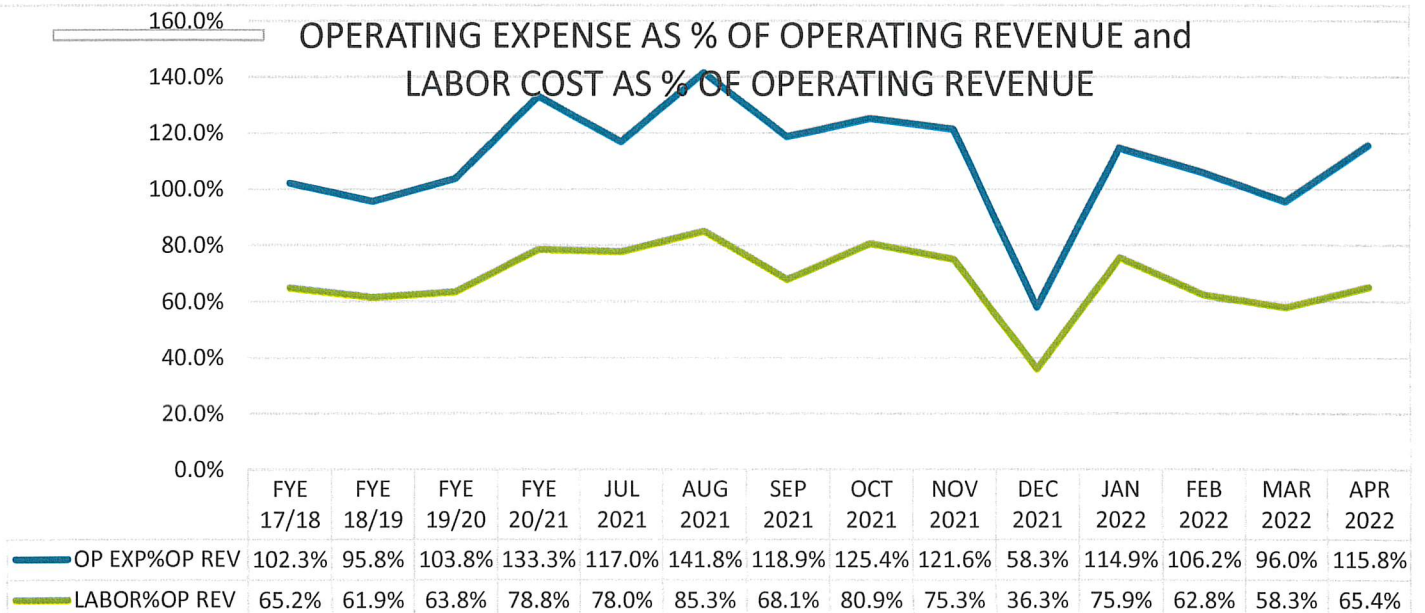
GROSS PATIENT REVENUE



NET PATIENT REVENUE AS % OF GROSS



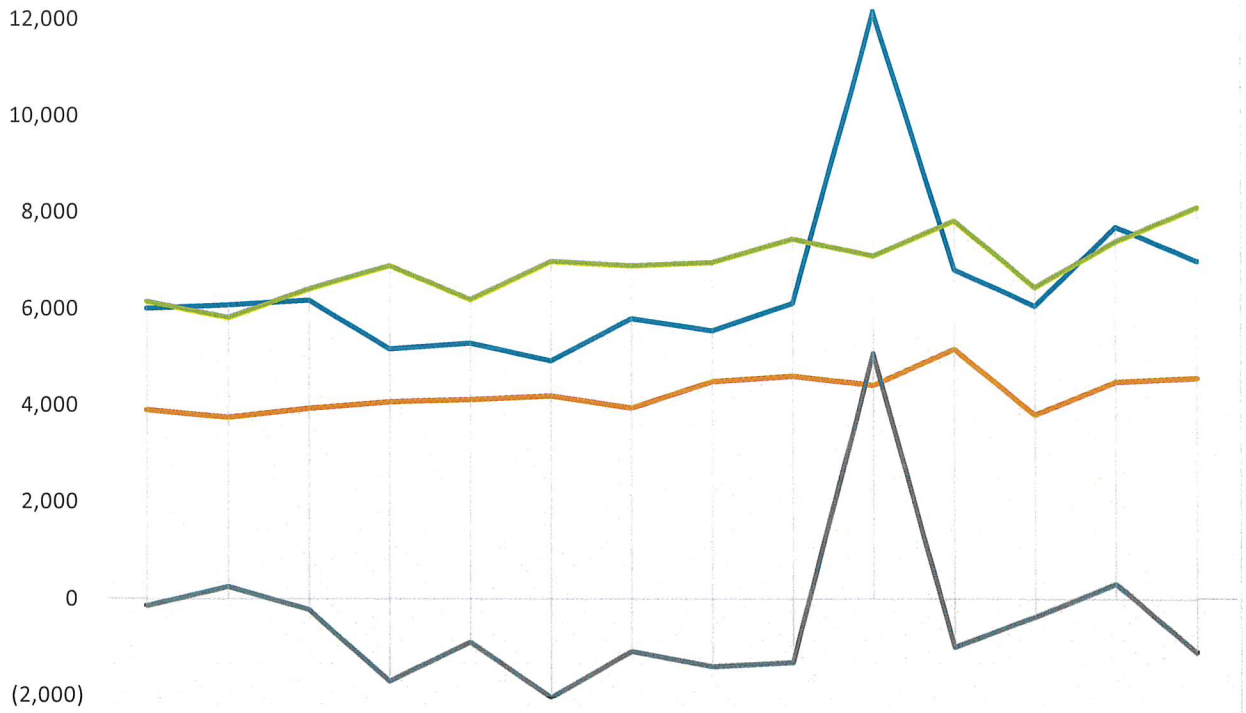
OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



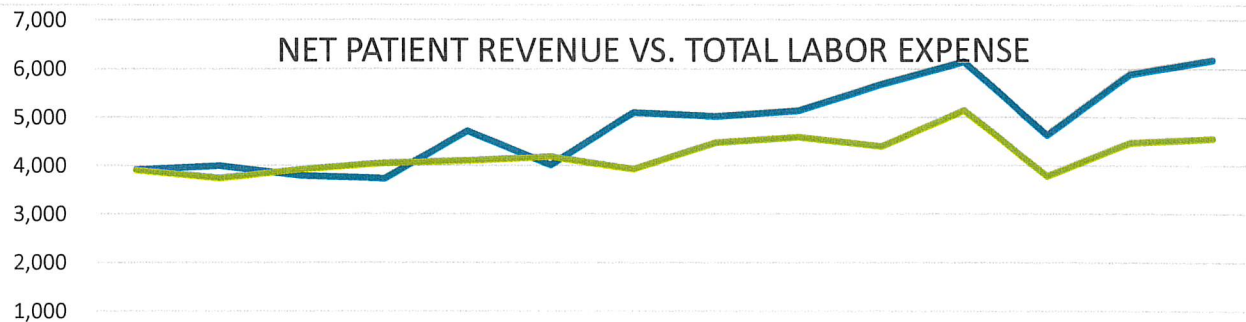
3-E

SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JUL 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022
OP REV	6,006	6,069	6,165	5,160	5,275	4,914	5,787	5,541	6,107	12,147	6,796	6,054	7,693	6,990
OP EXP	6,147	5,817	6,398	6,878	6,175	6,969	6,880	6,947	7,429	7,079	7,808	6,428	7,383	8,097
STAFF EXP	3,915	3,755	3,932	4,065	4,115	4,194	3,939	4,484	4,601	4,405	5,160	3,799	4,483	4,575
EBIDA	(141)	252	(233)	(1,719)	(899)	(2,055)	(1,093)	(1,406)	(1,321)	5,068	(1,012)	(374)	310	(1,107)

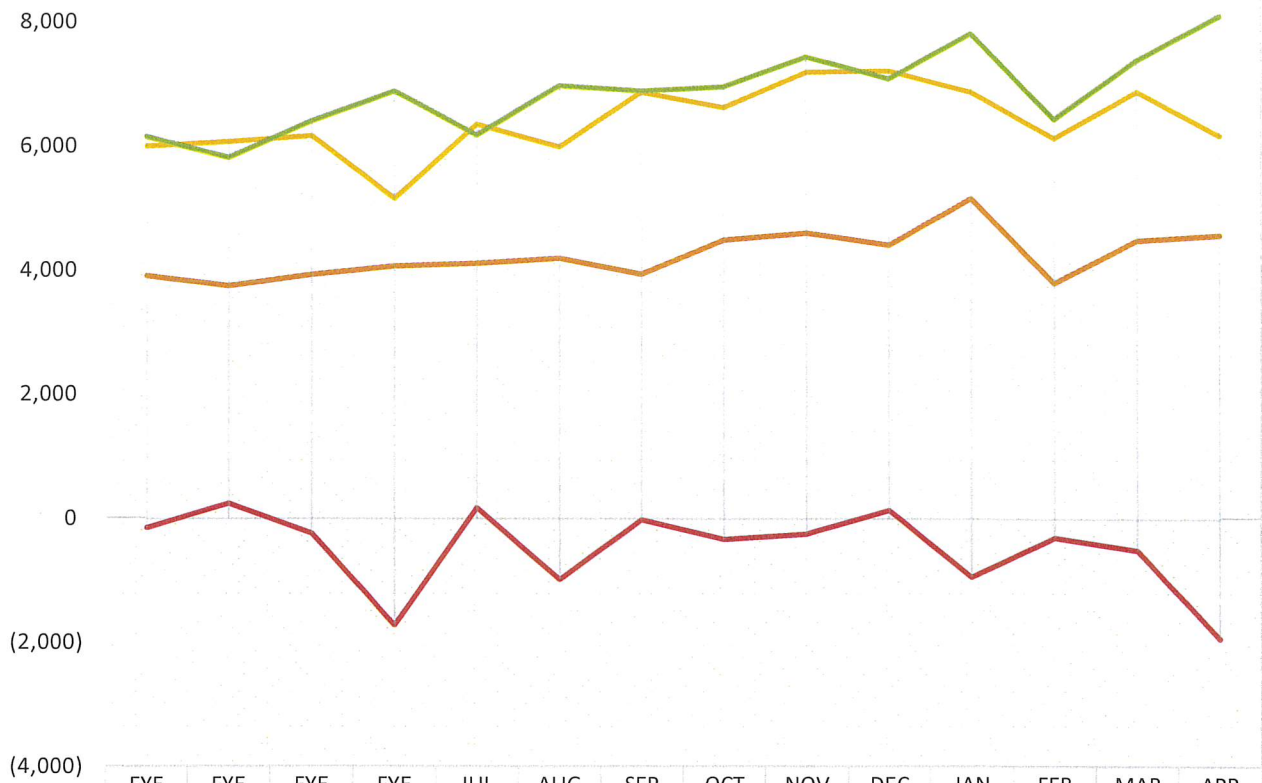


	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JUL 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022
NET PAT REV	3,921	4,003	3,795	3,744	4,722	4,019	5,100	5,031	5,149	5,695	6,155	4,644	5,905	6,202
LABOR EXP	3,915	3,755	3,932	4,065	4,115	4,194	3,939	4,484	4,601	4,405	5,160	3,799	4,483	4,575

3-F

SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE (NORMALIZED), OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA (NORMALIZED)



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JUL 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022	MAR 2022	APR 2022
REV NORMAL	6,006	6,069	6,165	5,160	6,351	5,990	6,863	6,617	7,183	7,211	6,870	6,128	6,878	6,175
OP EXP	6,147	5,817	6,398	6,878	6,175	6,969	6,880	6,947	7,429	7,079	7,808	6,428	7,383	8,097
LABOR EXP	3,915	3,755	3,932	4,065	4,115	4,194	3,939	4,484	4,601	4,405	5,160	3,799	4,483	4,575
EBIDA NORMAL	(141)	252	(233)	(1,719)	177	(979)	(17)	(330)	(245)	132	(938)	(300)	(505)	(1,922)

3-G

SAN GORGONIO HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA
Month-to Month FYE June 30, 2022
Statement of Revenue and Expense

	FYE17/18	FYE18/19	FYE19/20	FYE20/21	FYE21/22	FYE21/22	FYE21/22	FYE21/22	FYE21/22	FYE21/22	FYE21/22	FYE21/22	FYE21/22
	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.
Gross Patient Revenue													
Inpatient Revenue	\$ 8,652,325	\$ 7,667,883	\$ 7,401,282	\$ 9,331,371	\$ 15,366,746	\$ 20,315,097	\$ 18,658,896	\$ 11,148,784	\$ 18,051,448	\$ 17,581,450	\$ 29,180,538	\$ 16,023,727	\$ 14,009,575
Inpatient Psych/Rehab Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Revenue	15,730,069	16,765,365	15,067,104	11,933,682	21,991,078	21,181,242	18,326,106	22,586,269	19,318,269	21,397,485	17,754,388	18,699,730	22,781,003
Long Term Care Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Home Health Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Patient Revenue	24,382,394	24,433,247	22,468,386	21,265,053	37,357,824	41,496,339	36,985,002	33,735,053	37,369,717	38,978,936	46,934,926	34,723,457	36,790,578
Deductions From Revenue													
Discounts and Allowances	(19,635,639)	(19,588,148)	(17,845,730)	(16,635,734)	(31,157,700)	(36,364,720)	(30,346,595)	(27,094,692)	(30,704,377)	(31,514,954)	(38,941,080)	(28,951,935)	(29,655,536)
Bad Debt Expense	(806,002)	(859,023)	(653,280)	(824,395)	(1,478,073)	(963,563)	(1,509,194)	(1,466,791)	(1,418,564)	(1,744,776)	(1,661,127)	(1,097,242)	(1,207,381)
GI/HMO Discounts	0	0	0	0	0	0	0	0	0	0	0	0	0
Charity Care	(60,410)	(56,168)	(86,517)	(41,362)	0	(148,810)	(29,218)	(142,235)	(97,440)	(23,772)	(177,583)	(29,837)	(22,283)
Total Deductions From Revenue	(20,522,051)	(20,502,339)	(18,585,527)	(17,501,490)	(32,635,773)	(37,477,093)	(31,885,008)	(28,703,718)	(32,220,382)	(40,779,589)	(40,779,589)	(30,079,014)	(30,885,200)
Net Patient Revenue	3,860,343	3,930,908	3,882,859	3,763,563	4,722,051	4,019,246	5,099,995	5,031,335	5,149,335	6,155,137	4,644,443	5,905,378	6,201,945
Non-Patient Revenues													
IGT/DISH Revenues	1,530,975	1,485,337	1,157,326	869,707	601,689	0	0	0	0	6,016,888	0	0	0
Grants & Other Op Revenues	193,507	205,590	750,434	505,190	482,249	505,308	308,393	124,989	573,166	51,070	257,227	1,025,766	1,404,234
Clinic Net Revenues	20,106	22,392	15,743	0	0	0	0	0	0	0	0	0	0
Tax Subsidies Measure D	174,852	196,524	199,469	209,744	233,333	233,333	233,333	233,333	233,333	233,333	233,333	233,333	233,333
Tax Subsidies Prop 13	105,376	115,388	114,061	142,552	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000
Tax Subsidies County Supplmtl Funds	16,858	16,159	9,064	16,163	0	0	0	0	0	0	0	0	0
Total Non-Patient Revenues	2,041,675	2,041,381	2,246,097	1,743,355	1,457,271	888,641	691,726	508,322	956,499	6,451,291	640,560	1,409,099	788,312
Total Operating Revenue	5,902,018	5,972,289	6,128,956	5,506,919	6,179,322	4,907,888	5,791,721	6,105,833	6,105,833	12,146,722	6,795,697	6,053,542	7,692,944
Operating Expenses													
Salaries and Wages	3,000,485	2,941,226	3,104,224	3,125,159	3,189,198	3,247,078	3,119,355	3,731,115	3,731,115	3,541,554	3,869,331	3,024,051	3,443,890
Fringe Benefits	784,204	702,477	705,608	856,889	842,154	739,288	723,743	807,750	806,996	755,149	1,176,353	851,149	828,985
Contract Labor	130,625	106,628	59,516	104,886	79,279	95,479	95,479	66,995	62,832	108,418	114,375	145,998	286,002
Physicians Fees	211,630	246,631	331,858	350,783	360,075	224,167	532,291	316,536	343,587	198,313	296,243	318,078	437,958
Purchased Services	581,239	513,857	691,337	772,336	631,182	891,877	812,271	810,404	1,034,000	953,575	877,171	992,328	1,036,315
Supply Expense	699,167	688,518	791,025	903,883	1,023,530	64,994	1,273,837	784,949	1,033,786	1,044,298	931,808	907,500	1,455,590
Utilities	74,205	75,471	80,680	92,287	112,012	67,465	61,579	119,284	159,817	145,701	135,510	102,218	114,367
Repairs and Maintenance	53,574	58,325	59,592	139,712	79,289	107,979	81,746	65,197	83,919	48,900	47,901	58,986	37,984
Insurance Expense	86,537	85,267	103,277	110,683	120,349	115,997	115,996	115,996	115,996	129,887	130,590	119,590	122,460
All Other Operating Expenses	68,153	70,922	68,745	148,752	81,064	63,027	97,243	122,788	46,020	75,944	154,765	50,537	67,757
IGT Expense	217,249	58,743	109,484	172,366	0	0	0	0	0	0	0	0	0
Leases and Rentals	57,507	76,150	79,233	79,424	75,188	69,305	73,820	87,089	81,362	76,968	72,138	51,487	69,694
1206 (b) CLINIC	80,927	98,810	94,628	34,096	0	0	0	0	0	0	0	0	0
Total Operating Expenses	6,045,502	5,720,023	6,377,306	6,901,255	7,120,116	6,174,581	6,887,564	6,946,803	7,428,666	7,078,738	7,808,187	6,427,676	7,382,712
EBIDA	(143,485)	252,266	(248,351)	(1,394,337)	(901,836)	(2,061,196)	(1,095,843)	(1,407,147)	(1,322,832)	5,067,984	(1,012,491)	(374,133)	310,232
Interest, Depreciation, and Amortization													
Depreciation and Amortization	512,466	497,808	506,497	494,721	504,865	504,865	504,865	504,865	504,865	504,865	504,865	504,865	504,865
Tax Subsidies for GO Bonds - M-A	432,490	418,193	422,094	447,994	386,425	413,384	335,467	404,425	421,092	374,425	393,735	591,013	393,056
Interest Expense	944,956	916,000	928,591	942,715	913,610	891,290	918,249	840,332	925,957	879,290	888,600	1,095,878	897,921
Total Interest, Depr, & Amort.													
Non-Operating Revenue:													
Contributions & Other	14,354	7,745	27,759	7,121	42,392	29,882	2,969	1,708	1,695	4,381	963	186,373	9,437
Tax Subsidies for GO Bonds - M-A	652,487	692,457	666,966	598,410	613,966	613,966	613,966	613,966	613,966	613,966	613,966	613,966	613,966
Total Non Operating Revenue/(Expense)	666,841	700,202	694,725	605,531	656,357	617,179	643,847	616,935	616,674	618,347	614,928	800,339	623,403
Total Net Surplus/(Loss)	(421,599)	36,467	(482,217)	(1,731,521)	(647,668)	(1,175,948)	(2,335,597)	(1,319,240)	(1,633,129)	4,807,040	(1,296,162)	(669,672)	35,714
Change in Interest in Foundation	0	0	0	0	0	0	0	0	0	0	0	0	0
Extraordinary Loss on Financing	0	0	0	0	0	0	0	0	0	0	0	0	0
Increase/(Decrease in Unrestricted Net.)	(421,599)	36,467	(1,171,791)	(1,732,171)	(647,668)	(1,175,948)	(2,335,597)	(1,319,240)	(1,633,129)	4,807,040	(1,296,162)	(669,672)	35,714
Total Profit Margin	-7.1%	0.6%	-7.9%	-31.4%	-9.6%	-22.3%	-47.6%	-22.8%	-30.7%	39.6%	-19.1%	-11.1%	0.5%
EBIDA %	-2.4%	4.2%	-4.1%	-25.3%	-5.9%	-17.1%	-18.9%	-16.9%	-25.4%	41.7%	-14.9%	-6.2%	-15.8%

Note: Trend variances in the FYE 21/22 monthly columns are explained in the respective monthly financial reports - "Financial Report - Executive Summary".

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

3:1

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

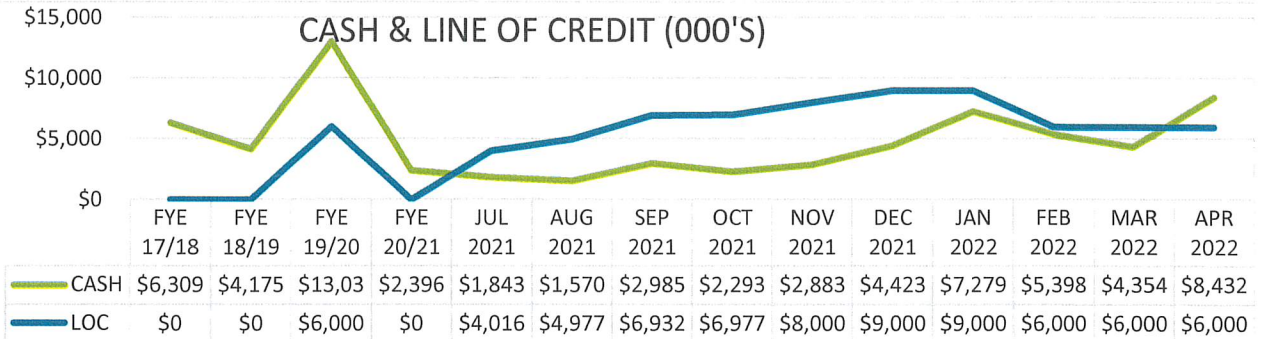
Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.

Line of Credit Balance (000's)

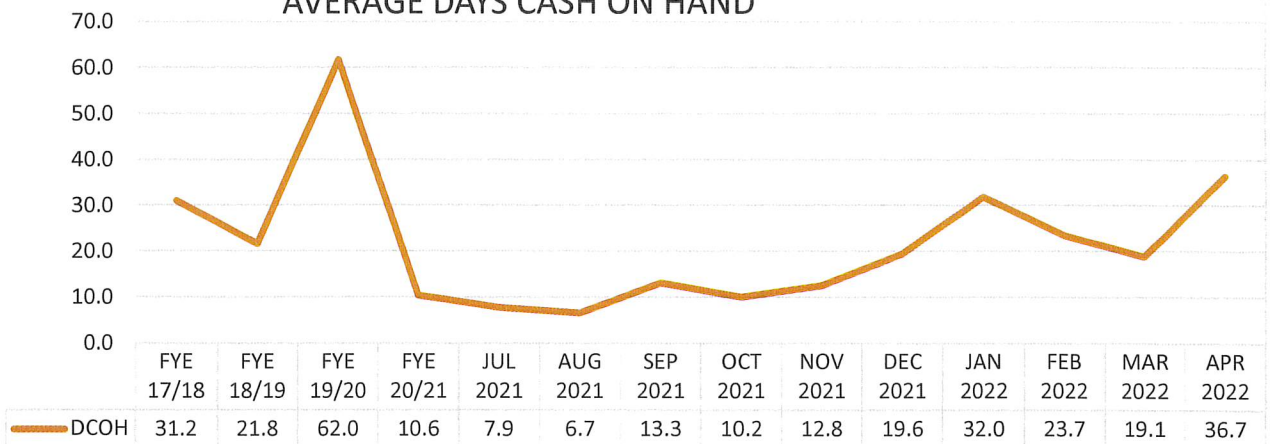
The amount that is currently borrowed from a lending institution as of a given point in time.

SAN GORGONIO MEMORIAL HOSPITAL

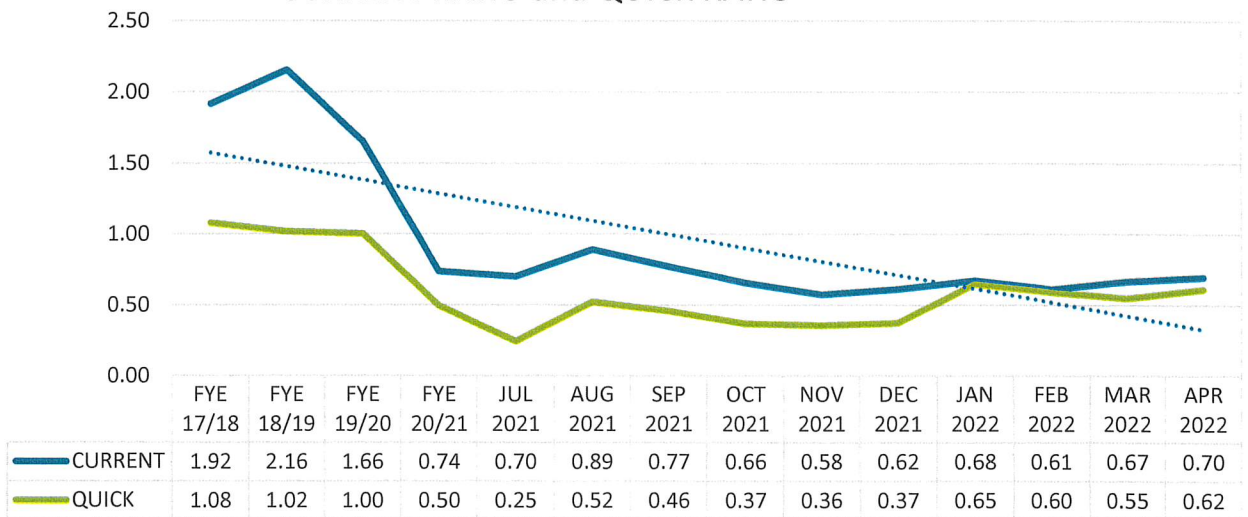
CASH & LINE OF CREDIT (000'S)



AVERAGE DAYS CASH ON HAND



CURRENT RATIO and QUICK RATIO



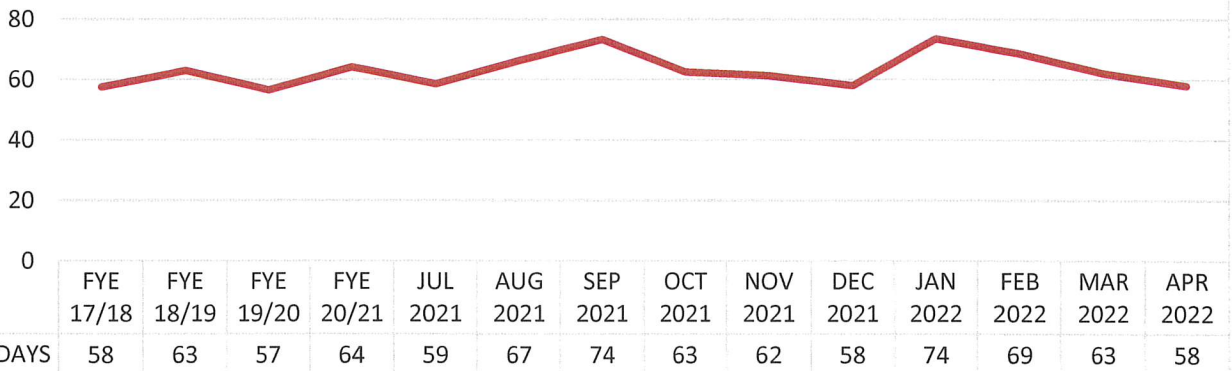
3-5

SAN GORGONIO MEMORIAL HOSPITAL

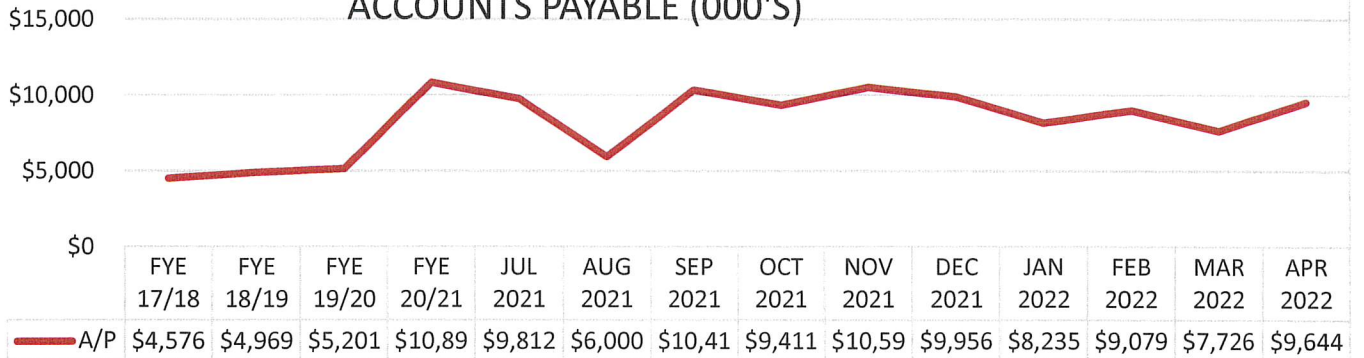
NET ACCOUNTS RECEIVABLE (000'S)



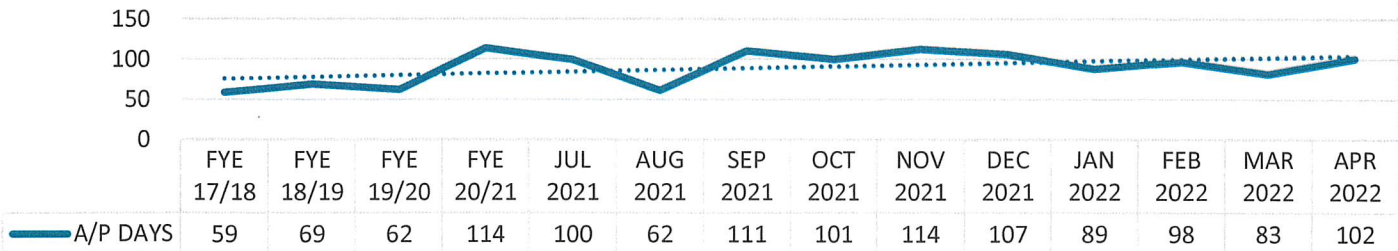
AVE. DAYS OF COLLECTIONS IN NET A/R



ACCOUNTS PAYABLE (000'S)



AVERAGE DAYS IN ACCOUNTS PAYABLE

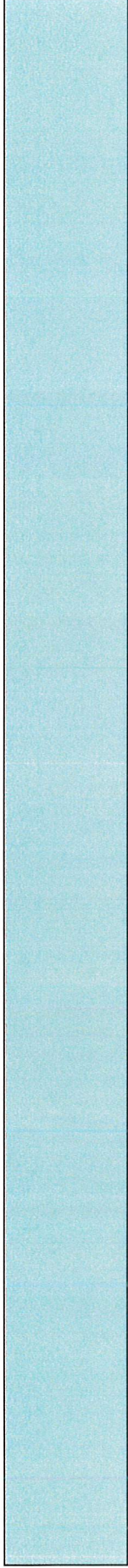


3-K

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
TEN MONTHS ENDING APRIL 30, 2022

BALANCE SHEET

	YTD 4/30/2022	Prior FYE 6/30/2021
ASSETS		
[1] Current Assets	\$ 19,294,128	\$ 14,763,567
[2] Assets Whose Use is Limited	8,925,981	15,999,821
[3] Property, Plant & Equipment (Net)	74,440,893	77,860,175
[4] Other Assets	619,778	1,320,339
[5] Total Unrestricted Assets	103,280,779	109,943,902
[6] Restricted Assets	0	0
[7] Total Assets	\$ 103,280,779	\$ 109,943,902
LIABILITIES AND NET ASSETS		
[8] Current Liabilities	\$27,501,456	\$22,077,546
[9] Long-Term Debt	105,372,314	105,992,009
[10] Other Long-Term Liabilities	2,231,628	0
[11] Total Liabilities	\$ 135,105,397	\$ 128,069,555
[12] Net Assets	\$ (31,824,618)	\$ (18,125,653)
[13] Total Liabilities and Net Assets	\$ 103,280,779	\$ 109,943,902



KEY STATISTICS AND RATIOS					
	03/31/22 ACTUAL FY 22	04/30/22 ACTUAL FY 22	04/30/22 BUDGET FY 22	2022 YTD FY 22	2021 YR END TOTAL FY 21
[1] Total Acute Patient Days	641	608	1,121	8,429	11,008
[2] Average Daily Census	20.7	20.3	37.4	27.7	30.2
[3] Average Acute Length of Stay	3.5	3.3	4.1	4.0	4.1
[4] Patient Discharges	183	184	271	2,121	2,667
[5] Observation Days	223	208	226	2,306	2,512
[6] Total Emergency Room Visits	3,016	3,195	2,941	32,393	33,299
[7] Average ED Visits Per Day	97	107	98	107	91
[9] Total Surgeries	142	150	92	1,140	837
[10] Deliveries/Births	11	22	14	139	158

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APRIL 30, 2022

	DISTRICT ONLY	CURRENT MONTH				
		ACTUAL	FY 21	FY 21	Positive	Percentage
		04/30/22	ACTUAL	CUR MO BUD	(Negative)	
		04/30/22	04/30/22	Variance	Variance	
Gross Patient Revenue						
[1] Inpatient Revenue	\$ -	\$ 12,985,480	\$ 21,606,353	\$ (8,620,872)	-66.4%	
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-	
[3] Outpatient Revenue	-	22,348,929	\$ 19,872,074	2,476,854	11.1%	
[4] Long Term Care Revenue	-	-	-	-	-	
[5] Home Health Revenue	-	-	-	-	-	
[6] Total Gross Patient Revenue	\$ -	\$ 35,334,409	\$ 41,478,427	\$ (6,144,018)	-17.4%	
Deductions From Revenue						
[7] Discounts and Allowances	-	(27,674,758)	\$ (35,512,557)	\$ 7,837,799	-28.3%	
[8] Bad Debt Expense	-	(1,432,016)	\$ (850,000)	(582,016)	40.6%	
[9] Prior Year Settlements	-	-	\$ -	-	-	
[10] Charity Care	-	(25,690)	\$ (58,333)	32,643	-127.1%	
[11] Total Deductions From Revenue	-	(29,132,464)	(36,420,891)	\$ 7,288,427	-25.0%	
[12]		-82.4%	-88%			
[13] Net Patient Revenue	\$ -	\$ 6,201,945	\$ 5,057,536	\$ 1,144,409	18.5%	
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	-	-	\$ -	\$ -	0.0%	
[15] Grants & Other Op Revenues	-	404,979	\$ 300,191	104,788	25.9%	
[16] Clinic Net Revenues	-	-	\$ -	-	-	
[17] Tax Subsidies Measure D	233,333	233,333	\$ 239,583	(6,250)	-2.7%	
[18] Tax Subsidies Prop 13	150,000	150,000	\$ 166,667	(16,667)	-11.1%	
[19] Tax Subsidies County Supplemental Funds	-	-	\$ -	-	0.0%	
Non- Patient Revenue	\$ 383,333	\$ 788,312	\$ 706,441	\$ 81,871	10.4%	
Total Operating Revenue	\$ 383,333	\$ 6,990,257	\$ 5,763,977	\$ 1,226,279	17.5%	
Operating Expenses						
[20] Salaries and Wages	-	3,443,890	3,546,121	\$ 102,231	3.0%	
[21] Fringe Benefits	-	886,002	771,974	(114,028)	-12.9%	
[22] Contract Labor	-	244,817	68,630	(176,188)	-72.0%	
[23] Physicians Fees	-	497,575	340,810	(156,765)	-31.5%	
[24] Purchased Services	13,948	966,521	868,853	(97,668)	-10.1%	
[25] Supply Expense	-	1,455,590	829,096	(626,494)	-43.0%	
[26] Utilities	2,699	114,367	82,214	(32,153)	-28.1%	
[27] Repairs and Maintenance	15,296	183,195	55,920	(127,275)	-69.5%	
[28] Insurance Expense	-	115,996	115,494	(502)	-0.4%	
[29] All Other Operating Expenses	-	75,734	193,338	117,604	155.3%	
[30] Supplemental and Grant Expense	-	-	0	-	0.0%	
[31] Leases and Rentals	-	113,459	134,381	20,922	18.4%	
[32] Clinic Expense	-	-	0	-	0.0%	
[33] Total Operating Expenses	\$ 31,944	\$ 8,097,148	\$ 7,006,832	\$ (1,090,316)	-13.5%	
[34] EBIDA	\$ 351,389	\$ (1,106,891)	\$ (1,242,854)	\$ 135,963	-12.3%	
Interest Expense and Depreciation						
[35] Depreciation	504,865	504,865	535,486	\$ 30,621	6.1%	
[36] Interest Expense and Amortization	360,036	374,425	431,460	57,034	15.2%	
[37] Total Interest & depreciation	864,901	879,290	966,945	87,655	10.0%	
Non-Operating Revenue:						
[38] Contributions & Other	2,538	183,295	75,000	108,295	59.1%	
[39] Tax Subsidies for GO Bonds - M-A	613,966	613,966	666,667	(52,701)	-8.6%	
[40] Total Non Operating Revenue/(Expense)	616,503	797,260	741,667	\$ 55,594	7.0%	
[41] Total Net Surplus/(Loss)	\$ 102,992	\$ (1,188,921)	\$ (1,468,133)	\$ 279,212	-23.5%	
[42] Extra-ordinary loss on Financing	-	-	-	-	-	
[43] Increase/(Decrease in Unrestricted Net Assets	\$ 102,992	\$ (1,188,921)	\$ (1,468,133)	\$ 279,212	-23.5%	
[44] Total Profit Margin	26.87%	-17.01%	-25.47%			
[45] EBIDA %	91.67%	-15.83%	-21.56%			

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APRIL 30, 2022

	YEAR-TO-DATE				
	DISTRICT ONLY			Positive (Negative) Variance	Percentage Variance
	Actual 04/30/22	Actual 04/30/22	Budget 04/30/22		
Gross Patient Revenue					
[1] Inpatient Revenue	\$ -	\$ 173,321,741	\$ 207,504,747	\$ (34,183,006)	-19.7%
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	
[3] Outpatient Revenue	-	206,384,500	\$ 215,121,677	(8,737,177)	-4.2%
[4] Long Term Care Revenue	-	-	-	-	
[5] Home Health Revenue	-	-	-	-	
[6] Total Gross Patient Revenue	\$ -	\$ 379,706,241	\$ 422,626,424	\$ (42,920,183)	-11.3%
Deductions From Revenue					
[7] Discounts and Allowances	-	(312,406,348)	\$ (362,492,276)	\$ 50,085,929	16.0%
[8] Bad Debt Expense	-	(13,978,729)	\$ (8,500,000)	(5,478,729)	-39.2%
[9] Prior Year Settlements	-	-	\$ -	-	
[10] Charity Care	-	(696,869)	\$ (583,333)	(113,535)	-16.3%
[11] Total Deductions From Revenue	-	(327,081,945)	(371,575,610)	\$ 44,493,665	13.6%
[12]		-86.1%	-87.9%		
[13] Net Patient Revenue	\$ -	\$ 52,624,296	\$ 51,050,814	\$ 1,573,482	3.0%
Non Patient Operating Revenues					
[14] IGT/DSH Revenues	-	6,016,888	\$ 6,282,227	\$ (265,339)	-4.4%
[15] Grants & Other Op Revenues	-	4,822,491	\$ 3,001,910	1,820,581	37.8%
[16] Clinic Net Revenues	-	-	\$ -	-	
[17] Tax Subsidies Measure D	1,866,664	2,333,330	\$ 2,395,833	(62,503)	-2.7%
[18] Tax Subsidies Prop 13	1,200,000	1,500,000	\$ 1,666,667	(166,667)	-11.1%
[19] Tax Subsidies County Supplemental Funds	-	-	\$ -	-	0.0%
Non- Patient Revenue	\$ 3,066,664	\$ 14,672,709	\$ 13,346,637	\$ 1,326,072	9.0%
Total Operating Revenue	\$ 3,066,664	\$ 67,297,005	\$ 64,397,452	\$ 2,899,553	4.3%
Operating Expenses					
[20] Salaries and Wages	-	34,216,331	\$ 35,185,976	\$ 969,645	2.8%
[21] Fringe Benefits	-	8,421,538	\$ 7,926,101	(495,437)	-5.9%
[22] Contract Labor	-	1,124,449	\$ 673,204	(451,245)	-40.1%
[23] Physicians Fees	-	3,451,823	\$ 3,385,258	(66,565)	-1.9%
[24] Purchased Services	209,158	9,051,222	\$ 8,682,948	(368,275)	-4.1%
[25] Supply Expense	-	10,188,963	\$ 8,317,224	(1,871,739)	-18.4%
[26] Utilities	18,133	1,120,125	\$ 885,681	(234,444)	-20.9%
[27] Repairs and Maintenance	71,045	750,930	\$ 557,702	(193,228)	-25.7%
[28] Insurance Expense	-	1,278,489	\$ 1,154,942	(123,547)	-9.7%
[29] All Other Operating Expenses	-	853,891	\$ 1,929,409	1,075,518	126.0%
[30] Supplemental and Grant Expense	-	-	\$ 895,056	895,056	0.0%
[31] Leases and Rentals	-	743,397	\$ 1,293,813	550,417	74.0%
[32] Clinic Expense	-	-	\$ -	-	0.0%
[33] Total Operating Expenses	\$ 298,337	\$ 71,201,158	\$ 70,887,315	\$ (313,843)	-0.4%
[34] EBIDA	\$ 2,768,327	\$ (3,904,153)	\$ (6,489,863)	\$ 2,585,710	-66.2%
Interest Expense and Depreciation					
[35] Depreciation	4,038,920	5,048,650	\$ 4,987,409	\$ (61,241)	-1.2%
[36] Interest Expense and Amortization	2,920,632	4,087,449	\$ 4,293,937	206,489	5.1%
[37] Total Interest & depreciation	6,959,552	9,136,099	9,281,346	145,248	1.6%
Non-Operating Revenue:					
[38] Contributions & Other	59,911	423,917	\$ 750,000	(326,083)	-76.9%
[39] Tax Subsidies for GO Bonds - M-A	6,139,656	6,139,656	\$ 6,666,667	(527,010)	-8.6%
[40] Total Non Operating Revenue/(Expense)	6,199,568	6,563,573	7,416,667	(853,094)	-13.0%
[41] Total Net Surplus/(Loss)	\$ 2,008,343	\$ (6,476,678)	\$ (8,354,543)	\$ 1,877,864	-29.0%
[42] Extra-ordinary loss on Financing	-	-	-	-	
[43] Increase/(Decrease in Unrestricted Net Assets	\$ 2,008,343	\$ (6,476,678)	\$ (8,354,543)	\$ 1,877,864	-29.0%
[44] Total Profit Margin	65.49%	-9.62%	-12.97%		
[45] EBIDA %	90.27%	-5.80%	-10.08%		

Balance Sheet - Assets

**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APRIL 30, 2022**

		ASSETS					
		DISTRICT ONLY					
		Current Month 4/30/2022	Current Month 4/30/2022	Prior Month 3/31/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2021	
Current Assets							
[1]	Cash and Cash Equivalents	\$969,554	\$8,431,995	\$4,353,545	\$ 4,078,449	\$ 1,763,843	
[2]	Gross Patient Accounts Receivable	\$0	\$82,005,018	\$85,336,601	\$ (3,331,583)	58,800,003	
[3]	Less: Bad Debt and Allowance Reserves	\$0	(\$73,491,783)	(\$76,396,979)	\$ 2,905,196	(50,860,772)	
[4]	Net Patient Accounts Receivable	\$0	\$8,513,235	\$8,939,622	\$ (426,387)	7,939,231	
[5]	Taxes Receivable	\$2,688,710	\$2,688,710	\$2,435,184	\$ 253,525	99,170	
[6]	Other Receivables (includes advances)	\$660,465	(\$1,959,582)	(\$1,343,740)	\$ (615,842)	1,609,566	
[7]	Inventories	\$0	\$2,400,494	\$2,318,921	\$ 81,574	1,830,192	
[8]	Prepaid Expenses	\$426,169	\$1,064,753	\$1,097,318	\$ (32,566)	21,540	
[9]	Due From Third Party Payers-DSH	\$0	(\$1,845,477)	(\$1,845,477)	\$ -	598,026	
[10]	Malpractice Receivable	\$0	\$0	\$0	\$ -	-	
[11]	Supplimental Receivables	\$0	\$0	\$341,379	\$ (341,379)	902,000	
	Total Current Assets	4,744,897	19,294,128	16,296,753	\$ (736,481)	\$ 14,763,567	
Assets Whose Use is Limited							
[12]	Cash						
[13]	Investments						
[14]	Bond Reserve/Debt Retirement Fund	\$8,925,981	\$8,925,981	\$9,462,982	\$ (537,002)	15,999,821	
[15]	Trustee Held Funds						
[16]	Funded Depreciation						
[17]	Board Designated Funds						
[18]	Other Limited Use Assets						
	Total Limited Use Assets	8,925,981	8,925,981	9,462,982	\$ (223,324)	\$ 15,999,821	
Property, Plant, and Equipment							
[19]	Land and Land Improvements	\$4,828,182	\$4,828,182	\$4,828,091	\$ 91	\$ 4,828,182	
[20]	Building and Building Improvements	\$129,281,491	\$129,281,491	\$129,281,491	\$ -	129,257,409	
[21]	Equipment	\$26,853,549	\$26,853,549	\$26,853,549	\$ -	26,562,627	
[22]	Construction In Progress	\$1,613,608	\$1,613,608	\$390,017	\$ 1,223,592	299,244	
[23]	Capitalized Interest						
[24]	Gross Property, Plant, and Equipment	162,576,830	162,576,830	161,353,148	\$ 1,223,683	160,947,462	
[25]	Less: Accumulated Depreciation	(\$88,135,937)	(\$88,135,937)	(\$87,631,072)	\$ (504,865)	(83,087,287)	
[26]	Net Property, Plant, and Equipment	74,440,893	74,440,893	73,722,075	\$ (475,050)	\$ 77,860,175	
Other Assets							
[27]	Unamortized Loan Costs	\$627,385	\$619,618	\$622,207	\$ (2,589)	\$ 728,520	
[28]	Assets Held for Future Use		\$160	\$160	\$ -		
[29]	Investments in Subsidiary/Affiliated Org.	\$22,216,652	\$0	\$0	\$ (0)	591,819	
[30]	Other						
[31]	Total Other Assets	22,844,036	619,778	622,367	\$ (2,589)	\$ 1,320,339	
[32]	TOTAL UNRESTRICTED ASSETS	110,955,807	103,280,779	100,104,177	\$ 3,176,602	\$ 109,943,902	
Restricted Assets							
		0	0	0	0	0	
[33]	TOTAL ASSETS	\$110,955,807	\$103,280,779	\$100,104,177	\$ 3,176,602	\$ 109,943,902	

Balance Sheet - Liabilities and Net Assets

**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APRIL 30, 2022**

	DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
	Current Month 4/30/2022	Current Month 4/30/2022	Prior Month 3/31/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2021
Current Liabilities					
[1] Accounts Payable	\$ 308,095	\$ 9,644,221	\$ 7,725,973	\$ (1,918,248)	\$ 9,285,913
[2] Notes and Loans Payable (Line of Credit)	-	6,000,000	6,000,000	\$ -	16,391
[3] Accounts Payable- Tax advance	-	-	-	\$ -	-
[4] Accrued Payroll Taxes	-	6,079,678	5,757,499	\$ (322,179)	5,565,216
[5] Accrued Benefits	-	-	-	\$ -	-
[6] Accrued Benefits Current Portion	-	-	-	\$ -	-
[7] Other Accrued Expenses	-	-	-	\$ -	-
[8] Accrued GO Bond Interest Payable	2,019,820	2,263,537	691,969	\$ (1,571,568)	2,484,778
[9] Stimulus Advance	-	387,388	375,675	\$ (11,713)	2,336,777
[10] Due to Third Party Payers (Settlements)	-	-	-	\$ -	-
[11] Advances From Third Party Payers	-	194,908	625,228	\$ 430,320	-
[12] Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	2,335,000	\$ -	2,335,000
[13] Current Portion of LTD (Leases)	-	-	-	\$ -	-
[14] Other Current Liabilities	-	596,724	596,724	-	53,471
Total Current Liabilities	4,662,915	27,501,456	24,108,067	\$ 791,861	22,077,546
Long Term Debt					
[15] Bonds/Mortgages Payable (net of Cur Portion)	103,097,387	\$103,057,314	\$ 103,070,672	\$ 13,358	\$ 105,677,009
[16] Leases Payable (net of current portion)	\$2,315,000	\$2,315,000	\$2,315,000	\$ -	\$315,000
[17] Total Long Term Debt (Net of Current)	105,412,387	105,372,314	105,385,672	\$ 313,358	105,992,009
Other Long Term Liabilities					
[18] Deferred Revenue	-	-	-	\$ -	-
[19] Accrued Pension Expense (Net of Current)	-	-	-	\$ -	-
[20] Other-Bridge Loan	0	2,231,628	1,129,590	\$ (1,102,038)	-
[21] Total Other Long Term Liabilities	0	2,231,628	1,129,590	(1,102,038)	0
TOTAL LIABILITIES	\$ 110,075,302	\$ 135,105,397	\$ 130,623,329	\$ (4,482,068)	\$ 128,069,555
Net Assets:					
[22] Unrestricted Fund Balance	(1,127,838)	(25,347,940)	\$ (25,347,940)	\$ -	\$ (3,774,444)
[23] Temporarily Restricted Fund Balance	-	-	-	-	-
[24] Restricted Fund Balance	-	-	-	-	-
[25] Net Revenue/(Expenses)	2,008,343	(6,476,678)	(5,171,212)	1,305,466	(14,351,209)
[26] TOTAL NET ASSETS	880,505	(31,824,618)	(30,519,152)	\$ 1,305,466	\$ (18,125,653)
[27] TOTAL LIABILITIES AND NET ASSETS	\$ 110,955,807	\$ 103,280,779	\$ 100,104,177	\$ (3,176,602)	\$ 109,943,902
	\$ 0	\$ 0	(0)	(\$0) 0	\$ -

Statement of Cash Flows

SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA TEN MONTHS ENDING APRIL 30, 2022

		CASH FLOW	
		Current	
HEALTHCARE SYSTEM CASH FLOW		Month	
		3/31/2022	
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$	3,383,991
[2]	Cash: Beginning Balances- DISTRICT		969,554
[3]	Cash: Beginning Balances TOTALS	\$	4,353,545
Receipts			
[4]	Pt Collections	\$	7,036,233
[5]	Tax Subsidies Measure D		668,853
[6]	Tax Subsidies Prop 13		165,897
[7]	Tax Subsidies County Supplemental Funds		-
[8]	IGT & other Supplemental (Net)		866,282
[9]	Draws/(Paydown) of LOC Balances		-
[10]	Other Misc Receipts/Transfers		169,224
	TOTAL RECEIPTS	\$	8,906,489
Disbursements			
[11]	Payroll/ Benefits	\$	4,304,913
[12]	Other Operating Costs		2,441,373
[13]	Capital Spending		0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		-
[15]	Other (increase) in AP /other bal sheet		(1,918,248)
[16]	TOTAL DISBURSEMENTS	\$	4,828,038
[17]	TOTAL CHANGE in CASH	\$	4,078,450
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$	7,462,442
[19]	Ending Balances- DISTRICT		969,554
[20]	Ending Balances- TOTALS	\$	8,431,995
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$	6,000,000

TAB G

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Items for May 31, 2022 and June 7, 2022 Meetings

Subject:

Annual Insurance Renewals:

A) Professional and General Liability Programs

- 1) Professional and General Liability
- 2) Directors and Officers Liability
- 3) Employment Practices Liability
- 4) Auto Liability
- 5) Workers' Compensation

B) Property and Casualty Programs

- 1) All Risk Property Coverage including Business Interruption Coverage
- 2) Boiler and Machinery
- 3) Pollution
- 4) Cyber
- 5) Crime
- 6) Fiduciary Liability
- 7) Underground Storage Tanks (Pollution)
- 8) Deadly Weapon Response
- 9) Earthquake, Flood, and Excess Cyber Limits (Optional – Waiting for quotations)

Professional and General Liability Program – The District's broker is Jim Sprague, Vice President of James+Gable Insurance Brokers. Jim and his team work on the District's behalf with the BETA Healthcare Group, a Risk Management Authority Public Agency. SGMHCD has been insured with BETA for many years, and has benefitted from competitive premiums, comprehensive coverages, and excellent customer service from a firm which specializes in District, Public Agency, and Non-Profit Healthcare providers.

BETA has an extensive Quality Improvement and Performance program which is customized especially for Hospitals, and the favorable results of such programs have resulted in the overall competitive and comprehensive product. Their Workers' Compensation program is specifically designed for hospital workers and has an excellent overall track record in this arena.

The renewal premiums are provided an attachment.



2022 Insurance Renewals

Executive Summary

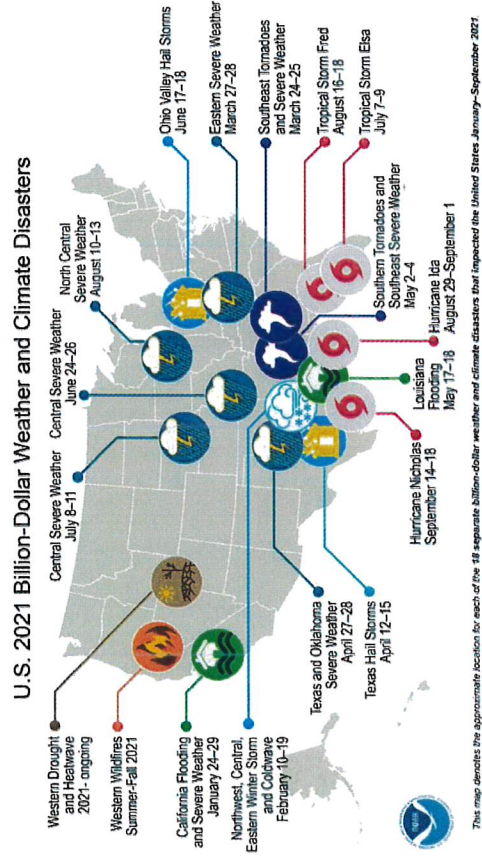
Line of Coverage	Carrier	Policy Term	Limits	Deductible	2021-2022 Expiring	2022-2023 Budget	2022-2023 Renewals
Professional Liability & General Liability	BETA	7/1/22 - 7/1/23	\$20M/\$30M	\$25K	\$1,051,171	\$1,105,000	\$1,104,332
Directors & Officers Liability	BETA	7/1/22 - 7/1/23	\$10M	\$50K	\$136,898	\$145,000	\$143,743
Employment Practices Liability	BETA	7/1/22 - 7/1/23	\$10M	\$100K	Incl w/ D&O	Incl w/ D&O	Incl w/ D&O
Auto Liability	BETA	7/1/22 - 7/1/23	\$20M	\$250/\$500	\$56,046	\$60,000	\$56,587
Workers' Compensation	BETA	7/1/22 - 7/1/23	Statutory	\$0	\$540,962	\$615,000	\$593,441
Insured Entities							
San Gorgonio Memorial Hospital							
San Gorgonio Memorial Hospital Foundation							
San Gorgonio Memorial Healthcare District							
Total Gross Premium					\$1,785,077	\$1,925,000	\$1,898,103
Performance Dividend					-\$52,331	-\$48,667	-\$50,281
Multi-Line Dividend					-\$87,082	-\$65,311	-\$90,515
Total Net Premium					\$1,645,664	\$1,811,022	\$1,757,307

NOTES

- Insurance industry update including MICRA
- BETA Healthcare Group update:
 - All Member Rates: Minimum rate increase of 2% on PL/GL, 5% on D&O/EPL, and 5% on Auto; -2% is best on WC
 - All Member Dividends: Dividends decreasing on average of 3% for PL/GL, 7% for WC, and 25% for multi-line

Overview of the Property Market

- **CAT Losses** -- Key market driver continues to be Cat losses across the US. Impacting insureds even if no losses. This includes Wildfire, Flooding and Convective Storm (wind/hail) prone areas. Wind/Hail exposed risks now viewed by underwriters as a greater risk than hurricane/coastal/named storm.
- **Risk Evaluation** -- Carriers carefully scrutinizing risk -- including reviewing TIV to ensure valuations are adequate.
- **Reduced Capacity** -- Capacity has been reduced for many accounts with convective exposure with many carriers now exiting the market completely.
- **Reduced Limits** -- Standard carriers continue to reduce their capacity by not offering large ground up limits, forcing brokers to build capacity through multiple carriers. Corporate mandates and insurance treaties limit the ability for many carriers to write difficult exposures. Limitations such as aggregates for these coverages -- maxing out amount payable in any one year.
- **Rate Increases** -- Rates up significantly over the last 18-24 months. Double digit rates for 8 consecutive quarters as of Q2 of 2021. Market now showing signs that it is stabilizing with recent projections significantly down going into Q4.
- **Exclusions** -- Exclusions included across all markets for COVID and Cyber.



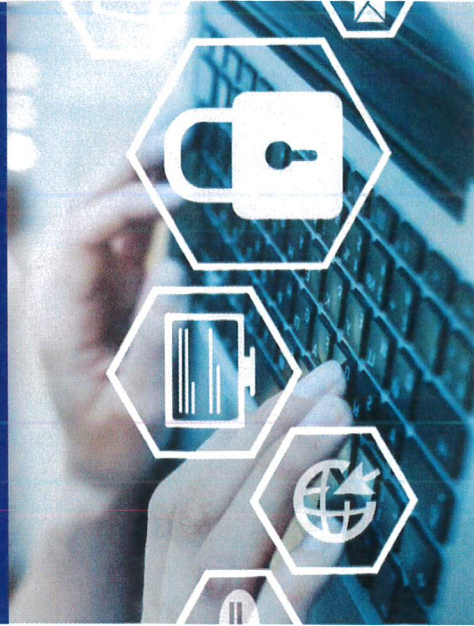
Impact of Inflation



- Values Reporting and Trending
- Higher than average trend factors
 - Marshall & Swift:
 - 19.72% Real Property
 - 14.17% Contents
 - RS Means: Approx. 15%
 - FM Global: 5.0%
 - Carriers taking varying positions
- Why? Labor shortages, material costs, supply chain interruption
- Possible Solution -- Establishing a process & Getting carrier support on an agreed upon inflation factor early

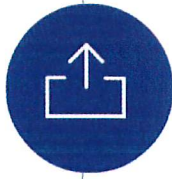
Hard Market Continues

We are in an environment of
RATE ESCALATION

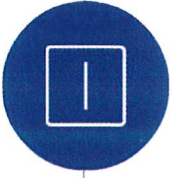


Cyber Liability

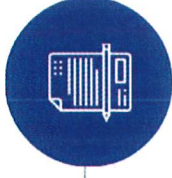
Market Trends Q4 2021



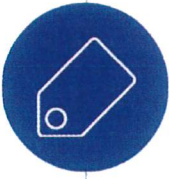
Few markets are entertaining new business and insurers are re-underwriting their books of business, shedding accounts with poor controls, and actively deleveraging their books of business.



Significant capacity has withdrawn from this segment. Total market capacity is approximately \$400M. Underwriters, in some instances, are reducing limits from \$10M to \$5M or less.



Underwriters are examining internal controls. Focus on MFA, Remote Desk Top Protocol Lockdown, and Security Patches. Underwriters are limiting exposure to systemic risks (Solar Winds, Microsoft Exchange) by capping limits on contingent business income.



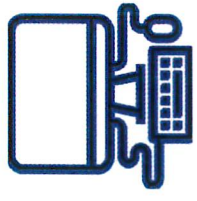
Rate strengthening is continuing to accelerate. Risks with strong internal controls can expect rate increases of 60-70%. Those with poor controls can expect rate increases of more than 100%, or may be uninsurable.



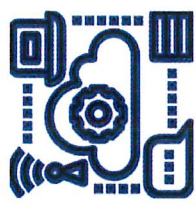
Underlying Causes of Cyber Liability "Crisis"

Criminals have taken advantage of the rush to remote working.

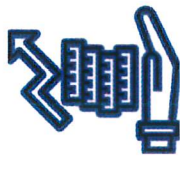
Business Email incidents are up 51% over same period from 2020



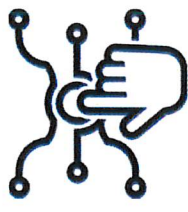
Funds Transfer Fraud incidents are up 28% over same period from 2020



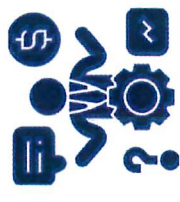
Ransomware incidents are growing in frequency and severity. Average ransom now \$1.1M. Frequency is up 170%.



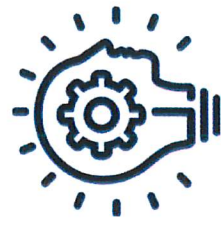
Average amount of funds stolen has increased 179% over same period from 2020.



The "rush" to accommodate a remote workforce has created new vulnerabilities for CIOs.

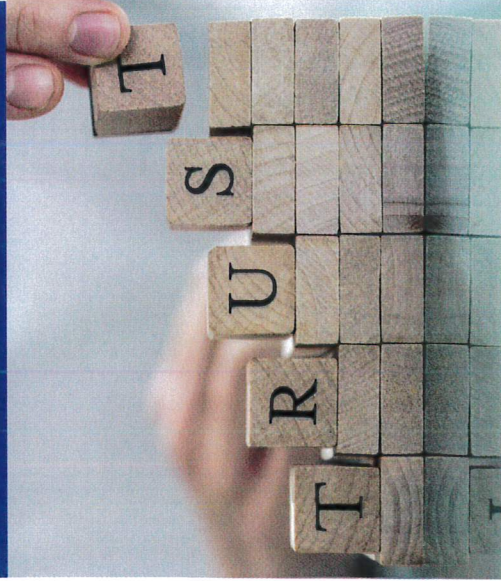


Criminals have exploited operational processes due to COVID 19



Rates Moderating

Underwriters continue to seek modest increases

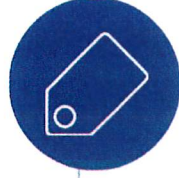


Fiduciary Liability & Crime

Market Trends Q3 2021



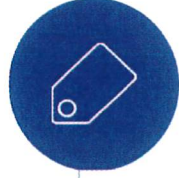
For Fiduciary Liability, excessive fee litigation remains a challenge. These claims are evolving to include allegations of reduced benefits due to use of allegedly inappropriate mortality tables, as well as COBRA deficiencies.



For Fiduciary Liability, underwriters now scrutinizing commercial risks with assets greater than \$500M. For smaller plans, expect rate increases between +20% to +40%. Larger plans can expect rate increases between +20% to +50% depending upon assets.



For Crime, computer fraud and "social engineering" remain significant exposures. These coverages are sub-limited in the Crime policy.



Rates are expected to increase modestly between +20% to +50% depending upon company size, industry and internal controls.





San Gorgonio Memorial Hospital 2022-2023 Premium Projections as of May 2022

TYPE OF COVERAGE	TERM	CARRIER	POLICY NUMBER	LIMITS	DEDUCTIBLE/SELF-INSURED RETENTION	21-22 PREMIUM	22-23 PROJECTIONS
APIP – All Risk Property Program	7/1/21 – 7/1/22	Various Companies	APIP2021 (Dec 08) (APIP2122)	\$250,000,000 All Perils Per Occurrence Exclude Earthquake and Flood Various Sub-limits apply	\$10,000 Property Deductible All Risk	Premium: \$197,855.83 Rate: 0.1049684 TIV: \$188,490,766	Premium: \$239,933 Rate: 0.120714 TIV: \$198,762,071 (Not to Exceed)
APIP – Boiler & Machinery	7/1/21 – 7/1/22	Various Companies	APIP2021 (Dec 08) (APIP2122)	\$100,000,000 Boiler Explosion and Machinery Breakdown as respects Combined Property Damage and Business Interruption/ Extra Expense. Various Sub-limits apply	\$10,000	Included in Property above	Included in Property above
APIP – Pollution	7/1/21 – 7/1/22	Ironshore Specialty Insurance Company	ISPILLSCAZ 08001	\$25,000,000 Policy Program Aggregate \$2,000,000 Per Pollution Incident \$2,000,000 Per Named Insured Aggregate \$2,000,000 Per JPA/Pool Aggregate Various Sub-limits apply	\$50,000 Each Pollution Incident After July 1, 2021 \$500,000 Each Pollution Incident Prior to July 1, 2021 3 Days Business Interruption Waiting Period	Included in Property above	Included in Property above
APIP – Cyber	7/1/21 – 7/1/22	Lloyd's of London – Beazley Syndicate Crum & Forster Specialty Ins. Co. Liberty Surplus Ins. Corp.	FN2105500	\$40,000,000 Annual Policy and Program Aggregate Limit of Liability for all Members combined \$2,000,000 Annual Aggregate Limit of Liability for each Member Various Sub-limits apply	\$50,000 Per Claim for each Member/Insured with TIV up to \$250,000,000 at the time of policy inception 8 Hour waiting period for Dependent / Business Interruption Loss	Included in Property above	Included in Property above



San Gorgonio Memorial Hospital 2022-2023 Premium Projections as of May 2022

TYPE OF COVERAGE	TERM	CARRIER	POLICY NUMBER	LIMITS	DEDUCTIBLE/SELF-INSURED RETENTION	21-22 PREMIUM	22-23 PROJECTIONS
Crime - ACIP	7/1/21 – 7/1/22	National Union Fire Insurance Company of Pittsburgh, PA (AIG)	14249761	<p>\$5,000,000 for the following coverages:</p> <ul style="list-style-type: none"> • Employee Theft Including Faithful Performance Of Duty • Forgery Or Alteration • Inside Premises Theft Of Money And Securities • Inside Premises Robbery And Safe Burglary • Other Property • Outside The Premises • Computer Fraud • Funds Transfer Fraud • Money Orders And Counterfeit Paper Currency 	\$25,000	\$10,073.00	\$10,304 (Actual)
Fiduciary Liability - FLIP Pending or Prior Date: December 1, 2007	1/18/22 – 1/18/23	Hudson Ins. Co.	SFD3121124 0-03	<p>\$1,000,000 Aggregate Limit for all Loss, including Claim Expenses</p> <p>\$1,000,000 HIPAA and HITECH Fines and Penalties Sublimit</p> <p>Various Sublimits apply</p>	\$15,000 Each Claim	\$4,281.00	\$4,944.00 (Actual)
Pollution Liability – UST	3/1/22– 3/1/23	ACE American Ins. Co.	G2469706A 012	<p>\$1,000,000 Per Storage Tank Incident Limit</p> <p>\$2,000,000 Aggregate Limit</p> <p>\$1,000,000 Aggregate Legal Defense Expense Limit</p> <p>\$3,000,000 Total Policy Aggregate Limit of Liability</p> <p>\$1,000,000 Aboveground Storage Tank Aggregate Sublimit</p> <p>\$1,000,000 Underground Storage Tank Aggregate Sublimit</p>	\$5,000 Per Storage Tank Incident	\$838.00	\$918.00 (Actual)



San Gorgonio Memorial Hospital 2022-2023 Premium Projections as of May 2022

TYPE OF COVERAGE	TERM	CARRIER	POLICY NUMBER	LIMITS	DEDUCTIBLE/SELF-INSURED RETENTION	21-22 PREMIUM	22-23 PROJECTIONS
Deadly Weapon Response Program (ADWRP)	7/1/21 – 7/1/22	Underwriters at Lloyd's of London	PJ210005001 11	\$500,000 Per Occurrence \$500,000 Annual Aggregate Various Sublimits apply	\$10,000 Each Event including Claims Expenses	\$5,438.18	\$5,500 (Not to Exceed)

This document is an estimate only used to assist in the budget process and does not represent a bindable offer of coverage. Premiums may change based on a variety of factors including the state of the insurance market, changes in exposure, losses, carrier appetite, etc.

TAB H

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: May 18, 2022

TO: Susan DiBiasi, Chair
Governing Board

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

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

2022 Annual Approval of Policies & Procedures

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

SAN GORGONIO MEMORIAL HOSPITAL

POLICIES & PROCEDURES

ANNUAL APPROVAL - 2022

Title	Policy Area	Revised?
Abnormal Test Result Follow-Up	Emergency Department	Revised
Assessing Geriatric ED Patients Who Present With Falls	Emergency Department	Unchanged
Baker's Cyst	Diagnostic Imaging	Revised
Code Crimson: Emergent Transfusion	Clinical Laboratory	Revised
Expired Laboratory Reagents, Supplies and Collection Tubes	Clinical Laboratory	Revised

TAB I

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting of June 7, 2022

	Title	Policy Area	Owner	Workflow Approval
1	Abnormal Test Result Follow-Up	Emergency Department	Brady, Angela: ED Director	Ariel Whitley for Hospital Board of Directors
2	Abuse – Prevention Elder and Dependent Adult	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
3	Assessing Geriatric ED Patients Who Present With Falls	Emergency Department	Brady, Angela: ED Director	Ariel Whitley for Hospital Board of Directors
4	Baker's Cyst	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
5	Code Crimson: Emergent Transfusion	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
6	Communicating with Non-English Speaking, Limited English Proficiency, Visually or Hearing Impaired Patients and Visitors	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
7	Expired Laboratory Reagents, Supplies and Collection Tubes	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
8	Respiratory Care Services	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
9	Schedules and Staffing: Calling Off, Shift Trade (Swap), On-Call, Canceling	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors

TAB J

WHEN YOU CARE WITH PASSION, YOU HEAL WITH COMPASSION



SAN GORGONIO
MEMORIAL HOSPITAL

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

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

WE ARE EXCEPTIONALLY HONORED TO BE YOUR HEALING PLACE



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

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We'll make sure you and your family get off to a beautiful start



SAN GORONIO
MEMORIAL HOSPITAL
WOMEN'S CENTER

Since 1951 we've provided the best possible healthcare to our community.

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CHOOSE YOUR HOSPITAL LIKE YOUR LIFE DEPENDS ON IT.



WE ARE EXCEPTIONALLY HONORED TO BE YOUR HEALING PLACE



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