



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, November 5, 2024 – 4:00 PM

Modular C Classroom

600 N. Highland Springs Avenue, Banning, CA 92220

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

TAB

- I. Call to Order S. DiBiasi, Chair
- II. Public Comment

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

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

OLD BUSINESS

- III. ***Proposed Action - Approve Minutes** S. DiBiasi
- October 1, 2024, Regular Meeting A

NEW BUSINESS

- IV. Hospital Board Chair Monthly Report S. DiBiasi verbal
- V. CEO Monthly Report S. Barron verbal

San Gorgonio Memorial Hospital
Board of Directors Regular Meeting
November 5, 2024

- | | | | |
|-------|--|-----------------------------------|---|
| VI. | November, December, & January Board/Committee Meeting Calendars | S. DiBiasi | B |
| VII. | * Proposed Action – Approve 2025 Meeting Dates
▪ ROLL CALL | S. DiBiasi | C |
| VIII. | Committee Reports: | | |
| | <ul style="list-style-type: none"> • Finance Committee <ul style="list-style-type: none"> ○ October 29, 2024, regular meeting minutes | S. DiBiasi/
D. Heckathorne | D |
| | * Proposed Action – Approve September 2024 Financial Statement (Unaudited)
▪ ROLL CALL | | |
| IX. | P4P Q1 2024 Report – Informational | A. Brady | E |
| X. | Patient Care Services Report | A. Brady | F |
| XI. | Chief of Staff Report – Recommendations of the Medical Executive Committee – Informational | S. Khalil, M.D.
Chief of Staff | G |
| XII. | * Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures
▪ ROLL CALL | Staff | H |
| XIII. | Community Benefit events/Announcements/
and newspaper articles | S. DiBiasi | I |

GENERAL TOPIC

- | | | | |
|------|---|--|-------|
| XIV. | The Role of the Board in Medical Staff Credentialing – Video Presentation | | Video |
|------|---|--|-------|

***** 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*)
- Conference with legal counsel – Pending litigation (Government Code § 54956.9(d)(1)) Medical Staff of San Gorgonio Memorial Hospital vs. San Gorgonio Memorial Hospital (Case No. CVRI2404066)
- Conference with Legal Counsel - Potential Litigation (Gov. Code section 54956.9(d)(2)): 1 matter
- Receive Performance Improvement Committee Report (*Health & Safety Code §32155*)
- Receive Quarterly Security/Safety/ and Emergency Preparedness Report (*Health & Safety Code §32155*)
- Receive Quarterly Corporate Compliance Report (*Health & Safety Code §32155*)

**XV. ADJOURN TO THE JOINT CLOSED SESSION OF THE HOSPITAL BOARD AND
HEALTHCARE DISTRICT BOARD**

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

RECONVENE TO OPEN SESSION

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

S. 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 November 1, 2024, 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 November 1, 2024



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

October 1, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, October 1, 2024, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi (Chair), Perry Goldstein, Shannon McDougall, Ron Rader, Steve Rutledge, Randal Stevens, Lanny Swerdlow

Members Absent: Darrell Petersen, Dennis Tankersley

Required Staff: Steve Barron (CEO), Raffi Sahagian, MD (Chief of Staff), Angie Brady (CNE), John Peleuses (VP Ancillary and Support Services), Ariel Whitley (EA/Director of Comp. and Privacy), Annah Karam (CHRO), Sal Sanchez (Facilities Director)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:02 pm.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action - Approve Minutes September 3, 2024, regular meeting.	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the September 3, 2024, regular meeting. There we none.	The minutes of the September 3, 2024, regular meeting will stand correct as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Chair DiBiasi reported that the health check with Altera went well. We will be getting a lengthy report regarding areas of improvement.	
CEO Monthly Report	Steve Barron, CEO, provided an informational article about Proposition 35. He also reported that the Healthcare Districts Family and Women's Clinic is well underway.	
October, November, & December Board/Committee meeting calendars	Calendars for October, November, and December were included on the board tablets.	
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.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
COMMITTEE REPORTS:																						
Finance Committee Proposed Action – Approve August 2024 Financial Statement (Unaudited).	<p>Steve Barron, CEO, reviewed the Executive Summary of the August 2024 Financial Report which was included on the board tablet. A copy of the Finance Committee’s September 24, 2024, meeting minutes were also included on the board tablet.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 569 1252 743"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Rutledge/Rader), the SGMH Board of Directors approved the August 2024 Financial Statement as presented.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Absent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
Human Resources Committee	<p>The HR Committee report was provided as informational. A copy of the Human Resources Committee’s September 18, 2024, regular meeting minutes were also included on the board tablets.</p>																					
Proposed Action – Approve the 2024/2025 Associates Health Plan Benefits	<p>Annah Karam, CHRO, reviewed the Associates Health Plan Benefits package as included in the committee packet.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1056 1252 1230"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (McDougall/Rader), the SGMH Board of Directors approved the 2024/2025 Associates Health Plan Benefits as presented.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Absent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
Proposed Action – Approve the Associate Holiday Gift Cards	<p>Annah Karam reported that every year associates are provided with holiday gift cards. See Tab H for the breakdown.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1423 1252 1598"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Swerdlow/McDougall), the SGMH Board of Directors approved the Associate Holiday Gift Cards as presented.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Absent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures	<p>There were fifty (50) 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 1791 1252 1890"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	<p>M.S.C., (Rader/Swerdlow), the SGMH Board of Directors voted to recommend approval to the Healthcare District board of the policies and</p>								
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Absent																			
Rader	Yes	Rutledge	Yes																			

AGENDA ITEM					ACTION / FOLLOW-UP
	Stevens	Yes	Swerdlow	Yes	procedures as submitted.
	Tankersley	Absent	Motion carried.		
Chief of Staff Report Recommendations of the Medical Executive Committee – Informational	There was no formal report. However, the Chief of Staff provided correspondence. The correspondence was received and is on file.				
Community Benefit events/Announcements/and newspaper articles	Miscellaneous information was included on the board tablets.				
Adjourn to Closed Session	Chair, DiBiasi reported on the items to be reviewed and discussed and/or acted upon during Closed Session will be: <ul style="list-style-type: none"> ➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing ➤ Receive Quarterly EOC/Life Safety/Utility Management Report The meeting adjourned to Closed Session at 5:20 pm.				
Reconvene to Open Session	The meeting adjourned from closed session at 5:42 pm. Chair DiBiasi reported on the actions taken/information received during the Closed Session as follows: <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing with an exception to one physician to be disclosed to the Medical Staff Office. ➤ Received Quarterly EOC/Life Safety/Utility Management Report 				
Future Agenda Items	<ul style="list-style-type: none"> • None 				
Adjourn	The meeting was adjourned at 5:44 pm.				

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

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B



November 2024

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3 Daylight Savings Time ends.	4	5 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	6	7	8 Beaumont Chamber Breakfast @7:30 AM	9
10	11	12	13	14	15	16
17	18	19	20 5:00 Measure H Mtg 5:15 Measure A Mtg Banning Chamber Breakfast @7AM	21	22	23
24	25	26 9:00 am Finance Committee	27	28 <i>Thanksgiving Day! Administration Closed</i>	29 <i>Administration Closed</i>	30

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

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



December 2024

Board of Directors Calendar

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

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

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



January 2025

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 <i>Admin Closed—New Year's Day!</i>	2	3	4
5	6	7 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28 9:00 am Finance Committee	29	30	31	

TAB C

HOSPITAL BOARD
2025 MEETING DATES FOR BOARD APPROVAL

Hospital Board – meeting begins at 4:00 pm

Tuesday, January 7
Tuesday, February 4
Tuesday, March 4
Tuesday, April 1
Tuesday, May 6
Tuesday, June 3
Tuesday, July 1
Tuesday, August 5
Tuesday, September 2
Tuesday, October 7
Tuesday, November 4
Tuesday, December 2

Executive Committee – 10:00 am

Tuesday, March 25
Tuesday, June 24
Tuesday, September 30
Tuesday, December 30

Finance Committee – meeting begins at 9:00 am

Tuesday, January 28
Tuesday, February 25
Tuesday, March 25
Tuesday, April 29
Tuesday, May 27
Tuesday, June 24
Tuesday, July 29
Tuesday, August 26
Tuesday, September 30
Tuesday, October 28
Tuesday, November 25
Tuesday, December 30

Human Resources Committee – meeting begins at 9:00 am

Wednesday, January 15, 2025
Wednesday, April 16, 2025
Wednesday, July 16, 2025
Wednesday, October 15, 2025

Community Planning Committee – meeting begins at 10:00 am

Wednesday, January 15, 2025
Wednesday, April 16, 2025
Wednesday, July 16, 2025
Wednesday, October 15, 2025

TAB D

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
October 29, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, October 29, 2024, 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), Daniel Heckathorne (CFO), John Peleuses (VP, Ancillary & Support Services), Ariel Whitley (Executive Assistant), Angela Brady (CNE), 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 September 24, 2024, regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the September 24, 2024, regular meeting. There were none.	The minutes of the September 24, 2024, regular meeting will stand correct as presented.								
NEW BUSINESS										
Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – September 2024	<p>Daniel Heckathorne, CFO, reviewed the Unaudited September 2024 finance report as informational.</p> <p>The month of September resulted in a negative \$2.65M EBIDA compared to budgeted negative EBIDA of \$2.23M. Overall Surplus was a negative \$3.52M compared to the budgeted negative Surplus of \$2.39M.</p> <p>ROLL CALL:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>DiBiasi</td> <td style="text-align: center;">Yes</td> <td>Petersen</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td>Rader</td> <td style="text-align: center;">Yes</td> <td>Rutledge</td> <td style="text-align: center;">Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	M.S.C. (Rutledge/Rader), the SGMH Finance Committee voted to recommend approval of the Unaudited September 2024 Financial report to the Hospital Board of Directors.
DiBiasi	Yes	Petersen	Yes							
Rader	Yes	Rutledge	Yes							
Healthcare District Quarterly Investment Report - Informational	The Healthcare District’s Investment Policy requires quarterly reporting. The Quarterly Investment report was included in the Committee packet as informational.									

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
340B Program Overview - Informational	Steve Barron, CEO, briefly presented the 340B Program Overview as included in the committee packet.	
P4P Q1 2024 Report – Informational	Angie Brady, CNE, briefly presented the P4P Q1 2024 Report as included in the committee packet as informational.	
Future Agenda Items	<ul style="list-style-type: none"> • Audit Presentation 	
Next Meeting	The next regular Finance Committee meeting will be held on November 26, 2024 @ 9:00 am.	
Adjournment	The meeting was adjourned at 10:00 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

THREE MONTHS ENDING SEPTEMBER 30, 2024

FY 2025

Certification Statement:

To the best of my knowledge, I certify for the hospital that the attached financial statements, except for the impact of incomplete and unbooked June 30, 2024 year end audit entries, 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

10/22/2024

CFO

San Geronio Memorial Hospital

Financial Report - Executive Summary – 10 22 24

For the Month of September 30, 2024 and YTD Three Months Ended September 30, 2024

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

Month - The month of September resulted in negative \$2.65M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$2.23M. Overall Surplus was negative \$3.52M compared to the budgeted negative Surplus of \$2.39M.

YTD – The three months ending September resulted in negative \$6.15M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$5.86M. Overall Surplus was negative \$8.25M compared to the budgeted negative Surplus of \$6.34M.

Note: If the unaccrued Supplemental funds, projected DSH and P4P funds, along with provision for lease principal payments were booked, the YTD EBIDA would be a negative \$1.53M compared to the actual negative booked \$6.15M.

Monthly Adjustments and Items of Note:

- Adjusted Patient Days exceeded budget, E/R visits were on budget, and Patient Days and Surgery cases were below budget.
- Net Revenues were below budget due to changes in Payor mix and I/P vs. O/P mix.
- Note: Balance Sheet balances items are subject to continuing final reconciliations being prepared for the annual financial audit.
- The September financials include certain adjustments for the first quarter which are based on various reconciliations that were developed in conjunction with the year end June audit.
- Other items of note are presented in the Extraordinary Items summary immediately following this Executive Summary.

Monthly Workloads – The September inpatient average daily census was 19.1 compared to the budgeted 23.0. Adjusted Patient Days were 3.6% over budget (2,026 vs. 1,955), while Patient Days were 17.1% under (572 vs. 690) budget. Emergency Visits were 0.3% under budget (3,585 vs. 3,597), and Surgeries were 7.3% under budget (102 vs. 110), and were 4.7% below the 107 cases the previous September.

YTD Workloads - The inpatient average daily census through September was 23.0 compared to the budgeted 22.0. Adjusted Patient Days were 12.5% over budget (6,516 vs. 5,791), while Patient Days were 4.1% over (2,112 vs. 2,028) budget. Emergency Visits were 0.4% over budget (10,751 vs. 10,708), and Surgeries were 9.3% under budget (303 vs. 334).

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

Month - Net Patient Revenues in September were \$4.89M, or \$37K below budget even though the Adjusted Patient Day's had a positive variance. Other items of note included the fact that gross Inpatient Revenues were \$3.5M below budget. On the other hand Gross Outpatient Revenues were \$1.44M over budget. As discussed in the past, Inpatient Revenues pay about 16% of charges, compared to Outpatient Revenues which pay under 9% of charges.

YTD – Net Patient Revenues through September were \$15.67M, or \$704K over budget, reflecting Adjusted Patient Day's positive variance of 12.5% and strong collections. Other items of note included the fact that gross Inpatient Revenues were \$3.7M below budget, and gross Outpatient Revenues were \$2.7M over budget.

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

Month – Operating Revenue in September was \$16K under budget. This is impacted by the Net

Patient Revenues being \$37K under budget and the Non-Patient Revenues being \$21K over budget.

YTD - Operating Revenue through September was \$661K over budget. This is impacted by the Net Patient Revenues being \$704K over budget and the Non-Patient Revenues being \$43K under budget

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

Month - Operating Expenses in September were \$8.24M which was over budget by \$410K. Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively \$83K under budget. The Wages were \$68K (1.8%) under budget while the Benefits and Contract Labor were under budget by \$5K and 10K respectively. Note: The Employee Benefits incurred a "three payroll" month, which included \$214K additional expense, which occurs twice per year. 2) Purchased Services were over budget by \$300K due to a) accounting project fees (\$182K), b) \$25K of other staffing services, and c) the remainder of variances spread throughout various departments; 3) Supply costs were over budget by \$81K (9.2%) primarily to prostheses cost variance of \$86K; 4) Other Expenses and Leases were over budget by \$40K and \$48K respectively due to communication costs, dues, and educational costs, along with the "new norm" for monthly Lease costs. Other Items: Non-Operating Revenues 1) Measure A Tax income projected revenues are reduced to \$400K per month based on the newly approved tax rate that was established at the August Board meeting; 2) Interest expenses included accruals for a) \$32K for the recent litigation settlement, b) \$90K for LOC interest, and c) corrections for the new monthly "norm" for ongoing debt expense. These were partially offset by recording \$136K of quarterly interest income earnings on funds held by the Trustee (U.S. Bank).

Year-to Date – Operating Expenses through September were \$24.3M which was over budget by \$950K. Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively \$166K below budget. 2) Purchased Services were over budget by \$759K due to a) accounting and other project fees (\$420K) b) Service and Purchased Services variance of \$398K, and \$82K for Allscripts/Navigant Fees; 3) Supplies were over budget by \$151K including prostheses (\$77K) and other medical supplies (\$65K); 4) Repairs were over budget by \$140K, which included Plant Operation ongoing maintenance project costs of \$138K; 5) Insurance Expense was over budget which included the annual cyber insurance premium payment of \$61K, and 5) Other Expenses are over budget for phone services and dues and subscriptions. Other Items: (See "Monthly" comments above: Property Tax Revenues are under budget \$985K, and Interest costs are \$740K due to litigation (\$96K), LOC (\$270K), and booking to the new "normal" for all bonds costs for the quarter.

Balance Sheet/Cash Flow

Note: As previously mentioned the Balance Sheet items are still subject to further audit entries and will be modified as the audit adjustments are completed.

Patient cash collections in September were \$5.01M compared to \$5.35M in August and \$6.23M in July. Gross Accounts Receivable Days in September dropped to 57.4 compared to 59.5 in August and 59.9 in July.

Operating Cash was \$12.78M compared to \$19.44M on June 30. Accounts Payable in September were \$10.43M compared to \$8.18M on June 30. The Line of Credit balance remained at \$12M, the same as it was as of June 27, 2024. Other major changes from June include: Net A/R reduction of \$983K, Taxes Receivable increase of \$2.0M, Assets with Limited Use down \$4.7M due to semi-annual bonds payments, and PP&E increase \$1.8M for on-going building projects. A/P increased by \$2.1M, Payroll Liabilities Increased by \$1.1M (timing differences only), and Other Current Liabilities dropped by \$893K (bonds payments)

Summary

Positive takeaways:

- 1) Adjusted Patient Days exceeded budget.
- 2) The YTD Net Revenues are slightly over budget after the first three months of the fiscal year.

Negative/Challenging takeaways:

- 1) In contrast to the July and August Patient Days exceeding budget, September's Patient Days were significantly below budget.
- 2) Operating and Non-Operating Expenses exceeded budget.

	A	B	C	D	E	F	G	H	I
1	SGMH SEPTEMBER 2024 EXTRAORDINARY ITEMS IMPACTING OVERALL FINANCIAL OUTCOMES								
2									
3									
4									
5	EBIDA ITEMS:								
6									
7	SALARIES / BENEFITS/ CONTRACT LABOR								
8									
9	COMBINED LABOR AND BENEFITS OVER (UNDER) BUDGET		(83,234)				(36,783)		
10									
11	IMPACT OF ADDITIONAL "3RD PAYROLL BENEFITS MONTH"		214,455						
12									
13	OTHER EXPENSE								
14									
15	ACCOUNTING PROJECT NET OF CONTROLLER & 3 STAFF MEMBERS)		152,228						
16									
17	SUPPLY COSTS EXCEEDED BUDGET		81,208						
18									
19									
20	EXTRAORDINARY NEGATIVE EXPENSES: EBIDA RELATED		364,657				(36,783)		(401,440)
21									
22									
23	NON EBIDA ITEMS:								
24									
25	3 MONTHS OF ADJUSTED DEPRECIATION EXPENSES		180,000				135,624		
26									
27	LINE OF CREDIT INTEREST		93,000				(328,307)		
28									
29	INTEREST ACCRUAL - LITIGATION MATTERS		32,000						
30									
31	3 MONTHS OF OTHER INTEREST EXPENSES IMPACT ON BUDGET		368,008						
32									
33									
34	EXTRAORDINARY NEGATIVE EXPENSES: NON-EBIDA RELATED		673,008				(192,683)		(865,691)
35									
36	Note: These variances are not intended to account for all variances, but are meant to highlight key or unusual variations.								

	A	B	C	D	E	F	G
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL						
2							
3	EXTRAORDINARY CASH REQUIREMENTS OVERVIEW (10 MONTH SPAN)		PAYMENT DATE		AMOUNT	NOTES:	
4							
5	PAGA LAWSUIT SETTLEMENT		APRIL, 2024		3,039,563	LAWSUIT COMMENCED IN 2020	
6							
7	DSH OVERPAYMENT		OCTOBER, 2024		253,566	OVERPAYMENT DUE TO STATE REALLOCATION OF "POOL" FOR 2024	
8							
9	QIP LOAN # 2 REPAYMENT		DECEMBER, 2024		2,647,471	WAS APPROVED BY SENATE AND ASSEMBLY TO BE REPAYED OVER A 4-YEAR PERIOD, VETOED BY GOVERNOR, RESULTING IN A \$1.99M PAYMENT "ACCELERATION" DEMAND DUE IN DECEMBER, 2024	
10							
11	2024 LEGAL SETTLEMENT & INTEREST		JANUARY, 2025		3,424,000	LAWSUIT FOR MATTERS FROM SEVERAL YEARS AGO	
12							
13	2024 LEGAL SETTLEMENT ATTORNEY FEES		OCT - DEC, 2024		150,000	LAWSUIT FOR MATTERS FROM SEVERAL YEARS AGO	
14							
15	2024 LEGAL SETTLEMENT ATTORNEY FEES		JANUARY, 2025		671,924	LAWSUIT FOR MATTERS FROM SEVERAL YEARS AGO	
16							
17	TOTAL NON-OPERATIONAL CASH OUTLAYS OVER A 10 MONTH SPAN				10,186,524		
18							
19							
20	PAGA LAWSUIT LEGAL FEES		2020 - 2024		1,050,761	LAWSUIT COMMENCED IN 2020	
21							
22	PREPARED: OCTOBER 18, 2024						

5

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

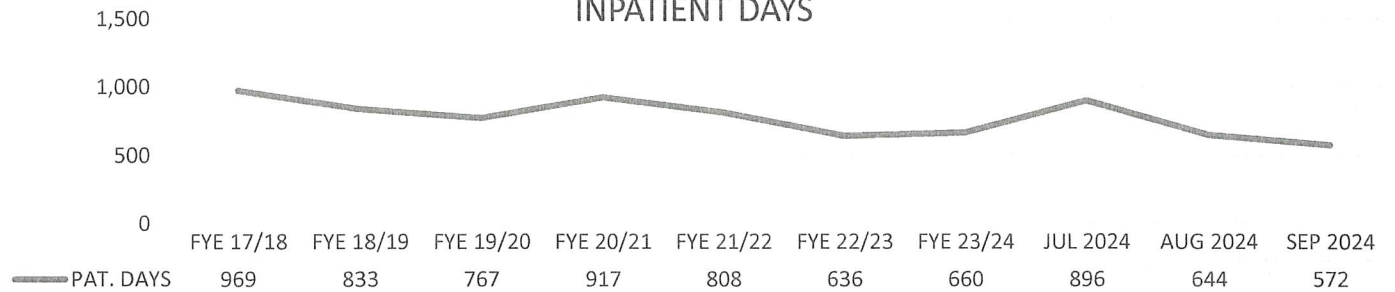
This is a blend of total patient days stayed in the hospital for a month, plus an equivalency factor (based on average inpatient revenue per patient day) applied to the outpatient revenues in order to account for outpatient workloads.

SAN GORGONIO MEMORIAL HOSPITAL

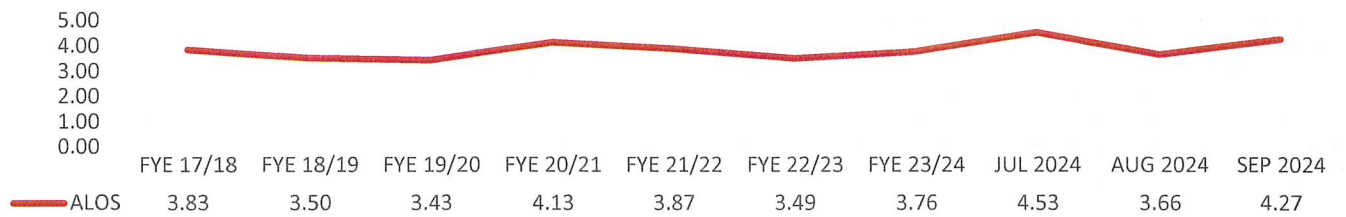
INPATIENT DISCHARGES



INPATIENT DAYS



AVERAGE LENGTH OF STAY

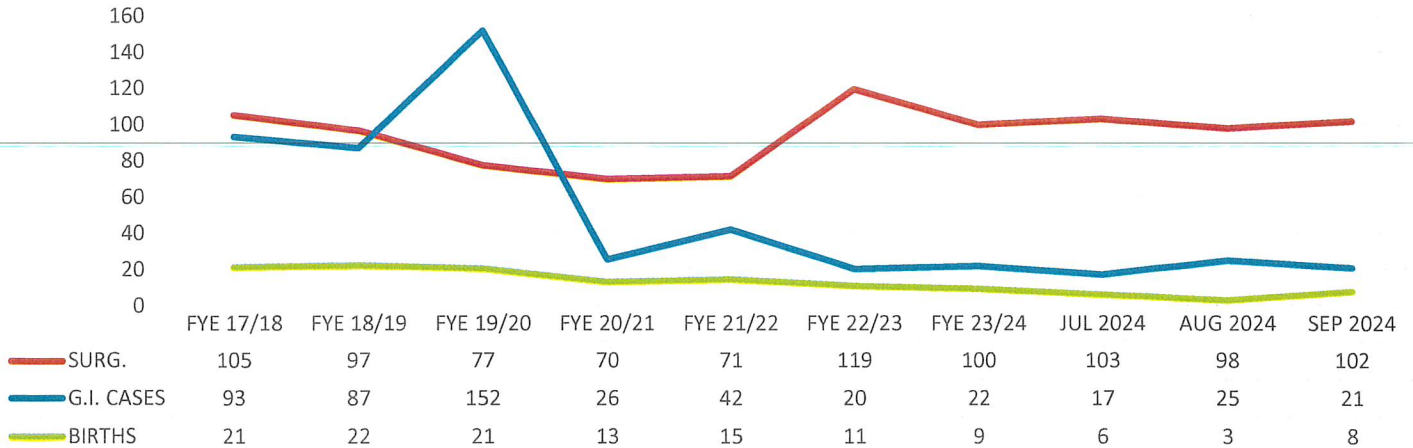


EMERGENCY VISITS

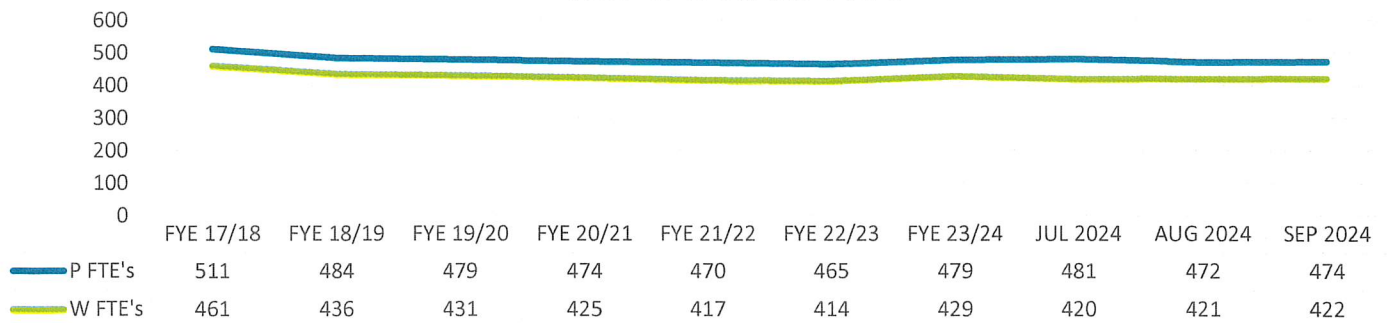


SAN GORGONIO MEMORIAL HOSPITAL

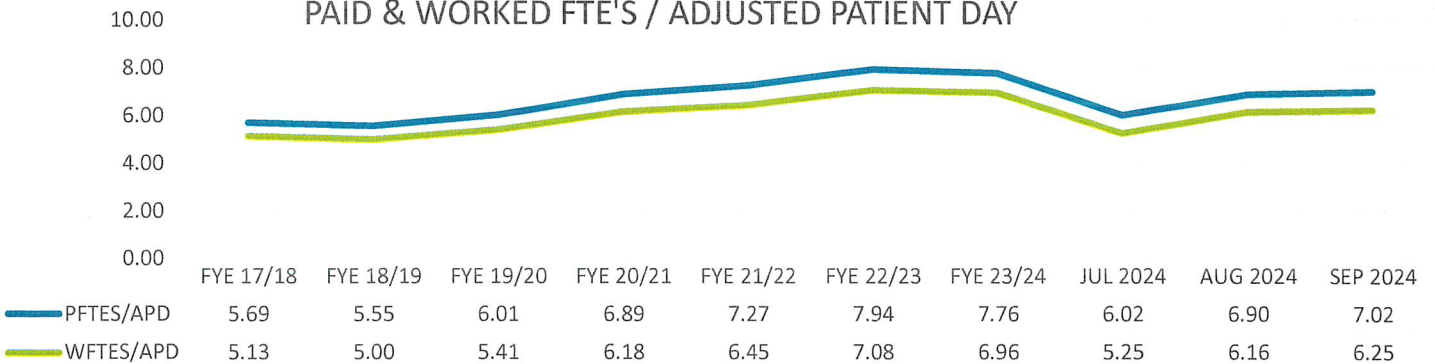
SURGERY CASES, G.I. CASES, N/B DELIVERIES



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

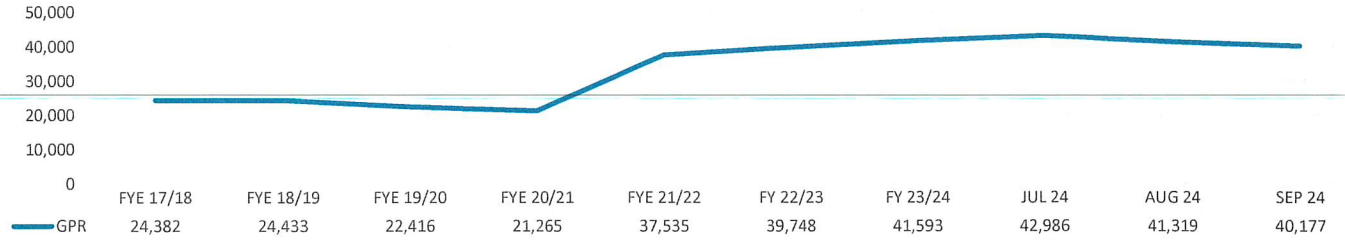
This measurement illustrates that Net Patient Revenues basically only cover Total Labor Expense, and that all of the Other Revenues and Supplemental Incomes are necessary to cover the remaining operational Expenses and EBIDA required to operate the Hospital.

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

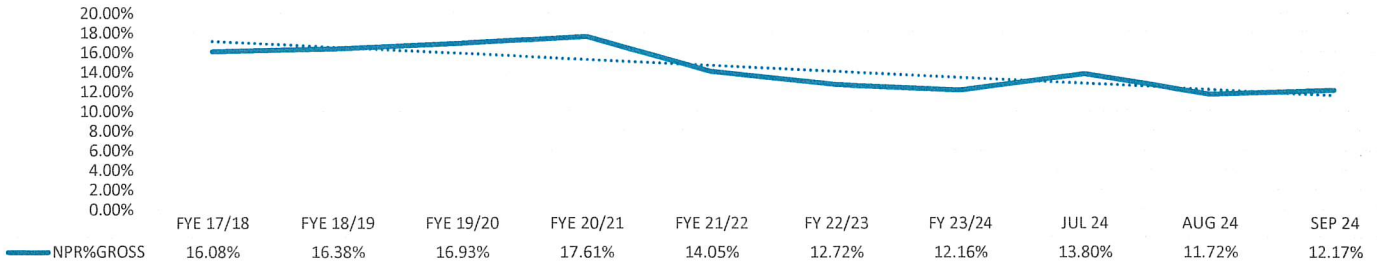
This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating proportionate Supplemental Revenues and related Expenses into the current month and YTD results.

SAN GORGONIO MEMORIAL HOSPITAL

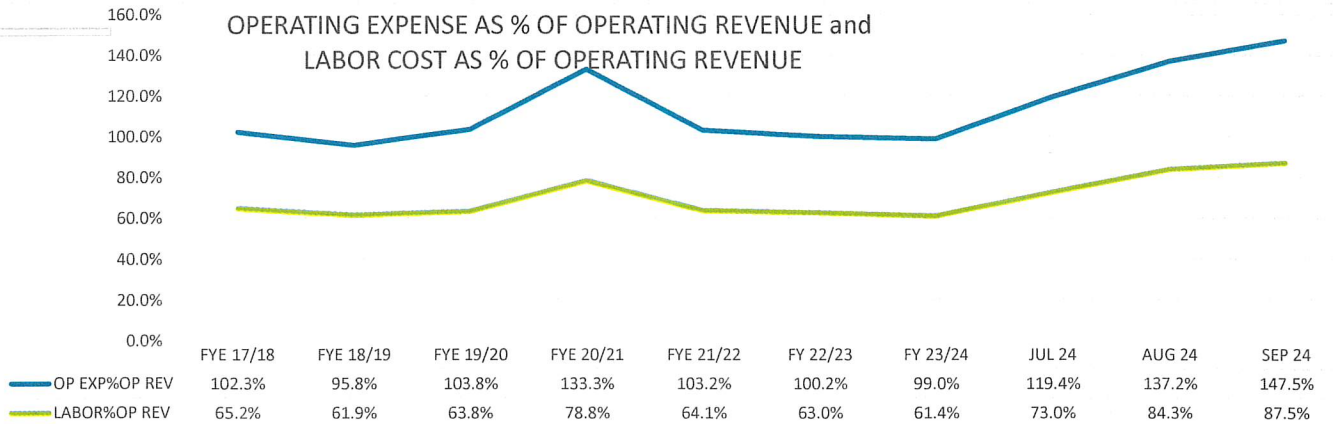
GROSS PATIENT REVENUE (000's)



NET PATIENT REVENUE AS % OF GROSS

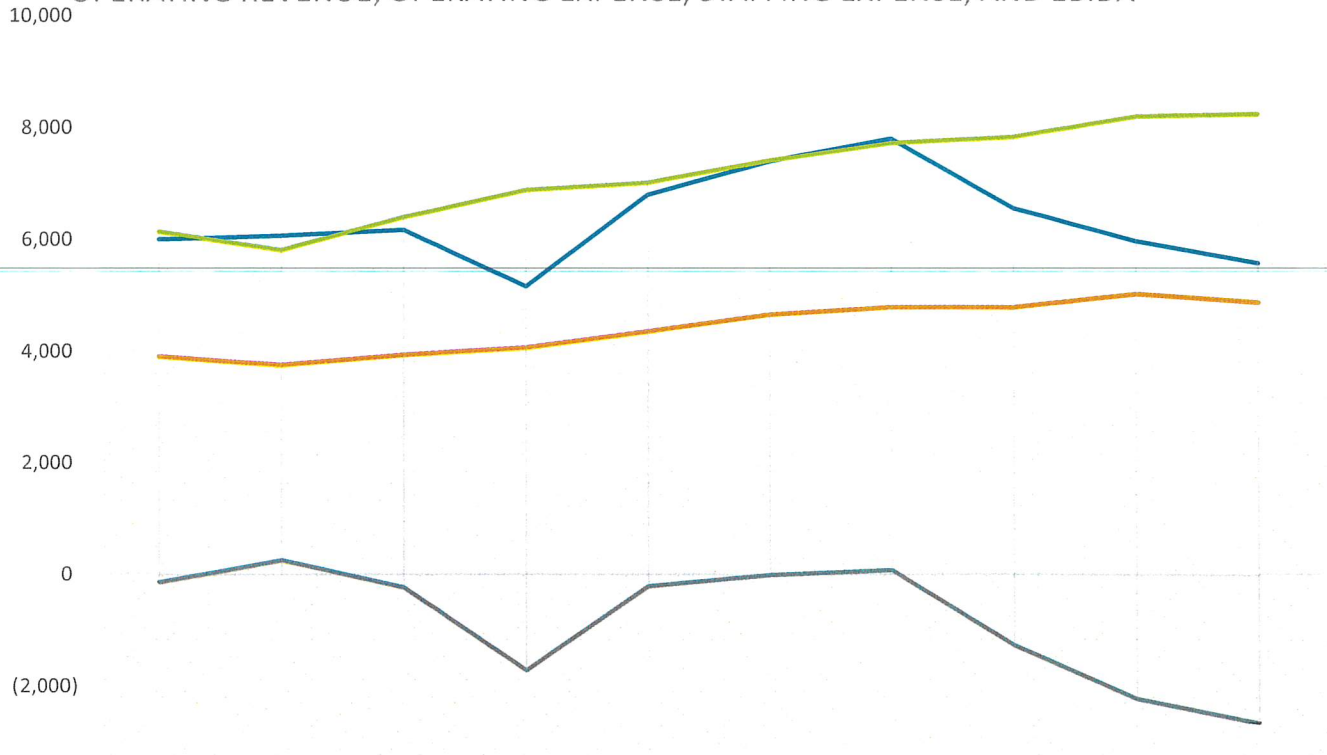


OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



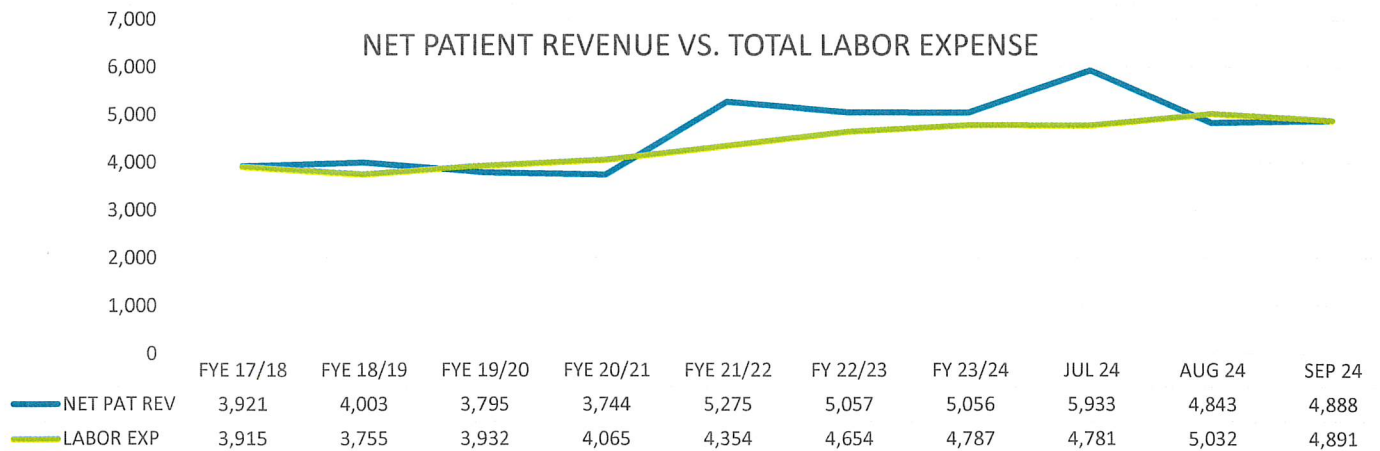
SAN GORGONIO MEMORIAL HOSPITAL

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
OP REV	6,006	6,069	6,165	5,160	6,791	7,391	7,793	6,554	5,973	5,588
OP EXP	6,147	5,817	6,398	6,878	7,007	7,403	7,716	7,823	8,197	8,240
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,654	4,787	4,781	5,032	4,891
EBIDA	(141)	252	(233)	(1,719)	(216)	(13)	70	(1,270)	(2,224)	(2,652)

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
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,057	5,056	5,933	4,843	4,888
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,654	4,787	4,781	5,032	4,891

A	B	H	J	L	N	O	P	Q	R	AP	AQ	AR	AS
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA												
2	Month-to- Month FYE June 30, 2025												
3	FYE18/19	FYE19/20	FYE20/21	FYE21/22	FYE22/23	FYE22/23	FYE22/23	FYE22/23	FYE22/23	FYE23/24	FYE24/25	FYE24/25	FYE24/25
4	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	JULY	AUGUST	SEPTEMBER
5	Gross Patient Revenue												
6	Inpatient Revenue	\$ 7,667,883	\$ 7,401,282	\$ 9,331,371	\$ 16,603,390	\$ 14,171,780	\$ 15,786,344	\$ 13,463,161	\$ 13,156,157	\$ 14,394,934	\$ 15,736,065	\$ 12,976,585	\$ 11,343,753
7	Inpatient Psych/Rehab Revenue	0	0	0	0	0	0	0	0	0	0	0	0
8	Outpatient Revenue	16,765,365	15,067,104	11,933,682	20,932,075	25,575,741	25,664,830	27,481,674	24,122,862	27,197,604	27,250,251	28,340,039	26,832,987
9	Long Term Care Revenue	0	0	0	0	0	0	0	0	0	0	0	0
10	Home Health Revenue	0	0	0	0	0	0	0	0	0	0	0	0
11	Total Gross Patient Revenue	24,433,247	22,468,386	21,265,053	37,535,465	39,747,521	41,471,174	40,944,835	37,279,018	41,592,538	42,986,316	41,318,624	40,176,740
12	Deductions From Revenue												
13	Discounts and Allowances	(19,588,148)	(17,845,730)	(16,635,734)	(31,267,149)	(33,545,205)	(34,966,058)	(34,797,135)	(30,986,845)	(35,597,876)	(35,846,196)	(35,481,321)	(34,341,690)
14	Bad Debt Expense	(858,023)	(653,280)	(824,395)	(1,045,570)	(1,047,941)	(883,157)	(813,947)	(1,113,485)	(884,929)	(902,900)	(915,027)	(887,299)
15	GI/HMO Discounts	0	0	0	0	0	0	0	0	0	0	0	0
16	Charity Care	(56,168)	(66,517)	(41,362)	(136,947)	(97,443)	(28,117)	(66,596)	(427,789)	(54,157)	(304,487)	(79,514)	(59,402)
17	Total Deductions From Revenue	(20,502,339)	(18,565,527)	(17,501,490)	(32,449,666)	(34,690,589)	(35,877,331)	(35,677,679)	(32,528,120)	(36,536,951)	(37,053,883)	(36,475,862)	(35,286,391)
18	Net Patient Revenue	3,930,908	3,882,859	3,763,563	5,085,799	5,056,932	5,593,843	5,267,156	4,750,899	5,055,577	5,932,733	4,842,762	4,888,349
19	Non-Patient Revenues												
20	Supplemental Revenues	1,485,337	1,157,326	869,707	501,407	941,881	0	0	0	1,921,891	1,863	456,322	0
21	Grants & Other Op Revenues	205,590	750,434	505,190	725,066	966,421	136,873	468,018	93,358	341,356	155,927	210,965	236,825
22	Clinic Net Revenues	22,382	15,743	0	0	0	0	0	0	0	0	0	0
23	Tax Subsidies Measure D	196,524	199,469	209,744	229,405	213,402	246,994	246,994	246,994	242,508	275,536	275,536	275,536
24	Tax Subsidies Prop 13	115,368	114,061	142,562	146,104	189,707	154,500	154,500	154,500	218,100	187,570	187,570	187,570
25	Tax Subsidies County Supplmtl Funds	16,159	16,159	16,153	25,561	2,308	0	0	0	13,938	0	0	0
26	Total Non-Patient Revenues	2,041,381	2,246,097	1,743,319	1,627,542	2,333,719	538,367	869,512	494,852	2,737,794	620,896	1,130,393	699,931
27	Total Operating Revenue	5,972,289	6,128,956	5,506,919	6,713,341	7,390,651	6,132,210	6,136,668	5,245,751	7,793,370	6,553,629	5,973,155	5,588,280
28	Operating Expenses												
29	Salaries and Wages	2,941,226	3,104,224	3,125,159	3,420,974	3,634,721	3,566,637	3,581,670	3,344,149	3,922,586	3,881,210	4,088,361	3,772,762
30	Fringe Benefits	702,477	752,708	856,889	830,599	938,301	898,552	868,467	904,958	816,313	804,480	846,161	997,929
31	Contract Labor	106,628	99,516	114,886	99,977	81,255	136,575	64,443	72,561	135,922	79,551	97,944	120,476
32	Physicians Fees	246,631	331,858	350,733	390,533	299,739	277,977	277,977	293,059	425,458	493,000	493,446	499,543
33	Purchased Services	513,857	691,337	772,336	892,521	892,521	829,624	848,417	1,003,052	968,088	1,043,230	1,293,644	1,245,762
34	Supply Expense	685,518	751,025	903,883	965,446	953,253	698,214	888,903	823,019	781,620	903,033	922,372	965,112
35	Utilities	75,471	80,680	92,287	111,192	93,037	104,925	97,819	113,507	104,674	94,413	93,552	140,902
36	Repairs and Maintenance	58,325	58,592	139,712	77,524	76,806	74,098	124,763	138,080	115,791	115,791	114,020	112,020
37	Insurance Expense	85,267	103,277	110,683	112,745	119,548	137,478	137,478	133,709	127,300	205,682	144,611	144,611
38	All Other Operating Expenses	70,922	160,745	148,762	101,142	151,928	97,102	53,610	47,279	119,088	128,607	76,293	157,065
39	IGT Expense	58,743	109,484	172,366	0	91,499	0	0	0	120,769	0	0	0
40	Leases and Rentals	76,150	79,233	79,424	37,952	99,514	101,241	76,060	106,555	100,807	36,210	25,058	84,308
41	1206 (b) CLINIC	98,810	94,628	34,096	0	0	0	0	0	0	0	0	0
42	Total Operating Expenses	5,720,023	6,377,306	6,901,255	7,010,605	7,403,258	6,920,067	7,009,680	6,893,407	7,723,905	7,823,138	8,197,133	8,240,430
43	EBIDA	252,266	(248,351)	(1,394,337)	(297,264)	(12,606)	(787,868)	(873,012)	(1,647,656)	69,464	(1,269,509)	(2,223,978)	(2,652,210)
44	Interest, Depreciation, and Amortization												
45	Depreciation Expense	497,808	506,497	494,721	472,317	495,039	550,044	406,450	406,450	547,393	539,080	527,290	524,463
46	Interest & Amortization Expense	418,193	422,094	447,994	391,606	484,663	427,682	571,834	409,794	487,081	461,764	588,418	903,138
47	Total Interest, Depr, & Amort.	916,000	928,591	942,715	863,923	979,702	977,726	978,283	816,243	1,034,475	1,000,844	1,115,708	1,427,601
48	Non-Operating Revenue:												
49	Contributions & Other	7,745	27,759	7,121	25,068	132,587	1,387,913	2,599	3,065	522,854	17,816	64,649	162,095
50	Tax Subsidies for GO Bonds - M-A	692,457	666,966	598,410	616,059	660,979	627,353	627,353	627,353	1,074,156	400,000	400,000	400,000
51	Total Non Operating Revenue/(Expense)	700,202	694,725	605,531	641,127	793,566	2,015,266	629,952	630,418	1,597,010	417,816	464,649	562,095
52	Total Net Surplus/(Loss)	36,467	(482,217)	(1,731,521)	(520,060)	(198,742)	249,682	(1,221,343)	(1,833,481)	631,999	(1,852,537)	(2,875,037)	(3,517,716)
53	Change in Interest in Foundation	0	0	0	0	0	0	0	0	0	0	0	0
54	Extra-Ordinary Income (Loss)	0	(689,574)	(650)	(284,792)	0	0	0	0	(231,988)	0	0	0
55	Increase/(Decrease in Unrestricted Net Assets	\$ 36,467	\$ (1,171,791)	\$ (1,732,171)	\$ (804,852)	\$ (198,742)	\$ 249,682	\$ (1,221,343)	\$ (1,833,481)	\$ 400,011	\$ (1,852,537)	\$ (2,875,037)	\$ (3,517,716)
56	Total Profit Margin	0.6%	-19.1%	-31.5%	-12.0%	-2.7%	4.1%	-19.9%	-35.0%	5.1%	-28.3%	-48.1%	-62.9%
57	EBIDA %	4.2%	-4.1%	-25.3%	-4.4%	-0.2%	-12.8%	-14.2%	-31.4%	0.8%	-19.4%	-37.2%	-47.5%
58	Actual EBIDA for Month	70	70	70	70	70	70	70	70	70	70	70	70
59	Adjustments to EBIDA to account for Cash Impact of GASB Lease Reclassification												
60	Adjustment for Normalization of Supplemental Income Incl DSH & P4P (Net of Current Month Receipts)												
61	Effective EBIDA after Normalization of Supplementals & Adjustments for Cash Outlays for Leases												

12

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

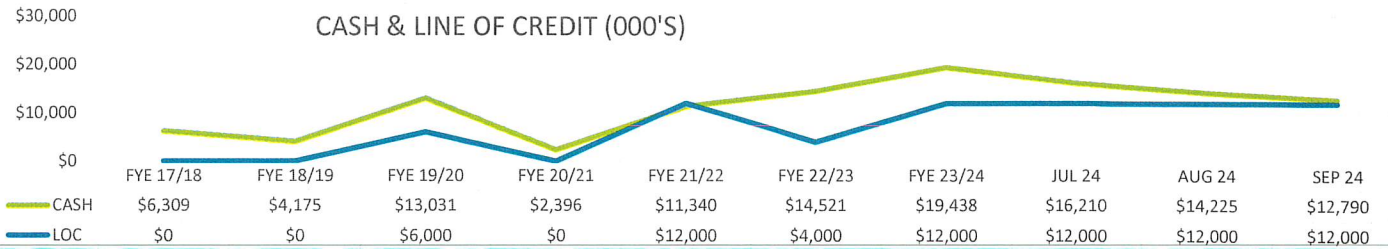
Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.

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)



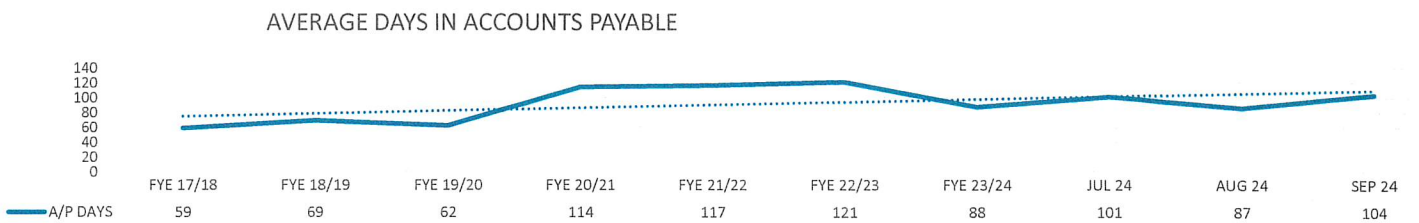
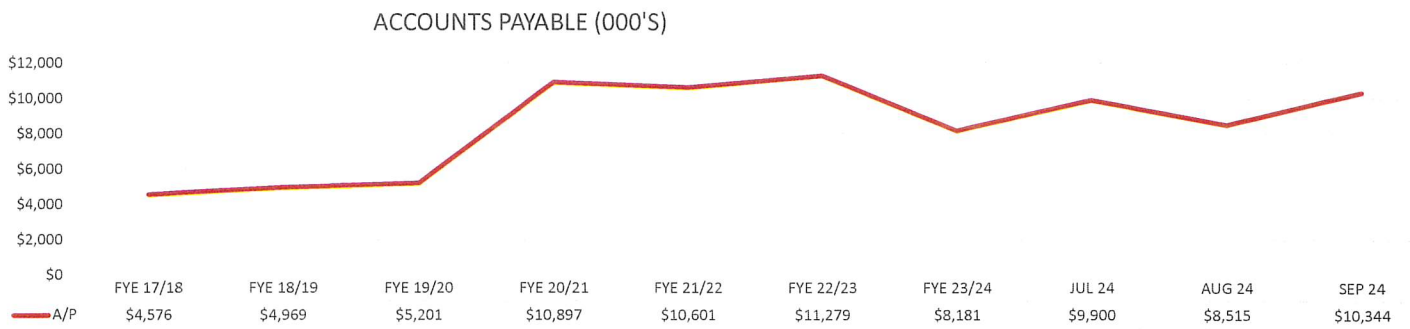
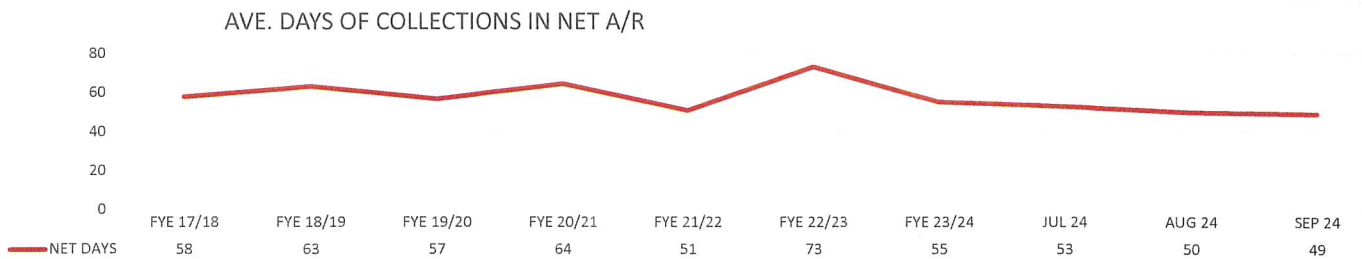
AVERAGE DAYS CASH ON HAND



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	FY 24
	09/30/23	09/30/24	09/30/24	09/30/24	2023	2024	2023	2024	2024	2024
	ACTUAL	ACTUAL	BUDGET	BUDGET	3 MOS. YTD ACTUAL	3 MOS. YTD ACTUAL	3 MOS. YTD ACTUAL	3 MOS. YTD BUDGET	3 MOS. YTD BUDGET	YR END TOTAL
[1] Total Acute Patient Days	754	572	690	690	1,983	2,112	2,112	2,028	2,028	7,921
[2] Average Daily Census	25.1	19.1	23.0	23.0	21.6	23.0	23.0	22.0	22.0	21.6
[3] Average Acute Length of Stay	4.2	4.3	3.6	3.6	3.6	4.2	4.2	3.6	3.6	3.8
[4] Patient Discharges	180	134	190	190	547	508	508	557	557	2,107
[5] Adjusted Patient Days	2,040	2,026	1,955	1,955	5,703	6,516	6,516	5,791	5,791	22,887
[6] Observation Count	268	316	347	347	863	852	852	1,033	1,033	4,109
[7] Total Emergency Room Visits	3,502	3,585	3,597	3,597	10,357	10,751	10,751	10,708	10,708	42,587
[8] Average ED Visits Per Day	117	120	120	120	113	117	117	116	116	116
[9] Total Surgeries (Excluding G.I.'s)	107	102	110	110	356	303	303	334	334	1,197
[10] Deliveries/Births	14	9	12	12	35	18	18	33	33	112

	A	B	C	D	E	F	G	H	I	J	K
	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL										
	INCOME STATEMENT										
		SEPTEMBER 2024 BUDGET	SEPTEMBER 2024 ACTUAL	VARIANCE SEPTEMBER ACTUAL TO BUDGET	VARIANCE PERCENTAGE	SEPTEMBER 2024 YTD BUDGET	SEPTEMBER 2024 YTD ACTUAL	VARIANCE SEPTEMBER YTD ACTUAL TO BUDGET	VARIANCE PER CENTAGE		
2	NET INCOME	(2,393,032)	(3,517,716)	(1,124,684)	-47.0%	(6,381,329)	(8,245,290)	(1,863,961)	-29.2%		
3	EBIDA	(2,226,468)	(2,652,210)	(425,742)	-19.1%	(5,856,637)	(6,145,697)	(289,060)	-4.9%		
5											
6	TOTAL OPERATING REVENUE	5,603,865	5,588,280	(15,585)	-0.3%	17,454,424	18,115,064	660,640	3.8%		
7	NET PATIENT REVENUE	4,925,132	4,888,349	(36,783)	-0.7%	14,960,040	15,663,844	703,804	4.7%		
13	OTHER OPERATING REVENUE	678,733	699,931	21,198	3.1%	2,494,384	2,451,220	(43,164)	-1.7%		
20											
21	TOTAL OPERATING EXPENSE	7,830,333	8,240,490	(410,157)	-5.2%	23,311,061	24,260,761	(949,700)	-4.1%		
34											
35	NON-OPERATING REVENUE & EXPENSE										
36	TOTAL NON-OPERATING REVENUE & EXPENSE	767,956	562,095	(205,861)	-26.8%	2,276,868	1,444,560	(834,308)	-36.6%		
42	TOTAL INTEREST & DEPRECIATION	934,520	1,427,601	(493,081)	-52.8%	2,803,560	3,544,153	(740,593)	-26.4%		
45											
46	10/22/2024										

17

	A	B	C	D	E
1	SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - YTD				10/22/2024
2	BALANCE SHEET	JUNE 2024 (UNAUDITED)	SEPTEMBER 2024	VARIANCE JUNE 2024 TO SEPTEMBER 2024	VARIANCE PERCENTAGE
3					
4	TOTAL ASSETS	123,950,042	114,416,922	(9,533,120)	-8.3%
5	CURRENT ASSETS	29,875,725	24,568,124	(5,307,601)	-21.6%
17	ASSETS WITH LIMITED USE	17,839,022	13,119,370	(4,719,652)	-36.0%
18	NET PROPERTY, PLANT, AND EQUIPMENT	75,250,288	75,757,731	507,443	0.7%
25	OTHER ASSETS	985,094	971,688	(13,406)	-1.4%
26					
27	TOTAL LIABILITIES & FUND BALANCE	123,950,042	114,416,922	(9,533,120)	-8.3%
28	TOTAL LIABILITIES	155,018,818	153,730,902	(1,287,916)	-0.8%
29	CURRENT LIABILITIES	34,929,119	37,609,939	2,680,820	7.1%
41	LONG TERM LIABILITIES	120,089,699	116,120,963	(3,968,736)	-3.4%
42					
43	NET ASSETS	(31,068,776)	(39,313,980)	(8,245,204)	21.0%

	A	B	C	D	E	F	G	H	I	J	K
	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL										
	INCOME STATEMENT		SEPTEMBER 2024 BUDGET	SEPTEMBER 2024 ACTUAL	VARIANCE SEPTEMBER ACTUAL TO BUDGET	VARIANCE PER CENTAGE		SEPTEMBER 2024 YTD BUDGET	SEPTEMBER 2024 YTD ACTUAL	VARIANCE SEPTEMBER YTD ACTUAL TO BUDGET	VARIANCE PER CENTAGE
1											10/22/2024
2	NET INCOME		(2,393,032)	(3,517,716)	(1,124,684)	-47.0%		(6,381,329)	(8,245,290)	(1,863,961)	-29.2%
3	EBIDA		(2,226,468)	(2,652,210)	(425,742)	-19.1%		(5,856,637)	(6,145,697)	(289,060)	-4.9%
4											
5	TOTAL OPERATING REVENUE		5,603,865	5,588,280	(15,585)	-0.3%		17,454,424	18,115,064	660,640	3.8%
6	NET PATIENT REVENUE		4,925,132	4,888,349	(36,783)	-0.7%		14,960,040	15,663,944	703,804	4.7%
7	GROSS REVENUE FROM PATIENT SERVICES		42,249,959	40,176,740	(2,073,219)	-4.9%		125,525,918	124,481,680	(1,044,238)	-0.8%
8	TOTAL INPATIENT REVENUE		14,857,360	11,343,753	(3,513,607)	-23.6%		43,764,910	40,058,403	(3,706,507)	-8.5%
9	TOTAL OUTPATIENT REVENUE		27,392,599	28,832,987	1,440,388	5.3%		81,761,008	84,423,277	2,662,269	3.3%
10	DEDUCTIONS FROM REVENUE		(37,324,827)	(35,288,391)	2,036,436	-5.5%		(110,565,878)	(108,817,836)	1,748,042	-1.6%
11											
12	OTHER OPERATING REVENUE		678,733	699,931	21,198	3.1%		2,494,384	2,451,220	(43,164)	-1.7%
13	OTHER REVENUE - RATE RANGE		0	0	0	0.0%		0	0	0	0.0%
14	OTHER REVENUE - OTHER SUPPLEMENTALS		0	0	0	0.0%		456,322	456,322	0	0.0%
15	OTHER REVENUE - DSH		8,065	0	(8,065)	-100.0%		24,195	0	(24,195)	-100.0%
16	OTHER REVENUE - P4P		0	0	0	0.0%		1,863	1,863	0	0.0%
17	OTHER REVENUE - OTHER		207,562	236,825	29,263	14.1%		622,686	603,717	(18,969)	-3.0%
18	OPERATING TAX REVENUES		463,106	463,106	0	0.0%		1,389,318	1,389,318	0	0.0%
19											
20	TOTAL OPERATING EXPENSE		7,830,333	8,240,490	(410,157)	-5.2%		23,311,061	24,260,761	(949,700)	-4.1%
21	TOTAL LABOR EXPENSE		4,974,401	4,891,167	83,234	1.7%		14,870,509	14,704,516	165,993	1.1%
22	WAGES		3,841,141	3,772,762	68,379	1.8%		11,498,941	11,742,333	(243,392)	-2.1%
23	EMPLOYEE BENEFITS		1,003,184	997,929	5,255	0.5%		3,001,255	2,648,570	352,685	11.8%
24	CONTRACT LABOR		130,076	120,476	9,600	7.4%		370,313	313,613	56,700	15.3%
25	PHYSICIAN FEES		526,919	499,543	27,376	5.2%		1,580,757	1,485,889	94,868	6.0%
26	PURCHASED SERVICES		945,597	1,245,762	(300,165)	-31.7%		2,823,427	3,582,636	(759,209)	-26.9%
27	SUPPLY EXPENSE		883,904	965,112	(81,208)	-9.2%		2,639,412	2,790,517	(151,105)	-5.7%
28	UTILITIES		126,856	140,902	(14,046)	-11.1%		358,314	328,867	29,447	8.2%
29	REPAIRS AND MAINTENANCE		75,506	112,020	(36,514)	-48.4%		225,719	365,891	(140,172)	-62.1%
30	INSURANCE		143,966	144,611	(645)	-0.4%		431,898	494,904	(63,006)	-14.6%
31	OTHER EXPENSES		116,974	157,065	(40,091)	-34.3%		272,395	361,965	(89,570)	-32.9%
32	LEASE AND RENTALS		36,210	84,308	(48,098)	-132.8%		108,630	145,576	(36,946)	-34.0%
33											
34	NON-OPERATING REVENUE & EXPENSE										
35	TOTAL NON-OPERATING REVENUE & EXPENSE		767,956	562,095	(205,861)	-26.8%		2,278,868	1,444,560	(834,308)	-36.6%
36	OTHER NON-OPERATING REVENUE INCL. DONATIONS		39,649	162,095	(122,446)	308.8%		93,947	244,560	150,613	160.3%
37	OTHER NON-OPERATING DONATIONS		25,000	0	(25,000)	0.0%		50,000	50,000	0	0.0%
38	NON-OPERATING TAX REVENUE		728,307	400,000	(328,307)	-45.1%		2,184,921	1,200,000	(984,921)	-45.1%
39	EXTRAORDINARY REVENUE (EXPENSE)		0	0	0	0.0%		0	0	0	0.0%
40											
41	TOTAL INTEREST & DEPRECIATION		934,520	1,427,601	(493,081)	-52.8%		2,803,560	3,544,153	(740,593)	-26.4%
42	DEPRECIATION		521,390	524,463	(3,073)	-0.6%		1,564,170	1,590,833	(26,663)	-1.7%
43	INTEREST & AMORTIZATION		413,130	903,138	(490,008)	-118.6%		1,239,390	1,953,320	(713,930)	-57.6%
44											
45	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 September would be reduced from (\$8,245,290) to (\$3,631,564) and the EBIDA loss would be reduced from (\$6,145,697) to (\$1,531,971).										
46											
47											

A		B		C		D		E	
SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - YTD									
BALANCE SHEET		JUNE 2024 (UNAUDITED)		SEPTEMBER 2024		VARIANCE JUNE 2024 TO SEPTEMBER 2024		VARIANCE PERCENTAGE	
1									10/22/2024
2									
3									
4	TOTAL ASSETS	123,950,042	114,416,922	114,416,922	(9,533,120)	-8.3%			
5	CURRENT ASSETS	29,875,725	24,568,124	24,568,124	(5,307,601)	-21.6%			
6	CASH & EQUIVALENTS	19,438,107	12,789,509	12,789,509	(6,648,598)	-52.0%			
7	NET PATIENT ACCOUNTS RECEIVABLE	9,181,423	8,197,739	8,197,739	(983,684)	-12.0%			
8	HOSPITAL ACCOUNTS RECEIVABLE	89,675,653	78,882,377	78,882,377	(10,793,276)	-13.7%			
9	LESS: ALLOWANCE FOR CONTRACTUALS & BAD DEBITS	(80,494,230)	(70,684,638)	(70,684,638)	9,809,592	-13.9%			
10	OTHER CURRENT ASSETS	1,256,195	3,580,876	3,580,876	2,324,681	64.9%			
11	TAXES RECEIVABLE	2,078,826	4,109,734	4,109,734	2,030,908	49.4%			
12	MISC RECEIVABLE	(2,631,352)	(2,623,049)	(2,623,049)	8,303	-0.3%			
13	DUE FROM 3RD PARTIES	(940,346)	(816,989)	(816,989)	123,357	-15.1%			
14	INVENTORIES	2,075,663	2,139,177	2,139,177	63,514	3.0%			
15	PREPAID EXPENSES	673,404	772,003	772,003	98,599	12.8%			
16									
17	ASSETS WITH LIMITED USE	17,839,022	13,119,370	13,119,370	(4,719,652)	-36.0%			
18	NET PROPERTY, PLANT, AND EQUIPMENT	75,250,288	75,757,731	75,757,731	507,443	0.7%			
19	PROPERTY, PLANT, AND EQUIPMENT	173,489,236	175,268,850	175,268,850	1,779,614	1.0%			
20	LAND & LAND IMPROVEMENTS	4,828,182	4,861,325	4,861,325	33,143	0.7%			
21	BUILDINGS & BUILDING IMPROVEMENTS	132,533,755	132,652,072	132,652,072	118,317	0.1%			
22	FIXED EQUIPMENT	31,736,836	31,714,056	31,714,056	(22,780)	-0.1%			
23	CONSTRUCTION IN PROGRESS	4,390,463	6,041,397	6,041,397	1,650,934	27.3%			
24	LESS: ACCUMULATED DEPRECIATION	(98,238,948)	(99,511,119)	(99,511,119)	(1,272,171)	1.3%			
25	OTHER ASSETS	985,094	971,688	971,688	(13,406)	-1.4%			
26									
27	TOTAL LIABILITIES & FUND BALANCE	123,950,042	114,416,922	114,416,922	(9,533,120)	-8.3%			
28	TOTAL LIABILITIES	155,018,818	153,730,902	153,730,902	(1,287,916)	-0.8%			
29	CURRENT LIABILITIES	34,929,119	37,609,939	37,609,939	2,680,820	7.1%			
30	ACCOUNTS PAYABLE	8,181,110	10,343,921	10,343,921	2,162,811	20.9%			
31	PAYROLL PAYABLES	4,653,853	5,768,926	5,768,926	1,115,073	19.3%			
32	SALARIES & WAGES PAYABLE	909,057	1,370,355	1,370,355	461,298	33.7%			
33	PAYROLL TAXES & DEDUCTIONS PAYABLE	847,813	1,446,158	1,446,158	598,345	41.4%			
34	ACCRUED PTO & SICK DAYS PAYABLE	2,896,983	2,952,413	2,952,413	55,430	1.9%			
35	LINE OF CREDIT	12,065,351	12,299,058	12,299,058	233,707	1.9%			
36	OTHER CURRENT LIABILITIES	10,028,805	9,198,034	9,198,034	(830,771)	-9.0%			
37	ACCRUED INTEREST PAYABLE	1,967,348	1,074,271	1,074,271	(893,077)	-83.1%			
38	OTHER CURRENT LIABILITIES	4,166,440	3,865,783	3,865,783	(300,657)	-7.8%			
39	DEBT - CURRENT	3,895,017	4,257,980	4,257,980	362,963	8.5%			
40									
41	LONG TERM LIABILITIES	120,089,699	116,120,963	116,120,963	(3,968,736)	-3.4%			
42									
43	NET ASSETS	(31,068,776)	(39,313,980)	(39,313,980)	(8,245,204)	21.0%			
44	NET ASSETS - UNRESTRICTED	(31,068,776)	(39,313,980)	(39,313,980)	(8,245,204)	21.0%			
45	NET ASSETS - BEGINNING OF PERIOD	(35,868,911)	(31,068,690)	(31,068,690)	4,800,221	-15.5%			
46	CURRENT YEAR NET GAIN/(LOSS)	4,800,135	(8,245,290)	(8,245,290)	(13,045,425)	158.2%			
47									
48	Note: If the unaccrued Supplemental funds, projected DSH and P4P funds, along with provision for lease principal payments were								
49	booked, the YTD Net Loss through September would be reduced from (\$8,245,290) to (\$3,631,564).								

	B	C	D	E	F	G	H	
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL							
2						(UNAUDITED)	(UNAUDITED)	
3						Current Month	Y-T-D	
4						9/30/2024	9/30/2024	
5	BEGINNING CASH BALANCES							
6		Cash: Beginning Balances- Hospital				\$ 14,470,234	\$ 17,986,894	
7		Cash: Beginning Balances- District				449,542	1,370,686	
8		Cash: Beginning Balances Totals				\$ 14,919,776	\$ 19,357,580	
9								
10	Receipts							
11		Patient Collections				\$ 5,005,593	\$ 16,586,230	
12		Tax Subsidies/Measure D/Prop 13				463,106	1,389,318	
13		Misc Tax Subsidies				-	-	
14		Donations/Grants/Loans				25,000	75,000	
15		Supplemental Funding (Rate Range, Etc.)				-	458,185	
16		Draws/(Paydown) of LOC Balances				-	-	
17		Other Revenues/Receipts/Transfers				211,825	578,717	
18	TOTAL RECEIPTS						\$ 5,705,524	\$ 19,087,450
19								
20	Disbursements							
21		Wages, Benefits, & Contract Labor				\$ 4,891,167	\$ 14,704,516	
22		Other Operating Costs				3,349,323	9,556,245	
23		Capital Spending				654,994	1,777,615	
24		Debt Service Payments (Excl.G/O Bonds)				80,825	242,475	
25		Other - Changes in Accounts Payable, IGT's, Etc.				(1,140,518)	(625,330)	
26	TOTAL DISBURSEMENTS						\$ 7,835,791	\$ 25,655,521
27								
28	TOTAL CHANGE in CASH						\$ (2,130,267)	\$ (6,568,071)
29								
30	ENDING CASH BALANCES							
31		Ending Balances- Hospital				\$ 12,176,113	\$ 12,339,967	
32		Ending Balances- District				613,396	449,542	
33		Ending Balances- Totals				\$ 12,789,509	\$ 12,789,509	
34								
35								
36								
37		LOC Current Balances				\$ 12,000,000	\$ 12,000,000	
38		LOC Interest Expense Incurred				90,000	378,000	
39	10/22/2024							
40								
41								
42	NOTE: THE CASH FLOW STATEMENT IS BASED ON DATA FROM THE UNAUDITED FINANCIAL STATEMENTS AS OF JUNE 30, 2024 AND WILL BE							
43	SUBJECT TO ADJUSTMENTS ASSOCIATED WITH THE FINAL AUDITED FINANCIAL STATEMENTS.							

TAB E



Hospital P4P Q1 2024 Report (01/2024 - 03/2024)

San Geronio Memorial Hospital (TIN # 330420041)

Quality Measure	Baseline Rate	2024 Denom	2024 Numer	2024 Rate	Tier 1 Goal*	Tier 2 Goal	Total Payment	Forfeited Amount
Follow-Up Care for Mental Health or Substance Use Disorder ED - Seven Days	21.02%	39	10	25.64%	23.12%	27.59%	\$1,976.51	\$1,976.52
PCR Observed-to-Expected Ratio ↓	0.7442	11.73%	9.89%	0.8431	0.9314	0.8314	\$3,953.03	\$3,953.02

Quality Measure	2024 Goal	Total Payment	Forfeited Amount
HQI Cares: Domain Validation - Milestone 2	Obtain Validation in selected Domain	\$172,500.00	
	Obtain Validation in selected additional Domain	\$86,250.00	
National Association for Healthcare Quality (NAHQ®) Workforce Accelerator - Milestone 1	Sign and Submit Participation Agreement	\$10,000.00	\$0.00
National Association for Healthcare Quality (NAHQ®) Workforce Accelerator - Milestone 2	Complete the Professional Assessment	\$10,000.00	\$0.00
National Association for Healthcare Quality (NAHQ®) Workforce Accelerator - Milestone 3	Review Professional Assessment results	\$10,000.00	\$0.00
National Association for Healthcare Quality (NAHQ®) Workforce Accelerator - Milestone 4	Develop an action/training plan	\$10,000.00	\$0.00
Dexur Healthcare Quality Excellence Implementation - Milestone 1	Sign and Submit Participation Agreement	\$5,000.00	\$0.00
Dexur Healthcare Quality Excellence Implementation - Milestone 2	Execute BAA	\$5,000.00	\$0.00
Dexur Healthcare Quality Excellence Implementation - Milestone 3	HAI Data Access	\$10,000.00	\$0.00
Dexur Healthcare Quality Excellence Implementation - Milestone 4	Onboarding Process	\$10,000.00	\$0.00
Dexur Healthcare Quality Excellence Implementation - Milestone 5	HCAHPS Data Access	\$10,000.00	\$0.00
Quality Improvement Activity: Readmission Reduction - Milestone 1,2,3	Establish or provide evidence of a current Readmission Reduction Workgroup, Identify key priority areas for improvement, and Leverage analysis to implement performance improvement	\$100,000.00	\$0.00
Quality Improvement Activity: Patient Experience - Milestone 1	Establish the program	\$40,000.00	\$0.00
Quality Improvement Activity: Safety and Adverse Events - Milestone 1,2,3	Establish or provide evidence of a current Readmission Reduction Workgroup, Identify key priority areas for improvement, and Leverage analysis to implement performance improvement	\$100,000.00	\$0.00
Quality Improvement Activity: Clinical Variation Reduction - Milestone 1,2	Establish or provide evidence of a current Certification Steering Team, Participation	\$80,000.00	\$0.00
Manifest MedEx Active Data Sharing	Hospital must submit all required P4P data elements for all hospital events throughout the entire measurement period	\$7,758.56	\$0.00

Risk-Based Measures	Baseline Rate	2024 Denom	2024 Numer	2024 Rate	2024 Goal	5% Reduction Amount
Post-Discharge Follow-Up Within Seven Days of Discharge	45.45%	37	18	48.65%	Hospitals must maintain their baseline rate	\$0.00
CMQCC NTSV Reporting	42.9%	7	0	0.0%	Less than or equal to 23.6%	\$0.00
Covered CA (CCA) Adequate Network**	Hospitals must ensure that they have an adequate network that includes Anesthesiology, Diagnostic Radiology, and Pathology Providers					\$0.00

Total Admissions: 114
% of Total Admissions: 0.53%

Pool Amount: \$678,367.64
Total Payment Amount: \$672,438.10
Total Forfeited Amount: \$5,929.54



Hospital P4P Q1 2024 Report (01/2024 - 03/2024)

San Geronio Memorial Hospital (TIN # 330420041)

Report Footnotes:

* If 10% improvement over baseline rate exceeds Tier 2 goal, Tier 1 goal = 1% lower than Tier 2 goal

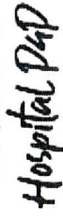
** An exception was made for the Covered CA (CCA) Adequate Network measure due to a data delay

↓ Lower rate indicates better performance

NA = Not Applicable. Minimum denominator requirement not met or data not available. Measures with a 2023 Rate of NA, 50th percentile of IEHP Network was set as Tier 1 Goal

NR= Not Reported. Hospitals are not eligible to receive incentive dollars for the measure or be subject to a 5% reduction of total P4P dollars for risk-based measures

NP = Not Participating. Hospital opted out of measure



Hospital P4P 2023 Reassessment Report

San Gorgonio Memorial Hospital (TIN # 330420041)

Quality Measure	Denominator	Numerator	Yearly Rate	Tier 1 Goal*	Tier 2 Goal	Payment Amount
Seven Day Discharge Follow Up	60	37	61.67%	36.67%	54.12%	\$4,141.51
Seven Day ED Follow Up Care	187	44	23.53%	24.75%	32.60%	\$0.00
Timely Postpartum Care	56	20	35.71%	44.81%	79.88%	\$0.00
Quality Measure	Observed Readmission Rate	Expected Readmission Rate	O/E Ratio	Tier 1 Goal*	Tier 2 Goal	Payment Amount
PCR O/E Ratio ↓	7.69%	10.10%	0.7614	1.0175	0.7977	\$11,784.00
Hospitalization for Potentially Preventable Complications ↓	1.16%	9.00%	0.1289	0.3835	0.3735	\$0.00
Quality Measure	Denominator	Numerator	Yearly Rate	Goal	Payment Amount	
NTSV C-Section	30	13	43.33%	Less than or equal to 23.6%	\$0.00	
Quality Measure	Goal					Payment Amount
MX Active Data Sharing	Critical Access Hospitals who meet the Manifest MedEx Active Data Sharing measure within any quarter of the 2023 performance year (quarter 1-4).					NA

- *Tier 1 Goal = baseline performance. If baseline performance exceeds Tier 2 goal, Tier 1 goal = 1% lower than Tier 2 goal
- ↓ Lower rate indicates better performance
- NA = minimum denominator requirement not met or hospital is not eligible for measure dollar amount
- NR = data not reported
- Measurement Period: 01/2023 - 12/2023
- Hospital only received payment if annual rate met Tier 1 or Tier 2 goal AND potential earnings were forfeited during Q1 - Q4 of the 2023 performance year

Total Payment Amount: \$15,925.51

TAB F

CMS Audit Findings Report from CDHP

- The recent CMS audit conducted by the California Department of Health Care Services (CDHP) identified five specific areas requiring attention. These findings include the following:
 1. **Abuse Reporting:** One instance was found where the policy for reporting abuse was not followed. We are updating the policy and reinforcing training and accountability to ensure full compliance with our policy reporting protocols.
 2. **Medication:** Normal saline flushes must be stored securely within a medication room. Procedures are being updated to ensure proper storage practices are consistently followed.
 3. **Consent for Blood Transfusion:** The consent for blood transfusion must be signed in conjunction with the surgical consent. Staff training and revised consent procedures will ensure both portions are signed together.
 4. **Nursing Care Plans:** The evaluation portion was missing from some nursing care plans, which is essential for assessing patient progress. Alterra will need to be involved to help implement a section in the EHR to ensure all care plans include thorough evaluations.
 5. **Patient Restraint Reassessment:** Physicians were not consistently reassessing patients in restraints per our policy. To address this, we are enhancing oversight and providing additional training to ensure regular and documented reassessment.

These areas are being actively addressed with corrective actions to meet compliance standards, improve patient safety, and uphold our commitment to high-quality care.

TAB G

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: October 23, 2024

TO: Chair
Governing Board

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

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

CT Contrast Policy - 2024 Annual Approval

All CT examinations with contrast will be completed per this policy and protocol (See attached).

Reference Laboratory

Reference Laboratory for Fever of Unknown Origin (FUO) Testing, contingent upon the recommendation of Dr. Johnny Liqueste, M.D. for further pathogen workups. Laboratory and imaging findings vary according to the source of a fever of unknown origin (FUO). Imaging should be directed by historical, physical, and basic laboratory clues.

TAB H

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting November 5, 2024

	Title	Policy Area	Owner	Workflow Approval
1	Account Adjustments	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Healthcare District Board of Directors
2	Account Follow-up, Overpayments, Refunds	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Healthcare District Board of Directors
3	Account Follow-up, Worker's Compensation	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Healthcare District Board of Directors
4	Approval for Radioactive Material Use	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
5	Authorized Healthcare Provider Access to SGMH Electronic Healthcare Record (EHR)	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
6	Authorized Use Area Inspections by the Radiation Safety Officer	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
7	Authorized Uses of Radiation Sources	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
8	Bad Debt, Medicare	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Healthcare District Board of Directors
9	Basic Radiation Safety Principles and Work Rules	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
10	Billing	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Healthcare District Board of Directors
11	Billing, Secondary	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Healthcare District Board of Directors
12	Birth Certificates	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
13	Civil Subpoena: Compliance with Processing a Civil Subpoena	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
14	Clinical Student Orientation	Education	Angel, Katy: Clinical Nurse Educator	Ariel Whitley for Healthcare District Board of Directors
15	Coding and Documentation for Inpatient Services	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting November 5, 2024

	Title	Policy Area	Owner	Workflow Approval
16	Coding Outpatient Accounts	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
17	Confidentiality, Privacy, and Data Security Considerations (HIPAA)	HIPAA Privacy	Whitley, Ariel: Executive Assistant	Ariel Whitley for Healthcare District Board of Directors
18	Consent for Sterilization	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Healthcare District Board of Directors
19	Consents for Photography and Videotaping	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Healthcare District Board of Directors
20	Diagnostic Imaging / Radiation Safety Officer Information	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
21	Electrical Receptacle Testing	Facilities	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Healthcare District Board of Directors
22	Electronic Signatures	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
23	Emergency Plan - Loss of Vital Services	Facilities	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Healthcare District Board of Directors
24	Family Presence During Code Situations	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Healthcare District Board of Directors
25	Forms Design	Medical Records	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
26	Legal Record - Contents of a Complete and Accurate Record	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
27	Medical Physicist	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
28	Mold and Moisture Prevention Plan	Facilities	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Healthcare District Board of Directors
29	Nuclear Medicine Wipe Test	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
30	Nursing Staff Development - Classes and In-services	Education	Angel, Katy: Clinical Nurse Educator	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting November 5, 2024

	Title	Policy Area	Owner	Workflow Approval
31	Offsite Storage of Medical Records and Hospital Documents	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
32	Ownership and Access - Medical Records	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
33	Paternity Opportunity Program (POP)	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
34	Patient Access and Amendment to Electronic Health Record	HIPAA Privacy	Whitley, Ariel: Executive Assistant	Ariel Whitley for Healthcare District Board of Directors
35	Preparation of Response to Request for Information (Minimum Necessary)	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
36	Preservation of Medical Records	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
37	Prohibited Use of Protected Health Information for Fundraising	HIPAA Privacy	Whitley, Ariel: Executive Assistant	Ariel Whitley for Healthcare District Board of Directors
38	Protection of Psychiatric Patient Information	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
39	Radiation Safety Program Instruction of Individuals	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
40	Release of Information Regarding Alcohol or Drug Abuse	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
41	Release of Information: Mental Health Records Covered by the Lanterman-Petris-Short Act	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
42	Release of Information: No Authorization Required	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
43	Self Pay and Charity Care	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Healthcare District Board of Directors
44	Social Service and/or Case Management Discharge Planning Referral	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting November 5, 2024

	Title	Policy Area	Owner	Workflow Approval
45	Spiritual Care of the Patient	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
46	Team Nursing	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
47	The Authorized User	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
48	Tubing Misconnections	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
49	Unit Number AKA Medical Record Number (MR)	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
50	Use of Fax Transmittal Cover Sheet	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors

TAB I

Chamber celebrates new Banning mural

BY ANITA LAWRENCE
Record Gazette Contributor

The Banning Chamber of Commerce unveiled a new mural at a ribbon-cutting ceremony in Downtown Banning on Sept. 27.

The mural at 584 W. Ramsey Street is the fourth-largest mural in Riverside County and was created as part of the chamber's city beautification initiative. The mural's moniker is "Welcome to Banning — Endless Opportunities."

Sun Lakes resident Fran Hanratty, a chamber of commerce beautification ambassador, proposed the mural to the chamber in December 2023 with a Stagecoach theme that connects the city's rich history from the early 1900s to now.

The chamber approved local artist Sara Sachse for the project. Hanratty also organized a successful fundraising event in May called "Harmony in the Neighborhood," which featured a classical meets Broadway concert in the Sun Lakes Country Club's ballroom.

The mural depicts many Banning landmarks reflecting the city's history, including Gilman Ranch, the 18th hole at Sun Lakes, the picturesque Pass Mountain ranges, and historic buildings in Downtown Banning, such as the Coplin House

and the Fox Theater.

Sachse, who created the mural, is a traditional muralist artist who employs aspects of Impressionism's art style with visible brush strokes, angles and transitional blends of color.

Banning Chamber of Commerce president Robert Cibole made the opening remarks. Pastor Scott Mason of Beaumont Presbyterian Church gave the invocation, and Shane Arch of the Girls and Boys Club of the San Gorgonio Pass led the Pledge of Allegiance. Leroy Miller, the chairman of the chamber's ambassador program, introduced Hanratty, the lead ambassador for the beautification sector of the Banning Chamber of Commerce. Hanratty said the mural was a five-year dream come true.

Sachse cut the ribbon and said she was thrilled to give back to the community. The mural encompasses 3,600 square feet and is 240 feet long (on two walls) and 15 feet high. The project took 325 hours, 47 community volunteers, and 19 participants, including members of the Boys and Girls Club of the San Gorgonio Pass. The mural is 100% hand-painted, and 57 gallons of paint were used in its completion. One wall of the mural can be seen from the I-10 freeway.

Those attending the Ribbon Cutting



Artist Sara Sachse cuts the ribbon at the unveiling of the mural created for the Banning Chamber of Commerce's Beautification Program. (Anita Lawrence/Contributor)

Ceremony included Lillian Averette representing Raul Ruiz's 25th Congressional District; DeaJiane McNair representing California State Sen. Rosilicie Ochoa Bogh; Ricky Cerrillo-Mejia representing Office of Supervisor for District 5, Yxstian Gutierrez; Michael Curry representing Greg Wallis, assembly member, 47th District; Banning City Manager Doug Schulze; Deborah Dukes, San Gorgonio Memorial Hospital Foundation; Doug Tani, Waste Management; Marisol Lopez, Banning Economic Development manager; Antoinette Stanisci, Banning Chamber of Commerce events coordinator; City

Councilmembers Rick Minjares, District 2, David Happe, District 4, Colleen Wallace, District 5 and Anthropol Women's Club; Pablo Mubarka, Cheers Liquor and Market owner; Robert Ybarra of Precision Material Handling Inc.; Chamber of Commerce board members and ambassadors.

The chamber of commerce and the city of Banning are grateful for the donations from the San Gorgonio Memorial Hospital Foundation, 5th District County Supervisor Yxstian Gutierrez, Banning Club of Anthropol Women's Club, Cheers Market and Waste Management for their sponsorship of this new mural. ■

It is my distinct privilege to congratulate

San Geronio Memorial Hospital

for your commitment to constant improvement as, together, we strive to eliminate preventable harm to those in need of emergent care. I would like to recognize your team's commendable achievement for having met

Tier 1 and Tier 2 requirements of
**BETA Healthcare Group's Quest for Zero:
ED initiative in 2024**

We honor you as you celebrate your eleventh year of participation. Your team has made a significant impact on the lives of those entrusted in their care.

Congratulations for making quality of care a priority!



R. COREY GROVE
CHIEF EXECUTIVE OFFICER
BETA HEALTHCARE GROUP

It is an honor and a privilege to congratulate

San Geronio Memorial Hospital

for your commitment to deliver optimal perinatal care in our joint effort to reach zero preventable harm. I would like to recognize your perinatal team's outstanding achievement for having met

Tier 1 and Tier 2 requirements of **BETA Healthcare Group's
Quest for Zero: OB initiative in 2024**

We honor you as you celebrate your third year of participation. Your team has made a significant impact on the lives of moms and babies entrusted in their care.

*Congratulations for making a difference
in the lives of families!*



R. COREY GROVE
CHIEF EXECUTIVE OFFICER
BETA HEALTHCARE GROUP



It is with sincere appreciation for your dedicated commitment to embracing a culture of transparency and safety that I am honored to recognize

San Geronio Memorial Hospital

for meeting all criteria within the **BETA HEART** domains of:

Culture of Safety

Communication and Transparency

and

Care for the Caregiver

in the 2023 policy year.

As we continue this journey of cultural transformation and make improvements in our communication and response to harm in healthcare, we applaud you and your team for focusing on what is most important — trust that is reinforced across all healthcare dimensions: patients, families, and our valued workforce.

Congratulations for making a positive impact in the lives of patients, families and your staff!

A handwritten signature in black ink, appearing to read "Corey", is positioned above the printed name.

R. COREY GROVE
CHIEF EXECUTIVE OFFICER
BETA HEALTHCARE GROUP