REGULAR MEETING OF THE SAN GORGONIO MEMORIAL HOSPITAL BOARD OF DIRECTORS

February 4, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, February 4, 2020 in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

- <u>Members Present</u>: Lynn Baldi, Phillip Capobianco III, Steve Cooley, Susan DiBiasi (Chair), Andrew Gardner, Olivia Hershey, Estelle Lewis, Ehren Ngo, Ron Rader, Steve Rutledge, Georgia Sobiech, Lanny Swerdlow, Dennis Tankersley
- Absent: None
- Required Staff:Steve Barron (CEO), Pat Brown (CNO), Annah Karam (CHRO/Corporate
Compliance), Dave Recupero (CFO), Holly Yonemoto (CBDO), Steven
Hildebrand, MD (Chief of Staff), Joey Hunter (Director,
Security/Emergency Preparedness), Bobbi Duffy (Executive Assistant),
Ariel Whitley (Administrative Assistant)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair Susan DiBiasi called the meeting to order at 5:01 pm.	
Public Comment	None	
OLD BUSINESS		
Proposed Action - Approve Minutes January 7, 2020 regular meeting	Chair DiBiasi asked for any changes or corrections to the minutes of the January 7, 2020 regular meeting as included on the board tablets. There were none.	The minutes of the January 7, 2020 regular meeting will stand correct as presented.
NEW BUSINESS		
Healthcare District Board report - informational	Healthcare District Board Chair Dennis Tankersley, reported that a copy of the Healthcare District's meeting agenda and enclosures were included on the board tablets. He reviewed the actions taken at that meeting.	

AGENDA ITEM					ACTION / FOLLOW-UP
Hospital Board Chair report	Chair DiBiasi noted that her written monthly report was included on the board tablets.				
CEO Monthly report	Steve Barron noted that there will be several action items later in the agenda that he will discuss. He reported that we are still setting records for ER visits and that we continue to grow the outpatient side of business. He stated that the flu season will end mid-February, but this season hasn't been unusually heavy.				
Proposed Action – Close Anesthesia Department (limiting anesthesia privileges to contracted physicians only)	Steve Barron reported that in order to finalize any anesthesia contract with an outside group, we will need to close our anesthesia department to contracted physicians only. In response to a question, Steve replied that this should have no negative effect to us and that the Board can vote to change this in the future or cancel any contract. BOARD MEMBER ROLL CALL:				M.S.C., (Rader/ Sobiech), the SGMH Board of Directors approved Closing the Anesthesia Department to contracted physicians only.
	Baldi	Yes	Capobianco	Yes	
	Cooley	Yes	DiBiasi	Yes	
	Gardner	Yes	Hershey	Yes	
	Lewis	Yes	Ngo	Yes	
	Rader	Yes	Rutledge	Yes	
	Sobiech	Yes	Swerdlow	Yes	
	Tankersley				
Proposed Action – Approve Beaver Medical Group anesthesia agreement	Steve Barron stated that this item is not ready for Board approval at this time. It will be tabled to a future meeting.				
Calendars	Calendars for February, March, and April were included on the board tablets and "take home" copies were at each board member's seat.				
Bi-monthly Business	Holly Yonemoto, CBDO, reviewed her written report that was included on the board tablets.				

AGENDA ITEM					ACTION / FOLLOW-UP
Development/Info rmation Technology report					
Foundation monthly report	Valerie Hunter reviewed her written report that was included on the board tablets.				
Annual completion of FPPC Statement of Economic Interest (Form 700) for 2019	Bobbi Duffy noted that the 2019 FPPC Form 700s were at each board member's seat. These completed forms are due back to her not later than March 13 th .				
Proposed Action – Approve: • 2020 Performan ce/Process Improvem ent Prioritizati on Grid • 2020 Performan ce	 In Pat Ziegler's absence, Pat Brown briefly reviewed: 2020 Performance/Process Improvement Prioritization Grid 2020 Performance Improvement Plan 2020 Patient Safety Plan 				M.S.C., (Baldi/ Lewis), the SGMH Board of Directors approved the 2020 Performance/Pr ocess Improvement Prioritization Grid, the 2020 Performance
Improvem ent Plan	D-14	V	Constitutes	V	Improvement Plan, and the
• 2020	Baldi Cooley	Yes Yes	Capobianco DiBiasi	Yes Yes	2020 Patient
Patient	Gardner	Yes	Hershey	Yes	Safety Plan as
Safety	Lewis	Yes	Ngo	Yes	presented.
Plan	Rader	Yes	Rutledge	Yes	
	Sobiech	Yes	Swerdlow	Yes	
	Tankersley	Yes	Motion carried.		
COMMITTEE RE	PORTS:				<u> </u>
Executive Committee	January 24, 2020 included on the) special Exe board table	a copy of the mecutive Committee t. At that meeting ebruary 22 nd Strat	meeting were g they set the	

AGENDA ITEM					ACTION / FOLLOW-UP
Finance Committee	Recupero, Chief	Financial Of	ee Chair Olivia ficer, briefly revie th the December	ewed a handout	M.S.C., (Hershey/ Gardner), the
Proposed Action – Approve December 2019 Financial Statement	report which wa Finance Commit also included o Finance Commi 2019 Financial r BOARD MEME	SGMH Board of Directors approved the December 2019 Financial report as presented.			
	Baldi	Yes	Capobianco	Yes	
	Cooley	Yes	DiBiasi	Yes	
	Gardner	Yes	Hershey	Yes	
	Lewis	Yes	Ngo	Yes	
	Rader	Yes	Rutledge	Yes	
	Sobiech Tankersley	Yes Yes	Swerdlow Motion carried	Yes	
Proposed Action – Approve Line of Credit Renewal	Dave Recupero distributed a handout titled "Loan Modification Agreement Renewal Terms (effective Feb 2020)". He briefly reviewed the terms for the Line of Credit renewal as shown in the handout.				M.S.C., (Hershey/ Tankersley), the SGMH Board of Directors approved the
	Dave stressed the timing for the Board's approval for this renewal even though we don't yet have the final loan documents for review. The bank is still in their process and should have their approval either tonight or tomorrow morning.It was discussed that the Finance Committee recommended approval of the line of credit renewal to the Hospital Board contingent upon the terms remaining the same as discussed at their January 28, 2020 regular meeting. The Hospital Board could approve the line of credit renewal contingent upon the				
			shown in the har	U 1	

AGENDA ITEM					ACTION /	
					FOLLOW-UP	
	BOARD MEMB					
	Baldi	Yes	Capobianco	Yes		
	Cooley	Yes	DiBiasi	Yes		
	Gardner	Yes	Hershey	Yes		
	Lewis	Yes	Ngo	Yes		
	Rader	Yes	Rutledge	Yes		
	Sobiech	Yes	Swerdlow	Yes		
	Tankersley	Yes	Motion carried.			
Proposed Action	Steven Hildebra	nd MD Ch	ief of Staff briefly	reviewed the	M.S.C.,	
– Approve			tee report as inc		(Sobiech/	
Recommendation	Board tablets.	ive commi	tee report us me	idded on the	Rader), the	
s of the Medical					SGMH Board	
Executive	Approval Items:				of Directors	
Committee	11				approved the	
	Policies & Proc	Medical				
	• 2020 Pat	Executive				
	• 2020 Per	Committee				
	• Discharg	recommended				
	Patient	approval items				
	Providers	as submitted.				
	Annual Approve					
	Informational Ite					
	ACLS Certificat	ACLS Certification				
	BOARD MEMB					
	Daldi	Vac	Conchionag	Vac		
	Baldi	Yes Yes	Capobianco DiBiasi	Yes Yes		
	Cooley Gardner	Yes	Hershey	Yes		
	Lewis	Yes	Ngo	Yes		
	Rader	Yes	Rutledge	Yes		
	Sobiech	Yes	Swerdlow	Yes		
	Tankersley	Yes	Motion carried.			
	Tankersiey	105				
Proposed Action	There were ten	(10) nolicies	and procedures in	cluded on the	M.S.C.,	
– Approve	There were ten (10) policies and procedures included on the board tablets presented for approval by the Board.				(Hershey/ Ngo),	
Policies and	cours ablets pre	senieu ioi ap			the SGMH	
Procedures					Board of	
					Directors	
	I					

AGENDA ITEM					ACTION /		
					FOLLOW-UP		
	BOARD MEMB	approved the					
		policies and					
	Baldi	Yes	Capobianco	Yes	procedures as		
	Cooley	Yes	DiBiasi	Yes	submitted.		
	Gardner	Yes	Hershey	Yes			
	Lewis	Yes	Ngo	Yes			
	Rader	Yes	Rutledge	Yes			
	Sobiech	Yes	Swerdlow	Yes			
	Tankersley	Yes	Motion carried.				
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Community			vas included on the	board tablets			
Benefit	and handouts we	re at seats.					
events/Announce							
ments/and							
newspaper							
articles							
Adjourn to	At the request	of Chair D	iBiasi, Bobbi Duff	fy Executive			
Closed Session	-		s to be reviewed a	•			
Cluseu Session	-		sed Session will be:				
	and/or acted upo		sed bession will be.				
	> Proposed	Action - An	prove Medical Staff	f			
	-	 Proposed Action - Approve Medical Staff Credentialing 					
		U	ergency Preparedne	ess			
		ment Safety	• • •				
			rporate Compliance	Committee			
			ference with legal c				
	regarding						
	> Ad Hoc A						
			-				
	The meeting adjo						
	-		mbers Dave Recu	-			
		lly Yonemo	to left the meeting	prior to the			
	closed session.						
Decomposed	The recetions of	myonal to C	non Cossien -+ C.F.C				
Reconvene to	The meeting reco	The meeting reconvened to Open Session at 6:56 pm.					
Open Session	No public was w						
	The public was w	aning to fell	rn to the meeting				
	At the request of	f Chair DiRi	asi, Bobbi Duffy re	ported on the			
	-		eived during the C	-			
	as follows:		the during the C				
	1				L		

AGENDA ITEM		ACTION /
Future Agenda	 > Approved Medical Staff Credentialing > Received Quarterly Emergency Preparedness /Environment Safety report > Received Quarterly Corporate Compliance Committee report > Received Ad Hoc Affiliation Committee update 	FOLLOW-UP
Items	 Ad hoc Affiliation Committee status will be listed for discussion on the March agenda. Would like to bring back departmental education sessions to the Board meetings. Various department and staff awards should be sent to the Record Gazette by our Marketing department. In response to a potential grant that the Board was informed of to help in underwriting the use of paper goods for our Dietary department, Lanny Swerdlow requested a follow up report/presentation at a future meeting. 	
Adjourn	The meeting was adjourned at 7:02 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 Bobbi Duffy, Executive Assistant