



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
Tuesday, February 4, 2025 – 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.

GENERAL TOPIC

III. Brown Act Education T. Jeffry A

OLD BUSINESS

IV. ***Proposed Action - Approve Minutes** S. DiBiasi
 • January 7, 2025, Regular Meeting B

NEW BUSINESS

V. Hospital Board Chair Monthly Report S. DiBiasi verbal

San Geronio Memorial Hospital
 Board of Directors Regular Meeting
 February 4, 2025

VI.	CEO Monthly Report	S. Barron	verbal
VII.	February, March, and April Board/Committee Meeting Calendars	S. DiBiasi	C
VIII.	Annual Completion of FPPC Statement of Economic Interest (Form 700) for 2024 (complete forms due back by March 10, 2025)	S. DiBiasi	verbal
IX.	Hospital Board Chair – Appoint 2025 Committee Members (Copy of 2024 Committee Members included as informational)	S. DiBiasi	D
X.	2025 Slate of Officers (2024 Slate of Officers included in packet for reference)	S. DiBiasi	E
	<ul style="list-style-type: none"> • * Proposed Action – Nominate/Approve 2025 Hospital Board Chair <ul style="list-style-type: none"> ▪ ROLL CALL • * Proposed Action – Nominate/Approve 2025 Hospital Board Vice Chair <ul style="list-style-type: none"> ▪ ROLL CALL • * Proposed Action – Nominate/Approve 2025 Hospital Board Secretary <ul style="list-style-type: none"> ▪ ROLL CALL • * Proposed Action – Nominate/Approve 2025 Hospital Board Treasurer <ul style="list-style-type: none"> ▪ ROLL CALL 		
XI.	Committee Reports:		
	<ul style="list-style-type: none"> • Finance Committee <ul style="list-style-type: none"> ○ December 17, 2024, regular meeting minutes • * Proposed Action – Approve December 2024 Financial Statement (Unaudited) <ul style="list-style-type: none"> ▪ ROLL CALL • Human Resources Committee <ul style="list-style-type: none"> ○ January 15, 2025, regular meeting minutes ○ Reports 	S. DiBiasi/ D. Heckathorne	F
		S. Rutledge/ A. Karam	G
XII.	Chief of Staff Report – Recommendations of the Medical Executive Committee – Informational	S. Khalil, M.D.	H Chief of Staff
XIII.	* Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures <ul style="list-style-type: none"> ▪ ROLL CALL 	Staff	I
XIV.	Community Benefit events/Announcements/ and newspaper articles	S. DiBiasi	J

***** 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 Performance Improvement/Risk Management Report
(Health & Safety Code §32155)
- Receive Quarterly Emergency Preparedness/Environment Safety Report
(Health & Safety Code §32155)
- Receive Quarterly Corporate Compliance Committee Report
(Health & Safety Code §32155)
- REPORT INVOLVING TRADE SECRET
Discussion on proposed change in hospital services and operations – Estimated Date of Public Disclosure: September 2025

XV. ADJOURN TO THE CLOSED SESSION OF THE HOSPITAL BOARD

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

RECONVENE TO OPEN SESSION

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

S. DiBiasi

XVI. Future Agenda Items

XVII. **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 January 31, 2025, 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 January 31, 2025



Ariel Whitley, Executive Assistant

TAB A



Brown Act – Open Meetings Law

Marin Municipal Water District
January 7, 2020

Harriet A. Steiner



BEST BEST & KRIEGER LLP
ATTORNEYS AT LAW

Purpose of the Brown Act

To guarantee the public's right to attend and participate in meetings of local legislative bodies.



Purpose of the Brown Act

“The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.”

(Cal. Gov. Sec 54950)



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CA Constitution Art. 1, sec. 3(b)(1)

The people have the right of access to information concerning the conduct of the people's business, and, therefore, the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny.

(approved by the voters Nov. 3, 2004)



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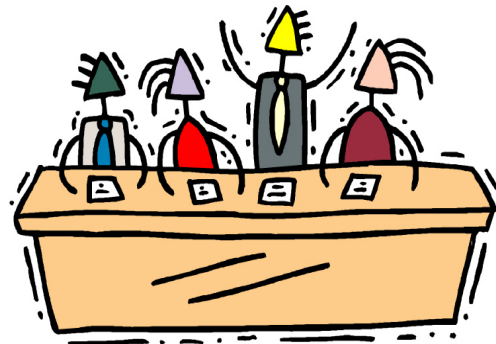
Goal of the Brown Act

- Promote transparency and public trust through:
 - Public Access to Meetings
 - Public Attendance and Participation in Meetings
 - Open Deliberations and Action



Brown Act: Basic Prohibition

- Legislative body members may not hold a meeting when a majority of them, at the same time and place “hear, discuss, deliberate or take action on” an item within their subject matter jurisdiction unless it is properly noticed and held
- Includes technological devices and means – calls, texts, e-mail




“All Meetings of...”

"Meeting" includes any gathering of a *majority* of the *members* of a legislative body at the *same time and location* to *hear, discuss, deliberate, or take action* upon any item which is within its *subject matter jurisdiction*.

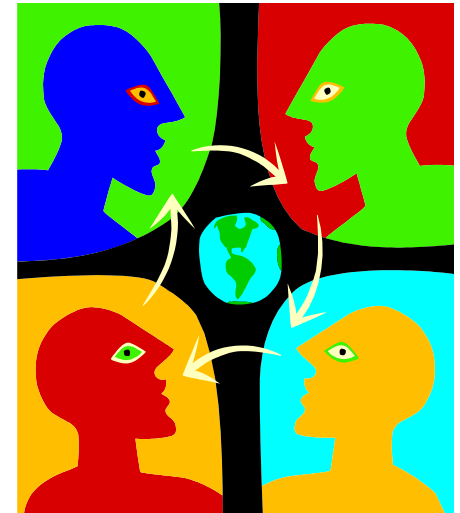
§ 54952.2(a)



What is a Meeting?

 **Key Point:** A “meeting” is hearing, discussing, deliberating, **OR** taking action

Action does not have to be taken!



Brown Act: What Is Permitted

- Individual contacts/conversations between a member and another person.
Gov't Code 54952.2(c)(1)
- Individual expression of an idea
- One-way informational communication to members of legislative body



Committees

An ***advisory committee*** composed solely of board members but less than a quorum of the board is ***not*** subject to the Brown Act, **unless:**

- It is a ***standing committee*** that has continuing subject matter jurisdiction;
or
- It has a ***meeting schedule fixed*** by formal action of the council or board.

§ 54952(b)



Committees

- Ad Hoc Committees are not Standing Committees
 - Do not have a continuing subject matter jurisdiction
 - Do not have a fixed meeting schedule
 - Can meet privately – are not required to comply with the Brown Act
 - Limited in scope
 - Advisory in nature
 - Report back to the Legislative Board



Standing Committees

- Attendance by Other Board Members
May Attend “only as observers”
54952.2(c)(6)



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Committees of the Whole

- Not addressed expressly in the Act
- If more than a quorum is present it is a meeting of the Board
- Special subject matter discussion
- Useful when the board wishes to focus on specific matters at specific meetings



Dual Noticing – Joint Meetings

- Board Meetings with other Legislative Bodies – Notice Both meetings
 - Must comply with all Act requirements
 - Can be done on one or on separate agendas
 - Must be held within one of the entities
- Board “Committees of the Whole”
 - Special meeting v. regular meeting
 - Scope of meeting



Teleconferencing

- Agenda notice
 - Must list and then must post notice at all teleconferencing locations
- Accessibility to the Public
- Location of members – at least a quorum must be within the Agency's Jurisdiction
- All votes must be by Roll Call



Serial Meetings Prohibited

- **Daisy Chain**

- Member A contacts Member B, and Member B contacts Member C, and so on, until a quorum has been involved.




- **Hub and Spoke**

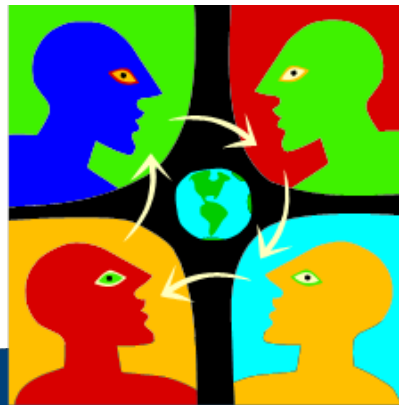
- An intermediary -- such as a member of a student organization-- contacts at least a quorum of the members to develop a collective concurrence on action to be taken by the legislative body.



Serial Meetings

-  **Key Point:** Serial meetings are prohibited
- “A majority of the members of a legislative body shall not...*use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter jurisdiction of the legislative body.*”

§ 54952.2(b)(1)



Technology-Based Meetings

Use of e-mail or other technology/media by a majority of a legislative body to discuss, deliberate, or take action on items within the body's jurisdiction violates the Brown Act.



Brown Act: Technological Devices

- During a Board meeting, 3 of 5 members frequently look down into their laps. A local blogger later asks if they violated the Brown Act by sending texts or e-mails to each other about agency business.
- Was the Brown Act violated?
- Yes, if concerned public business



Meeting Documents

- The public has the right to review agendas and other writings distributed to a majority of the Council (except for privileged documents).

§§ 54957.5(a), (b), (d)

- Writings distributed during a meeting must be made available for inspection:
 - at the meeting, if prepared by the agency or a member of the Council, or
 - after the meeting, if prepared by some other person.

§ 54957.5(c)



Public Agencies Are Connecting

- Public agencies are increasingly trying to use social media
- Easy, efficient, and low-cost way to communicate with residents
- Wide range of uses
- May reach residents where other forms of media do not or cannot



Why Use Social Media?

- Increase transparency in government
- Publicize events and projects
- Quickly distribute information
- Reduce costs; increase efficiency
- Solicit policy feedback
- Encourage civic engagement
- Improve relationships with community
- Foster information sharing



Brown Act: Improper Twitter “Meetings”?



Four different users “retweeting” and responding to one other user, in a series of comments and opinions:

- Brown Act violation?
- Individual Contacts?
- Daisy Chain Meeting?

A series of seemingly innocent “retweets,” read in conjunction with one another, may reflect an improper majority discussion on an issue.



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Brown Act in Cyberspace

- Serial meetings in cyberspace are “open and public”
 - Blog/Newspaper/Facebook/NextDoor comments
 - Has the Brown Act been satisfied?
 - Race to be first to comment?
 - Is “openness” the critical factor?



Brown Act in Cyberspace

**NOW
HIRING**

- Blog post: Agency seeking new GM
- Comment #1 (board member): We need someone with great communication skills.
- Comment #2 (board member): And with a high degree of technical knowledge
- Comment #3 (board member): Anyone will be better than the last guy
- Comment #4 (resident): Has the Brown Act just been violated?



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Brown Act: Best Practices

- Do not hit “reply all,” especially to messages sent to the entire board
- Do not send message to the entire board
- Do not comment on online posts, especially if another member of the legislative body already has



QUESTIONS?



Harriet Steiner, Partner
Best Best & Krieger
harriet.steiner@bbklaw.com



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TAB B

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

January 7, 2025

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, January 7, 2025, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Susan DiBiasi (Chair), Doris Foreman, Perry Goldstein, Darrell Petersen, Ron Rader, Steve Rutledge, Lanny Swerdlow

Members Absent: Shannon McDougall

Required Staff: Steve Barron (CEO), Dr. Hildebrand (Vice Chief of Staff), Angie Brady (CNE), John Peleuses (VP Ancillary and Support Services), Ariel Whitley (EA/Director of Comp. and Privacy), Annah Karam (CHRO), Dan Heckathorne (CFO), Valerie Hunter (Foundation Director), Sal Sanchez (Facilities Director)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:03 pm.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action - Approve Minutes December 3, 2024, regular meeting.	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the December 3, 2024, regular meeting. There were none.	The minutes of the December 3, 2024, regular meeting will stand correct.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Chair DiBiasi welcomed and introduced our new District board members, Pat Brown and Doris Foreman. Chair DiBiasi also announced that the District Clinic in partnership with Apna Health is open and the ribbon cutting ceremony will take place on January 24 th .	
CEO Monthly Report	Steve Barron reported that the Stroke Program at the hospital has been successful. Around 50 stroke patients presented to the ED and around 27 of them were admitted. We have been busy with lots of volume; however, many associates are out sick.	
January, February, and March Board/Committee meeting calendars	Calendars for January, February, and March were included on the board tablets.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
Reminder – All Hospital Board Members Annual Execution of Confidentiality and Nondisclosure Agreement	Chair DiBiasi noted that the Confidentiality and Nondisclosure Agreement is presented annually for each board member’s signature. These were given to each Board Member to return to Ariel Whitley.																					
FOR REVIEW – Committee Assignments	Chair DiBiasi noted that the committee assignments are included for review. Assignments will be announced at the February 2025 board meeting.																					
FOR REVIEW – Existing Slate of Officers	Chair DiBiasi noted that the 2024 Slate of Officers was included on the board tablets as informational. The proposed approval for the 2025 Slate of Officers is scheduled for the February 2025 meeting to be effective at the March 2025 board meeting.																					
Proposed Action – Approve Mission/Vision/Values Statement	<p>Chair DiBiasi noted that the current Mission, Vision, and Values Statement is reviewed and re-approved annually by the Hospital Board. No changes were recommended.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1045 1252 1220"> <tbody> <tr> <td>Brown</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Foreman</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </tbody> </table>	Brown	Yes	DiBiasi	Yes	Foreman	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Motion carried.		M.S.C., (Rader/Petersen), the SGMH Board of Directors voted to approve the Mission, Vision, and Values Statement as presented.
Brown	Yes	DiBiasi	Yes																			
Foreman	Yes	Goldstein	Yes																			
McDougall	Absent	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Swerdlow	Yes	Motion carried.																				
Proposed Action – Appoint Ad Hoc Bylaws Committee	The board did not act on this proposed action.																					
Foundation Quarterly Report	Foundation Director, Valerie Hunter, gave the Quarterly Foundation Report.																					
Quarterly Construction Update	John Peleuses, Vice President of Ancillary and Support Services, gave a detailed report about current construction projects and the status of each.																					
COMMITTEE REPORTS:																						

AGENDA ITEM		ACTION / FOLLOW-UP																				
Finance Committee Proposed Action – Approve November 2024 Financial Statement (Unaudited).	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the November 2024 Financial Report which was included on the board tablet. A copy of the Finance Committee’s December 17, 2024, meeting minutes were also included on the board tablet.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 499 1253 676"> <tr> <td>Brown</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Foreman</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Brown	Yes	DiBiasi	Yes	Foreman	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Motion carried.		<p>M.S.C., (Rader/Rutledge), the SGMH Board of Directors approved the November 2024 Financial Statement as presented.</p>
Brown	Yes	DiBiasi	Yes																			
Foreman	Yes	Goldstein	Yes																			
McDougall	Absent	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Swerdlow	Yes	Motion carried.																				
Revised Balance Sheet – December 17, 2024, Finance Committee Meeting – Informational	<p>This report was provided as informational.</p>																					
Proposed Action – Recommend approval to the Healthcare District Board of the Renewal of the 2025 Annual Dues for the District Hospital Leadership Forum	<p>The DHLF is the group which formally oversees the overall guidance and planning for all matters related to Supplemental Funding on behalf of California Healthcare Districts. It is time to renew the membership as outlined in the attachment.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1134 1253 1310"> <tr> <td>Brown</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Foreman</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Brown	Yes	DiBiasi	Yes	Foreman	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Motion carried.		<p>M.S.C., (Rutledge/Petersen), the SGMH Board of Directors voted to recommend approval of the Renewal of the 2025 Annual Dues for the District Hospital Leadership Forum to the Healthcare District Board.</p>
Brown	Yes	DiBiasi	Yes																			
Foreman	Yes	Goldstein	Yes																			
McDougall	Absent	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Swerdlow	Yes	Motion carried.																				
Chief of Staff Report Recommendations of the Medical Executive Committee – Informational	<p>A discussion was held regarding the recommendations of the Medical Executive Committee. The report was provided as informational.</p> <p>Approval Item(s):</p> <ul style="list-style-type: none"> • 2025 Annual Approval of Policies & Procedures – See list attached to MEC Memorandum dated for January 2, 2025. • 2025 Annual Approval of Diet and Nutritional Care Manual 																					

AGENDA ITEM		ACTION / FOLLOW-UP																				
Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures	<p>There were seventy (70) policies and procedures presented for recommended approval to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 436 1253 613"> <tr> <td>Brown</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Foreman</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Absent</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Brown	Yes	DiBiasi	Yes	Foreman	Yes	Goldstein	Yes	McDougall	Absent	Petersen	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Motion carried.		<p>M.S.C., (Rutledge/Petersen), the SGMH Board of Directors voted to recommend approval to the Healthcare District board of the policies and procedures as submitted.</p>
Brown	Yes	DiBiasi	Yes																			
Foreman	Yes	Goldstein	Yes																			
McDougall	Absent	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Swerdlow	Yes	Motion carried.																				
Community Benefit events/Announcements and newspaper articles	<p>Miscellaneous information was included on the board tablets.</p> <p>Beaumont Chamber Breakfast is this Friday. Banning is having their Chamber Breakfast next Wednesday.</p>																					
Adjourn to Closed Session	<p>Chair, DiBiasi reported on 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 the Quarterly Environment of Care/Life Safety/Utility Management Report <p>The meeting adjourned to Closed Session at 5:30 pm.</p>																					
Reconvene to Open Session	<p>The meeting adjourned from closed session at 5:52 pm.</p> <p>Chair DiBiasi reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing with the exception of one provider which will be disclosed to the Chief of Staff and Medical Staff Office ➤ Received the Quarterly Environment of Care/Life Safety/Utility Management Report 																					
Future Agenda Items	<ul style="list-style-type: none"> • None 																					
Adjourn	<p>The meeting was adjourned at 5:53 pm.</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.

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB C



February 2025

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	5	6	7 <i>SGMH's Valentines Day Boutique</i>	8
9	10	11 <i>9:00am Dr. Jasleen Singh speaking @ Beaumont Senior Center</i>	12	13	14 <i>7:00am Beaumont Chamber Breakfast</i>	15
16	17 <i>Admin Closed— Presidents' Day!</i>	18	19 <i>7:00am Dr. Jasleen Singh speaking at Banning Chamber Breakfast</i>	20	21	22
23	24	25 9:00 am Finance Committee	26	27	28	



March 2025

Board of Directors Calendar

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



April 2025

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 <i>First day of the SGMH Certified Farmers Market</i>	5
6	7	8	9	10	11	12
13	14	15	16 9:00 am HR Committee Meeting 10:00 am Community Planning Meeting	17	18	19
20	21	22	23	24	25	26
27	28	29 9:00 am Finance Committee	30			

TAB D

San Gorgonio Memorial Hospital Board

Standing Committee Assignments for 2024

Finance Committee

Susan DiBiasi (C), Ron Rader, Darrell Petersen, Steve Rutledge

Human Resources Committee

Susan DiBiasi, Perry Goldstein, Ron Rader, Steve Rutledge (C)

Community Planning Committee

Susan DiBiasi, Perry Goldstein, Shannon McDougall, Darrell Petersen, Ron Rader, Steve Rutledge (C), Lanny Swerdlow

Executive Committee

Susan DiBiasi (C), Darrell Petersen, Steve Rutledge
Healthcare District representative – Ron Rader

Note: (C) indicates Committee Chair

TAB E



2024 SLATE OF OFFICERS

<u>POSITION</u>	<u>NAME</u>
Chair	Susan DiBiasi
Vice Chair	Steve Rutledge
Secretary	Ron Rader
Treasurer	Darrell Petersen

TAB F

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
January 28, 2025

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, January 28, 2025, in the Administration Boardroom, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi (Chair), Darrell Petersen, Ron Rader, Steve Rutledge

Members Absent: None

Required Staff: Steve Barron (CEO), Angie Brady (CNE), Daniel Heckathorne (CFO), John Peleuses (VP, Ancillary & Support Services), Ariel Whitley (Executive Assistant), Annah Karam (CHRO)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
Call To Order	Susan DiBiasi called the meeting to order at 9:02 am.									
Public Comment	No public present.									
OLD BUSINESS										
Proposed Action - Approve Minutes December 17, 2024, regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the December 17, 2024, regular meeting. There were none.	The minutes of the December 17, 2024, regular meeting will stand correct as presented.								
NEW BUSINESS										
Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – December 2024	<p>Daniel Heckathorne, CFO, reviewed the Unaudited December 2025 finance report as informational.</p> <p>The month of December resulted in a negative \$10.88M EBIDA compared to budgeted negative EBIDA of \$11.06M. Overall Surplus was a negative \$14.02M compared to the budgeted negative Surplus of \$10.87M.</p> <p>ROLL CALL:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="padding: 2px;">DiBiasi</td> <td style="padding: 2px; text-align: center;">Yes</td> <td style="padding: 2px;">Petersen</td> <td style="padding: 2px; text-align: center;">Yes</td> </tr> <tr> <td style="padding: 2px;">Rader</td> <td style="padding: 2px; text-align: center;">Yes</td> <td style="padding: 2px;">Rutledge</td> <td style="padding: 2px; text-align: center;">Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the Unaudited December 2024 Financial Report to the Hospital Board of Directors.
DiBiasi	Yes	Petersen	Yes							
Rader	Yes	Rutledge	Yes							
Future Agenda Items	<ul style="list-style-type: none"> 340B Program Update Audit Partner Discussion 									

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Next Meeting	The next regular Finance Committee meeting will be held on January 25, 2025 @ 9:00 am.	
Adjournment	The meeting was adjourned at 10:09 am.	

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA**

Unaudited Financial Statements

for

SIX MONTHS ENDING DECEMBER 31, 2024

FY 2025

Certification Statement:

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

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

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

1/17/2025

CFO

San Gorgonio Memorial Hospital

Financial Report - Executive Summary – 12 17 24

For the Month of December, 2024 and YTD Six Months Ended December 31, 2024

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

Month - The month of December resulted in negative \$934K Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$2.39M. Overall Surplus was negative \$1.37M compared to the budgeted negative Surplus of \$2.44M.

YTD – The six months ending December resulted in negative \$10.88M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$11.06M. Overall Surplus was negative \$14.02M compared to the budgeted negative Surplus of \$10.87M.

Note: If the unaccrued Supplemental funds, projected DSH and P4P funds, along with provision for lease principal and interest payments were booked, the YTD EBIDA would be a negative \$3.35M compared to the actual negative booked \$10.88M.

Monthly Adjustments and Items of Note:

- All major workload volumes significantly exceeded budget, except for Surgeries.
- HQAF Supplemental income was \$428,074.
- Net IEHP Supplemental income was \$340,941.
- Prop 13 Tax estimates for the first 6 months were increased by \$313,987.
- Other items of note are presented in the Extraordinary Items summary immediately following this Executive Summary.

Monthly Workloads – The December inpatient average daily census was 31.6 compared to the budgeted 24.5. Adjusted Patient Days were 13.5% over budget (2,311 vs. 2,037), while Patient Days were 29.1% over (980 vs. 759) budget. Emergency Visits were 12.2% over budget (4,126 vs. 3,678), and Surgeries were 17.7% under budget (79 vs. 96), and were comparable to the 80 cases the previous December.

YTD Workloads - The inpatient average daily census through December was 21.5 compared to the budgeted 22.4. Adjusted Patient Days were 0.7% under budget (11,577 vs. 11,659), while Patient Days were 4.2% under (3,955 vs. 4,129) budget. Emergency Visits were 3.0% over budget (22,121 vs. 21,475), and Surgeries were 6.8% under budget (602 vs. 646, and 635 in the previous year).

Patient Revenues (MTD) Positive Variance (YTD) Positive Variance

Month - Net Patient Revenues in December were \$5.84M, or \$1.71M over budget. Other items of note included the fact that gross Inpatient Revenues were \$4.85M over budget, and gross Outpatient Revenues were \$1.69M over budget. As discussed in the past, Inpatient Revenues pay a much greater percentage of charges compared to Outpatient Revenues.

YTD – Net Patient Revenues through December were \$31.13M, or \$2.38M over budget. Other items of note included the fact that gross Inpatient Revenues were \$1.05M below budget, and gross Outpatient Revenues were \$6.44M over budget. As discussed in the past, Inpatient Revenues generally pay about 16% of charges, compared to Outpatient Revenues which pay under 9% of charges.

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

Month – Operating Revenue in December was \$2.08M over budget. This is impacted by the Net Patient Revenues being \$1.71M over budget and the Non-Patient Revenues being \$378K over budget.

YTD - Operating Revenue through December was \$2.67M over budget. This is impacted by the Net Patient Revenues being \$2.38M over budget and the Non-Patient Revenues being \$287K over.

Operating Expenses (MTD) Negative & (YTD) Negative Variance

Month - Operating Expenses in December were \$8.57M which was over budget by \$568K. Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively \$263K over budget (5.2% compared to the Adjusted Patient Days being 13.5% over budget). The Wages were \$376K over budget while the Benefits were \$163K under budget and the Contract Labor was over budget by \$50K; 2) Purchased Services were over budget by \$264K due to a) accounting project fees (\$40K), b) legal fees (\$25K), c) Consulting services related to financial year-end cost reports, etc. (\$59K) service agreements (\$42K), and \$125K for the IEHP Patient Experience Lab Fees which were offset by P4P Revenues; 3) Supplies were over budget by \$226K, a large part due to increased patient workloads; 4) Leases and Rentals were under budget due to a favorable YTD true-up of these accounts. Other Items: Non-Operating Revenues & Expenses - 1) Measure A Tax income projected revenues are reduced to \$400K per month based on the new tax rate that was established at the August Board meeting; 2) Interest expenses included accruals for a) \$30K for the recent litigation settlement and b) \$85K for LOC interest; 3) Donations were under budget (\$79K) simply due to timing of receipts for the various projects

Year-to Date – Operating Expenses through December were \$49.11M which was over budget by \$2.13M (4.5%). Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively on budget (-\$24K); 2) Purchased Services were over budget by \$1.57M due to a) accounting and other project fees (\$575K), b) Service Agreements (\$324K), c) general purchased services (\$339K), and other consulting fees (\$335K); 3) Supplies were over budget by \$422K including prostheses (\$134K), drugs (\$122K) and general medical supplies (\$177K); 4) Repairs were over budget by \$283K, which included Plant Operation ongoing maintenance project costs of \$238K; Other Items: (See “Monthly” comments above: Property Tax Revenues are under budget \$1.97M, and Interest and amortization costs are \$1.09M over budget due to litigation (\$196K), LOC (\$509K), and booking to the new “normal” for all bonds costs for the first six months. Extraordinary Expense reduction for Salary accruals for 2022 – 2024 totaled \$338K.

Balance Sheet/Cash Flow

Patient cash collections in December were \$4.82M compared to \$4.81M in November and \$5.26M in October. Gross Accounts Receivable Days in December were 63.3 compared to 58.0 in November and 56.5 in October. (Note: A/R Days almost always increase during Holiday months and for a period of time thereafter).

December's operating cash balance was \$5.84M compared to \$5.79M in November and \$14.01M in October. December's Accounts Payable increased to \$13.43 compared to \$10.78M in November and \$12.76M in October. The Line of Credit balance remained at \$12M, the same as it was as of June 27, 2024. Other major changes in December were that IEHP advanced \$4M of its overall Rate Range Supplemental Funding distributions due to San Gorgonio for purposes of making routine A/P and payroll payments. Note: The overall Rate Range payments have been received in January, 2025. Another use of cash in December was the repayment of the final QIP loan of \$2.7M. Finally, the District received tax funding from the County for \$2.8M, which included \$2.1M for Measure A (Bonds) taxes and \$700K for Prop 13 taxes.

Summary

Positive takeaways:

- 1) The patient workloads were significantly increased in December.
- 2) December's Operating revenues were 37% over budget while Operating Expenses only increased by 7.1%.
- 3) IEHP was able to advance \$4M (in December) to the District, which helped support ongoing operations pending final receipt of Rate Range funds in January.

Negative/Challenging takeaways:

- 1) Non-Operating Revenue/Expenses did not meet budget due to lower Measure A taxes along with there being minimal capital Donations received in December (due to timing differences only).

	A	B	C	D	E	F	G	H	I
1	SGMH DECEMBER 2024 EXTRAORDINARY ITEMS IMPACTING OVERALL FINANCIAL OUTCOMES								
2									
3									
4									
5	EBIDA ITEMS:								
6									
7	SALARIES / BENEFITS/ CONTRACT LABOR & RELATED ITEMS								
8									
9	COMBINED LABOR AND BENEFITS OVER (UNDER) BUDGET		213,043		NET PATIENT REVENUES OVER (UNDER) BUDGET		1,706,491		
10									
11	OTHER EXPENSE				SUPPLEMENTAL REVENUES				
12									
13	ACCOUNTING PROJECT NET OF CONTROLLER & 3 STAFF MEMBERS)		40,367		HQAF DMPH DIRECT PAYMENT		428,074		
14									
15	CONSULTING - COST REPORT, 990 PREP, CHFFA LOAN, WAGE INDEX, AUDIT, OSHPD, AND OTHER REGULATORY FINANCIAL CONSULTING		58,550		IEHP P4P PAYMENTS		346,201		
16									
17	LEGAL FEES OVER BUDGET		25,581		IEHP EXPERIENCE LAB REIMBURSEMENT		125,000		
18									
19									
20									
21	IEHP PATIENT EXPERIENCE LAB FEES (SEE SUPPLEMENTAL REVENUES)		125,000		OTHER REVENUES				
22									
23	GASB LEASE RENTAL TRUE UP FOR FY 2025		(256,000)		PROP 13 TAX ESTIMATE INCREASE (JULY - DECEMBER)		313,987		
24									
25	EXTRAORDINARY NEGATIVE EXPENSES: EBIDA RELATED		206,541		EXTRAORDINARY POSITIVE (NEGATIVE) REVENUES: EBIDA RELATED		2,919,753		2,713,212
26									
27									
28	NON EBIDA ITEMS:								
29									
30	LINE OF CREDIT INTEREST EXPENSE		85,000		INTEREST EARNINGS OVER BUDGET		26,617		
31									
32	INTEREST EXPENSE ACCRUAL - LITIGATION MATTERS		33,067		MEASURE A TAX INCOME OVER (UNDER) BUDGET		(328,307)		
33									
34									
35									
36	EXTRAORDINARY NEGATIVE EXPENSES: NON-EBIDA RELATED		118,067		EXTRAORDINARY POSITIVE (NEGATIVE) REVENUES: NON-EBIDA RELATED		(246,700)		(364,767)
37									
38	Note: These variances are not intended to account for all variances, but are meant to highlight key or unusual variations.								

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

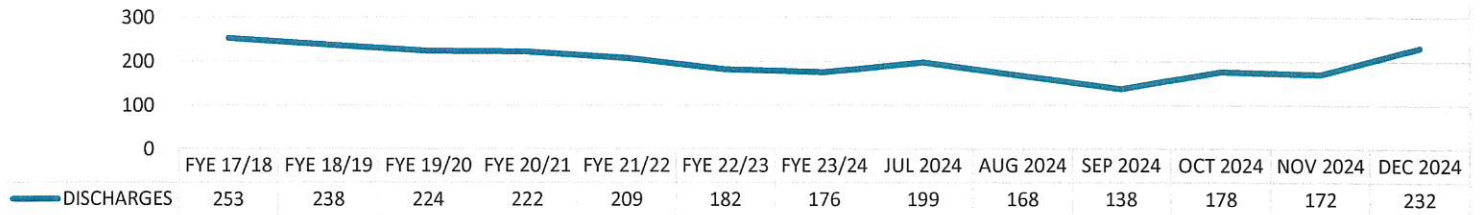
Divides the Total Paid FTE's by the daily average of the Adjusted Patient Days.

ADJUSTED PATIENT DAYS

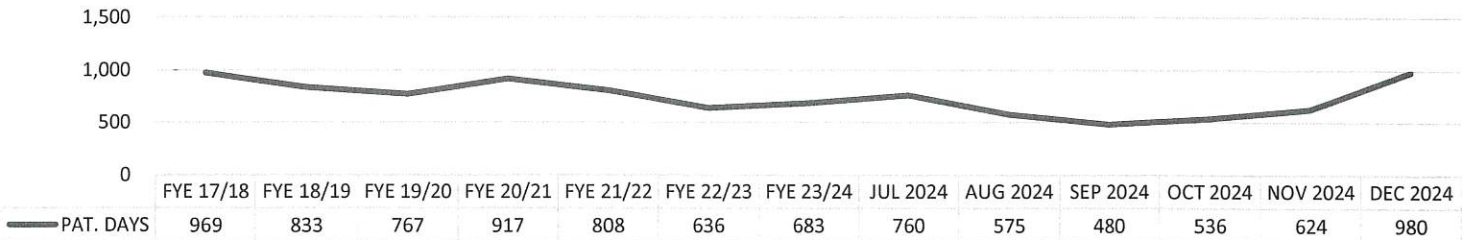
This is a blend of total patient days stayed in the hospital for a month, plus an equivalency factor (based on average inpatient revenue per patient day) applied to the outpatient revenues in order to account for outpatient workloads.

SAN GORGONIO MEMORIAL HOSPITAL

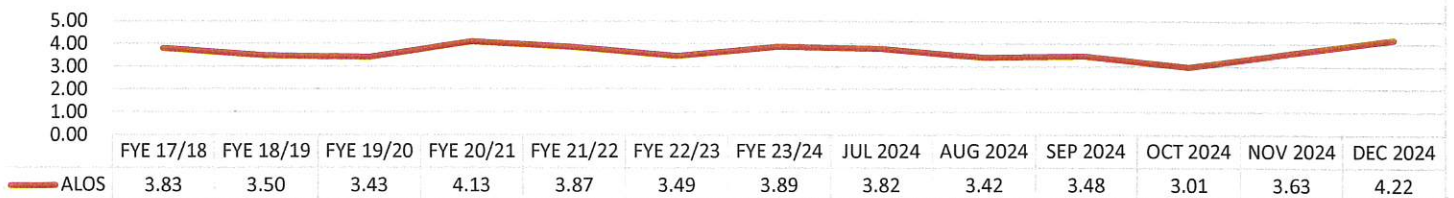
INPATIENT DISCHARGES



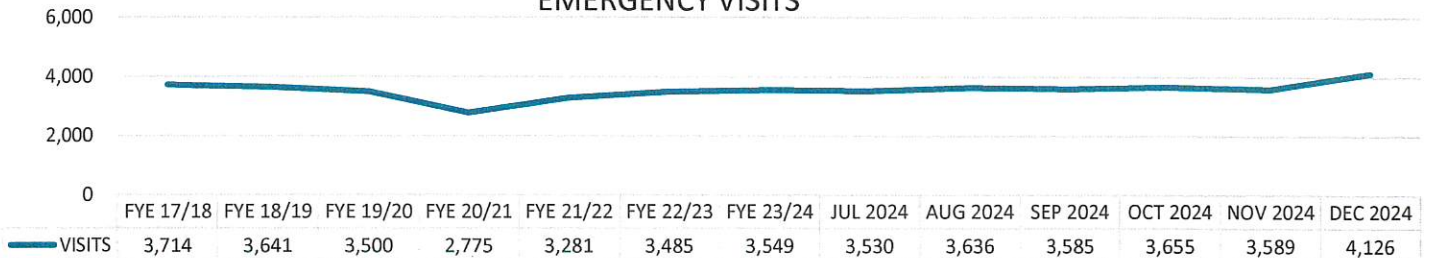
INPATIENT DAYS



AVERAGE LENGTH OF STAY

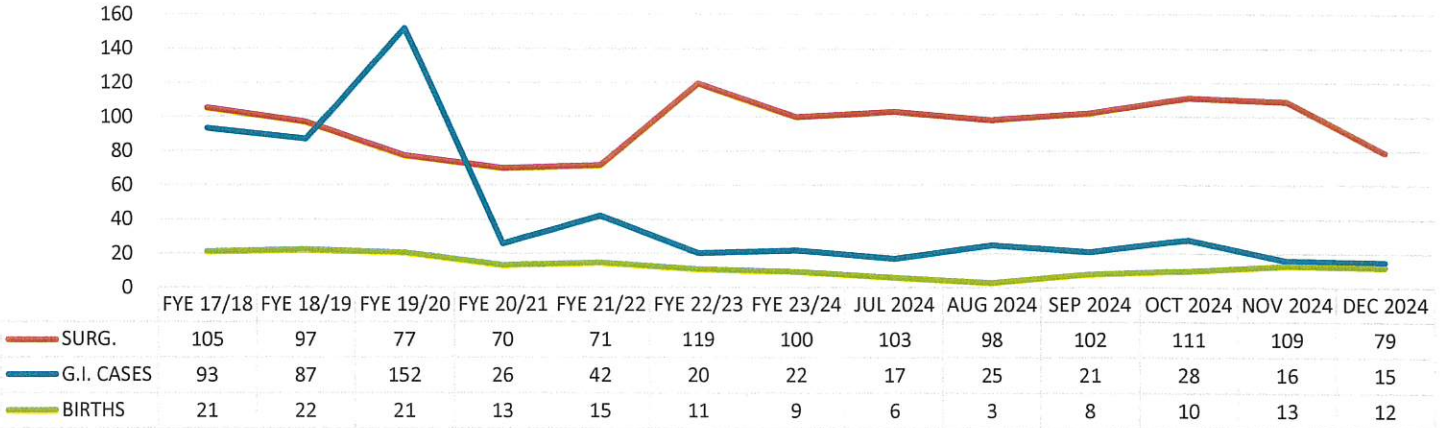


EMERGENCY VISITS

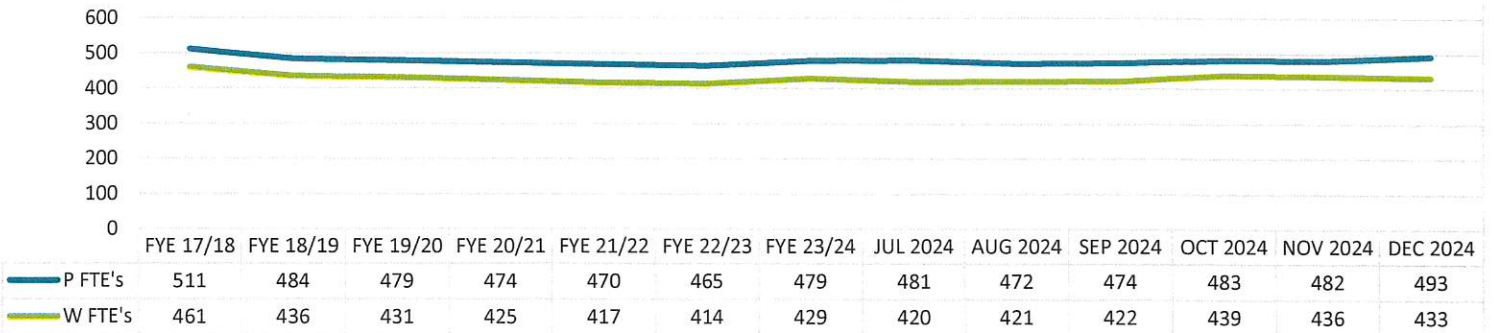


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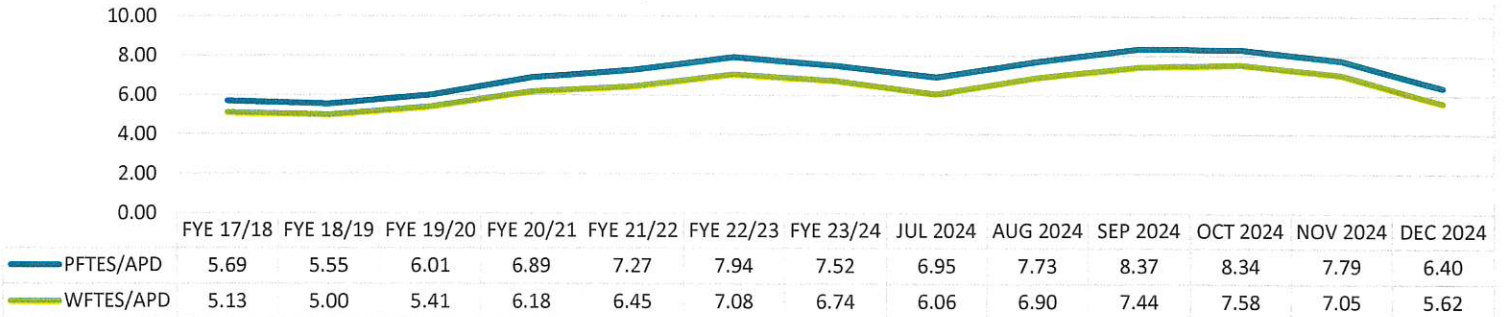
SURGERY CASES, G.I. CASES, N/B DELIVERIES



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

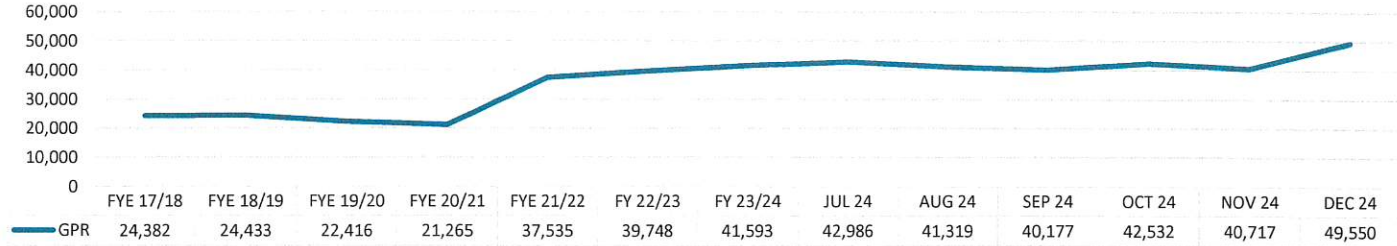
This measurement illustrates that Net Patient Revenues basically only cover Total Labor Expense, and that all of the Other Revenues and Supplemental Incomes are necessary to cover the remaining operational Expenses and EBIDA required to operate the Hospital.

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

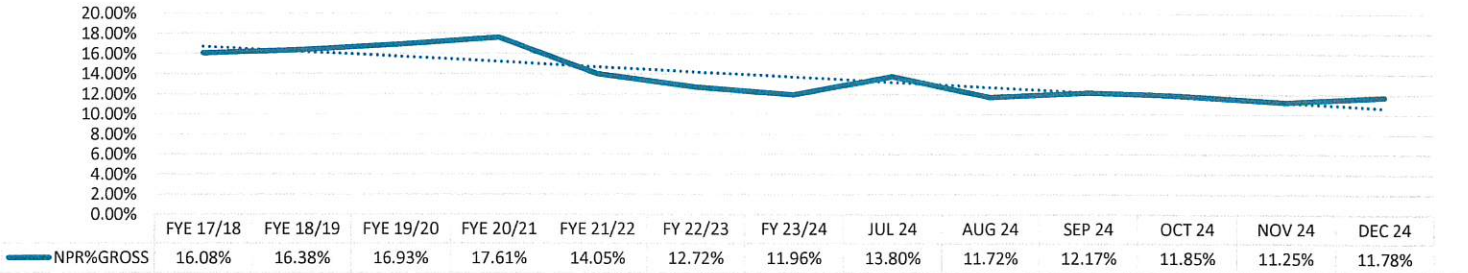
This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating proportionate Supplemental Revenues and related Expenses into the current month and YTD results.

SAN GORGONIO MEMORIAL HOSPITAL

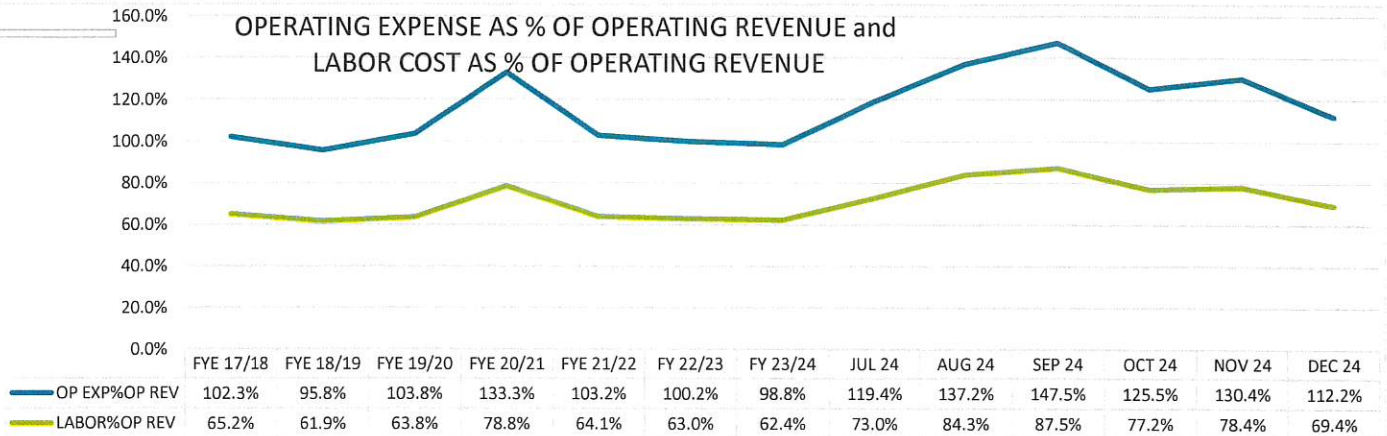
GROSS PATIENT REVENUE (000's)



NET PATIENT REVENUE AS % OF GROSS

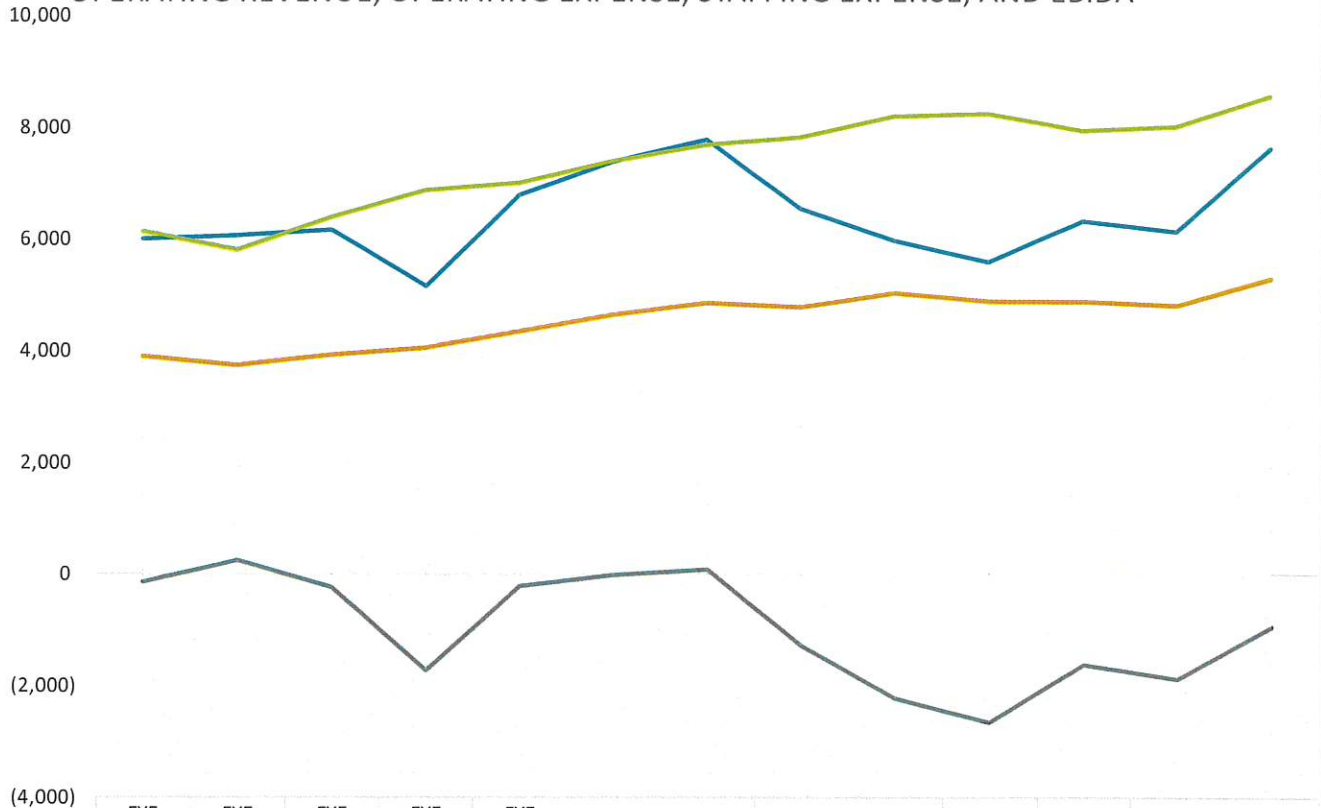


OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



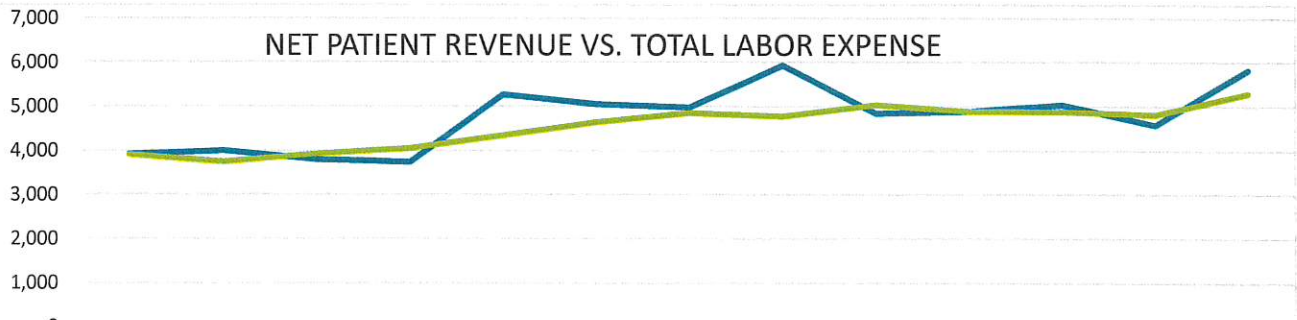
SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	FY 23/24	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24
OP REV	6,006	6,069	6,165	5,160	6,791	7,391	7,785	6,554	5,973	5,588	6,331	6,146	7,634
OP EXP	6,147	5,817	6,398	6,878	7,007	7,403	7,690	7,823	8,197	8,240	7,943	8,017	8,567
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,654	4,859	4,781	5,032	4,891	4,889	4,821	5,301
EBIDA	(141)	252	(233)	(1,719)	(216)	(13)	88	(1,270)	(2,224)	(2,652)	(1,612)	(1,870)	(934)

NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	FY 23/24	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24	DEC 24
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,057	4,975	5,933	4,843	4,888	5,042	4,582	5,839
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,654	4,859	4,781	5,032	4,891	4,889	4,821	5,301

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

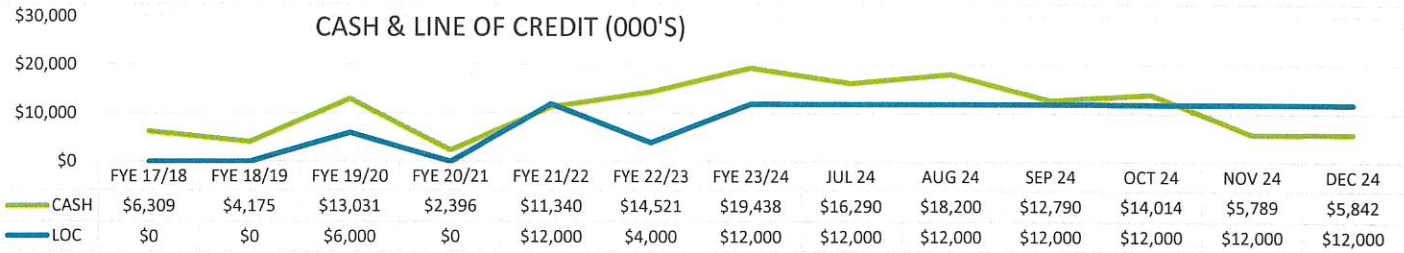
Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.

Line of Credit Balance (000's)

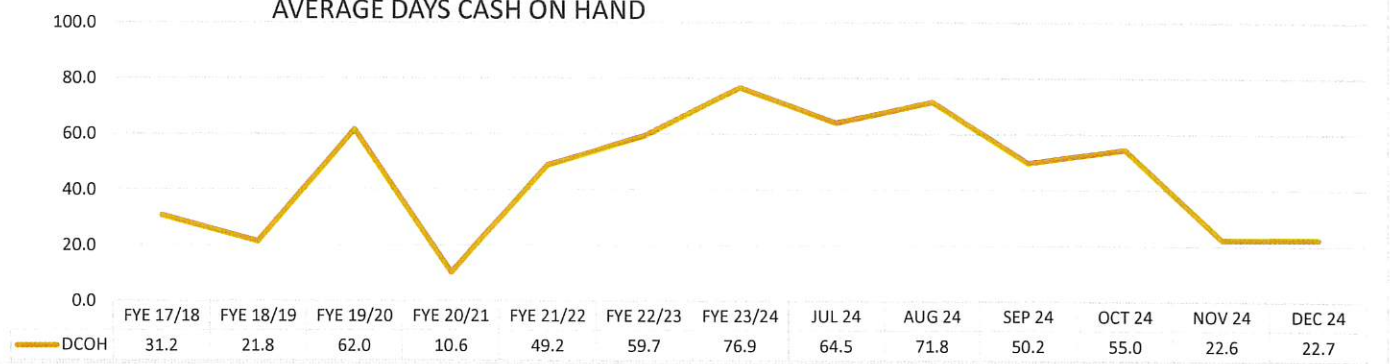
The amount that is currently borrowed from a lending institution as of a given point in time.

SAN GORGONIO MEMORIAL HOSPITAL

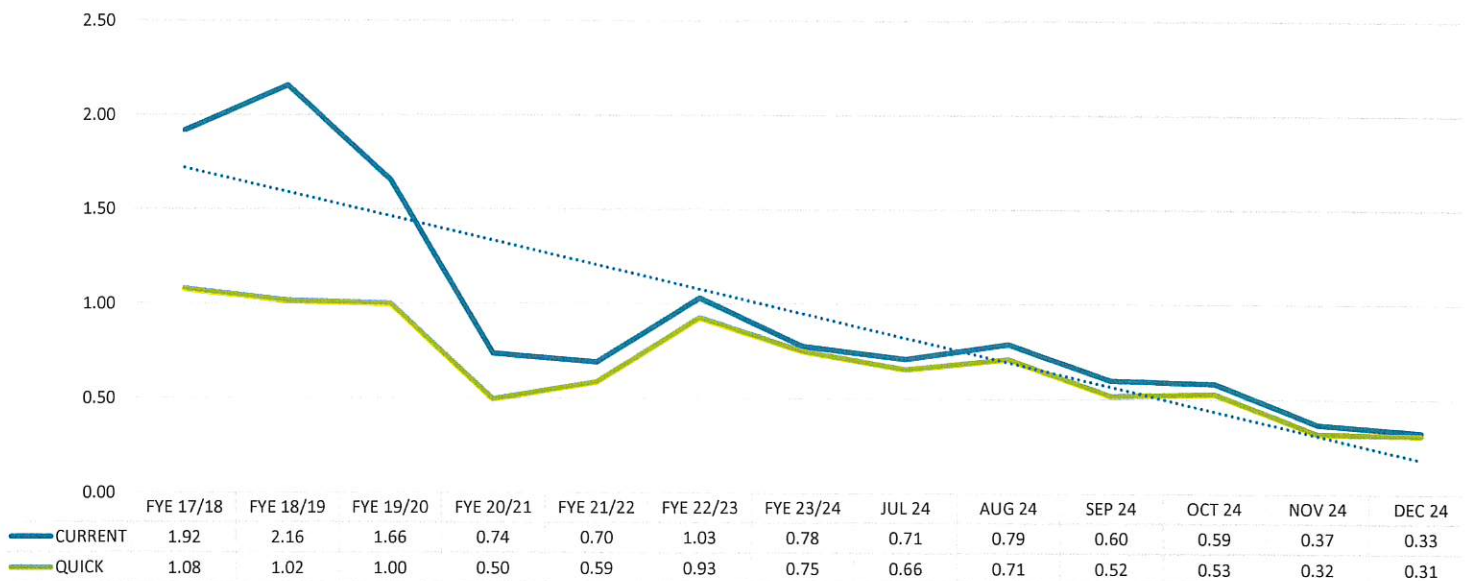
CASH & LINE OF CREDIT (000'S)



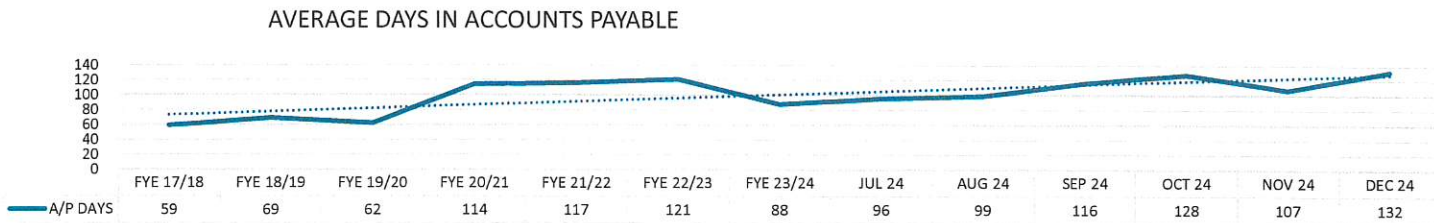
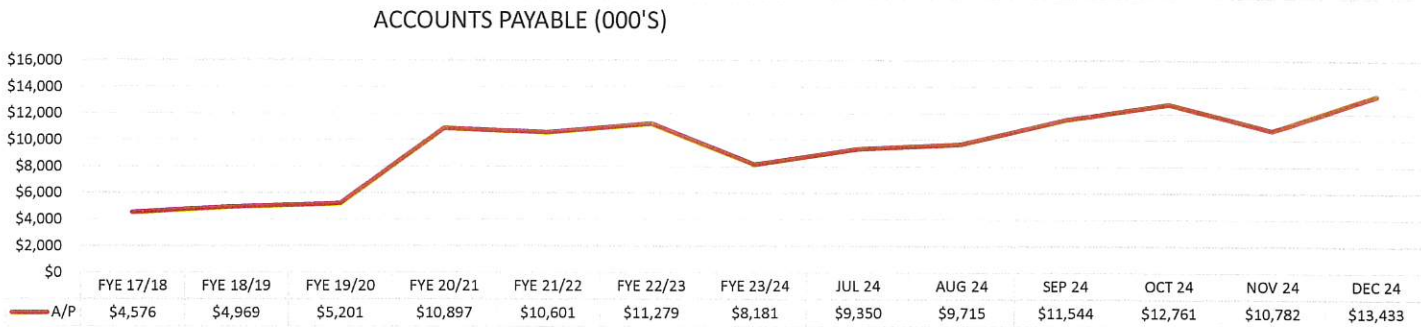
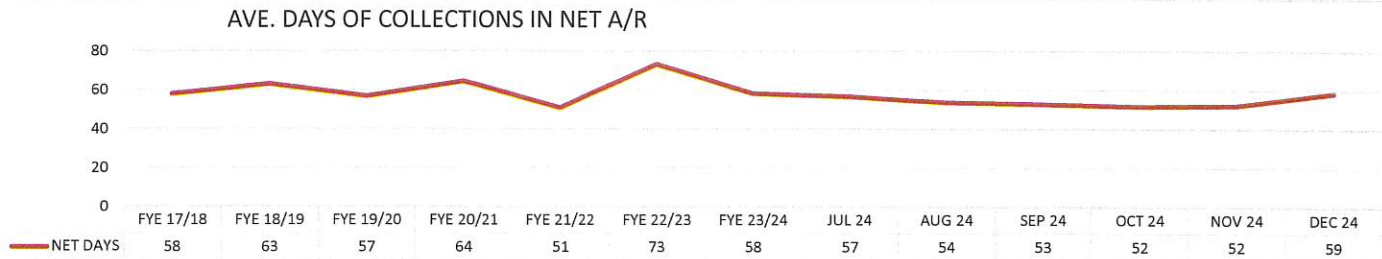
AVERAGE DAYS CASH ON HAND



CURRENT RATIO and QUICK RATIO



SAN GORGONIO MEMORIAL HOSPITAL



SAN GORGONIO MEMORIAL HOSPITAL

	FY24	FY 25	FY 24	FY 25	FY 24	FY 25	FY 24	FY 25	FY 24
	12/31/23	12/31/24	12/31/24	12/31/24	12/31/23	12/31/24	12/31/24	12/31/24	6/30/2024
	ACTUAL	ACTUAL	BUDGET	6 MOS. YTD ACTUAL	6 MOS. YTD ACTUAL	6 MOS. YTD ACTUAL	6 MOS. YTD BUDGET	6 MOS. YTD BUDGET	YR END TOTAL
[1] Total Acute Patient Days	874	980	759	4,210	3,955	4,129			8,195
[2] Average Daily Census	28.2	31.6	24.5	22.9	21.5	22.4			22.4
[3] Average Acute Length of Stay	4.3	4.2	3.7	3.9	3.7	3.6			3.9
[4] Patient Discharges	202	232	207	1,083	1,082	1,133			2,107
[5] Adjusted Patient Days	2,068	2,311	2,037	11,738	11,577	11,659			23,674
[6] Observation Count	289	447	355	1,824	1,997	2,072			4,109
[7] Total Emergency Room Visits	3,836	4,126	3,678	21,267	22,121	21,475			42,587
[8] Average ED Visits Per Day	124	133	119	116	120	117			116
[9] Total Surgeries (Excluding G.I.'s)	80	79	96	635	602	646			1,197
[10] Deliveries/Births	12	12	10	61	53	65			112

	A	B	C	D	E	F	G	H	I	J	K
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL										
	INCOME STATEMENT										
2											
3	NET INCOME		(2,441,396)	(1,369,013)	1,073,383	44.0%		(10,866,455)	(14,022,038)	(3,155,583)	-29.0%
4	EBIDA		(2,450,823)	(933,604)	1,517,219	61.9%		(11,420,278)	(10,881,427)	536,851	4.7%
5											
6	NET OPERATING REVENUE		5,548,863	7,633,756	2,084,893	37.6%		35,557,284	38,226,275	2,668,991	7.5%
7	NET PATIENT REVENUE		4,132,283	5,836,774	1,706,491	41.3%		28,744,342	31,126,624	2,382,282	8.3%
8	OTHER OPERATING REVENUE		1,416,580	1,794,982	378,402	26.7%		6,812,942	7,099,651	286,709	4.2%
15											
16	TOTAL OPERATING EXPENSE		7,999,686	8,567,360	(567,674)	-7.1%		46,977,562	49,107,702	(2,130,140)	-4.5%
29											
30	NON-OPERATING REVENUE & EXPENSE										
31	TOTAL NON-OPERATING REVENUE & EXPENSE		877,222	496,256	(380,966)	-43.4%		5,790,002	3,188,877	(2,601,125)	-44.9%
37	TOTAL INTEREST & DEPRECIATION		867,795	930,665	(62,870)	-7.2%		5,236,179	6,329,488	(1,093,309)	-20.9%

	A	B	C	D	E
1	SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL				01/17/25
2	BALANCE SHEET	Jun 24 Act	Oct 24 Act	Nov 24 Act	Dec 24 Act
3					
4	TOTAL ASSETS	124,601,132	113,597,873	113,785,957	117,180,159
5	CURRENT ASSETS	30,111,600	24,877,690	16,615,877	16,363,267
17	ASSETS WITH LIMITED USE	17,839,022	12,223,135	21,049,990	23,999,621
18	NET PROPERTY, PLANT, AND EQUIPMENT	75,270,332	75,143,149	74,769,557	75,470,081
25	OTHER ASSETS	1,380,178	1,353,895	1,350,538	1,347,180
26					
27	TOTAL LIABILITIES & FUND BALANCE	124,601,132	113,597,873	113,785,957	117,180,159
28	TOTAL LIABILITIES	155,470,638	154,964,622	157,309,489	162,071,704
29	CURRENT LIABILITIES	38,624,095	42,337,009	44,877,014	49,844,175
41	LONG TERM LIABILITIES	116,846,543	112,627,613	112,432,475	112,227,529
43	NET ASSETS	(30,869,506)	(41,366,749)	(43,523,532)	(44,891,545)

	A	B	C	D	E	F	G	H	I	J	K
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL										
2	INCOME STATEMENT										
	DECEMBER 2024 BUDGET	DECEMBER 2024 ACTUAL	VARIANCE DECEMBER ACTUAL TO BUDGET	VARIANCE PER CENTAGE	DECEMBER 2024 YTD BUDGET	DECEMBER 2024 YTD ACTUAL	VARIANCE DECEMBER YTD ACTUAL TO BUDGET	VARIANCE PER CENTAGE			
3	NET INCOME	(1,368,013)	1,073,383	44.0%	(10,866,455)	(14,022,038)	(3,155,583)	-29.0%			
4	EBIDA	(933,604)	1,517,219	61.9%	(11,420,278)	(10,881,427)	538,851	4.7%			
5											
6	NET OPERATING REVENUE	7,633,756	2,084,893	37.6%	35,557,284	38,226,275	2,668,991	7.5%			
7	NET PATIENT REVENUE	4,132,283	1,706,491	41.3%	28,744,342	31,126,624	2,382,282	8.3%			
8	OTHER OPERATING REVENUE	1,416,580	378,402	26.7%	6,812,942	7,099,651	286,709	4.2%			
9	OTHER REVENUE - RATE RANGE	0	0	0.0%	0	0	0	0.0%			
10	OTHER REVENUE - OTHER SUPPLEMENTALS	428,074	428,074	0.0%	1,740,544	1,740,544	0	0.0%			
11	OTHER REVENUE - DSH	8,065	(5,367)	-66.5%	48,390	32,682	(15,708)	-32.5%			
12	OTHER REVENUE - P4P	309,773	471,201	152.2%	1,000,000	1,161,428	161,428	16.1%			
13	OTHER REVENUE - OTHER	207,562	(50,226)	-24.2%	1,245,372	1,113,794	(131,578)	-10.6%			
14	OPERATING TAX REVENUES	463,106	735,673	158.9%	2,778,636	3,051,203	272,567	9.8%			
15											
16	TOTAL OPERATING EXPENSE	7,999,686	8,567,360	107.1%	46,977,562	49,107,702	(2,130,140)	-4.5%			
17	TOTAL LABOR EXPENSE	5,037,961	5,301,184	105.2%	29,738,986	29,715,056	23,930	0.1%			
18	WAGES	3,906,846	4,282,985	109.6%	22,994,635	23,722,641	(728,006)	-3.2%			
19	EMPLOYEE BENEFITS	1,005,889	842,793	83.8%	6,002,171	5,157,068	845,103	14.1%			
20	CONTRACT LABOR	125,226	175,406	140.1%	742,180	835,347	(93,167)	-12.6%			
21	PHYSICIAN FEES	526,919	524,193	99.5%	3,161,514	3,021,428	140,086	4.4%			
22	PURCHASED SERVICES	969,333	1,232,903	127.2%	5,661,937	7,238,253	(1,576,316)	-27.8%			
23	SUPPLY EXPENSE	841,011	1,067,720	127.0%	5,169,314	5,592,042	(422,728)	-8.2%			
24	UTILITIES	96,142	109,893	114.3%	660,264	659,219	1,045	0.2%			
25	REPAIRS AND MAINTENANCE	74,746	127,006	170.0%	449,070	731,943	(282,873)	-63.0%			
26	INSURANCE	143,966	144,611	100.4%	863,797	860,856	2,941	0.3%			
27	OTHER EXPENSES	214,054	120,715	56.4%	699,356	806,452	(107,096)	-15.3%			
28	LEASE AND RENTALS	95,554	(60,865)	-63.7%	573,324	482,453	90,871	15.8%			
29											
30	NON-OPERATING REVENUE & EXPENSE										
31	TOTAL NON-OPERATING REVENUE & EXPENSE	877,222	496,256	56.6%	5,790,002	3,188,877	(2,601,125)	-44.9%			
32	OTHER NON-OPERATING REVENUE INCL DONATIONS	148,915	96,256	64.7%	1,420,160	450,773	(969,387)	-68.3%			
33	NON-OPERATING DONATIONS/GAIN ON SALE	134,266	54,990	40.9%	1,332,266	129,880	(1,202,386)	-90.1%			
34	NON-OPERATING TAX REVENUE	728,307	400,000	54.9%	4,369,842	2,400,000	(1,969,842)	-45.1%			
35	EXTRAORDINARY REVENUE	0	0	0.0%	0	338,104	338,104	0.0%			
36											
37	TOTAL INTEREST & DEPRECIATION	867,795	930,665	107.2%	5,236,179	6,329,488	(1,093,309)	-20.9%			
38	DEPRECIATION	418,455	424,587	101.4%	2,540,139	2,542,606	(2,467)	-0.1%			
39	INTEREST & AMORTIZATION	449,340	506,078	112.6%	2,696,040	3,786,882	(1,090,842)	-40.5%			
40											
41	Note: If the unaccrued Supplemental funds, projected DSH and P4P funds, along with provision for lease principal payments were booked, the YTD Net Loss through December would be										
42	reduced from (\$14,022,038) to (\$6,493,832) and the EBIDA loss would be reduced from (\$10,881,427) to (\$3,353,221).										

A		B		C		D		E	
SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL		Jun 24 Act		Oct 24 Act		Nov 24 Act		01/17/25	
BALANCE SHEET		Jun 24 Act		Oct 24 Act		Nov 24 Act		Dec 24 Act	
1	TOTAL ASSETS	124,601,132	113,597,873	113,597,873	113,785,957	117,180,159			
2	CURRENT ASSETS	30,111,600	24,877,690	24,877,690	16,615,877	16,363,267			
3	CASH & EQUIVALENTS	19,438,107	14,013,996	14,013,996	5,789,347	5,842,260			
4	NET PATIENT ACCOUNTS RECEIVABLE	9,681,423	8,538,468	8,538,468	8,584,122	9,715,279			
5	HOSPITAL ACCOUNTS RECEIVABLE	89,675,653	78,682,964	78,682,964	79,193,179	92,888,605			
6	LESS: ALLOWANCE FOR BAD DEBITS	(79,994,230)	(70,144,496)	(70,144,496)	(70,609,057)	(83,173,326)			
7	OTHER CURRENT ASSETS	992,070	2,325,226	2,325,226	2,242,408	805,728			
8	TAXES RECEIVABLE	2,078,826	3,383,456	3,383,456	3,650,088	1,937,046			
9	MISC RECEIVABLE	(2,631,352)	(2,940,385)	(2,940,385)	(2,883,383)	(2,643,183)			
10	DUE FROM 3RD PARTIES	(1,204,471)	(1,039,995)	(1,039,995)	(1,498,876)	(1,457,757)			
11	INVENTORIES	2,075,663	2,239,470	2,239,470	2,381,220	2,465,585			
12	PREPAID EXPENSES	673,404	682,680	682,680	593,359	504,037			
13	ASSETS WITH LIMITED USE	17,839,022	12,223,135	12,223,135	21,049,990	23,999,621			
14	NET PROPERTY, PLANT, AND EQUIPMENT	75,270,332	75,143,149	75,143,149	74,769,557	75,470,081			
15	PROPERTY, PLANT, AND EQUIPMENT	173,509,280	175,077,193	175,077,193	175,126,525	176,251,636			
16	LAND & LAND IMPROVEMENTS	4,828,182	4,861,325	4,861,325	4,861,325	4,861,325			
17	BUILDINGS & BUILDING IMPROVEMENTS	132,533,755	132,652,072	132,652,072	132,652,072	132,652,072			
18	FIXED EQUIPMENT	31,756,880	31,714,556	31,714,556	31,644,589	31,643,790			
19	CONSTRUCTION IN PROGRESS	4,390,463	5,849,240	5,849,240	5,968,539	7,094,449			
20	LESS: ACCUMULATED DEPRECIATION	(98,238,948)	(99,934,044)	(99,934,044)	(100,356,968)	(100,781,555)			
21	OTHER ASSETS	1,380,178	1,353,895	1,353,895	1,350,538	1,347,180			
22	TOTAL LIABILITIES & FUND BALANCE	124,601,132	113,597,873	113,597,873	113,785,957	117,180,159			
23	TOTAL LIABILITIES	155,470,638	154,964,622	154,964,622	157,309,489	162,071,704			
24	CURRENT LIABILITIES	38,624,095	42,337,009	42,337,009	44,877,014	49,844,175			
25	ACCOUNTS PAYABLE	9,381,110	12,760,750	12,760,750	10,782,183	13,433,326			
26	PAYROLL PAYABLES	4,653,853	5,578,197	5,578,197	4,510,887	5,133,447			
27	SALARIES & WAGES PAYABLE	909,057	1,839,145	1,839,145	894,896	1,408,642			
28	PAYROLL TAXES & DEDUCTIONS PAYABLE	847,813	855,327	855,327	731,017	865,660			
29	ACCRUED PTO & SICK DAYS PAYABLE	2,896,983	2,883,725	2,883,725	2,884,974	2,859,145			
30	LINE OF CREDIT	12,065,351	12,266,742	12,266,742	12,316,604	12,093,000			
31	OTHER CURRENT LIABILITIES	12,523,781	11,731,320	11,731,320	17,267,340	19,184,402			
32	ACCRUED INTEREST PAYABLE	1,969,785	1,095,440	1,095,440	1,503,168	1,910,898			
33	OTHER CURRENT LIABILITIES	4,166,440	3,858,897	3,858,897	8,805,707	12,781,029			
34	DEBT - CURRENT	6,387,556	6,776,983	6,776,983	6,958,465	4,492,475			
35	LONG TERM LIABILITIES	116,846,543	112,627,613	112,627,613	112,432,475	112,227,529			
36	NET ASSETS								
37	NET ASSETS - UNRESTRICTED	(30,869,506)	(41,366,749)	(41,366,749)	(43,523,532)	(44,891,545)			
38	NET ASSETS - BEGINNING OF PERIOD	(35,868,908)	(30,869,507)	(30,869,507)	(30,869,507)	(30,869,507)			
39	CURRENT YEAR NET GAIN/(LOSS)	4,999,402	(10,497,242)	(10,497,242)	(12,654,025)	(14,022,038)			
40									
41									
42									
43									
44									
45									
46									
47									
48	Note: If the unaccrued Supplemental funds, projected DSH and P4P funds, along with provision for lease principal payments								
49	were booked, the YTD Net Loss through December would be reduced from (\$14,022,038) to (\$6,493,832) and the								
50	EBIDA loss would be reduced from (\$10,881,427) to (\$3,353,221).								

	B	C	D	E	F	G	H
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL						
2						(UNAUDITED)	(UNAUDITED)
3						Current Month	Y-T-D
4						12/31/2024	12/31/2024
5	BEGINNING CASH BALANCES						
6						\$	\$
7						\$	\$
8						\$	\$
9							
10	Receipts						
11						\$	\$
12						\$	\$
13						\$	\$
14						\$	\$
15						\$	\$
16						\$	\$
17						\$	\$
18	TOTAL RECEIPTS						
19						\$	\$
20	Disbursements						
21						\$	\$
22						\$	\$
23						\$	\$
24						\$	\$
25						\$	\$
26	TOTAL DISBURSEMENTS						
27						\$	\$
28	TOTAL CHANGE in CASH						
29						\$	\$
30	ENDING CASH BALANCES						
31						\$	\$
32						\$	\$
33						\$	\$
34							
35							
36							
37						\$	\$
38						\$	\$
39						\$	\$
40							

TAB G

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
January 15, 2025

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, January 15, 2025, in Classroom C, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Perry Goldstein, Ron Rader, Steve Rutledge (C)

Excused Absence: None

Staff Present: Steve Barron (CEO), Angela Brady (CNE), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Dan Heckathorne (CFO)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Steve Rutledge called the meeting to order at 9:03 am.	
Public Comment	No public was present.	
OLD BUSINESS		
Proposed Action - Approve Minutes: September 18, 2024, Regular Meeting	Steve Rutledge asked for any changes or corrections to the minutes of September 18, 2024, regular meeting. There were none.	The minutes of the September 18, 2024, Regular Meeting were reviewed and will stand as presented.
NEW BUSINESS		
Reports		
A. Employment Activity/Turnover Reports		
1. Employee Activity by Job Class/Turnover Report (09/01/2024)	Annah Karam, Chief Human Resources Officer, reviewed the report "Employee Activity by Job Class/Turnover Report" for the period of 09/01/2024 through 12/31/2024 as included in the Committee packet.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
<p>through 12/31/2024)</p>		
<p>2. Separation Reasons Analysis All Associates (09/01/2024 through 12/31/2024)</p>	<p>Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 09/01/2024 through 12/31/2024 as included in the Committee packet.</p> <p>For this period, there were 51 Voluntary Separations and 15 Involuntary Separations for a total of 66.</p>	
<p>3. Separation Reason Analysis Full and Part Time Associates (09/01/2024 through 12/31/2024)</p>	<p>Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 09/01/2024 through 12/31/2024 as included in the Committee packet.</p> <p>For this period, there were 42 Voluntary Separations and 12 Involuntary Separations for a total of 54.</p>	
<p>4. Separation Reason Analysis Per Diem Associates (09/01/2024 through 12/31/2024)</p>	<p>Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 09/01/2024 through 12/31/2024 as included in the Committee packet.</p> <p>For this period, there were 10 Voluntary Separations and 2 Involuntary Separations for a total of 12.</p>	
<p>5. FTE Vacancy Summary (09/01/2024 through 12/31/2024)</p>	<p>Annah reviewed the “FTE Vacancy Summary” for the period of 09/01/2024 through 12/31/2024 as included in the Committee packet.</p> <p>Annah reported that the Facility Wide vacancy rate as of 12/31/2024 was 20.26%.</p>	
<p>6. RN Vacancy Summary (09/01/2024 through 12/31/2024)</p>	<p>Annah reviewed the “RN Vacancy Summary” for the period of 09/01/2024 through 12/31/2024 as included in the Committee packet.</p> <p>Annah reported that the Overall All RN Vacancy rate as of 12/31/2024 was 21.94%.</p>	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
B. Workers Compensation Report		
Workers Compensation Report (12/01/2024 through 12/31/2024)	Annah reviewed the Workers Compensation Reports covering the period of 12/01/2024 through 12/31/2024 as included in the Committee packet.	
Education	Annah reviewed each education article as included in the committee packet: <ul style="list-style-type: none"> • New 2025 Labor and Employment Laws: What Employers Need to Know • HR Manager’s Legal Alert for Supervisors 	
Future Agenda items	None.	
Next regular meeting	The next regular Human Resources Committee meeting is scheduled for April 16, 2025, @ 9:00 am.	
Adjournment	The meeting was adjourned at 9:48 am.	

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

09/01/2024 THROUGH 12/31/2024

JOB CLASS/FAMILY	CURRENT NEW HIRES	2023 NEW HIRES	YTD NEW HIRES	CURRENT SEPARATIONS	2023 SEPARATIONS	YTD TERMS	ACTIVE ASSOCIATE COUNT	LOA ASSOCIATE COUNT	CURRENT TURNOVER	ANNUALIZED TURNOVER	
	09/01/2024 THROUGH 12/31/2024		01/01/2024 THROUGH 12/31/2024	09/01/2024 THROUGH 12/31/2024		01/01/2024 THROUGH 12/31/2024	AS OF 12/31/2024	AS OF 12/31/2024	AS OF 12/31/2024		
ADMIN/CLERICAL	6	9	10	6	11	13	81	5	7.41%	16.05%	1
ANCILLARY	10	24	20	11	17	26	82	1	13.41%	31.71%	2
CLS	0	5	0	1	4	1	4	0	25.00%	25.00%	3
DIRECTORS/MGRS	0	3	0	0	6	3	32	0	0.00%	9.38%	4
LVN	0	2	2	0	2	3	18	1	0.00%	16.67%	5
OTHER NURSING	9	27	17	5	31	14	61	0	8.20%	22.95%	6
PT	3	5	3	1	2	2	10	0	10.00%	20.00%	7
RAD TECH	3	5	6	1	6	4	31	1	3.23%	12.90%	8
RN	19	54	40	17	64	46	141	12	12.06%	32.62%	9
RT	0	3	2	0	3	1	22	1	0.00%	4.55%	10
SUPPORT SERVICES	18	59	28	24	51	47	103	8	23.30%	45.63%	11
FACILITY TOTAL	68	196	128	66	197	160	585	29	11.28%	27.35%	12
<i>Full Time</i>	46	115	78	44	104	89	404	22	10.89%	22.03%	13
<i>Part Time</i>	4	22	11	10	20	25	56	4	17.86%	44.64%	14
<i>Per Diem</i>	18	59	39	12	73	46	125	3	9.60%	36.80%	15
TOTAL	68	196	128	66	197	160	585	29	11.28%		16

Current Turnover: J22
Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:
 Turnover for all Associates = 2.70%
 Turnover for all RNs = 2.70%
 TOTAL ASSOCIATES ON PAYROLL = 614

Southern California Hospital Association (HASC) Benchmark:
 Turnover for all PER DIEM Associates = 8.90%
 Turnover for all PER DIEM RNs = 8.00%

SEPARATION ANALYSIS
ALL ASSOCIATES
09/01/2024 THROUGH 12/31/2024

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
Voluntary Separations								
Full-Time	51.5%	7	11	7	4	3	2	34
Part-Time	10.6%	2	3	2	0	0	0	7
Per Diem	15.2%	2	2	3	0	3	0	10
Subtotal, Voluntary Separations	77.3%	11	16	12	4	6	2	51
Involuntary Separations								
Full-Time	15.2%	2	2	2	1	0	3	10
Part-Time	4.5%	1	0	1	1	0	0	3
Per Diem	4.5%	1	1	0	0	0	0	2
Subtotal, Involuntary Separation	22.7%	4	3	3	2	0	3	15
Total Separations	100.0%	15	19	15	6	6	5	66

SEPARATIONS BY DEPARTMENT	1-LT 90 DAYS	2-90 DAYS TO 1YR	3-1 TO 2 YRS	4-3 TO 5 YRS	5-6 TO 10 YRS	6-10+ YRS	Grand Total
Involuntary	4	3	3	2		2	14
BHC		1					1
Dietary	1		1				2
ED	1					1	2
ICU			1				1
Joint Venture Phys Ther			1			1	2
Medical Clinic	1						1
MS				1			1
OR				1			1
Security	1	2					3
Voluntary	11	16	12	4	6	2	51
Accounting			2	1			3
BHC		2					2
Case Management					1		1
CT				1			1
Dietary	2	1					3
ED		2	3	1		1	7
Environmental Services		2	1				3
ICU		1					1
Laboratory		1	1	1	3		6
MS	3	1				1	5
OB	1		1				2
OR	1	1			1		3
PACU					1		1
Physical Therapy			1				1
Registration			1				1
Security	2	5	2				9
Social Services	2						2
SUSPENDED						1	1
Environmental Services						1	1
Grand Total	15	19	15	6	6	5	66

FULL AND PART TIME ASSOCIATES
09/01/2024 THROUGH 12/31/2024

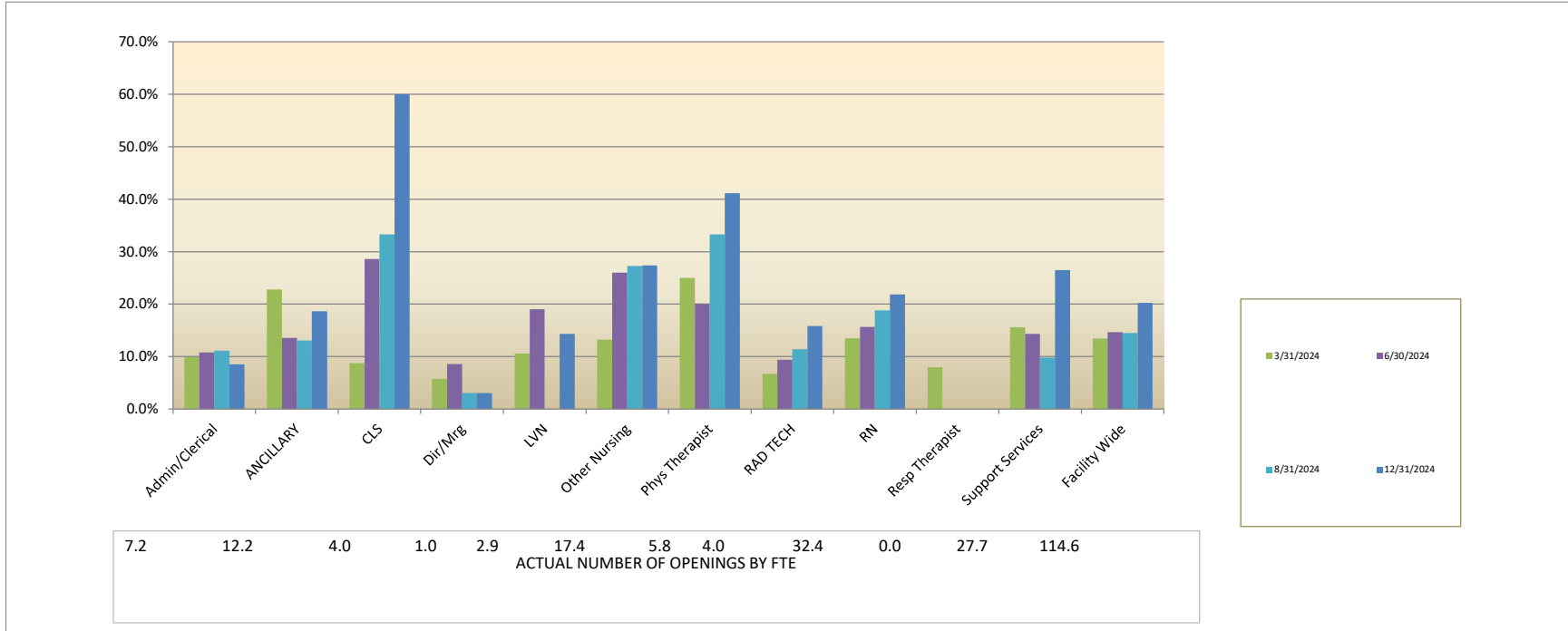
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
Voluntary Separations								
Did not Return from LOA	1.9%	0	0	0	0	0	1	1
Employee Death	0.0%							0
Family/Personal Reasons	20.4%	2	3	4	1	0	1	11
Job Abandonment	5.6%	1	2	0	0	0	0	3
Job Dissatisfaction	9.3%	0	2	1	0	1	1	5
Medical Reasons	0.0%							0
New Job Opportunity	31.5%	5	5	4	1	2	0	17
Not Available to Work	1.9%	1	0	0	0	0	0	1
Pay	0.0%							0
Relocation	5.6%	0	1	0	2	0	0	3
Retirement	0.0%							0
Return to School	1.9%	0	1	0	0	0	0	1
Unknown	0.0%							0
Subtotal, Voluntary Separations	77.8%	9	14	9	4	3	3	42
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Conduct	16.7%	2	2	2	1	0	2	9
Death	0.0%							0
Expired Credentials	3.7%	0	0	1	1	0	0	2
Didn't meet scheduling needs	3.7%							0
Poor Performance	1.9%	1	0	0	0	0	0	1
Position Eliminations	0.0%							0
Temporary Position	0.0%							0
Subtotal, Involuntary Separations	22.2%	3	2	3	2	0	2	12
Total Separations	100.0%	12	16	12	6	3	5	54

Separation Reason Analysis
Per Diem Associates Only
09/01/2024 THROUGH 12/31/2024

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
<i>Voluntary Separations</i>								
Did not Return from LOA	0.0%							0
Employee Death	0.0%							0
Family/Personal Reasons	16.7%	0	1	0	0	1	0	2
Job Abandonment	0.0%							0
Job Dissatisfaction	8.3%	1	0	0	0	0	0	1
Medical Reasons	0.0%							0
New Job Opportunity	41.7%	0	0	3	0	2	0	5
Not Available to Work	0.0%							0
Pay	0.0%							0
Relocation	0.0%							0
Retirement	0.0%							0
Return to School	8.3%	0	1	0	0	0	0	1
Unknown	8.3%	1	0	0	0	0	0	1
<i>Subtotal, Voluntary Separations</i>	83.3%	2	2	3	0	3	0	10
<i>Involuntary Separations</i>								
Attendance/Tardiness	0.0%							0
Conduct	8.3%	0	1	0	0	0	0	1
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Poor Performance	8.3%	1	0	0	0	0	0	1
Position Eliminations	0.0%							0
Temporary Position	0.0%							0
<i>Subtotal, Involuntary Separations</i>	16.7%	1	1	0	0	0	0	2
Total Separations	100.0%	3	3	3	0	3	0	12

FTE Vacancy Summary: 09/01/2024 THROUGH 12/31/2024

	<u>Admin/Clerical</u>	<u>ANCILLARY</u>	<u>CLS</u>	<u>Dir/Mrg</u>	<u>LVN</u>	<u>Other Nursing</u>	<u>Phys Therapist</u>	<u>RAD TECH</u>	<u>RN</u>	<u>Resp Therapist</u>	<u>Support Services</u>	<u>Facility Wide</u>
3/31/2024	9.89%	22.78%	8.70%	5.71%	10.53%	13.19%	25.00%	6.67%	13.48%	8.00%	15.60%	13.44%
6/30/2024	10.75%	13.54%	28.57%	8.57%	19.05%	26.03%	20.00%	9.38%	15.64%	0.00%	14.29%	14.67%
8/31/2024	11.11%	13.04%	33.33%	3.03%	0.00%	27.27%	33.33%	11.43%	18.78%	0.00%	9.76%	14.49%
12/31/2024	8.51%	18.63%	60.00%	3.03%	14.29%	27.38%	41.18%	15.79%	21.83%	0.00%	26.49%	20.26%



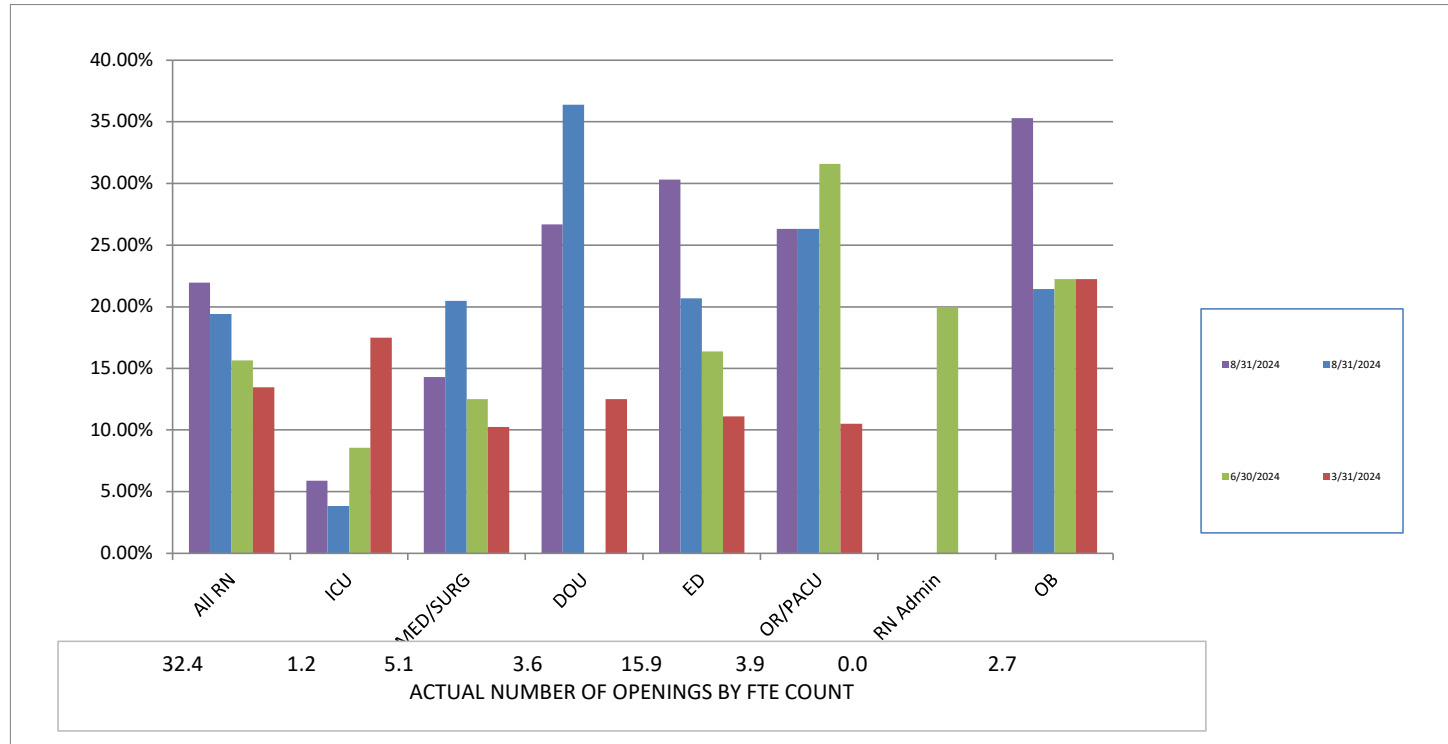
VACANCY RATE = Number of openings/(total staff + openings)

	8/31/2024	8/31/2024	6/30/2024	3/31/2024
All RN	21.94%	19.43%	15.64%	13.48%
ICU	5.88%	3.85%	8.57%	17.50%
MED/SURG	14.29%	20.45%	12.50%	10.26%
DOU	26.67%	36.36%	0.00%	12.50%
ED	30.30%	20.69%	16.36%	11.11%
OR/PACU	26.32%	26.32%	31.58%	10.53%
RN Admin	0.00%	0.00%	20.00%	0.00%
OB	35.29%	21.43%	22.22%	22.22%

	OPEN POSITIONS	TOTAL STAFF
All RN	43	153
ICU	2	32
Med Surg	6	36
DOU	4	11
ED	20	46
OR/PACU	5	14
RN Adm.	0	3
OB	6	11

VACANCY RATE
21.94%
5.88%
14.29%
26.67%
30.30%
26.32%
0.00%
35.29%

FTE
32.4
1.2
5.1
3.6
15.9
3.9
0
2.7





DASHBOARD REPORT

Fiscal Year Basis: July

San Geronio Memorial Hospital

Data as of 12/31/2024

Reporting Period 12/1/2024 - 12/31/2024

SUMMARY DATA

FiscalYear	ValuationDate	Values			Open Count
		Total Paid	Total Reserves	Total Incurred	
2015-2016	2024-12-31	845,278	148,060	993,338	3
2016-2017	2024-12-31	205,546	-	205,546	-
2017-2018	2024-12-31	72,312	-	72,312	-
2018-2019	2024-12-31	91,892	49,405	141,297	2
2019-2020	2024-12-31	68,021	-	68,021	-
2020-2021	2024-12-31	438,204	219,003	657,207	3
2021-2022	2024-12-31	111,249	65,334	176,584	2
2022-2023	2024-12-31	173,627	124,242	297,869	3
2023-2024	2024-12-31	403,233	221,744	624,977	7
2024-2025	2024-12-31	26,315	73,962	100,277	9
Grand Total		2,435,678	901,750	3,337,428	29

DASHBOARD REPORT

Fiscal Year Basis: July

San Geronio Memorial Hospital

Data as of 12/31/2024

Reporting Period 12/1/2024 - 12/31/2024

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
20805905		Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	284,224	87,705	371,928
16000811		Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	173,385	47,840	221,225
16000026		Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	138,013	62,541	200,553
21000657		Environmental Services	Fall, Slip or Trip Injury	2021-03-16	Re-Open	60,842	86,411	147,253
23001495		Laboratory	Fall, Slip or Trip Injury	2023-07-11	Open	138,040	6,897	144,937
22002677		Medical Surgical	Strain or Injury By	2022-11-20	Open	61,030	38,278	99,308
16001005		Medical Surgical	Burn or Scald - Heat or Cold Exposures	2016-07-21	Closed	98,814	-	98,814
23001964		Obstetrics	Fall, Slip or Trip Injury	2023-09-03	Open	61,649	35,022	96,671
16000233		Environmental Services	Strain or Injury By	2016-02-20	Closed	93,934	-	93,934
24001902		Emergency Department	Strain or Injury By	2024-06-04	Open	24,813	62,782	87,595

FREQUENCY BY DEPARTMENT					SEVERITY BY DEPARTMENT				
Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred	Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Medical Surgical	40	18.60%	737,739	22.11%	Environmental Services	38	17.67%	743,648	22.28%
Environmental Services	38	17.67%	743,648	22.28%	Medical Surgical	40	18.60%	737,739	22.11%
Emergency Department	29	13.49%	226,517	6.79%	Surgical Services	9	4.19%	409,708	12.28%
Dietary	22	10.23%	42,399	1.27%	Obstetrics	6	2.79%	354,523	10.62%
Laboratory	10	4.65%	221,028	6.62%	Emergency Department	29	13.49%	226,517	6.79%
Surgical Services	9	4.19%	409,708	12.28%	Laboratory	10	4.65%	221,028	6.62%
Intensive Care Unit (ICU)	8	3.72%	59,995	1.80%	Nursing Administration	5	2.33%	135,145	4.05%
Security Department	7	3.26%	92,286	2.77%	Security Department	7	3.26%	92,286	2.77%
Obstetrics	6	2.79%	354,523	10.62%	Medical Staff	6	2.79%	69,218	2.07%
Medical Staff	6	2.79%	69,218	2.07%	CT/Echotechnology	2	0.93%	64,766	1.94%
FREQUENCY BY CAUSE					SEVERITY BY CAUSE				
Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred	Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	70	32.56%	913,651	27.38%	Fall, Slip or Trip Injury	35	16.28%	1,687,205	50.55%
Fall, Slip or Trip Injury	35	16.28%	1,687,205	50.55%	Strain or Injury By	70	32.56%	913,651	27.38%
Burn or Scald - Heat or Cold Exposures - Contact	25	11.63%	133,953	4.01%	Miscellaneous Causes	12	5.58%	226,851	6.80%
Struck or Injured By	24	11.16%	182,514	5.47%	Struck or Injured By	24	11.16%	182,514	5.47%
Cut, Puncture, Scrape Injured by	19	8.84%	76,893	2.30%	Burn or Scald - Heat or Cold Exposure	25	11.63%	133,953	4.01%
Exposure	13	6.05%	62,327	1.87%	Cut, Puncture, Scrape Injured by	19	8.84%	76,893	2.30%
Miscellaneous Causes	12	5.58%	226,851	6.80%	Exposure	13	6.05%	62,327	1.87%
Caught In, Under or Between	12	5.58%	9,997	0.30%	Motor Vehicle	2	0.93%	31,133	0.93%
Striking Against or Stepping on	3	1.40%	12,903	0.39%	Striking Against or Stepping on	3	1.40%	12,903	0.39%
Motor Vehicle	2	0.93%	31,133	0.93%	Caught In, Under or Between	12	5.58%	9,997	0.30%

Open Claims

San Gorgonio Memorial Hospital

Fiscal Year Basis: July

Data as of 12/31/2024

Reporting Period 12/1/2024 - 12/31/2024

							Values				
Loss Date	Claim #	Status	Claimant Name	ClaimantTypeDesc	InjuryCauseGroup	Litigated (1=	Count	Paid	Outstanding	Incurred	Lost Time
2015-08-20	15001161	Re-Open		Future Medical	Strain or Injury By	0	1	27,087	37,679	64,766	0
2016-01-05	16000026	Open		Future Medical	Fall, Slip or Trip Inju	1	1	138,013	62,541	200,553	749
2016-05-31	16000811	Open		Future Medical	Fall, Slip or Trip Inju	1	1	173,385	47,840	221,225	730
2018-07-09	18752164	Open		Indemnity	Miscellaneous Cause	1	1	-	5,000	5,000	0
2019-02-11	19000235	Open		Future Medical	Fall, Slip or Trip Inju	0	1	29,752	44,405	74,157	0
2020-08-04	20805905	Open		Indemnity	Fall, Slip or Trip Inju	1	1	284,224	87,705	371,928	728
2021-03-16	21000657	Re-Open		Indemnity	Fall, Slip or Trip Inju	1	1	60,842	86,411	147,253	327
2021-04-30	21001003	Open		Indemnity	Strain or Injury By	0	1	2,233	44,888	47,121	0
2021-08-13	21001795	Open		Future Medical	Strain or Injury By	0	1	33,280	40,127	73,407	70
2022-01-23	22000651	Re-Open		Future Medical	Fall, Slip or Trip Inju	0	1	31,833	25,207	57,040	106
2022-11-20	22002677	Open		Future Medical	Strain or Injury By	0	1	61,030	38,278	99,308	200
2022-12-02	22002737	Open		Indemnity	Strain or Injury By	0	1	5,172	46,642	51,814	11
2023-03-07	23000477	Open		Future Medical	Fall, Slip or Trip Inju	0	1	36,780	39,321	76,101	125
2023-07-11	23001495	Open		Indemnity	Fall, Slip or Trip Inju	1	1	138,040	6,897	144,937	112
2023-09-03	23001964	Open		Future Medical	Fall, Slip or Trip Inju	0	1	61,649	35,022	96,671	154
2023-10-01	23003282	Open		Indemnity	Miscellaneous Cause	0	1	4,294	16,206	20,500	0
2024-01-09	23003107	Open		Future Medical	Strain or Injury By	0	1	7,025	33,368	40,393	22
2024-01-11	24000701	Open		Indemnity	Miscellaneous Cause	1	1	11,577	42,923	54,500	0
2024-02-23	24000340	Open		Indemnity	Fall, Slip or Trip Inju	0	1	34,750	24,546	59,297	100
2024-06-04	24001902	Open		Indemnity	Strain or Injury By	0	1	24,813	62,782	87,595	94
2024-07-22	24001567	Open		Indemnity	Strain or Injury By	0	1	9,276	11,558	20,834	22
2024-08-05	24001690	Open		Medical	Cut, Puncture, Scrap	0	1	1,350	2,150	3,500	0
2024-09-06	24001960	Re-Open		Indemnity	Miscellaneous Cause	1	1	682	32,436	33,118	0
2024-09-15	24002020	Open		Indemnity	Strain or Injury By	0	1	9,548	10,917	20,465	65
2024-10-23	24002364	Open		Indemnity	Strain or Injury By	0	1	1,228	4,484	5,713	5
2024-11-07	24002481	Open		Medical	Burn or Scald - Heat	0	1	-	1,700	1,700	0
2024-11-20	24002649	Open		Indemnity	Fall, Slip or Trip Inju	0	1	-	300	300	0
2024-11-27	24002638	Open		Indemnity	Fall, Slip or Trip Inju	0	1	953	10,416	11,369	8
2024-12-28	24002800	Open		Medical	Cut, Puncture, Scrap	0	1	-	-	-	0
Grand Total							29	1,188,816	901,750	2,090,566	3,628

New 2025 Labor and Employment Laws: What Employers Need to Know

By James W. Ward, Employment Law Subject Matter Expert/
Legal Writer and Editor



We're coming to the end of October, which means the annual legislative cycle has ended. California Governor Gavin Newsom signed hundreds of bills into law touching on a wide variety of issues, including labor and employment.

But employers are still catching their breath after the incredibly busy year we've already had, including California's [new workplace violence prevention laws](#), [Private Attorneys General Act \(PAGA\) reform](#), [indoor heat illness prevention regulations](#) and the recent federal [Pregnant Workers Fairness Act regulations](#), to name a few. Still, employers need to be ready for new 2025 labor and employment laws so here's a quick look to help prepare. Unless otherwise stated, these new laws are effective January 1, 2025.

Minimum Wage

California's minimum wage isn't technically a new law, but it does increase on January 1, 2025 — plus local minimum wage ordinance updates, a recently triggered health care worker minimum wage and a November ballot proposition make it more complicated.

On January 1, 2025, the general California [statewide minimum wage](#) is scheduled to increase to \$16.50 per hour. However, the November 2024 ballot has [Proposition 32](#), which, if approved, would increase the minimum wage for employers with 26 or more employees to \$17 per hour for the rest of 2024 and increase to \$18 per hour on January 1, 2025. Proposition 32 would also raise the minimum wage for small businesses with 25 or fewer employees to at least \$17 per hour on January 1, 2025, with another increase in 2026 to \$18 per hour.

Employers should remember that any increase to the state minimum wage will trigger an increase in the salary test for employees classified under California's "white collar exemptions," which require employees to earn a minimum monthly salary of no less than two times the state minimum wage for full-time employment. Industry-specific minimum wages, such as the new health care worker minimum wage (discussed below) and the fast food worker minimum wage that went into effect in April 2024, impose separate salary tests for exempt employees in those industries.

In addition to statewide minimum wage changes, after several delays, the long-awaited [California health care worker minimum wage](#) law took effect on October 16, 2024. Signed last year and originally scheduled to take effect in June 2024, this law eventually had three potential start dates depending on certain triggers, and on October 1, 2024, it was triggered, creating a 15-day window for the health care worker minimum wage to be implemented.

Covering 20 different facility types, the health care worker minimum wage law implements different rates and scheduled rate increases depending on the facility type. Plus, covered health care employers must post a [supplemental minimum wage](#) notice in the workplace alongside the regular statewide minimum wage notice. Employers who are unsure whether their facilities are covered should consult with legal counsel.

Finally, employers should keep in mind any applicable local minimum wage ordinances increases. On January 1, the following jurisdictions are expected to increase their local minimum wage: Belmont, Burlingame, Cupertino, Daly City, East Palo Alto, El Cerrito, Foster City, Half Moon Bay, Hayward, Los Altos, Menlo Park, Mountain View, Novato, Oakland, Palo Alto, Petaluma, Redwood City, Richmond, San Carlos, San Diego, San Jose, San Mateo, Santa Clara, Santa Rosa, Sonoma, South San Francisco, Sunnyvale and West Hollywood. Some localities have already announced their new 2025

local minimum wage; for instance, Mountain View's will increase to \$19.20/hour (up from \$18.75/hour), Santa Clara's will increase to \$18.20/hour (up from \$17.75/hour) and West Hollywood's will increase to \$19.65/hour (up from \$19.08/hour).

Leaves of Absence

[AB 2499](#) expands and moves crime victims' leave from the Labor Code to the Fair Employment and Housing Act (FEHA) meaning the California Civil Rights Department (CRD) will have enforcement authority. It also similarly moves jury and witness duty leave, but while that leave effectively remains the same, crime victims' leave expands on existing requirements.

For example, while employers with 25 or more employees must still provide employees who are victims of a crime with time off for treatment and various other reasons, the new law expands those reasons plus employers must provide employees with time off to help family members who are victims of a crime.

The new law also broadens the definition of "victim" to someone who suffers a "qualifying act of violence," encompassing everything covered by existing law and also includes, for example:


- When an individual brandishes a dangerous weapon at someone;
- Threatens to use force to injure someone; or
- An act that causes bodily injury or death to another.

Previously, the law defined victim largely in relation to crimes and domestic violence as defined by California Family and Penal codes. Employers should review this new law and update their policies as necessary.

Another new law, [SB 1105](#), revises California's paid sick leave, expressly allowing agricultural employees to use accrued paid sick leave to avoid smoke, heat or flooding conditions created by a local or state emergency. The bill states that the revision doesn't constitute a change in the law; rather, it's a clarification of, or "declaratory of," existing law to the extent that the sick days are necessary for an employee's preventive care.

One more notable leave of absence change is AB 2011, which makes the CRD's Small Employer (5-19 Employees) Mediation Program permanent as it was scheduled to end this year. The program is also expanded to cover reproductive loss leave disputes in addition to California Family Rights Act (CFRA) and bereavement leave disputes.

Finally, California's State Disability Insurance (SDI) and Paid Family Leave (PFL) programs have two changes. First, [AB 2123](#) eliminates employers' current ability to require employees use up to two weeks of accrued vacation before — and as a condition of — receiving PFL wage replacement benefits. Employers that maintained this practice should update their policies by January 1.



**Employers
must provide
employees with
time off to help
family members
who are victims
of violence.**

The second change is based on a 2022 law that revised the formulas for determining benefits under both the SDI and PFL programs for periods of disability beginning on or after January 1, 2025. So, beginning next year, the wage replacement rate will increase to between 70 to 90 percent of the wages the employee earned in the highest quarter of the base period (currently it's between 60 to 70 percent), depending on the individual's wages earned.

Employer Speech

One significant new law concerns employer speech; [SB 399](#) seeks to end so-called captive audience meetings during work hours. Specifically, the law prohibits an employer from subjecting — or threatening to subject — an employee to discrimination, retaliation or any adverse action because the employee declines to attend an employer-sponsored meeting or affirmatively declines to participate in, receive or listen to any employer communications about the employer's opinion on religious or political matters.

**SB 399
creates new
employer speech
restrictions
regarding religious
or political
matters.**

“Political matters” is defined broadly as matters relating to elections for political office, political parties, legislation, regulations and the decision to join or support any political party, or political or labor organization. “Religious matters” is similarly broadly defined as matters relating to religious affiliation and practice, and the decision to join or support any religious organization or association.

The law provides that an employee who is working at the time of the meeting and elects not to attend must continue to be paid while the meeting is being held.

The law has a few narrow exceptions — like it doesn't apply to certain religious corporations and political organizations. Additionally, the law does not restrict employers from engaging in communications or training mandated by law or necessary for job performance.

CalChamber tagged SB 399 as a [job killer bill](#) this year.

Discrimination, Harassment and Retaliation Prevention

Two new bills add to California's anti-discrimination laws. First, [SB 1100](#) continues the recent trend of regulating what employers can say during the recruiting and hiring process. This law prohibits employers from listing a driver's license as a preferred qualification for job candidates unless certain conditions are met.

Specifically, employers cannot include a statement in a job advertisement, posting, application or other materials that an applicant must have a driver's license, unless the employer both:

- “Reasonably expects” driving to be one of the job functions for the position; and
- “Reasonably believes” that using an alternative form of transportation would not be comparable in travel time or cost to the employer.

Thus, even if driving is a position's job function, employers still can't require a driver's license unless they carefully consider and conclude that alternative forms of travel, including using ride-share services, taxis and bicycles, carpooling, or walking, would not work.

Then, [SB 1137](#) clarifies that the FEHA, the Unruh Civil Rights Act and the Education Code's anti-discrimination provisions prohibit discrimination not only based on individual protected characteristics, but also on any combination of protected characteristics — a concept often referred to as intersectionality. In this bill, the California Legislature specifically affirmed a Ninth Circuit Court of Appeals decision recognizing that when an individual alleges discrimination based on multiple protected characteristics, it may be necessary to determine whether discrimination occurred based on the combination of characteristics instead of in isolation (University of Hawai'i, 40 F.3d 1551 (9th Cir. 1994)).

Required Poster and Notice Updates

Current California law requires employers to post a notice that provides employees with their rights under workers' compensation laws. Under [AB 1870](#), employers will need an updated workers' compensation poster that informs employees that they may consult with a licensed attorney to advise them of their rights under workers' compensation laws in addition to existing requirements.

Similarly, California law requires employers to display a list of employees' rights and responsibilities under the state's whistleblower laws. Now, [AB 2299](#) requires the California Labor Commissioner to develop a model notice that otherwise complies with existing requirements. Employers posting the Labor Commissioner's model poster will be deemed in compliance with the law.

Finally, California employers must provide notice to employees of their rights under the state's laws providing leave for crime and abuse victims. With AB 2499's expansions to these leave provisions (discussed in Leaves of Absence above), employers will need to provide an updated notice next year. Specifically, AB 2499 directs the CRD to create a model form that employers may use to comply with notice requirements, but employers don't have to comply until the CRD's model form is posted. The CRD has a July 1, 2025, deadline for their model form, but it's unlikely CRD will wait that long so employers should prepare for a new notice by January 1, 2025.

Independent Contractors

Following a [similar Los Angeles City law](#), [SB 988](#) creates the Freelance Worker Protection Act, which imposes requirements on employers that form agreements with freelance workers providing “professional services” (limited to those listed in Labor Code section 2778) for the employer that are worth \$250 or more.

If a contract falls under the Freelance Worker Protection Act’s scope, the law requires that the contract be in writing and include certain information (e.g., names, dates, list of services and payment information). Additionally, payment must be made on the date specified in the contract or no later than 30 days after completion of services. Discrimination or retaliation against individuals exercising their rights under the law is prohibited.

Workplace Safety

First, on January 1, 2025, certain provisions from last year’s [SB 428](#) take effect; it expands the scope of the state’s workplace violence temporary restraining order (TRO) laws. Currently, an employer can seek a TRO on behalf of an employee who has suffered unlawful violence or a credible threat of violence that was or could be carried out at the workplace. Beginning January 1, 2025, the employee’s collective bargaining representative can also seek a TRO, not just the employer.

Also in January, workplace TROs may be sought when an employee suffers “harassment,” which in this case means a “knowing and willful course of conduct directed at a specific person that seriously alarms, annoys, or harasses the person, and that serves no legitimate purpose.” The conduct must be something that causes a “reasonable person to suffer substantial emotional distress and must actually cause substantial emotional distress.”

New for this year are [AB 2975](#) and [AB 1976](#); both direct the Occupational Safety and Health Standards Board — the standards board within the California Division of Occupational Safety and Health (Cal/OSHA) — to address certain topics through rulemaking in the future.

Specifically, by March 2027, AB 2975 requires the board to revise the existing violence prevention in health care regulations to include a requirement that a hospital implement a weapons detection screening policy. By December 2027, AB 1976 directs the board to submit a draft rulemaking proposal to include opioid antagonists — medications that block the effects of opioids — with required first aid materials. These are in addition to existing directives to consider revising existing outdoor heat illness prevention and wildfire smoke regulations by December 31, 2025.

And keep in mind, the federal Occupational Safety and Health Administration (OSHA) is considering a [national indoor and outdoor heat illness prevention standard](#), which could prompt Cal/OSHA to make conforming changes to its regulations next year.

Though these measures have no immediate impact, it’s worth noting that employers will see some regulatory updates in these areas in the near future.

Lastly, Cal/OSHA's COVID-19 regulations will end next year: the two-year COVID-19 regulation that succeeded the COVID-19 Emergency Temporary Standards will remain in effect only through February 3, 2025.

Social Compliance Audits

Wrapping up next year's most notable new labor and employment laws is [AB 3234](#), which is ultimately aimed at protecting minor employees. Employers that opt to voluntarily undertake a "social compliance audit" will be required to post a link on their website to a report detailing the audit's findings regarding the employer's compliance with child labor laws.

According to the new law, a social compliance audit is "a voluntary, nongovernmental inspection or assessment of an employer's operations or practices to evaluate whether the operations or practices are in compliance with state and federal labor laws, including, but not limited to, wage and hour and health and safety regulations, including those regarding child labor."

Though the audit may cover a variety of issues, the specified report must include certain information related only to child labor law compliance. Employers that undertake this type of audit should review the new law and consult legal counsel with any questions.

For more information about how these new laws will affect your workplace, join CalChamber's 2025 Employment Law Update seminars, where our legal experts delve into recent California and federal laws, regulations and court cases — registration opens soon for both in-person and virtual sessions taking place in January 2025!

Employers should consult with legal counsel to address any questions they may have and help ensure compliance with the laws covered here.

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Boss surprised when disabled staffer rejects work-from-home offer.

4 Legal Nightmare

Woman transitioning to man upset when boss calls him "baby girl."

Employee called 'old lady,' told to 'hurry up and retire already'

Fired due to her own discriminatory behavior, older woman sues

The scenario

An older woman dreaded going to work because of the discriminatory animus she faced due to her age. On a daily basis, several of her coworkers called her "old lady" and "grandma."

Even when she was in the bathroom, she was subject to ageist comments such as, "Hurry up old lady; why are you in there so long?"

The woman's coworkers also left offensive Post-It notes on her computer keyboard. The notes, which appeared regularly, said things such as "Time to retire, old lady," "Hurry up and retire already, grandma" and "hearing aid?"

Meanwhile, a Black female coworker reported that she

was uncomfortable working with the older woman. She said the white woman had told her that she didn't look Black, referred to Chinese people as "chinks," asked customers to speak English and said immigrants were being thrown over the wall.

The employer substantiated the complaints made by the Black woman, so the older woman was asked to stop using inappropriate language. The woman refused to change her behavior, so she was terminated for violating the employer's code of conduct.

Legal challenge

The older woman sued for a hostile work environment motivated by her age.

The ruling

The employer lost. The court said the woman endured severe and pervasive hostility based on her age, pointing to the ageist comments and notes directed at her. In fact, she couldn't even go to the bathroom without enduring ageism.

The skinny

It's best to have zero tolerance for unacceptable comments. Consider: A woman who refused to stop engaging in discriminatory behavior still beat her former employer in court.

Cite: *Schneidmessenger v. NYU Grossman School of Medicine*, U.S. District Court, S.D. New York, No. 21-cv-7179, 9/10/24.

Race bias? White supervisor says she's tired of Black people complaining about slavery

African American woman says her boss made several inappropriate comments, sues

"It's unfortunate that Claudia's white boss made some comments that were racially insensitive," said Supervisor Nathan Hawkins.

"Yes, several of the statements were disturbing," said HR Director Carolyn McGill. "To top it off, Claudia just filed a race discrimination lawsuit against us, claiming that we fired her because she's Black."

"Claudia is mistaken," said Nathan. "Besides, she resigned

her position, so she didn't even experience an adverse employment action."

"According to Claudia," said Carolyn, "she was forced to quit."

Unable to budget

"I don't know about that," said Nathan. "I mean, yeah, Claudia's white boss made some comments that weren't appropriate. Apparently, the boss once told Claudia that Black people don't know how

to budget and that if they did know how to budget, they'd be Republicans. The boss also told Claudia that she was tired of Black people complaining about slavery, and alleged that most abortions are performed on Black women.

"Those comments were flat-out wrong," continued Nathan. "However, again, Claudia wasn't terminated, so I'm not sure what she's suing us for."

"Claudia contends that she was forced to quit because of

the unprofessional manner in which we responded to her complaint about a customer," said Carolyn. "Apparently, the customer directed several disturbing comments about race, abortion and politics at Claudia."

Investigation launched

"As soon as Claudia reported the unfortunate customer interaction," said Nathan, "we launched an

(Please see *Slavery* ... on p. 2)

Slavery ...

(Continued from p. 1)

investigation. We decided to end our relationship with the customer, but we gave her 30 days to make arrangements to move her business elsewhere.”

Another 30 days

“Claudia insists that we needed to cut off the customer right away,” said Carolyn. “She says the customer could’ve still harassed her for another 30 days.”

“But we told Claudia that she didn’t have to deal with the customer anymore,” said Nathan. “Someone else would take care of her. But despite our assurances, Claudia wasn’t satisfied. She went home and never came back. Keep in mind that we later learned that Claudia had told a coworker that she was planning her exit

strategy. We think she used the customer interaction as an excuse to resign.”

“Claudia’s justification for leaving the job was weak,” said Carolyn. “We’ll challenge this lawsuit.”

Result: The company won. The court dismissed the case.

The judge said the Black woman failed to prove that she was forced to resign her position. As such, her claim of constructive discharge lacked merit, which meant that she didn’t experience an adverse employment action and couldn’t pursue her allegation that she was constructively discharged because of her race.

Prompt response

The court pointed out that the employer responded promptly to the woman’s complaints about the

customer by launching an investigation and taking quick action to end its relationship with the customer. It wasn’t unreasonable for the company to provide the customer with 30 days to move her business elsewhere. Plus, the Black woman had told a coworker that she was planning her exit strategy, further weakening her claim of constructive discharge.

No adverse action

And while the woman endured several racist comments from her boss, they weren’t enough to prove bias, given that the staffer quit the job and didn’t suffer an adverse employment action.

Cite: *Russo v. The Bryn Mawr Trust Co.*, U.S. Court of Appeals 3, No. 22-3235, 8/9/24.

What it means to you

Remember the importance of responding promptly to all allegations of potentially inappropriate behavior. In this case, when the Black woman reported that a customer had behaved poorly, the company investigated her claim right away and ended its relationship with the customer. Because of its prompt and effective response, the employer was in a much stronger legal position when the woman later sued.

Your takeaway: As soon as a staffer alerts you to potentially discriminatory behavior, let the person know that you’ll act quickly to address the situation. Then follow your employer’s procedures. Chances are, you’ll want to let your HR manager know what’s going on.

Bonus: Be sure to keep the worker updated on what’s being done to address the complaint.

You make the call

Was woman fired because she took lactation breaks?

“I know Jenny was really unhappy when we changed our policy on lactation breaks,” said Supervisor Margie Brunton. “However, I find it hard to believe that she’s suing us.”

“Unfortunately,” said HR Manager Alan Frankel, “Jenny is suing us, claiming that we terminated her in retaliation for taking lactation breaks.”

“We didn’t fire Jenny in retaliation for pumping breast milk,” said Margie. “We dismissed her because she secretly recorded a meeting with her boss. That was a clear violation of our personal-

conduct policy, which specifically forbids covert recordings.”

Policy changed

“What prompted Jenny to request a meeting with her boss?” asked Alan.

“Jenny had been taking lactation breaks for several months,” said Margie. “She was being paid for those breaks. When we changed our company-wide policy to unpaid lactation breaks, Jenny was very unhappy and she requested a meeting with her boss.”

“I don’t believe we had a legal obligation to pay for lactation breaks,” said Alan.

“That’s my belief as well,” said Margie. “However, unbeknownst to her supervisor, Jenny recorded the meeting. When we later found out what she had done, we let her go.”

“Jenny contends that her use of lactation breaks was a so-called protected activity,” said Alan, “and that we fired her in retaliation for taking the breaks.”

“We terminated Jenny because she violated our personal-conduct policy,” said Margie, “not because she was pumping breast milk. We should fight this lawsuit.”

Did the company win?

■ *Make your call, then please turn to page 4 for the court’s ruling.*

HR Manager’s **LegalAlert** FOR SUPERVISORS

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I O B P
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legal news for supervisors

The No. 1 bias claim made by U.S. workers

Proceed cautiously before taking a so-called adverse employment action against a worker who has alleged unlawful discrimination.

Reason: The adverse action could prompt an allegation of retaliation. In fact, according to data recently released by the Equal Employment Opportunity Commission (EEOC), retaliation is the No. 1 bias claim made by U.S. workers against employers.

The data was included in a new EEOC report on diversity in the high-tech workforce compared with the general workforce. The report revealed that 53.4% of the charges submitted by all workers to the agency in 2022 included a retaliation claim. In the high-tech sector, 54.4% of the charges mentioned retaliation.

The other top allegations made by workers in the general workforce and the high-tech workforce were:

- disability (34.4% of the general workforce; 35% of the high-tech workforce)
- race (28%; 27.2%)
- gender (24.6%; 24.3%)
- religion (21.4%; 23.2%)
- age (14.9%; 19.8%)
- national origin (7.3%; 8.7%)

Key point: Workers who file an internal or an external allegation of bias and are subsequently punished for having done so, e.g., a demotion or termination, usually have a viable claim of retaliation.

No interactive process prior to termination

One employer just found out the high cost of failing to engage in the interactive process: \$400,000.

That's how much Pilot Air Freight LLC has been forced to pay in order to resolve a disability discrimination lawsuit pursued by the EEOC.

According to the lawsuit, Thomas Hunt was hired to work at a Pilot facility in Atlanta. A few days after he started, he told his boss that he needed some time off to meet with his doctor to discuss his recent diagnosis of mouth cancer.

A short time later, Hunt was fired, allegedly due to a reduction in force. Hunt reached out to the EEOC, which sued. The agency noted that Pilot Air Freight refused to meet with Hunt to discuss accommodation options, which meant the company failed to engage in the legally mandatory interactive process.

Based on EEOC v. Pilot.

New legal rulings

Employee wanted to take immediate leave

Staff members must provide you with reasonable notice of their need for leave.

What happened: Before his employer had completed an investigation of him for potential attendance violations, a worker emailed his manager and said he was immediately taking time off under the Family and Medical Leave Act (FMLA). He was fired.

Legal challenge: The staffer sued for FMLA interference.

Company's response: He tried to take leave to avoid discipline.

Ruling: The employer won. The crew member was required to provide the organization with reasonable notice of his need for leave. An email sent right before his planned leave time wasn't sufficient notice.

Cite: *Covington v. Union Memorial Hospital*, U.S. District Court, D. Maryland, No. DKC 22-2655, 8/13/24.

Man paid \$20,000 more than woman

Make sure you have a solid reason – such as experience or education – for paying male workers more than females.

What happened: A woman who'd performed a job on a part-time basis was disappointed to learn that the man hired for the job full time was being paid \$20,000 more than she was.

Legal challenge: The woman sued for gender discrimination based on unequal pay.

Company's response: She had less experience and education.

Ruling: The company won. The employer was justified in paying the man more because he had 13 years of relevant experience and a degree while she had five years of relevant experience and lacked a degree.

Cite: *Woods v. Edelman Financial Engines LLC*, U.S. District Court, D. Kansas, No. 2:23-cv-02259, 8/26/24.

focus: microaggressions

How to respond to subtle behaviors that could cause your people to feel devalued

Here's a statistic that might surprise you: More than one-quarter of U.S. employees who responded to a recent survey reported that they'd definitely experienced a microaggression at work; another 22% said they might have suffered a microaggression on the job.

These numbers show that microaggressions are fairly common in the workplace, and they help explain why you need to respond to them quickly in order to reduce the chances that someone who suffers a microaggression will pursue a costly lawsuit.

Microaggressions, which are subtle behaviors that lead someone to feel devalued, can take many

different forms, including microassaults, which are overt actions meant to cause harm, e.g., hanging up a photo of a scantily clad woman.

Harm not intended

Another type of microaggression is a microinsult, which isn't intended to cause harm and is often driven by unconscious bias or cultural ignorance. Example: Telling a Black person that he or she is articulate, which implies that Black people aren't expected to be articulate.

And microaggressions sometimes take the form of microinvalidations – talking over someone or blatantly interrupting a coworker. For

instance, a male employee might “manterrupt” a female colleague.

As a supervisor focused on stamping out unacceptable conduct such as microaggressions, it's important to act promptly and decisively when you become aware of a potential microaggression that has upset a crew member.

Speak to the person who has committed the microaggression, and carefully explain to him or her the difference between intent and impact. Example: “I know you didn't intend for your comment to come off as discriminatory, but your coworker perceived the statement to be offensive to her national origin.”



legal developments

Man suffers allergic reaction to coworker's cologne, sues for disability discrimination

Supervisor's take-home: The process of identifying an accommodation for a disabled crew member is supposed to be interactive. You can't just give a worker a take-it-or-leave-it offer and end the conversation.

What happened: A staff member began to experience an allergic reaction to the cologne worn by another worker in a nearby cubicle. He sent an email to his manager seeking an accommodation for his severe allergies.

What people did: The manager promised to work with the staffer to identify an accommodation. However, a few days later, without even speaking to the worker, the manager said the disabled man could work at home

fulltime. The worker rejected that proposal, saying he didn't have room at home for an office and that he didn't want to miss the chance to interact with his colleagues. He sent several emails to his manager suggesting that he be moved to a private office, but his emails were ignored. His boss later told him that he'd been offered the accommodation of working from home fulltime, so the employer had done everything it was legally required to do.

Legal challenge: The worker sued for disability discrimination, arguing that the employer failed to engage in the interactive process.

Result: The employer lost. The court said a jury should

decide whether the organization's offer of working from home fulltime was reasonable. The judge said the employer had a duty to participate in the back-and-forth process required to find an accommodation. It wasn't enough to give the worker a take-it-or-leave-it offer and prematurely end the interactive process.

The skinny: Courts expect employers to act in good faith when identifying potential accommodations for disabled staffers. Organizations that prematurely shut down the interactive process rarely win in court.

Cite: *Ali v. Regan*, U.S. Court of Appeals D.C., No. 22-5124, 8/9/24.

You make the call: The Decision

(See case on page 2)

Yes. The company won. The court dismissed the lawsuit. The judge ruled that the woman wasn't terminated because she took lactation breaks. She was legitimately let go because she secretly recorded a meeting with her boss in violation of the employer's conduct policy.

Even though the woman had been allowed to take lactation breaks, the organization had no legal duty to pay her for those breaks. So the employer was on solid ground when it decided to stop paying her as well as other women who needed lactation breaks.

And once the company discovered that the woman had secretly recorded a conversation with her boss, the employer was justified in dismissing her for violating the personal-conduct policy, decided the court.

What it means: Avoid costly retaliation lawsuits

You might be surprised to learn that more than half of employment-related lawsuits involve allegations of retaliation, so it wasn't unusual for this employer to face a retaliation lawsuit.

However, the woman here was unable to make her case stick because the company offered a legitimate, non-discriminatory justification for dismissing her.

Key: Make sure you have a solid reason for terminating someone who has recently alleged biased behavior. Doing so will significantly reduce the chances that your employer will get entangled in a costly retaliation lawsuit.

Based on *Spagnolia v. Charter Communications LLC*.



legal nightmare

After worker begins to transition to male from female, his boss calls him 'baby girl'

Overview

After deciding to transition to a male from a female, a staff member was taunted by his coworkers who frequently referred to him as "ma'am" and a supervisor who called him "baby girl."

The scenario

Shortly after starting his job with the Georgia Department of Corrections at Rogers State Prison, Reidsville, GA, Tyler Copeland decided to socially and medically transition to a man from a woman. He underwent hormone replacement therapy, legally changed his name and decided to openly live as a man.

When Copeland informed his employer about the

change in his gender identity, things didn't go well. Without Copeland's approval or knowledge, his manager told the entire prison staff about Copeland's transition.

From that day on, Copeland was misgendered by his bosses and coworkers. Crew mates finished their radio transmissions by calling him "ma'am." One coworker said Copeland must have a dildo in his pants. Others referred to him using the pronouns "that" and "it." His supervisor taunted him by calling him "baby girl."

The offensive behavior even became physical. As Copeland was entering the prison one day, Sheila Holland, a fellow officer,

blocked the doorway and confronted Copeland, saying, "We can fight." She also said she was unhappy Copeland objected when he was called ma'am, claiming that she was "proud to be a woman."

Legal challenge

Copeland sued for a hostile workplace motivated by his transgender status.

The ruling

The employer lost. The worker endured severe and pervasive harassment that occurred almost every day. Worse, said the judge, his supervisors were among those who harassed him the most.

Based on *Copeland v. Georgia Department of Corrections*.

TAB H

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: January 22, 2025

TO: Chair
Governing Board

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

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

2025 Annual Approval of Policies & Procedures

The attached list of policies and procedures is submitted for approval. (See attached.)

Peer Review Committee Report

Trending OB Cases/MD#3700

At the last Peer Review Committee meeting, it was agreed to forward a letter to MD#3700, requesting his attendance at the next meeting to provide clarification on the reviewed obstetric cases. The next Peer Review Committee meeting will be held in February 2025.

Informational Item:

Fenton Jurkowitz Law Group

This Committee voted to direct the Fenton Jurkowitz Law Group to terminate any litigation on behalf of the Medical Staff. In particular, to dismiss any legal complaint by the Medical Staff against San Gorgonio Memorial Hospital or San Gorgonio Memorial Hospital Health District. They will be asked to discontinue any further legal services in correction with such litigation.

**SAN GORGONIO MEMORIAL HOSPITAL
2025 APPROVAL OF POLICIES & PROCEDURES**

Title	Policy Area	Revised?
Admissions	Nursing	Revised
Licensed and Non Licensed Independent Practitioners Disaster Credentialing - Disaster Policy	Emergency Preparedness	Revised
Pain Assessment and Management	Nursing	Revised
Thickened Liquids	Dietary	Revised

TAB I

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital and District Board Meeting February 4, 2025

	Title	Policy Area	Owner	Workflow Approval
1	2025 Environment of Care Security Management Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
2	Abuse – Identification and Reporting of Elder and Dependent Person (Adult)	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Healthcare District Board of Directors
3	Acquisition of Computing and Telecommunications Systems Hardware	Information Services	Maja, Cosmina: Information Services Director	Ariel Whitley for Healthcare District Board of Directors
4	Call Back of Information Services Personnel	Information Services	Maja, Cosmina: Information Services Director	Ariel Whitley for Healthcare District Board of Directors
5	Clinical Diet Manual	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Healthcare District Board of Directors
6	Code Purple Procedure for the Emergency Department	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Healthcare District Board of Directors
7	Complete Medical Records	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
8	Computer, Network, Mobile and Internet Access Policy	Information Services	Maja, Cosmina: Information Services Director	Ariel Whitley for Healthcare District Board of Directors
9	Dietary Nourishments	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
10	Discharge Planning Coordination	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
11	Disclosure of Protected Health Information (PHI) To Patients	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
12	Environment of Care/Life Safety Committee (Fire Safety) Plan 2024-2025	Environment of Care	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Healthcare District Board of Directors
13	Hazardous Chemical Spill - Code Orange	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital and District Board Meeting February 4, 2025

	Title	Policy Area	Owner	Workflow Approval
14	Legal Hold or in Custody, Care of Patients	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
15	Mammography Phantom Quality Imaging and Assessment	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
16	Newborn Hyperbilirubinemia Management	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
17	Obstetrical Instrument Disposal	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
18	Operations of the Information Services Department	Information Services	Maja, Cosmina: Information Services Director	Ariel Whitley for Healthcare District Board of Directors
19	Patient Diet Orders and Nursing Protocol	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
20	Pediatric/Adolescent Admissions in the Adult Hospital	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
21	Rubella Vaccination	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
22	Shelter-in-Place and Evacuation Plan - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
23	Software Acquisition and Maintenance	Information Services	Maja, Cosmina: Information Services Director	Ariel Whitley for Healthcare District Board of Directors
24	Surgical Services - Cesarean Sections	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Ariel Whitley for Healthcare District Board of Directors
25	Surgical Services - Death of a Patient	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Ariel Whitley for Healthcare District Board of Directors
26	Surgical Services - Forensics Legal Chain of Custody	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital and District Board Meeting February 4, 2025

	Title	Policy Area	Owner	Workflow Approval
27	Surgical Services - Frozen Section - Pathology	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Ariel Whitley for Healthcare District Board of Directors
28	Surgical Services - Patient Skin Antisepsis	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Ariel Whitley for Healthcare District Board of Directors
29	Surgical Services - Procedures Requiring a Surgical Assistant	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Ariel Whitley for Healthcare District Board of Directors
30	Surgical Services-Cardiopulmonary Arrest/Code Blue	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Ariel Whitley for Healthcare District Board of Directors
31	Transfer of Inpatients to Other Facilities	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
32	Umbilical Arterial Catheterization	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
33	Vaginal Birth After Cesarean (VBAC)	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
34	Weighing and Measuring Patients	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors

TAB J

New clinic focuses on primary care

BY DYLAN LOTTS
Record Gazette Staff

The San Gorgonio Memorial Hospital and Apna Health have partnered to launch the San Gorgonio Memorial Healthcare District Clinic in Banning.

A ribbon-cutting ceremony will be held to celebrate the clinic's grand opening, located at 264 N. Highland Springs Avenue, at 11 a.m. Friday, Jan. 24.

The space will act as a primary care clinic. Services will include chronic disease management, acute illness management, preventative care, senior and geriatric care, pediatrics/well-child visits, physicals, hospital follow-ups, transition of care and immunizations.

The hospital also recently added a board-certified OB-GYN physician.

Angela Brady, chief nurse executive of San

Gorgonio Memorial Hospital, said the clinic would help provide accessible care to residents, mainly in the community.

"As health care has shifted outside of the hospital and more to outpatient services, the hospital has needed to respond to the community in providing these services," Brady said. "So, we have to go outside these walls.

SEE **CLINIC** PAGE 5

CLINIC FROM PAGE 1

There's a huge lack of access to primary care, not only here in this area, but also in the Inland Empire. And that is why we started the primary health care district clinic in partnership with Apna Health and it's essential for the resources in the community."

The clinic will also offer Enhanced Care Management in partnership with the Inland Empire Health Plan. The program offers people with complex medical and social needs personalized, coordinated care.

"It ensures that patients receive comprehensive support, including assistance navigating the health care system, managing chronic conditions and connecting with community resources to address social determinants of health," Brady said.

Brady has been working at the hospital for 20 years. She began as a nurse in the emergency department (ED), then moved to a charge nurse, director of the emergency department and is now the chief nurse executive. When she began, the ED saw 40 to 50 patients a day. Now, it sees 45,000 patients a year.

Brady said ED and hospitalized patients get discharged and have trouble scheduling appointments with their primary care physician due to availability. Thus, she said the clinic will offer same-day ap-

pointments for people to help alleviate that problem.

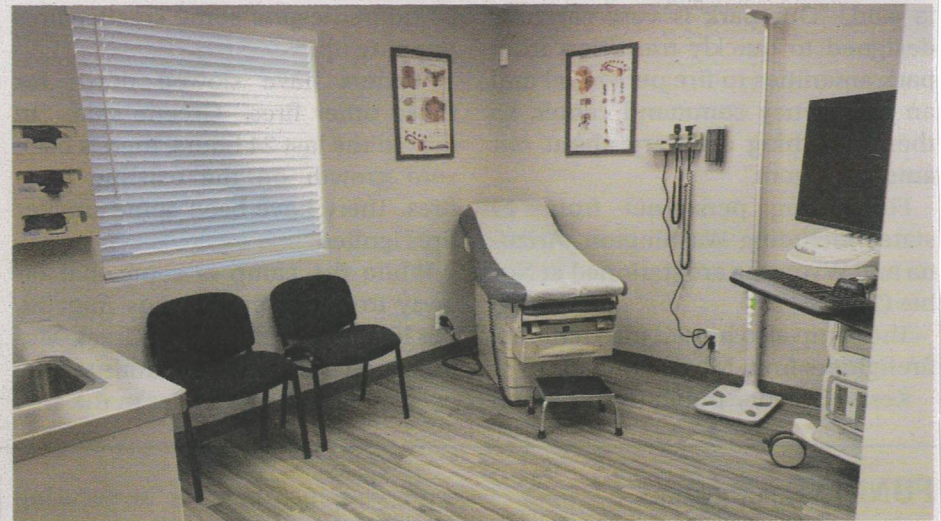
"A lot of times, patients come into the ED and they're discharged and they need to follow up with a primary care physician," Brady said. "Well, it's harder and harder to get these appointments, so we offer same-day appointments and then any patient who is discharged from the hospital...can also come over to the clinic. So, it's a continuation of care."

Three primary care physicians and one OB-GYN will be stationed at the clinic, but as it grows, more can be added through the hospital's partnership with Apna Health.

"We do have the three primary care (physicians) and then the OB-GYN, but with our partnership with Apna Health, they can provide us more physicians," she said.

The hospital is making many strides toward providing better care for residents in the region. Recently, the hospital was designated as a certified stroke center.

Many improvements have also been made to the technology and equipment available to patients, for which Brady displayed gratitude to the Morongo Band of Mission Indians. "Without them we wouldn't have been able to start the clinic, they provided the donation to start the clinic," she said.



The San Gorgonio Memorial Hospital and Apna Health have partnered to open the San Gorgonio Memorial District Healthcare Clinic. (Angela Brady/Submitted)

"Most of our technology is now state of the art," Brady continued. "Our investment in the Da Vinci Robotic System has brought some cutting-edge technology to our hospital, and all this is thanks to the incredible support of Morongo Band of Mission Indians in their partnership with the hospital foundation. We have been able to achieve these remarkable advancements that directly benefit our patients and their families."

Brady said she is proud of the work the hospital has put in to ensuring better

care for residents in the San Gorgonio Pass area.

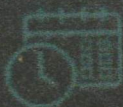
"As a nurse, as a mother, as a member of this community and now an executive, I am proud of the work that our board, our leadership team and associates have accomplished," she said. "These milestones reflect San Gorgonio's dedication to addressing health care needs of our community, and again, the Morongo Band of Mission Indians have been instrumental in making these initiatives a reality." ■

Celebrating Partnership & Progress

GRAND OPENING

Of Our New Community Clinic!

Please join us in celebrating
San Geronimo Memorial Hospital partnering with
Apna Health for our District Clinic Opening!



When: Friday, January 24, 2025
Where: 264 N. Highland Springs Ave., Bld 3
Banning, CA 92220
Time: 11:00am



Made possible by a
generous donation from
The Morongo Band of
Mission Indians



Impact of Presidential Immigration Executive Orders on Hospital Care

Caring for the sick and healing the injured — without regard to a patient’s ethnicity, national origin, or citizenship status — is the mission of all hospitals. There is a special trust between patients and health care providers, and no one should ever be afraid to seek care for themselves or their loved ones because they fear being deported. This analysis of the intersection of California law and federal activities and actions around immigration enforcement is intended to support hospitals as they continue to care for patients.

Responding to Immigration and Customs Enforcement (ICE) Inquiries

- The U.S. Department of Homeland Security, Immigration and Customs Enforcement (ICE) is responsible for enforcing federal immigration laws.
- In 2021, the ICE director issued an [internal memo](#) directing ICE officers to generally avoid conducting enforcement activities (such as arrests, interviews, searches, and surveillance) at protected areas, including hospitals, churches, and schools (with rare exceptions). This policy did not prevent immigration enforcement actions at, or focused on, these locations, but rather provided guidance that these areas should generally be avoided. Adoption of this internal policy did not change the law — not for ICE officers, and not for hospitals. It only directed ICE officers to avoid protected locations in most cases.
- This internal ICE policy was rescinded by the Department of Homeland Security on January 21, 2025. Although ICE officers are technically now “free” to undertake all enforcement activities in these locations, including hospitals, if they wish, how a hospital responds to ICE is no different today than it was previously. Although it is too early to know whether this change in policy will result in increased enforcement activities at hospitals, the laws that hospitals need to follow have not changed. Hospitals should continue to follow their current policies and procedures when interacting with ICE officials.
- As a reminder, California and federal health information privacy laws prohibit hospitals, physicians, and other health care providers from disclosing patient information to ICE officers unless:
 - The patient signs a legally compliant “authorization for the release of information” form
 - The officer provides a valid subpoena, subpoena duces tecum, search warrant lawfully issued to ICE, or court order (for medical information requests)
 - The officer provides a valid judicial warrant signed by a United States District Court judge or magistrate (for physical access requests)

- Another law specifically requires the disclosure
- Frontline and clinical staff should be trained to neither confirm nor deny the presence of a patient to an ICE officer, and to refer the officer to the administrator on duty. The administrator on duty may wish to consult the hospital's legal counsel or privacy officer to determine how to respond to an ICE officer.
- Most hospitals maintain a hospital directory that lists patients' names and room numbers; the directory is typically used by hospital operators and lobby desk staff. California and federal health information privacy laws allow hospitals to disclose a patient's name and room number to callers and visitors, such as family members, friends, florists, clergy, etc. Although ICE officers wear uniforms, it is possible that a plainclothes or undercover ICE officer could pose as a legitimate visitor and obtain the patient's room number. Patients are informed at the time of admission of the existence of the hospital directory and their right to opt out of being listed. However, many patients do not read hospitals' Notice of Privacy Practices. Hospitals may wish to bring this information to their patients' attention by using a separate document or by having admitting personnel notify them verbally.
- For additional information, California Attorney General Rob Bonta has published a [guide to assist health care facilities in responding to immigration related issues](#).

Birthright Citizenship

- President Trump has issued an executive order ending automatic citizenship to children born without at least one parent who holds U.S. citizenship or lawful permanent resident status (green card) at the time of birth. This [executive order](#), which had been scheduled to take effect on February 19, 2025, has been temporarily blocked by a federal court.
- The process for issuing birth certificates, and the role hospitals play, is relevant to the policy issues regarding birthright citizenship.
- Neither hospitals nor the federal government issue birth certificates. Hospitals complete a Certificate of Live Birth (Health and Safety Code Section 102425) and submit the form to the county registrar. The Certificate of Live Birth does not include citizenship or immigration information.
- The state annually reports vital statistics obtained from county registrars to the federal government.
- Since there is no federal birth registry and because the birth certificate process is left to the states, it is unclear how the Trump Administration intends to enforce the executive order should the courts allow it to be implemented.
- CHA will monitor the lawsuits challenging this executive order and potential efforts to change the birth certificate process.

Employment Eligibility Verification Processes

- Hospitals as employers are reminded of existing laws regarding verifying eligibility for employment. Federal law prohibits employers from hiring individuals who are not authorized to work in the United States. Employers must verify a new employee's eligibility by completing the federal Form I-9. This includes citizens and noncitizens (with appropriate eligibility to work).
- Employers must retain and store I-9 forms for each employee and make the forms available for inspection, if requested, by authorized U.S. government officials from the Department of Homeland Security, Department of Labor, or Department of Justice.
- Form I-9 inspections are usually performed with advance notice. Typically, an employer will receive a written Notice of Inspection ("NOI") at least three days before the inspection. However, government officials may also use subpoenas and warrants to obtain the forms without providing three days' notice.
- Upon receipt of a NOI, the California Immigration Protection Act (AB 450, 2017/ Labor Code Section 90.2(a)(1)) requires an employer to notify each current employee and the employee's union representative — within 72 hours of receiving the NOI — that an inspection is forthcoming. Additionally, the employer must inform employees by posting the notice in the language normally used by the employer to communicate employment-related information to the employee. The California Labor Commissioner has provided a [template](#) that employers may use to comply with this requirement.

Primary Care & OB-GYN Services



SAN GORGONIO
MEMORIAL
HEALTHCARE
DISTRICT CLINIC



APNA
HEALTH

San Gorgonio Memorial Healthcare District Clinic & Apna Health



SCAN ME

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Banning, Ca 92220

Now accepting new patients! Call today
for an appointment @ (951) 769-4897

www.sgmhdc.org

www.apnahealth.com

Primary Care & OB-GYN Services



San Gorgonio Memorial Memorial Healthcare District Clinic & Apna Health



About Us:

San Gorgonio Memorial Healthcare District, in partnership with Apna Health, is here to support you and provide comprehensive care to all ages and stages of life. Our clinic is dedicated to meeting the diverse needs of the community by offering personalized, compassionate, and accessible healthcare. We are committed to enhancing community health and strive to provide patient-centered care that prioritizes health and wellness.

Primary Care:

- We accept ALL AGES
- Provide Chronic Disease Management
- Provide Acute Illnesses Management
- Preventative Care
- Senior and Geriatric Care
- Pediatric Well Child Visits and Physicals
- Hospital Follow-Ups/Transitions of Care
- Immunizations

Obstetrics & Gynecology:

- Comprehensive Care for Women at Every Stage of Life
- Well Women Exams
- Preventative Care
- Family Planning
- Pregnancy
- Menopause Management and Beyond

Now accepting new patients! Call today for an appointment @ (951) 769-4897

264 N. Highland Springs Ave., Suite 3D
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SCAN ME



BANNING
CHAMBER OF COMMERCE

Sunrise Breakfast

February 19, 2025

7:00 AM



Dr. Jasleen Singh

San Geronio Memorial Hospital Health District partners with Apna Health to bring health access to the community.



Farm's House Restaurant
6261 Joshua Palmer Way
Banning, 92220

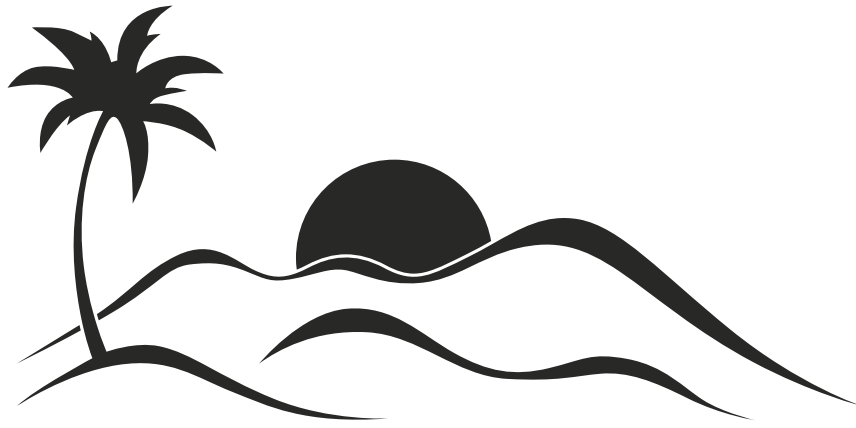


RSVP \$25.00
\$30.00 at the door

Banning Chamber of Commerce | 60 E. Ramsey St | Banning, CA 92220 US

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Presented with Gratitude and Pride



**SAN GORGONIO
MEMORIAL HEALTHCARE
DISTRICT CLINIC**

&

 APNA HEALTH

In celebration of the grand opening on January 24, 2025, this clinic stands as a testament to the shared commitment of San Gorgonio Memorial Healthcare District APNA Health, and our community to provide accessible, high-quality care for all.

With a vision of wellness, innovation, and compassion, we proudly dedicate this clinic to improving the health of our community for generations to come.

***With Appreciation from the
Hospital/District Board of Directors***