SAN GORGONIO
MEMORIAL HEALTHCARE
DISTRICT

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
Tuesday, April 2, 2024
6:00 PM

Modular C Classroom
600 N. Highland Springs Avenue, Banning, CA 92220

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

Angela Brady will participate remotely at Via Nazionale, 12-50123 – Florence, Florence

TAB

I. Call to Order — S. McDougall, Chair

II. Public Comment

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

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

NOTE: ALL MEMBERS OF THE SAN GORGONIO MEMORIAL HOSPITAL BOARD OF DIRECTORS ARE INVITED PARTICIPANTS AND MAY ADDRESS THE SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT BOARD OF DIRECTORS AT ANY TIME DURING THIS MEETING.

TAB

OLD BUSINESS

III. *** Proposed Action - Approve Minutes** — All
- March 5, 2024, regular meeting — A

San Gorgonio Memorial Healthcare District
Board of Directors Regular Meeting
April 2, 2024

NEW BUSINESS

IV.	District Board Chair Monthly Report	S. McDougall	verbal
V.	***Proposed Action – Approve the SEVA Professional Services Agreement** ▪ **ROLL CALL**	Staff	B
VI.	Chief of Staff Report ***Proposed Action - Approve Recommendations of the Medical Executive Committee** ▪ **ROLL CALL**	R. Sahagian, MD Chief of Staff	C
VII.	***Proposed Action - Approve February 2024 Financial Report** ▪ **ROLL CALL**	M. Kammer	D
	• Informational: Measure A Funds Report – February 2024		E
VIII.	***Proposed Action - Approve Policies and Procedures** ▪ **ROLL CALL**	Staff	F
***	**ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION**	S. McDougall	
	➢ Proposed Action – Approve Medical Staff Credentialing *(Health & Safety Code §32155; and Evidence Code §1157)*		
IX.	**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. McDougall	
X.	General Information		
XI.	Future Agenda Items		
XII.	Adjournment	S. McDougall	

***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 Healthcare District 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.

San Gorgonio Memorial Healthcare District
Board of Directors Regular Meeting
April 2, 2024

I certify that on March 29, 2024, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Healthcare District, 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 March 29, 2024

Ariel Whitley

Ariel Whitley, Executive Assistant

TAB A

MINUTES: Not Yet Approved By Board

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT
BOARD OF DIRECTORS

March 5, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, March 5, 2024, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Shannon McDougall (Chair), Ron Rader, Randal Stevens, Lanny Swerdlow

Members Absent: Dennis Tankersley

Required Hospital: Steve Barron (CEO), Angie Brady (CNO), Daniel Heckathorne (CFO), John Peleuses (VP of Ancillary & Support Services), Margaret Kammer (Controller), Ariel Whitley (Executive Assistant)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair McDougall, called the meeting to order at 6:13 pm.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action - Approve Minutes **February 6, 2024, regular meeting.**	Chair Shannon McDougall, asked for any changes or corrections to the minutes of the February 6, 2024, regular meeting. There were none.	**The minutes of the February 6, 2024, regular meeting will stand correct as presented.**
NEW BUSINESS		
Adjourn to Closed Session	Chair McDougall, reported the items to be reviewed and discussed and/or acted upon during Closed Session will be: ➢ Proposed Action – Approve Medical Staff Credentialing. ➢ Participate in a telephone conference with legal counsel regarding potential litigation. The meeting adjourned to Closed Session at 6:15 pm.	
Reconvene to Open Session	The meeting was reconvened to Open Session at 6:48 pm. At the request of Chair McDougall, Ariel Whitley reported on the actions taken/ information received during closed session as follows: ➢ Approved Medical Staff Credentialing. ➢ Participated in a telephone conference with legal counsel regarding potential litigation.	

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Chief of Staff Report

Proposed Action – Approve Recommendations of the Medical Executive Committee</td><td>Raffi Sahagian, MD, Chief of Staff, briefly reviewed the Medical Executive Committee report as included on the board tablets.

The 2024 Annual Approval of Policies and Procedures and Medical Staff Ballot were voted on as separate items.

<u>Items for Approval</u>

2024 Annual Approval of Policies and Procedures
• There were ten (10) policies presented for approval.

BOARD MEMBER ROLL CALL:

<table><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Yes</td><td>Swerdlow</td><td>Yes</td></tr><tr><td>Tankersley</td><td>Absent</td><td colspan="2">Motion carried.</td></tr></table>
Medical Staff Ballot
• The Healthcare District voted to deny the approval of the “Medical Staff Ballot” as presented. The proposed language will preclude the possibility of hiring a Chief Medical Officer who is also an active practicing physician on the medical staff, if in the future, the Hospital sees a need.

BOARD MEMBER ROLL CALL:

<table><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Yes</td><td>Swerdlow</td><td>Abstain</td></tr><tr><td>Tankersley</td><td>Absent</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Stevens/Rader), the SGMHD Board of Directors approved the 2024 Annual Policies and Procedures as presented.

MSC., (Stevens/Rader), the SGMHD Board of Directors voted to deny the approval of the “Medical Staff Ballot” as presented.</td></tr>
<tr><td>District Board Chair Report</td><td>Chair McDougall briefly reported that the Chief Medical Officer has stepped down, effective March 1st.</td><td></td></tr>
<tr><td>Proposed Action – Approve the January 2024 Financial Report</td><td>Margaret Kammer reviewed the January 2024 Finance Report as included on the board tablets.

BOARD MEMBER ROLL CALL:

<table><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Absent</td></tr><tr><td>Stevens</td><td>Yes</td><td>Swerdlow</td><td>Yes</td></tr><tr><td>Tankersley</td><td>Absent</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Stevens/Swerdlow), the SGMHD Board of Directors approved the January 2024 Financial report as presented.</td></tr>
<tr><td>• Informational - Measure A expenditures – January 2024</td><td>Chair McDougall, noted that a copy of the Measure A funds and expenditures – January 2024 was included on the board tablets.</td><td></td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Proposed Action – Enter a consulting arrangement with Craneware for provision of the Trisus Pricing Analyzer and Transparency Service</td><td>As of July 1, 2024, the federal CMS law will require price transparency reporting which includes many multiples of reporting in contrast to the existing law. Craneware will be terminating the existing transparency model and has developed a much more comprehensive model needed to comply with the new CMS regulations.

BOARD MEMBER ROLL CALL:

<table>
<tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Absent</td></tr>
<tr><td>Stevens</td><td>Yes</td><td>Swerdlow</td><td>Yes</td></tr>
<tr><td>Tankersley</td><td>Absent</td><td colspan="2">Motion carried.</td></tr>
</table>
</td><td>M.S.C., (Swerdlow/Stevens), the SGMHD Board of Directors approved entering a consulting arrangement with Craneware for provision of the Trisus Pricing Analyzer and Transparency Service as presented.</td></tr>
<tr><td>Proposed Action – Approve Policies and Procedures</td><td>There were nine (9) policies and procedures included on the board tablets presented for approval by the Board.

BOARD MEMBER ROLL CALL:

<table>
<tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Absent</td></tr>
<tr><td>Stevens</td><td>Yes</td><td>Swerdlow</td><td>Yes</td></tr>
<tr><td>Tankersley</td><td>Absent</td><td colspan="2">Motion carried.</td></tr>
</table>
</td><td>M.S.C., (Stevens/Swerdlow), the SGMHD Board of Directors approved the policies and procedures as submitted.</td></tr>
<tr><td>General Information</td><td>None.</td><td></td></tr>
<tr><td>Future Agenda Items</td><td>• None</td><td></td></tr>
<tr><td>Adjournment</td><td>The meeting was adjourned at 7:18 pm.</td><td></td></tr>
</table>

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 Healthcare District 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.

TAB B

Whitley, Ariel

From: Barron, Steven
Sent: Thursday, March 28, 2024 4:12 PM
To: Whitley, Ariel
Cc: Brady, Angela; Heckathorne, Daniel; Peleuses, John; Karam, Annah; DiBiasi, Susan; McDougall, Shannon
Subject: RE: Process for replacing the ED contract

From: Barron, Steven
Sent: Thursday, March 21, 2024 1:44 PM
To: Whitley, Ariel <AWhitley@sgmh.org>
Cc: Brady, Angela <abrady@sgmh.org>; Heckathorne, Daniel <DHeckathorne@sgmh.org>; Peleuses, John <JPeleuses@sgmh.org>; Karam, Annah <TKaram@sgmh.org>; DiBiasi, Susan <SDiBiasi@sgmh.org>; McDougall, Shannon <SMcDougall@sgmh.org>
Subject: Process for replacing the ED contract

We heard rumors in January that Envision was thinking of leaving CA.

Our ED contract is with a friendly PC (physician group) called California EM one. Everyone refers to them as Envision but Envision is only the MSO. In CA there is a prohibition against the corporate practice of medicine which is why our contract is with the medical group, not the management company. California EM one is owned by Dr. Tomongin. He practices in Lakewood at a Tenet hospital. California EM one provides Doctors, PA's etc. for a few hospitals other than ours. It is a complicated structure.

When Dr. Tomongin heard that Envision was leaving CA by June 30th he started looking around for another MSO. After some time, he gave up and started looking for alternative Companies. He identified 8 potential candidates and sent out RFP's. Each of these companies had NDA"s. Some declined, others were ruled out for various reasons.

When Dr. Tomongin was ready, we met in February, and he shared what he had found. Now that we had been given formal notification, we informed the Board and the MEC. We narrowed the search down to three good choices and met with each one. At the first meeting it was just the CEO, and the CNE. Dr. Singh was never involved in any part of the process. After we decided that all three were interested and viable, we asked for formal proposals from each and gave them our own RFP to guide them.

A second interview/presentation was scheduled with the CEO, The CNE, The CFO, The VP for Ancillary Services, the District Board Chair, and the Hospital Board Chair. After the meeting each of the 6 attendees filled out a scoring sheet. We gave each member of the interview committee several days to think about the presentations and submit their sheets. The scores were summarized.

The three groups were Seva, Vituity, and Sound. Seva is a new company formed by our existing doctors and PA's.

Seva scored the highest on everyone's card. I think generally our group felt that going with the existing group would be the least disruptive to the organization, and result in the best care.

We plan to present the recommendation to the board at the April board meeting.

Thank you,

Steve Barron
Chief Executive Officer
Office: 951.769.2101
Fax: 951.845.2836
www.sgmh.org

SAN GORGONIO MEMORIAL HOSPITAL

Request for Proposal For ED Physician Services

San Gorgonio Memorial Hospital
600 N Highland Springs Ave.
Banning, CA 92220

Table of Contents

A. Introduction, Background, and Scope of Services

1. Introduction

San Gorgonio Memorial Hospital (SGMH) is requesting proposals from medical groups qualified to provide comprehensive emergency medicine services at our facility. SGMH is dedicated to delivering high quality emergency care to our community and is committed to partnering with a group that shares our values and commitment to excellence. The target commencement date for the services is July 1, 2024, subject to the negotiation of a final contract.

2. Background

SGMH is a California nonprofit public benefit corporation organized for the charitable purpose of providing healthcare services. It operates the 79-bed general acute care hospital in Banning, California, owned by the San Gorgonio Memorial Healthcare District (the "District"). SGMH leases the hospital from the District under a long term lease, and SGMH holds the licenses and permits to provide healthcare services on behalf of the District.

SGMH serves a rapidly growing community with a diverse patient population and provides a wide range of emergency medical services. Our facility is equipped with state-of-the-art technology and staffed by a dedicated team of healthcare professionals. The SGMH Emergency Department ("ED") volume has increased substantially in recent years. Currently, ED patient volume is approximately 42,000 visits annually.

Hospital-wide Payer mix is as follows:

Medi-Cal:	48.1
Straight Medicare :	7.3
Managed Medicare:	12.8
Managed Care:	8.2
Contract commercial:	18.8
CA Blue Shield:	2.5
CA Blue Cross:	4.5
TriCare/Champus:	1.4
Commercial:	8.1
Self-pay:	3.9
Other:	2.5

3. Scope of Services

- Staffing the ED with qualified physicians and advanced practice providers (physician assistants and/or nurse practitioners) to ensure 24/7 coverage.
- Delivering timely and efficient emergency medical care to patients presenting with a variety of acute illnesses and injuries.
- Collaborating with hospital staff, including nurses, technicians, and ancillary services, to optimize patient outcomes and satisfaction.
- Adhering to evidence-based clinical guidelines and best practices in emergency

medicine.
- Participating in quality improvement initiatives and performance metrics monitoring to enhance the delivery of emergency care.
- Contractor's ED Providers shall be board certified in emergency medicine or shall be in active candidacy and shall possess and maintain certification in ACLS and PALS.
- The contractor shall provide a Physician who shall act as a Medical Director for the ED and as the primary point of contact for the Medical Staff, Hospital administration and other departments within the Hospital.

B. Contract Term

The term of the resulting agreement is expected to be 36 months from contract execution. SGMH may extend the contract, upon the agreement of the parties, if SGMH determines such an extension is in its best interest.

C. Minimum Qualifications

Proposers must satisfy the minimum qualifications listed below to be eligible for a contract award. Failure to meet the following requirements by the proposal submission deadline will be grounds for SGMH to deem a proposer nonresponsive, and SGMH may choose not to further review proposals that fail to meet these requirements. A proposer may demonstrate the requisite qualifications through the combined qualifications of the proposer and its subcontractor's qualifications. The subcontractor(s) is (are) responsible for meeting the overall requirements of the RFP along with the requirements for each of those areas of responsibility.

Each proposer must satisfy the following minimum qualifications:

1. Proposers must certify they have read and are willing to comply with all proposed terms and conditions addressed in the RFP.

2. Proposers must be qualified to conduct business in California, must maintain all applicable professional licenses and certifications in good standing, and must be participating providers in the Medi-Cal and Medicare programs.

3. Proposers must certify, and be able to demonstrate, they are financially stable, solvent and have adequate cash reserves to meet all financial obligations during the term of the proposed agreement.

4. Proposers must supply, before contract execution, and proof of liability insurance.

D. Proposal Requirements

Each proposer must include the following in its proposal:

1. Transmittal Letter

Submit a letter (a) expressing the proposer's commitment to perform the services described within this RFP, (b) providing an executive summary explaining why the proposer believes it is best qualified to perform the required services, (c) certifying

that the proposer meets the minimum qualifications set forth in this RFP, (d) providing the name, title, contact information and signature of the person authorized to make the representations required by the RFP, and (e) include proposal presentation.

2. Proposer Capability

a) Provide a brief history and background of the proposer.

b) Describe recent experience that qualifies the proposer to undertake the requested services, including, but not limited to, the experience of the individual members of the leadership team that will manage the delivery of the requested services.

c) Describe recent experience that demonstrates the proposer's ability to establish and maintain effective working relationships with the leadership of SGMH, the SGMH Medical Staff, EMS, government entities, and other community stakeholders.

3. Resources Assigned to SGMH

a) Submit a detailed description of the resources the proposer will assign to performing the services required under this RFP, including the total number, role, title and experience of the resources for the ED. Specify whether and how mid-level providers would be used.

b) Describe the process and identify the individual who will be responsible for preparing work schedules, obtaining coverage for planned or unexpected absences, and monitoring and updating work schedules.

4. Quality Improvement & Management Plan

Submit proposer's plan for measuring (including specific metrics to be used), improving and managing clinical quality, including, but not limited to, proposers approach to making improvements in performance in the following areas:

- Provider communication
- Transition between providers
- Length of stay
- Patient safety
- Patient satisfaction
- Documentation
- ED wait times

5. Cost

Submit a price quote for the first year of the contract. Proposals for price escalation for subsequent terms may also be submitted.

6. Subcontractors

List any subcontractors that the proposer intends to utilize in connection with the services performed in response to this RFP.

7. Litigation

Provide a summary of any litigation filed against proposer in the last three years that relates to the services provided by proposer.

8. Disciplinary or Regulatory Action

Provide a summary of any final or pending disciplinary or regulatory action against the proposer, the proposer's physicians or agents, by any hospital, governmental agency, licensing body, involving the delivery of professional services.

9. Exceptions to General Terms and Conditions

After the RFP is awarded, the winning proposer will be required to execute a contract using the general terms and conditions set forth in Exhibit A. Submit any exception, and specific replacement language proposed, for any individual provision of the general terms and conditions. Replacement of the general terms and conditions in their entirety will be deemed nonresponsive.

E. Timeline

Release of RFP: March 7, 2024
Submission Deadline: March 15, 2024
Evaluation Period: March 15, 2024 through March 27, 2024

F. Submission of Proposals

Submit one original and one electronic copy (in PDF format, via email). Proposers must submit proposals to SGMH no later than **5:00 pm on March 15, 2024.** Proposals must be submitted to:

Steven Barron
San Gorgonio Memorial Hospital
600 N Highland Springs Ave.
Banning, CA 92220
SBarron@sgmh.org

G. Firm Offer

All proposals submitted in response to this RFP are firm offers and may not be withdrawn for 120 days following the proposal submission deadline.

H. Proposal Evaluation Criteria and Procedure

The evaluation of proposals will be based on, but not be limited to:

- Qualifications and experience of the emergency physician group.
- Alignment with the hospital's mission, values, and quality standards.
- Effectiveness of the proposed staffing model and clinical care delivery approach.
- Demonstrated commitment to patient-centered care, safety, and quality improvement.
- Value proposition, including cost-effectiveness and efficiency of services.

SGMH reserves the right to evaluate information from any other sources, including information and/or recommendations submitted by professional references, Hospital leadership or committees, public comment, or from any other source. SGMH will award the contract to the proposer who, in the opinion of SGMH, has proposed services in the best interest of SGMH. The award will not necessarily be made to the proposer with the lowest cost proposal.

The SGMH Chief Executive Officer, taking into consideration input from such sources as described above, will recommend a contract to the SGMH Board of Directors. The Board of Directors shall not be bound by the recommendation of the Chief Executive Officer. The final decision to award the contract will be made by the Board of Directors, which may include direction to the Chief Executive Officer to conduct further negotiations with any or all proposers, or to award no contract.

I. Public Release of Proposals

No proposal materials will be released to the public, nor shall the public have access to such proposal materials during the RFP process, until such time as the contract is awarded by the Board of Directors. The use of the term phrase "the public" shall not include SGMH staff or committees, including committees of the Medical Staff. Thereafter, proposals submitted in response to this RFP will be made accessible to the public and will be disclosed to any member of the public upon the request of such person.

In the event that a proposer deems any portion of its proposal confidential or proprietary or otherwise contains business or trade secrets, then those specific portions must be plainly marked as "Confidential," "Proprietary," or "Trade Secret." SGMH will notify the proposer if disclosure of these materials is sought, and it shall be the proposer's obligation to seek a protective order. SGMH shall not be liable, or in any way responsible for the disclosure of such information, including any disclosure made pursuant to the California Public Records Act.

J. Proposal Costs

Costs for developing proposals are entirely the responsibility of the proposer and shall not be charged to SGMH.

K. Reservation of Rights

In addition to the rights discussed elsewhere in this RFP, SGMH reserves the following rights:

- Modify any date or deadline appearing in this RFP.
- Issue clarification notices, addenda, alternate RFP instructions, forms, etc.
- Waive any RFP requirement or instruction at any time for all proposers, including after the proposal submission deadline.
- Remedy any RFP error or defect at any time, including after the proposal submission deadline.
- Waive minor irregularities in responses received.
- Allow proposers to submit questions about any RFP change, correction or addenda.
- If SGMH decides, before or on the proposal due date, to extend the submission deadline, SGMH may choose to notify potential proposers of the extension by fax, email, or by telephone.
- Negotiate with any or all proposers.
- Reject any or all proposals, or cancel this RFP at anytime.

	CRITERIA	Guidelines for Criteria Scoring	Seva		Vituity		Sound	
			Cumulative Points	Total Points Possible	Cumulative Points	Total Points Possible	Cumulative Points	Total Points Possible
Step 1. Technical Proposal (Envelope A)								
1	Qualifications and Experience	•Assess the emergency physician group's credentials, certifications, and licensure. •Review the group's experience in providing emergency medicine services, including the number of years in operation and previous partnerships with healthcare facilities. •Consider any specialized training or expertise relevant to emergency care, such as trauma certification or advanced life support training.	55	*60*	57	*60*	51	*60*
2	Clinical Care Delivery Model	•Evaluate the proposed staffing model, including the number and qualifications of physicians and advanced practice providers (APPs) allocated for coverage. •Assess the group's approach to patient flow management, triage protocols, and coordination with hospital staff to optimize efficiency and patient outcomes. •Review the group's strategies for ensuring timely and appropriate care delivery, including response times, assessment protocols, and treatment protocols.	57	*60*	50	*60*	47	*60*
3	Commitment to patient-centered care, safety, and quality improvement.	•Examine the group's commitment to quality assurance and performance improvement initiatives, including adherence to evidence-based guidelines and clinical protocols. •Evaluate mechanisms for monitoring and improving key performance indicators related to emergency care, such as door-to-provider times, length of stay, and patient satisfaction scores. •Consider the group's track record in achieving quality metrics and outcomes in previous partnerships or collaborations.	117	*120*	107	*120*	106	*120*
4	Cost-Effectiveness and Value Proposition	•Evaluate the cost structure proposed by the emergency physician group in relation to the value of services provided. •Consider factors such as staffing costs, overhead expenses, and any additional services or resources included in the proposal. •Assess the group's ability to deliver high-quality emergency care in a cost-effective manner, maximizing value for the hospital and patients.	55	*60*	41	*60*	33	*60*
5	Alignment with Hospital's Mission and Goals	•Assess the alignment between the emergency physician group's values, mission, and goals and those of the hospital or healthcare organization. •Consider the potential for collaboration and partnership in achieving shared objectives related to patient care, quality improvement, and community outreach. •Evaluate the group's capacity to contribute to the hospital's strategic initiatives and enhance its reputation as a provider of exceptional emergency care services.	118	*120*	96	*120*	98	*120*
SUBTOTAL – Technical Proposal			402	***420***	351	***420***	335	***420***
Step 2. Oral Presentation and Interview								
6	Oral Presentation and Interview	Relevant examples and information and thorough answers	115	*120*	106	*120*	107	*120*
Step 3. Fee Proposal (Envelope B)								
7	Cost		42	***60***	34	***60***	33	***60***
GRAND TOTAL			559.0	***600.0***	491.0	***600.0***	475.0	***600.0***

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Scoring Guide

Category		Description
Poor	0-200 points	Minimally addresses the component, but one or more major considerations of the component are not addressed.
Fair	201-300 points	The response addresses some aspects of the component, but minor considerations may not be addressed.
Good	301-400 points	The response addresses the component and provides a reasonably good quality solution.
Very Good	401-500 points	There is a high degree of confidence in the proponent's response as a proposed solution to address the component
Exceptional	501-600 points	The proposed solution goes above and beyond the requirements as well as provides a high degree of confidence in its effectiveness.

PROFESSIONAL SERVICES AGREEMENT

This Professional Services Agreement ("***Agreement***") is made and executed with an effective date of _____ (the "***Effective Date***"), by and between:

San Gorgonio Memorial Hospital, a California _____, ("***Hospital***"),

and,

MD Karan Singh PC., dba, Seva Medical Group, a California professional corporation (collectively "***SMG***").

Individually, the Hospital and SMG may be referred to herein as a "***Party***" and collectively as the "***Parties***."

BACKGROUND

A. SMG provides comprehensive physician services to hospitals, including, without limitation, arranging for physician coverage for hospital emergency departments;
B. SMG employs or contracts with physicians ("***Physicians***") and advanced practitioners ("***Advanced Practitioners***," and together with Physicians, the "***Providers***") with experience caring for patients;
C. The Hospital operates a duly licensed hospital providing a comprehensive range of outpatient and inpatient services, including emergency medical services in its Emergency Department ("***Emergency Department***"), to the residents of Banning, California and its surrounding communities and
D. The Parties desire to enter into this Professional Services Agreement so that SMG may provide emergency department services to the Hospital.

In consideration of the mutual covenants set forth herein and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

1. **Engagement**. The Hospital hereby engages SMG to exclusively perform the services as set forth on Schedule A ("***Services***") on the terms and conditions set forth herein, and SMG hereby accepts such engagement.

2. **Services**. SMG will furnish qualified Providers to perform the Services on the terms and conditions set forth in this Agreement. SMG shall designate a qualified Provider to be Medical Director of the Emergency Department ("***Medical Director***"), whose duties are set forth on Schedule B. The Medical Director shall be responsible for managing the Emergency Department issues on a day-to-day basis, as described under this Agreement.

3. **Duties and Responsibilities of SMG**. SMG represents and warrants as follows:

(a) SMG shall, and shall cause its Providers to, comply with all of the duties, obligations, and restrictions imposed upon SMG and its Providers under this Agreement, as well

as those defined in the Hospital Medical Staff Bylaws, Rules, Regulations, and Policies (copies of which shall be provided to the Providers).

(b) SMG shall, and shall cause its Providers to, participate in the Medicare and Medicaid programs and all other payor programs in which the Hospital participates.

(c) SMG shall cause its Providers to engage in and cooperate with periodic evaluations with input from the Hospital and or its designees.

(d) SMG shall, and shall cause its Providers to, participate in the Hospital's emergency and disaster programs when possible.

(e) SMG shall, and shall cause its Providers to, render Services in a competent, professional, and ethical manner at all times, in accordance with prevailing standards of medical practice, and all applicable statutes, regulations, rules, orders and directives of federal, state, local and other governmental and regulatory bodies having competent jurisdiction.

(f) SMG shall, and shall cause its Providers to, participate in and cooperate with any utilization review, quality assurance, risk management, medical care evaluation, ordering pattern analysis (including appeal processes with financial intermediaries), or other similar programs of study to review the professional performance of staff physicians as may be reasonably required by the Hospital, Medical Staff, governmental agencies, professional review organizations, accrediting bodies, or third-party payors;

(g) Qualifications. At all times during the Term, SMG shall cause each Provider performing the Services hereunder to:

(i) be duly licensed and in good standing in the State of California, and said license has not been suspended, revoked, or restricted in any manner;

(ii) maintain the current State of California controlled substances registration and Drug Enforcement Administration registration, which registrations have not been surrendered, suspended, revoked, or restricted in any manner;

(iii) be board-certified or eligible for certification as Providers who are qualified by ability, training, and experience to render high-quality emergency medicine services in accordance with established standards of emergency medicine;

(iv) to satisfy the requirements at the Hospital for clinical privileges appropriate to the Services and maintain membership in good standing on the Hospital's Medical Staff ("***Medical Staff***") with clinical privileges in emergency medicine at all times while providing the Services; provided, however, that this Agreement is not, and shall not be construed as, any form of guarantee or assurance by the Hospital that the Provider shall receive necessary membership or privileges on the Medical Staff for purposes of discharging the responsibilities hereunder; and further provided that application, appointment, reappointment, and granting of privileges shall be governed solely by the Hospital Medical Staff Bylaws, Rules, Regulations, and Policies then in effect; and

(v) not be and not have been excluded from participation in any federally funded health care program, including Medicare and Medicaid. SMG agrees to immediately notify Hospital of any notice of any threatened, proposed, or actual exclusion from any federally funded health care program, including Medicare and Medicaid.

(h) SMG shall, and shall cause its Providers, to comply with all requirements of The Emergency Medical Treatment and Labor Action ("***EMTALA***"), all regulations promulgated thereunder, and the interpretive guidelines articulated in the Medicare State Operations Manual regarding EMTALA and any and all written directives, opinions, policies and advisories regarding EMTALA.

4. **Insurance**. SMG shall maintain professional liability insurance covering the Providers in the amount of at least One Million Dollars ($1,000,000.00) for each occurrence, with a per annum aggregate limit of at least Three Million Dollars ($3,000,000.00). The Hospital shall maintain general liability insurance in commercially reasonable amounts, as well as professional liability insurance in commercially reasonable amounts for any Hospital employees and shall assure that all agents, or non-SMG independent contractors providing services to the Hospital's patients, have such current professional liability insurance. The Hospital will further maintain insurance which includes coverage for the Medical Director while performing the services of the Medical Director hereunder. Upon request of either Party, the other Party shall produce a copy of the certificate of insurance or other appropriate evidence of such insurance outside of the Effective Date.

5. **Billing and Compensation**.

(a) The Parties acknowledge that the Hospital shall compensate SMG in accordance with the fee schedule set forth in Schedule C (the "***Support Fee***") for the purpose of enabling SMG to engage Providers to provide the Services.

(b) SMG will have the exclusive right to bill all patients and/or appropriate third-party payors directly for any professional medical services provided by the Providers. The Hospital will have the exclusive right to bill all patients and/or appropriate third-party payors for the use of facilities, personnel, equipment, supplies, and such other facilities and support services provided by the Hospital.

(c) The amounts of Support Fee to be paid by the Hospital hereunder represent the value as established by arms-length negotiations and have not been determined in any manner that takes into account the volume or value of any potential referrals between the Parties. No amount paid hereunder is intended to be, nor shall it be construed to be, an inducement or payment for referral of patients by any Party to any other Party. Further, it is agreed that neither Party shall refer or attempt to influence the referrals of any patients to any particular program; such decision shall rest exclusively with the patients and their respective physicians.

6. **Duties and Responsibilities of the Hospital.**

(a) The Hospital shall furnish the Providers with the use of facility space, clerical support, supplies, equipment and such other facilities and services suitable to their position and reasonably necessary for the performance of their duties hereunder. SMG hereby acknowledges and agrees that such space, supplies, equipment and employees shall be utilized by the Providers

exclusively for the performance of the Services. The Hospital shall be responsible for the interviewing, selection, orientation and training, work scheduling, performance evaluation and discipline of the Hospital employees.

(b) The Hospital shall be responsible for assuring that the physical facilities of the Department meet plant safety standards of The Joint Commission and OSHA. Hospital shall, on a daily basis, electronically transfer to SMG, or its designees, patient records, including, without limitation, registration, admission, and discharge documentation in a secure HL 7 format on a mutually agreed upon timeline. The Hospital shall also provide SMG with a complete electronic medical record in a CCA or CCD format, including but not limited to physician and nursing notes, continuation sheets, code/trauma forms, and all appropriate patient records, in order to obtain patient information and other documentation deemed necessary by SMG and/or its billing company to bill for services provided by Providers and/or provide additional services. The Hospital shall establish the abovementioned electronic interfaces prior to the Effective Date of this Agreement to enable SMG to capture all charges as of the first day of providing services at the Hospital. If the Hospital does not establish the required interface by the Effective Date of the Agreement, the Hospital agrees that it shall pay SMG a revenue guarantee equal to the revenue the SMG should have received from the professional services performed by the Providers but did not receive due to the lack of documentation it needs to bill the patients for professional services, less any collections received by SMG for those professional services.

(c) The Hospital shall cause Hospital employees to comply with all requirements of EMTALA, all regulations promulgated thereunder, and the interpretive guidelines articulated in the Medicare State Operations Manual regarding EMTALA and any and all written directives, opinions, policies and advisories regarding EMTALA.

7. **Term**. The term of this Agreement shall begin on the Effective Date and continue for a period of three (3) years from the Effective Date (the "***Term***") and shall automatically renew for additional successive one (1) year terms thereafter unless otherwise terminated.

8. **Termination**.

(a) Termination by Either Party for Breach. Either Party may terminate this Agreement immediately upon written notice to the other Party:

(i) If the other Party breaches any term of this Agreement and fails to cure that breach within thirty (30) days after receipt of written notice specifying the alleged breach.

(ii) The Hospital may terminate this Agreement immediately for SMG's failure to promptly bar any Provider from performing services under this Agreement after written notice from the Hospital if that Provider: (i) engages in conduct which materially jeopardizes the health, safety, or welfare of any person or the safety, or regular functions of the Hospital or the Services; (ii) resigns, is expelled, is suspended from the Medical Staff, is disciplined, loses clinical privileges or has his or her license to practice medicine in the state where Services are rendered suspended or revoked; (iii) is convicted of any crime punishable as a felony; or, (iv) does not meet the qualifications required by this Agreement. Further, in the event that the Hospital permits another

provider to provide the exclusive Services hereunder, or the Hospital provides the Services itself, SMG may immediately terminate this Agreement.

(b) Either Party may terminate this Agreement with seven (7) days' notice upon the other Party's general assignment for the benefit of creditors, the other Party's petition for relief in bankruptcy or similar laws for the protection of debtors, upon the initiation of such proceedings against the other Party if the same are not dismissed within forty-five (45) days of service, or upon notice of a finding that the other Party is insolvent under applicable law.

(c) In the event that Hospital fails to pay SMG's Compensation as set forth herein and fails to cure such failure within fifteen (15) days following a written notice from SMG, SMG terminate this Agreement at the end of such fifteen (15) calendar day cure period by providing notice of such termination to Hospital.

(d) Either Party may terminate this agreement without cause upon one hundred and twenty (120) days' notice to the other Party;

(e) The Parties may terminate this Agreement upon the mutual written agreement of the Parties.

9. **Effect of Termination**.

(a) Upon the effective date of termination of this Agreement, neither Party shall have any further obligation hereunder, except for: (i) obligations accruing prior to the date of termination; and (ii) obligations, promises, or covenants contained herein which are expressly made to extend beyond termination, including, without limitation, any indemnities and maintenance of records.

(b) Upon termination of this Agreement, the Providers shall immediately deliver to the Hospital sole custody and exclusive and complete use of the Hospital's premises, equipment, records and supplies with respect to the Services.

(c) SMG agrees and will make known in writing to each Provider providing Services hereunder that the extension of Medical Staff privileges shall automatically terminate upon termination of this Agreement for any reason; provided, further, that the privileges of any individual Provider shall automatically terminate if such Provider is removed by the Hospital pursuant to any term of this Agreement or terminated by SMG.

10. **Documentation**. SMG shall, and shall require its Providers to, timely prepare appropriate clinical records in accordance with the Hospital's Medical Staff Bylaws, Rules and Regulations, and Policies, including, but not limited to, medical record entries concerning all examinations, procedures, and other services performed by them hereunder.

11. **Non-Discrimination**. SMG will require that Providers, in the course of performing the Services, hereby agree to accept and treat any and all persons, including the Hospital patients, regardless of the person's age, sex, sexual orientation, race, creed, color, national origin or sponsor, ancestry, religion, marital status, disability, insurance coverage or ability to pay.

12. **Governing Statutes, Rules and Regulations**. Notwithstanding anything in this Agreement to the contrary, it is expressly agreed and understood by and between the Parties that any and all rights and obligations of the Parties shall at all times be subject to applicable federal and state statutes, rules and regulations.

13. **Indemnification**. The Hospital hereby agrees to defend, hold harmless and indemnify SMG, its affiliates and their past, present and future trustees, governors, officers, agents, contractors and employees from and against any and all claims, suits, liabilities, damages, judgments, costs and expenses, including, without limitation, reasonable attorney's fees, incurred, (together, the "***Claims***") that may be imposed upon, or suffered or incurred by, any of them arising out of, deriving from or pertaining to any breach of this Agreement by the Hospital or any other willful misconduct or negligent acts or omissions of the Hospital or any of its past, present or future trustees, officers, agents, contractors or employees. SMG hereby agrees to defend, hold harmless and indemnify the Hospital and its past, present and future members, trustees, officers, agents, contractors and employees from and against any and all Claims that may be imposed upon, or suffered or incurred by, any of them arising out of, deriving from or pertaining to any breach of this Agreement or any other willful misconduct or negligent acts or omissions of SMG or any of its past, present or future directors, officers, agents, contractors or employees. The provisions of this Section 13 shall survive the expiration or termination of this Agreement for any reason.

Except as otherwise provided herein, the indemnifying party shall have sole control over the defense and settlement of any claim for which it must provide indemnification and to retain counsel of its choice. The indemnifying party shall provide a diligent defense against and/or settlement of, any such claims that is the subject of its indemnification obligations, whether such claims are rightfully or wrongfully brought or filed. The indemnifying party shall have the right to settle claims at the indemnifying party's sole expense. Notwithstanding, in no event shall the indemnifying party admit fault on behalf of any one or more of the indemnified parties without the relevant indemnified party's written permission; such permission shall not be unreasonably withheld, conditioned, or delayed.

IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR ANY CONSEQUENTIAL, INDIRECT, INCIDENTAL, SPECIAL, EXEMPLARY, PUNITIVE, OR ENHANCED DAMAGES, LOST PROFITS OR REVENUES OR DIMINUTION IN VALUE, ARISING OUT OF, OR RELATING TO, OR IN CONNECTION WITH ANY BREACH OF THIS AGREEMENT, REGARDLESS OF (A) WHETHER SUCH DAMAGES WERE FORESEEABLE, (B) WHETHER OR NOT A PARTY WAS ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, (C) THE LEGAL OR EQUITABLE THEORY (CONTRACT, TORT OR OTHERWISE) UPON WHICH THE CLAIM IS BASED, AND (D) THE FAILURE OF ANY AGREED OR OTHER REMEDY OF ITS ESSENTIAL PURPOSE.

14. **Notices**. Notices or communications required or permitted to be given under this Agreement shall be in writing and shall be effective on delivery, if personally delivered, if delivered by a nationally recognized overnight delivery service, if delivered by electronic mail (e-mail) to the e-mail address listed below for the applicable Party, or if by registered or certified mail, as provided herein:

To SMG: Seva Medical Group
27475 Ynez Rd PMB 747,
Temecula CA 92591
Attn: CEO

To THE HOSPITAL: San Gorgonio Memorial Hospital
600 N Highland Springs Ave,
Banning, CA 92220
Attn: Steve Barron, CEO

15. **General Provisions**.

(a) Section Headings. The section headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

(b) Non-Solicitation. Each Party, on behalf of itself, its affiliates and each of their respective officers, directors, agents, employees, successor or assigns agree that neither party shall directly or indirectly solicit, employ, engage or otherwise permit any other person or entity to solicit, employ, engage or use in any manner whatsoever any current, future or former employee, contractor or agent employed or engaged by the other party or the other party's affiliates during the Term and for twelve (12) months after the termination or expiration of this Agreement without concurrent renewal. It is specifically understood and agreed that any breach of this provision of the Agreement by either party will result in irreparable injury to the other party, that the remedy at law alone will be an inadequate remedy for such breach and that, in addition to any other remedies in law, equity or otherwise it may have, the non-breaching party shall be entitled to enforce the specific performance of this Agreement by the breaching party in whole or in part responsible for that breach and to seek both temporary and permanent injunctive relief, without the necessity of proving actual damages or the posting of a bond, but without limitation of their rights to recover such damages.

(c) Restrictive Covenant. Notwithstanding the provisions of Section 15(b), SMG may, in its sole discretion, elect to waive the provisions of Section 15(b) for any Provider subject to such provision, provided, however, that SMG shall be compensated for each such Provider in the amount to be negotiated by the Parties in good faith but in no event shall such compensation be less than fifty percent (50%) of the Provider's actual or anticipated annual salary.

(d) Governing Law. This Agreement has been executed and delivered and shall be construed and enforced in accordance with the laws of the State of California without reference to its conflict of laws principles.

(e) Agreement Solely for the benefit of Parties. This Agreement is intended to be for the exclusive benefit of the Parties and shall not be construed to create any right or benefit to any other party whatsoever.

(f) Assignment. The Hospital may not assign this Agreement without the prior written consent of SMG. SMG may assign this Agreement to an affiliate or subsidiary of SMG and SMG shall be released of its obligations hereunder if the assignee agrees to be bound by all terms and conditions of this Agreement.

(g) Entire Agreement. This Agreement supersedes and terminates all previous contracts or agreements between the Parties with respect to the subject matter contained herein, including, without limitation the Emergency Department Services Agreement (collectively the "***Prior Agreements***"), other than any obligations which by their express terms survive the termination of any such Prior Agreements and this Agreement constitutes the entire agreement between the Parties with respect to the subject matter hereof, any and all prior correspondence, conversations or memoranda being merged herein and replaced and being without effect hereon. No promises, covenants, or representations of any character or nature other than those expressly stated herein have been made to induce either Party to enter into this Agreement. The Parties acknowledge and agree that neither Party has any Claim pertaining to any breach of any Prior Agreements or any other misconduct or negligent acts or omissions of either Party with respect to any Prior Agreements.

(h) Amendments. This Agreement may be amended only by an instrument in writing duly signed by both Parties.

(i) Counterparts; Electronic Delivery. This Agreement may be executed in any number of counterparts and by different Parties on separate counterparts, each of which counterparts, when so executed and delivered, shall be deemed to be an original and all of which counterparts, taken together, shall constitute but one and the same agreement. This Agreement shall become effective upon the execution of a counterpart hereof by each of the Parties. The exchange of copies of this Agreement and of signature pages by facsimile transmission, electronically or in Portable Document Format ("***PDF***") shall constitute effective execution and delivery of this Agreement as to the Parties and may be used in lieu of the original for all purposes. Signatures of the Parties may be executed by hand or by any electronic signature complying with the U.S. federal ESIGN Act of 2000, as amended (the "***ESIGN Act***") and shall be deemed to be their original signatures for any purposes whatsoever. All executed counterparts, whether original, facsimiles, electronic transmission, PDF, or a combination, shall be construed together and shall constitute one and the same agreement binding on both Parties, notwithstanding that both Parties have not signed the same counterpart. Neither Party may raise the use of signature complying with the ESIGN Act as a defense to the enforcement of this Agreement. Slight variations in the form of signature page counterparts executed by either Party (including different footnotes or document numbers) shall be considered immaterial and shall not invalidate any such counterpart signature. In making proof of this Agreement, it shall not be necessary to produce or account for more than one such counterpart executed by the Party against whom enforcement of this Agreement is sought.

(j) Incorporation. The schedules, attachments, and exhibits referenced in and attached to this Agreement are incorporated herein and shall be considered a part of this Agreement for all purposes as if fully set forth herein.

(k) Changes in Law. In the event that there are changes or clarifications of statutes, regulations or rules which materially affect either Party's obligations or performance hereunder,

or reimbursement from third parties for Services rendered under this Agreement, such Party may, by notice to the other Party, propose that the compensation arrangements of this Agreement be reopened for renegotiation. If such notice is given but the Parties are unable to agree, within thirty (30) days thereafter despite good faith negotiations, on new compensation arrangements, then either Party may terminate this Agreement by giving sixty (60) days' notice to the other Party.

(l) Independent Contractors. It is understood that both Parties to this Agreement are independent contractors and engage in the operation of their own respective businesses. Neither Party is, or is to be considered as, the agent or employee of the other Party for any purposes whatsoever. Neither Party has the authority to enter into contracts or assume any obligations for the other Party or to make any warranties or representations on behalf of the other Party, except as specifically provided herein. Nothing in this Agreement shall be construed to establish a relationship of co-partners or joint venturers between the two Parties. Each Party agrees to be responsible for the acts of its own agents or employees and the payment of their employee benefits and compensation, including employment taxes, workers' compensation, and other similar taxes and requirements associated with employment.

(m) Confidentiality. Except as may otherwise be agreed to by the Parties in writing, or may be required by law, each Party hereto agrees to retain in strictest confidence and not disclose or otherwise make known to any other person or entity the provisions of this Agreement, the relationship of the Parties hereunder and any data, materials, manuals; business plans, software, marketing plans, financial information, patient records and other information that is not in the public domain, is received from the other Party and relates to that Party's business or operations. The Parties shall at all times comply with the Health Insurance Portability and Accountability Act of 1996 ("***HIPAA***") and the Privacy Rule and the Security Rule promulgated thereunder at 45 C.F.R. Parts 160 and 164 as currently drafted and as subsequently amended or revised. The provisions of this Section 16(j) shall survive the expiration or termination of this Agreement for any reason.

(n) Access to Books and Records. Pursuant to 42 U.S.C. 1395x(v)(l)(I) to the extent applicable, until the expiration of four (4) years after the termination of this Agreement, SMG shall make available for Medicare audit purposes, this Agreement and the books, documents and records of SMG that are necessary to certify the nature and extent of sums paid to SMG for the Services provided by SMG pursuant to this Agreement, upon the written request of the Secretary of the Department of Health and Human Services of the United States, or upon request of the Comptroller General of the United States, or any of their duly authorized representatives. If applicable, a provision similar to this Section 16(k) shall be included in all agreements between SMG and any subcontractors engaged by SMG for the purpose of providing the Services under this Agreement. The provisions of this Section 16(k) shall survive the expiration or termination of this Agreement for any reason.

(o) Severability. If any provision of this Agreement or the application thereof to any person or circumstance is held to be illegal, invalid or unenforceable for any reason, such illegality, invalidity or unenforceability shall not affect any other provision of this Agreement that can be given effect in the absence of the illegal, invalid or unenforceable provision of application. To this end, all provisions of this Agreement are declared to be severable.

(p) Waiver. The failure of any Party to enforce any term or provision of this Agreement on one or more occasions shall not serve as a waiver of such term or provision or relinquishment of such Party's right to enforce such term or provision at any future time.

[*Signature page follows.*]

The undersigned attest to their ability to bind their respective organizations to the terms of this Agreement, which the undersigned, by attesting to have provided full effect to the terms of this Agreement.

SMG **Seva Medical Group**	**Hospital** **San Gorgonio Memorial Hospital**
_____	_____
By: Title: Date:	By: Title: Date:

Schedule A

Services

a) SMG will furnish Providers to perform the Services in a professional and timely manner, consistent with the needs of the Hospital and in accordance with prevailing standards of medical practice and all applicable statutes, regulations, rules, orders and directives of any and all applicable governmental and regulatory bodies having competent jurisdiction. Activities of Advanced Practitioners will at all times be subject to monitoring and oversight by Physicians. A Physician will be either physically present or on call at all times. SMG will provide an administrative on-call person to be available to the Emergency Department.

b) SMG will provide Services twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. SMG will ensure adequate staffing of Providers to satisfy all of the emergency medical service needs of patients in the Emergency Department in a competent manner, on a continuous, uninterrupted basis. SMG will be responsible for the recruitment of Providers, from time to time, as may be required to staff the Emergency Department in accordance with this Agreement adequately.

c) The Hospital and SMG acknowledge that coverage hereunder shall be adjusted from time to time by mutual agreement of the Parties to account for changes in the Emergency Department's volume or case mix.

d) SMG will designate a Physician to be the Emergency Department Medical Director to perform the tasks in Schedule B.

e) All Providers providing Services in the Emergency Department will meet SMG and the Hospital employment standards.

f) All Providers providing Services in the Emergency Department will attend any onboarding and/or orientation programs as reasonably required by the Hospital.

g) SMG and the Hospital will participate in quarterly administrative meetings to review quality, cost and performance metrics related to Emergency Department services at the Hospital.

Schedule B

Medical Director Duties

Qualified Physician shall serve as Emergency Department Medical Director to perform the duties set forth hereunder and under the Hospital Medical Staff Bylaws, Rules and Regulations, and Policies. The appointment of such Medical Director shall be approved by the Hospital, which approval shall not be unreasonably withheld. In addition, the Medical Director will be responsible for the following:

a) Maintain an effective working relationship with Medical Staff, referring physicians, the Hospital executive team and the Hospital departments.

b) Document ongoing reviews of the quality and appropriateness of services rendered as reasonably required by any of the Hospital's patient care evaluation program.

c) Participate in in-service education programs for all Emergency Department personnel.

d) Review patient care and charts of the Emergency Department as necessary to ensure quality, safety, and appropriateness of care.

e) Require that Providers (i) appropriately document in the medical record the treatment provided and the instructions given each patient; and (ii) comply with any applicable to the Hospital Medical Staff Bylaws, Rules and Regulations, and Policies concerning medical records.

f) Supervise, schedule, and evaluate Providers' performance annually.

g) Conduct regular meetings with Emergency Department personnel.

h) Evaluate patient survey results and take necessary action in conjunction with the Hospital to improve areas identified as needing improvement.

i) Attend and participate in monthly meetings that require representation from the Medical Director of the Emergency Department.

j) Coordinate Provider coverage schedule.

k) Address patient complaints involving Providers.

Schedule C

Support Fee

Annual Support Fee

SMG has calculated an annual "***Support Fee***" of Two Hundred Ninety-Seven Thousand and Seventeen Dollars ($297,017). The Administrative Fee shall be paid within five (5) business days of the Effective Date and on each anniversary of the Effective Date for the term of this Agreement by the Hospital to SMG.

Payment Programs with Third Parties.

The Parties agree and acknowledge that the compensation set forth above is based on the assumption that the Providers will not participate with managed care plans and medical insurers other than Medicare, Medicaid, and other governmental payors and will bill all other payors ("***Non-Participating Payors***") at SMG's normal charges. The Clinicians will not become participating providers with such Non-Participating Payors. The Hospital agrees and acknowledges that SMG will bill patients for all appropriate deductibles and copays and for any unpaid amounts up to such normal charges, regardless of payor, as permitted by applicable law. The Hospital hereby agrees that it will not require Providers to participate with any Non-Participating Payors during the term of this Agreement unless the Provider agrees to participate in so in writing. The Hospital further agrees that it will not enter into an arrangement with a Non-Participating Payor which directly affects the Provider's professional reimbursement without SMG's written consent. In the event the Provider's lack of participation with such Non-Participating Payors is no longer acceptable to the Hospital, SMG agrees to consider Clinician participation with 'such Non-Participating Payors provided that the Parties are able to negotiate a modification of the compensation set forth above taking into account such participation.

The Parties agree that the fees provided hereunder shall be at fair market value and only that amount reasonably necessary for SMG's provision of the services economically self-sustaining.

TAB C

SAN GORGONIO MEMORIAL HOSPITAL
Medical Staff Services Department
M E M O R A N D U M

DATE: March 20, 2024

TO: Chair
Governing Board

FROM: Raffi Sahagian, M.D., Chairman
Medical Executive Committee

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

Pharmacy & Therapeutics

Medication Stop Order Policy

To promote the safe and efficacious use of antibiotics, an automatic stop order is established (See attached).

ASP Update

Antibiotic stewardship is the effort to optimize how antibiotics are used and is a core strategy to combat antimicrobial resistance. The goals have been to track broad spectrum antibiotic use and identify trends in antibiotic prescription practices. Pharmacy monitors drug cultures and recommends step down therapy when appropriate with physicians. The goal is to be under 500 days of therapy. In 2022 SGMH had 3 months in the calendar year above 500, none in 2023 (See attached).

Medication Order Set & Formulary

A list of the medication order set and formulary includes the methodology used to evaluate clinical and medical literature and the approach for selecting medications for different diseases, conditions, and patients (See attached).

Potassium Update

This is a list of high-risk/high-alert medication categories which require two (2) signatures from licensed nurses for verification of administration (See attached)

Performance Improvement

2024 Performance/Process Improvement Project Prioritization Grid

The Prioritization Grid includes factors such as deadlines, impact, resources required, complexity, and strategic alignment. The criteria are defined to create a structured framework for evaluating and comparing tasks or projects (See attached).

Sepsis Data

Peer Review Committee Report

There were sixteen (16) cases reviewed for quality and appropriateness of care;

- 2 deemed "Level 1 – No Concerns"
- 2 deemed "Level 2 – Acceptable, not Optimal"
- 5 – Attending MD will be asked for clarification of care
- 2 – Behavioral (1 – requested a letter of clarification and 1 will be informed that monitored.
- 3 – cases resulted in letter to be forwarded to Administration regarding OB cases
- 1 – will be forwarded for outside review
- 1 – behavioral; physician no longer on staff

Medical Staff Quality Council Committee Report

The following discussions took place:

- Future agenda items
- Performance Improvement Grid
- CIHQ regulations
- Measures submitted by department.
- Mortality and Sepsis rates

Adapted Diet

This high protein modified cardiac diet was established to reduce the risk of cardiovascular disease (See attached).

2024 Annual Approval of Policies & Procedures

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

Medication Stop Order Policy: CMS Condition of Participation for medications to have durations when applicable. Antibiotics for antibiotic stewardship program, pain meds, and sedatives associated with ADE. EHR defaults to 365 days. Can we update sedatives, opioids, and antibiotics set to 7 days or less? Any exceptions , pharmacy to dose consult on Vancomycin therapy for severe infection, osteomyletis ; IDSA guidelines for Azithromycin total dose of 1500mg for atypical pneumonia coverage (Azithromycin 500mg Daily x 3 days max). Pharmacist has a daily antibiotic report reviewed for cultures, and renal dosing. Any other exceptions?

Status Draft PolicyStat ID 14191251

SAN GORGONIO MEMORIAL HOSPITAL

Origination	N/A
Approved	N/A
Last Revised	N/A

Policy Area Pharmacy

Medication Stop Orders

Policy:

~~The purpose of medication stop orders is to provide a mechanism whereby orders for dangerous and additive medications are automatically stopped unless renewed by the physician.~~

~~By action of the Executive Committee of the Medical Staff, the following policy regarding medication stop orders is adopted.~~

It is the policy of San Gorgonio Memorial Hospital to place a stop order on medication classes outlined in this policy. Providers shall reassess therapy according to this policy.

Procedure:

1. Medication classes requiring a stop order:
    a. ~~Narcotics that are ordered without time limitations of dosage shall be automatically stopped after four days.~~
    b. ~~Sedatives~~Narcotics that are ordered without time limitations of dosage shall be automatically stopped after seven days.
    c. ~~Antibiotics~~Sedatives (benzodiapepines) that are ordered without time limitations of dosage shall be automatically stopped after seven days.
    d. ~~Anticoagulant drugs (excluding Coumadin)~~Antibiotics that are ordered without time limitations of dosage shall be automatically stopped after seven days.
    e. All other medications that are ordered without time limitations of dosage shall be automatically stopped after ~~30~~365 days.
    f. ~~Certain medications may require various stop limitations based on~~If the drug manufacturer requires that a medication be stopped after a certain time, period the manufacturers recommendations~~. If the manufacturer requires that a medication~~ will be ~~stopped after a certain time period the manufacturers recommendations will be~~ followed. ~~An example of this is Toradol: The manufacturer recommends that the~~

~~medication not be used over 5 days.~~

~~Drugs should not be discontinued without notifying the responsible practitioner.~~

g. Evidence based guidelines may be used as a standard to determine if a shorter stop date if appropriate.

h. Medications should not be discontinued without notifying the responsible providers.

2. Prior to automatic discontinuation of a medication, the provider will receive an alert in the patient electronic health record.

3. ~~Prior to automatic discontinuation of a~~If a new order to continue the medication~~, the pharmacy will place a "Stop Order Notice" in the patient's chart to inform the practitioner. If a new order to continue the medication~~ is not written, the medication in question will be discontinued.

4. ~~All previous orders are cancelled when patients go to surgery and must be re-written.~~

5. ~~All previous orders which are to be continued must be rewritten when patients are transferred out of the Intensive Care Unit to another unit and out of the DOU to another unit.~~

6. When a patient is transfered in between levels of acuity or to Surgery Department ,previous medication orders are canceled and must be re-entered.

Approval Signatures

Step Description	Approver	Date

ASP: Antibiotic Use Tracking
Pharmacy & Therapeutics
February 26, 2024

Plan: Track broad spectrum antibiotic use and identify trends in antibiotic prescription practices.

Do: Pharmacist to monitor drug cultures and recommend step down therapy when appropriate with physicians.

Check: Goal to be under 500 days of therapy. In 2022 we had 3 months in calendar year above 500, none in 2023

Act: Report quarterly to P&T committee and PI. Goal is to reduce use of broad spectrum agents and Vancomycin which are associated with ADE;

Duration of Broad Spectrum Antibiotic Therapy												
Antibiotics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cefepime	77	53	77	96	60	99	63	116	140	67	121	134
Meropenem	77	91	45	54	79	60	64	64	104	70	68	95
Zosyn	107	172	115	126	62	107	114	133	154	99	96	128
Vancomycin IV	185	148	113	156	111	157	173	188	159	132	201	232
Antibiotic days	446	464	350	432	312	423	414	501	557	368	486	589
Patient days	988	967	994	952	1011	908	1007	1172	1178	1160	1131	1219
DOT	451	480	352	454	309	466	411	427	473	317	430	483

ASP Assessment: Evidence Based Guidelines
Pharmacy & Therapeutics
February 26, 2024

ASP Reduction in HAI CDI Rate: Goal met for 2022 Standardized Infection Ratio less than 1. Less infections than predicted by NHSN algorithm. Nursing homes, patients demographic used in algorithm calculation.

Time	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2023
HAI CDI	3	0	0	2	5
NHSN Expected	1.75	1.32	1.15	1.25	5.488
SIR	1.71	0	0	1.6	0.911

Pharmacy & Therapeutics Committee
Antibiotic Steward Program

Department / Service:Pharmacy Dept
Director: Jose Lopez
Prepared by:

Reporting Date:
Reporting Period:

Measure	Previous Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Adherence to ASP Best Practice CDI		100.00%	100.00%	100.00%	100.00%	100.00%	-			#VALUE!			100.00%
Goal													
CDI Patient 1st line Drug therapy		3	2	1	1	1	0	0	0	0	0	0	2
CDI Patient		3	2	1	1	1	0	0	0	0	0	0	2
Quarter Summary				100.00%			100.00%						100.00%
				Quarter 1			Quarter 2			Quarter 3			Quarter 4

ASP Assessment: Evidence Based Guidelines
Pharmacy & Therapeutics
February 26, 2024
2023 SIR 3/ 4.18 = 0.72 based on info NHSN provided (Jan-Sep 2023). 5 total HAI CDI for 2023.

Reduction of HAI CDI

Plan: Use NHSN database to calculate expected HAI CDI rate for facility and submit HAI CDI data

Do: ASP interventions improve antibiotic practices and infection control related policies and procedures to decrease the spread CDI throughout the hospital.

Check: ASP chair reviews HAI CDI for appropriateness. Infection Control Director vacant in early 2023 , no review done by IC prior to submitting NHSN; 3 HAI CDI in 2023 cases not reviewed and assessed properly. Will update NHSN.

Act: Monitor HAI CDI at facility. Use NHSN data surveillance as a tool to identify gaps in ASP practices. Use NHSN data as a tool to communicate prescriber's patterns in antibiotic prescription practices.

Assessment:

Retrospective audit on all HAI CDI to verify if IDSA guidelines and best practices were followed: All 5 patients had first line CDI treatment with appropriate duration; all 5 had broad spectrum antibiotics DC/; had ID consult. Difficid is first line , Vancomycin suitable alternative if Difficid is not available.

ASP 2024 Quality Improvement:
IDSA CDI guidelines were verified and SGMH is following evidenced based guidelines for CDI treatment.
Community acquired pneumonia order set has the IDSA evidenced based guidelines for therapy options, will work with ID physician in reviewing the CAP patients. In 2023 Quarter 4 , there was 32 patients that were prescribed Azithromycin IV Daily order, 9 of the patients had regimens of 4 days or greater. IDSA guidelines recommend 3 days for Azithromycin therapy. Updating the order set will reduce antibiotic days of therapy, nursing administration of Azithromycin, and pharmacy related IV compounding.

SAN GORGONIO MEMORIAL HOSPITAL
ANTIBIOGRAM CHART 01-01-2023 to 12-31-2023
"Percent Susceptible (%S) Isolates"
(All Body Sites, All Location)

ORGANISMS	TOTAL ISOLATES																					
GRAM NEGATIVES																						
Enterobacter cloacae complex	46	100	R	R	R	100	78	78	98		100		98	100	98		48		80		98	91	
Klebsiella aerogenes	24#	100	R	R	R	96	92	88	92		100		100	96	92		25		88		96	96	
Klebsiella oxytoca: 9 % ESBL	34	100	R	71	53	91	91	91	94		100		94	100	94		95		88		94	91	
Klebsiella pneumoniae: 10% ESBL	292	100	R	82	87	91	90	90	90		100		94	100	91		39		90		94	89	
Escherichia coli: 13 % ESBL	1504	100	50	63	81	87	87	87	76		100		90	100	75		97		97		89	73	
Proteus mirabilis	180	100	81	90	94	94	94	94	72		100		93		76		R		100		94	77	
Pseudomonas aeruginosa	134	100	R	R		95	96	R	89				99	94	86				97		99	R	
GRAM POSITIVES																						
COAGULASE NEG STAPH	318								63	66		36	93		73	100	100	15		81			100
S. aureus: 42 % MRSA	96								13	61		13	87		13	100	100	0		83		99	100
S. aureus: 58 % MSSA	134								84	76		69	99		84	100	100	31		94		93	100
Enterococcus faecalis: 1 % VRE	137	R	100		R	R	R	R	91	R			R		91	100	100	100				R	99
Enterococcus faecium: 63% VRE	19#	R	16		R	R	R	R	16	R			R		11	100	50	16				R	37
Streptococcus pneumoniae	8#							100 m 100 p		50		50			100	100		75 m 100 p					100
Streptococcus agalactiae	251							100		38		34			98	100		100					100
Streptococcus pyogenes	76							100		82		80			99	100		100					100

Abbreviations: R denotes intrinsic resistance # denotes less than 30 isolates m meningitis p pneumonia

Notes:
1. Nitrofurantoin reported for urine isolates only.
2. Meropenem is available as substitute for Imipenem.
3. The antibiogram of percent susceptible organisms represent only the current patterns in this hospital and is based solely upon retrospective analysis of in-vitro test reports in the laboratory. This information on a few select and significant organisms have been extracted from a more comprehensive and cumulative laboratory data consisting of MIC (Mean Inhibitory Concentration) values. For additional information or questions, please contact Microbiology at ext. 6215 or the Pharmacy at ext. 4888.

Drug Formulary Approval
Pharmacy & Therapeutics
February 26, 2024

GenericItemName	ScanCodeTypeName
abacavir + lamiVUDine + zidovudine 300 mg-150 mg-300 mg Tablet	NDC
abacavir + lamiVUDine 600 mg-300 mg Tablet	NDC
acarbose 50 mg Tablet	NDC
acebutolol 200 mg Capsule	NDC
acetaminophen + butalbital + caffeine 300 mg-50 mg-40 mg Capsule	NDC
acetaminophen + codeine 120 mg-12 mg/5 mL Oral Liquid	NDC
acetaminophen + codeine 300 mg-30 mg Tablet	NDC
acetaminophen + HYDROcodone 325 mg-10 mg Tablet	NDC
acetaminophen + HYDROcodone 325 mg-5 mg Tablet	NDC
acetaminophen + HYDROcodone 325 mg-7.5 mg Tablet	NDC
acetaminophen + HYDROcodone 325 mg-7.5 mg/15 mL Injection	NDC
acetaminophen + oxyCODONE 325 mg-10 mg Tablet	NDC
acetaminophen + oxyCODONE 325 mg-5 mg Tablet	NDC
acetaminophen 1000 mg/100 mL Injection	NDC
acetaminophen 120 mg Suppository	NDC
acetaminophen 160 mg/5 mL Oral Suspension	NDC
acetaminophen 325 mg Suppository	NDC
acetaminophen 325 mg Tablet	NDC
acetaminophen 500 mg Tablet	NDC
acetaminophen 500 mg/15 mL Oral Liquid	NDC
acetaminophen 650 mg Suppository	NDC
acetaZOLAMIDE 250 mg Tablet	NDC
acetaZOLAMIDE 500 mg Injection	NDC
acetylcysteine 10% 30 mL Solution	NDC
acetylcysteine 20% 30 mL Injection	NDC
acetylcysteine 20% 30 mL Solution	NDC
acetylcysteine 20% 4 mL Oral Solution	NDC
acetylcysteine 500 mg Effervescent Tablet	NDC
aclidinium 400 mcg/inh Powder for Inhalation	NDC
acyclovir + hydrocortisone topical 5%-1% Cream	NDC
acyclovir 1000 mg/20 mL Injection	NDC
acyclovir 200 mg Capsule	NDC
acyclovir 50 mg Tablet	NDC
acyclovir 500 mg/10 mL Injection	NDC
acyclovir 800 mg Tablet	NDC

The entire file is available in Amelia Frazier Medical Staff Services Director Office

Medication Order Set Approval
Pharmacy & Therapeutics
February 26, 2024

CORE. Peripheral Parenteral Nutrition (Peripheral Line) OS
Vitamin C Sepsis Combination Protocol
MED. Admission Orders for Hip Fracture
SURG. Post Op Orders for Hip or Knee Replacement
ED. Suspected UTI w/o Fever
Andexxa (Andexanet Alfa) Low Dose Order Set
ED. Common Orders
MED. Wound Care Orders
CORE. Vasopressor Protocol
Remdesivir IVPB OS
ED. Geriatric Fall
Pharmacy Charges - ADULT Emergency Code Cart Tray
PULM. Critical Care Order Set
ED. Needle Stick / Blood Exposure
MED. Paracentesis Lab Order Set
Heparin Drip Protocol
CHRG. Labor and Delivery/Nursery Charges
CARD. Heart Failure
CRIT. Therapeutic Hypothermia Orders
ED. Gonorrhea
STK. Stroke/TIA Admission Orders
ED. Shortness of Breath
ANES. PACU Orders
Acetylcysteine for Tylenol Overdose
SURG. General Post Op Orders
Blood Culture Orders, Indwelling Line Draw
Gentamicin IVPB with Peak and Trough
MED. General Admission Order Set
CHRG. Anesthesia Charges
COMMON. Labs
CHRG. PICC Line Charges
Tube Feeding Order Set
MED. Bronchoscopy Order Set
Blood Culture Orders, Peripheral Line Draw
Bowel Management Protocol
ED. Common Meds
CORE. Patient Controlled Analgesia
ED. Extremity Injury/Fracture
Pharmacy Charges - PEDIATRIC Emergency Code Cart Tray
COMMON. Blood Products
PULM. Admission Orders for patient with Community Acquired Pneumonia (CAP)

K

Medication Order Set Approval
Pharmacy & Therapeutics
February 26, 2024

ED. Altered Mental Status
ED. Med Clearance Psychiatric Admission/Eval
OB. Labor and Delivery Admission Orders
ED. GI Bleed
NEUR. Acute Ischemic Stroke
CORE. Sepsis Orders
COMMON. Diet Orders
ED. Headache
NEW Acetylcysteine for Tylenol Overdose
ED. Patients on Coumadin with Bleeding
Cardiac Enzyme Screen Orders (every 8 hrs x 3)
CHRG. Cardiology Charges
Propofol Infusion Protocol
PULM. COPD Admission
CRIT. Ventilator Adults
ED. Palpitations
ED. Suspected Pneumonia
COMMON. Diagnostic Imaging Studies
CHRG. Cardiac Rehab Charges
Diet Order
PEDS. Newborn Nursery Admission
ED. DKA Panel
CORE. VTE Medical Prophylaxis
ED. Hip Fracture Panel (R/L)
MED. GI Bleed Admission
Lexiscan with Electrocardiogram
ED. Fever - Pediatric Pts (Under Age 14)
NON-ICU Insulin Sliding Scale
CHRG. Occupational Therapy Charges
CRIT. Diabetic Ketoacidosis
ICU Electrolyte Protocol
CORE. Telemetry Protocol
ED. Imaging Studies
OB. Induction of Labor Protocol
Andexxa (Andexanet Alfa) High Dose Order Set
ED. Drug Levels
Vancomycin IVPB Premix with Trough
ED. Chest Pain
MED. PICC or Midline Post-Insertion Orders
Amiodarone Protocol Bolus plus Infusion
Argatroban Protocol

Medication Order Set Approval
Pharmacy & Therapeutics
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MED. Paracentesis Lab Order Set.
CORE. Insulin Therapy
Amiodarone Bolus plus Infusion
CRIT. Stroke withOUT TPA Admission
CORE. Terminal Wean Protocol
BHU. Common Labs
CRIT. Stroke with TPA Admission
Vancomycin IVPB with Trough
ED. Procedural Sedation
Blood Culture Orders, Percutaneous Draw
MED. Physician Orders for Comfort Care
Heparin Protocol
NON-ICU Electrolyte Protocol
ED. Suspected Overdose
MED. COVID ICU
Obtain Consent for Procedure
CORE. Total Parenteral Nutrition (Central Line) OS
ED. Trauma
ICU Admission Protocol
Pre-Procedure Order Set

Medication Order Set Approval
Pharmacy & Therapeutics
February 26, 2024

OrderSetName
ED. Thyroid Panel
ED. Hyperkalemia
Consult
ED. Sepsis
Diet Orders
Nephrology Order Set
CHRG. Behavioral Health Clinic Charges
Cardiac Enzyme Screen Orders
ED. Vaginal Bleeding
Lumbar Puncture Order Set
CRIT. Pulmonary Embolism Admission
SURG. Post Op Orders for Fractured Hip
PROC. General Post-Procedure Orders
ED. COVID Panel
ED. Abdominal Pain
ED. Suspected Stroke
ICU Glucose Control Protocol Adult
Arthrocentesis Order Set
ED. Vasopressor Protocol
CORE. Discharge Orders
MED. Thoracentesis Lab Order Set
CHRG. Speech Therapy Charges
ED. Severe Vomiting and Diarrhea
CORE. Epidural/Spinal Narcotic & Infusion Order set
ED. Lumbar Puncture
ED. Lacerations
MED. Thoracentesis Lab Order Set.
CRIT. Alteplase IV tPA Physician Order Set - Thrombolysis for Pulmonary Embolism (PE)
CHRG. Physical Therapy Charges
CHRG. Pre-Operative and Post-Operative Charges
OB. Pre-Ecclampsia Labs
ED. New Onset Seizures
CHRG. PACU Charge Set
ED. Nausea
Blood Culture Orders, Central Line Draw
MED. COVID NON-ICU
CHRG. Respiratory Charge Set
ICU Insulin Sliding Scale
Sodium Bicarbonate Infusion
OB. Postpartum Orders

Potassium and Magnesium Policies: Magnesium policy specific to OB Dept; for KCl and Mag electrolyte protocol and SGMH Injectable Medication Manual

3. The following high-risk/high-alert medication categories shall require 2 signatures from licensed nurses for verification and administration.

A. Potassium Chloride, Concentrated Vials

a. Concentrated vials of potassium chloride (KCL) are not permitted in any clinical area. Only pre-mixed bags of KCl are allowed in clinical areas.

b. Mixing of KCL on the floor is not allowed at SGMH.

c. Standardized protocols for the administration of KCL infusion have been developed and are available as guidelines.

B. Insulin

Drug Name	ER / ICU/DOU			Medical/Surgical/OB			Administration / Comments
	IVPush	IVPB	CI	IVPush	IVPB	CI	
Potassium Chloride High Alert Med	NO	YES	YES	NO	YES	YES	• All IV forms-High Alert. **NEVER GIVE IV PUSH** • Infuse at 10meq/hr for peripheral lines • Max rate of 20meq/hr ICU only , Central line only
Magnesium Sulfate High Alert Med	YES	YES	YES	NO	YES	NO	• IV push: must dilute first and should not be given over150mg/min. Hypotension, heart block and asystole may occur with rapid administration. • Max rate of infusion: 2 gm/hour to avoid hypotension. Severe eclampsia/seizure: can be given at higher rate • CAUTION in RENAL INSUFFICIENCY. Neuro checks ever 4hrs • Continuous Infusion only in OB

Ready To Use KCL: 20meq/100ml ; 40meq/100ml;
KCL Prepped by Pharmacy: KCl 40meq/250ml , 80meq/500ml.

More details in Kaiser Infusion Manual:

KCL Infusion Guidelines : Kaiser

Potassium Chloride	Electrolyte/ mineral replacement	DO NOT GIVE IV PUSH	X	C		A	**I. General guidelines:** - Unless otherwise specified by physician, 0.9% NaCl will be used as the solution for all potassium admixtures. - Any infusion rate greater than 10mEq potassium per hour requires continuous cardiac monitoring. - All central line solutions containing potassium require an infusion controlling device. - All small volume I.V. (100ml or smaller) potassium solutions require an infusion controlling device. - A potassium level must be ordered STAT after any K-rider, and each day for patients receiving 80mEq or more of potassium intravenously a day. -Intravenous TPN may have a maximum concentration of 80mEq of potassium per liter, not to exceed a rate of 10mEq/hour. **II. Maximum Potassium concentration and infusion rates:** A. Critical Care area (ICU/CCU/IMC/PACU/ED/Pre-Op holding) 1. LARGE VOLUME (>100ml) a. Peripheral line 40mEq/Liter 10mEq/hour b. Central line 80mEq/Liter 20mEq/hour 2. SMALL VOLUME (100ml or less) a. Peripheral line 10mEq/50ml 10mEq/hour b. Central line 40mEq/100ml 20mEq/hour B. All Other Care Areas (except NICU) 1. LARGE VOLUME (>100ml) a. Peripheral line 40mEq/Liter 10mEq/hour b. Central line 80mEq/Liter 10mEq/hour 2. SMALL VOLUME (100ml or less) a. Peripheral line 10mEq/50ml 10mEq/hour b. Central line 10mEq/50ml 10mEq/hour

Magnesium sulfate	Electrolyte/mineral replacement		X	RR		A	For hypomagnesaemia: typical dose of 1 – 4 g in IVPB. Administer 1g over 30 to 60 minutes. For management of eclampsia: - May give loading dose of 4 to 6 g over 20 to 30 minutes, respectively. - followed by 1 to 2 g/h continuous infusion - Discontinue infusion immediately if patient experiences difficulty breathing.	X

NON-ICU Electrolyte Protocol

Allergies: _____

This protocol will supersede all other electrolyte supplementation orders

1. For hemodialysis patients, delete section 4A. Do NOT use the protocol on the day of dialysis. Electrolytes will be adjusted by nephrology via the dialysate.
2. ALL critical lab values MUST be communicated to the prescriber.

3. **CALCIUM**

   Correct serum calcium level based on serum albumin with the following equation:
   [(4 – albumin) X (0.8)] + calcium = _____ (adjusted calcium level)
   Level A. If adjusted calcium 7.5-8.4…give Calcium Gluconate 3 amps IV over 1 hour
   Level B. If adjusted calcium 7.4 or below--give Calcium Gluconate 6 amps IV over 2 hour (Max 15g/24 hr)

4. **POTASSIUM**
   Level A. If potassium 2.9-3.2 …give potassium chloride 40 mEq PO/OG/NG.
   If NPO, give potassium chloride 40 mEq IVPB over 4 hours
   Do NOT supplement dialysis patients unless potassium level below 3
   Level B. If potassium is 2.8 or below …give potassium chloride 80 mEq IVPB over 8 hours.
   (Max 400mEq/24 hr with continuous cardiac monitoring required)

5. **MAGNESIUM**
   Level A. If magnesium 1.3-1.5 …give magnesium sulfate 2 gm IVPB over 2 hours
   Level B. If magnesium 1.2 or below …give magnesium sulfate 4 gm IVPB over 4 hours (Max 12g/24 hr)

6. **PHOSPHOROUS**
   If phosphorous is 1-2.4 …give PHOS-Nak (Neutraphos) 2 packets PO/OG/NG every 6 hours for 4 doses.
   If pt NPO, use IV orders below:
   Level A. If phosphorous 2.0-2.4 …give sodium phosphate 15 mM IVPB over 4 hours
   Level B. If phosphorous 1.9 or below …give sodium phosphate 30 mM IVPB over 6 hours

7. Repeat Laboratory Values

   A. If electrolyte replacement is Level A, repeat lab in AM
   B. If electrolyte replacement is Level B, repeat lab in 2 hours after replacement infusion complete or 4 hours after last PO dose.
   C. If the lab values remain abnormal, repeat replacement X 1 and notify prescriber.

☐ RBTO/RBO	Dr. Name	Nurse's Signature	Date & Time
	Physician's Signature	Date	Time

SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220
(951) 845-1121

PT. ID LABEL

ALLERGIES:

1. For hemodialysis patients, delete section 6A. Do NOT use the protocol on the day of dialysis. Electrolytes will be adjusted by nephrology via the dialysate.
2. Other supplemental electrolyte doses written by any prescriber after the institution of the protocol will result in cancellation of the protocol and the prescriber will be notified.
3. Only two doses of <u>any single</u> supplemental electrolyte may be issued per protocol within a single day. The prescriber must be notified if further doses are necessary.
4. All critical lab values must be communicated to the prescriber.
5. **CALCIUM**
   A. Correct serum calcium level based on serum albumin with the following equation:
   [(4 - albumin) x (0.8)] + calcium = _____ (adjusted calcium level)
   B. If adjusted calcium 7.5-8.4
      — Central line: $CaCl_2$ 1 gm IVPB over 1 hour
      — No central line: CaGluconate 3 amps IV over 1 hour
      (0.465 mEq/mL Ca^{++}; 1 amp = 10% 10 mL vial)
   C. If adjusted calcium 6.5-7.4
      — Central line: $CaCl_2$ 2 gm IVPB over 2 hours (1.36 mEq/mL Ca^{++})
      — No central line: CaGluconate 6 amps IV over 2 hours
   D. If adjusted calcium less than or equal to 6.4
      — Central line: $CaCl_2$ 2 gm IVPB over 2 hours
      — No central line: CaGluconate 6 amps IV over 2 hours AND notify M.D.
6. **POTASSIUM**
   A. If potassium 2.9-3.2 ... give potassium chloride 40 mEq PO/NG
   If NPO, give potassium chloride 40 mEq IVPB over 4 hrs
   B. Do NOT supplement dialysis patients unless potassium level below 3
   C. If potassium 2.5-2.8 ... give potassium chloride 80 mEq IVPB over 8 hrs
   D. If potassium less than or equal to 2.4 ... give potassium chloride 80 mEq IVPB over 8 hrs
   AND notify MD
7. **MAGNESIUM**
   A. If magnesium 1.3-1.5 ... give magnesium sulfate 2 gm IVPB over 1 hr
   B. If magnesium 1-1.2 ... give magnesium sulfate 4 gm IVPB over 2 hrs
   C. If magnesium below 1 ... give magnesium sulfate 2 ugm IVPB over 2 hrs
   AND notify MD
8. **PHOSPHOROUS**
   A. If phosphorous 1-2.4 ... give Neutraphos 2 packet PO/NG QID for 4 doses
   If pt NPO, use IV orders below
   B. If phosphorous 2-2.4 ... give sodium phosphate 15 mM IVPB over 3 hrs
   C. If phosphorous 1-1.9 ... give sodium phosphate 30 mM IVPB over 6 hrs
   AND notify MD
   D. If phosphorous below 1 ... give sodium phosphate 30 mM IVPB over 6 hrs
   AND notify MD
9. Repeat the electrolyte level <u>4 hrs after</u> a single PO/NG dose or 2 hrs after an IV is completed. Repeat phosphorous at the end of the series for PO/NG phosphate.
10. Repeat steps as above based on follow-up lab.

☐ RBTO/RBO Dr. Name _____ Nurse's Signature _____ Date & Time _____

Physician's Signature _____ Date _____ Time _____

SAN GORGONIO MEMORIAL HOSPITAL
600 NORTH HIGHLAND SPRINGS AVENUE
BANNING, CALIFORNIA 92220

PT. ID LABEL

30-0130 (11/22)

ICU ELECTROLYTE PROTOCOL (ICU PATIENTS ONLY)

Status **Active** PolicyStat ID **8173747**

SAN GORGONIO MEMORIAL HOSPITAL

Origination	02/2002	Policy Area	Obstetrics
Approved	04/2021		
Last Revised	04/2018		

Magnesium Sulfate Administration

Policy:

Magnesium sulfate is used for seizure prophylaxis for the antepartum, intrapartum, or postpartum patient with preeclampsia. It may be used in the preterm labor patient for short-term tocolysis, to allow for the administration of antenatal corticosteroids, antibiotics, and/or maternal transport to a higher level of care. Magnesium sulfate may also play a role in neuroprotection of the preterm infant and may be indicated for women laboring before 34 weeks.

Because magnesium sulfate is a high-alert medication, certain safety mechanisms must be in place during administration:

- An infusion pump must be used for the bolus and maintenance magnesium sulfate infusions.
- The bolus dose should be from a separate IV bag (not from the maintenance IV). Both bags are premixed by the pharmacy, and are checked by two nurses before administration.
- Respiratory status is continually monitored, using pulse oximetry.
- IV tubing is labeled and traced from the patient to the bag with each hand-off shift change.

Procedure:

1. Verify the absence of contraindications to magnesium sulfate administration, including hypocalcemia, myasthenia gravis or renal failure.
2. Educate patient about common transient side effects of magnesium sulfate (maternal flushing, lethargy, headache, muscle weakness, neonatal hypotonia), and safety measures used to avoid potentially serious adverse drug reactions.
3. Equipment: Vital signs monitor, infusion pump and IV tubing, reflex hammer, equipment for measurement of strict intake and output, foley catheter with urometer, stethoscope, external fetal monitor, medication and antidote, limited visitors signs, oxygen set-up, suction equipment, tongue blades, cardiopulmonary resuscitation equipment.
4. Obtain standard concentration magnesium sulfate IV infusion bag and the premixed bolus bag

from the pharmacy.

5. Perform a baseline magnesium assessment and document before administration:

- Blood pressure
- Respiratory rate
- Deep tendon reflexes
- Presence/absence of clonus
- Level of consciousness
- Pulse oximeter reading
- Breath sounds
- Intake and output
- Fetal heart rate

6. Obtain the following labs: Complete blood count, glucose, complete metabolic panel, magnesium level, urinalysis, type, screen and hold blood, coagulation panel, renal panel.

7. Program an infusion pump to run the bolus dose as ordered (typically 4 to 6 grams over 20-30 minutes). A second RN must verify the correct medication and dose, and check all pump settings and tubing connections before administration.

8. Connect the magnesium sulfate bolus IV as an intravenous piggyback into the mainline at the closest port to the primary venipuncture site.

9. Remain at the bedside during the bolus dose to monitor the woman for side effects and adverse drug reactions.

11. At the completion of the bolus dose, disconnect the IV tubing used for the magnesium sulfate bolus, and then perform another magnesium assessment.

12. Prepare the infusion pump to administer the maintenance magnesium sulfate infusion as ordered (typically 1 to 3 grams/hour). Piggyback maintenance magnesium sulfate IV into mainline fluid at the closest port to the primary venipuncture site. A second RN must verify the correct medication and dose and check all pump settings and tubing connections prior to administration.

13. Notify physician immediately about:

- Absent deep tendon reflexes
- Urine output less than 30 ml/hr
- Respirations less than 12 breaths per minute
- Oxygen saturation less than 90%

14. Monitor for signs of toxicity such as severe respiratory depression, decreased level of consciousness, respiratory arrest, and cardiac arrest. If present:

- Notify physician immediately
- Discontinue magnesium sulfate

- Draw a stat serum magnesium level
- Obtain calcium gluconate for immediate administration (antidote for magnesium sulfate toxicity, typically 1 Gm/10ml, 10% solution, 10-15 ml given over 1-3 minutes)

15. Monitor postpartum mother for signs of uterine atony, such as boggy uterus, elevated fundus level or excessive lochia.

16. Magnesium level should be drawn 4 hours after initiation of therapy and every 12 hours thereafter.

- 1.8 – 2.4 = Normal
- 4.0 – 8.0 = Therapeutic
- 10.0 – 12.0 = Loss of DTR's
- 12.0 – 15.0 = Respiratory depression
- 15+ = Cardiac arrest

Assessing Reflexes

DEGREE	GRADING	CLINICAL SIGNIFICANCE
Hyperactive response Very brisk clonus	4+	Pt. Not responding to med as desired may be accompanied by apprehension, notify MD, consider mag bolus
More than normal/ Brisk	3+	Restlessness, excitability, assess for impending seizure, notify MD
Normal	2+	Pt responding, continue to check Frequently
Low response/hypo-Active	1+	Therapeutic level
No response	0	Notify MD for orders. Turn off Mag drip, change to KVO solution Prepare antidote for infection

Assessing Edema

GRADING	ASSESSMENT
1+	Slight, disappears readily, pedal/pretibial
2+	Noticeable/marked, 10-15 sec, lower extremities, pitting
3+	Deep indent, 2 min to disappear, face, hands abdomen, vulva, sacrum
4+	Marked, 5 min to disappear, anasarca, generalized with acites.

Resources:

American College of Obstetricians and Gynecologists. (2003: reaffirmed 2011). Management of preterm labor (Practice Bulletin No. 42) Obstetrics and Gynecology, 101, 1039-1047.

American College of Obstetricians and Gynecologists. (2010, March). Magnesium sulfate before anticipated preterm birth for neuroprotection (Committee Opinion No. 455). Obstetrics and Gynecology, 115, 669-671.

Doyle, L.W., Crowther, C.A. Middleton, P., & Marret S. (2009). Antenatal magnesium sulfate and neurologic outcome in preterm infants: A systematic review. Obstetrics and Gynecology, 113, 1327-1333.

Institute for Safe Medication Practices. (June, 2006). Preventing magnesium toxicity in obstetrics. Nurse Advise-ERR, 4(6), 1. Retrieved from: http://www.ismp.org/Newsletters/nursing/Issues/NurseAdviseERR200606.pdf

Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Ariel Whitley: Executive Assistant	04/2021
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	03/2021
Surgery Committee	Amelia Frazier: Director Medical Staff Services	03/2021
Pharmacy & Therapeutics Committee	Jose Lopez: Director Pharmacy	03/2021
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	09/2020
	Carrie Echols: Nursing OB Director	09/2020

SAN GORGONIO MEMORIAL HOSPITAL

2024 Performance/Process Improvement Project Prioritization Grid

Approved by Executive Team: _____ **Date:** 2/26/2024

Approved by Medical Executive Committee: _____ **Date:** _____

Approved by Governing Board: _____ **Date:** _____

Projects	Reason for Inclusion Check all that Apply					Significance of Issue			Severity of Issue			Prevalance of Issue			Total Points	Ranking	Outcome Check One			
	High Risk = 1 pt	Problem Prone = 1 pt	Improved Outcomes = 1 pt	Patient Safety = 1 pt	Quality of Care = 1 pt	Low Significance = 1 pt	Moderate Significance = 2 pt	High Significance = 3 pt	Low Severity = 1 pt	Moderate Severity = 2 pts	High Severity = 3 pts	Isolated & Localized = 1 pt	Multiple Areas = 2 pts	Organization Wide = 3 pts	Enter Total Number of Points	Highest to Lowest Point Total	Project Approved	Project Tabled	Project Not Approved	Other
Inland Empire Health Plan (IEHP) Beta Heart HQI Cares Program	1	1	1	1	1			3			3			3	14	#1				
Beta HEART Program Team Response to Adverse Events Organization-wide	1	1	1	1	1			3			3			3	14	#1				
Stroke Program 2024	1	1	1	1	1			3			3			3	14	#1				
Patient Experience Multidisciplinary Committee Continued from 2020		1	1	1	1			3			3			3	13	#2				
Management of Sepsis - Multidisciplinary Team **(Patient Safety & Problem-Prone)** Continued from 2020	1		1	1	1			3			3			3	13	#2				
Leapfrog Hospital Survey/ Hospital Safety Grade **Spring and Fall of 2024**	1	1	1	1	1			3		2				3	13	#2				
Quality Incentive Pool (QIP)Program - **5 Measure sets for PY7 Year 2024**	1	1	1	1	1			3			3		2		13	#2				
IEHP Pay 4 Performance Programs for **2024**		1	1	1	1			3		2			2		11	#3				
Homeless Patient Discharge Process **(State Law)** Continued from 2020	1	1	1	1	1		2			2			2	3	11	#3				
Patient & Family Engagement Process Multidisciplinary Team **(CMS Regulation/Patient Safety)**		1	1	1	1		2			2				3	11	#4				
Antiobiotic Stewardship - Appropriate Antibiotic UseTeam - **Ongoing Inpatient & Outpatient**	1		1	1	1		2			2			2		10	#4				

Modifications in cardiac diet

High protein, modified cardiac

- INDICATIONS: This diet provides a high protein diet and avoids the sodium, cholesterol and fat menu options for those with high protein needs but needing a heart healthy lifestyle.
- DESCRIPTIONS: Allows for extra entrée proteins to increase protein but avoids high sodium, fat, cholesterol options. It does not quantify the restriction of sodium or cholesterol but provides the foods associated with lower sodium/cholesterol diet.

NUTRITIONAL ADEQUACY: This diet meets the specified nutrients from the Dietary Reference Intakes of the National Academy of Sciences. It provides approx 2300 calories and 145 grm protein.

Food Group	Food Allowed	Foods to Avoid
Milk, fresh (serving size = 1 cup	Up to 4 serving/day, low or non fat milk or yogurt, low sodium milk as desired.	Whole milk, reduced milk buttermilk, chocolate milk, malted milk, eggnog, milkshakes, cocoa drinks, all other types of milk including sweetened condensed milk.
Meat, Poultry, Fish, Cheese and Meat Substitute (serving size = 1 oz)	Up to 6 oz /meal. Very low fat and sodium beef, veal, pork, lamb chicken turkey, liver, fish, tofu. Other food low Na & fat tuna, peanut butter, cottage cheese, Swiss cheese not more than 2oz/day.	Brains or kidneys; salted, smoked, cured or canned meat, fish or poultry, (i.e bacon, sausage, ham, Canadian bacon, bologna, luncheon meats, hotdogs, corned beef, dried beef); shellfish, kosher meat, frozen fish fillets; frozen dinners, cheese in excess of >3.0 oz a day; salted peanut butter, commercial vegetarian substitute
Egg (serving size=1)	Egg substitute and egg whites as desired. Not more than 3 whole eggs/wk	Not more than 3 whole eggs/week
Breads (serving size = one slice	Up to 6 servings per day wheat bread or corn tortillas. Up to one serving a day of cornbread, biscuits, pancakes, waffles, flour tortillas and all other regular baked goods.	Regular bread and bread products excess of allowed amounts. Regular crackers.

Modified cardiac diet

Food Group	Food Allowed	
Cereals and Starches (serving size-1/2 cup)	Puffed wheat or puffed rice, shredded wheat; limit other dry cereal to 1 cup a day. Slow or quick cooked hot cereals. Rice and pasta cooked in unsalted water; unsalted popcorn, pretzels, and chips: tapioca, cornstarch	Dry cereals in excess of allowed amount; instant hot cereals; seasoned rice, noodle and stuffing mixes; salted popcorn, pretzels and chips.
Fruits (serving size = ½ cup)	6 or more servings a day fresh, frozen. Limit not more than 3 serving of canned fruit or fruit juice; raisins or prunes	Fruits dried with sodium sulfite, crystallized or glazed fruit, maraschino cherries
Vegetables (serving size= ½ cup)	4-6 servings/day fresh, frozen or unsalted canned vegetables expect those on the avoid list; plain instant mash potato mix; dried beans, split peas and lentils, low sodium tomato and V-8 juice	All regular canned vegetables; regular tomato and V-8 juice; sauerkraut and other pickled vegetables; potato mixes; frozen vegetables with added salt
Fats (serving size= 1 tsp.	Limit to 3 tsp/day butter, margarine, cooking oils, French dressing, oil and vinegar dressing, mayonnaise, and avocados. Limit to 1 Tbsp cream/day (sour cream, cream cheese or non dairy creamer)	Regular butter, margarine and mayonnaise in excess of allowed amounts; regular salad dressings, bacon fat, salt pork, gravies prepared from salted bouillon or instant mixes; cream, sour cream, cream cheese and non-dairy creamer in excess of 2 Tbsp a day

SAN GORGONIO MEMORIAL HOSPITAL

2024 POLICIES & PROCEDURES

	Title	Policy Area	Revised?
1	Automated Dispensing Cabinet Distribution System	Pharmacy	Revised
2	Dobutamine Stress Echocardiogram	EKG Echo	Revised
3	Echocardiogram	EKG Echo	Revised
4	Echocardiography with the use of Optison (enhancing agent)	EKG Echo	Revised
5	Fall Risk	Nursing	Revised
6	PACU - Discharge Criteria Following Moderate/Deep Sedation or Monitored Anesthesia Care	Surgical Services	Revised
7	Pharmacy Oversight of Materials Management of IV Solutions	Pharmacy	Revised
8	Rapid Response Team (RRT) Standardized Procedure	Nursing	Revised
9	Refusal of Drugs, Treatments or Procedures	Nursing	Revised
10	USP 800: Associate Handling of Hazardous Drugs	Pharmacy	Revised

TAB D

INCOME STATEMENT MTD & YTD FEBRUARY 2024

San Gorgonio Memorial Healthcare District

Monthly					Year to Date				
Feb 24 Act	Feb 24 Flex		Var %			Act 2024	ReviseBD24	Variance	Var %
0	0	-	0.00 %		**OTHER REVENUE**	1,523	0	1,523	0.00 %
689	2,500	(1,811.00)	(72.44) %		OTHER REVENUE - OTHER	8,608	20,000	(11,392)	-56.96 %
401,494	409,827	(8,333.00)	(2.03) %		OPERATING TAX REVENUES	3,379,210	3,278,616	100,594	3.07 %
402,183	412,327	(10,144.00)	(0.02) %		**OTHER OPERATING REVENUE**	3,389,341	3,298,616	90,725	2.75 %
402,165	412,327		(2.46) %		**NET SERVICE REVENUE**	3,389,341	3,298,616	90,725	2.75 %
					PROFESSIONAL FEES				
-	(23,562)	23,562	100.00 %		601923 LEGAL FEES	(218,952)	(95,156)	(123,796)	-130.10 %
(9,286)	(9,954)	668	6.71 %		601962 GROUND PURCHASED SERVICES	(86,641)	(79,632)	(7,009)	-8.80 %
(10,178)	(10,611)	433	4.08 %		601969 PURCHASED SERVICES	(82,433)	(84,888)	2,455	2.89 %
(19,464)	44,127	24,663	55.89 %		PURCHASED SERVICES	(388,026)	(259,676)	(128,350)	-49.43 %
0	-	-	0.00 %		**SUPPLY EXPENSE**	(39,205)	0	(39,205)	0.00 %
(115,703)	(3,199)	(112,504)	-3517%		**OTHER EXPENSES**	(144,078)	(25,592)	(118,486)	-462.98 %
(115,703)	(3,199)		642.11 %		**SUPPLIES & OTHER EXPENSES**	(183,283)	(25,592)	(157,691)	-616.17 %
(135,167)	(47,326)	(87,841)	-185.61 %		**TOTAL OPERATING EXPENSE**	(571,309)	(285,268)	(286,041)	-100.27 %
(135,167)	(47,326)	(87,841)	-185.61 %		**TOTAL OPERATING EXPENSE**	(571,309)	(285,268)	(286,041)	-100.27 %
267,016	365,001	(97,985)	-26.85 %		**EBIDA**	2,818,032	3,013,348	(195,316)	-6.48 %
					NON-OPERATING REVENUE & EXPENSE				
224,765	19,511	205,254	1,051.99 %		OTHER NON-OPERATING REVENUE	2,385,746	4,131,343	(1,745,597)	-42.25 %
627,353	627,353	-	0.00 %		NON-OPERATING TAX REVENUE	5,018,824	5,018,824	0	0.00 %
852,118	646,864	205,254	31.73 %		**NON-OPERATING REVENUE & EXPENSE**	7,404,570	9,150,167	(1,745,597)	-19.08 %
(492,721)	(542,731)	50,010	9.21 %		**DEPRECIATION**	(3,941,768)	(3,992,325)	50,557	1.27 %
(363,794)	(387,611)	23,817	6.14 %		**INTEREST & AMORTIZATION**	(2,910,352)	(3,100,888)	190,536	6.14 %
856,515	930,342	73,827	7.94 %		**TOTAL INTEREST & DEPRECIATION**	(6,852,120)	(7,093,213)	241,093	3.40 %
262,619	81,523	181,096	222.14 %		**NET INCOME**	3,370,482	5,070,302	(1,699,820)	-33.53 %

Balance Sheet

DISTRICT - Monthly	Jun 23 Act	Dec 23 Act	Jan 24 Act	Feb 24 Act	Var Jan 24 Act	Var%
NET BALANCE SHEET	30,887	0	1	2	1	100.00 %
TOTAL ASSETS	121,223,805	130,489,487	141,279,441	141,939,018	659,577	0.47 %
CURRENT ASSETS	121,223,805	130,489,487	141,279,441	141,939,018	659,577	0.47 %
CASH & EQUIVALENTS	5,448,747	7,454,634	15,648,010	7,635,230	-8,012,780	-51.21 %
OPERATING CASH	2,937,644	3,780,644	14,867,535	7,366,788	-7,500,747	-50.45 %
OTHER CURRENT ASSETS	2,511,103	3,673,990	780,475	268,442	-512,033	-65.61 %
TAXES RECEIVABLE	1,724,469	2,887,356	-6,159	-518,192	-512,033	-8,313.57 %
MISC RECEIVABLE	660,465	660,465	660,465	660,465	0	0.00 %
PREPAID EXPENSES	126,169	126,169	126,169	126,169	0	0.00 %
ASSETS WHICH USE IS LIMITED	9,097,642	13,819,201	16,717,641	25,649,527	8,931,886	53.43 %
INTERNALLY DESIGNATED	9,097,642	13,819,201	16,717,641	25,649,527	8,931,886	53.43 %
NET PROPERTY, PLANT, AND EQUIPMENT	9,097,642	13,819,201	16,717,641	25,649,527	8,931,886	53.43 %
PROPERTY, PLANT, AND EQUIPMENT	71,309,907	69,518,653	69,119,379	69,225,811	106,432	0.15 %
LAND & LAND IMPROVEMENTS	164,549,415	165,781,420	165,874,867	166,474,020	599,153	0.36 %
BUILDINGS & BUILDING IMPROVEMENTS	4,828,182	4,828,182	4,828,182	4,828,182	0	0.00 %
FIXED EQUIPMENT	129,281,491	129,281,491	129,281,491	129,281,491	0	0.00 %
CONSTRUCTION IN PROGRESS	27,119,507	27,264,651	27,318,351	27,634,196	315,845	1.16 %
LESS: ACCUMULATED DEPRECIATION	3,320,235	4,407,096	4,446,843	4,730,151	283,308	6.37 %
OTHER ASSETS	-93,239,508	-96,262,767	-96,755,488	-97,248,209	-492,721	-0.51 %
INVESTMENT IN AFFILIATE	35,367,509	39,696,999	39,794,411	39,428,450	-365,961	-0.92 %
BONDS	34,802,583	39,138,383	39,238,383	38,875,012	-363,371	-0.93 %
TOTAL LIABILITIES & FUND BALANCE	564,926	558,616	556,028	553,438	-2,590	-0.47 %
TOTAL LIABILITIES	121,192,918	130,489,487	141,279,440	141,939,016	-659,576	-0.47 %
CURRENT LIABILITES	115,631,631	130,336,349	140,587,203	140,984,160	-396,957	-0.28 %
ACCOUNTS PAYABLE	1,951,521	3,951,119	4,415,331	4,825,647	-410,316	-9.29 %
OTHER CURRENT LIABILITIES	341,741	370,075	473,351	522,730	-49,379	-10.43 %
ACCRUED INTEREST PAYABLE	1,609,780	3,581,044	3,941,980	4,302,917	-360,937	-9.16 %
LONG TERM LIABILITIES	1,609,780	3,581,044	3,941,980	4,302,917	-360,937	-9.16 %
NOTES PAYABLE	113,680,110	126,385,230	136,171,872	136,158,513	13,359	0.01 %
NET ASSETS	113,680,110	126,385,230	136,171,872	136,158,513	13,359	0.01 %
NET ASSETS - UNRESTRICTED	5,561,287	153,138	692,237	954,856	-262,619	-37.94 %
NET ASSETS - BEGINNING OF PERIOD	5,561,287	153,138	692,237	954,856	-262,619	-37.94 %
CURRENT YEAR NET GAIN/(LOSS)	844,181	-2,415,626	-2,415,626	-2,415,626	0	0.00 %
Page 2 of 2	4,717,106	2,568,764	3,107,863	3,370,482	262,619	8.45 %

TAB E

San Gorgonio Memorial Healthcare District

Measure A analysis of Project Funds Paid by General Category

2/29/2024

	Measure A Project-to-Date	Current Month-Measure A 2/29/2024	District Funds 2/29/2024
Computer Equipment	$ 5,311,028	$ -	
Radiology Equipment	$ 1,526,641	$ -	
Legal/Regulatory/Bonds	$ 3,143,910	$ -	
Architechtural (HDR)-ALL PHASE 1 PROJE	$ 11,756,851	$ -	
Construction Management-ALL PHASE 1 F	$ 12,875,601	$ -	
Contractors 1-A (HELIPAD/COOLING TOW	$ 7,814,103	$ -	
Other	$ 3,021,460	$ -	
Contractors 1-B (CENTRAL PLANT)	$ 20,800,201	$ -	
Contractors 1-C (ED/ICU)	$ 28,157,355	$ -	
Contractors 1-E Dietary Remodel	$ 5,225,946	$ -	
Contractors 1-Medley Project	$ 4,796,620	$ -	
Previous Expenditures for Measure A-Phase 1	$ 104,429,717	$ -	
Contractors, Architect, Mgmt - 2-A Patient Facility prior to 9	$ 7,015,575		
Expenditures prior to 9/01/14 all phases	$ 111,445,293		
Project expenditures using District Funds			
TCU Coversion 0001	$0.00	$0.00	$ 108,612
Medical Records Conversion 0004	$0.00	$0.00	$ 13,618
Pharmacy Conversion 0005	$0.00	$0.00	$ 50,447
CIP Patient Care Facility-0008	$0.00	$0.00	$ 2,100
Project Expenditures using Measure A funds			
TCU Coversion 0001	$ 539,852.53	$0.00	
Medical Records Conversion 0004	$0.00	$0.00	
Pharmacy Conversion 0005	$0.00	$0.00	
CIP Patient Care Facility-0008	$1,338,416.28	$0.00	$0.00
OR Electrical Conversion	$0.00	$0.00	$39,751.00
Other Construction Costs	$150,247.92	$0.00	
Other Non-Construction Costs	$470,258.06	$270,691.67	$5,955.22
Total Expenditures	$ 113,944,067	$ 270,692	$ 220,483

Measure A Project General Obligation Funds
Statement of Funds Flows

PROCEEDS SUMMARY:		
Initial Project Fund transfer from sale of General Obligation Bonds 2006 A to FSA		25,200,349
Initial Project Fund Transfer from sale of General Obligation Bonds 2006 B (08/08/2		24,876,964.91
Initial Project Fund from sale of General Obligation Bonds 2006 C (08/14/2009)		57,800,000
Planholder Checks project to date and refunds for overpayments		24,072
HDR Returned payments		139,979
Initial Proceeds		108,041,365
Investment Income		
FSA Inc. (Series 2006 A)		1,762,060
BB&T GIC (Series 2008 B)		1,461,176
Bank of Hemet Series A		1,001
City National Money Market		81
GE Capital (Series 2009 C)		2,638,823
Security Bank Money Market		39,653
Interest Income SUBTOTAL		5,902,795
Total Proceeds Available for Measure A:	$	113,944,159

Projected Interest by end of Project>		5,912,351
Total Projected Proceeds Available for Measure A:	$	113,953,716

FUND FLOWS:		
Total Measure A Funds Initial Proceeds (from above)		108,041,364.81
Add:	Rate	Interest Income
FSA Inc. (Series 2006 A), FY 07	5.27%	1,030,536.43
FSA Inc. (Series 2006 A), FY 08	5.27%	635,706.73
FSA Inc. (Series 2006 A), FY 09	5.27%	95,817.32
BB&T GIC (Series 2008 B) FY 09	4.94%	680,384
BB&T GIC (Series 2008 B) FY 10	4.94%	648,151
BB&T GIC (Series 2008 B) FY 11	4.94%	132,640
GE Capital (Series 2009 C) FY 10	1.75%	688,722
GE Capital (Series 2009 C) FY 11	1.75%	956,529
GE Capital (Series 2009 C) FY 12	1.75%	591,104.24
GE Capital (Series 2009 C) FY 13	1.75%	293,402.39
GE Capital (Series 2009 C) FY 14	1.75%	109,065.59
Bank of Hemet Series A		1,001
City National Money Market		81
Security Bank Construction funds		1,126
Security Bank Construction Money Market		38,527
Total Interest Income earned	$	5,902,795
Project Expenditures (from above)	$	113,944,067
Total Consolidated Funds available:	$	92.00
spent to date		100%

MEASURE A BALANCES:			
	Balances as of 02/29/2024		
Bank of Hemet Series A	4310		-
Security Bank of California Construction Fu	1812		92
Security Bank of California Money Market	2509		-
Total Balances		$	92
VARIANCE		$	(0.00)

TAB F

	Title	Policy Area	Owner	Workflow Approval
1	Adult Total Parenteral Nutrition Solution Protocol	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
2	At-Will Employment	Human Resources	Karam, Annah: Chief Human Resources Officer	Ariel Whitley for Hospital Board of Directors
3	Automated Dispensing Cabinet Distribution System	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
4	Binding Employment Arbitration Policy	Human Resources	Karam, Annah: Chief Human Resources Officer	Ariel Whitley for Hospital Board of Directors
5	Cervidil Vaginal Insert For Cervical Ripening	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
6	Communicating with Non-English Speaking, Limited English Proficiency, Visually or Hearing Impaired Patients and Visitors	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors
7	CT Rectal Contrast Dosing - Gastrografin Per Protocol	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
8	Damaged Food Products	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
9	Dietary Pest Control	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
10	Dobutamine Stress Echocardiogram	EKG Echo	Garewal, Cheri: Echo Technician	Ariel Whitley for Hospital Board of Directors
11	Echocardiogram	EKG Echo	Garewal, Cheri: Echo Technician	Ariel Whitley for Hospital Board of Directors
12	Echocardiography with the use of Optison (enhancing agent)	EKG Echo	Garewal, Cheri: Echo Technician	Ariel Whitley for Hospital Board of Directors
13	Egg Handling	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
14	Emergency Disaster Menu- Main	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors

	Title	Policy Area	Owner	Workflow Approval
15	Employment of Relatives	Human Resources	Karam, Annah: Chief Human Resources Officer	Ariel Whitley for Hospital Board of Directors
16	Equal Employment Opportunity	Human Resources	Karam, Annah: Chief Human Resources Officer	Ariel Whitley for Hospital Board of Directors
17	Fall Risk	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Hospital Board of Directors
18	Grill Cleaning	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
19	Holiday and After-Hours Nutrition Support	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
20	Lockers	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
21	Medical Office Building (MOB) Tenant Rent	Accounting	Kammer, Margaret: Controller	Ariel Whitley for Hospital Board of Directors
22	Microwave Cooking	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
23	Misoprostol (Cytotec) for Induction of a Confirmed Missed Abortion	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
24	Nutritional Screening and Assessment	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
25	PACU - Discharge Criteria Following Moderate/Deep Sedation or Monitored Anesthesia Care	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
26	Participation in Graduate Medical Education Program	Medical Staff	Stafford, Susan: Medical Education Coordinator	Ariel Whitley for Hospital Board of Directors
27	Patient Linen Change	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Hospital Board of Directors

	Title	Policy Area	Owner	Workflow Approval
28	Patient Rights-Therapeutic Diets	Dietary	Kielhold, Jean: Dietician	Ariel Whitley for Hospital Board of Directors
29	Pediatric Emergency Disaster Menu	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
30	Pharmacy Oversight of Materials Management of IV Solutions	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
31	Prohibited Conduct	Human Resources	Karam, Annah: Chief Human Resources Officer	Ariel Whitley for Hospital Board of Directors
32	Prohibition of Harassment, Discrimination and Retaliation	Human Resources	Karam, Annah: Chief Human Resources Officer	Ariel Whitley for Hospital Board of Directors
33	Recipes	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
34	Refusal of Drugs, Treatments or Procedures	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Hospital Board of Directors
35	Sterile Supplies	Emergency Department	Phillippi, Kathryn: Director of Emergency Department	Ariel Whitley for Hospital Board of Directors
36	Surgical Services - Specimens Excluded from Routine Pathology Examination, Anatomical Pathology	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
37	Taste Testing	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
38	USP 800: Associate Handling of Hazardous Drugs	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
39	Work Related Injury / Illness	Employee Health	Lagrimas, Nina: Employee Health Coordinator	Ariel Whitley for Hospital Board of Directors