



**AGENDA**

**REGULAR MEETING OF THE HOSPITAL BOARD OF DIRECTORS**

**Tuesday, July 7, 2020**

**4:00 PM**

**IN AN EFFORT TO PREVENT THE SPREAD OF COVID-19 (CORONAVIRUS), AND IN ACCORDANCE WITH THE GOVERNOR'S EXECUTIVE ORDER N-29-20, THERE WILL BE NO PUBLIC LOCATION FOR ATTENDING THIS BOARD MEETING IN PERSON. MEMBERS OF THE PUBLIC MAY JOIN THE MEETING BY FOLLOWING THE INSTRUCTIONS BELOW:**

**Meeting Information**

Meeting link: <https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=mce8b54cd46f21018e20996a1662e63e1>

Meeting number: 126 829 1409

Password: 1234

**More ways to join**

Join by video system

Dial [1268291409@webex.com](tel:1268291409)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 126 829 1409

Password: 1234

**Emergency phone number if WebEx tech difficulties**

951-846-2846

code: 3376#

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

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

Members of the public who wish to comment on any item on the agenda may submit comments by emailing [publiccomment@sgmh.org](mailto:publiccomment@sgmh.org) on or before 1:00 PM on Tuesday, July 7, 2020, which will become part of the board meeting record.

**OLD BUSINESS**

- |      |   |            |   |
|------|---|------------|---|
| III. | <b>*Proposed Action - Approve Minutes</b> | S. DiBiasi |   |
|      | • June 2, 2020 regular meeting            |            | A |
|      | • June 22, 2020 special meeting           |            | B |

**NEW BUSINESS**

- |       |   |                                     |        |
|-------|---|-------------------------------------|--------|
| IV.   | <b>* Proposed Action – Approve 4 Hospital Board members</b><br>(per Management Services Agreement effective July 1, 2020)   | S. DiBiasi                          | verbal |
|       | ▪ <b>ROLL CALL</b>  |                                     |        |
| V.    | Recognition of departing Hospital Board members   | S. DiBiasi                          |        |
| VI.   | Healthcare District Board meeting report - informational  | D. Tankersley                       | verbal |
| VII.  | Hospital Board Chair monthly report   | S. DiBiasi                          | verbal |
| VIII. | July, August & September Board/Committee meeting calendars  | S. DiBiasi                          | C      |
| IX.   | CEO monthly report  | S. Barron                           | verbal |
| X.    | Bi-monthly Patient Care Services report   | P. Brown                            | D      |
| XI.   | <b>* Proposed Action – Approve 2021 Plan for Provision of Care</b>  | P. Brown                            | E      |
|       | ▪ <b>ROLL CALL</b>  |                                     |        |
| XII.  | Foundation monthly report (informational)   |                                     | F      |
| XIII. | Committee Reports:  |                                     |        |
|       | • Finance Committee   | O. Hershey                          |        |
|       | ○ June 30, 2020 meeting minutes   |                                     | G      |
|       | <b>* Proposed Action – Recommend Approval to the Healthcare District Board of the May 2020 Financial Statement</b><br>(approval recommended by Finance Committee 06/30/2020)                      |                                     |        |
|       | ▪ <b>ROLL CALL</b>  |                                     |        |
|       | <b>* Proposed Action – Recommend Approval to the Healthcare District Board of the FY2021 Operating budget and FY2021 Capital budget</b><br>(approval recommended by Finance Committee 06/30/2020) |                                     | H      |
|       | ▪ <b>ROLL CALL</b>  |                                     |        |
| XIV.  | Chief of Staff Report - NONE  | S. Hildebrand, MD<br>Chief of Staff |        |

San Gorgonio Memorial Hospital  
Hospital Board - Regular Meeting  
July 7, 2020

XV. \* **Proposed Action - Approve Policies and Procedures** Staff I  
▪ **ROLL CALL**

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

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

- Proposed Action – Recommend approval to the Healthcare District Board - Medical Staff Credentialing  
(*Health & Safety Code §32155; and Evidence Code §1157*)
- Receive Quarterly Environment of Care/Life Safety/Utility Management report  
(*Health & Safety Code §32155; and Evidence Code §1157*)

XVII. **ADJOURN TO CLOSED SESSION**

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

**RECONVENE TO OPEN SESSION**

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

XVIII. Future Agenda Items

XIX. **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.

**Certification of Posting**

I certify that on July 3, 2020, 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 July 3, 2020



Ariel Whitley, Administrative Assistant

**TAB A**

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

June 2, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, June 2, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this board meeting in person. Board members and members of the public participated via WebEx.

Members Present: Lynn Baldi, Phillip Capobianco III, Steve Cooley, Susan DiBiasi (Chair), Andrew Gardner, Olivia Hershey, Estelle Lewis, Ehren Ngo, Ron Rader, Steve Rutledge, Lanny Swerdlow, Dennis Tankersley

Absent: None

Required Staff: Steve Barron (CEO), Holly Yonemoto (CBDO), Annah Karam, (CHRO), Dave Recupero (CFO), Pat Brown (CNO), Steven Hildebrand, MD (Chief of Staff), Bobbi Duffy (Executive Assistant), Ariel Whitley (Administrative Assistant)

AGENDA ITEM		ACTION / FOLLOW-UP
<b>Call To Order</b>	Chair Susan DiBiasi called the meeting to order at 5:11 pm.	
<b>Public Comment</b>	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing <a href="mailto:publiccomment@sgmh.org">publiccomment@sgmh.org</a> prior to this meeting.  No public comment emails were received.	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes May 5, 2020 regular meeting</b>	Chair DiBiasi asked for any changes or corrections to the minutes of the May 5, 2020 regular meeting as included on the board tablets.  There were none.	<b>The minutes of the May 5, 2020 regular meeting will stand correct as presented.</b>

AGENDA ITEM			ACTION / FOLLOW-UP																								
<b>NEW BUSINESS</b>																											
<b>Healthcare District Board report - informational</b>	Healthcare District Board Chair, Dennis Tankersley, reported that a copy of the Healthcare District’s meeting agenda and enclosures were included on the board tablets. He reviewed the actions taken at that meeting.																										
<b>Hospital Board Chair report</b>	Chair DiBiasi noted that her written monthly report was included on the board tablets.																										
<b>Proposed Action – Reappoint existing board members to a second four-year term expiring June 30, 2024</b>	<p>Chair DiBiasi reported that two existing Hospital board members terms were expiring as of June 30, 2020, and both were eligible for reappointment to serve a second full four-year term.</p> <p>The two Board members are Susan DiBiasi and Ron Rader.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 1087 1268 1318"> <tbody> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </tbody> </table> <p>Motion carried.</p>		Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<b>M.S.C., (Tankersley, Gardner), the SGMH Board of Directors approved the reappointment of existing board members Susan DiBiasi and Ron Rader to a second four-year term, expiring June 30, 2024.</b>
Baldi	Yes	Capobianco	Yes																								
Cooley	Yes	DiBiasi	Yes																								
Gardner	Yes	Hershey	Yes																								
Lewis	Yes	Ngo	Yes																								
Rader	Yes	Rutledge	Yes																								
Swerdlow	Yes	Tankersley	Yes																								
<b>Discussion – Management Services Agreement</b>	<p>Chair DiBiasi and Healthcare District Board Chair Dennis Tankersley jointly reviewed the Management Service Agreement presentation. A copy of the presentation was emailed to all Hospital Board members the day prior to the meeting.</p> <p>A Question and Answer session followed the presentation. It was noted that there will need to be special meetings for both the Healthcare District and Hospital Boards prior to the end of June 2020 as the current lease expires July 1, 2020.</p>																										
<b>June, July, &amp; August Board/Committee</b>	Calendars for June, July & August were included on the board tablets.																										

<b>AGENDA ITEM</b>		<b>ACTION / FOLLOW-UP</b>
<b>meeting calendars</b>		
<b>CEO Monthly report</b>	<p>Steve Barron stated that the EHR implementation is behind schedule and the go-live date has been pushed back due to technical difficulties. The go-live date that is anticipated is August 1, 2020.</p> <p>Steve also stated that the Hospital’s operating and capital budgets are in progress. It is hopeful that the operating budget will be presented at the July board meeting. Steve stated that the Hospital should see additional expenses in July that were not anticipated due to the training for the new EHR implementation. Steve mentioned that there will be cost savings due to the physical closure of the 1206(b) Medical Clinic, IT training costs, and the new anesthesia agreement with Beaver Medical Group.</p>	
<b>Bi-monthly Business Development/IT report - informational</b>	Chair DiBiasi noted that the bi-monthly Business development/Information Technology report was included on the board tablets.	
<b>Foundation monthly report</b>	Steve Barron noted that the written Foundation monthly report was included on the board tablets	
<b>COMMITTEE REPORTS:</b>		
<b>Human Resources Committee</b>	At the request of Human Resources Committee Chair, Estelle Lewis, Annah Karam noted that a copy of the May 20, 2020 meeting minutes and the reports reviewed at that meeting were included on the Board tablets.	

AGENDA ITEM		ACTION / FOLLOW-UP																								
<p><b>Proposed Action – Approve layoff &amp; retirements of 9 positions</b></p>	<p>Steve reported there are nine (9) positions that will be affected by layoffs and retirements mostly due to the COVID-19 pandemic. As a result a loss of revenue was caused by decreased admits and reduced surgeries.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 604 1263 842"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p><b>M.S.C., (Rader, Lewis), the SGMH Board of Directors approved the layoff and retirements of 9 positions.</b></p>
Baldi	Yes	Capobianco	Yes																							
Cooley	Yes	DiBiasi	Yes																							
Gardner	Yes	Hershey	Yes																							
Lewis	Yes	Ngo	Yes																							
Rader	Yes	Rutledge	Yes																							
Swerdlow	Yes	Tankersley	Yes																							
<p><b>Finance Committee</b></p> <p><b>Proposed Action – Approve April 2020 Financial Statement</b></p>	<p>At the request of Finance Committee Chair, Olivia Hershey, Dave Recupero, Chief Financial Officer, reviewed the Executive Summary of the April 2020 Financial report which was included on the board tablet. A copy of the Finance Committee’s May 26, 2020 meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the April 2020 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 1381 1263 1612"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p><b>M.S.C., (Rader, Hershey), the SGMH Board of Directors approved the April 2020 Financial Statement as presented.</b></p>
Baldi	Yes	Capobianco	Yes																							
Cooley	Yes	DiBiasi	Yes																							
Gardner	Yes	Hershey	Yes																							
Lewis	Yes	Ngo	Yes																							
Rader	Yes	Rutledge	Yes																							
Swerdlow	Yes	Tankersley	Yes																							
<p><b>Proposed action – Approve recommendations of the Medical Executive Committee</b></p>	<p>Steven Hildebrand, MD, Chief of Staff briefly reviewed the Medical Executive Committee report as included on the Board tablets.</p> <p>Approval Items:</p> <ul style="list-style-type: none"> <li>• <b>Policies &amp; Procedures:</b></li> </ul>	<p><b>M.S.C., (Hershey, Baldi), the SGMH Board of Directors approved the</b></p>																								



AGENDA ITEM		ACTION / FOLLOW-UP																								
	<ul style="list-style-type: none"> <li>• Food from Outside Sources</li> <li>• Laboratory Critical Test Result List</li> <li>• Laboratory Services for ROUTINE Blood Collection</li> <li>• Therapeutic Automatic Substitution</li> <li>• Transfer of Patients to another Acute Care Hospital – Lateral Transfer to Payer Request</li> <li>• Waive Testing or Point of Care Testing (POCT) Program</li> <li>• Recommendation of Reference Laboratories Needed for Reference Testing</li> </ul> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 804 1271 1031"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p><b>Medical Executive Committee recommended approval items as submitted.</b></p>
Baldi	Yes	Capobianco	Yes																							
Cooley	Yes	DiBiasi	Yes																							
Gardner	Yes	Hershey	Yes																							
Lewis	Yes	Ngo	Yes																							
Rader	Yes	Rutledge	Yes																							
Swerdlow	Yes	Tankersley	Yes																							
<p><b>Proposed Action – Approve Policies and Procedures</b></p>	<p>There were ten (10) policies and procedures included on the board tablets presented for approval by the Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 1472 1271 1698"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p><b>M.S.C., (Baldi, Rader), the SGMH Board of Directors approved the policies and procedures as submitted.</b></p>
Baldi	Yes	Capobianco	Yes																							
Cooley	Yes	DiBiasi	Yes																							
Gardner	Yes	Hershey	Yes																							
Lewis	Yes	Ngo	Yes																							
Rader	Yes	Rutledge	Yes																							
Swerdlow	Yes	Tankersley	Yes																							
<p><b>Community Benefit events/Announce</b></p>	<p>Miscellaneous information was included on the board tablets.</p> <p>Dave Recupero announced that after 10 years at San</p>																									

AGENDA ITEM		ACTION / FOLLOW-UP
<b>ments/and newspaper articles</b>	Gorgonio Memorial Hospital, he will be retiring, effective June 30, 2020.	
<b>Adjourn to Closed Session</b>	Chair DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be: <ul style="list-style-type: none"> <li>➤ Proposed Action - Approve Medical Staff Credentialing</li> </ul> The meeting adjourned to Closed Session at 6:50 pm.	
<b>Reconvene to Open Session</b>	The meeting reconvened to Open Session at 6:59 pm.  At the request of Chair DiBiasi, Ariel Whitley reported on the actions taken/information received during the Closed Session as follows: <ul style="list-style-type: none"> <li>➤ Approved Medical Staff Credentialing</li> </ul>	
<b>Future Agenda Items</b>	None at this time.	
<b>Adjourn</b>	The meeting was adjourned at 6:59 pm.	

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

Respectfully submitted by Ariel Whitley, Administrative Assistant

**TAB B**

SPECIAL MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

June 22, 2020

The special meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Monday, June 22, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this board meeting in person. Board members and members of the public participated via WebEx.

Members Present: Lynn Baldi, Phillip Capobianco III, Steve Cooley, Susan DiBiasi (Chair), Andrew Gardner, Olivia Hershey, Estelle Lewis, Ehren Ngo, Ron Rader, Steve Rutledge, Lanny Swerdlow, Dennis Tankersley

Absent: None

Required Staff: Steve Barron (CEO), Holly Yonemoto (CBDO), Bobbi Duffy (Executive Assistant), Ariel Whitley (Administrative Assistant), Tom Jeffry (Arent Fox - Legal Counsel)

AGENDA ITEM		ACTION / FOLLOW-UP
<b>Call To Order</b>	Chair Susan DiBiasi called the meeting to order at 5:05 pm.	
<b>Public Comment</b>	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing <a href="mailto:publiccomment@sgmh.org">publiccomment@sgmh.org</a> prior to this meeting.  No public comment emails were received.	
<b>NEW BUSINESS</b>		
<b>Proposed Action – Adopt Resolution No. 2020-04 regarding a Management Services Agreement with San Gorgonio Memorial Healthcare District and</b>	Chair Susan DiBiasi reviewed Resolution No. 2020-04 and discussed the Management Services Agreement (MSA) and the amendments to the Hospital Bylaws as included in the board packets.  NOTE: San Gorgonio Memorial Hospital Board members Dennis Tankersley, Lynn Baldi, Estelle Lewis, Lanny Swerdlow, and Phillip Capobianco are also members of the San Gorgonio Memorial Healthcare District Board.	<b>M.S.C., (Hershey, Baldi), the SGMH Board of Directors adopted Resolution No. 2020-04 regarding a Management Services Agreement with</b>

AGENDA ITEM					ACTION / FOLLOW-UP																								
<b>amendments to Hospital Bylaws.</b>	BOARD MEMBER ROLL CALL: <table border="1" data-bbox="467 348 1263 575"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>No</td> </tr> <tr> <td>Cooley</td> <td>No</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> Motion carried.				Baldi	Yes	Capobianco	No	Cooley	No	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<b>San Gorgonio Memorial Healthcare District and amendments to Hospital Bylaws as presented.</b>
Baldi	Yes	Capobianco	No																										
Cooley	No	DiBiasi	Yes																										
Gardner	Yes	Hershey	Yes																										
Lewis	Yes	Ngo	Yes																										
Rader	Yes	Rutledge	Yes																										
Swerdlow	Yes	Tankersley	Yes																										
<b>Future Agenda Items</b>	None at this time.																												
<b>Adjourn</b>	The meeting was adjourned at 5:52 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, Administrative Assistant

**TAB C**



SAN GORGONIO  
MEMORIAL HOSPITAL

# Board of Directors Calendar

## July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3 Administration closes at noon	4 
5	6	7 4:00 pm Hospital Board mtg. 6:00 pm Healthcare District Board mtg.	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	

As of July 1, 2020

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

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



**SAN GORGONIO**  
MEMORIAL HOSPITAL

# August 2020

## Board of Directors Calendar

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

As of July 1, 2020

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

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





# September 2020

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		<b>1</b> 4:00 Hospital Board mtg.  6:00 Healthcare District Board mtg.	2	3	4	5
6	<b>7</b>  Labor Day Holiday Admin. Closed	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	<b>29</b>  9:00 am Finance Committee	30			

**TAB D**



## **CNO REPORT TO THE BOARD**

**JULY 2020**

### **Patient Care Quality and Safety:**

Most of our recent patient activity has been centered on providing care and treatment to Covid 19 positive patients, and patients under investigation. Below is an update on our current situation.

On 3/18/2020 we received a program flex to establish a triage tent in the ED parking lot so that we could separate the potentially infectious patients from the other regular ED patients. The tent was set up and we started seeing patients there on March 20th. As of May 22nd we closed the tent, but have not taken it down. If needed, we can notify CDPH and re-activate use. We continue to use the temporary negative pressure rooms. ED volumes were down during the months of April and May, but started going up in June, and we are currently back up to approximately 85% of our pre-Covid numbers.

The waiver to use our MRI for inpatients has been extended to August 31<sup>st</sup> so we do not need to transfer patients out for an MRI.

Mid- March all elective surgeries and procedures were cancelled. Only emergent cases were being done. The first week of May we held a special meeting of physicians and it was decided that we could slowly reopen for elective cases, with some special considerations for cleaning and personal protective equipment (PPE). We started with limiting the cases to four G.I. procedures and two elective surgery procedures. We are now up to doing eight G.I. procedures and three elective surgeries per physician.

On April 6th we closed the hospital to visitors. We still remain closed to visitors at this time. Allowances are made for minors, persons who cannot make their own decisions, and compassionate visiting for dying patients.

We have activated our surge plan on a few occasions over the last 2 months and it has worked well.

Bob Perez and the Materials Management department have done a wonderful job and we continue to have adequate supplies of PPE. We are more fortunate than many institutions, as our supplies are holding out well.

I want to recognize our associates, once again, for the Super Heroes they are. Their flexibility, stamina and compassion in caring for these patients has been unwavering. Their teamwork has been outstanding. Their capacity to care for these patients and each other is a blessing for the patients, the hospital and the community. I am filled with gratitude to each of them.

# TAB E



Origination:	06/2013
Approved:	N/A
Last Revised:	06/2020
Policy Area:	Administration
References:	

## Plan for the Provision of Patient Care 2020-2021

### Purpose:

~~San Gorgonio Memorial Hospital (SGMH) will provide a standard level of care to all patients, without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care. The Hospital will also provide individualized, planned, coordinated and appropriate care throughout the patient's care continuum. Care will be delivered in a systematic manner and includes the following:~~

- ~~• Formulation of a patient centered plan for care, education, treatment and rehabilitation.~~
- ~~• Implementation of the plan.~~
- ~~• Monitoring the patient's response to the implemented plan.~~
- ~~• Modification of the plan based on reassessments, patient's change of condition and patient's needs.~~
- ~~• Formulation of discharge and post-discharge plans.~~

~~This plan is designed to support improvement and innovation in patient care services and is based on the needs of the patient populations served and the Hospital's Mission, Vision and Core Values.~~

San Gorgonio Memorial Hospital (SGMH) will provide a standard level of care to all patients.

### Patient Rights:

Each patient has the right to receive quality care without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care. The respect of the individual and dignity of each patient is reflected in the Patient Rights policy. We encourage the participation of family and/or patient representative in all aspects of patient care through communication and education.

To assure patient satisfaction, and to identify problems and improve the quality of patient care, it is the policy of the Hospital to provide all patients the opportunity to express their level of satisfaction or concerns regarding hospital services and quality of care, without recrimination, and to have those concerns acknowledged, investigated, and, when possible, resolved.

The Hospital affirms the basic rights of human beings for independence of expression, decision, action and concern for personal dignity in human relationships. It is the responsibility of SGMH associates to assure that these rights are observed with all patients. Every patient is given a copy of the Patient Rights document at the time of registration and in the inpatient admission packet.

The patient's medical records are the exclusive property of the Hospital and will be maintained to serve the patient, health care providers and the Hospital in accordance with legal, accrediting, and regulatory agency requirements. All patient information will be regarded as confidential and available only to authorized users.

All individuals engaged in the collection, handling, or dissemination of patient information are specifically informed of their responsibility to protect patient data. SGMH complies with The Health Insurance Portability and Accountability Act of 1996 (HIPAA) in the protecting the privacy and security of certain health information.

## Culture Assessment:

The population served is 46% White, 38% Hispanic, 12% African-American, 2% Asian/Pacific Island and 1% Native American/Eskimo. Other 1% based on patient self declaration. Translator services are available through the AT&T Language Line to the [Hospital](#)'s Patient Care Services Staff and to the Medical Staff when language barriers exist.

## Ethics:

In recognition and support of our patients' basic rights, an Ethics Committee is available as an advisory body to patients and their families and the Hospital's medical, nursing, ancillary and administrative staff. This multi-disciplinary committee's purpose is to advise on matters relating to the moral and ethical decisions and/or issues which may arise while care/treatment is being rendered to patients in the [Hospital](#).

## Patient Care Services:

Patient Care Services consists of the following departments, which report to an executive team member (see organizational chart):

- Nursing Administration
- Intensive Care Service
- Definitive Observation Service
- Medical-Surgical [Telemetry](#) Service
- Obstetrical Service
- Neonatal Service
- Emergency Service
- Surgical Service
- Behavioral Health Service

- Skin/Wound Prevention and Care
- Nursing Education
- Pharmacy
- Infection Prevention & Control
- Cardiac Rehabilitation Service
- Rehabilitation Service
- Social Services/Case Management
- Respiratory Service
- Performance Improvement
- Risk Management
- Laboratory Service
- Diagnostic Imaging
- Environmental Safety/Security/Emergency Preparedness

The Chief Nursing Officer (CNO) has administrative authority and responsibility for the management of the Nursing Department, including: planning, organizing, directing, coordinating, and evaluating the quality of nursing care and the professional performance of the Nursing Staff. After normal business hours and in the absence of the CNO or unit Directors, the House Supervisors will be designated to be responsible for Patient Care Services.

The Chief Nursing Officer is responsible to San Gorgonio Memorial Hospital's Chief Executive Officer. He/She keeps the Chief Executive Officer advised of:

- Relevant information affecting the operation of Patient Care Services.
- Personnel management and workload conditions.
- Budgetary and material resources or limitations.
- Training requirements for all levels of Nursing Service personnel.
- Implementation of standards pertaining to nursing.
- Recommendations from nursing regarding the continuous quality improvement process.
- Monitoring and evaluating activities.
- The CNO collaborates with the Executive Team on matters of concern or organization-wide effect. The CNO actively participates in formulating San Gorgonio Memorial Hospital's policies and budget, and in developing and evaluating programs and services.
- The CNO is a professional registered nurse, qualified by education and extensive management experience. He/She provides authority, accountability for, and coordination of functions to those in her/his line of authority.
- The CNO, or his/her designees(s), participates with leaders from the governing body, management, medical staff, and clinical areas in developing San Gorgonio Memorial Hospital's Mission, Vision, Values, strategic plans, budgets, resource allocation, operation plans, and policies.
- The CNO, or his/her designee(s), participates with leaders from the governing body and members of her staff in planning, promoting, implementing, monitoring and evaluating activities.
- The CNO and other nursing leaders are responsible for developing, implementing, and evaluating programs to promote the recruitment, retention (through recognition and development), and continuing education of Nursing Staff members.
- The CNO, or his/her designee(s), participates in evaluating, selecting, and integrating health care technology and information management systems that support patient care needs and the efficient utilization of nursing resources.

- The CNO, or his/her designee(s), outlines a mechanism for staff to present and discuss ethical dilemmas in practice. Nursing is represented in all Committees addressing ethical issues of patient care.
- The CNO selects nurse directors/department directors and affords them the authority and accountability to direct the activities of their patient care units.
- A Nurse Director, selected by the CNO, is designated and authorized to act as Nurse Executive, during the absence of the CNO.

## Patient Care Services Philosophy:

We believe that the delivery of patient care at SGMH encompasses multiple roles which facilitate wellness through self or assisted care. Specifically, we believe:

- *The patient* is our number one priority.
- *The patient* is an autonomous individual who holds the ultimate responsibility and accountability for the direction of his or her care. If the patient lacks capacity we recognize the patient representative as the patient decision maker.
- *The patient's* optimal goal is a return to his/her highest potential, and to that end, is a pro-active partner in his or her care.
- *The family/patient representative* is an important, influential partner in the patient's care, and shares accountability in that care.
- *Patient care* is facilitated through a connected effort of professional, technical, and assistive personnel that is directed by the physician and coordinated by the Registered Nurse.
- *The professional Registered Nurse* is a self-directed individual who coordinates the care of the patient through the facilitation and/or delegation of tasks and activities.
- *The Registered Nurse* utilizes critical thinking and sound judgment in an autonomous role and is accountable for decisions made and actions taken regarding the overall care of a patient.
- *The Registered Nurse* is a motivated and innovative individual, dedicated to his/her profession who promotes organization-wide collaboration leading to service excellence.
- *The Registered Nurse* seeks opportunities to share information, educate staff and participate in organization-wide committees.
- *The technical caregiver* is a skillful and knowledgeable team member that accurately performs delegated tasks.
- *The technical caregiver* performs in a collaborative manner and is accountable for actions and decisions taken related to delegated tasks.
- *The assistant* is a front-line team member who accurately performs a variety of direct care and clerical activities, and assists the health care team as directed by the Registered Nurse or other health care professional.
- *All members* of the health care team are knowledgeable, compassionate and accountable. They are responsible for communicating care needs and collaborating with other members of the team to meet patient expectations.

## Delivery of Care:

Care is delivered in a systematic manner to include the following activities:

- Formulation of a patient centered plan for care, education, treatment and rehabilitation. The patient and/or patient representative has the right to participate in the formulation of the



plan for care.

- Implementation of the plan.
- Monitoring the patient's response to the implemented plan.
- Modification of the plan based on reassessments, change of condition and patient's needs.
- Formulation of discharge plans.

This plan is designed to support improvement and innovation in patient care services and is based on the needs of the patient populations served, and the Hospital's mission and vision. The purpose of this plan is to provide appropriate personnel coverage which will assure an optimal level of care for the patients served.

The delivery of patient care at SGMH adheres to state and federal regulatory requirements, including but not limited to: Title 22, [CenterCenters](#) for Medicare and Medicaid Services (CMS) Conditions of Participation, and Center for Improvement in Healthcare Quality (CIHQ) accreditation standards.

## Departmental Relationships:

A Multi-disciplinary approach to patient care reflects SGMH's commitment to the delivery of the highest quality of care achievable. The CEO, Executive Directors, Department Directors, Supervisors and staff recognize the complementary relationship that must be supported between Administration, support departments, nursing and medical staff to facilitate optimal outcomes.

The registered nurse will use an interdisciplinary approach to patient care through interaction with physicians, other clinical service departments, and families/patient representatives in the delivery of patient care. Collaboration with physicians and other health care disciplines will occur as appropriate based on the standard of care and patient's status. Documentation of collaboration [occurs reflected](#) within the medical record.

## Assignment of Patient Care:

In striving to assure optimal quality patient care and a safe patient environment, nursing personnel assignments will be made by qualified registered nurses who [prescribe coordinate](#), delegate, ~~coordinate~~, supervise and evaluate the nursing care of each patient. Patient care assignments will be based on consideration of the qualifications of each nursing staff member, the degree of supervision required, the complexity of patients' condition and required assessments, the plan of care, the patient care technology and the prescribed medical regimen. Certain aspects of the nursing assessment may be delegated to qualified certified nursing assistants/nursing assistants. These aspects are limited to data collection using specified physiologic parameters and general interview techniques.

## Contracted Services for Patient Care:

Services necessary for the care of patients, which the hospital is unable to provide for any one of several reasons, will be arranged through an outside agency/provider. Any agency/provider with whom the hospital enters into an agreement for patient care services must meet the criteria and standards of the Center for Improvement in Healthcare Quality (CIHQ) as well as all applicable local, state and federal laws. Additionally, all contracts will address:

- The requirements and definition of the timely provision of the contracted patient care services.

- The nature and scope of the services to be provided along with service expectations will be clearly stated in the contract.
- Evaluations of services will be performed on a regular basis.

## ~~Master~~ Staffing Plan:

Patient care is provided according to established master staffing plans based on projected patient census and care needs, and meets the mandated state staffing requirements. Nursing personnel are scheduled to work based on the patient census, skill mix requirements, and state mandated staffing requirements. Clinical staff are scheduled to ensure optimum care of all patients in each department.

It is recognized that staffing patterns will vary according to patient acuity, specialization of the particular unit, and mandated state staffing requirements. The staffing pattern will be based upon an average daily census on the individual units/department and will be allowed to fluctuate as required. Fluctuations in the census, acuity, activity and/or patient needs necessitating adjustments to the ~~Master~~ staffing plan are made with the use of float and/or supplemental staff. SGMH will utilize contract nursing agency personnel when necessary, and may utilize outside contract help in the other clinical areas as necessary. When outside contract personnel are utilized, applicable license, certification, and competency are assured and verified prior to commencing duties at SGMH.

The Staffing Coordinator, Department Directors, and House Supervisors will coordinate the allocation of human resources to ensure appropriate staffing level on all shifts, weekends and holidays. Nurse patient staffing ratios will be maintained at all times to include when a nurse is ~~out~~ off of the unit.

The staffing plan is monitored on an ongoing basis comparing actual volume activity, acuity, patient care needs and staffing, comparing total hours required with total hours provided. Staffing needs are monitored closely through the evaluation of productivity reports, patient assignment criteria, management observation, and staff input.

The staffing plan is reviewed in detail at least annually and as frequently as warranted by changing patient care needs and/or outcomes. These needs may be identified by quality assessment and improvement data, patient outcome data, risk management data, staffing plan variance, customer satisfaction data, physician input and staff input.

## Patient Assessment:

Assessments performed by each clinical discipline involved in patient care services conform to scopes of practice, state license laws, applicable regulations and certifications. Initial assessments and reassessments are completed based on unit protocols and patient condition.

Patients are assessed for physical, psychosocial, nutritional, spiritual/cultural, educational, pharmaceutical, functional, rehabilitative and discharge needs. Referrals to other disciplines may be initiated by any department identifying a patient need for specific services.

## Planning Problem Lists:

A patient problem list is generated or updated upon admission in the patient profile. Physician and non-physician care providers document on the Patient Problem List in the Patient Profile.

The problem list is utilized to formulate a plan of care in collaboration with the patient and/or the patient representative, if applicable, the physician and other patient care clinicians. Problems identified are listed in the medical record Care Plan and are kept current by adding new problems or deleting resolved problems, along with interventions and goals. Once daily, progress toward goals is evaluated by the Licensed Nurse.

## **Patient/Family Education:**

The goal of SGMH is to improve patient outcomes by providing education to patients, patient representatives and family members with information across the continuum of care in relationship to the disease process, medication management, recovery, return to function, and patient/representative/family involvement in care decisions. We believe that education:

- Facilitates the patient's, patient's representative and family's understanding of the patient's health status.
- Encourages participation in the patient's plan of care.
- Increases the ability of the patient's, patient's representative and family to cope with the changes in health care status.
- Develops and supports productive and healthy lifestyles.

SGMH applies the PDCA (Plan, Do, Check, Act) model of performance improvement to its current processes as these processes relate to the patient's plan of care, level of care, teaching, and continuity of care.

## **Discharge Planning:**

Discharge Planning is centered toward early identification of the patient/patient representative/family continuing care needs post hospitalization, with the formulation of an appropriate discharge plan acceptable to the patient, patient representative and/or family. Discharge planning includes a multi-disciplinary approach to address the needs of patients and families. It begins upon admission and continues post-discharge with referrals for community assistance if required.

## **Medication Administration:**

Medications will be distributed and administered per state license and SGMH Medical Staff policy. Only licensed and/or properly qualified personnel may administer pharmaceuticals, and only according to departmental restrictions and the clinician's scope of practice. Personnel approved to administer medications include individuals with the following license: M.D., D.O., P.A., N.P., R.N., **RPH/RPh**, L.V.N.; Respiratory Therapists, Physical Therapists and Radiological Technologists.

Pharmaceuticals are administered by or under the supervision of properly licensed personnel according to the laws and regulations. Medications that may be administered by these individuals include only those within their scope of training/licensure.

The Pharmacy and Therapeutics Committee evaluates the Medication Utilization Evaluation (MUE), drug formulary use, Adverse Drug Events (ADE), Antibiotic Stewardship and Medication Error Reduction Program (MERP) findings.

## **Transfer of Patients to Another**

## Healthcare Facility:

In the event that a patient presents to the emergency department, or a patient's status changes, requiring care that is outside of the scope of SGMH, the patient will be stabilized at SGMH and a transfer to another health care facility will be arranged in accordance with EMTALA regulations when applicable.

## Clinical Competency:

Department Directors provide and/or coordinate department/unit-based orientation of sufficient duration and content to prepare the new associate or transferred associate, for their specific duties and responsibilities within the new department. The new/transferred associates are provided with a preceptor or resource person for an orientation to the specific assigned department/unit. The preceptor/resource person will assess the new/transferred associates competence to meet the standards of the job. This assessment and assurance of competence occur within the first 90 days. Associates that float to other departments will be assigned a resource person (Buddy) to assist the associate with their assignment as needed.

All associates have criterion based job descriptions delineating the competencies required for individual jobs. Each department has objective measurements of each staff members' ability to provide knowledgeable and safe services and/or care to customers and/or patient populations common to the departments/units. These competency measures may include but not be limited to:

- Current applicable licenses or certifications
- Orientation checklists
- HIPAA training
- Abuse Identification and Prevention training
- Workplace Violence training
- Sexual Harassment training
- Standardized tests in appropriate areas.
- ACLS in appropriate areas
- BLS for health care providers in appropriate areas
- Management of assaultive behavior training in appropriate areas
- Neonatal Resuscitation in appropriate areas
- Implicit Bias
- NIH Stroke Scale International (NIHSSI)
- Safety, Infection Control and Body Mechanics, demonstrations and/or tests
- Pain Management
- Application and management of a patient in restraints
- New equipment as appropriate
- New processes as appropriate

Each department director and/or designees will assess competence of staff per department/unit plan.

## Emergency Services:

### **Emergency Department**

## Emergency Department

The Emergency Department is a Basic Emergency Service as defined by regulatory agencies. The unit consists of 23 emergency beds (~~GYN, pediatrics, for major and general~~ treatment and 5 rapid treatment) ~~and 5 rapid treatment~~ beds.

The department is operational 24 hours a day, seven days a week with appropriate physician and physician assistant coverage to care for an average of 120 ED visits per day. The department is staffed with licensed staff trained in PALS and ACLS to provide quality care to all patients served. Other support services available to patients in the department include, but are not limited to: respiratory therapy, laboratory and diagnostic imaging. The Emergency Department provides assessment, evaluation, stabilization and management of all life-threatening emergent, urgent, and non-urgent conditions of all ages served within the department (neonates to geriatrics).

The unit goal is to triage patients within 15 minutes of arrival to the ED. Patients are categorized 1-5, 1 being emergent - 5 being non-urgent, during the triage process utilizing the Emergency Severity Index (ESI). Patients will be brought back to the treatment area immediately if status is emergent.

### **Emergency Department Staffing Plan**

## Emergency Department Staffing Plan

All staff members within the Emergency Department have documented evidence of competency in key skills specific to the care of the Emergency patient. Full ~~and~~, part-time and per diem personnel are utilized to staff the area department and provide ~~adequate~~ coverage for the average visits/day. Additional staffing requirements will be met by the use of float or PRN personnel oriented to the ED and with verified ED competencies. ED nurse to patient staffing ratio is 1:4 or fewer dependent on the acuity of the patient.

Nurses in the ED work primarily 12 hours shifts 6am-6pm, 6pm-6am with three mid shift positions during expected high census. Unit secretaries work a variety of flexible schedules. Emergency Medical Technicians (EMT) work 6a-6p, 6p-6a and 10a - 10p, 7 days a week. The standard staffing pattern for the Emergency Department is five licensed nurses, three of which must be a Registered Nurse, and one Charge RN. Rapid Care is staffed by LVNs 8a-8p, 11a-11p and 2p-2a and Advanced Practice Providers (PAs and NPs).

## **Critical Care Services:**

### **~~Intensive Care Unit (ICU)~~**

## Intensive Care Unit (ICU)

The Intensive Care Unit provides nursing care to the medical and surgical patients who are critically ill. The unit's combined total is 16 beds. The unit is operational 24-hours a day, seven days a week.

Patients are candidates for admission to the Intensive Care Unit when skilled, critical care nursing and/or monitoring offers an improved chance of producing recovery from serious illness or when treatment modalities being employed preclude care on a general care nursing unit, such

as the use of mechanical ventilators, temporary pacemakers, vasoactive intravenous infusions, and invasive hemodynamic monitoring.

The multi-disciplinary approach to patient care and family support is provided by Registered Nurses, Respiratory Therapists, Dietitian, Physical Therapist and Social Worker.

#### ~~Intensive Care Staffing Plan~~

### Intensive Care Staffing Plan

All staff members within the ICU have documented evidence of competency in key skills specific to the care of the critically ill or injured patient. Full-time personnel are utilized to staff the area to provide adequate coverage for the average patient census. Additional staffing requirements will be met by the use of PRN personnel oriented to the ICU and with verified critical care competencies.

Nurse patient ratio is 1:2. The minimum amount of staff required to safely operate the ICU are two registered nurses at all times. Nursing staff may be complimented by the addition of a unit secretary and/or nursing assistant based on the patient acuity and census of the unit.

Nursing personnel in the ICU work primarily 12-hour shifts (6 am-6pm and 6pm-6am).

#### ~~Definitive Observation Unit (DOU)~~

### Definitive Observation Unit (DOU)

The hospital offers Definitive Observation Unit Services (DOU) for patients who need a higher level of nursing care than provided on the medical-surgical unit but are not critically ill requiring intensive care monitoring.

#### ~~DOU Staffing Plan~~

### DOU Staffing Plan

The nurse patient ratio is 1:3, Nursing personnel in the DOU work 12-hour shifts (6am- 6pm and 6pm to 6am).

## Respiratory Services:

The Respiratory Department is located in the hospital and is in operation 24-hours a day, seven-days a week.

The Respiratory Department provides patient care in accordance with policies established in the treatment, management, control and diagnostic evaluation to all age groups: neonatal, pediatric, adolescent adult and geriatric.

Respiratory services are provided on all nursing units and clinical support areas. The patient population may be of inpatient or outpatient status.

Services include:

- Continuous services: oxygen therapy, humidity and aerosol therapy, BI-PAP, C-PAP, high flow oxygen therapy and mechanical ventilation.
- Intermittent services: aerosol therapy, patient education, chest physiotherapy, postural

- drainage, incentive spirometry and bronchodialator treatments.
- Emergency services: CPR, oxygen transportation, STAT procedures
- Other services: blood gas analysis, and equipment monitoring.
- EKGs

### **Respiratory Services Staffing Plan**

## **Respiratory Services Staffing Plan**

The Respiratory Department is staffed by personnel that have been trained, licensed and oriented to the department and include supervisory personnel, CRTs, RCPs and RRTs.

All staff members within the Respiratory Department have documented evidence of competency in key skills specific job-related respiratory functions. Full and part-time personnel are utilized to provide adequate coverage for the average workload. Additional staffing requirements will be met by the use of PRN personnel oriented to the department and with verified position specific competencies.

Staffing levels are based on the volume and complexity of the services and patient care and includes consideration of:

- Number of tests,
- Number of patients in specialized areas,
- Number of treatments per patient,
- Number of ventilators in use.

Staff in the Respiratory Care Department work 12 hour shifts.

## **Surgical Services:**

The Surgical Services Department consists of three operating rooms, one special procedures room, a six bed post anesthesia care unit, an outpatient admissions and five bay pre-op holding area. A qualified Registered Nurse is responsible for the nursing care and nursing management of this department which is dedicated to providing resources and skills to enable the physician to perform surgical and other invasive procedures for patients of all ages.

### **Surgery**

## **Surgery**

The 3 room surgery suite is equipped and supplied to serve multiple surgical specialties. The department does not have cardiothoracic, neurosurgical or transplant capabilities. The department offers elective surgical case scheduling as well as after hour, on call emergency surgical coverage.

### **Surgery Staffing Plan**

Routine surgical cases many be scheduled ~~0700-1900~~0700-1500 Monday through Friday excluding holidays. Staffing is flexible to accommodate the current schedule. After hours, weekends and holiday coverage is provided with "on call" personnel, consisting of an anesthesia provider, circulating RN and scrub RN or technician. This "on call" team has a 30 minute window to arrive in house once notified. There are full time, part time and per diem RNs and surgical technicians in the appropriate ratios to assure a registered nurse is always available to assume

the circulating role on each and every procedure. All personnel have documented evidence that they have the competency and skill level to provide safe care to the patient.

Staff members in surgery work primarily eight hour shifts with varied start times. Staff include: Nurse Director, Charge RN, staff RNs, Surgical Technicians, Environmental Services personnel, Sterile Processing Technician and Clerical Support Staff. All RNs are expected to hold current BLS and ACLS certification. Surgical Technicians are expected to hold a current BLS certification. Patient assignment is the responsibility of the Charge RN or his/her designee based on staff skill level, experience and the acuity of the procedure.

Staffing schedules are made by the surgical charge nurses as needed for the current anticipated case load.

### **Post Anesthesia Care Unit (PACU)**

The PACU is a 6 bay unit dedicated to the care of the post-surgical patient emerging from general anesthesia, moderate to deep sedation or recovering from regional anesthesia and or pain management procedures. This unit can be utilized on occasion for minor invasive procedures monitored by PACU staff.

### **PACU Staffing Plan**

The PACU is staffed as needed Monday through Friday excluding holidays. Staffing is flexed to accommodate the current schedule. After hours, weekends and holiday coverage is provided with "on call" personnel. The "on call" personnel have a 30 minute window to arrive in house once notified. The PACU staff consists of full time, part time and per diem RNs. BLS, ACLS and PALS certification is mandatory. LVNs may be utilized in assisting RNs as needed to accommodate shifts in volume levels. LVNs will work under the direction of the RN and are required to maintain BLS, ACLS and PALS certifications. All staff members have documented evidence of competency and skill levels to provide safe professional care to the patient. Staffing ratios in the PACU are 2:1 initially, if the patient is at ICU level of care the ratio is 1:1. The PACU staff primarily work 8 hour shifts with varied start times.

### **Special Procedures**

The Special Procedures service is designed primarily for gastrointestinal and pulmonary endoscopy. Examples of procedures performed in the Special Procedures unit include but are not limited to: EGD, colonoscopy, ERCP and bronchoscopy and related diagnostic or therapeutic treatments.

### **Special Procedures Staffing Plan**

The Special Procedures unit is staffed as needed with full time, part time and per diem RNs and surgical and/or endoscopy technicians. The RNs are required to be BLS and ACLS certified and have competencies in moderate/deep sedation. They are responsible for administering sedative medication under the direction of the physician performing the procedure, they also monitor the patient's vital signs and level of consciousness, keeping the physician apprised of the patient's status. The surgical/endoscopy technician is required to have BLS certification and training and competencies for endoscopic procedures as well as cleaning/disinfection process of the endoscopic equipment. The unit is operational Monday through Friday excluding holidays. The shifts are 8 hours with an "on call" team of 2 RN and 1 RN and 1 surgical technician covering the remaining hours of the day, weekends and holidays. The "on call" personnel have a 30 minute



window to arrive once notified.

### **Out Patient Admissions and Pre-Operative Holding Unit**

The Out Patient Admissions & Pre-op Holding Unit consists of a patient information center where preoperative studies i.e. lab tests, x-rays, EKGs, consents and histories and physicals are gathered. These studies are evaluated by the RN and or LVNs and abnormal results are referred to the physician. Patients are admitted in this area after they have been registered. The patients are then escorted to the 5-bay pre-op holding area where a base set of vital signs are taken, an IV is started, and any pre-op orders are completed. The RN will conduct a physical assessment. The patient's profile is reviewed and updated. The patient is taken into surgery or the special procedures room where their procedure/surgery is performed. They are then taken to the PACU for initial recovery. When the patient meets criteria for discharge from the PACU, the inpatients are transferred to their room and the outpatients may return to the pre-op holding area for discharge or be discharged directly from the PACU. During discharge their IV is discontinued, they are dressed, discharge instructions are given, and they are escorted to their vehicle. On occasion this area may be utilized for minor invasive procedures, pain management procedures, or various infusions, i.e. blood, antibiotics or hydrating fluids.

### **Out Patient Admissions and Pre-Op Holding Unit Staffing Plan**

This unit is staffed as needed Monday through Friday, excluding holidays. One RN is primarily responsible for the functioning of this area. Other RNs, surgical technicians and clerical staff members are floated in and out based on day to day volume fluctuations. RNs working in this unit are required to maintain BLS, ACLS and PALS certifications. LVNs will work under the direction of the RN and are required to maintain BLS, ACLS and PALS certifications. All staff members have documented evidence of competency and skill levels to provide safe professional care to the patient.

## **Women's Center:**

### **Labor & Delivery/Mother-Baby/General and surgical Gynecological Department**

The Labor and Delivery and Mother-Baby Department is a unit consisting of four labor/delivery/recovery rooms (LDR's) and seven semi-private and one private postpartum rooms and a Level I Nursery. The unit is operated 24 hours a day, seven days a week. Services include antepartum care, labor and delivery, both vaginal and Cesarean Sections, surgery and recovery services, mother-baby care and education.

The nursing process and a modified team nursing model are used as the framework for the provision of nursing care. Patient Care Services policies, unit specific policies and ACOG & AAP standards of practice guide the delivery of nursing care. Registered Nurses coordinate the care of the patient in this unit. There are at least two licensed nurses assigned seven days a week on each shift.

### **Labor and Delivery Staffing Plan**

All staff members within this department have documented evidence of competency in key skills specific to the care of the antepartum and intrapartum patient. Full time, part time, and per diem personnel are utilized to staff the area to provide adequate coverage for the average patient census. Additional staffing requirements based on census and acuity are met by the use of PRN

and on-call personnel. Nursing staff in the Labor and Delivery unit work 12-hour shifts (6 a.m. - 6 p.m., 6 p.m. - 6 a.m.).

### **Mother-Baby and General and Surgical GYN Staffing Plan**

All staff members in the Mother-Baby unit have documented evidence of competency in key skills specific to the care of the postpartum and nursery patient. Full time, part time, and per diem personnel are utilized to staff the area to provide adequate coverage for the average patient census and required nurse to patient ratio. Additional staffing requirements based on census and acuity are met by the use of PRN and on-call personnel. Nursing staff in the Mother-Baby unit work 12-hour shifts (6 a.m. - 6 p.m., 6 p.m. - 6 a.m.) General and surgical gynecological patients are staffed 4:1 ratio.

## **Medical/Surgical, Telemetry Services:**

The Medical/Surgical Telemetry unit provides treatment and end-of-life care to ~~pediatric, adolescent,~~ adult and geriatric patients. The unit is operational 24 hours a day, seven days a week. Telemetry services are provided through remote telemetry units. Telemetry patients are monitored 24 hours a day by a licensed nurse or monitor technician.

Hospital and unit specific policies guide the delivery of nursing care.

The multi-disciplinary approach to patient care and family support is provided by Registered Nurses (RN), Licensed Vocational Nurses (LVN); Certified Nursing Assistants/Nursing Assistants (CNA/NA), Respiratory Therapists, Wound Care Nurses, ~~Dietitian~~ Dietitians, Physical ~~Therapist~~ Therapists, Occupational ~~Therapist~~ Therapists, Speech ~~Therapist~~ Therapists, Case ~~Manager~~ Managers and Social ~~Worker~~ Workers in collaboration with physicians and licensed independent practitioners.

### **Medical/Surgical Staffing Plan**

## **Medical/Surgical Staffing Plan**

All staff members within the unit have documented evidence of competency in key skills specific to the care of the medical and surgical patient. In addition, some staff members have documented evidence of competency in EKG monitoring and interpretation. Full-time, part-time and per diem personnel are utilized to staff the unit to provide adequate coverage for the average patient census. Nurse-patient staffing ratio is 1:5 for Medical-Surgical patients and 1:4 for Medical-Surgical Telemetry patients. Staffing requirements will be met by the use of PRN personnel oriented with verified Medical/Surgical competencies.

Care is provided using a team model of RN and LVN or primary care model of RN. Certified nursing assistants/nursing assistants are utilized as support staff for patient care. Licensed staff work 12 hour shifts; CNA/NA staff work 12 hour shifts and unit secretaries work 12 hour shifts.

## **Pharmacy Services:**

The Pharmacy Department's normal hours of operation are daily from 6am to 11pm and 7am to 7pm on hospital observed holidays. Telnet- Rx Remote Order Entry Service will provide pharmacy services during after-hours from the agency's operation center in Yorba Linda, CA. The patients served include neonatal, pediatric, adolescent, adult and geriatric patients.

## **Pharmacy Staffing Plan**

### **Pharmacy Staffing Plan**

There is a minimum of one registered pharmacist present daily during hours of operation. The Director of Pharmacy is a California registered pharmacist and oversees the staffing requirements of the department. All Pharmacy Department staff are licensed by California Board of Pharmacy and have been oriented in the department and hospital. Telnet-Rx pharmacists are licensed by California Board of Pharmacy and licensure is continually verified. San Geronio Memorial Hospital is compliant with California Board of Pharmacy staffing requirements of pharmacist to pharmacy technician ratio, and pharmacist to intern pharmacist ratio.

All staff members within the Pharmacy Department have documented evidence of competency in key skills specific to the distribution of pharmaceuticals. Full and part-time personnel are utilized to provide adequate coverage for the average workload. Additional staffing requirements will be met by the use of per diem personnel oriented to the Pharmacy Department and with verified position specific competencies and licensure.

Staffing levels are determined by patient volume and complexity of treatment based on information received from the patient medication profile and includes consideration of number of unit doses, patient acuity, number of clinical interventions and the number of Adverse Drug Events. (ADEs).

Pharmacy personnel work 8 or 10 hour shifts based on their assigned schedule.

There is no after-hours access to the pharmacy. An on-call registered pharmacist is available after hours for emergency consultation and urgent situations that require access to the pharmacy.

Pharmacy Staff includes:

- Director of Pharmacy
- Staff Pharmacists
- Intern Pharmacists
- Pharmacy Technicians

### **Laboratory Services:**

The clinical laboratory is open 24-hours a day, 7-days a week. A pathologist is on call at all times for clinical and anatomic pathology services.

#### **Services include:**

#### **Services include:**

- Collection of blood samples by venipuncture or finger/heel stick.
- Testing of blood and body substances in all areas of the clinical laboratory to include: coagulation, microbiology, hematology, urinalysis, serology/immunology, chemistry and blood bank.

Services that are referred to outside-accredited agencies include:

- All anatomic pathology services including histology and cytology.

- Parasitology
- Esoteric Testing
- Special Microbiology (AFB, Mycology, Virology)

Patients served include neonatal, pediatric, adolescent, adult and geriatric. The laboratory evaluates all results for appropriateness based on diagnosis, condition, age, sex and previous test results. The Department assures accuracy by daily quality control through analytical runs and external proficiency testing to correlate values with national standards.

### **Laboratory Staffing Plan**

## **Laboratory Staffing Plan**

The Laboratory and Blood Bank are directed by a Medical Director and managed by the Laboratory Services Director.

The Medical Director and Administrative Director assume full responsibility for all patients tested in the Laboratory and assures all functions are performed by competent personnel.

The Laboratory Department is staffed by personnel that have been trained, licensed and oriented to the department and include supervisory personnel, staff Clinical Lab Scientists (CLS), and phlebotomists.

All staff members within the Laboratory Department have documented evidence of competency in key skills specific to job related laboratory functions. Full and part-time personnel are utilized to provide adequate coverage for the average workload. Additional staffing requirements will be met by the use of PRN personnel oriented to the Laboratory Department and with verified position specific competencies.

Staffing levels are based on the volume and complexity of the laboratory services and includes consideration of:

- Number of in-house tests
- Number of referred tests
- Processing time
- Verification and validation of tests
- Critical values and physician notifications

Staff in the Laboratory Department work 8-hour shifts.

## **Diagnostic Medical Imaging:**

The Diagnostic Imaging Department provides multi-modality-imaging services to inpatient, outpatient, and Emergency Room patients. Diagnostic Imaging services are provided within the main department and the ED/ICU building. Portable services are provided in all nursing units and areas of specialty (Outpatient Surgery, Operating Room, Emergency Department).

Services are provided to patients of all ages, neonates through geriatrics.

- General diagnostic radiography
- Computerized tomography (CT)
- Ultrasonography
- Fluoroscopy
- Nuclear Medicine

- Digital mammography
- Limited Interventional procedures
- Magnetic Resonance Imaging (MRI)

Service hours are: Inpatient and Emergency services are available 24-hours a day. Outpatient services are available Monday-Friday 7am-5pm, except for MRI, which is available Monday - Friday 9am - 5pm.

All imaging studies are performed under the supervision of a radiologist. Radiologists are available 8am-5pm Monday through Friday on site through the Arrowhead Radiology Medical Group. A radiologist is available during all unscheduled hours via phone for consults and via tele-radiology for reads.

### **Diagnostic Imaging Staffing Plan**

## **Diagnostic Imaging Staffing Plan**

Core staffing levels are based on volumes in the DI department. The hours of operation for the department are Monday through Sunday, 24 hours a day

### **Staff includes:**

### **Staff includes:**

- Department Director
- Department Manager
- Staff Technologists
- Clinical Coordinator
- Imaging Coordinator/PACS Assistant
- Transporter
- Clerks

All staff within Diagnostic Imaging have documented evidence of competency in key skills specific to radiographic technology. Full time and part time personnel are utilized to staff the area to provide appropriate coverage for the average number of cases/day. Additional staffing requirements will be met by the use of PRN personnel oriented to Diagnostic Imaging and with verified radiographic competencies.

## **Rehabilitation Services:**

The Rehabilitation Services provides care for inpatients between the hours of 8am-4:30pm, Monday through Friday and on an as needed basis on weekends and holidays.

Outpatients are seen at Highland Springs Rehabilitation Center (HSORC) in a joint venture with Loma Linda University Medical Center for Physical Therapy. The outpatient services are available Monday through Friday between the hours of 6:30am and 6pm and closed on weekends and holidays.

Speech therapy is available on an as needed basis for both inpatients and outpatients at San Gorgonio Memorial Hospital.

Services provided include the following:

- Thermal modalities
- Mechanical traction
- Electrical stimulation
- Paraffin bath
- Ultrasound
- Ionto- and phonophoresis
- Light Therapy
- Therapeutic exercise
- Neuromuscular re-education
- Manual therapy, including joint and soft tissue mobilization
- Orthotic and prosthetic training
- Functional activity training
- Gait training
- Community/work reintegration
- Patient and family education
- Strength and conditioning training
- Postural and scoliosis screening
- Ergonomic assessments
- Activities of Daily Living
- Speech and swallowing evaluations/therapy

#### **Staffing Plan**

### **Staffing Plan**

All staff members within the Rehabilitation Services Department have documented evidence of competency in skills specific to rehabilitative procedures. Full time, part-time, and per diem personnel are utilized to staff the department and provide adequate coverage for the average number of cases per day. Additional staffing requirements are met by the use of contracted personnel oriented to rehabilitation services and with verified licensure and competencies. Staff works the number of hours required to provide patient care.

## **Infection Prevention & Control:**

The policies, procedures and activities are established by the Infection ~~Prevention & Control~~ Director guides, coordinates and intervenes with as appropriate, the activities of ~~Committee.~~ Activities of the department include: surveillance, infection prevention and control ~~of infection for~~ San Gorgonio Memorial Hospital and education of staff and patients. ~~The policies, procedures and activities are established by the Infection Control Committee.~~ All departments have a defined role and scope of responsibility/participation in this program. This ~~position~~ department is staffed Monday through Friday. Emergency consultation is available after hours and on weekends.

### **Staffing Plan**

- Department Director
- Infection Preventionist

## **Cardiac Rehabilitation Service:**

The Cardiac Rehabilitation Service provides a three-phase program Monday through Friday to

outpatients who are referred to the program by a physician.

### **Cardiac Rehabilitation Staffing**

The day to day provision of care is provided by a Licensed Vocation Nurse certified in ACLS and trained in cardiac rehabilitation. The LVN reports to the Director of Nursing Resources and Cardiopulmonary Services who provides the Registered Nurse oversight for the patients in the program.

All staff members have documented evidence of competency in key skills specific to the care of the cardiac rehabilitation. Full time personnel are utilized to staff the area to provide adequate coverage for the average census. Additional staffing requirements will be met by the use of PRN personnel oriented to the cardiac rehab program and with verified competencies.

## **Behavioral Health Services:**

The Behavioral Health Center (BHC) provides outpatient psychiatric care to adults with chronic mental illness at an off campus location in Palm Springs. The Center is operational Monday through Friday between 9am-3pm.

The service provides intake, psychiatric evaluation, nursing assessment ~~and~~ psychological assessment, psychosocial assessment and psychiatric medication management. Group and psycho educational therapies are provided with nursing education and activities.

### **Behavioral Health Staffing**

There is a multidisciplinary approach to patient care. All staff members have documented evidence of competency in key skills specific to the care of the mentally ill. Full time personnel are utilized to staff the area to provide adequate coverage for the average census. Additional staffing requirements will be met by the use of per diem personnel oriented to the BHC and with verified behavioral health care competencies.

#### **Staffing Includes:**

- Medical Director (M.D. Psychiatrist)
- Director (Ph.D. Psychology)
- RN
- LCSW
- Marriage and Family Therapist (MFT) & MFT Interns
- Psychology Assistant
- Registered Psychological Assistant
- Manager
- Drivers

## **Social Services:**

Discharge planning and social work functions are the responsibility of the Social Work staff with supervision by a LCSW, reporting to the Case Management Director.

Referrals are made from physicians, nurses, patients, patient representatives, family members and staff. The service provides social and discharge planning for patients of all ages by assessing all patients who are identified as high risk or problem prone. Assessment of the need for and

implementation of social work or discharge planning actions will take place as soon as possible following the patient's admission. Interventions will be planned based on observation of the patient and information gathered from consultation with patient, patient representative, family, physicians, nursing staff and others as appropriate.

Services provided include but are not limited to: psycho-social assessments, counseling to patients and families, home health care referrals, ordering of prescribed durable medical equipment, guidance to patients, patient representatives and families in regard to MediCal and Medicare eligibility. Referrals are made to services such as but not limited to: Meals on Wheels, respite care, public health, mental health, public guardian, adult or child protective services. Social Service assists in arranging inter-facility transfers for special procedures and continuing care. Social services provide support to Case Management's efforts in reducing readmissions, developing plans of care, and addressing barriers to adherence to medically prescribed post hospital regimens. Social services staff maintain certification to place and lift 5150 involuntary holds and develop safety plans as part of discharge planning for patients where psychiatric conditions contribute to their current health problems.

### **Staffing plan**

## **Staffing plan**

The department is staffed by masters prepared social worker(s) 8 to 10 hours per day (staggered shifts), seven days a week. An LCSW lead provides supervision. All staff members have documented evidence of competency in key skills specific to social work and discharge planning.

## **Case Management:**

Staff provides for the functions of Utilization Review and Discharge Planning. The department facilitates a collaborative process, which assesses, plans, implements, coordinates, monitors and evaluates options and outcomes to meet the needs of the patient population.

The objective of Utilization Review is to assure the appropriateness of admissions and the ongoing necessity of services provided for each acute patient. It includes pre-admission and admission review, as well as review of individual days of care, to assess for appropriate utilization of services, efficient scheduling of resources, 30 day readmission interventions and delays in care. The Utilization review function is provided by staff who are licensed nurses.

- Discharge Planning services are rendered in collaboration with Social Service staff in accordance with CMS CoP and patient's rights regulations to include present and pre morbid functional assessment, care givers support and recommendations for post acute transitions of care.
- Case Management staff make appropriate post-acute provider referrals honoring patient preferences to the highest degree possible.
- Case Management provides the Medicare Outpatient Observation Notice (MOON) to patients.

The department's hours of operation are 7am to 7pm, Monday through Friday and 8:00am to 6pm on week-ends and holidays.

### **Case Management Staffing Plan**

All licensed staff members within the case management department have documented evidence



of competency in key skills specific to case management, resource management and discharge planning. Full time, part time and per diem personnel are utilized to staff the service to provide adequate coverage.

**Staffing Includes:**

- Director
- Case management RNs
- Case management assistants (LVN)
- Case management clerk

## **Performance Improvement Program:**

The purpose of the Performance Improvement Program is to establish and sustain an organization-wide planned, systematic, and interdisciplinary approach to improving the quality and safety of inpatient and outpatient care and services provided to the population served. The Performance Improvement Program focuses on maintaining and improving the quality and safety of important processes, systems, services and functions at San Gorgonio Memorial Hospital. The objective is to deliver cost-effective, appropriate and medically necessary quality health care and related services with competence, trust and sensitivity to our patients, physicians, and the community by the provision of patient services designed to achieve the intended outcome of the patient's treatment plan and ensure patient safety. The Performance Improvement Department is responsible for Accreditation Compliance, survey preparation activities, data collection, aggregation and submission to regulatory agencies.

Ongoing performance measurement includes the assessment of the key systems, processes and functions within the organization to ensure that they are designed, or redesigned, to support a culture of quality and safety. SGMH is dedicated to providing the resources and training to staff, and empowers the associates to continuously improve programs and services. The Medical and Administrative leaders of SGMH determine performance improvement priorities and approve the design of the methods used to measure and improve organization-wide performance and outcomes.

The entire organization is committed to assessing, improving and maintaining safe, high-quality, cost-effective healthcare services to our patients in compliance with all applicable laws, regulations and standards. The Performance Improvement Program supports the Mission, Vision and Core Values of the hospital. See the Performance Improvement Plan for a complete description of the Performance Improvement Program.

Members of the Performance Improvement Department have documented evidence of competency in skills specific to their respective responsibilities. The staff members work primarily Monday through Friday during regular business hours.

The Director of Performance Improvement is responsible for implementing, managing and directing the organization's facility-wide performance improvement and patient safety program through collaboration with other department directors/managers, the administrative leaders, the hospital medical staff, and the governing board.

**Staffing Includes:**

- Director of Performance Improvement

- Performance Improvement Manager
- PI Data Analyst
- RN Data Abstractor

## Risk Management:

The Director of Risk Management is responsible for evaluating the potential risk and liability relative to patient and visitor events and outcomes, investigating adverse occurrences, identifying trends in patient safety concerns and adverse events, and developing and implementing corrective actions designed to reduce potential risk and unsafe practices.

The Director of Risk Management works Monday through Friday during regular business hours and is available on a consultative basis during non-scheduled hours. Consultative risk management services are also available through BETA Healthcare Services.

### Staffing Includes:

- The Director of Risk Management

## Patient Safety Program:

The Patient Safety Program is designed to support and promote the mission and vision of San Gorgonio Memorial Hospital. This organization-wide patient safety program is committed to promoting the safety of all patients, associates, visitors and others utilizing the facility. The program is designed to reduce medical/health system errors and hazardous conditions by utilizing continuous improvement to support an organizational culture of safety. This program is implemented through the integration and coordination of the patient safety activities from all departments and patient care/patient support services with responsibility for various aspects of patient and associate safety, including but not limited to:

- Corporate Compliance/HIPAA
- Employee Health Services/Workers Compensation
- Environment of Care/Life Safety/Emergency Preparedness/Hazard Vulnerability Assessment/Pro-active Environmental Safety Rounds & Corrective Action Plans
- Infection Prevention and Control
- Laboratory/Diagnostic Imaging Quality Control
- Materials Management/Equipment Maintenance Program
- Patient Care Services/Patient Safety Education/Performance & Outcome Measures
- Performance Improvement teams and task forces
- Pharmacy/ Medication Error Reduction Program (MERP)/Adverse Drug Events & Medication Error Reporting, Antibiotic Stewardship program
- Risk Management/Error and Adverse Event Reporting/Risk Assessment & Reduction Activities/Adverse Event Management
- Workplace Violence education, training and reporting

Committees assigned the responsibility for patient safety monitoring activities include: (See Patient Safety Program Plan for a complete description of the functions of these committees)

- Environment of Care/Safety Committee
- Patient Safety/Performance Improvement Committee
- Infection Control/Pharmacy & Therapeutics Committee

- Medical Staff Quality Council
- Radiation Safety Committee

## **Environmental Safety/Security/ Emergency Preparedness:**

The hospital has adopted the National Incident Management System (NIMS) which provides an organized and standardized approach in the response and management to any hazard that might impact the organization and/or community. This standardized approach helps provide and promote effective incident management, appropriate span of control, and effective integration with other response agencies. The Director of Environmental Safety/Security/Emergency Preparedness is responsible for this program, and working in coordination with all associates, physicians, the community and other health care coalitions at local, county, and state jurisdictions, develops plans to promote effective mitigation, response and recovery from a disaster or catastrophic event, through exercises, drills and on-going educational programs and classes.

The Director of Environmental Safety/Security/Emergency Preparedness will act as a Liaison with local law enforcement and fire agencies while working in collaboration with the Director of Plant Operations and Security to ensure the safety and security of patients, associates, visitors and all others utilizing the facility.

In an effort to promote the safety and security of the patients, visitors, associates and all others utilizing the facility, California licensed security guards are staffed 24 hours a day, 7 days a week. All security guards are required to have training in Workplace Violence prevention and Management of Assaultive Behavior to assist them in the identifying and dealing with potentially violent and/or difficult situations that might arise, involving patients, visitors, associates and others utilizing the facility.

### **Environmental Safety/Security/Emergency Preparedness Staffing Plan**

#### **Staffing includes:**

- Director
- Security Manager
- Security Officers

## **Community Involvement:**

In support of our professional and social commitment to the community we serve, SGMH participates in activities, which contribute to the achievement of community goals. There is an ongoing effort to increase the ~~public's~~publics awareness of health issues through health fairs, screenings, community classes, and emergency preparedness activities. SGMH associates participate in these community outreach events and organizations by speaking, educating, and developing partners with local clubs, associations, and service groups.

### **Community Outreach Staffing Plan**

#### **Staffing includes:**

- Director of Environmental Safety/Security/Emergency Preparedness
- Employee Health and Education Nurse

- Nurse Educator
- Marketing Coordinator
- Other associates as needed per specialty area

## Volunteer Services:

San Gorgonio Memorial Hospital provides supplementary services for our patients and associates through the use of trained volunteers. Volunteers are permitted to **workvolunteer** only in service areas in which they have been properly trained. These areas include:

- Administration
- Business Office
- Gift Shop
- Information Desk
- Customer Service
- Diagnostic Imaging
- Lab
- Medical Staff Library/Office
- Emergency Department
- Obstetrics
- Foundation Office
- Thrift Shop

Volunteers are not permitted to transport blood or blood products for transfusion.

The Auxiliary has a separate board and functions as an independent unit within the Hospital.

### ~~Volunteer Services Staffing Plan~~

~~Volunteer services and levels of involvement are determined through identified needs and services as requested by the Hospital.~~

### CHAPLAINCY SERVICES

Chaplains are members of the health care team. As volunteers, they minister to the immediate spiritual and emotional needs of the patient and his/her family and the hospital staff. They provide 24/7 "on-call" coverage — usually to the Emergency Department or the Intensive Care Unit. They must complete a training program at the hospital.

## Engineering (Plant Operations):

Plant Operations assumes responsibility for all utilities, facility maintenance, repairs and replacement of equipment.

Additional responsibilities include:

- Readiness of all life support and safety systems.
- Interim life safety protocols when the facility is under construction
- Repair and maintenance of the facility grounds
- Supervision of service contracts for the building
- Exercises strict economy in the consumption of fuel, water, gas, electricity and all supplies.
- Environmental Safety inspection rounds

The department is operational 24 hours a day. Plant operations staff members are on call at all other times for emergency repair needs.

The Director of Plant Operations assumes accountability for the safety of patients, visitors, staff and physicians.

### **Plant Operations Staffing Plan**

#### **Staffing includes:**

- Director
- Supervisor
- Engineers
- Part time clerical

## **Human Resources:**

### **Human Resource Department**

The Human Resources Department is responsible for the recruitment, retention, and compensation of competent staff to provide hospital services. The Chief Human Resources Officer (CHRO) provides management/consultative services in associate/labor relations, and compliance activity regarding laws/regulations, which impact the employer/associate relationship. The CHRO provides services to Department Directors in the areas of management development and conflict prevention/ resolution.

Services of the department include but are not limited to:

- Associate Relations
- Labor Relations
- Performance Management
- Tracking of competencies, licensure, certifications, and updates such as annual, skills and safety
- Benefit & Salary administration
- Recruitment and Retention
- Health and Education
- New Hire Orientation
- Workers' Compensation
- Recognition and Rewards

The activities of the Human Resources Department are conducted in compliance with State and Federal Laws (i.e. civil rights, ~~wages and hours~~wage and hour, labor relations, associate health and safety) and local requirements.

Department associates interact with all levels of personnel, governing board, legal counsel, representatives from regulatory agencies, advertising agencies, insurance companies and the general public.

### **Human Resources Staffing Plan**

#### **Staffing Includes:**

- Chief Human Resource Officer (CHRO)

- Recruiter
- Human Resources Assistant
- Human Resources Coordinator
- [Human Resources File Clerk](#)
- Employee Health Nurse RN
- Employee Health Nurse LVN

Staff works primarily 8-hour shifts Monday through Friday. The department is closed on weekends and holidays.

## Recruitment and Retention Plan:

~~Based on the Hospital Plan for Patient Services, the~~The following plan for recruitment and retention ~~of all personnel (and to minimize turnover)~~ has been developed.

### Purpose

~~The purpose of this plan is to delineate mechanisms for recruitment and retention of all personnel and minimize turnover.~~

### Recruitment

The Hospital actively recruits qualified applicants in order to ensure an adequate number of competent staff.

### Job Postings

The Hospital will promote and transfer associates from within when such action is consistent with the Hospitals objectives and the individual's career goals. To that end, once a [staffing position](#) requisition has been approved by an Executive Officer, the position will be posted for in-house associate viewing for a minimum of three calendar days prior to filling the position.

### Applicant Screening

Applications received via our applicant tracking system will be screened by the recruiter. Those applicants whose qualifications closely match the position requirements will be forwarded to the hiring manager for review and consideration.

### Equal Opportunity Policy

The Hospital provides equal opportunity to all associates and applicants for employment consideration in accordance with all laws, directives and regulations of federal, state and local governing bodies or agencies. The Hospital will provide equal employment opportunity in all personnel actions for all persons for recruitment, hiring, training, promotion, compensation, benefits, transfers, education, tuition assistance, social and recreational programs, and all other terms and privileges of employment without regard to race, color, creed, religion, national origin, ancestry, physical or mental disability, medical condition, marital status, age, sex, sexual orientation, gender or any other condition made unlawful by federal, state, or local laws.

### Recruitment Advertisements

The following recruitment strategies are utilized at San Gorgonio Memorial Hospital.

- Direct mail
- Internet job site postings (i.e. niche sites, popular sites and specialty areas)

- Social Media
- Job Fairs
- Participation with school clinical programs
- Local newspaper advertising (including classified ads)
- Large market newspaper advertising for the recruitment of management and/or difficult to fill positions
- National magazine advertising for management and/or difficult to fill positions
- Professional recruitment agencies (utilized as a "last resort" for very difficult to fill positions)
- Utilization of sign-on and referral bonuses for difficult to fill positions
- Provision of relocation allowances for key management personnel and difficult to fill positions

Supplemental staffing (contract labor such as travelers or registry) is utilized in situations when qualified applicants for a position are extremely difficult to find and it is deemed necessary in order to provide adequate patient care until appropriate placement of permanent staffing can be arranged through the utilization of one of the above mentioned market strategies.

## Retention

San Gorgonio Memorial Hospital is committed to providing a workplace that allows for and promotes associate satisfaction through career growth and development and a competitive benefits package.

The following items are used to enhance retention:

- Health and welfare benefits, including ~~healthcare~~medical, dental, vision, life ~~and~~/~~accidental death and dismemberment and long tem~~ disability coverage
- Hospital-matched retirement savings plan
- Tuition reimbursement
- Hospital-sponsored attendance at outside seminars
- Continuing education offered through in-house and web based education
- Outstanding associate award programs: 10 Plus Year Service Awards
  - 5 Year Service Awards
  - 10 Plus Year Service Awards
  - ~~5-Year Service Awards~~
  - Perfect Attendance Award
  - Associate of the Month and Year recognition
- Shift differentials
- Leaves of absence
- Various seasonal activities, (I.e. Hospital week, nurses week and holiday week) including special free meals for staff
- Annual holiday party
- Annual market survey to ensure competitive salaries
- Continuous, accurate communication and feedback to staff by means of staff meetings with department director, periodic meetings with the Executive Team, and monthly general staff meetings with the CEO/designee
- Endeavoring to maintain a ~~ollegial~~collegial working environment
- Using staff in brochures and advertising materials whenever possible
- Management/Leadership training
- Recognition of all associates during Hospital Week

- [Employee engagement committee](#)
- Wellness Committee

## Education:

The Department of Educational Services and Employee Health is responsible for the coordination and documentation of organizational orientation and training of Hospital associates. Services of the department include but are not limited to:

- General Hospital Orientation
- Nursing Orientation
- Continuing education
- Annual skills/competencies fair
- Community Health and Education
- Coordination of required education/ competencies as identified via Hospital Performance Improvement processes and/or new services

The department is operational Monday through Friday and as needed for professional presentations.

### Education Staffing Plan

The Educational Services Department is staffed by personnel who have been trained, licensed, and oriented to the department.

Staff members within the Educational Services Department have documented evidence of competency in key skills specific to job related functions.

## Dietary Department:

The Dietary Department provides therapeutic nutrition to the hospitalized patient through food service. Food services are available to staff and visitors through cafeteria food service. The department is open 7-days a week. Dietary services include:

- Nutritional support to infant, pediatric, adolescent, geriatric and adult patients.
- In-room food delivery
- Cafeteria services
- Catering services
- Therapeutic diet management and education

### ~~Dietary Staffing Plan~~

## Dietary Staffing Plan

### Staffing Includes:

- Director
- Dietitian
- Operations Supervisor
- Food Production Lead
- Diet Aide
- Cooks
- Food Service Workers



- Utility Aide

All staff within the dietary department have documented evidence of competency in key skills specific to food preparation and job-specific procedures. Full, part-time, and per diem personnel are utilized to staff the area to provide adequate coverage for the average work load/day. Staff work primarily 8-hour shifts. Staffing levels are based on the number of patients; number of meals served, types of meals served, and number of special functions.

## Environmental Services Department:

The Environmental Services Department is responsible for the cleaning and sanitation of the acute care hospital. The departments functions 24 hours a day 7-days a week. Services include, but are not limited to, the cleaning of all the nursing units and patients rooms, all hospital departments and hospital grounds.

### Environmental Staffing Includes:

- Director
- Environmental Services leads
- Environmental Services aides

All staff within the department have documented evidence of competency in key skills specific to cleaning and sanitizing to meet regulatory standards. Full, part time and per diem personnel are utilized to provide adequate coverage for the average work load/day. Additional staffing requirements will be met by the use of contact personnel oriented to the department and with verified job related competencies.

Staff works primarily 8-hour shifts. Staffing levels are based on our facility's square footage and patient census levels.

## Health Information:

The Health Information Department is responsible for the security, safety and preservation of all patients' medical records whether paper charts or in electronic format. [This service is under the management of Guidehouse Service.](#) The department is open Monday through Friday.

Services Include:

- Birth Certificate Completion
- Release of Information
- Patient Privacy
- Patient Security
- Coding
- Physician Liaison
- Assembly, Scanning and Indexing of all patient visits
- Chart Completion
- Patient Portal

## Information Services:

Information Services (IS) Department supports the Hospital's business and clinical systems including any supporting sub-systems or cloud based solutions. The department is operational 10

hours a day Monday through Friday including 24/7 on-call support.

**Services include:**

- Support of all corporate owned or managed PC's, mobile and peripheral devices
- Support of all software applications and 3<sup>rd</sup> party systems whether on-premise or cloud based
- Support of in-house Local Area, Wi-Fi and Wide Area networks
- Telecommunications and VOIP Infrastructure
- Meaningful Use and MACRA Compliance

**Information Technology Staffing Plan**

**Staffing Includes:**

- CIO (Chief Information Officer)/Director IS
- Database Administrators
- Registered Nurse Clinical Informaticists
- Desktop Support Technicians
- Server Support Technicians
- Network Support Technicians

## Materials Management:

Materials Management Services Department is open 5-days a week. Monday through Friday. The department assumes the responsibility for all supplies and equipment utilized within the facility, except food, drugs and linen.

Materials Management assumes responsibility for adequate supplies for all patient care areas. Saturday and Sunday access is obtained through the Nursing Supervisor.

**Staffing Includes:**

- Director
- Assistant
- Receiving/mail clerks

## Patient Financial Services:

**Patient Financial Services**

The Patient Financial Services Office is responsible for all financial operations within the facility. [This service is provided in collaboration with the Guidehouse Financial Services.](#) The office is operational Monday through Friday, 8am-5pm. Services provided include:

- Billing
- Financial Counseling
- Collections
- Complaint resolution
- Patient Information and Assistance
- Cashiering
- Qualification for MediCal and Covered California plans
- Medicare Education/Counseling

## **Patient Financial Services Office Staffing Plan**

### **Staffing Includes:**

- Director
- Insurance Billers (Medicare, MediCal, other Insurance)
- Cashier/Log and Correspondence Clerks
- Patient Representatives
- Billing/Insurance Collection Clerks
- Collectors
- Financial Analyst

## **Accounting Department:**

The Accounting Department ensures that the financial records of the Hospital including but not limited to the balance sheet, income statement and related statistics are reported accurately and timely. The department monitors the budgetary and other financial goals of the Hospital and disseminates this information to the administrators and department managers. The department also processes payroll and accounts payable in addition to preparing and depositing the daily cash receipts, produce and distribute productivity report, outside agency reports, assist with Medicare/MediCal cost reports. Produce and schedule for external auditor. Assist with hospital-wide budgets.

The department ensures all legal and regulatory filings, and corporate filings of a financial nature are completed accurately and timely. The department is open from 8:00am to 4:30pm, Monday through Friday.

### **Accounting Department Staffing Plan**

#### **Staffing Includes:**

- Controller
- Senior Accountant
- Payroll Clerk
- Accounts Payable Technician

All staff work 8-hour shifts Monday through Friday. The office is closed on weekends and holidays.

## **Admitting Department (Registration/Patient Access):**

Outpatient registration, Admitting and Emergency Department Registration assume full responsibility for all operational and financial data collected about all patients. PBX, insurance verification and certification, cashiering. The registration function is performed 24 hours a day.

#### **Staffing Includes:**

- [Director of Patient Access](#)
- Lead Registration Clerk
- Registration Clerks
- PBX Operator

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Bobbi Duffy: Executive Assistant	pending
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	06/2020
	Bobbi Duffy: Executive Assistant	06/2020

COPY

**TAB F**

July 1, 2020

### Foundation Finances as of 6/30/2020

- \$286,291.06 (Bank of Hemet Business checking account) as of 06/30/2020 ♣
  - \$127,626.98 (Bank of Hemet Money market account) as of 06/30/2020
  - \$79,774.39 (I.E. Community Foundation as of 05/31/2020)
- \$493,692.43 Total Funds**

♣ **Note:** The vast reduction in the checking account is due to deduction of \$168,652.04 to pay for (6) ventilators.

### Foundation Update

The COVID19 RESPONSE FUND- to date the fund is at \$73,078.00 (a total of 46 donations)

SGMH Foundation Director is working on building a schematic of equipment approved and purchased by the Foundation. Currently, there is no system in place to confirm this information.

Research is from 2012 to current (review of SGMHF minutes)

- What Equipment was voted on to purchase and a breakdown of amounts for the purchase(s)
- Was the equipment received by the hospital
- Did SGMHF reimburse the hospital? If yes, what was the cost vs the amount approved
- A sticker with “Generously donated by San Gorgonio Memorial Hospital Foundation” is being created and will be placed on each piece of equipment.
- A picture of each piece of equipment will be kept in a file
- A copy of the check paid to the Hospital district for each piece of equipment reimbursed and the P.O. from the Materials Management Department.

Equipment update: Most currently is the (6) Ventilators purchased for the hospital. The Foundation office plan is to place a SGMHF stickers noted - “Generously Donated by San Gorgonio Memorial Hospital Foundation” will be placed on each Ventilator and a picture will be taken for the Foundation files.

Terms of Office – the terms of office for the SGMHF Board of Directors is not up-to-date. Valerie is currently reviewing SGMHF board minutes to log who attended and who did not attend. The end result is to determine who is due to retire from the foundation board, who should remain and are the bylaws being followed relating to Terms of office.

Valerie is currently working on a strategy to be brought in front of Morongo- Band of Mission Indians bringing to light the various grants they are eligible for and how SGMHF can help them file for those grants. The strategy is to become a partner with Morongo in order to partner with the tribe to have them consider to be a lead donor in the Imaging/Stroke center.

The Foundation office found mailing permits at the San Bernardino USPS center and will be looking into purchasing a non-profit Business permits to start Direct mail fundraising.

**TAB G**

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

FINANCE COMMITTEE  
Tuesday, June 30, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, June 30, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor's Executive Order N-29-20, there was no public location for attending this committee meeting in person. Committee members, staff members, and members of the public participated telephonically.

Members Present: Olivia Hershey (C), Susan DiBiasi, Andrew Gardner, Lanny Swerdlow, Ehren Ngo

Members Absent: None

Required Staff: Steve Barron (CEO), Dave Recupero (CFO), Pat Brown (CNO), Holly Yonemoto (CBDO), Bobbi Duffy (Executive Assistant), Ariel Whitley (Administrative Assistant), Margaret Kammer (Controller)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
<b>Call To Order</b>	Committee Chair Olivia Hershey, called the meeting to order at 9:02 am.	
<b>Public Comment</b>	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing <a href="mailto:publiccomment@sgmh.org">publiccomment@sgmh.org</a> prior to this meeting.  No public comment emails were received.	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes  May 26, 2020 regular meeting</b>	Chair Hershey asked for any changes or corrections to the minutes of the May 26, 2020 regular meeting. There were none.	<b>The minutes of the May 26, 2020 regular meeting will stand correct as presented.</b>
<b>NEW BUSINESS</b>		
<b>Proposed Action – Recommend</b>	Dave Recupero reviewed the May 2020 finance report as included in the board packets.	<b>M.S.C. (Swerdlow, DiBiasi), the</b>



AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p><b>Approval to Hospital Board of Directors - Monthly Financial Report – May 2020</b></p>	<p>Dave referred Committee members to page 2, “San Gorgonio Memorial Hospital Financial Report – Executive Summary”. He noted that there has been a significant improvement in financials due to a large \$5.0 million Cares Act Stimulus Grant.</p> <p>He noted that in general our revenues were down due to COVID-19. Since the month of March, our year-end projected revenue shortfall has totaled \$5,077,168.</p> <p>Dave referred Committee members to page 4, “Statement of Revenue and Expense – Current Month”.</p> <p>On line 6, “Total Gross Patient Revenue”, the Actual was \$18,979,525 compared to a Budgeted of \$26,749,524, reflecting a negative variance of \$7,769,999.</p> <p>As shown on line 13, “Net Patient Revenue”, the Actual of \$3,332,335 versus the Budgeted \$4,484,406, reflected a negative variance of \$1,152,071.</p> <p>He noted as shown on line 18, “Other Operating Revenue”, there was an Actual of \$5,482,384 compared to a Budgeted amount of \$256,722, reflecting a positive variance of \$5,225,662. Dave mentioned that this positive variance was due to the Cares Act Stimulus Grant.</p> <p>Dave referred Committed members to page 5, “Statement of Revenue and Expense – Year-to-Date”, nothing that the report reflects eleven months ending May 31, 2020.</p> <p>He noted as shown on line 34, EBIDA was ahead of budget by \$1,772,706 with an Actual of \$2,712,858 versus a Budgeted amount of \$940,152.</p> <p><b>ROLL CALL:</b></p> <table border="1" data-bbox="394 1608 1200 1724"> <tbody> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Gardner</td> <td>Yes</td> </tr> <tr> <td>Hershey</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </tbody> </table>	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Ngo	Yes	Swerdlow	Yes	Motion carried.		<p><b>SGMH Finance Committee voted to recommend approval of the May 2020 Financial report to the Hospital Board of Directors.</b></p>
DiBiasi	Yes	Gardner	Yes											
Hershey	Yes	Ngo	Yes											
Swerdlow	Yes	Motion carried.												

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p><b>Proposed Action – Recommend Approval to Hospital Board of Directors and Healthcare District Board of Directors- FY 2021 Operating budget and FY 2021 Capital Budget</b></p>	<p>Dave Recupero reviewed the SGMH FY 21 Budget Presentation as included in the board packets.</p> <p>Dave referred Committee members to page 2, “San Gorgonio Memorial Hospital – Budget 2021 Assumptions”. He discussed the over-all objectives in 2021 in terms of financial priorities.</p> <p>Lanny Swerdlow left the meeting at 9:57 am.</p> <p>Due to time constraints, Steve Barron will present the Healthcare District budget at the July Healthcare District Board Meeting.</p> <p><b>ROLL CALL:</b></p> <table border="1" data-bbox="394 768 1201 884"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Gardner</td> <td>Yes</td> </tr> <tr> <td>Hershey</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Ngo	Yes	Swerdlow	Absent	Motion carried.		<p><b>M.S.C. (DiBiasi, Gardner), the SGMH Finance Committee voted to recommend approval of the FY 2021 Operating budget and FY 2021 Capital budget to the Hospital Board of Directors and the Healthcare District Board of Directors.</b></p>
DiBiasi	Yes	Gardner	Yes											
Hershey	Yes	Ngo	Yes											
Swerdlow	Absent	Motion carried.												
<p><b>Future Agenda Items</b></p>	<p>None.</p>													
<p><b>Next Meeting</b></p>	<p>The next Finance Committee meeting will be held on July 28, 2020.</p>													
<p><b>Adjournment</b></p>	<p>The meeting was adjourned at 10:21 am.</p>													

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

Minutes respectfully submitted by Ariel Whitley, Administrative Assistant



**SAN GORGONIO MEMORIAL HOSPITAL  
BANNING, CALIFORNIA**

**Unaudited Financial Statements**

**for**

**ELEVEN MONTHS ENDING MAY 31, 2020**

**Certification Statement:**

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

Certified by:

**David D. Recupero**

CFO

**San Gorgonio Memorial Hospital**  
**Financial Report – Executive Summary**  
 For the month of May 2020 (Eleven months in FY 20)

**Profit/Loss (EBIDA) Summary**

In the current month, there was a \$3.11M favorable budget variance in Earnings before Interest, Depreciation and Amortization (EBIDA). May EBIDA actual was \$3.449M or a -61.7% EBIDA margin. The resulting Year-to-Date (YTD) EBIDA budget variance was \$2.713M or \$1.77M better than budget. YTD actual FY 20 EBIDA compared to prior year FY19 was a \$734K decrease. Year-to-Date increase/decrease in unrestricted net assets (net profit) was \$326K loss compared to the budgeted YTD loss of \$2.13M and last year’s YTD gain of \$1.027M.

**Analysis**

This significant improvement in financial result **was due to a large \$5.0 million Cares Act 4 Stimulus check (grant) that came in on June 12** and was recorded as a receivable as of 5/31. This came from \$10 BILLION ALLOCATION FOR SAFETY NET HOSPITALS HHS announced the distribution of \$10 billion in Provider Relief Funds to safety net hospitals that serve our most vulnerable citizens, recognizing the incredibly thin margins these hospitals operate on.

The updated covid-19 virus financial impact for SGMH is not close to break-even as we were in a similar financial position compared to budget at the end of February before the lock down occurred.

In general, our revenues were still down for the month (-\$1.1 M off budget) but improved over prior month. Since the month of March our Year-end projected revenue shortfall has totaled 5,077,168:

<b>San Gorgonio Memorial Hospital</b>					<b><u>FISCAL YEAR 20</u></b>
<b>COVID-19 FINANCIAL IMPACT</b>	<b>MARCH</b>	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>TOTALS</b>
Net Patient Revenue Normal (expected)	4,567,808	4,610,028	4,484,406	4,275,114	17,937,356
Act/PROJ Net Patient Revenues	3,247,093	2,698,425	3,332,335	3,582,335	12,860,188
Lost REVENUES due to COVID-19	<b>(1,320,715)</b>	<b>(1,911,603)</b>	<b>(1,152,071)</b>	<b>(692,779)</b>	<b>(5,077,168)</b>

**Net Patient Revenues (YTD unfavorable \$4.05M)** or 8.7% .The net figure came in slightly better than the 29.1% gross revenue variance due to the improved Medicare case mix index (CMI) of 1.5042 vs 1.2621 budget. The higher the index the more complex cases we had resulting in improved projected reimbursement. Year-to-Date net patient revenues are tracking behind budget at -8.7%

**Total Operating Revenues (YTD favorable \$2.98M)** . Supplemental revenues for the year is now \$1.4M ahead of budget as the large rate range IGT payment expected \$18.0M came in slightly over \$19.0 million. The \$5.0 million Cares Act results in \$7.0 M favorable supplemental revenue subtotal which more than offsets the Net revenue \$4.0 M negative variance.

Key patient statistics variances included:

Average Daily Census (ADC) in May (28.5 actual vs 29.5 budget and 27.8 last year).

YTD ADC actual= 24.9 vs budget 29.0 and last year first 11 months ADC was 27.3.

YTD ED visits are now 9.2% below budget and 9.0% below prior year-to-date. Observation bed days was down 21.4% YTD and outpatient surgeries (down 48.77% YTD). The over-all measurement of patient activity adjusted acute discharges were down 11.3% compared to budget and 5.7% lower compared to last year.

In a (simplified) summary, the \$1.77 million YTD FAVORABLE EBIDA variance can be explained by new stimulus recovery funds offsetting the Covid-19 lost revenues and over-all we were having a good year before the virus came into the picture.

**Expenses for the month (unfavorable \$275K)** Catch-up on timing of invoices on legal and anesthesia and explain the majority of this variance. The higher physician fees category is likely to near its end with a new Beaver anesthesia contract.

### **BALANCE SHEET/CASH FLOW**

Cash Balances made a nice improvement due to the IGTS coming in We have repaid a portion of the 12.0 MM Line of credit balance (now down to \$6.0 million) and AP has been reduced significantly from \$6.3 MM to \$3.9 MM .

The FY 20 fiscal year-end projected cash is now significantly higher than budgeted partially due to the \$2.5 million Medicare advance that we have to pay back and the line credit balances still owed.

### **Concluding Summary**

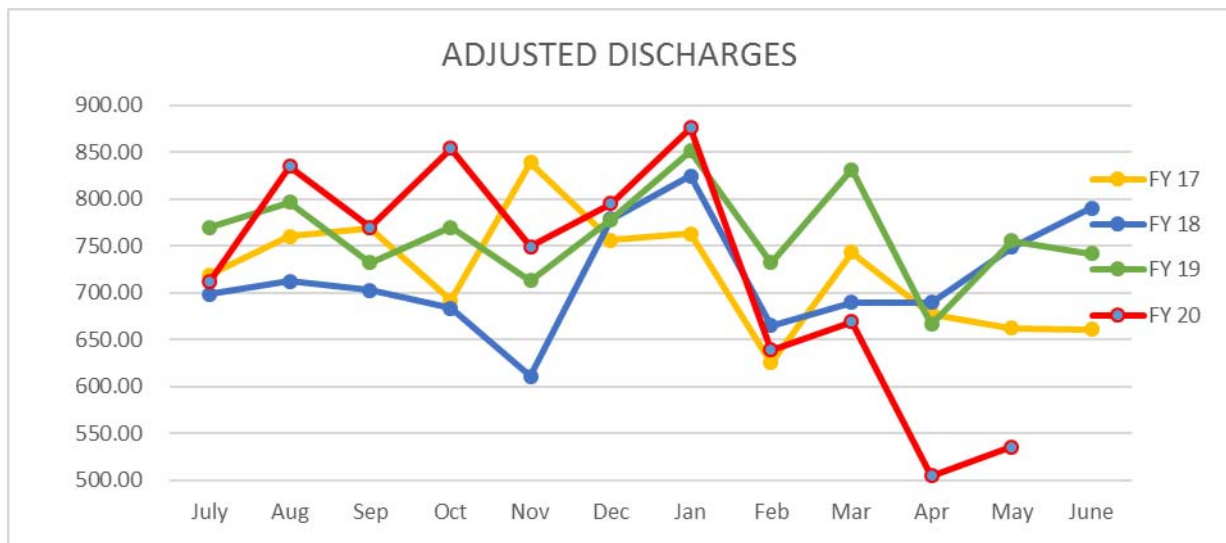
Positive takeaways for the month:

- 1) LARGE STIMULUS PAYMENT (unexpected).
- 2) IGT increases over expected amounts.
- 3) EBIDA now better than budget and expect to finish the fiscal year well ahead of

budget and similar to last year.

Negative takeaways for the month:

- 1) Slow down third party payments and higher days in AR .
- 2) Higher than expected physician fees especially related to anesthesia costs.



**Statement of Revenue and Expense**  
**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**ELEVEN MONTHS ENDING MAY 31, 2020**

	CURRENT MONTH					Prior Year 05/31/19
	DISTRICT ONLY	COMBINED		Positive	Percentage Variance	
	Actual 05/31/20	Actual 05/31/20	Budget 05/31/20	(Negative) Variance		
Gross Patient Revenue						
[1] Inpatient Revenue	\$0	\$7,685,775	\$8,299,904	(\$614,129)	-7.40%	\$7,837,516
[2] Inpatient Psych/Rehab Revenue	0	0	0	0	0.00%	0
[3] Outpatient Revenue	0	11,293,749	18,449,620	(7,155,871)	-38.79%	18,028,009
[4] Long Term Care Revenue	0	0	0	0	0.00%	0
[5] Home Health Revenue	0	0	0	0	0.00%	0
[6] Total Gross Patient Revenue	0	18,979,525	26,749,524	(7,769,999)	-29.05%	25,865,525
Deductions From Revenue						
[7] Discounts and Allowances	0	(14,788,430)	(21,254,679)	6,466,249	30.42%	(20,444,813)
[8] Bad Debt Expense	0	(666,865)	(896,514)	229,649	25.62%	(1,160,614)
[9] Prior Year Settlements	0	0	(61,328)	61,328	100.00%	0
[10] Charity Care	0	(191,895)	(52,597)	(139,298)	-264.84%	(137,058)
[11] Total Deductions From Revenue	0	(15,647,190)	(22,265,118)	6,617,928	29.72%	(21,742,486)
[12]		82.44%	83.24%			84.06%
[13] Net Patient Revenue	0	3,332,335	4,484,406	(1,152,071)	-25.69%	4,123,040
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	0	2,153,151	2,731,140	(577,989)	-21.16%	2,380,264
[15] Tax Subsidies Measure D	188,750	188,750	212,491	(23,741)	-11.17%	240,438
[16] Tax Subsidies Prop 13	112,500	112,500	127,686	(15,186)	-11.89%	207,839
[17] Tax Subsidies County Supplemental Funds	0	0.00	0	0	0.00%	0
[18] Other Operating Revenue	1,527	5,482,384	256,722	5,225,662	2035.53%	206,215
[19] Clinic Net Revenues	(19,316)	(19,316)	27,753	(47,069)	-169.60%	21,485
Non- Patient Revenue	283,461	7,917,469	3,355,792	4,561,677	135.93%	3,056,242
<b>Total Operating Revenue</b>	<b>283,461</b>	<b>11,249,804</b>	<b>7,840,198</b>	<b>3,409,606</b>	<b>43.49%</b>	<b>7,179,281</b>
Operating Expenses						
[20] Salaries and Wages	0	3,045,177	2,993,842	(51,335)	-1.71%	3,011,730
[21] Fringe Benefits	0	833,186	729,688	(103,498)	-14.18%	713,899
[22] Contract Labor	0	32,292	55,579	23,287	41.90%	120,279
[23] Physicians Fees	0	456,534	195,484	(261,050)	-133.54%	180,343
[24] Purchased Services	42,161	922,180	764,842	(157,337)	-20.57%	422,612
[25] Supply Expense	0	644,975	751,454	106,479	14.17%	749,377
[26] Utilities	0	76,114	71,386	(4,728)	-6.22%	23,428
[27] Repairs and Maintenance	0	16,999	45,038	28,039	62.26%	119,046
[28] Insurance Expense	0	168,981	101,452	(67,529)	-66.56%	79,345
[29] All Other Operating Expenses	836	148,517	422,680	274,163	64.86%	184,877
[30] IGT Expense	0	1,284,336	1,204,404	(79,932)	-6.64%	275,351
[31] Leases and Rentals	0	60,936	68,143	7,207	10.58%	67,234
[32] Clinic Expense	65,564	110,799	99,817	(10,982)	-11.00%	110,961
[33] Total Operating Expenses	108,560	7,801,024	7,503,810	(297,214)	-3.96%	6,058,481
[34] EBIDA	174,901	3,448,779	336,388	3,112,391	925.24%	1,120,800
Interest Expense and Depreciation						
[35] Depreciation	502,454	502,454	500,000	(2,454)	-0.49%	494,513
[36] Interest Expense and Amortization	388,676	431,428	399,474	(31,954)	-8.00%	483,325
[37] Total Interest & depreciation	891,130	933,882	899,474	(34,408)	-3.83%	977,838
Non-Operating Revenue:						
[38] Contributions & Other	0	0	16,667	(16,667)	-100.00%	0
[39] Tax Subsidies for GO Bonds - M-A	598,629	598,629	605,781	(7,152)	-1.18%	1,724,073
[40] Total Non Operating Revenue/(Expense)	598,629	598,629	622,448	(23,819)	-3.83%	1,724,073
[41] Total Net Surplus/(Loss)	(\$117,600)	\$3,113,526	\$59,362	\$3,054,164	5144.99%	\$1,867,035
[42] Extra-ordinary loss on Financing						
[43] Increase/(Decrease in Unrestricted Net Assets	(\$117,600)	\$3,113,526	\$59,362	\$3,054,164	5144.99%	\$1,867,035
[44] Total Profit Margin	-41.49%	27.68%	0.76%			26.01%
[45] EBIDA %	61.70%	30.66%	4.29%			15.61%

**Statement of Revenue and Expense**  
**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**ELEVEN MONTHS ENDING MAY 31, 2020**

	DISTRICT ONLY		YEAR-TO-DATE			Prior Year 05/31/19
	Actual 05/31/20	Actual 05/31/20	Budget 05/31/20	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue						
[1] Inpatient Revenue	\$0	\$77,570,673	\$88,250,198	(\$10,679,525)	-12.10%	\$84,610,203
[2] Inpatient Psych/Rehab Revenue	0	0	0	0	0.00%	0
[3] Outpatient Revenue	0	169,877,504	191,624,774	(21,747,270)	-11.35%	185,111,151
[4] Long Term Care Revenue	0	0	0	0	0.00%	0
[5] Home Health Revenue	0	0	0	0	0.00%	0
[6] Total Gross Patient Revenue	0	247,448,177	279,874,972	(32,426,795)	-11.59%	269,721,354
Deductions From Revenue						
[7] Discounts and Allowances	0	(196,750,503)	(222,676,056)	25,925,553	11.64%	(215,170,984)
[8] Bad Debt Expense	0	(7,243,416)	(9,380,046)	2,136,630	22.78%	(9,908,949)
[9] Prior Year Settlements	0	0	(641,667)	641,667	100.00%	0
[10] Charity Care	0	(882,203)	(550,310)	(331,893)	-60.31%	(596,435)
[11] Total Deductions From Revenue	0	(204,876,122)	(233,248,079)	28,371,957	12.16%	(225,676,368)
[12]		82.8%	83.3%	-0.5%		83.7%
[13] Net Patient Revenue	0	42,572,055	46,626,893	(4,054,838)	-8.70%	44,044,986
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	0	17,258,747	15,857,876	1,400,871	8.83%	15,663,648
[15] Tax Subsidies Measure D	2,204,877	2,204,877	2,259,349	(54,472)	-2.41%	2,090,438
[16] Tax Subsidies Prop 13	1,256,231	1,256,231	1,357,646	(101,415)	-7.47%	1,257,839
[17] Tax Subsidies County Supplemental Funds	108,739	108,739	97,500	11,239	11.53%	97,189
[18] Other Operating Revenue	15,117	8,672,365	2,783,373	5,888,992	211.58%	2,695,228
[19] Clinic Net Revenues	204,302	204,302	305,283	(100,981)	-33.08%	238,436
Non- Patient Revenue	3,789,266	29,705,260	22,661,027	7,044,233	31.09%	22,042,777
<b>Total Operating Revenue</b>	<b>3,789,266</b>	<b>72,277,315</b>	<b>69,287,920</b>	<b>2,989,395</b>	<b>4.31%</b>	<b>66,087,764</b>
Operating Expenses						
[20] Salaries and Wages	0	34,186,739	33,514,705	(672,034)	-2.01%	31,626,624
[21] Fringe Benefits	0	8,059,361	8,071,216	11,854	0.15%	7,775,118
[22] Contract Labor	0	678,472	611,369	(67,103)	-10.98%	1,105,148
[23] Physicians Fees	8,800	3,737,002	2,150,324	(1,586,678)	-73.79%	2,740,428
[24] Purchased Services	461,584	7,524,815	7,789,685	264,870	3.40%	4,452,170
[25] Supply Expense	554	7,956,039	8,099,773	143,734	1.77%	7,631,915
[26] Utilities	3,000	868,620	785,246	(83,374)	-10.62%	773,932
[27] Repairs and Maintenance	6,475	660,252	495,418	(164,834)	-33.27%	638,456
[28] Insurance Expense	0	1,064,639	1,115,972	51,333	4.60%	976,478
[29] All Other Operating Expenses	67,357	1,708,614	2,662,096	953,482	35.82%	1,610,051
[30] IGT Expense	0	1,284,274	1,204,404	(79,870)	-6.63%	704,910
[31] Leases and Rentals	0	799,978	749,573	(50,405)	-6.72%	1,473,902
[32] Clinic Expense	732,700	1,035,652	1,097,987	62,335	5.68%	1,132,132
[33] Total Operating Expenses	1,280,470	69,564,457	68,347,768	(1,216,689)	-1.78%	62,641,262
[34] <b>EBIDA</b>	<b>2,508,796</b>	<b>2,712,858</b>	<b>940,152</b>	<b>1,772,706</b>	<b>188.56%</b>	<b>3,446,501</b>
Interest Expense and Depreciation						
[35] Depreciation	5,519,054	5,519,054	5,526,000	6,946	0.13%	5,512,717
[36] Interest Expense and Amortization	4,287,739	4,750,525	4,394,214	(356,311)	-8.11%	4,569,726
[37] Total Interest & depreciation	9,806,792	10,269,579	9,920,214	(349,365)	-3.52%	10,082,443
Non-Operating Revenue:						
[38] Contributions & Other	163,194	163,194	183,337	(20,143)	-10.99%	82,964
[39] Tax Subsidies for GO Bonds - M-A	7,067,723	7,067,723	6,663,591	404,132	6.06%	7,580,198
[40] Total Non Operating Revenue/(Expn	7,230,917	7,230,917	6,846,928	383,989	5.61%	7,663,162
[41] Total Net Surplus/(Loss)	(\$67,080)	(\$325,805)	(\$2,133,134)	\$1,807,329	-84.73%	\$1,027,220
[42] Extra-ordinary loss on Financing						
[43] Increase/(Decrease in Unrestricted Net A	(\$67,080)	(\$325,805)	(\$2,133,134)	\$1,807,329	-84.73%	\$1,027,220
[44] Total Profit Margin	-1.77%	-0.45%	-3.08%			1.55%
[45] EBIDA %	66.21%	3.75%	1.36%			5.22%

## Balance Sheet - Assets

### SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA ELEVEN MONTHS ENDING MAY 31, 2020

Percent of Net AR to Gross AR>	DISTRICT ONLY		ASSETS			
	Current Month 05/31/2020	Current Month 05/31/2020	Prior Month 04/30/2020	Curr vs Prior Mo. Positive/ (Negative) Variance	Prior Year End 06/30/2019	Curr vs Prior YE Positive/ (Negative) Variance
		18.28%	18.55%		17.33%	
Current Assets						
[1] Cash and Cash Equivalents	\$1,700,085	\$5,336,629	\$6,082,911	(\$746,282)	\$4,175,227	\$1,161,402
[2] Gross Patient Accounts Receivable	0	41,077,227	39,770,246	1,306,981	49,210,703	(8,133,476)
[3] Less: Bad Debt and Allowance Reserves	0	(33,567,774)	(32,391,218)	(1,176,556)	(40,680,940)	7,113,166
[4] Net Patient Accounts Receivable	0	7,509,452	7,379,028	130,425	8,529,763	(1,020,310)
[5] Taxes Receivable	3,933,244	3,933,244	3,229,757	703,488	566,680	3,366,564
[6] Other Receivables	0	4,776,563	(16,532)	4,793,095	436,869	4,339,694
[7] Inventories	0	1,786,147	1,694,154	91,993	1,632,865	153,281
[8] Prepaid Expenses	72,875	253,404	385,970	(132,566)	1,326,928	(1,073,523)
[9] Due From Third Party Payers	0	1,336,151	1,095,276	240,875	554,344	781,807
[10] Malpractice Receivable	0	0	0	0	0	0
[11] IGT Receivables	0	13,050,001	18,157,373	(5,107,372)	10,058,792	2,991,209
<b>Total Current Assets</b>	<b>5,706,205</b>	<b>37,981,591</b>	<b>38,007,936</b>	<b>(26,345)</b>	<b>27,281,468</b>	<b>10,700,123</b>
Assets Whose Use is Limited						
[12] Cash	0	0	0	0	0	0
[13] Investments	0	0	0	0	0	0
[14] Bond Reserve/Debt Retirement Fund	7,465,929	7,464,159	9,161,226	(1,697,067)	8,867,208	(1,403,049)
[15] Trustee Held Funds	0	0	0	0	0	0
[16] Funded Depreciation	0	0	0	0	0	0
[17] Board Designated Funds	0	0	0	0	0	0
[18] Other Limited Use Assets	0	0	0	0	0	0
<b>Total Limited Use Assets</b>	<b>7,465,929</b>	<b>7,464,159</b>	<b>9,161,226</b>	<b>(1,697,067)</b>	<b>8,867,208</b>	<b>(1,403,049)</b>
Property, Plant, and Equipment						
[19] Land and Land Improvements	6,686,845	6,686,845	6,686,845	0	4,820,671	1,866,174
[20] Building and Building Improvements	127,399,218	127,399,218	127,399,218	0	129,283,884	(1,884,666)
[21] Equipment	26,154,679	26,154,679	26,124,826	29,853	25,586,875	567,804
[22] Construction In Progress	8,391,329	8,391,329	8,391,329	0	8,390,249	1,080
[23] Capitalized Interest	0	0	0	0	0	0
[24] Gross Property, Plant, and Equipment	168,632,071	168,632,071	168,602,218	29,853	168,081,679	550,392
[25] Less: Accumulated Depreciation	(76,600,268)	(76,600,268)	(76,097,814)	(502,454)	(71,114,751)	(5,485,517)
[26] <b>Net Property, Plant, and Equipment</b>	<b>92,031,803</b>	<b>92,031,803</b>	<b>92,504,404</b>	<b>(472,602)</b>	<b>96,966,928</b>	<b>(4,935,125)</b>
Other Assets						
[27] Unamortized Loan Costs	1,451,335	1,451,335	1,452,995	(1,660)	1,522,444	(71,109)
[28] Assets Held for Future Use	0	0	0	0	0	0
[29] Investments in Subsidiary/Affiliated Org.	12,882,045	0	0	0	0	0
[30] Other	0	0	0	0	0	0
[31] <b>Total Other Assets</b>	<b>14,333,380</b>	<b>1,451,335</b>	<b>1,452,995</b>	<b>(1,660)</b>	<b>1,522,444</b>	<b>(71,109)</b>
[32] <b>TOTAL UNRESTRICTED ASSETS</b>	<b>119,537,316</b>	<b>138,928,888</b>	<b>\$141,126,562</b>	<b>(\$2,197,673)</b>	<b>134,638,048</b>	<b>\$4,290,840</b>
Restricted Assets	0	0	0	0	0	0
[33] <b>TOTAL ASSETS</b>	<b>\$119,537,316</b>	<b>\$138,928,888</b>	<b>\$141,126,562</b>	<b>(\$2,197,673)</b>	<b>\$134,638,048</b>	<b>\$4,290,840</b>



**Balance Sheet - Liabilities and Net Assets**  
**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**ELEVEN MONTHS ENDING MAY 31, 2020**

	District Only		LIABILITIES AND FUND BALANCE			Curr vs Prior YE
	Current Month 05/31/2020	Current Month 05/31/2020	Prior Month 04/30/2020	Positive/ (Negative) Variance	Prior Year End 06/30/2019	Positive/ (Negative) Variance
<b>Current Liabilities</b>						
[1] Accounts Payable	\$126,051	\$3,917,957	\$3,337,844	\$580,113	\$4,436,438	(\$518,480)
[2] Notes and Loans Payable (Line of Credit)	0	6,000,000	\$12,000,000	(6,000,000)	\$0	6,000,000
[3] Accounts Payable- Construction	0	0	\$0	0	\$0	0
[4] Accrued Payroll Taxes	0	3,610,726	\$3,919,532	(308,806)	\$3,844,094	(233,369)
[5] Accrued Benefits	0	87,059	\$78,651	8,408	\$76,513	10,547
[6] Accrued Benefits Current Portion	0	0	\$0	0	\$0	0
[7] Other Accrued Expenses	0	0	\$0	0	\$0	0
[8] Accrued GO Bond Interest Payable	1,616,183	1,616,183	\$1,212,137	404,046	\$2,049,304	(433,121)
[9] Stimulus Advance	0	2,577,690	\$2,577,690	0	\$0	2,577,690
[10] Due to Third Party Payers (Settlements)	0	0	\$0	0	\$0	0
[11] Advances From Third Party Payers	0	0	\$0	0	\$0	0
[12] Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	\$2,335,000	0	\$0	2,335,000
[13] Current Portion of LTD (Leases)	0	0	\$0	0	\$0	0
[14] Other Current Liabilities	0	36,103	15,311	20,793	15,758	20,345
<b>Total Current Liabilities</b>	<b>4,077,234</b>	<b>20,180,719</b>	<b>25,476,166</b>	<b>(5,295,447)</b>	<b>10,422,106</b>	<b>9,758,613</b>
<b>Long Term Debt</b>						
[15] Bonds/Mortgages Payable (net of Cur Portic	108,229,575	108,229,575	108,245,328	(15,753)	112,856,547	(4,626,972)
[16] Leases Payable (net of current portion)	0	0	0	0	0	0
[17] <b>Total Long Term Debt (Net of Current)</b>	<b>108,229,575</b>	<b>108,229,575</b>	<b>108,245,328</b>	<b>(15,753)</b>	<b>112,856,547</b>	<b>(4,626,972)</b>
<b>Other Long Term Liabilities</b>						
[18] Deferred Revenue	0	0	0	0	0	0
[19] Accrued Pension Expense (Net of Current)	0	0	0	0	0	0
[20] Other	0	0	0	0	0	0
[21] <b>Total Other Long Term Liabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL LIABILITIES</b>	<b>112,306,809</b>	<b>128,410,295</b>	<b>133,721,494</b>	<b>(5,311,199)</b>	<b>123,278,653</b>	<b>5,131,641</b>
<b>Net Assets:</b>						
[22] Unrestricted Fund Balance	7,297,586	10,844,398	\$10,844,398	0	10,416,645	427,754
[23] Temporarily Restricted Fund Balance	0	0	0	0	0	0
[24] Restricted Fund Balance	0	0	0	0	0	0
[25] Net Revenue/(Expenses)	(67,080)	(325,805)	(3,439,330)	3,113,526	942,750	(1,268,554)
[26] <b>TOTAL NET ASSETS</b>	<b>7,230,506</b>	<b>10,518,594</b>	<b>7,405,068</b>	<b>3,113,526</b>	<b>11,359,394</b>	<b>(840,801)</b>
[27] <b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$119,537,316</b>	<b>\$138,928,888</b>	<b>\$141,126,562</b>	<b>(\$2,197,673)</b>	<b>\$134,638,048</b>	<b>\$4,290,840</b>
	\$0	\$0	\$0.00		\$0	

**BANNING, CALIFORNIA**  
**ELEVEN MONTHS ENDING MAY 31, 2020**

		<b>CASH FLOW</b>			
		<b>Current</b>			
<b>HEALTHCARE SYSTEM MINI CASH FLOW</b>		<b>Month</b>		<b>Year-To-Date</b>	
		<b>05/31/2020</b>		<b>05/31/2020</b>	
<b>BEGINNING CASH BALANCES</b>					
[1]	Cash: Beginning Balances- HOSPITAL	4/30	\$5,304,067	06/30>	1,049,179.00
[2]	Cash: Beginning Balances- DISTRICT	4/30	778,844	06/30>	3,126,083
[3]	Cash: Beginning Balances TOTALS	4/30	\$6,082,911	06/30>	\$4,175,262
<b>Receipts</b>					
[4]	Pt Collections		2,971,217		42,584,091
[5]	Tax Subsidies Measure D		1,387,555		2,893,136
[6]	Tax Subsidies Prop 13		0		873,878
[7]	Tax Subsidies County Supplemental Funds		0		108,739
[8]	IGT & other Supplemental (see detail below)		13,174,886		17,358,340
[9]	Draws/(Paydown) of LOC Balances		(6,000,000)		6,000,000
[10]	Other Misc Receipts/Transfers		72,351		2,628,687
<b>TOTAL RECEIPTS</b>			<b>11,606,009</b>		<b>72,446,871</b>
<b>Disbursements</b>					
[11]	Payroll/ Benefits		3,503,038		42,249,870
[12]	Other Operating Costs		2,638,325		26,017,303
[13]	Capital Spending		0		426,844
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		42,753		313,795
[15]	Other (increase) in AP /other bal sheet		221,557		(4,179,304)
[16]	<b>TOTAL DISBURSEMENTS</b>		<b>6,405,673</b>		<b>64,828,507</b>
[17]	<b>TOTAL CHANGE in CASH</b>		<b>5,200,336</b>		<b>7,618,364</b>
<b>ENDING CASH BALANCES</b>					
[18]	Ending Balances- HOSPITAL	5/31	\$3,636,544	4/30	\$3,636,544
[19]	Ending Balances- DISTRICT	5/31	1,700,085	4/30	1,700,085
[20]	Ending Balances- TOTALS	5/31	\$5,336,629	4/30	\$5,336,629

**ADDITIONAL INFO**

[21]	LOC CURRENT BALANCES	6,000,000	6,000,000
[22]	LOC Interest Expense Incurred	42,753	313,795

**SUPPLEMENTAL CASH FLOW SUMMARY**

(By Program)		<b>Current</b>	<b>Current</b>
		<b>Month</b>	<b>Year-To-Date</b>
<b>IGT/SUPPLEMENTAL CASH INFLOWS</b>		<b>05/31/2020</b>	<b>05/31/2020</b>
[24]	HQAF Managed Care Funds	0	274,659
[25]	Prime IGT	(425,965)	99,035
[26]	Rate Range Managed Care IGTs	13,465,653	11,642,259
[27]	AB 113	(174,154)	407,587
[28]	HQAF FFS Direct Grants	0	503,027
[29]	IEHP MCE Bed Funds	34,847	154,657
[30]	MediCal Outpatient SRH Program	0	75,977
[31]	Foundation Contributions	0	163,112
[32]	AB 915 newly Eligible	274,506	274,506
[33]	Cost Report/ Federal Covid Stimulus/Med Advance	0	35,514
[34]	Medi-CAL DSH	0	113,914
[35]	<b>TOTALS (see line 8 above)</b>	<b>13,174,886</b>	<b>13,744,247</b>

Patient Statistics

**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**ELEVEN MONTHS ENDING MAY 31, 2020**

Line Ref #	Actual 05/31/20	Budget 05/31/20	Prior Year 05/31/19	STATISTICS	Year-To-Date			YTD % VAR Vs Bud	YTD % VAR Vs Prior Yr
					Actual 05/31/20	Budget 05/31/20	Prior Year 05/31/19		
<b>Discharges</b>									
[1]	217	249	240	Acute	2,482	2,815	2,634	-11.81%	-5.77%
[2]	2.47	3.22	3.30	O/P Adjustment Factor	3.19	3.17	3.19	0.59%	0.07%
[3]	536	803	792	Adjusted Acute Discharges	7,918	8,926	8,397	-11.30%	-5.71%
[4]	22	24	20	Newborn	234	262	250	-10.69%	-6.40%
[5]	239	273	260	Total Discharges	2,716	3,077	2,884	-11.72%	-5.83%
<b>Patient Days:</b>									
[6]	883	916	863	Acute	8,364	9,746	9,176	-14.18%	-8.85%
[7]	44	48	0	Newborn	468	524	328	-10.69%	42.68%
[8]	927	964	863	Total Patient Days	8,832	10,270	9,504	-14.00%	-7.07%
<b>Average Length of Stay (ALOS)</b>									
[9]	4.07	3.68	3.60	Acute	3.37	3.46	3.48	-2.68%	-3.27%
[10]	2.0	2.0	0.0	Newborn ALOS	2.0	2.0	1.3	0.00%	52.44%
<b>Average Daily Census (ADC)</b>									
[11]	28.5	29.5	27.8	Acute	24.9	29.0	27.3	-14.18%	-8.85%
[12]	1.4	1.5	0.0	Newborn	1.4	1.6	1.0	-10.69%	42.68%
<b>Emergency Dept. Statistics</b>									
[13]	212	222	217	ED Visits - Admitted	2,292	2,502	2,341	-8.41%	-2.09%
[14]	1,092	1,692	1,633	ED Visits - Higher Acuity Ops	15,661	17,379	17,268	-9.88%	-9.31%
[15]	1,075	1,966	1,805	ED - Rapid Care Visits Ops	18,636	20,415	20,594	-8.71%	-9.51%
[16]	<b>2,379</b>	<b>3,880</b>	<b>3,655</b>	<b>Total ED Visits</b>	<b>36,589</b>	<b>40,296</b>	<b>40,203</b>	-9.20%	-8.99%
[17]	8.91%	5.71%	5.94%	% of ER Visits Admitted	6.26%	6.21%	5.82%	0.87%	7.58%
[18]	97.70%	88.91%	90.42%	ER Admissions as a % of Total	92.34%	88.91%	88.88%	3.86%	3.90%
<b>Other Key Statistics:</b>									
[19]	2,636	4,699	4,283	Total Outpatients Visits	42,563	48,853	47,385	-12.88%	-10.18%
[20]	97	188	150	Observation Bed Days	1,570	1,999	1,882	-21.46%	-16.58%
[21]	9.9%	17.0%	14.8%	Obs. Bed Days as a % of Total	15.8%	17.0%	17.0%	-7.14%	-7.14%
[22]	290	571	546	Behavioral Health Visits	4,690	5,929	6,021	-20.90%	-22.11%
[23]	36	37	38	IP Surgeries	426	400	388	6.50%	9.79%
[24]	10	70	35	OP Surgeries	374	730	709	-48.77%	-47.25%
[25]	72	225	100	Outpatient Scopes	1,632	2,338	958	-30.20%	70.35%
<b>Productivity Statistics:</b>									
[26]	426.33	455.70	454.04	FTE's - Worked	436.21	455.70	433.72	-4.28%	0.57%
[27]	448.38	489.60	482.67	FTE's - Paid	469.59	489.60	467.68	-4.09%	0.41%
[28]	6.06	4.78	4.94	Worked FTE's per AOB	5.49	4.78	4.98	14.92%	10.26%
[29]	6.37	5.13	5.25	Paid FTE's per AOB	5.91	5.13	5.37	15.28%	10.08%
[30]	1.5042	1.2621	1.2621	Case Mix Index -Medicare	1.3340	1.2621	1.2621	5.70%	5.70%
[31]	1.0944	1.0419	1.0419	Case Mix Index - All payers	1.1908	1.0419	1.0419	14.29%	14.29%

## A/R &amp; CASH FLOW TRENDS

GROSS ACCTS RECEIVABLE BY PAYOR		FY 20	Prior Year	Monthly Trends			
		31-May-20	FY 19	FY 20	FY 20	FY 20	FY 20
		<b>ACTUAL</b>	<b>JUNE</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>
1	Blue Shield	123,036	233,330	235,129	240,810	218,019	123,036
2	Blue Cross	1,614,707	1,946,555	2,160,182	1,492,761	1,555,256	1,614,707
3	MediCal	2,315,190	1,701,380	2,931,618	2,452,564	2,083,020	2,315,190
4	IEHP /Other MediCal HMO	5,907,284	6,301,624	7,168,857	5,553,306	4,720,806	5,907,284
5	Champus /Other Govt	2,347,021	2,835,303	3,255,431	2,653,900	2,385,911	2,347,021
6	HMO/PPO/Commercial	6,298,493	7,323,981	8,546,604	8,078,822	7,255,781	6,298,493
7	Medicare	4,418,961	8,498,471	7,745,560	5,161,203	4,140,857	4,418,961
8	Self Pay/Credit Bals	5,096,835	6,670,232	5,709,143	5,513,117	5,051,270	5,096,835
9	Senior HMO	12,470,024	13,054,309	13,845,577	14,408,154	12,013,766	12,470,024
10	Workers Comp	486,126	645,516	235,196	282,528	346,008	486,126
11	<b>TOT GROSS AR</b>	<b>41,077,676</b>	<b>49,210,701</b>	<b>51,833,299</b>	<b>45,837,165</b>	<b>39,770,695</b>	<b>41,077,676</b>

PATIENT CASH COLLECTIONS		FY 20	FY 19	FY 20	FY 20	FY 20	FY 20
		Year-To Date	Year-To Date	FEB	MAR	APR	MAY
		12	Blue Shield	381,123	381,783	36,966	20,522
13	Blue Cross	1,795,037	1,864,434	134,597	176,704	93,409	99,096
14	Medi-Cal	2,107,867	2,374,392	144,273	194,804	163,846	98,109
15	IEHP /Other MediCal HMO	6,857,123	7,328,868	625,514	662,568	477,294	405,549
16	Champus /Other Govt	977,247	982,803	68,860	67,394	65,116	51,359
17	HMO/PPO/Commercial	7,838,580	7,596,844	603,853	759,450	682,126	637,857
18	Medicare	8,497,121	7,796,689	519,453	1,243,832	733,783	537,817
19	Self Pay/Credit Bals	1,423,033	1,391,156	99,816	140,720	129,368	131,868
20	Senior HMO	12,383,296	11,415,678	1,148,032	1,003,938	1,293,399	979,440
21	Workers Comp	152,609	186,703	19,205	15,822	5,579	9,406
22	<b>TOT CASH COLLECTIONS</b>	<b>42,031,914</b>	<b>41,319,351</b>	<b>3,400,568</b>	<b>4,285,754</b>	<b>3,663,262</b>	<b>2,971,217</b>
23	Percent Change vs. Prior>						
23	% change vs. Prior yr.>		1.7%	115.6%	115.5%	115.5%	115.5%

GROSS DAYS IN AR BY PAYOR		FY 20	FY 19	TARGET	FY 20	FY 20	FY 20	FY 20
		Year-To Date	06/30/2019	10/31/2016	FEB	MAR	APR	MAY
		24	Blue Shield	29.0	30.7	60.4	32.4	40.6
25	Blue Cross	62.6	55.6	44.6	64.4	49.2	53.7	62.6
26	MediCal	87.4	57.0	66.3	79.3	72.0	68.0	87.4
27	IEHP /Other MediCal HMO	39.3	27.3	27.5	33.1	27.9	29.1	39.3
28	Champus /Other Govt	109.6	147.6	132.2	142.0	107.1	98.6	109.6
29	HMO/PPO/Commercial	95.1	96.0	86.4	98.4	99.1	94.0	95.1
30	Medicare	43.3	58.0	36.3	63.9	47.3	38.2	43.3
31	Self Pay/Credit Bals	125.7	82.5	80.5	96.7	105.3	120.9	125.7
32	Senior HMO	76.0	64.5	59.5	67.8	73.1	71.0	76.0
33	Workers Comp	144.8	111.6	136.2	41.5	85.8	152.7	144.8
34	<b>TOT GROSS DAYS IN AR</b>	<b>67.93</b>	<b>59.00</b>	<b>53.9</b>	<b>65.25</b>	<b>62.14</b>	<b>61.21</b>	<b>67.93</b>

San Gorgonio Memorial Hospital & Healthcare District		PROJ			BUDGET		
		FY 17	FY 18	FY 19	06/30/2020	06/30/2021	VAR
<b>COMBINED BALANCE SHEET</b>							
<b>ASSETS</b>							
Current Assets							
1	Cash	2,976,006	6,308,962	4,175,262	10,921,127	7,047,553	-3,873,574
2	Accounts receivable , net	9,816,734	7,470,335	8,329,763	7,509,452	9,640,286	2,130,834
3	Inventories	1,643,618	1,603,696	1,668,856	1,786,147	1,800,000	13,853
4	Other Receivables	798,664	873,666	1,318,317	2,000,000	1,000,000	-1,000,000
5	IGT Receivables	10,560,831	5,968,226	10,058,792	12,124,576	12,420,314	295,739
6	All other current Assets	340,487	2,180,858	907,591	1,589,555	1,481,246	-108,309
7	Total Current Assets	26,136,340	24,405,743	26,458,581	35,930,856	33,389,399	-2,541,457
Assets with Limited Use							
Limited Use Asset							
8	Total Limited Use Assets	5,772,390	7,510,888	8,909,755	9,000,000	9,161,226	161,226
Other Assets							
9	Unamortized loan costs	1,696,258	1,562,257	1,474,000	1,451,335	1,428,670	-22,665
Property plant & equipment		166,966,767	167,604,581	168,081,679	168,632,071	169,832,071	1,200,000
10	Less accumulated depreciation	(59,137,954)	(65,107,521)	(71,081,214)	(77,600,268)	(83,400,268)	-5,800,000
11	Net property plant & equipment	107,828,813	102,497,060	97,000,465	91,031,803	86,431,803	-4,600,000
12	Interest.net assets of Sys Foundation		636,346	646,319	650,000	650,000	0
13	Total Assets	141,433,801	136,612,294	134,489,120	138,063,994	131,061,098	-7,002,896
<b>LIABILITIES AND FUND BALANCE</b>							
Current Liabilities							
14	Accounts payable -Operating	4,745,194	4,575,763	4,968,505	4,000,000	5,500,000	1,500,000
15	Accrued Payroll Benefits	2,890,788	3,372,918	3,124,781	2,155,358	3,000,000	844,642
16	Current portion long term debt	2,601,794	2,672,709	2,095,000	2,335,000	2,590,000	255,000
17	Stimulus Advance	0	0	0	2,577,690	0	-2,577,690
18	Bank Line of Credit	0	0	0	6,000,000	3,000,000	-3,000,000
19	Accrued GO bond Interest Payable	2,128,275	2,084,354	2,055,146	2,181,937	2,100,000	-81,937
20	Accounts payable -Capital /Malpractice	11,111	12,240	15,758	36,103	15,148	-20,956
21	Total Current liabilities	12,377,162	12,717,984	12,259,189	19,286,089	16,205,148	-3,080,941
Long Term Debt		115,652,921	112,841,320	110,739,334.6	108,229,575	105,894,575	-2,335,000
Other Long Term Liability							
22	Total liabilities	128,030,082	125,559,303	122,998,524	127,515,664	122,099,723	-5,415,941
23	FUND BALANCE	13,403,719	11,052,991	11,490,596	10,548,331	8,961,376	-1,586,955
24	Total Liabilities and Fund Balance	141,433,801	136,612,294	134,489,120	138,063,995	131,061,099	-7,002,896

# MINI CASH FLOW STATEMENT

	ACTUAL FY 2017	ACTUAL FY 2018	ACTUAL FY 2019	PROJECTED FY 2020	REQUESTED BUD FY 2021
<b>Cash: Beginning Balances</b>	<b>\$3,530,701</b>	<b>\$2,976,006</b>	<b>\$6,308,962</b>	<b>\$4,175,262</b>	<b>\$10,921,127</b>
<b>Receipts</b>					
Pt Collections	52,724,536	48,686,937	45,575,239	46,316,142	50,156,885
Taxes (non- debt service)	3,574,348	3,697,284	3,552,587	3,984,492	4,150,000
IGT & other Supplemental	17,471,177	24,292,186	16,436,976	16,220,227	21,481,755
Medicare Advance				2,577,690	(2,577,690)
Increases (Decr.) in LOC Principal Owed				6,000,000	(3,000,000)
Covid Stimulus /other Receipts	2,089,232	2,174,278	2,453,497	8,762,880	3,632,604
<b>TOTAL RECEIPTS</b>	<b>75,859,293</b>	<b>78,850,685</b>	<b>68,018,299</b>	<b>83,861,431</b>	<b>73,843,554</b>
<b>Disbursements</b>					
Payroll/ Benefits	33,905,358	33,815,173	43,544,449	45,693,103	48,015,176
Other Operating Costs	40,620,106	37,934,876	24,117,112	28,550,818	28,566,891
Capital Spending	2,011,749	800,000	1,142,625	716,844	1,200,000
Line of Credit Interest/other Princ Pmts	1,125,363	1,182,446	517,060	356,547	465,230
Other (increase) in AP /other bal sheet	(1,248,587)	1,785,234	830,752	968,505	(1,500,000)
DSH Payback				829,750	969,831
<b>TOTAL DISBURSEMENTS</b>	<b>76,413,988</b>	<b>75,517,729</b>	<b>70,151,999</b>	<b>77,115,567</b>	<b>77,717,128</b>
<b>TOTAL CHANGE in CASH</b>	<b>(554,695)</b>	<b>3,332,956</b>	<b>(2,133,700)</b>	<b>6,745,864</b>	<b>(3,873,574)</b>
<b>Ending Balances</b>	<b>\$2,976,006</b>	<b>\$6,308,962</b>	<b>\$4,175,262</b>	<b>\$10,921,126</b>	<b>\$7,047,553</b>
<b>GOAL (Minimun "safe cash reserves)</b>					<b>\$5,000,000</b>
<b>LOC BALANCES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,000,000</b>	<b>\$3,000,000</b>

**TAB H**

# SGMH FY 21 Budget Presentation-Final

**Finance Committee Meeting**  
**Presented on June 30, 2020**





# San Geronio Memorial Hospital Budget 2021 Assumptions

## Over-all Objectives in 2021 :

### FINANCIAL PRIORITIES:

- A) Maintain safe levels of liquidity
- B) Keep Cash reserves sufficiently high enough to qualify for Imaging Federal Grant
- C) Commit to and adequately fund necessary IT costs for a successful go- live on new Allscripts EHR. System
- D) Growth from reopening of economy and new physician relationships

### Key Initiatives accomplished in the FY 21 BUDGET:

- Bio-Fire Program Commitment
- Tele-Neonatology Program started
- MRI Week-end On-Call Availability
- “Green” Food Service Program (non- styrofoam)
- Added \$200K in Lab for covid-19 testing
- Continued commitment to Associate merit pay increases.
- Some minor reorganization vs. layoffs required

# ASSUMPTIONS

ASSUMPTIONS						PROJ	BUDGET	
BUDGET 2021 ASSUMPTIONS			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	Comment
<b>PHYSICIAN CHANGES /NEW SERVICES</b>								
1	UROL/BEAVER GEN SURG/coverage ARROWHEAD ORTHO/Dr. Reis stays in community employed by Arrowhead Ortho as of 10/1/2020						500 IP OR ca	Conservative net revenue gain estimate
	assume continued Dr. Reddy Elective GI Cases						1500 cases	
<b>Operating Performance</b>								
2	EBIDA		\$4,299,215	-\$1,691,984	\$3,026,988	\$2,353,200	\$1,093,335	Volume Pick-up
<b>Line of Credit and AP balances</b>								
3	Line of Credit Ending Balances		0	0	0	6,000,000	3,000,000	
4	Accounts Payable Balances		4,745,194	4,575,763	4,968,505	4,000,000	5,500,000	
<b>Growth and Inflation Rates</b>								
5	IP (ACUTE) Growth Rates vs. prior year		-8.66%	-15.02%	-11.38%	-8.55%	7.46%	(by gross charges)
6	OP Growth Rates vs. prior year		15.33%	-4.53%	6.58%	-8.10%	13.45%	('by OP Revs)
7	ER Growth Rates vs. prior year		1.12%	0.94%	-1.97%	-9.22%	10.16%	( by ED Visits)
8	Price Change rate increase		0.00%	0.00%	0.00%	0.00%	0.00%	
<b>Expense Inflation</b>								
9	inflation Rate on Medical Supplies, food and drugs		2.00%	2.00%	2.00%	2.00%	2.00%	
10	inflation Rate on all other expenses		1.00%	1.00%	1.00%	1.00%	1.00%	
<b>Reimbursement</b>								
11	Over-all Third Party Payment increases (medicare only)						7.0%	Higher DSH

# ASSUMPTIONS-cont.)

ASSUMPTIONS- (continued)			PROJ			BUDGET		
BUDGET 2021 ASSUMPTIONS			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	Comment
<b>Employee Compensation</b>			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	
12	Average Wage per hour change		-0.98%	4.94%	2.13%	3.00%	2.00%	
13	Assumed inflation on Health Plan Premiums						5.00%	
<b>IGTs and Other Supplemental Revenue Sources</b>								
14	Over-all IGT Cash collections each year		\$17,471,177	\$24,292,186	\$16,436,976	\$16,220,227	\$21,481,755	
15	IGTS and other Supplemental Income Accruals(NET)		\$13,954,714	\$15,764,712	\$16,795,019	\$17,585,329	\$16,784,623	
<b>Capital Projects Planned and Financed in FY 21</b>								not including contingent
16	Capital Projects District		1,678,447	2,011,749	809,999	459,974	1,000,000	
17	Capital Projects Foundation		-	-	83,000	200,000	200,000	
<b>FTE Growth</b>			06/30/2017	06/30/2018	06/30/2019	06/30/2020	06/30/2021	% VAR
18	Paid FTEs (w/o PTJV includes Registry FTEs)		544.4	508.3	480.7	476.3	484.2	1.7%
19	Worked FTEs (w/o PT JV includes Registry FTEs)		493.9	461.0	435.9	433.6	435.9	0.5%
20	Paid FTES per adjusted occupied bed		5.54	5.66	5.51	5.84	5.34	-8.6%
21	Worked FTES per adjusted occupied bed		5.03	5.13	5.00	5.32	4.81	-9.6%

# Patient Volumes

<b>Patient Volumes Assumptions</b>			ACTUAL	ACTUAL	ACTUAL	PROJECTED	BUD REQUESTED	
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	
<b>KEY STATISTICS</b>								
1	Newborn Deliveries		288	255	268	258	277	7.4%
2	Nursery Days		522	482	536	492	526	7.0%
3	Acute Admits		3,312	3,039	2,857	2,682	2,891	7.8%
4	Acute Patient Days		13,697	11,632	9,991	9,309	9,969	7.1%
5	ER Visits		44,152	44,567	43,687	39,658	43,686	10.2%
6	Equiv Observation Days		1,801	1,874	2,028	1,723	1,844	7.0%
7	I/P Surgery		549	423	422	471	500	6.2%
8	O/P Surgery		1,014	840	740	414	494	19.3%
9	GI CASES		1,305	1,054	1,002	1,792	2,053	14.6%
10	Average Daily Census		37.5	31.9	27.4	25.5	27.3	7.1%
11	Average Lengths of Stay		4.14	3.83	3.50	3.47	3.45	-0.7%
12	% of ED Admits Admitted		6.80%	6.02%	5.83%	6.08%	6.00%	-1.3%
		OP FACTOR	2.62	2.82	3.19	3.20	3.32	
13	Adjusted Patient Days (APD)		35,861	32,779	31,836	29,762	33,094	
<b>ACUTE DAYS (no OBS)</b>								
			ACTUAL	ACTUAL	ACTUAL	PROJECTED	BUD REQUESTED	
			FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	
	Med/Surg	Acute Days	9,112	7,385	6,129	5,938	6,353	7.0%
	ICU	Acute Days	1,527	1,350	1,178	1,008	1,079	7.0%
	DOU	Acute Days	2,384	2,257	2,009	1,776	1,909	7.5%
	OB	Acute Days	674	640	675	587	628	7.0%
	<b>ACUTE</b>	Acute Days	13,697	11,632	9,991	9,309	9,969	7.1%

# Profit /Loss (Income Statement)

SAN GORGONIO MEMORIAL HOSPITAL								
Statement of Revenue and Exp			ACTUAL	ACTUAL	ACTUAL	PROJECTED	REQUESTED BUD	FY 21 to 20
As of	06/23/2020 9:38		FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	% VAR
		<b>Gross Patient Rev</b>	319,902,226	292,588,725	293,198,969	269,038,795	300,186,872	11.6%
		<b>Deductions From Rev</b>	(264,831,462)	(245,541,923)	(245,159,712)	(222,774,745)	(248,233,002)	
		<b>Net Patient Revenue</b>	55,070,764	47,046,802	48,039,257	46,264,051	51,953,870	12.3%
		<b>Net IGT Rev</b>	13,954,714	15,764,712	16,795,019	17,585,329	16,784,623	
		<b>Operating Tax Revs</b>	3,643,705	3,565,040	3,937,862	3,993,232	4,150,000	
		<b>Other Non pt Revs</b>	2,773,232	3,083,137	3,349,712	8,981,463	3,102,605	
		<b>Total Operating Revenue</b>	75,442,414	69,459,692	72,121,849	76,824,075	75,991,098	
		<b>EXPENSES</b>						
		<b>Salaries</b>	37,492,015	36,005,815	35,263,484	37,131,004	37,731,457	1.6%
		<b>Benefits</b>	8,929,949	9,410,452	8,429,724	8,743,515	8,819,299	0.9%
		<b>Contract Labor</b>	1,272,556	1,565,833	1,364,703	840,843	995,654	18.4%
		<b>Purchased Serv/Prof Fees</b>	8,081,210	9,002,360	8,463,487	12,379,699	11,438,412	-7.6%
		<b>Supplies and other Expense</b>	15,367,470	15,167,217	15,573,462	15,375,813	15,912,941	3.5%
		<b>Total Operating Exp (less IGT)</b>	71,143,199	71,151,676	69,094,861	74,470,874	74,897,763	0.6%
		<b>EBIDA (Earnings b4 intr, depr,amort)</b>	<b>4,299,215</b>	<b>(1,691,984)</b>	<b>3,026,988</b>	<b>2,353,200</b>	<b>1,093,335</b>	
		<b>Depreciation</b>	6,631,041	6,149,586	5,973,693	6,020,373	5,800,000	
		<b>Interest Exp and Amortization</b>	5,327,595	5,405,611	5,204,159	5,163,365	5,080,290	
		<b>Total Interest &amp; depreciation</b>	11,958,636	11,555,197	11,177,852	11,183,738	10,880,290	
		<b>Non-Operating Revenue:</b>						
		<b>Contributions &amp; Other</b>	153,062	172,250	93,020	178,029	200,000	
		<b>Tax Subsidies for GO Bonds - M-A</b>	7,088,812	7,829,842	8,309,602	7,710,243	8,000,000	
		<b>Total Non Operating Rev/(Exp)</b>	7,241,874	8,002,092	8,402,622	7,888,273	8,200,000	
		<b>Total Net Surplus/(Loss)</b>	<b>(417,547)</b>	<b>(5,245,090)</b>	<b>251,758</b>	<b>(942,265)</b>	<b>(1,586,955)</b>	
		<b>Total Profit Margin</b>	<b>-0.55%</b>	<b>-7.55%</b>	<b>0.35%</b>	<b>-1.23%</b>	<b>-2.09%</b>	
		<b>EBIDA %</b>	<b>5.70%</b>	<b>-2.44%</b>	<b>4.20%</b>	<b>3.06%</b>	<b>1.44%</b>	

# Monthly Patient Growth Assumptions

<u>Monthly Patient Growth Assumptions</u>				
		Acute IP Census		ED VISITS
	JULY 2020	<i>Same As JUL Prior Year</i>		<i>Assume 90 per day visits&gt;</i>
	AUG 2020	<i>Same As AUG Prior Year</i>		<i>Assume 100 per day visits&gt;</i>
	SEP 2020	<i>Same As SEP Prior Year</i>		<i>Same As SEP Prior Year</i>
	OCT 2020	<i>Same As OCT Prior Year</i>		<i>Same As OCT Prior Year</i>
	NOV 2020	<i>10% Growth over NOV Prior Yr.</i>		<i>Same As NOV Prior Year</i>
	DEC 2020	<i>10% Growth over DEC Prior Yr.</i>		<i>Same As DEC Prior Year</i>
	JAN 2021	<i>10% Growth over JAN Prior Yr.</i>		<i>Same As JAN Prior Year</i>
	FEB 2021	<i>10% Growth over FEB Prior Yr.</i>		<i>2% Growth over FEB FY 19</i>
	MAR 2021	<i>10% Growth over MAR Prior Yr.</i>		<i>2% Growth over MAR FY 19</i>
	APR 2021	<i>5% Growth over APR FY 19</i>		<i>2% Growth over APR FY 19</i>
	MAY 2021	<i>5% Growth over MAY FY 19</i>		<i>2% Growth over MAY FY 19</i>
	JUNE 2021	<i>5% Growth over JUN FY 19</i>		<i>2% Growth over JUN FY 19</i>

# Monthly Patient Growth Assumptions

	OR SURG CASES	GI CASES
JULY 2020	<i>Same As JUL Prior Year</i>	<i>Per most recent month JUN20</i>
AUG 2020	<i>Same As AUG Prior Year</i>	<i>Same As AUG Prior Year</i>
SEP 2020	<i>Same As SEP Prior Year</i>	<i>Same As SEP Prior Year</i>
OCT 2020	<i>Same As OCT Prior Year</i>	<i>Same As OCT Prior Year</i>
NOV 2020	<i>Same As NOV Prior Year</i>	<i>Same As NOV Prior Year</i>
DEC 2020	<i>Same As DEC Prior Year</i>	<i>Same As DEC Prior Year</i>
JAN 2021	<i>Same As JAN Prior Year</i>	<i>Same As JAN Prior Year</i>
FEB 2021	<i>Same As FEB Prior Year</i>	<i>Same As FEB Prior Year</i>
MAR 2021	<i>Same As MAR Prior Year</i>	<i>Same As MAR Prior Year</i>
APR 2021	<i>Same as APR FY 19</i>	<i>Same As FEB Prior Year</i>
MAY 2021	<i>Same as MAY FY 19</i>	<i>Same As MAR Prior Year</i>
JUNE 2021	<i>Same as JUN FY 19</i>	<i>Same As MAR Prior Year</i>

# BALANCE SHEET



San Gorgonio Memorial Hospital & Healthcare District					PROJ	BUDGET	
<b>COMBINED BALANCE SHEET</b>		FY 17	FY 18	FY 19	06/30/2020	06/30/2021	VAR
<b>ASSETS</b>							
<i>Current Assets</i>							
1	Cash	2,976,006	6,308,962	4,175,262	10,921,127	7,047,553	-3,873,574
2	Accounts receivable , net	9,816,734	7,470,335	8,329,763	7,509,452	9,640,286	2,130,834
3	Inventories	1,643,618	1,603,696	1,668,856	1,786,147	1,800,000	13,853
4	Other Receivables	798,664	873,666	1,318,317	2,000,000	1,000,000	-1,000,000
5	IGT Receivables	10,560,831	5,968,226	10,058,792	12,124,576	12,420,314	295,739
6	All other current Assets	340,487	2,180,858	907,591	1,589,555	1,481,246	-108,309
7	Total Current Assets	26,136,340	24,405,743	26,458,581	35,930,856	33,389,399	-2,541,458
<i>Assets with Limited Use</i>							
<i>Limited Use Asset</i>							
8	Total Limited Use Assets	5,772,390	7,510,888	8,909,755	9,000,000	9,161,226	161,226
<i>Other Assets</i>							
9	Unamortized loan costs	1,696,258	1,562,257	1,474,000	1,451,335	1,428,670	-22,665
<i>Property plant &amp; equipment</i>							
10	Less accumulated depreciation	(59,137,954)	(65,107,521)	(71,081,214)	(77,600,268)	(83,400,268)	-5,800,000
11	Net property plant & equipment	107,828,813	102,497,060	97,000,465	91,031,803	86,431,803.08	-4,600,000
12	Interest.net assets of Sys Foundation		636,346	646,319	650,000	650,000	0
13	Total Assets	141,433,801	136,612,294	134,489,120	138,063,994	131,061,098	-7,002,896
<b>LIABILITIES AND FUND BALANCE</b>							
<i>Current Liabilities</i>							
14	Accounts payable -Operating	4,745,194	4,575,763	4,968,505	4,000,000	5,500,000	1,500,000
15	Accrued Payroll Benefits	2,890,788	3,372,918	3,124,781	2,155,357	3,000,000	844,643
16	Current portion long term debt	2,601,794	2,672,709	2,095,000	2,335,000	2,590,000	255,000
17	Stimulus Advance	0	0	0	2,577,690	0	-2,577,690
18	Bank Line of Credit	0	0	0	6,000,000	3,000,000	-3,000,000
19	Accrued GO bond Interest Payable	2,128,275	2,084,354	2,055,146	2,181,937	2,100,000	-81,937
20	Accounts payable -Capital /Malpractice	11,111	12,240	15,758	36,103	15,146	-20,957
21	Total Current liabilities	12,377,162	12,717,984	12,259,189	19,286,088	16,205,147	-3,080,941
<i>Long Term Debt</i>							
		115,652,921	112,841,320	110,739,334.6	108,229,575	105,894,575	-2,335,000
<i>Other Long Term Liability</i>							
22	Total liabilities	128,030,082	125,559,303	122,998,524	127,515,663	122,099,722	-5,765,940
23	FUND BALANCE	13,403,719	11,052,991	11,490,596	10,548,331	8,961,376	-1,586,955
24	Total Liabilities and Fund Balance	141,433,801	136,612,294	134,489,120	138,063,994	131,061,098	-7,002,896



# CASH FLOW



MINI CASH FLOW STATEMENT		ACTUAL	ACTUAL	ACTUAL	PROJECTED	REQUESTED BUD
		FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
<b>Cash: Beginning Balances</b>		<b>\$3,530,701</b>	<b>\$2,976,006</b>	<b>\$6,308,962</b>	<b>\$4,175,262</b>	<b>\$10,921,127</b>
<b>Receipts</b>						
	Pt Collections	52,724,536	48,686,937	45,575,239	46,316,142	50,537,000
	Taxes (non- debt service)	3,574,348	3,697,284	3,552,587	3,984,492	4,150,000
	IGT & other Supplemental	17,471,177	24,292,186	16,436,976	16,220,227	21,481,755
	Medicare Advance				2,577,690	(2,577,690)
	Increases (Decr.) in LOC Principal Owed				6,000,000	(3,000,000)
	Covid Stimulus /other Receipts	2,089,232	2,174,278	2,453,497	8,762,880	3,032,605
<b>TOTAL RECEIPTS</b>		<b>75,859,293</b>	<b>78,850,685</b>	<b>68,018,299</b>	<b>83,861,432</b>	<b>73,623,669</b>
<b>Disbursements</b>						
	Payroll/ Benefits	33,905,358	33,815,173	43,544,449	45,693,103	48,015,176
	Other Operating Costs	40,620,106	37,934,876	24,117,112	28,550,818	28,347,006
	Capital Spending	2,011,749	800,000	1,142,625	716,844	1,200,000
	Line of Credit Interest/other Princ Pmts	1,125,363	1,182,446	517,060	356,547	465,230
	Other (increase) in AP /other bal sheet	(1,248,587)	1,785,234	830,752	968,505	(1,500,000)
	DSH Payback				829,750	969,831
<b>TOTAL DISBURSEMENTS</b>		<b>76,413,988</b>	<b>75,517,729</b>	<b>70,151,999</b>	<b>77,115,567</b>	<b>77,497,243</b>
<b>TOTAL CHANGE in CASH</b>		<b>(554,695)</b>	<b>3,332,956</b>	<b>(2,133,700)</b>	<b>6,745,865</b>	<b>(3,873,574)</b>
<b>Ending Balances</b>		<b>\$2,976,006</b>	<b>\$6,308,962</b>	<b>\$4,175,262</b>	<b>\$10,921,127</b>	<b>\$7,047,553</b>
<b>GOAL (Minimun "safe cash reserves)</b>						<b>\$5,000,000</b>
<b>LOC BALANCES</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,000,000</b>	<b>\$3,000,000</b>

**Note: Does not include Contingent Capital Spending**

# DISTRICT BUDGET

2021 BUDGET		Actual FY 19	Projected FY 20	Budget FY 21	% VAR FY 12 vs. FY 20
<b>CLINIC</b>					
Patient Revenues	1	1,070,095	837,570	250,000	-70.15%
Deductions From Revenue	2	758,880	572,796	180,000	-68.58%
<b>NET PATIENT REVENUES</b>		<b>311,215</b>	<b>264,774</b>	<b>70,000</b>	<b>-73.56%</b>
Operating Expense	3	959,555	791,667	241,599	-69.48%
<b>NET GAIN (LOSS) from CLINIC</b>		<b>(648,340)</b>	<b>(526,893)</b>	<b>(171,599)</b>	<b>-67.43%</b>
<b>NON CLINIC</b>					
<b>REVENUES</b>					
Other Operating Revenue	4	692,874	43,691	34,000	-22.18%
Restricted Contributions	5	82,964	178,029	200,000	12.34%
Investment Income	6	8,606	1,128	1,000	
Tax Subsidies Measure D	7	2,359,293	2,405,320	2,500,000	3.94%
Tax Subsidies for GO Bonds - M-A	8	8,309,602	7,710,243	8,000,000	3.76%
Tax Subsidies Prop 13	9	1,384,656	1,370,434	1,450,000	5.81%
County Supplemental Funds	10	193,913	217,478	200,000	-8.04%
<b>TOTAL DISTRICT REVENUES</b>		<b>13,031,907</b>	<b>11,926,325</b>	<b>12,385,000</b>	<b>3.85%</b>
<b>EXPENSES</b>					
MOB Misc Expense	11	47,722	22,079	23,000	
Legal & Other Purchased Services	12	411,960	519,526	425,200	-18.16%
All Other Operating Expenses	14	112,782	142,468	115,191	-19.15%
<b>TOTAL OPERATING EXPENSES</b>		<b>572,464</b>	<b>684,073</b>	<b>563,391</b>	<b>-17.64%</b>
<b>DISTRICT GAINS before Deprec. &amp; Interest</b>		<b>12,459,444</b>	<b>11,242,252</b>	<b>11,821,609</b>	
Depreciation	15	5,973,693	6,020,373	5,800,000	-3.66%
Interest & Amortization Exp	16	4,860,044	4,677,925	4,655,290	-0.48%
<b>NET GAIN (LOSS) from District (non clinic)</b>		<b>1,625,707</b>	<b>543,954</b>	<b>1,366,319</b>	<b>151.18%</b>
<b>NET INCOME COMBINED DISTRICT</b>		<b>977,367</b>	<b>17,061</b>	<b>1,194,720</b>	<b>6902.70%</b>
<b>DISTRICT OPERATING CASH SUBTOTAL</b>				<b>734,990</b>	

# CAPITAL BUDGET



CAPITAL BUDGET - Three Year FY 21-23				COMMITTED Not including \$100,000 unspecified		\$700,000	
	Description	Dept	Dir name	Comment	REQUESTED AMOUNT	Moved to Fiscal Year	APPROVED BUDGET
<b>FY 2021</b>	Nurse Call System	MED SURG	Freude		250,000		250,000
2	IV Pumps X 10	MED SURG	Freude		25,500	FY 22	
3	Vital Signs Monitor	MED SURG	Freude		7,850	FY 22	
1	Blood Products Infuser	ED/OR	Brady/Goodner		34,200		34,200
1	OR Room Med Gas Alarm Panel	PLANT	Mares		7,000		7,000
2	Circulating Pump Back-up	PLANT	Mares		15,000		15,000
3	OR A/C Package x 4	PLANT	Mares	\$15,000 / each	60,000		60,000
4	Replace (5) A/C Units >25 years	PLANT	Mares	\$13,782 / each	68,910		68,910
5	Automatic Transfer Switch	PLANT	Mares		125,000	FY 23	
6	Heater Exhanger	PLANT	Mares		35,000	FY 22	
7	Baby Guard Software update	PLANT	Mares		28,000		28,000
8	Building Mgt System Software	PLANT	Mares		30,000	FY 22	
9	Large Air Handler HVAC system	PLANT	Mares		100,000	FY 22	
1	Web Filter Security System	Info Tech	Yonemoto		12,000		12,000
2	Spam Filter	Info Tech	Yonemoto		17,000		17,000
3	Computers	Info Tech	Yonemoto		51,720		51,720
4	Email Server Licenses	Info Tech	Yonemoto		100,000	Expense?	
5	Office Suite Purchases	Info Tech	Yonemoto		14,870		14,870
6	Switches and core replacement	Info Tech	Yonemoto		200,000	FY 23	
7	Server Hardware & OS	Info Tech	Yonemoto		100,000	FY 23	
1	Speech Dictation Upgrade	XRAY	Chamberlin		39,000		39,000
2	PACS Upgrade & Server	XRAY	Chamberlin		73,284	FY 22	
3	PACS Archive Back-up	XRAY	Chamberlin		40,000		40,000
1	Diet Office Management System	DIETARY	Hawthorne		49,365		49,365
1	Awning cover in dock area	EVS	Nutter		15,000	FY 22	
1	Safe patient handling equip.	EMPL HLTH	Karam		10,728		10,728
	<b>TOTAL CAPITAL</b>				<b>1,509,427</b>		<b>697,793</b>
	<b>SUMMARY</b>			<b>BUD AMT</b>			
	ED Monitors		COMMITTED	400,000			
	CAPITAL (per detail list)		COMMITTED	700,000	see Budget List above		
	CAPITAL (unspecified)		COMMITTED	100,000			
	<b>SUBTOTALS</b>		COMMITTED		1,200,000		
	<b>CONTINGENCY - Telemetry</b>		Contingency	350,000			
	<b>CONTINGENCY - Imaging Center (NET)</b>		Contingency	3,000,000			
	<b>SUBTOTALS</b>		Contingency		3,350,000		
	<b>TOTAL CAPITAL BUDGET</b>		(incl contingency)		<b>4,550,000</b>		

# District Sources & Uses Capital

<b>DISTRICT CAPITAL BUDGET SOURCE &amp; USES OF FUNDS</b>					
<b>SOURCES- Capital</b>		<b>BUD AMT</b>	<b>TOTALS</b>	<b>COMMENT</b>	
<b>ADVALOREM TAXES (also referred to as "Prop 13")</b>					
Tax Receipts		1,450,000			
(less District Operating expenses)		<b>(734,990)</b>			
Balances from Previous Year (District)	\$ 600,000		\$ 234,990	Ad Valorem Receipts Use for Operating Expenses in FY 21	
Additional FY 21 Ad Valorem receipts needed for operating expense>			\$ 500,000	Ad Valorem Receipts Use for Operating Expenses in FY 21	
<b>OTHER SOURCES</b>					
Ad Valorem (Prop 13) needed for CAPITAL		950,000		FY 21 RECEIPTS BUDGETED at \$1,450,000 (\$500K used for operating)	
County Supplemental Funds		200,000			
Measure D Taxes		400,000			
TOTAL District SOURCES used for CAPITAL			1,550,000		
Fund Raising Amounts		200,000	3,000,000	MAJOR FUND DRIVE	
TOTAL SOURCES OF CAPITAL			<b>4,550,000</b>		
<b>USES- Capital</b>		<b>BUD AMT</b>		<b><i>Earmarked type of Taxes Used</i></b>	
ED Monitors	COMMITTED	400,000		Measure D Tax Receipts	
CAPITAL (per detail list)	COMMITTED	600,000		\$200K Foundation/Ad Valorem \$400K	400
CAPITAL (unspecified)	COMMITTED	200,000		Ad Valorem TAX RECEIPTS	400
<b>SUBTOTALS</b>	COMMITTED		1,200,000		
CONTINGENCY - Telemetry	Contingency	350,000		Ad Valorem TAX RECEIPTS	
CONTINGENCY - Imaging Center (NET)	Contingency	3,000,000		SGMHF MAJOR FUND DRIVE	
<b>SUBTOTALS</b>	Contingency		3,350,000		
<b>TOTAL CAPITAL BUDGET</b>	(incl contingency)		<b>4,550,000</b>		

# SYSTEM COVENANTS

San Gorgonio Health System						
Pacific Premier Bank Line of Credit Covenant						
06/21/2018 13:56						
The following covenants are summarized below:						
	ACTUAL	ACTUAL	ACTUAL	PROJ	BUDGET	
EBIDA Calculation	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	
Net Income	(417,547)	(5,245,090)	251,758	(942,265)	(1,586,955)	
Add Interest Expense	5,327,595	5,405,611	5,204,159	5,163,365	5,080,290	
Depreciation and Amortization	6,631,041	6,149,586	5,973,693	6,020,373	5,800,000	
Extraordinary Loss (interest related)						
<b>EBIDA (per Pacific Premier formula)</b>	<b>11,541,089</b>	<b>6,310,108</b>	<b>11,429,610</b>	<b>10,241,473</b>	<b>9,293,335</b>	
Times 1.5	1.5	1.5	1.5	1.5	1.5	
Max Available to Borrow (up to \$12.0 MM)	<b>17,311,634</b>	<b>9,465,161</b>	<b>17,144,416</b>	<b>15,362,209</b>	<b>13,940,003</b>	

# Questions?

# CAPITAL BUDGET



CAPITAL BUDGET - Three Year FY 21-23				COMMITTED Not including \$100,000 unspecified		\$700,000	
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	2 IV Pumps X 10	MED SURG	Freude		25,500	FY 22	
	3 Vital Signs Monitor	MED SURG	Freude		7,850	FY 22	
	1 Blood Products Infuser	ED/OR	Brady/Goodner		34,200		34,200
	1 OR Room Med Gas Alarm Panel	PLANT	Mares		7,000		7,000
	2 Circulating Pump Back-up	PLANT	Mares		15,000		15,000
	3 OR A/C Package x 4	PLANT	Mares	\$15,000 / each	60,000		60,000
	4 Replace (5) A/C Units >25 years	PLANT	Mares	\$13,782 / each	68,910		68,910
	5 Automatic Transfer Switch	PLANT	Mares		125,000	FY 23	
	6 Heater Exchanger	PLANT	Mares		35,000	FY 22	
	7 Baby Guard Software update	PLANT	Mares		28,000		28,000
	8 Building Mgt System Software	PLANT	Mares		30,000	FY 22	
	9 Large Air Handler HVAC system	PLANT	Mares		100,000	FY 22	
	1 Web Filter Security System	Info Tech	Yonemoto		12,000		12,000
	2 Spam Filter	Info Tech	Yonemoto		17,000		17,000
	3 Computers	Info Tech	Yonemoto		51,720		51,720
	4 Email Server Licenses	Info Tech	Yonemoto		100,000	Expense?	
	5 Office Suite Purchases	Info Tech	Yonemoto		14,870		14,870
	6 Switches and core replacement	Info Tech	Yonemoto		200,000	FY 23	
	7 Server Hardware & OS	Info Tech	Yonemoto		100,000	FY 23	
	1 Speech Dictation Upgrade	XRAY	Chamberlin		39,000		39,000
	2 PACS Upgrade & Server	XRAY	Chamberlin		73,284	FY 22	
	3 PACS Archive Back-up	XRAY	Chamberlin		40,000		40,000
	1 Diet Office Management System	DIETARY	Hawthorne		49,365		49,365
	1 Awning cover in dock area	EVS	Nutter		15,000	FY 22	
	1 Safe patient handling equip.	EMPL HLTH	Karam		10,728		10,728
	<b>TOTAL CAPITAL</b>				<b>1,509,427</b>		<b>697,793</b>
	<b>SUMMARY</b>			<b>BUD AMT</b>			
	ED Monitors		COMMITTED	400,000			
	CAPITAL (per detail list)		COMMITTED	700,000	see Budget List above		
	CAPITAL (unspecified)		COMMITTED	100,000			
	<b>SUBTOTALS</b>		COMMITTED		1,200,000		
	<b>CONTINGENCY - Telemetry</b>		Contingency	350,000			
	<b>CONTINGENCY - Imaging Center (NET)</b>		Contingency	3,000,000			
	<b>SUBTOTALS</b>		Contingency		3,350,000		
	<b>TOTAL CAPITAL BUDGET</b>		(incl contingency)		<b>4,550,000</b>		

**TAB I**



POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of July 7, 2020

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
1	Abortion, Spontaneous	Obstetrics	Carrie Echols, Director Obstetrics	Bobbi Duffy for Hospital Board of Directors
2	Abruptio Placenta	Obstetrics	Carrie Echols, Director Obstetrics	Bobbi Duffy for Hospital Board of Directors
3	Administration Medication, Through Enteral Feeding Tube	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
4	Administration of Topical Medications: Skin Applications	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
5	Admission of High Risk Neonate	Obstetrics	Carrie Echols, Director Obstetrics	Bobbi Duffy for Hospital Board of Directors
6	Admission of Infant Born Out of Asepsis	Obstetrics	Carrie Echols, Director Obstetrics	Bobbi Duffy for Hospital Board of Directors
7	Admission to Women's Center Guidelines	Obstetrics	Carrie Echols, Director Obstetrics	Bobbi Duffy for Hospital Board of Directors
8	Admissions of Infant from Intensive Care Nursery	Obstetrics	Carrie Echols, Director Obstetrics	Bobbi Duffy for Hospital Board of Directors
9	Adoption Planning	Obstetrics	Carrie Echols, Director Obstetrics	Bobbi Duffy for Hospital Board of Directors
10	Airway Management: Endotracheal and Tracheostomy Care	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
11	Ambulation of Patients	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
12	Amniocentesis	Obstetrics	Carrie Echols, Director Obstetrics	Bobbi Duffy for Hospital Board of Directors
13	Antiembolic Compression Stockings (Teds) and Sequential Compression Device (SCDs)	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
14	Aspiration Precautions	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of July 7, 2020

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
15	Assisting with Aspiration; Bone Marrow/Biopsy, Lumbar Puncture, Paracentesis, Thoracentesis, Endoscopy and Bronchoscopy	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
16	Back Massage	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
17	Bathing Patients	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
18	Bed Making	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
19	Blood Pressure, Taking of	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
20	Blood Specimens: Obtaining by Venipuncture	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
21	Catheter - Condom or External	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
22	Catheter Suprapubic	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
23	Central Vascular Access Devices; Managing and Removal	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
24	Closed Chest Drainage; Managing and Removal	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
25	Closed Wound Drainage Evacuation, Managing (Hemovac, Jackson-Pratt, Penrose)	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
26	Code Carts - Adult and Pediatric	Administration	Pat Brown, CNO Administration	Bobbi Duffy for Hospital Board of Directors
27	Continuous Passive Motion Machine (CPM Machine)	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
28	CT Chest for Evaluation of Pulmonary Embolism	Diagnostic Imaging	Krystal Chamber, Director Diagnostic Imaging	Bobbi Duffy for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of July 7, 2020

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
29	Dead on Arrival	Emergency Department	Angela Brady, Director Emergency Department	Bobbi Duffy for Hospital Board of Directors
30	Diarrhea or Draining Wounds, Care of the Infant	Obstetrics	Carrie Echols, Director Obstetrics	Bobbi Duffy for Hospital Board of Directors
31	Disaster Waiver (EMTALA)	Emergency Preparedness	Joey Hunter, Director Emergency Preparedness	Bobbi Duffy for Hospital Board of Directors
32	Dressings, Bandages and Binders	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
33	Ear and Eye Care	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
34	Elopement from Emergency Department	Emergency Department	Angela Brady, Director Emergency Department	Bobbi Duffy for Hospital Board of Directors
35	End of Life (Pallative) and Post Mortem Care of	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
36	Enema: Administering	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
37	Enteral Nutrition (Tube Feeding)	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
38	Eye and Ear, Installation of Medication Into	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
39	Fecal Impaction-Digital Removal of	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
40	Gastric Decompression: Insertion, Maintenance, and Removal of a Nasogastric Tube	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
41	Hair and Shaving Care	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
42	Harris Flush: Administration of	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
43	Inhalants and Sprays (For Oral and Nasal Entry)	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of July 7, 2020

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
44	Intake and Output	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
45	Interdepartmental Transfer of Patients	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
46	Medication Administration, Vaginal Instillation	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
47	Medication, Safe Preparation	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
48	Nails and Foot, Care of	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
49	Oral Administration of Medications	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
50	Oral Hygiene and Denture Care	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
51	Oral Nutrition: Assisting an Adult Patient	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
52	Ostomy Care: Colostomy, Ileostomy, Urostomy	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
53	Oxygen Therapy	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
54	Patient Rights	Administration	Pat Brown, CNO Administration	Bobbi Duffy for Hospital Board of Directors
55	Perineal Care	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
56	Plan for the Provision of Patient Care 2020-2021	Administration	Pat Brown, CNO Administration	Bobbi Duffy for Hospital Board of Directors
57	Postural Drainage	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
58	Pre-operative - Surgical Screening Requirements	Surgical Services	Jayne Goodner, Director Surgical Services	Bobbi Duffy for Hospital Board of Directors

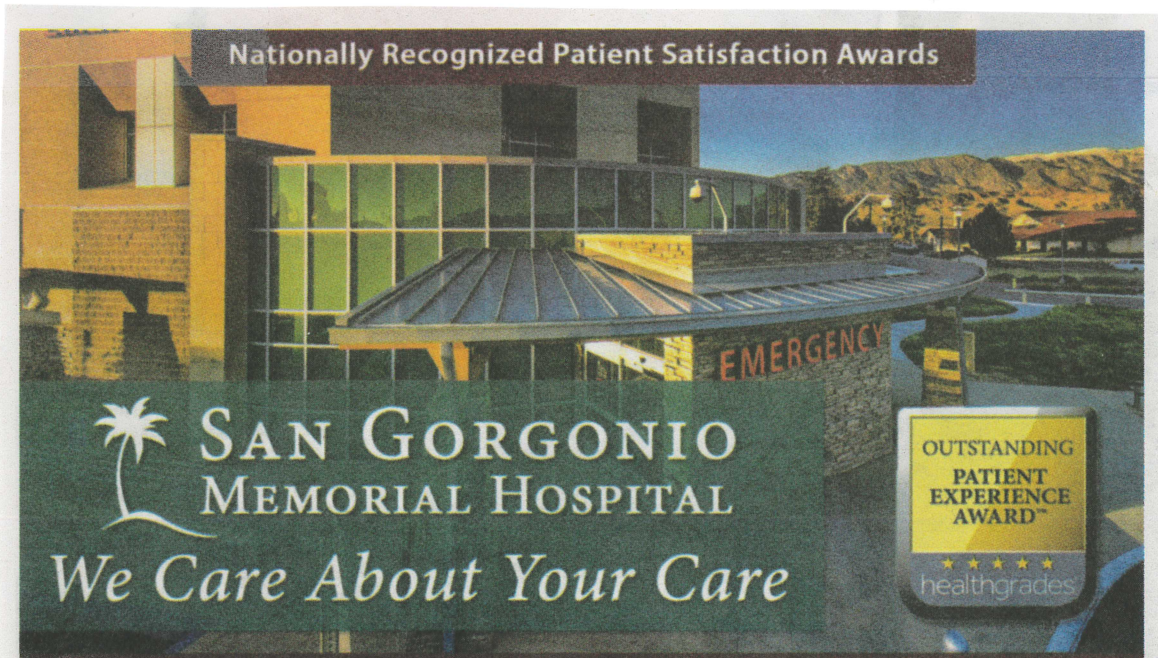
POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of July 7, 2020

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
59	Preoperative and Postoperative Care	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
60	Prone Positioning in Non-Intubated Patients with Hypoxemic Respiratory Failure	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
61	Pulse: Assessing and Sites	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
62	Range of Motion	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
63	Rectal, Instillation of Medications	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
64	Safe Patient Handling, Transfer, and Positioning using Good Body Mechanics	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
65	Seizure Precautions	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
66	Specimen Collection	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
67	Suctioning, Airway	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
68	Surgical Services - Electrosurgery Unit (ESU) Use & Safety Precautions	Surgical Services	Jayne Goodner, Director Surgical Services	Bobbi Duffy for Hospital Board of Directors
69	Surgical Services - Fire Prevention & Response Plan	Surgical Services	Jayne Goodner, Director Surgical Services	Bobbi Duffy for Hospital Board of Directors
70	Suture / Staple Removal	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
71	Temperature, Measuring Body	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
72	Therapeutic Use of Cold and Heat	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
73	Three Compartment Sink Washing	Dietary	Lakeisha Hawthorne, Director Dietary	Bobbi Duffy for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of July 7, 2020

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
74	Turn, Cough, Deep Breath - Post-Op Patients	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
75	Urinary Catherization; Insertion, Care and Removal	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
76	Urinary Catheter Irrigation and Instillation	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
77	Urinary Elimination	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
78	Vaginal Irrigation	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors
79	Wound Irrigation	Nursing	Gayle Freude, Director Med/Surg	Bobbi Duffy for Hospital Board of Directors

**TAB J**



Nationally Recognized Patient Satisfaction Awards

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# Hospital gave back to those who gave

BY DAVID JAMES HEISS  
*Record Gazette*

San Gorgonio Memorial Hospital food service workers were featured in the May issue of Food Management magazine for reaching out to volunteers who can no longer get to the hospital because they are quarantined.

Food Management is a publication that features stories about college, healthcare, business and industry dining.

In its story, Hospital Food Director Lakeisha Hawthorne referred to volunteers as "family," and realized that, after her boss brought food home to a volunteer that is advanced in age and was living alone, there were likely others among their 40 loyal volunteers who could probably also benefit from receiving regular meals, as well.

Fifteen volunteers would end up taking advantage of the hospital's benevolence.

The article reports that the hospital "sent daily meals such as barbecue or baked chicken with mashed potatoes, vegetables, as well as dried fruit and drink" to their volunteers who are sheltering in place.

The hospital has reduced its service to those volunteers to just a couple days a week (they started out with five days a week), explaining "Associates delivering meals



Photo by David James Heiss

San Gorgonio Memorial Hospital Assistant Chef Susan Sendjas displays a tray of garnishes that will accompany patient room service orders.

were really busy with their healthcare roles," and it made things easier on staff to send meals on Mondays and Wednesdays, along with already prepared frozen meals, and the hospital has also been delivering their friends bags of groceries.

Hawthorne told Food Management that the experience has been more rewarding than labor-intensive, and is quoted as saying, "More than food, what's really impacted those who live completely alone is that consistent personal contact," adding, "It's really an honor

for us to give back to these volunteers because they've given so much to the hospital," to the tune of more than 35,000 hours a year.

"We are so thankful for our staff, giving their time after work to take care of our volunteers by delivering meals and groceries in their time of need," says hospital spokeswoman Holly Yonemoto. "We're also thankful for the financial donations to support the food expense related to the outreach our staff has engaged in" to assist their volunteers.



Courtesy photos

At left, Ron Rader. President Susan DiBiasi.

## Hospital board members reappointed

Ron Rader and President Susan DiBiasi were unanimously reappointed to the San Gorgonio Memorial Hospital's board of directors at their June 2 virtual board meeting.

Rader was appointed to the board in June 2014, and DiBiasi in December 2017.

In 2018 the hospital board voted to reinstate term limits to a maximum of two four-year terms: if a new member is appointed to the board in the middle of a specific term, they are able to finish out that term and serve two extra four-year terms.

In June 2018, the same month term limits were reinstated, DiBiasi and Rader were assigned June 2020 as the term date of the conclusion to their first full term, and now have both been reappointed for their second terms, which will end in June 2024.



Courtesy photos

At left, Ron Rader. President Susan DiBiasi.

## Hospital board members reappointed

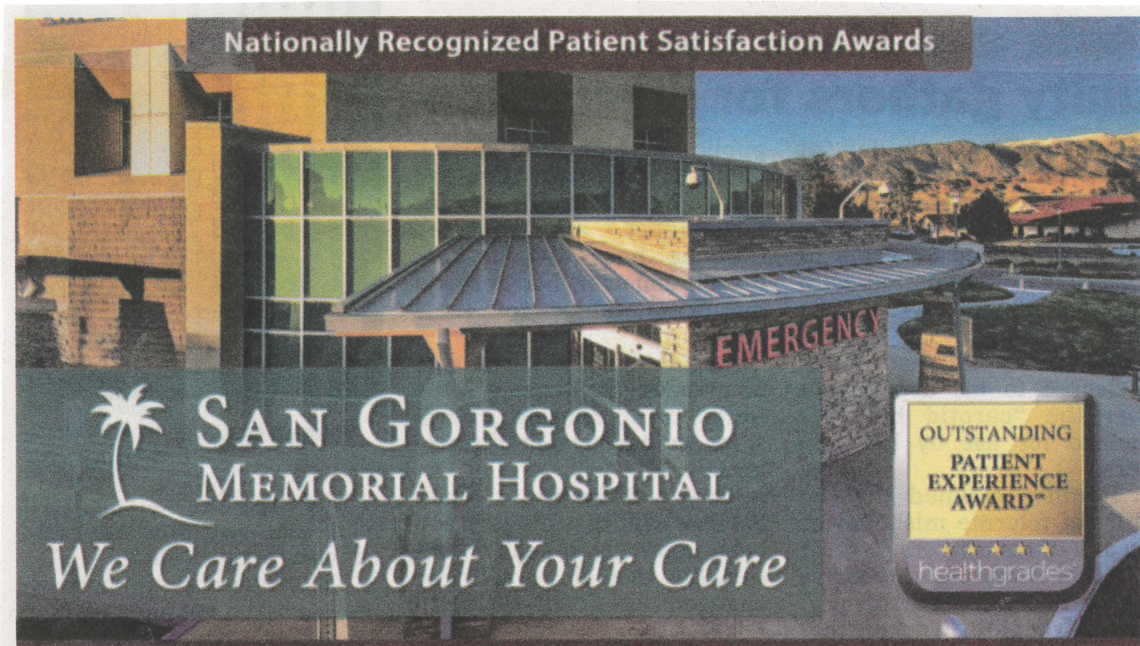
*Editor's note: We ran the wrong picture for President Susan DiBiasi last week. We regret the error.*

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# Healthcare dining trending: Free food program for volunteers; Culinary Academy at St. Jude Children's Research Hospital

FM Staff | Jun 18, 2020

This month, healthcare facilities across the country worked to feed volunteers and make staff members happy while caring for patients.

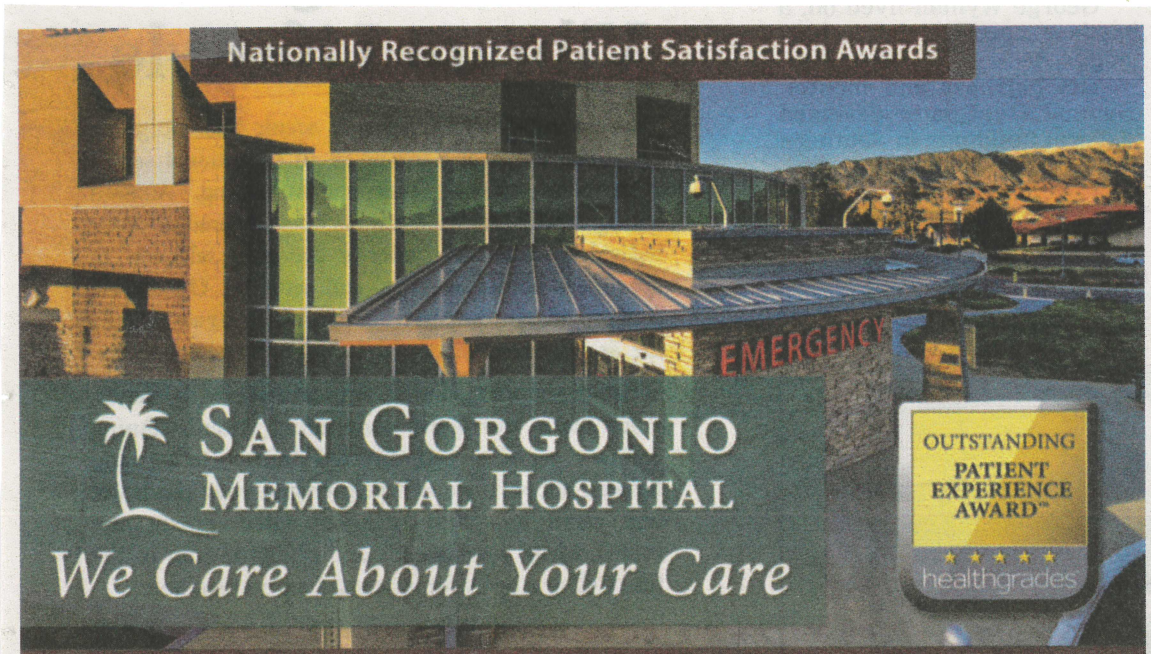
When cases of COVID-19 really started to increase across the U.S., San Geronio Memorial Hospital halted all non-essential services as well as its very active volunteer program. Instead, hospital staff flipped the tables by initiating a free food program to provide support and resources to volunteers, most of which were senior citizens from the local community.

This covers about 40 volunteers that work at a time, some of which have been with the hospital volunteering for 15 to 20 years.

For full-time employees, The Culinary Academy at St. Jude Children's Research Hospital began to offer intensive full-day courses taught by veteran staff chefs to enhance dining associates' culinary skills, help employee retention and morale and raise kitchen staff quality.

And the way these chefs can cook will change too. Healthcare foodservice operators from Cura, part of Elior North America, have been tinkering with some interesting ways to bring back a bit of the salad-bar feel while safely distancing at the same time. See what they've come up with.

Plus more trending stories from Food Management this month.



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Lakes Rock Fairies.

Courtesy photo



After unloading the rocks into baskets onto a rolling cart, Morales and Hunter made their way into the hospital's lobby. Charles Wulff, an LVN at the hospital and Ariel Whitley, the Administrative Assistant to the hospital's CEO, Steve Barron, joined Morales for a photo and thanked him for the rocks from the Sun Lakes community.



Morales gave Wulff a rock he had painted that stated "Nurses Rock."

Rich Morales and Valerie Hunter, Foundation Director at San Gorgonio Memorial Hospital unload rocks painted by the Sun Lakes Rock Fairies for frontline healthcare workers.

Anita Lawrence

Wulff said that the rock was really nice and that it had even more meaning since he personally received it from Morales.

Hunter stated that she would send out an email to all members of the hospital staff to stop by her office to pick up a rock.



The brightly colored rocks included messages of thanks, hope, and creative artistry.

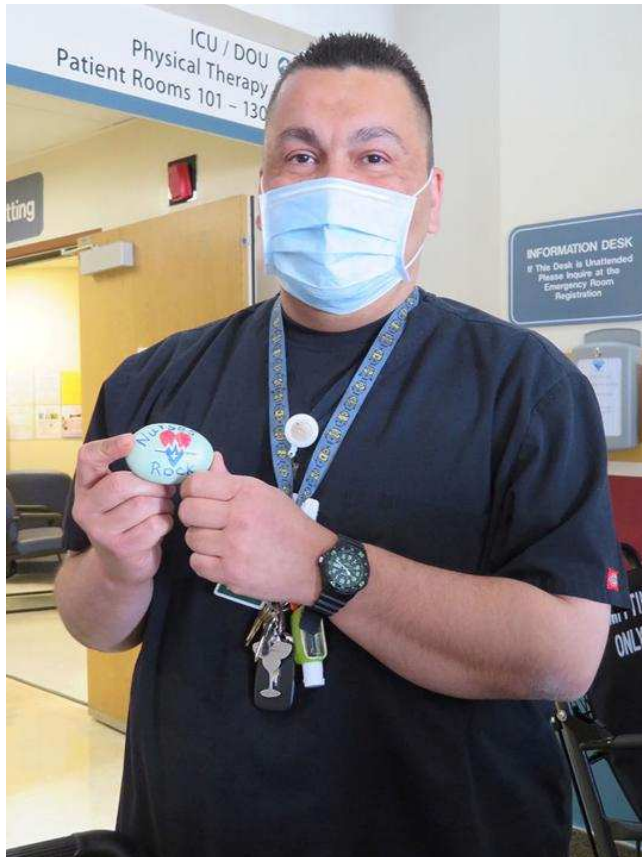
In addition to the rocks painted by Morales, Rich's wife Teri also painted dozens of rocks for hospital employees.

Raelene Kretchman of District 7 painted over 3 dozen rocks while Sue Volz, Sylvia Grimes Berbier, Mical Hicks Cisterna and Robin Nemire also painted rocks delivered to the hospital.



LVN, Charles Wulff, and Ariel Whitley, Administrative Assistant, at San Gorgonio Memorial Hospital accepted painted rocks delivered by Rich Morales.

Anita Lawrence



LVN, Charles Wulff, with the rock he received.

Anita Lawrence

Morales wishes to thank all of the other anonymous fairies who contributed their time and talent for the tribute to our frontline healthcare workers as well as other hospital employees.

Morales plans to put out a call soon for rocks to be painted for members of the Fire Department, the Banning Police Department and the dedicated employees of Sun Lakes.



Members of the hospital staff select a rock painted by the Sun Lakes Rock Fairies.

Anita Lawrence

Tags

- San Gorgonio Memorial Hospital
- Sun Lakes Rock Fairies