



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, June 6, 2023 – 4:00 PM

Modular C Classroom

600 N. Highland Springs Avenue, Banning, CA 92220

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

TAB

- I. Call to Order S. DiBiasi, Chair

- II. Public Comment

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

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

OLD BUSINESS

- III. ***Proposed Action - Approve Minutes** S. DiBiasi
 - o May 2, 2023, Regular Meeting A

NEW BUSINESS

- IV. Hospital Board Chair Monthly Report S. DiBiasi verbal

- V. CEO Monthly Report S. Barron verbal

- VI. June, July, & August Board/Committee Meeting Calendars S. DiBiasi B
- VII. Committee Reports:
- Finance Committee S. DiBiasi/ C
○ May 30, 2023, regular meeting minutes D. Heckathorne
* **Proposed Action – Approve April 2023 Financial Statement (Unaudited)**
(Approval recommended by Finance Committee 05/30/2023)
 - **ROLL CALL**

 - * **Proposed Action – Recommend approval to the District Board** D. Heckathorne D
 - **Annual Insurance Renewals**
 - **Professional and General Liability**
 - **Directors and Officers Liability**
 - **Employment Practices Liability**
 - **Auto Liability**
 - **Workers’ Compensation**
 - **ROLL CALL**
- VIII. * **Proposed Action – Approve the Altera Interface fees of \$108,000, plus \$6,500 per year for ongoing support fees** D. Heckathorne E
 - **ROLL CALL**
- IX. Chief of Staff Report S. Khalil, MD F
* **Proposed Action - Approve Recommendations of the Medical Executive Committee** Chief of Staff
 - **ROLL CALL**
- X. * **Proposed Action - Approve Policies and Procedures** Staff G
 - **ROLL CALL**
- XI. Community Benefit events/Announcements/
and newspaper articles S. DiBiasi H
- XII. 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*)
 - Receive Quarterly Infection Prevention and Control Report
(*Health & Safety Code §32155*)
- XIII. **ADJOURN TO CLOSED SESSION**

San Gorgonio Memorial Hospital
Board of Directors Regular Meeting
June 6, 2023

*** 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

XIV. **ADJOURN** S. DiBiasi

***Action Required**

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

I certify that on June 2, 2023, 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 2, 2023



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

May 2, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, May 2, 2023, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: Dennis Tankersley

Required Staff: Steve Barron (CEO), Daniel Heckathorne (CFO), Sherif Khalil, MD (Chief of Staff), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Angie Brady (CNE), John Peleuses (VP Ancillary and Support Services), Karan P. Singh, MD (CMO), Joey Hunter (Security Director)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:02 pm.	
Public Comment	No public comment.	
GENERAL TOPIC		
Leapfrog Presentation	Ana Valdez and Luke Wallace of the Performance Improvement department gave a presentation about Leapfrog and our expected grade.	
OLD BUSINESS		
Proposed Action - Approve Minutes April 4, 2023, regular meeting.	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the April 4, 2023, regular meeting. There we none.	The minutes of the April 4, 2023, regular meeting will stand correct as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Chair DiBiasi announced we have a new Hospital Board member, Perry Goldstein. She also announced that Ron Rader has been appointed to the Healthcare District Board.	
CEO Monthly Report	Steve discussed upcoming changes in the Hospitalist program. He will have more details at the next board meeting.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
May, June, and July Board/Committee meeting calendars	Calendars for May, June, and July were included on the board tablets.																					
Bi-Monthly Patient Care Services Report	Angela Brady, CNE, gave the Bi-Monthly Patient Care Services Report as included on the board tablets.																					
COMMITTEE REPORTS:																						
Finance Committee Proposed Action – Recommend Approval of the March 2023 Financial Statement (Unaudited).	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the March 2023 Financial report which was included on the board tablet. A copy of the Finance Committee’s April 25, 2023, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the March 2023 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 919 1255 1094"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</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>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Rutledge/Rader), the SGMH Board of Directors approved the March 2023 Financial Statement as presented.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
Annual Corporate 990 Filing - Review	This item was included as information for review. Please forward any questions to Margaret Kammer.																					
Proposed Action - Recommend approval to the Healthcare District Board <ul style="list-style-type: none"> Approval for San Gorgonio Memorial Hospital (Corporation) to establish an IntraFi ICS and CDARS Program with Pacific Premier Bank 	<p>The recent collapse of Silicon Valley Bank on March 10th and Signature Bank just a couple days later and the subsequent takeover of both banks by the Federal Deposit Insurance Corporation (“FDIC”) has prompted staff to reevaluate the safety of the Districts’ and the Corporation’s deposits residing at commercial banking institutions.</p> <p>Please refer to Tab C for a detailed description of the IntraFi ICS and CDARS program.</p> <p>It was noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1703 1255 1877"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</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>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C. (Swerdlow/Rader), the SGMH Board of Directors voted to recommend approval for San Gorgonio Memorial Hospital (Corporation) to establish an IntraFi ICS and CDARS Program with Pacific Premier Bank to the Healthcare District Board of Directors.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>Proposed Action - Recommend approval to the Healthcare District Board</p> <ul style="list-style-type: none"> To enter into an agreement with Sysmex America, Inc for acquisition of equipment, service, and reagents for the performance of diagnostic urinalysis, including the trade-in of the current equipment 	<p>The hospital needs an updated laboratory instrument to perform routine urinalysis and assist in the determination of urine specimens needing culture and sensitivity. Existing equipment is approaching the end of life. This new equipment will reduce the need for manual microscopic screenings by approximately 50 per cent by Clinical Laboratory Scientists (CLS).</p> <p>It was noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 674 1255 848"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</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>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C. (Stevens/McDougall), the SGMH Board of Directors voted to recommend approval to enter into an agreement with Sysmex America, Inc for acquisition of equipment, service, and reagents for the performance of diagnostic urinalysis, including the trade-in of the current equipment to the Healthcare District Board of Directors.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
<p>Human Resources Committee</p>	<p>At the request of Committee Chair, Ron Rader, Annah Karam, Chief Human Resources Officer, briefly reviewed the reports that were reviewed at the committee meeting and the reports discussed as included on the board tablets. A copy of the Human Resources Committee’s April 19, 2023, meeting minutes were also included on the board tablets.</p>																					
<p>Community Planning Committee</p>	<p>Committee Chair, Steve Rutledge, gave the Community Planning Committee report. A copy of the Committee’s April 19, 2023, meeting minutes were also included on the board tablets.</p>																					
<p>Proposed Action – Approve Community Benefit Plan</p>	<p>The Community Benefit Plan was presented to the full board. The board reviewed and discussed items for the plan at the April Community Planning Committee meeting.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1451 1255 1623"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</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>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Rader/Rutledge), the SGMH Board of Directors voted to approve the Community Benefit Plan</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
<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"> • 2023 Annual Approval of Policies and Procedures • Critical Values – Tiger Text <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 575 1255 751"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</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>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (McDougall/Stevens), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
<p>Proposed Action – Approve Policies and Procedures</p>	<p>There were forty-three (43) policies and procedures included on the board tablets presented for approval by the Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 951 1255 1127"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</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>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Swerdlow/Petersen), the SGMH Board of Directors approved the policies and procedures as submitted.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
<p>Community Benefit events/Announcements and newspaper articles</p>	<p>Miscellaneous information was included on the board tablets.</p>																					
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> • None 																					
<p>Adjourn to Closed Session</p>	<p>Chair, DiBiasi 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 Emergency Preparedness/Environment Safety Report ➤ Receive Quarterly Corporate Compliance Committee Report <p>The meeting adjourned to Closed Session at 5:34 pm.</p>																					
<p>Reconvene to Open Session</p>	<p>The meeting adjourned from closed session at 5:57 pm.</p> <p>At the request of Chair DiBiasi, Ariel Whitley reported on the actions taken/information received during the Closed Session as follows:</p>																					

AGENDA ITEM		ACTION / FOLLOW-UP
	<ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing ➤ Received Quarterly Emergency Preparedness/Environment Safety Report ➤ Received Quarterly Corporate Compliance Committee Report 	
Adjourn	The meeting was adjourned at 5:59 pm.	

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

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B



June 2023

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	7	8	9 <i>*Beaumont Chamber Breakfast @7AM. Dr. Singh is the guest speaker.</i>	10
11	12	13 <i>Calimesa Chamber Breakfast @7:30AM</i>	14 <i>Community Job Fair 9:00AM at Chatigny Center</i>	15	16 <i>Boys and Girls Club hosts Horses and Hattitudes</i>	17 <i>Carols Kitchen hosts No Tap Bowling Tournament</i>
18	19 <i>Movies Under the Stars at Noble Creek Park</i>	20	21 <i>Banning Chamber Breakfast @7AM</i>	22	23 <i>Market in the Park @ Noble Creek Park 5:30pm-9:30pm.</i>	24
25	26 <i>Movies Under the Stars at Noble Creek Park</i>	27 9:00 am Finance Committee 10:00 Executive Committee	28	29	30	

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

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



July 2023

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 <i>Movies Under the Stars at Noble Creek Park</i>	4 Administration Closed	5	6	7	8
9	10 <i>Movies Under the Stars at Noble Creek Park</i>	11 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting <i>Calimesa Chamber Breakfast @7:30AM</i>	12 <i>*Dr. Singh speaking to the Four Seasons residents at Four Seasons</i>	13	14 <i>Beaumont Chamber Breakfast @7:30 AM</i> <i>Market in the Park @ Noble Creek Park 5:30pm-9:30pm.</i>	15
16	17 <i>Movies Under the Stars at Noble Creek Park</i>	18	19 9:00 am HR Committee Meeting 10:00 am Community Planning Meeting	20	21 <i>Banning Chamber Breakfast @7AM</i>	22
23	24 <i>Movies Under the Stars at Noble Creek Park</i>	25 9:00 am Finance Committee	26	27	28 <i>Market in the Park @ Noble Creek Park 5:30pm-9:30pm.</i>	29
30	31					

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

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



August 2023

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	2	3	4	5
6	7	8 <i>*Dr. Singh speaking @ Calimesa Chamber Breakfast @7:00AM</i>	9	10	11 <i>Beaumont Chamber Breakfast @7:30 AM</i> <i>Market in the Park @ Noble Creek Park 5:30pm-9:30pm.</i>	12
13	14	15	16 <i>Banning Chamber Breakfast @7AM</i>	17	18	19
20	21	22	23	24	25 <i>Market in the Park @ Noble Creek Park 5:30pm-9:30pm.</i>	26
27	28	29 9:00 am Finance Committee	30	31		

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

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

TAB C

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, May 30, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, May 30, 2023, in Classroom B, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Ron Rader, Steve Rutledge

Members Absent: Darrell Petersen

Required Staff: Steve Barron (CEO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), John Peleuses (VP Support & Ancillary Svs.)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Susan DiBiasi called the meeting to order at 9:04 am.	
Public Comment	No public present.	
OLD BUSINESS		
Proposed Action - Approve Minutes April 25, 2023, regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the April 25, 2023, regular meeting. There were none.	The minutes of the April 25, 2023, regular meeting will stand correct as presented.
NEW BUSINESS		
Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – April 2023	<p>Daniel Heckathorne, CFO, reviewed the Unaudited April 2023 finance report as included in the committee packets.</p> <p>The month of April resulted in a positive \$1.52M EBIDA compared to budgeted EBIDA income of \$1.71M.</p> <p>A few adjustments and items of note include:</p> <ul style="list-style-type: none"> • The April Average Daily Census was 20.2 compared to March’s 17.8 (Budget = 35.0). • Emergency visits exceeded budget and Surgery cases were slightly below budget. • Total extra Salaries/Benefits expenses of \$1.9M were recorded in April. • Other Income included \$673K of State contributions toward 	M.S.C. (Rutledge/Rader), the SGMH Finance Committee voted to recommend approval of the Unaudited April 2023 Financial report to the Hospital Board of Directors.

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
	<p>the Retention Payments made toward the Retention Payments made to associates (employees) in December and April.</p> <p>It was noted that approval is recommended to the Hospital Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="388 491 1214 562"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes`</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes`	
DiBiasi	Yes	Petersen	Absent							
Rader	Yes	Rutledge	Yes`							
<p>Proposed Action - Recommend approval to Hospital Board and the Healthcare District Board</p> <ul style="list-style-type: none"> Annual Insurance Renewals 	<p>The Annual Insurance Renewals include:</p> <ul style="list-style-type: none"> ○ Professional and General Liability ○ Directors and Officers Liability ○ Employment Practices Liability ○ Auto Liability ○ Workers’ Compensation <p>It was noted that approval is recommended to the Hospital Board and the Healthcare District Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="388 1020 1214 1092"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes`</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes`	<p>M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the Annual Insurance Renewals to the Hospital Board of Directors and the Healthcare District Board of Directors.</p>
DiBiasi	Yes	Petersen	Absent							
Rader	Yes	Rutledge	Yes`							
<p>Future Agenda Items</p>	<p>None</p>									
<p>Next Meeting</p>	<p>The next regular Finance Committee meeting will be held on June 27, 2023 @ 9:00 am.</p>									
<p>Adjournment</p>	<p>The meeting was adjourned at 10:29 am.</p>									

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, 2023

FY 2023

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.

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

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

CFO

San Geronio Memorial Hospital

Financial Report - Executive Summary

For the Month of April, 2023 and Ten Months Ended April 30, 2023 (Unaudited)

Profit/Loss (EBIDA) Summary (MTD) Negative and (YTD) Negative (comparisons to Budget)

The month of April resulted in negative \$1.52M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA income of \$1.71M.

YTD – The YTD April results were a positive \$534K Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA gain of \$1.52M.

Month – Adjustments and Items of Note:

- The April Average Daily Census was 20.2 compared to March's 17.8 (Budget = 35.0)
- Emergency visits exceeded budget and Surgery cases were slightly below budget.
- Other Income included \$673K of State contributions toward the Retention Payments made to associates (employees) in December and April. (See attached)
- Total extra Salaries/Benefits expenses of \$1.9M were recorded in April. (See attached)
- Net gains from Supplemental fundings totaled \$2.7M before IGT Expense. (See attached)
- Other Expense adjustments in April totaled \$363K. (See attached)
- Total impact of April's Extraordinary Items is a positive \$794K impact to EBIDA (See attached)

Month – April's inpatient average daily census was 20.2. Adjusted Patient Days were 17% under budget (1,738 vs. 2,090) which includes the Patient Days which were 42% below budget (607 vs. 1,050). Emergency Visits were 10.5% over budget (3,341 vs. 3,023), and Surgeries were slightly under budget by 5.3% (107 vs. 113).

YTD - Inpatient average daily census was 21.7. Adjusted Patient Days were 11.4% under budget (18,040 vs. 20,354) and Patient Days were 35% below budget (6,591 vs. 10,225). Emergency Visits were 6% over budget (34,959 vs. 32,808), and overall Surgeries were 4.2% under budget (1,175 vs. 1,227).

Patient Revenues (MTD) Negative (YTD) Negative

Month - Net Patient Revenues in April were \$1.5M (26%) below budget. This continues to be impacted by the Deductions from Revenues consisting of the higher-than-expected mix of Outpatient Revenues (compared to Inpatient Revenues), which generally pay about 10% of charges compared to Inpatient Revenues which generally pay about 17% of charges. This also directly relates to the much lower-than-expected count of Inpatient Days. The Residency Program recovery was \$41K and is included in the Deductions from Revenues.

YTD – Net Patient Revenues were \$8.52M (15%) below budget. This is markedly impacted by the Deductions from Revenues consisting of the higher-than-expected mix of Outpatient Revenues (compared to Inpatient Revenues), which generally pay about 10% of charges compared to Inpatient Revenues which generally pay about 17% of charges. This also directly relates to the lower-than-expected Inpatient Days. The Deductions are favorably offset by \$451K Residency Program recovery.

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

Month – Operating Revenue in April was \$1.62M under budget. This is mostly impacted by the Net Patient Revenues being \$1.5M under budget and the Non-Patient Revenues being \$116K under budget.

YTD - Operating Revenue was \$6.60M below budget. This was impacted by the \$8.52M negative variance in

Net Patient Revenues for the ten months and a \$1.92M positive variance in Other Income.

Operating Expenses (MTD) Positive & (YTD) Positive

Month - Operating Expenses in April were \$9.56M and were over budget by \$1.61M. Key items that impacted overall Expenses were as follows: 1) Salaries and Wages, Benefits, and Contract Labor were collectively \$1.45M over budget (see Extraordinary Items); 2) Purchased Services were \$166K below budget which included a) favorable variances in Altera (Allscripts) fees (\$45K), along with favorable variances in I/T and Plant Services; 3) Supplies were under budget by \$62K, which can be attributed to a) lower than expected Inpatient Admissions, and b) no covid surges; All Other Operating Expense was over budget by \$285K which included additional Election expenses of \$57K and Prime Grant Expense closing costs for this year (\$254K).

YTD – Operating Expenses were \$72.7M and were under budget by \$5.6M. Key items that impacted overall Expenses were as follows: 1) Salaries, Benefits, and Contract Labor were a combined \$839K under budget which was impacted by the PTO Flex-Down variance during the summer months along with the much lower than expected Patient Days workloads. Also see the Extraordinary Items report which reflects Employee Retention payments expenses which were largely offset by reimbursement from the State, and a \$530K correction in April for under-accruals to August salaries; 2) Physician fees were \$426K under budget and key variances relate to the Residency Program (\$291K) and Anesthesia (\$96K); 3) Purchased Services showed a favorable variance of \$2.2M due to Allscripts/Navigant (\$843K), I/T (\$311K), Dialysis (\$164K), Plant Operations (\$94K), Human Resources (\$148K), Legal fees (\$328K), and Administration/Accounting (\$68K) along with various other Service Agreements being lower than expected; 4) Supplies were under budget by \$2.70M, which included Drugs (\$1.72M), General Medical Supplies (\$796K), Non-Medical Supplies (\$211K) Prostheses (\$160K), Oxygen (\$69K), all of which can be attributable to a) much lower than expected Inpatient Admissions, b) no covid surges thus far, and c) not experiencing the full impact of inflation; 5) Other Operating Expenses were over budget by \$387K, which was largely driven by the Prime Grant Expense closing costs (\$254K) and Election Fees being much higher than anticipated.

Balance Sheet/Cash Flow

Patient cash collections in April totaled \$4.9M, compared to \$6.07M in March and \$5.64M in February. The Gross A/R Days increased slightly to 65.1 compared to 64.4 in March and 69 in February.

Cash balances were \$8.78M compared to \$15.85M in March. The large influx of cash related to all the Supplemental funding that was received at the end of March and was used to pay down the \$6M balance on the Bank Line of Credit on April 4. The LOC borrowing remains at zero as of this writing, which well exceeds the 30 days requirement. This is partially impacted by receipt of another \$2.88M (net) Rate Range funds received in April. Accounts Payable increased slightly to \$7.68M compared to \$7.19M in March. A liability is in place reflecting \$1.55M payable to Medicare for outliers and sequestration.

Summary

Positive takeaways:

- 1) Supplemental Funding continues to provide a significant portion of Operating Revenues

Negative takeaways:

- 1) Assuming that all the prorated expected Supplemental Pay had been accrued through April, the YTD EBIDA (including allowance for payment of operating/software leases) would be a negative \$2.06M.
- 2) Inpatient Days significantly lagged behind normal April activity.

SGMH APRIL 2023 EXTRAORDINARY ITEMS

5/24/2023

EXPENSE

INCOME

GAIN/(LOSS)

	EXPENSE	INCOME	GAIN/(LOSS)
SALARIES / BENEFITS			
PTO BANK ADJUSTMENT RE: 2.5% PAY INCREASE	198,416		
APRIL 2.5% PAY INCREASE + FICA	90,419		
AUGUST 2022 ERROR TO E/D PAYROLL	530,000		
DECEMBER RETENTION PAY RE-CLASS	238,000		
APRIL RETENTION PAY + FICA	508,311		
EMPLOYEE HEALTH INSURANCE CATCH-UP	<u>362,023</u>		
	1,927,169		
IGT EXPENSE (SUPPLEMENTAL RATE RANGE)			
	297,940		
OTHER EXPENSE			
UTILITIES AUGUST 22 ERROR	60,000		
MED/SURG PURC SERV (Not Reversed)	(1,950)		
MED/SURG PURC SERV (Not Reversed)	(6,000)		
UNPLANNED DISTRICT ELECTION COSTS	57,375		
PRIME GRANT EXPENSE (Re-classed from Other Income)	<u>253,699</u>		
	363,124		
TOTAL	<u><u>2,588,233</u></u>	<u><u>3,382,271</u></u>	<u><u>794,038</u></u>

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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

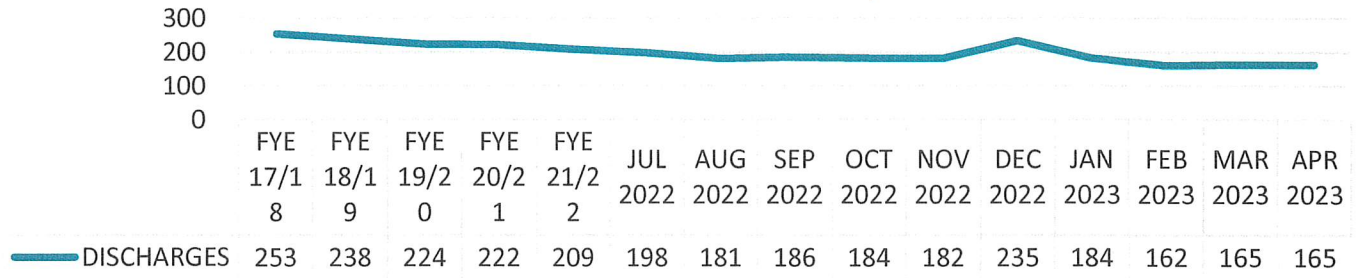
Divides the Total Paid FTE's by the daily average of the Adjusted Patient Days.

ADJUSTED PATIENT DAYS

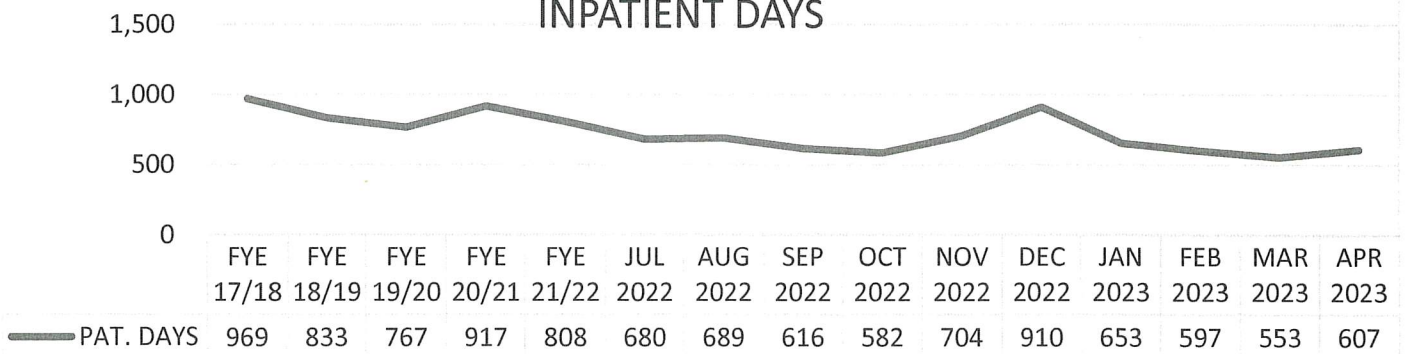
This is a blend of total patient days stayed in the hospital for a month, plus an equivalency factor (based on average inpatient revenue per patient day) applied to the outpatient revenues in order to account for outpatient workloads.

SAN GORGONIO MEMORIAL HOSPITAL

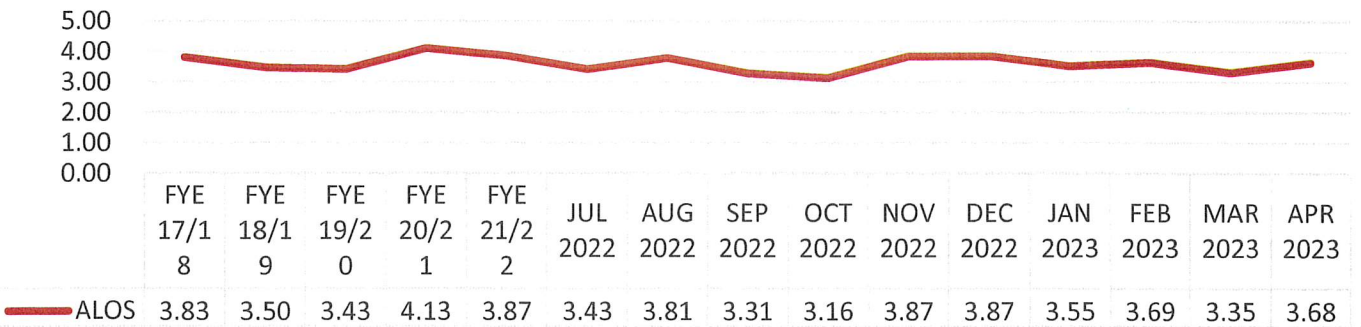
INPATIENT DISCHARGES



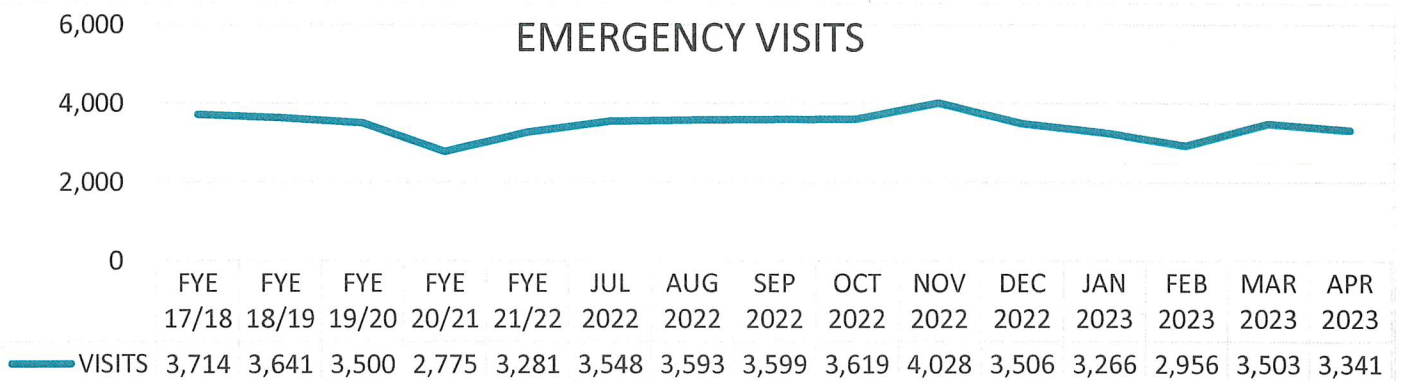
INPATIENT DAYS



AVERAGE LENGTH OF STAY

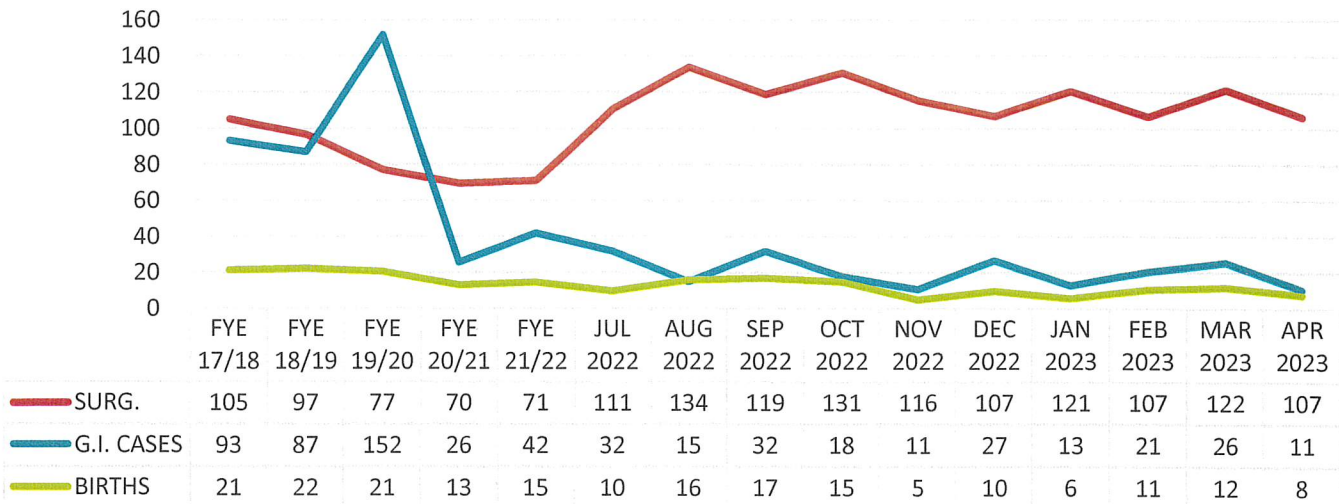


EMERGENCY VISITS

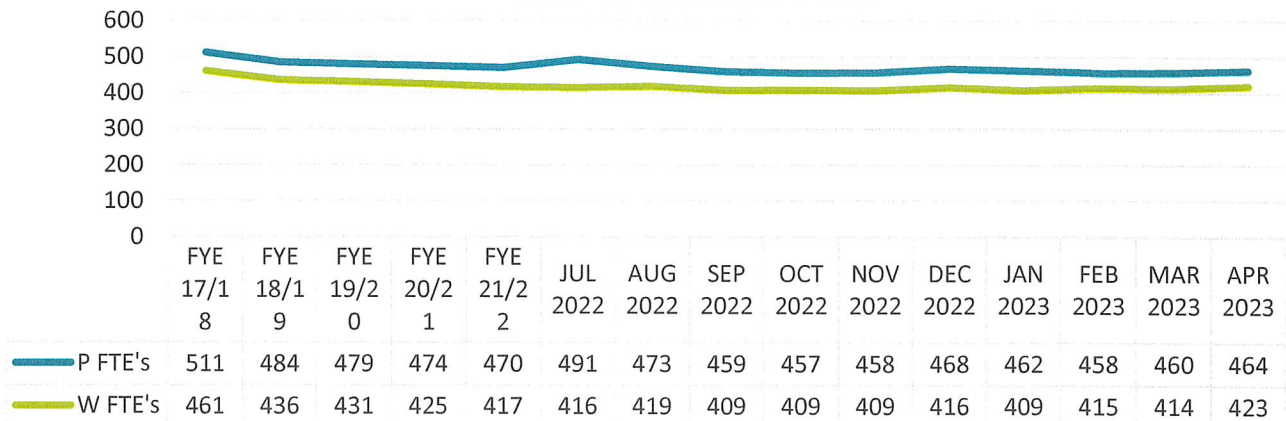


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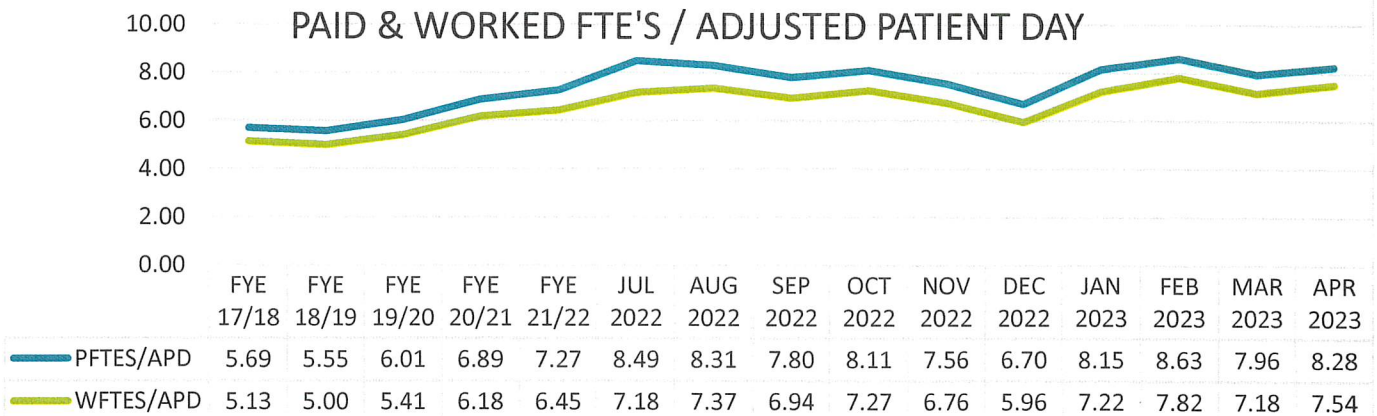
SURGERY CASES, G.I. CASES, N/B DELIVERIES



PAID & WORKED FTE'S



PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



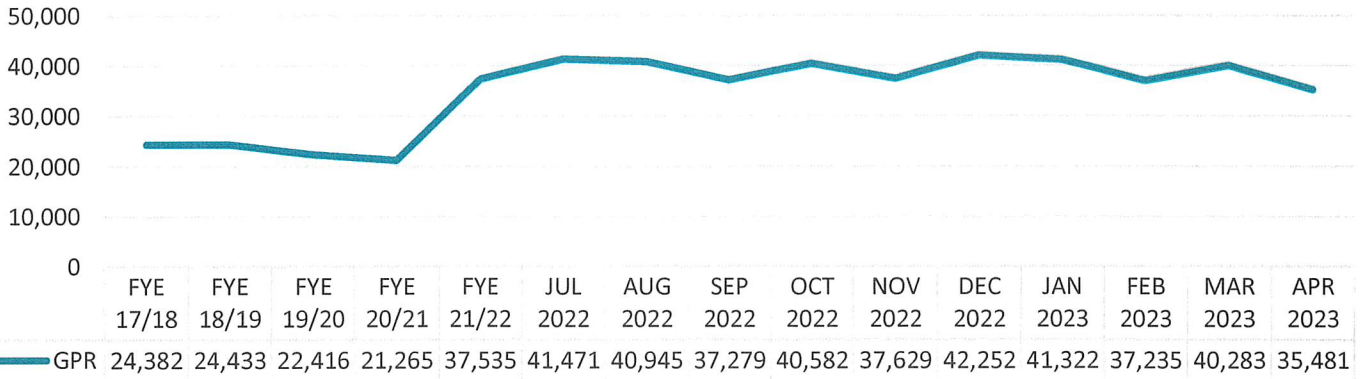
INCOME STATEMENT

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.
Operating Revenues (Normalized), Expenses, Staffing Expenses, and EBIDA (Normalized)	This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating proportionate Supplemental Revenues and related Expenses into the current month and YTD results.

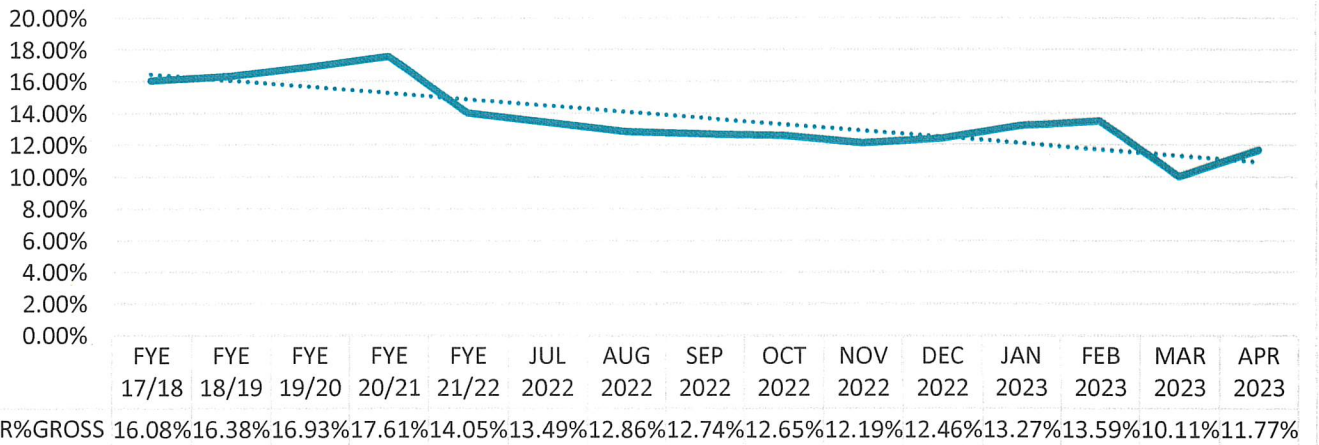
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SAN GORGONIO MEMORIAL HOSPITAL

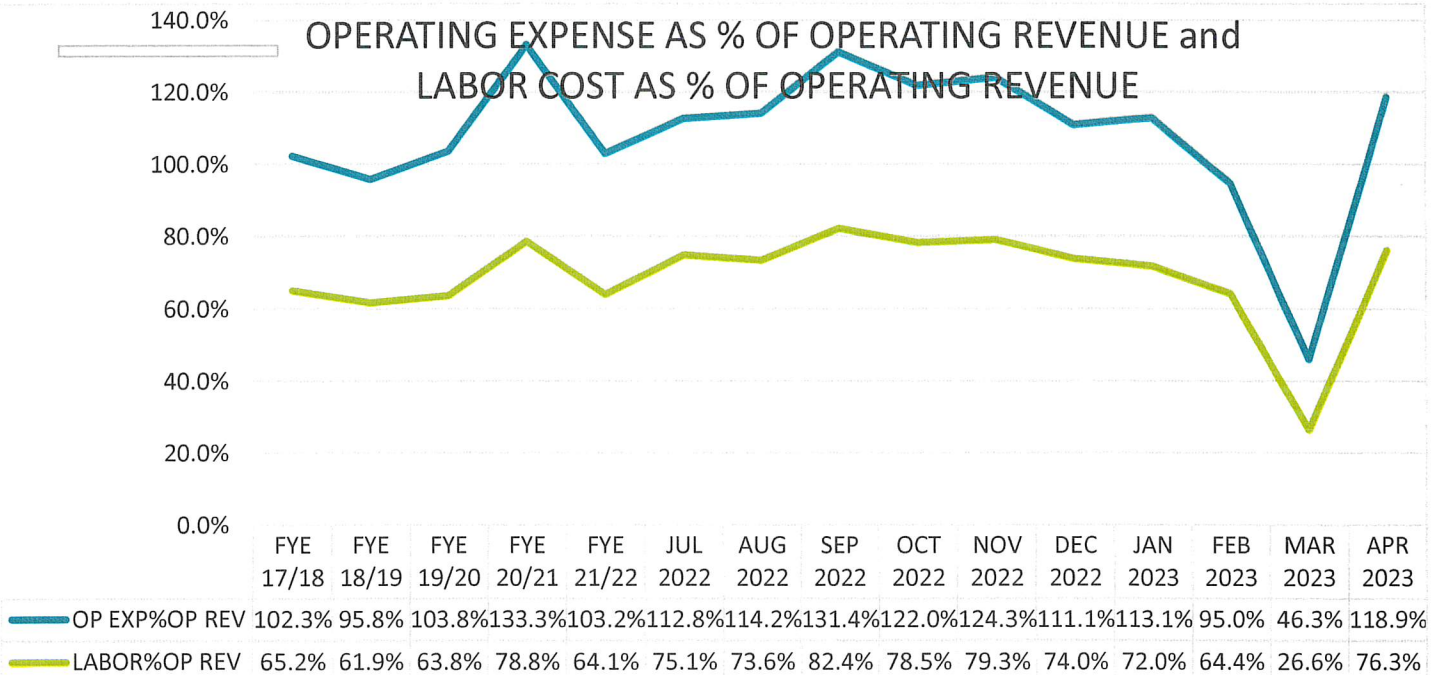
GROSS PATIENT REVENUE (000's)



NET PATIENT REVENUE AS % OF GROSS

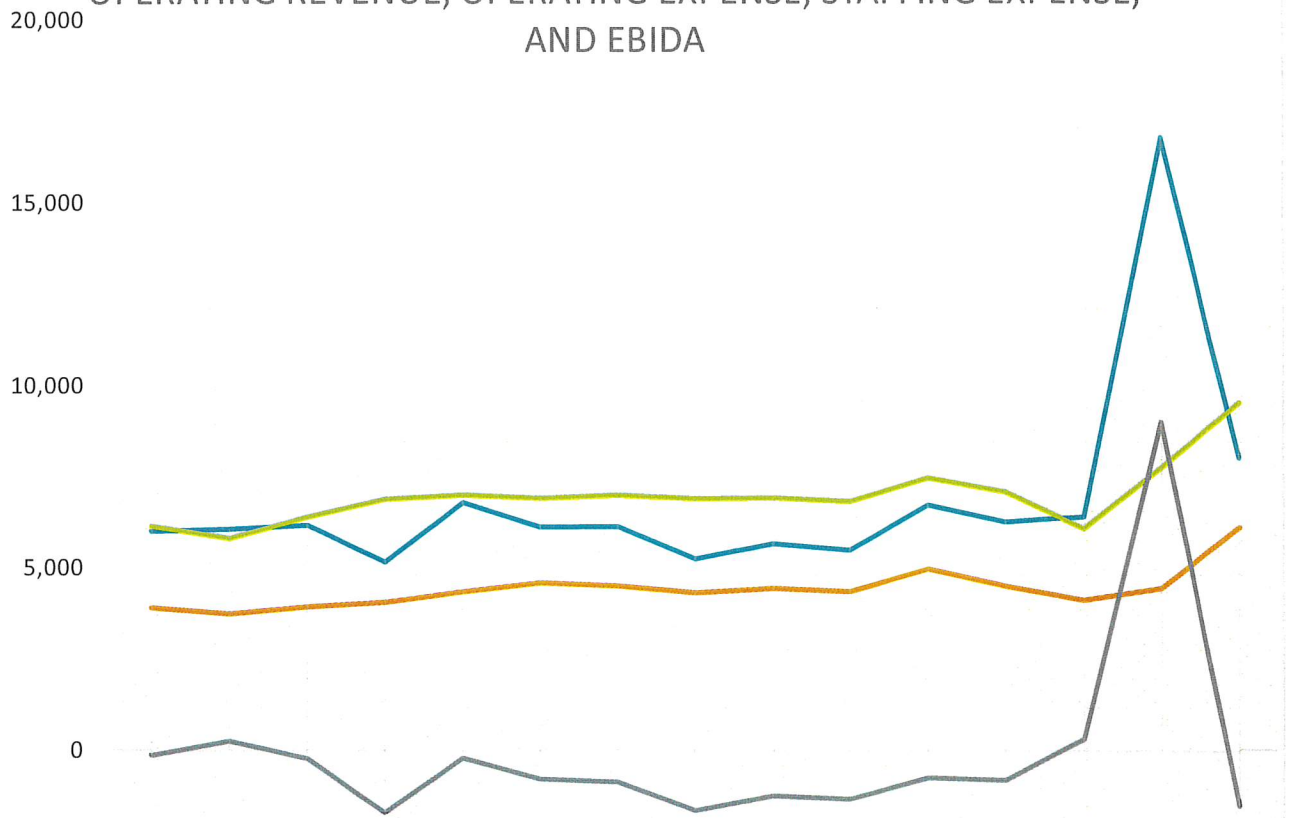


OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA

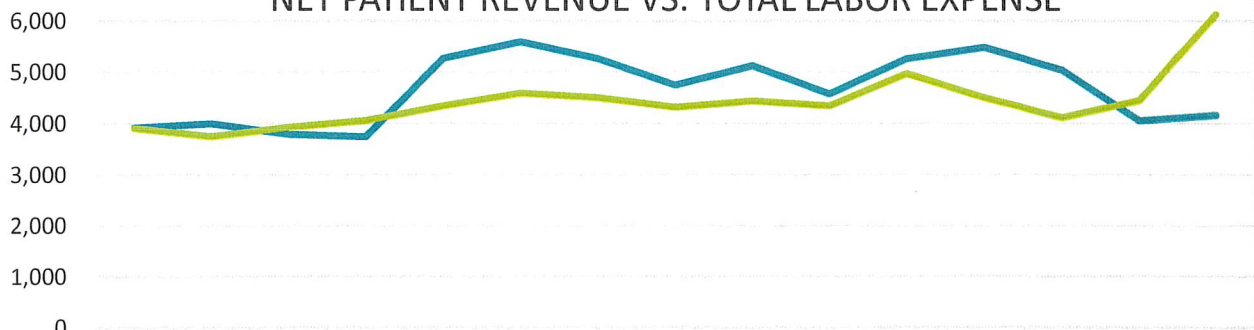


(5,000)

	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023
OP REV	6,006	6,069	6,165	5,160	6,791	6,132	6,137	5,246	5,674	5,499	6,728	6,269	6,413	16,788	8,041
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010	6,893	6,923	6,834	7,475	7,091	6,094	7,771	9,557
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513	4,129	4,462	6,136
EBIDA	(141)	252	(233)	(1,719)	(216)	(788)	(873)	(1,648)	(1,249)	(1,335)	(747)	(822)	319	9,017	(1,516)

7,000

NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE



0

	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,594	5,267	4,751	5,134	4,585	5,266	5,485	5,060	4,071	4,176
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513	4,129	4,462	6,136

3-F

SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE (NORMALIZED), OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA (NORMALIZED) (000's)

12,000

10,000

8,000

6,000

4,000

2,000

0

(2,000)

(4,000)

	FYE	FYE	FYE	FYE	FYE	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
	17/18	18/19	19/20	20/21	21/22	2022	2022	2022	2022	2022	2022	2023	2023	2023	2023
REV NORMAL	6,006	6,069	6,165	5,160	6,569	7,453	7,458	6,567	6,995	6,399	8,049	7,591	7,307	7,133	6,106
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010	6,893	6,923	6,834	7,475	7,091	6,094	7,771	9,557
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513	4,129	4,462	6,136
EBIDA NORMAL	(141)	252	(233)	(1,719)	(438)	533	448	(326)	175	72	(435)	574	499	1,214	(1,437)

SAN GORGONIO HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA
Month-to Month FYE June 30, 2023

Statement of Revenue and Expense

	FYE17/18	FYE18/19	FYE19/20	FYE 20/21	FYE 21/22	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23	FYE 22/23
	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.	MONTHLY AVE.	MONTHLY AVE.
Gross Patient Revenue	\$ 8,652,325	\$ 7,667,893	\$ 7,401,282	\$ 9,331,371	\$ 16,603,390	\$ 14,492,708	\$ 13,463,161	\$ 13,156,157	\$ 13,207,417	\$ 14,560,451	\$ 17,905,552	\$ 15,327,216	\$ 13,691,246	\$ 12,451,953	\$ 12,872,356
Inpatient Revenue	0	0	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	20,932,075	24,949,142	25,684,830	27,481,674	27,374,507	23,068,968	24,746,141	25,994,869	23,543,943	27,831,252	22,609,141
Home Health Revenue	0	0	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	37,535,465	39,441,850	41,471,174	40,944,835	37,279,918	40,581,924	42,251,693	41,322,085	37,235,189	40,283,214	35,481,497
Discounts and Allowances	(19,635,639)	(19,588,148)	(17,845,734)	(16,635,734)	(33,557,312)	(34,866,578)	(34,797,135)	(30,986,845)	(32,035,399)	(35,904,405)	(30,914,713)	(30,914,713)	(35,779,812)	(30,383,694)	(33,573,121)
Bad Debt Expense	(806,002)	(858,023)	(653,280)	(653,280)	(1,045,570)	(826,617)	(883,157)	(1,113,947)	(734,463)	(971,962)	(1,015,237)	(935,938)	(1,246,067)	(334,016)	(799,841)
GI HMO Discounts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charity Care	(60,410)	(56,168)	(86,517)	(41,362)	(136,947)	(86,358)	(28,117)	(66,596)	(29,952)	(36,715)	(65,555)	(14,815)	(14,782)	(57,399)	(121,864)
Total Deductions From Revenue	(20,522,051)	(20,592,238)	(18,595,527)	(17,801,480)	(32,448,666)	(34,470,288)	(35,677,331)	(35,677,679)	(32,598,120)	(33,044,076)	(30,685,198)	(30,685,198)	(32,175,662)	(36,171,227)	(31,305,389)
Net Patient Revenue	3,860,343	3,930,908	3,862,859	3,763,563	5,086,799	4,971,562	5,893,843	5,267,156	4,750,898	5,134,222	4,566,495	5,484,928	5,059,628	4,111,967	4,176,098
Non-Patient Revenues	1,530,975	1,485,337	1,157,326	869,707	501,407	1,127,360	0	0	0	0	0	0	0	0	0
IGT/DSH Revenues	193,807	205,590	750,434	505,190	725,066	817,994	136,873	468,018	93,358	512,304	1,059,520	383,032	951,722	4,151,470	285,071
Grants & Other Op Revenues	20,066	22,382	15,743	0	0	0	0	0	0	0	0	0	0	0	0
Clinic Net Revenues	174,832	196,524	199,469	209,744	229,405	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994
Tax Subsidies Measure D	105,276	115,398	114,061	142,552	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500
Tax Subsidies Prop. 13	16,858	16,159	9,064	16,163	25,561	2,769	0	0	0	0	0	0	0	0	0
Tax Subsidies County Supplmtl Funds	2,041,851	2,041,351	2,246,097	1,743,355	1,627,542	2,349,617	539,367	869,512	491,852	913,798	1,461,014	784,526	1,353,216	12,676,224	3,864,596
Non-Patient Revenues	5,902,918	5,972,289	6,128,956	5,906,919	6,713,341	7,321,179	6,132,210	6,136,668	5,245,751	5,674,284	6,727,509	6,269,454	6,412,844	16,788,211	8,040,693
Total Operating Revenue	3,000,485	2,941,226	3,104,224	3,125,159	3,420,974	3,613,512	3,566,637	3,581,670	3,344,149	3,505,628	3,976,933	3,077,122	3,403,893	4,883,009	36,135,117
Operating Expenses	764,204	702,477	752,700	856,889	830,599	898,552	868,467	904,958	926,984	926,984	926,984	909,630	983,304	1,136,954	9,869,286
Salaries and Wages	211,630	206,628	211,630	206,628	211,630	206,628	211,630	206,628	211,630	206,628	211,630	206,628	211,630	206,628	211,630
Contract Labor	581,239	513,857	691,337	772,336	892,521	933,883	895,446	863,132	895,446	863,132	895,446	863,132	895,446	863,132	895,446
Physicians Fees	695,167	685,916	751,025	903,883	895,446	863,132	895,446	863,132	895,446	863,132	895,446	863,132	895,446	863,132	895,446
Purchased Services	74,205	75,471	60,860	92,807	111,192	114,603	104,925	113,807	113,807	113,807	113,807	113,807	113,807	113,807	113,807
Supply Expense	86,337	85,265	59,592	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774
Repairs and Maintenance	86,337	85,265	59,592	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774	139,774
Insurance Expense	68,153	70,922	160,745	101,142	101,142	101,142	101,142	101,142	101,142	101,142	101,142	101,142	101,142	101,142	101,142
All Other Operating Expenses	217,449	58,743	79,424	37,952	66,448	66,448	66,448	66,448	66,448	66,448	66,448	66,448	66,448	66,448	66,448
IGT Expense	57,907	76,150	79,233	79,424	79,424	79,424	79,424	79,424	79,424	79,424	79,424	79,424	79,424	79,424	79,424
Leases and Rentals	80,927	98,810	84,628	34,096	0	0	0	0	0	0	0	0	0	0	0
1206 (b) CLINIC	6,045,902	5,720,023	6,377,306	7,010,605	7,267,732	7,267,732	7,267,732	7,267,732	7,267,732	7,267,732	7,267,732	7,267,732	7,267,732	7,267,732	7,267,732
Total Operating Expenses	(143,485)	(252,266)	(248,351)	(1,394,337)	(297,264)	(53,447)	(787,858)	(873,012)	(1,647,656)	(1,248,165)	(747,090)	(821,719)	(319,154)	9,017,214	(1,516,179)
EBIDA	512,468	497,808	506,497	494,721	472,317	547,266	550,044	406,450	406,450	446,560	661,981	661,981	661,981	626,682	627,615
Interest, Depreciation, and Amortization	432,890	418,193	422,094	447,994	391,606	478,349	427,682	571,834	409,754	394,794	425,067	481,596	425,067	467,039	550,064
Total Interest, Depr. & Amort.	944,956	916,000	928,591	942,715	863,923	1,025,616	977,726	878,283	816,543	841,374	1,153,577	1,085,187	1,085,187	1,093,721	1,177,679
Non-Operating Revenue:	14,354	7,745	27,759	7,121	25,068	179,032	1,387,913	2,599	3,065	3,065	307,953	(46,783)	1,875	3,678	5,682
Contributions & Other	652,487	692,457	666,966	596,410	616,059	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353
Tax Subsidies for GO Bonds - M-A	665,841	700,202	694,725	695,531	641,127	806,385	2,015,266	629,952	630,418	629,421	935,307	578,728	629,421	630,335	8,063,847
Total Non Operating Revenue/(Expense)	(421,999)	36,467	(482,217)	(1,731,521)	(620,060)	(165,784)	249,682	(1,451,118)	(1,066,283)	(1,396,726)	(136,805)	8,554,425	(2,060,822)	(1,657,844)	(1,657,844)
Total Net Surplus/(Loss)	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467
Change in Interest in Foundation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extra-ordinary Loss	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Increase/(Decrease in Unrestricted Net)	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467	36,467
Total Profit Margin	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%	0.6%
EBIDA %	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%	-2.4%

Note: Variances in the FYE 2023 monthly columns are explained in the respective monthly financial reports.

Note: The calculations below are adjusted to account for the cash-flow impact of re-classifying Operating Leases and Software Leases from "EBIDA related Operating Expenses" to Interest and Depreciation Expenses. Estimated Value of Supplemental Accruals (Updated 05/24/23)

Estimated EBIDA If Supplementals were Accrued Monthly (Updated 05/24/23)

YTD Monthly Average Estimated EBIDA If Supplementals were Accrued Monthly (Updated 05/24/23)

3-H

BALANCE SHEET (Period End)

Cash (000's)

Represents all unrestricted cash in the bank at each month-end.

Days Cash on Hand

Calculated by dividing amount of Cash on Hand by the historical average daily amount of cash requirements to cover operating expenses.

Accounts Receivable - Net (000's)

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

A/R Days - Net

This measures the average number of days it takes to collect payment of the Net Accounts Receivable. Lower values are desired.

Current Ratio (Current Assets/Current Liabilities)

A measure that illustrates the ability for the hospital to pay its obligations that come due over the course of the next year. The greater the Current Assets as compared to the Current Liabilities, the stronger position the organization is in to pay its upcoming obligations. Desired position is greater than 1:00 to 1:00, preferably at least 1:25 to 1:00 or greater.

Quick Ratio

This measures the Cash + Net Accounts Receivable compared to the Current Liabilities. Desired ratio is greater than 1.00 : 1.00.

Accounts Payable (000's)

Reflects payment obligations of the Hospital as of a point in time. Excludes Loans, Payroll and other Debt obligations. Lower values are desired.

Accounts Payable Days

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

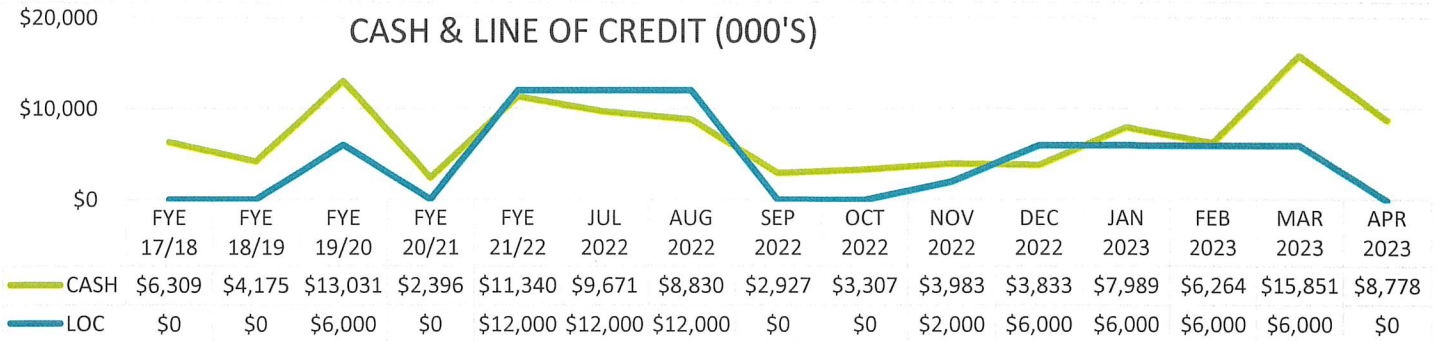
Line of Credit Balance (000's)

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

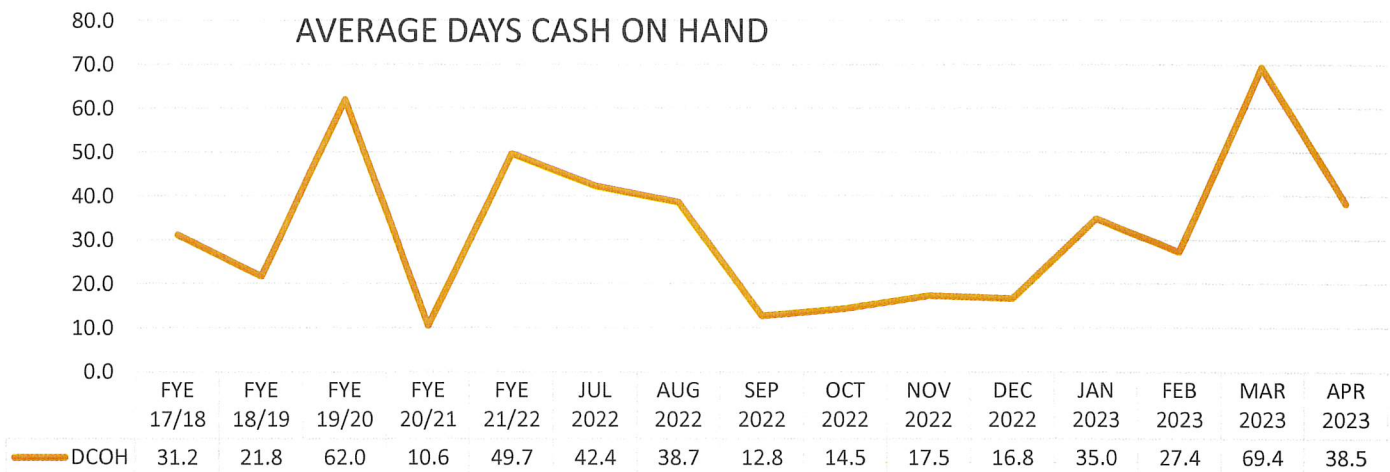
34

SAN GORGONIO MEMORIAL HOSPITAL

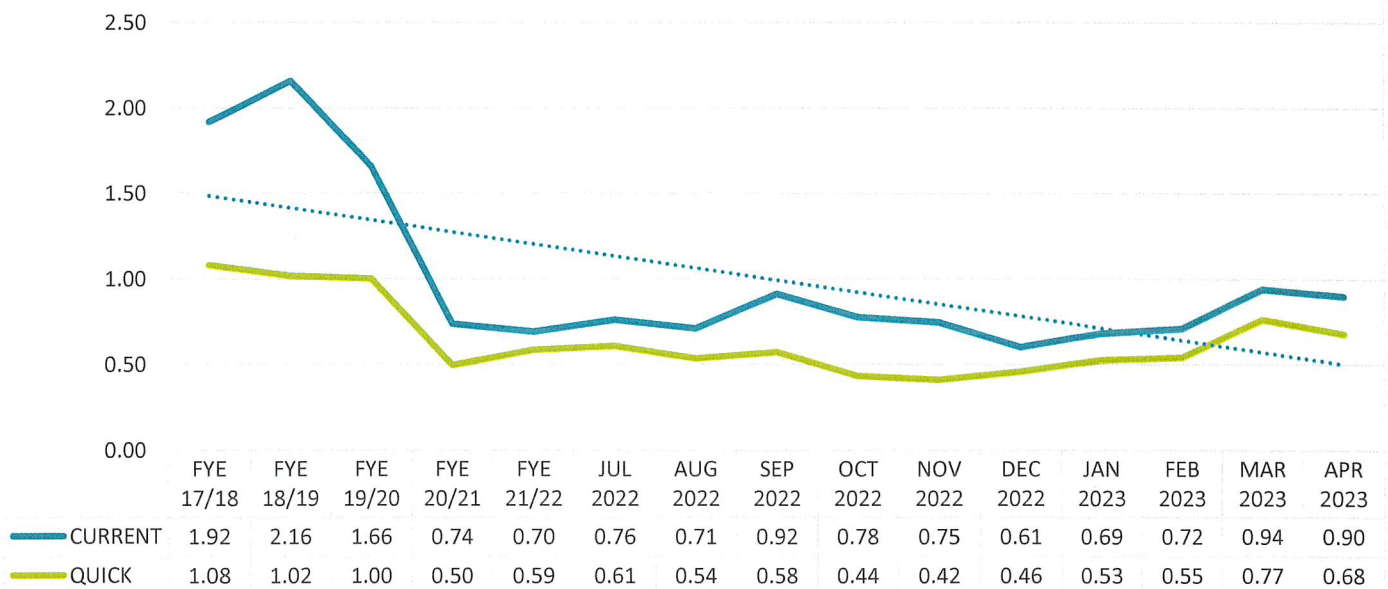
CASH & LINE OF CREDIT (000'S)



AVERAGE DAYS CASH ON HAND



CURRENT RATIO and QUICK RATIO



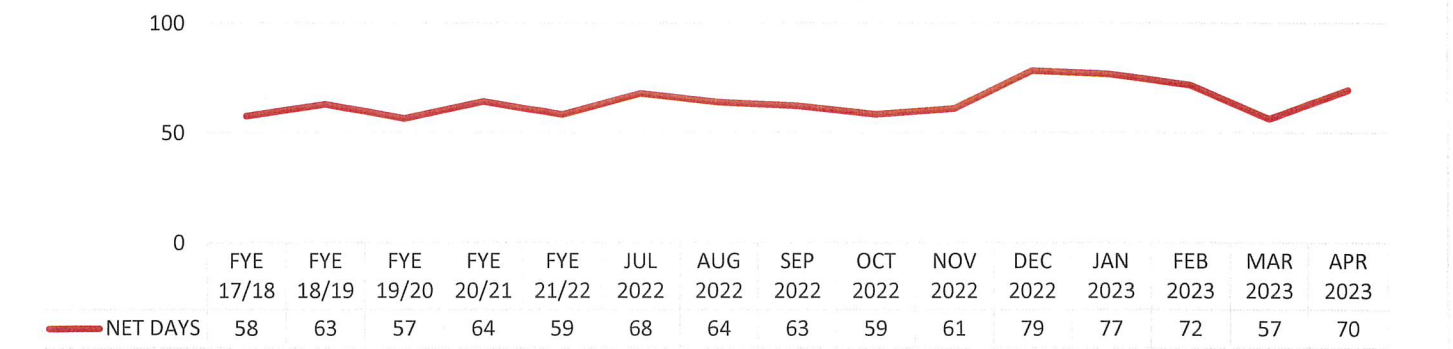
3-K

SAN GORGONIO MEMORIAL HOSPITAL

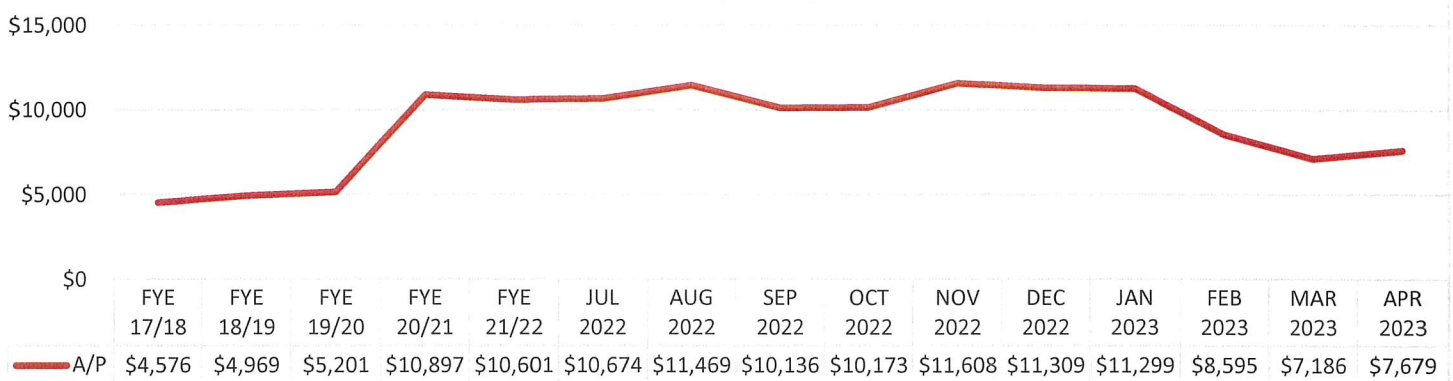
NET ACCOUNTS RECEIVABLE (000'S)



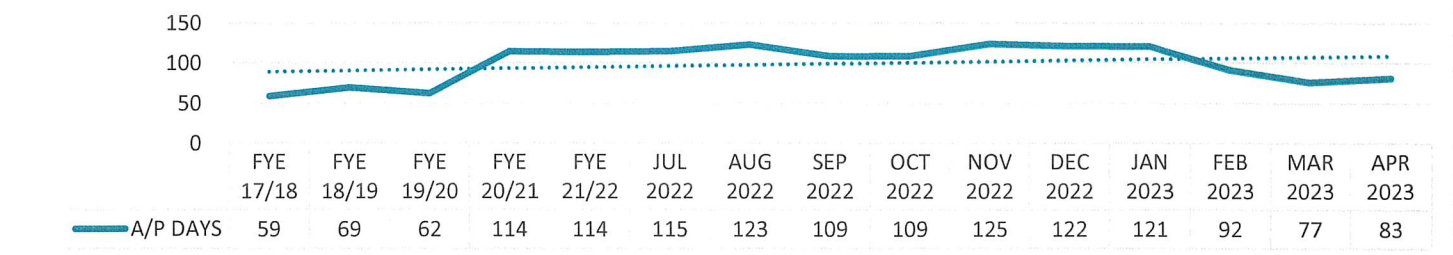
AVE. DAYS OF COLLECTIONS IN NET A/R



ACCOUNTS PAYABLE (000'S)



AVERAGE DAYS IN ACCOUNTS PAYABLE



SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
TEN MONTHS ENDING APRIL 30, 2023

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD						
REF LINE#		04/30/23 ACTUAL	04/30/23 BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE
	Revenue:					
[1]	Gross Patient Revenues	\$ 35,481,497	\$ 43,493,937	\$ 394,418,499	\$ 446,169,508	\$ (51,751,009)
[2]	Deductions From Revenue	(31,305,399)	(37,817,012)	(344,702,880)	(387,932,184)	43,229,305
[3]	Net Patient Revenues	4,176,098	5,676,926	49,715,619	58,237,324	(8,521,705)
[4]	IGT Revenue	3,178,030	3,423,674	11,273,599	12,288,244	(1,014,645)
[5]	Other Operating Revenue	686,565	557,030	12,222,567	9,285,921	2,936,646
[6]	Total Operating Revenues	8,040,693	9,657,630	73,211,786	79,811,489	(6,599,703)
	Expenses:					
[7]	Salaries, Benefits	6,019,963	4,613,983	45,504,403	46,545,469	1,041,067
	Contract Labor	115,720	75,700	965,716	763,880	(201,837)
	Physicians Fees	350,804	365,231	3,225,840	3,652,310	426,470
	Other Purchase Services	849,809	1,016,244	7,953,905	10,159,012	2,205,107
[8]	Purchased Serv. & Physician Fees	1,316,333	1,457,176	12,145,462	14,575,201	2,429,740
[9]	Supply Expenses	1,051,584	1,113,905	8,631,323	11,327,959	2,696,636
[10]	Other Operating Expenses & Clinic Loss	871,052	466,108	5,298,146	4,741,383	(556,763)
[11]	Supplimental and Grant Expense	297,940	297,940	1,097,985	1,097,985	(0)
[12]	Total Expenses	9,556,872	7,949,111	72,677,319	78,287,998	5,610,679
[13]	EBIDA	(1,516,179)	1,708,519	534,467	1,523,491	(989,024)
[14]	Depreciation & Interest Expense	1,177,679	1,128,118	10,256,157	10,754,129	497,971
[15]	Non-Operating Revenue/(Exp.)	633,035	1,092,982	8,063,847	10,929,817	(2,865,970)
[16]	TOTAL NET SURPLUS (LOSS)	(2,060,822)	1,673,383	(1,657,843)	1,699,179	(3,357,022)

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
TEN MONTHS ENDING APRIL 30, 2023

BALANCE SHEET

	YTD 4/30/2023	Prior FYE 6/30/2022
ASSETS		
[1] Current Assets	\$ 25,062,291	\$ 23,401,085
[2] Assets Whose Use is Limited	17,266,949	12,704,494
[3] Property, Plant & Equipment (Net)	74,530,799	73,514,801
[4] Other Assets	579,327	503,000
[5] Total Unrestricted Assets	117,439,366	110,123,380
[6] Restricted Assets	0	0
[7] Total Assets	\$ 117,439,366	\$ 110,123,380
LIABILITIES AND NET ASSETS		
[8] Current Liabilities	\$27,757,259	\$33,649,575
[9] Long-Term Debt	120,211,203	105,323,946
[10] Other Long-Term Liabilities	4,852,624	2,231,626
[11] Total Liabilities	\$ 152,821,086	\$ 141,205,147
[12] Net Assets	\$ (35,381,721)	\$ (31,081,767)
[13] Total Liabilities and Net Assets	\$ 117,439,366	\$ 110,123,380

KEY STATISTICS AND RATIOS

	03/31/23 ACTUAL FY 23	04/30/23 ACTUAL FY 23	04/30/23 BUDGET FY 23	2023 YTD FY 23	2022 10 MOS.TOTAL FY 22	2022 YR END TOTAL FY 22
[1] Total Acute Patient Days	553	607	1,050	6,591	8,429	9,689
[2] Average Daily Census	17.8	20.2	35.0	21.7	27.7	26.5
[3] Average Acute Length of Stay	3.4	3.7	4.1	3.6	4.0	3.9
[4] Patient Discharges	165	165	259	1,842	2,100	2,478
[5] Observation Days	274	246	222	2,604	2,306	2,775
[6] Total Emergency Room Visits	3,503	3,341	3,023	34,959	32,489	39,374
[7] Average ED Visits Per Day	113	111	101	115	107	108
[9] Total Surgeries (Excluding G.I.'s)	122	107	115	1,175	699	855
[10] Deliveries/Births	12	8	10	110	138	175

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APRIL 30, 2023

		CURRENT MONTH				
		DISTRICT ONLY	FY 23	FY 23	Positive	
		ACTUAL	ACTUAL	CUR MO BUD	(Negative)	Percentage
		04/30/23	04/30/23	04/30/23	Variance	Variance
Gross Patient Revenue						
[1]	Inpatient Revenue	\$ -	\$ 12,872,356	\$ 22,844,206	\$ (9,971,850)	-43.7%
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	-
[3]	Outpatient Revenue	-	22,609,141	\$ 20,649,731	1,959,409	9.5%
[4]	Long Term Care Revenue	-	-	-	-	-
[5]	Home Health Revenue	-	-	-	-	-
[6]	Total Gross Patient Revenue	\$ -	\$ 35,481,497	\$ 43,493,937	\$ (8,012,441)	-18.4%
Deductions From Revenue						
[7]	Discounts and Allowances	-	(30,383,694)	\$ (36,206,568)	\$ 5,822,874	-16.1%
[8]	Bad Debt Expense	-	(799,841)	\$ (1,531,644)	731,803	-47.8%
[9]	Prior Year Settlements	-	-	\$ -	-	-
[10]	Charity Care	-	(121,864)	\$ (78,800)	(43,064)	54.6%
[11]	Total Deductions From Revenue	-	(31,305,399)	(37,817,012)	\$ 6,511,613	-17.2%
[12]			-88.2%	-86.9%		
[13]	Net Patient Revenue	\$ -	\$ 4,176,098	\$ 5,676,926	\$ (1,500,828)	-26.4%
Non Patient Operating Revenues						
[14]	IGT/DSH Revenues	-	3,178,030	\$ 3,423,674	\$ (245,644)	-7.2%
[15]	Grants & Other Op Revenues	-	285,071	\$ 144,286	140,785	97.6%
[16]	Clinic Net Revenues	-	-	\$ -	-	-
[17]	Tax Subsidies Measure D	246,994	246,994	\$ 246,994	(0)	0.0%
[18]	Tax Subsidies Prop 13	154,500	154,500	\$ 154,500	-	0.0%
[19]	Tax Subsidies County Supplemental Funds	-	-	\$ 11,250	(11,250)	-100.0%
	Non Patient Revenue	\$ 401,494	\$ 3,864,596	\$ 3,980,704	\$ (116,108)	-2.9%
	Total Operating Revenue	\$ 401,494	\$ 8,040,693	\$ 9,657,630	\$ (1,616,936)	-16.7%
Operating Expenses						
[20]	Salaries and Wages	-	4,883,009	3,696,814	\$ (1,186,195)	-32.1%
[21]	Fringe Benefits	-	1,136,954	917,169	(219,785)	-24.0%
[22]	Contract Labor	-	115,720	75,700	(40,019)	-52.9%
[23]	Physicians Fees	-	350,804	365,231	14,427	3.9%
[24]	Purchased Services	-	849,809	1,016,244	166,435	16.4%
[25]	Supply Expense	-	1,051,584	1,113,905	62,321	5.6%
[26]	Utilities	6,000	194,633	105,294	(89,339)	-84.8%
[27]	Repairs and Maintenance	8,069	101,922	75,564	(26,358)	-34.9%
[28]	Insurance Expense	-	117,993	122,979	4,986	4.1%
[29]	All Other Operating Expenses	57,375	384,176	99,325	(284,851)	-286.8%
[30]	Supplimental and Grant Expense	-	297,940	297,940	-	0.0%
[31]	Leases and Rentals	-	72,328	62,946	(9,381)	-14.9%
[32]	Clinic Expense	-	-	0	-	0.0%
[33]	Total Operating Expenses	\$ 71,444	\$ 9,556,872	\$ 7,949,111	\$ (1,607,761)	-20.2%
[34]	EBIDA	\$ 330,050	\$ (1,516,179)	\$ 1,708,519	\$ (3,224,698)	-188.7%
Interest Expense and Depreciation						
[35]	Depreciation	286,450	627,615	625,347	\$ (2,268)	-0.4%
[36]	Interest Expense and Amortization	-	550,064	502,771	(47,293)	-9.4%
[37]	Total Interest & depreciation	286,450	1,177,679	1,128,118	(49,561)	-4.4%
Non-Operating Revenue:						
[38]	Contributions & Other	5,075	5,682	466,744	(461,062)	-98.8%
[39]	Tax Subsidies for GO Bonds - M-A	627,353	627,353	626,237	1,116	0.2%
[40]	Total Non Operating Revenue/(Expense)	632,429	633,035	1,092,982	\$ (459,947)	-42.1%
[41]	Total Net Surplus/(Loss)	\$ 676,029	\$ (2,060,823)	\$ 1,673,383	\$ (3,734,205)	-223.2%
[42]	Extra-ordinary loss on Financing	-	-	-	-	-
[43]	Increase/(Decrease in Unrestricted Net Assets	\$ 676,029	\$ (2,060,823)	\$ 1,673,383	\$ (3,734,205)	-223.2%
[44]	Total Profit Margin	168.38%	-25.63%	17.33%		
[45]	EBIDA %	82.21%	-18.86%	17.69%		

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APRIL 30, 2023

		YEAR-TO-DATE				
		DISTRICT ONLY			Positive	Percentage
		Actual	Actual	Budget	(Negative)	Variance
		04/30/23	04/30/23	04/30/23	Variance	
Gross Patient Revenue						
[1]	Inpatient Revenue	\$ -	\$ 144,927,083	\$ 222,152,775	\$ (77,225,692)	-34.8%
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	
[3]	Outpatient Revenue	-	249,491,416	\$ 224,016,734	25,474,683	11.4%
[4]	Long Term Care Revenue	-	-	-	-	
[5]	Home Health Revenue	-	-	-	-	
[6]	Total Gross Patient Revenue	\$ -	\$ 394,418,499	\$ 446,169,508	\$ (51,751,009)	-11.6%
Deductions From Revenue						
[7]	Discounts and Allowances	-	(335,573,121)	\$ (371,414,213)	\$ 35,841,091	-9.6%
[8]	Bad Debt Expense	-	(8,266,174)	\$ (15,711,907)	7,445,733	-47.4%
[9]	Prior Year Settlements	-	-	\$ -	-	
[10]	Charity Care	-	(863,584)	\$ (806,065)	(57,519)	7.1%
[11]	Total Deductions From Revenue	-	(344,702,880)	(387,932,184)	\$ 43,229,305	-11.1%
[12]			87.4%	-86.9%		
[13]	Net Patient Revenue	\$ -	\$ 49,715,619	\$ 58,237,324	\$ (8,521,705)	-14.6%
Non Patient Operating Revenues						
[14]	IGT/DSH Revenues	-	11,273,599	\$ 12,288,244	\$ (1,014,645)	-8.3%
[15]	Grants & Other Op Revenues	-	8,179,938	\$ 5,158,483	3,021,455	58.6%
[16]	Clinic Net Revenues	-	-	\$ -	-	
[17]	Tax Subsidies Measure D	2,469,938	2,469,938	\$ 2,469,938	(0)	0.0%
[18]	Tax Subsidies Prop 13	1,545,000	1,545,000	\$ 1,545,000	-	0.0%
[19]	Tax Subsidies County Supplemental Funds	27,692	27,692	\$ 112,500	(84,808)	-75.4%
	Non- Patient Revenue	\$ 4,042,630	\$ 23,496,167	\$ 21,574,165	\$ 1,922,001	8.9%
	Total Operating Revenue	\$ 4,042,630	\$ 73,211,786	\$ 79,811,489	\$ (6,599,703)	-8.3%
Operating Expenses						
[20]	Salaries and Wages	-	36,135,117	37,346,302	\$ 1,211,185	3.2%
[21]	Fringe Benefits	-	9,369,286	9,199,167	(170,119)	-1.8%
[22]	Contract Labor	-	965,716	763,880	(201,837)	-26.4%
[23]	Physicians Fees	-	3,225,840	3,652,310	426,470	11.7%
[24]	Purchased Services	149,032	7,953,905	10,159,012	2,205,107	21.7%
[25]	Supply Expense	-	8,631,323	11,327,959	2,696,636	23.8%
[26]	Utilities	21,444	1,148,033	1,133,246	(14,786)	-1.3%
[27]	Repairs and Maintenance	95,122	899,689	755,637	(144,052)	-19.1%
[28]	Insurance Expense	-	1,205,353	1,229,788	24,435	2.0%
[29]	All Other Operating Expenses	216,754	1,380,593	993,247	(387,346)	-39.0%
[30]	Supplimental and Grant Expense	-	1,097,985	1,097,985	(0)	0.0%
[31]	Leases and Rentals	-	664,479	629,465	(35,014)	-5.6%
[32]	Clinic Expense	-	-	0	-	0.0%
[33]	Total Operating Expenses	\$ 482,353	\$ 72,677,319	\$ 78,287,998	\$ 5,610,679	7.2%
[34]	EBIDA	\$ 3,560,277	\$ 534,467	\$ 1,523,491	\$ (989,024)	-64.9%
Interest Expense and Depreciation						
[35]	Depreciation	4,088,091	5,472,665	6,117,037	\$ 644,372	10.5%
[36]	Interest Expense and Amortization	3,808,619	4,783,492	4,637,092	(146,401)	-3.2%
[37]	Total Interest & depreciation	7,896,709	10,256,157	10,754,129	497,971	4.6%
Non-Operating Revenue:						
[38]	Contributions & Other	1,407,337	1,790,316	4,667,443	(2,877,127)	-61.6%
[39]	Tax Subsidies for GO Bonds - M-A	6,273,531	6,273,531	6,262,374	11,157	0.2%
[40]	Total Non Operating Revenue/(Expense)	7,680,869	8,063,847	10,929,817	(2,865,970)	-26.2%
[41]	Total Net Surplus/(Loss)	\$ 3,344,437	\$ (1,657,843)	\$ 1,699,179	\$ (3,357,022)	-197.6%
[42]	Extra-ordinary loss on Financing	-	-	-	-	
[43]	Increase/(Decrease in Unrestricted Net Assets)	\$ 3,344,437	\$ (1,657,843)	\$ 1,699,179	\$ (3,357,022)	-197.6%
[44]	Total Profit Margin	82.73%	-2.26%	2.13%		
[45]	EBIDA %	88.07%	0.73%	1.91%		

Balance Sheet - Assets

**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APRIL 30, 2023**

		ASSETS				
		DISTRICT ONLY				
		Current Month 4/30/2023	Current Month 4/30/2023	Prior Month 3/31/2023	Positive/ (Negative) Variance	Prior Year End 6/30/2022
Current Assets						
[1]	Cash and Cash Equivalents	2,148,432	\$8,777,821	\$15,851,314	\$ (7,073,493)	\$ 11,340,002
[2]	Gross Patient Accounts Receivable	\$0	\$84,936,165	\$84,997,345	\$ (61,180)	77,594,807
[3]	Less: Bad Debt and Allowance Reserves	\$0	(\$74,767,757)	(\$76,743,940)	\$ 1,976,183	(69,099,845)
[4]	Net Patient Accounts Receivable	\$0	\$10,168,408	\$8,253,405	\$ 1,915,003	8,494,961
[5]	Taxes Receivable	\$6,039,876	\$6,039,876	\$5,414,365	\$ 625,512	1,178,859
[6]	Other Receivables (includes advances)	660,465	(\$592,001)	(\$430,050)	\$ (161,951)	738,141
[7]	Inventories	\$0	\$2,627,548	\$2,455,359	\$ 172,189	2,297,204
[8]	Prepaid Expenses	126,169	\$887,583	\$886,700	\$ 884	1,197,395
[9]	Due From Third Party Payers-DSH	\$0	(\$2,846,945)	(\$2,809,271)	\$ (37,674)	(1,845,477)
[10]	Malpractice Receivable	\$0	\$0	\$0	\$ -	-
[11]	Supplimental Receivables	\$0	\$0	\$0	\$ -	-
	Total Current Assets	8,974,942	25,062,291	29,621,822	\$ (736,481)	\$ 23,401,085
Assets Whose Use is Limited						
[12]	Cash					
[13]	Investments					
[14]	Bond Reserve/Debt Retirement Fund	\$17,266,949	\$17,266,949	\$10,889,203	\$ 6,377,746	12,704,494
[15]	Trustee Held Funds					
[16]	Funded Depreciation					
[17]	Board Designated Funds					
[18]	Other Limited Use Assets					0
	Total Limited Use Assets	17,266,949	17,266,949	10,889,203	\$ (223,324)	\$ 12,704,494
Property, Plant, and Equipment						
[19]	Land and Land Improvements	4,828,182	4,828,182	4,828,182	\$ -	\$ 4,828,182
[20]	Building and Building Improvements	129,281,491	129,281,491	129,281,491	\$ -	129,281,491
[21]	Equipment	27,119,506	29,691,479	29,790,384	\$ (98,905)	26,856,789
[22]	Construction In Progress	3,156,065	3,156,255	3,080,289	\$ 75,966	1,694,007
[23]	Capitalized Interest					
[24]	Gross Property, Plant, and Equipment	164,385,245	166,957,408	166,980,346	\$ (22,938)	162,660,469
[25]	Less: Accumulated Depreciation	(\$92,426,609)	(\$92,426,609)	(\$92,020,159)	\$ (406,450)	(89,145,667)
[26]	Net Property, Plant, and Equipment	71,958,636	74,530,799	74,960,187	\$ (475,050)	\$ 73,514,801
Other Assets						
[27]	Unamortized Loan Costs	\$627,385	\$579,327	\$581,916	\$ (2,589)	\$ 614,440
[28]	Assets Held for Future Use		\$0	\$0	\$ -	485
[29]	Investments in Subsidiary/Affiliated Org.	\$31,431,679	\$0	\$0	\$ -	(111,925)
[30]	Other					
[31]	Total Other Assets	32,059,063	579,327	581,916	\$ (2,589)	\$ 503,000
[32]	TOTAL UNRESTRICTED ASSETS	130,259,590	117,439,366	116,053,128	\$ 1,386,237	\$ 110,123,381
Restricted Assets						
		0	0	0	0	0
[33]	TOTAL ASSETS	\$130,259,590	\$117,439,366	\$116,053,128	\$ 1,386,237	\$ 110,123,381

Balance Sheet - Liabilities and Net Assets

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

TEN MONTHS ENDING APRIL 30, 2023

		DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
		Current Month	Current Month	Prior Month	Positive/(Negative) Variance	Prior Year End
		4/30/2023	4/30/2023	3/31/2023		6/30/2022
Current Liabilities						
[1]	Accounts Payable	\$ 1,189,951	\$ 7,679,175	\$ 7,186,382	\$ 492,793	\$ 10,600,622
[2]	Notes and Loans Payable (Line of Credit)	-	-	6,000,000	\$ (6,000,000)	12,000,000
[3]	Accounts Payable- Tax advance	-	-	-	\$ -	-
[4]	Accrued Payroll Taxes	-	5,945,203	6,400,588	\$ (455,385)	5,597,527
[5]	Accrued Benefits	-	-	-	\$ -	-
[6]	Accrued Benefits Current Portion	-	-	-	\$ -	-
[7]	Other Accrued Expenses	-	-	-	\$ -	-
[8]	Accrued GO Bond Interest Payable	1,085,066	1,085,066	1,079,439	\$ 5,627	2,526,756
[9]	Lease Liabilities	-	4,326,909	4,357,212	\$ (30,303)	4,259
[10]	Due to Third Party Payers (Settlements)	-	3,417,500	3,417,500	\$ -	-
[11]	Advances From Third Party Payers	-	-	-	\$ -	-
[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)	-	2,382,475	1,661,270	\$ 721,206	-
[14]	Other Current Liabilities	-	585,931	585,931	\$ -	585,411
	Total Current Liabilities	4,610,017	27,757,259	33,023,321	\$ (5,266,062)	33,649,575
Long Term Debt						
[15]	Bonds/Mortgages Payable (net of Cur Portion)	99,543,964	\$100,010,323	\$ 101,417,464	\$ (1,407,141)	\$ 103,030,598
[16]	Leases Payable (net of current portion)	\$20,200,879	\$20,200,879	\$20,028,828	\$ 172,051	\$2,293,348
[17]	Total Long Term Debt (Net of Current)	119,744,843	120,211,203	121,446,292	\$ 361,402,338	105,323,946
Other Long Term Liabilities						
[18]	Deferred Revenue	-	-	-	\$ -	-
[19]	Accrued Pension Expense (Net of Current)	-	-	-	\$ -	-
[20]	Other-Bridge Loan	0	4,852,624	4,852,624	\$ -	2,231,628
[21]	Total Other Long Term Liabilities	0	4,852,624	4,852,624	\$ -	2,231,628
	TOTAL LIABILITIES	\$ 124,354,860	\$ 152,821,086	\$ 159,322,238	\$ (6,501,151)	\$ 141,205,148
Net Assets:						
[22]	Unrestricted Fund Balance	2,560,293	(33,723,878)	\$ (33,723,878)	\$ -	\$ (25,347,940)
[23]	Temporarily Restricted Fund Balance	-	-	-	\$ -	-
[24]	Restricted Fund Balance	-	-	-	\$ -	-
[25]	Net Revenue/(Expenses)	3,344,437	(1,657,843)	(9,545,232)	\$ 7,887,389	(5,733,827)
[26]	TOTAL NET ASSETS	5,904,729	(35,381,721)	\$ (43,269,110)	\$ 7,887,389	\$ (31,081,767)
[27]	TOTAL LIABILITIES AND NET ASSETS	\$ 130,259,589	\$ 117,439,366	\$ 116,053,128	\$ 1,386,238	\$ 110,123,381
		\$ (0)	\$ 0	\$ (0)	\$ 0	\$ -

Statement of Cash Flows

SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA TEN MONTHS ENDING APRIL 30, 2023

HEALTHCARE SYSTEM CASH FLOW		CASH FLOW	
		Current Month 4/30/2023	
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$	12,055,875
[2]	Cash: Beginning Balances- DISTRICT		2,148,432
[3]	Cash: Beginning Balances TOTALS	\$	14,204,307
Receipts			
[4]	Pt Collections	\$	4,945,046
[5]	Tax Subsidies Measure D/Prop 13		658,519
[6]	Misc Tax Subsidies		-
[7]	Donations/Grants		-
[8]	IGT & other Supplemental (Net)		3,172,448
[9]	Draws/(Paydown) of LOC Balances		-
[10]	Other Misc Receipts/Transfers		285,071
	TOTAL RECEIPTS	\$	9,061,083
Disbursements			
[11]	Payroll/ Benefits	\$	6,019,963
[12]	Other Operating Costs		1,974,813
[13]	Capital Spending		0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		
[15]	Other (increase) in AP /other bal sheet		492,793
[16]	TOTAL DISBURSEMENTS	\$	14,487,570
[17]	TOTAL CHANGE in CASH	\$	(5,426,486)
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$	6,629,389
[19]	Ending Balances- DISTRICT		2,148,432
[20]	Ending Balances- TOTALS	\$	8,777,821
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$	-
			\$216,000

TAB D

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Items for May 30, 2023 and June 6, 2023 Meetings

Subject:

Annual Liability Insurance Renewals with BETA; Professional & General, Directors and Officers, Employment Practices, and Auto, plus Worker's Compensation Insurance.

Annual Insurance Renewals:

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

The District's broker for these coverages 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 continues to have 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 in the Attachment.

Recommendations: That the respective insurance coverages be renewed with BETA as presented for Board action in order to "bind" coverage prior to the renewal date of July 1st.

2023 Insurance Renewals

Executive Summary

Line of Coverage	Carrier	Policy Term	Limits	Deductible	2022-2023 Expiring	2023-2024 Renewals
Professional & General Liability	BETA	7/1/23 - 7/1/24	\$20M/\$30M	\$25,000	\$1,104,332	\$1,232,012
Directors & Officers Liability	BETA	7/1/23 - 7/1/24	\$10M	\$50,000	\$143,743	\$172,492
Employment Practices Liability	BETA	7/1/23 - 7/1/24	\$10M	\$100,000	Incl. w/ D&O	Incl. w/ D&O
Auto Liability	BETA	7/1/23 - 7/1/24	\$20M	\$500	\$54,031	\$55,070
Workers' Compensation	BETA	7/1/23 - 7/1/24	Statutory	\$0	\$593,441	\$604,315
TOTAL GROSS PREMIUM					\$1,895,547	\$2,063,889
Performance Dividend					-\$50,281	-\$140,073
Multi-Line Dividend					-\$90,515	N/A
Total Dividends					-\$140,796	-\$140,073
TOTAL NET PREMIUM					\$1,754,751	\$1,923,816
Pending Risk Mgmt Credits					-	-\$42,833
TOTAL NET PREMIUM including Risk Mgmt Credits					\$1,754,751	\$1,880,983

Insured Entities

San Gorgonio Memorial Hospital
 San Gorgonio Memorial Hospital Foundation
 San Gorgonio Memorial Healthcare District

NOTES

- 2023 rates are increasing on all liability insurance lines across the industry due to claims severity and higher reinsurance costs
- Professional Liability carriers are charging higher rates due to changes in the Medical Injury Compensation Reform Act as follows:
 - Current law limits claim recovery of non-economic damages to \$250,000
 - The 2022 bill increases that limit to \$350,000 for non-death cases and \$500,000 for wrongful death cases effective date January 1, 2023, followed by incremental increases over 10 years to \$750,000 for non-death cases and \$1,000,000 for wrongful death cases.
 - Actuarial estimates on the increase in ultimate annual claims costs are between 4.7% and 17%
- BETA rate updates (minimum change for all members):
 - PL/GL: 8% increase, D&O/EPL: 5% increase, Auto: 6% increase, WC: 3% decrease
 - BETA rates continue to be more than 15% to 20% lower than the standard market

TAB E

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Item for June 6, 2023 Board Meetings

Subject: Approve Altera 340B Interface Required for 340B and related Programs

Background: The Hospital and District Boards approved the 340B program (as outlined below) at the April 4 2023 meetings. Establishment of these programs with Craneware will require the development of appropriate interfaces needed to transfer data from the Altera (Allscripts) E.H.R. system to Craneware. This will change the projected gains for the first year to a range of \$56K - \$463K.

Recommended Action: To approve the Altera Interface fees of \$108,000, plus \$6,500 per year for ongoing Support fees.

(Board Packet Write-up from April 4, 2023 Board meeting.)

Approve Pharmacy 340B Program with The Craneware Group re: Outpatient Split Billing Rebate Program, Outpatient Retail Contract Pharmacy Rebates, and Inpatient Medications Rebate Program

Background:

CMS makes available a drug rebate program for Hospitals and other providers which serve a disproportionate number of Medicaid (Medi-Cal) patients. San Gorgonio Memorial Hospital has the opportunity to access this program via the services of The Craneware Group (TCG), a nationally recognized vendor which helps Hospitals and other providers obtain these rebates.

Program Structure: There are 3 program components for which SGMH will qualify:

- 1) Outpatient "split billing" rebate program. This is administered by a Craneware software product which "virtually" identifies rebates for drugs that are administered to SGMH outpatients;
- 2) Outpatient Retail Pharmacy Rebates. This program provides rebates via pharmacies which are contracted with SGMH for drugs disbursed from those pharmacies to SGMH outpatients;
- 3) Inpatient Medications Rebate Program. This program provides rebates for qualifying inpatients for qualifying drugs administered.

Additionally, within the terms of this agreement, TCG will continue to provide SGMH with price transparency information which is required per federal and state mandates. This information is continuously updated and loaded to the SGMH website.

Details: The projected financial contribution to SGMH, after estimated fees and costs of the program ranges from \$171K to \$578K for the first year, and the net contribution for the second year of the program ranges from \$203K to \$610K. A copy of the financial projections are included on Page 8 of the attached Exhibit.

The fees for TCG included in the equations above are as follows: One-time fees of \$31,675, and Annual Fees of \$56,600. Note: The net contribution forecasts allow for up to \$130K per year if additional Pharmacy staff is needed.

Recommended Action: That the CEO be authorized to enter an agreement with The Craneware Group for the provision of the listed services as outlined.

Exhibit: The Craneware Group 340B program and financial forecasting package.



Client Order# 482446 - 1

Address:
2429 Military Rd Ste 300
Niagara Falls NY 14304

Opportunity ID: 0065G00000uSGH6
Sales Executive: Kinnett, Lana Morgan (Morgan)
Email: morgan.kinnett@alterahealth.com
Phone#:
Fax:

Currency Code: USD

Valid Until: 18-AUG-2023
Proposal Date: 19-MAY-2023

Client Name:	San Gorgonio Memorial Hospital	Client Address:	600 N Highland Springs Ave Banning, CA 92220 US	Delivery:	San Gorgonio Memorial Hospital
Client No:	10158996			Address:	600 N Highland Springs Ave
Client Contact:	Steve Barron	Client Phone#:	951-8451121		Banning, CA 92220-3046 United States
Client Email:	sbarron@sgmh.org				

Solution Investment Summary:

Investment Total. Below is a summary of your investment in the items covered by this Client Order. Investment totals cover the initial Term only; recurring fees are payable annually (unless otherwise stated in this Client Order); and to the extent applicable the stated amounts do not include the Inflation or annual adjustments.

Category	Investment Total
Solutions	\$0.00
Professional Services (Initial Term)	\$108,000.00
Managed Services (Initial Term)	\$0.00
Hosting Services (Initial Term)	\$0.00
Solutions Total	\$108,000.00
Annualized Solution Support Fees	\$6,500.00
Recurring Total	\$6,500.00
Estimated Taxes	\$0.00

Client agrees to pay for all applicable taxes with respect to this Order, excluding those based on Our net income. If Client claims exemption from any sales, use, or other jurisdictional taxes, Client must provide to Us proper evidence of exemption status at the time of Order. In the event the Client does not provide sufficient evidence of the exemption status prior to invoice generation, Client invoices will include all applicable taxes and Client shall be responsible for the taxes or any associated penalties.

Summary Payment Schedule: Non-recurring fees (i.e., those not payable Yearly or on a Monthly or other time basis) are payable per the following table:

Event	Fees
Payable Upon Order Date.	\$54,000.00
Payable Upon The Earlier Of Go-Live Or 12 Months After The Order Date.	\$54,000.00

Facilities. The Facilities for which the ordered Solutions are licensed are as follows or as listed in the List of Facilities attached hereto and incorporated for reference. Certain Solutions may be licensed for use only for a sub-set of the Facilities if "All" is not specified in the "Facility" column(s) of the Purchase Table(s) below; in such case(s), such column will specify the in-scope Facilities for each corresponding item per the numbering below.

Facility #	Facility Name	Address	Account #	Email	Telephone
1	[Primary] San Gorgonio Memorial Hospital	600 N Highland Springs Ave Banning CA US 92220-3046	10158996	MKammer@sgmh.org	9518451121

Purchase Tables: The tables below lists your ordered Solutions and Services (with purchased quantities), the associated fees (for initial term only), the fee payment schedule, and the associated license/service duration. Recurring fees are stated as annual fees during the corresponding Term, unless otherwise provided. Unless otherwise stated, if any "Support/Subscription" column for any ordered item states "Support declined" or the like or does not have a specified fee (zero is not a specified fee), then We will not be obligated to deliver support services for that item as it is being declined by the Client or is unavailable.

Solutions	Facility	Qty	License			Support/Subscription		
			Client Fees	Payment Schedule*	Term In Months (unless renewed)	Annualized Recurring Client Fees	Payment Schedule*	Term In Months # (unless renewed)
Solutions								
Sunrise Custom Services Support (INT03760)	All	1	\$0.00	NA	Perpetual	\$6,500.00	\$6,500.00 / Yearly (Commencing on SWM 120D Go Live)	12
TOTAL			\$0.00			\$6,500.00		

Other Items	Facility	Qty	Fees	Payment Schedule*	Term In Months# (unless otherwise stated; unless renewed)
Fixed Fee Professional Services: Our standard implementation per attached Scope.					
Sunrise Custom Implementation Services (PSASFF03650)		1	\$108,000.00	Fixed fees payable upon 50P Go Live	12
TOTAL			\$108,000.00		

Estimated Taxes Detail:

Item	License/Fees Selling Price	License/Fees Tax	Recurring Fees (Total Contract Value)	Recurring Fees Tax	Term in Months
Sunrise Custom Implementation Services (PSASFF03650)	\$108,000.00	\$0.00			12
Sunrise Custom Services Support (INT03760)	\$0.00	\$0.00	\$6,500.00	\$0.00	
TOTAL		\$0.00		\$0.00	

As used in the Payment Schedule column(s) of the above tables, "Yearly", "Quarterly", "Half-Yearly", or "Monthly" means the corresponding fees are payable on a contract, not calendar, basis.

"Service Completion" means the date on which We have completed its portion of the corresponding in-scope work effort (as Client permitted)

"SWM 120D Go Live" means 100% (of initial recurring fee) upon the earlier of Go Live or 120 days after the Order Date

"50P Go Live" means 50% upon the Order Date and 50% upon the earlier of Go-Live or 12 months after the Order Date

Payment Table. For those items with a designated Installment payment schedule, the corresponding fees are payable per the following table:

Product	Payment Category	Payment Description	Amount
Interface Maintenance - Sunrise Custom Services Support (INTIER1)	SWM 120D Go Live	100% Payable Upon Earlier Of Go-Live, Or 120 Days After Order Date.	\$6,500.00
Subtotal			\$6,500.00
Sunrise Custom Implementation Services (PSASFF03650)	50P Go Live	50% Payable Upon Order Date.	\$54,000.00
		50% Payable Upon The Earlier Of Go-Live Or 12 Months After The Order Date.	\$54,000.00
Subtotal			\$108,000.00

Delivery. Ordered items will be shipped to the following contact:

Name: San Gorgonio Memorial Hospital
Address: 600 N Highland Springs Ave Banning, CA 92220-3046 United States

Communication. Client acknowledges and expressly consents to Our use of an automatic telephone dialing system ("ATDS") to initiate calls, faxes or text messages to Client for any business purpose, including without limitation, confirming or updating information in this application, collections of accounts receivable, marketing of Our products and services, confirming information related to patient care, status of product delivery and delivery address confirmation. Customer's agreement to this communication provision is not a condition of purchasing any of Our goods or services.

Annual Adjustment. Notwithstanding anything contrary in the Agreement, each year on the anniversary of the Order Date, Altera may increase all fees in this Client Order by an amount equal to CPI + 5% from the prior year (the "**Annual Adjustment**"). "**CPI**" is defined as the percentage increase in the U.S. DOL, Bureau of Labor Statistics Consumer Price Index, for the most recently completed 12-month measurement period.

Shipping Preference.

- Overnight AM
- Second Day
- Standard Ground (estimated 7 to 10 days)

ORDER PROVISIONS

This Client Order ("Order") between Altera Digital Health inc., as successor in interest to Allscripts Healthcare, LLC ("Altera", "Us", "We, or "Our") and the above-referenced client ("Client"), as of its effective date ("Order Date"), is hereby made a part of and amends that certain existing written agreement between the parties that includes Client's license of the above-identified Solution or is otherwise applicable to the ordered item(s) ("Agreement"). Capitalized terms used and not otherwise defined herein shall have the meanings set forth in the Agreement.

The general terms and conditions set forth in the Agreement will apply to this Order, except where expressly identified herein and in addition to any specific terms and conditions set forth in any Attachment(s) to this Order. In the event of a conflict between the terms and conditions of this Order and any Attachment (s) hereto, the terms and conditions of such Attachment(s) shall control. In the event of any conflict between the terms and conditions of this Order and the Agreement, the terms and conditions of this Order shall control.

Term: If the total dollar value of this Order, including any estimated T&M Services, is greater than \$100,000, this Order is effective upon signature by both parties. If the total dollar value of this Order, including any estimated T&M Services, is less than \$100,000, this Order is effective upon signature by the Client and submission of this Order to Our Commercial Operations prior to the Expiration Date. "Expiration Date" is 30 days from the Valid Until Date stated on this Order. We may, in its discretion, reject this Order if the last date of signature is after the Expiration Date and the Order shall be deemed null and void even if mutually signed. Any unauthorized modifications and/or handwritten revisions are null and void unless initialed by Our Commercial Operations. Each ordered Service or license begins on the Client Order specified "Start Date" (or Order Date if none stated) and lasts for the specified duration ("**Term**" as defined in Order above). Unless otherwise stated, for each ordered subscription, or support for a perpetual license the Term will automatically renew for additional 1 year periods, unless either party provides the other a written notice of non-renewal at least 3 months prior to the expiration of the then-current term. All terms (including professional services which do not renew) will automatically come to an end if the Order is duly terminated.

Fees and Expenses. If professional services are a part of this Order, and unless otherwise agreed to in the Agreement, and if applicable, out-of-pocket expenses actually incurred by or on behalf of Us in performing ordered services are payable by Client hereunder in accordance with the T&E Policy (i.e. meals, lodging, airfare as outlined and located at <https://www.alterahealth.com/legal/>). The Professional Services are based on a fixed scope. For services performed outside the fixed scope of this Order, a separate statement will be required and mutually agreed to by the parties. Changes in tasks, deliverables, resource requirements and/or assumptions could result in project delays, additional fees or require additional services to be performed under a separate statement.

Payment: Except as otherwise stated, T&M Services fees will be billed periodically and in arrears and Client shall pay such invoiced amounts due under this Order within the applicable time period specified in the Agreement, as amended by this Order, or within 30 days of invoice date if no such period is specified. Fees for other ordered items are due and payable upon the occurrence of the event(s) set forth in the corresponding Payment Schedule column(s) of this Order.

General Terms: Client will comply with the Anti-Kickback statute (42 C.F.R. 1001.952(h)), including accurately reporting any discounted or no-cost items to the Federal government. The Agreement (as amended) comprises the full understanding of the parties related to its subject matter. Client acknowledges that it has not relied on the availability of any future version of any ordered item or any other future product or service in executing this Order. If any Professional Services were performed under this Order, We will, from time to time, conduct client phone or email surveys for the purpose of accessing client satisfaction associated with work effort by services resources performed (delivered) under this Order. This Order may be executed in counterparts and electronically scanned or facsimile signatures shall be deemed originals. Any supplemental or modified provisions contained in any Client (or third party) proposed purchase order(s) are not included in this Order and shall not be binding on the parties. The "Notes" section of this Order is for informational purposes only and does not contain any provisions that are binding on either party. For clarification, the materials and information disclosed by Us hereunder are Our confidential information and this Order is confidential information of both parties, all pursuant to the confidentiality provisions set forth elsewhere in the Agreement. All sales are final, non-cancellable and non-refundable.

[Signature Page to Follow]

Altera Digital Health, Inc. ("Altera", "Us", "We, "Our")

SAN GORGONIO MEMORIAL HOSPITAL

By: _____
Authorized Signature

By: _____
Authorized Signature

Name Printed, Title

Name Printed, Title

Date

Date



Sunrise Acute Care/Custom Services
Statement of Work

for
San Gorgonio Memorial Hospital
May 19, 2023

Client#: 10158996

Contract#: 482446

Altera Digital Health Inc.
2429 Military Road, Ste 300
Niagara Falls, NY 14304

Table of Contents

I Overview 3

II Solutions Included in this Add-On..... 3

III Solution-Specific Assumptions..... 3

Sunrise Acute Care/Custom Services..... 3

Interfaces Included..... 4

IV Altera Methodology and Approach 4

Deliverables..... 4

Events and Milestone Signoffs..... 5

V Governance and Project Staffing 5

VI Assumptions 5

I Overview

This Statement of Work (“SOW”) establishes the assumptions upon which Altera solutions shall be implemented.

This SOW defines the parties’ respective obligations, assumptions, and boundaries for this implementation. As such, it is the professional responsibility of all parties to thoroughly understand this SOW, and to meet the commitments outlined herein.

II Solutions Included in this Add-On.

Sunrise Acute Care/Custom Services

III Solution-Specific Assumptions

Sunrise Acute Care/Custom Services

1. Altera Custom Services shall assist Client with the following:
 - 1.1. Develop and Configure data extracts to generate following files as per specification (The Craneware – SentryCore Data Specification Version 5).
 - 1.1.1. Patient (One time historical)
 - 1.1.2. Patient Encounter (Historical and Daily)
 - 1.1.3. Provider (340B eligible off Electronic Prescription) (Monthly)
 - 1.1.4. Pharmacy Charges (Daily)
 - 1.1.5. eRx Eligibility (Historical and Daily)
 - 1.1.6. Location (One time)
 - 1.1.7. Payer (Monthly)
 - 1.1.8. CDM to NDC Crosswalk (One time)
2. Tasks:
 - 2.1. Develop SQL SPs and SSIS Packages for eight (8) files (mentioned above).
 - 2.2. Deploy and Configure SQL SPs and SSIS Packages in test environment and unit testing.
 - 2.3. Generate all the files for validation.
 - 2.4. Assist Client with validation in test environment.
 - 2.5. Deploy/Configure SQL SPs and SSIS Packages in production environment on approval.
 - 2.6. Generate the Historical files in Small Scale and Large-Scale iterations for data validation.
 - 2.7. After successful validation, generate the full-scale historical files.
 - 2.8. Generate the one-time files.
 - 2.9. Setup SQL Jobs for Daily and Monthly files and generate the files for validation.
 - 2.10. After successful validation, schedule SQL Job to generate the files (daily and monthly).
3. Assumptions:
 - 3.1. Any additional modifications will be considered as a new request.
 - 3.2. Any change in the version of Altera SCM® may require additional services and fees.
4. Annual Custom Support Fees will be invoiced to Client 100% the earlier of Go Live or 120 days after Order Date of the Custom Services and shall be invoiced annually on the anniversary of the Go Live Date thereafter. Annual Support Fees may be adjusted and/or discontinued per the Agreement.

5. Altera shall provide a Sunrise Financial Manager Implementation Consultant resource to complete efforts to set up two (2) copies of the 837 files to include EDI set up in SFM, validation and testing of the adjustments coming back to net down the accounts from Craneware back to SFM.

6. Client Responsibilities:

- 6.1. Client approval of moving reports to live indicates acceptance that the desired changes are correct and complete.
- 6.2. Client will ensure Altera has direct access to test and live databases and systems via Secure Link or VPN (if this is not possible then Client will be responsible for installing Crystal Reports v10 sp4 on one of the Altera servers).
- 6.3. Client will be responsible for all data collection, system testing and end-user training if applicable.
- 6.4. Client will make available its hardware, software, and network to Altera staff during Weekday Hours.
- 6.5. Client will make available all information, resources, and personnel reasonably requested by Altera.
- 6.6. Client will provide Altera with resources (such as parking, telephone, printer, and copier access) equivalent to such resources furnished to its own IT staff during the Term of the Services, including, but not limited to:
 - 6.6.1. Access to dial out capabilities or wireless connections (preferred);
 - 6.6.2. Access to any other reasonable and incidental supplies, equipment, and services that would contribute to the efficient execution of the professional services.
- 6.7. Client is responsible for any travel related expenses needed, as defined in Clients Master Agreement.

Interfaces Included

Outbound ADT from Sunrise to Craneware

IV Altera Methodology and Approach

This approach is based on Altera’s pre-configured data and content, prescriptive workflows, and best practices methodology.



Deliverables

Deliverables for this fixed-fee/fixed-scope Statement of Work shall be defined by the project scope set forth herein. “Fixed Fee” means that the implementation services will be delivered by Altera at a set price determined by Altera for the defined project scope and includes the time and resources necessary to complete the defined project scope. The detailed tasks needed to accomplish each deliverable are outlined in the project plan(s), including the delineation of work effort between Altera and Client, including whether resources are remote or onsite. “Remote” delivery means project time is spent working on Client activities while not on-site and “Onsite” delivery means project time is spent working on Client activities at the specified Client location.

Altera reserves the right, in its discretion, to perform any services within the scope remotely (including Client meetings) or to modify existing service processes to mitigate COVID risks to personnel performing the services.

Events and Milestone Signoffs

Each scoped event in the project plan has defined prerequisites to be completed before the next event commences. A milestone meeting can be conducted after each event which requires Altera and Client sign-off. The milestone sign-off meeting ensures that all required work has been completed before the next event begins.

V Governance and Project Staffing

1. Client will provide a governance structure at the commencement of the project which supports the following requirements:
 - a. Committees for making clinical, financial, and operational decisions based on project timelines.
 - b. A committee for processing all change requests including but not limited to scope, budget, and configuration.
 - c. A committee for advising project on operational and organizational changes required by the project, including but not limited to workflows and policies and procedures.
 - d. A committee for addressing and managing escalated issues and risks.
2. The Client has staffed the Project Team with a sufficient number of properly skilled resources to carry out the effort defined in the project plan(s). All Client resources defined in the project plan(s) shall be available for the allotted amount of time from the onset of the project through completion. The Client resources will complete all Client tasks outlined in the project plan(s). Altera reserves the right to halt implementation activities if Client resources become insufficient or not available.
3. Client and Altera shall collaborate, agree to, and finalize, in writing, one or more project plans which reflect the quoted scope here within, prior to the kickoff of the project and only after resources assignments are made. Altera shall use commercially reasonable efforts to assign technically proficient staff within sixty (60) days of the date Client executes this contract suitable to perform the Professional Services. A detailed implementation work plan shall be mutually developed by the Parties, with Altera drafting such work plan, forty-five (45) days after the resources are assigned based on the preliminary scope of services specified here within (the “**Project Plan**”). The development of the Project Plan is included in the Fees and service hours thereunder. The parties shall diligently perform their obligations in the mutual agreed Project Scope and project will be considered complete once Altera has completed its portion of the corresponding in-scope work effort (as Client permitted). The Client is responsible for any travel related expenses needed if any related to these services here within, as defined in Clients Agreement.
4. The effort associated with implementing these services will vary by the individual features and such Features for the product release are outlined on the Client Central portal found at the following link <https://central.Allscripts.com> are hereby incorporated and becomes a part of this Contract. No other features will be provided as part of the service that are not listed on the Client Central portal for the corresponding solution or not outlined within this SOW.

VI Assumptions

The Altera specific assumptions to the services contracted for are available under the Altera Service Assumptions section at <http://www.alterahealth.com/legal>. Any custom assumptions needed will be detailed and mutually agreed upon in each project plan:

- a. General Assumptions – required conditions for implementation.
- b. Altera Assumptions – clarifications to the scope of work that Altera shall perform.
- c. Items not listed within this document are assumed to be out of scope.

TAB F

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: May 11, 2023

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:

2023 Annual Approval of Policies & Procedures

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

Informational Item:

Election of Medical Staff Officers

The Medical Executive Committee recommends the following members of the Medical Staff to run for 2025-2027 officers:

Chief of Staff

Sherif Khalil, M.D.

Chul Chae, M.D.

Treasurer

Sameh Mikhail, M.D.

Craig Seheult, M.D.

Ballots will be mailed to the Active and Associate Staff. Results will be presented at the Sem-Annual General Medical Staff Meeting on June 14, 2023.

**SAN GORGONIO MEMORIAL HOSPITAL
2023 ANNUAL APPROVAL OF POLICIES & PROCEDURES**

Title	Policy Area	Revised?
Acceptable History for Blood Bank Patients	Clinical Laboratory	Revised
Alcohol Withdrawal Assessment Protocol and Clinical Institute Withdrawal Assessment (CIWA)	Nursing	Revised
Autologous Blood Transfusion – Paul Gann Act	Clinical Laboratory	Revised
Back-Up Testing During Equipment Failure	Clinical Laboratory	Unchanged
Cardiac Rehab Admit / Discharge Criteria	Cardiac Rehab	Revised
Clinical Responsibilities Of The Testing Personnel	Clinical Laboratory	Revised
Compounding Aseptic Isolator: Standard Operational Procedure and Maintenance	Pharmacy	Revised
CT Computed Tomography Angiography (CTA) Runoff	Diagnostic Imaging	Revised
Lateral Transfer of Patients to Another Acute Care Hospital at Payer Request	Case Management	Revised
Medical Cannabis for Terminally Ill Patients	Nursing	New
Moderate/Deep Sedation	Nursing	Revised
MRI Brain For Trauma or Stroke	Diagnostic Imaging	Revised
MRI Brain MRA	Diagnostic Imaging	Revised
MRI Brain MRV	Diagnostic Imaging	Revised
MRI Brain With and Without Contrast	Diagnostic Imaging	Revised
MRI PELVIS (FEMALE)	Diagnostic Imaging	Revised
Nurse-Driven Indwelling Urinary Catheter Removal Standardized Procedure	Nursing	Revised
Patient Safety In MRI	Diagnostic Imaging	Revised

TAB G

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting June 6, 2023

	Title	Policy Area	Owner	Workflow Approval
1	ABG Machine - Techniques of Quality Control	Respiratory Therapy	Hudson, Tracie: Director of Infection Control	Ariel Whitley for Hospital Board of Directors
2	Abuse – Identification and Reporting of Elder and Dependent Person (Adult)	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors
3	Acceptable History for Blood Bank Patients	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
4	Adult Mechanical Ventilation Protocols	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
5	Alcohol Withdrawal Assessment Protocol and Clinical Institute Withdrawal Assessment (CIWA)	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
6	Arterial Puncture	Respiratory Therapy	Hudson, Tracie: Director of Infection Control	Ariel Whitley for Hospital Board of Directors
7	Autologous Blood Transfusion—Paul Gann Act	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
8	Back-Up Testing During Equipment Failure	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
9	Blood Gas Analysis	Respiratory Therapy	Hudson, Tracie: Director of Infection Control	Ariel Whitley for Hospital Board of Directors
10	Blood Gas Lab Downtime Procedures	Respiratory Therapy	Hudson, Tracie: Director of Infection Control	Ariel Whitley for Hospital Board of Directors
11	Blood Gas Specimen Labeling, Handling And Transport	Respiratory Therapy	Hudson, Tracie: Director of Infection Control	Ariel Whitley for Hospital Board of Directors
12	Bronchial Hygiene	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
13	Bronchodilator Frequency Guidelines	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
14	Capillary Blood Gas, Venous Blood Gas And Cord pH	Respiratory Therapy	Hudson, Tracie: Director of Infection Control	Ariel Whitley for Hospital Board of Directors
15	Cardiac Rehab Admit / Discharge Criteria	Cardiac Rehab	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting June 6, 2023

	Title	Policy Area	Owner	Workflow Approval
16	Cleaning and Disinfecting of Respiratory Equipment	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
17	Clinical Duties of the General Supervisor	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
18	Clinical Responsibilities Of The Testing Personnel	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
19	Compounding Aseptic Isolator: Standard Operational Procedure and Maintenance	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
20	Computed Tomography Angiography (CTA) Carotid/Vertebral	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
21	Cooling Down and Reheating Foods	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
22	Criteria Based Evaluation of Need for Interim Life Safety Measures Due to an Identified Life Safety Code Deficiency	Environment of Care	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
23	CT Chest With and Without Intravenous Contrast	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
24	CT Chest with Intravenous Contrast	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
25	CT Computed Tomography Angiography (CTA) Runoff	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
26	CT Daily Quality Control Standard Operating Procedure	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
27	CT Neck for Soft Tissue with Contrast	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
28	Date Marking System	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
29	Diagnostic Imaging Department Cleaning	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
30	Diagnostic Imaging Department Safety	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting June 6, 2023

	Title	Policy Area	Owner	Workflow Approval
31	Dietary Downtime Documentation	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
32	Dry Food Storage	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
33	Equipment Guidelines for New Equipment	Engineering	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
34	Extension Cords	Engineering	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
35	Fire Prevention	Engineering	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
36	Frozen Foods	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
37	Identification of Syringe Contents	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
38	Journals and Books	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors
39	Laboratory Organizational Chart	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
40	Lateral Transfer of Patients to Another Acute Care Hospital at Payer Request	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
41	Lead Shielding Maintenance	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
42	Legionella / Water-Borne Pathogen Management Program	Engineering	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
43	Medi-Cal Provider-Preventable Conditions Reporting	Risk	Valdez, Ana: Interim Director of Risk and Quality Assurance	Ariel Whitley for Hospital Board of Directors
44	Medical Cannabis for Terminally Ill Patients	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
45	Moderate/Deep Sedation	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting June 6, 2023

	Title	Policy Area	Owner	Workflow Approval
46	Monitored Interventional Radiology Procedures	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
47	MRI ABD (LIVER)	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
48	MRI Brain For Trauma Or Stroke	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
49	MRI Brain MRA	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
50	MRI Brain MRV	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
51	MRI Brain With And Without Contrast	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
52	MRI C-Spine With and Without Contrast	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
53	MRI Code Blue	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
54	MRI Code Red	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
55	MRI Daily Quality Control	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
56	MRI HIPS / BONY PELVIS	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
57	MRI L-SPINE WITH AND WITHOUT CONTRAST	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
58	MRI Medrad Power Injector	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
59	MRI PELVIS (FEMALE)	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
60	MRI Safety Committee Overview	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting June 6, 2023

	Title	Policy Area	Owner	Workflow Approval
61	Nuclear Medicine Procedures for Receiving Radioactive Materials	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
62	Nuclear Medicine Procedures to be Followed after Injection of a Radiopharmaceutical	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
63	Nurse-Driven Indwelling Urinary Catheter Removal Standardized Procedure	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
64	Outpatient Hours for Laboratory Services	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
65	Oxygen Set Up	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
66	Parking Policy	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
67	Patient Safety In MRI	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
68	Provider Orders: Transcribing, Acknowledging and Processing	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
69	Radiation Protection - Pregnant Associates	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
70	Respiratory Care Services- Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
71	Respiratory Treatment Times	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
72	Scope of the Radiation Safety Program Manual	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
73	Transfer of Hospitalized Patients For Higher Level of Care	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
74	Utilization Management Plan Calendar Year 2023	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting June 6, 2023

	Title	Policy Area	Owner	Workflow Approval
75	Visitation Guidelines	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors

TAB H

Hospital honors organ donors

By **HECTOR N. HERNANDEZ JR.**
Record Gazette

On April 25 San Geronio Memorial Hospital (SGMH) staff and representatives of OneLegacy, an organ procurement organization, gathered at the hospital's flagpole for a ceremony to honor organ donors and recipients as well as raise awareness for the need of organ donations.

The Donate Life flag was raised at the hospital as part of an annual observance of National Donate Life Month held at hospitals across the country.

According to SGMH Director of ICU/DOU Stefanie Tagliapietra, this was the hospital's first participation in the flag raising.

An estimated 50 people were in attendance including OneLegacy Senior Vice President of External Partnerships and Donation Development LuCyndi Ramirez, OneLegacy Hospital Representative John Scott, OneLegacy Ambassador Barbara DuCotto, SGMH Foundation members, hospital administration, a representative of Riverside County Supervisor Yxstian Gutierrez and representatives of the Banning and Beaumont chambers of commerce.

After the event, Tagliapietra shared that in the last year the hospital had at least five patients donate organs or tissue and that there are currently more than 104,000 people waiting on the nationwide list for organ transplant, 20,000 of them in California. Many patients die while on the list, Tagliapietra said, an average of 17 per day.

The good news is that 2022 was a record year for organ transplants with more than 42,800 transplants received nationwide. One donor can save up to eight lives through organ and tissue donation.



Courtesy photo

The Donate Life flag is raised over San Geronio Memorial Hospital during a ceremony meant to honor and raise awareness for organ donation.

Tagliapietra shared that within the past few months the hospital had one donor, an accident victim, help five people through organ donation and another, a 7-year-old, help six people through skin and cornea donation.

Speaking of the need for greater awareness about organ donation, Tagliapietra said, "It's not something people always think about when they're alive and healthy. This is an opportunity

See **DONORS**, page 8

DONORS

Continued from page 6

ty to educate people on the need, importance and process."

It's also an opportunity to correct misinformation, she added.

"The hospital is not looking for organs. We are looking to give healthcare, to make people healthy. As hospital staff we do not discuss organ donation with the families."

OneLegacy makes those connections by approaching the families of patients with no hope of recovery or those who have died, providing grief support and the option to donate organs. If the family chooses to make that decision, OneLegacy guides them through the process. If the family chooses not to make a donation OneLegacy continues to offer grief and other support services regardless, Tagliapietra said.

For more information on OneLegacy and organ donation, visit onelegacy.org/wp/about-donation.

San Gorgonio boards welcome new members

By **HECTOR N.
HERNANDEZ JR.**
Record Gazette

During its May 2 meetings the San Gorgonio Memorial Hospital Board and the San Gorgonio Memorial Healthcare District Board completed a slight reorganization with Ron Rader and

Perry Goldstein attending their first meetings to their recently appointed positions on the district board and hospital board, respectively.

The appointments were made to fill a vacancy left when Healthcare District Director Darrell Peterson resigned on March 8.

Rader, who previously served on the hospital board,

was appointed to the district board on April 26, and Goldstein was appointed to fill Rader's seat on the hospital board on April 28.

Rader and Goldstein were the two applicants interviewed for district board position.

Goldstein is a Beaumont resident with a background in media, sales and marketing.

5/5/23

WHEN YOU CARE WITH PASSION, YOU HEAL WITH COMPASSION



SAN GORGONIO
MEMORIAL HOSPITAL

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5/5/23

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Wed, June 7, 2023 10:00 AM-2:00 PM
Life Stream Blood Drive
Chamber Office - 726 Beaumont Ave.



Good Morning



Beaumont Breakfast

Friday, June 9, 2023 at 7:30 am
Noble Creek Community Center
390 W. Oak Valley Parkway, Beaumont

Featuring...

Dr. Karan Singh

Chief Medical Officer,
San Geronio Memorial Hospital



Sponsored by...



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"Vision for Our Community Hospital"

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Limited seating. Prepaid reservations required
by Wednesday, June 7th at 4:00 pm.

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