



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, October 1, 2024 – 4:00 PM

Modular C Classroom

600 N. Highland Springs Avenue, Banning, CA 92220

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

TAB

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

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

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

OLD BUSINESS

- III. ***Proposed Action - Approve Minutes** S. DiBiasi
- September 3, 2024, Regular Meeting A

NEW BUSINESS

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

San Geronio Memorial Hospital
Board of Directors Regular Meeting
October 1, 2024

- | | | | |
|-------|--|--|---|
| VI. | October, November, & December Board/Committee Meeting Calendars | S. DiBiasi | C |
| VII. | Quarterly Construction Update | J. Peleuses | D |
| VIII. | Committee Reports: | | |
| | • Finance Committee | S. DiBiasi/ | E |
| | ○ September 24, 2024, regular meeting minutes | D. Heckathorne | |
| | * Proposed Action – Approve August 2024 Financial Statement (Unaudited) | | |
| | ▪ ROLL CALL | | |
| | • Human Resources Committee | S. Rutledge/ | F |
| | ○ September 18, 2024, regular meeting minutes | A. Karam | |
| | ○ Reports | | |
| IX. | * Proposed Action – Approve the 2024/2025 Associates Health Plan Benefits | A. Karam | G |
| | ▪ ROLL CALL | | |
| X. | * Proposed Action – Approve the Associate Holiday Gift Cards | A. Karam | H |
| | ▪ ROLL CALL | | |
| XI. | * Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures | Staff | I |
| | ▪ ROLL CALL | | |
| XII. | Chief of Staff Report | R. Sahagian, MD verbal
Chief of Staff | |
| XIII. | Community Benefit events/Announcements/
and newspaper articles | S. DiBiasi | J |
| *** | ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION | S. DiBiasi | |
| | ➤ Proposed Action - Recommend approval to Healthcare District Board - Medical Staff Credentialing
(<i>Health & Safety Code §32155; and Evidence Code §1157</i>) | | |
| | ➤ Receive Quarterly EOC/Life Safety/Utility Management Report
(<i>Health & Safety Code §32155</i>) | | |
| XIV. | ADJOURN TO CLOSED SESSION | | |

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

RECONVENE TO OPEN SESSION

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

S. DiBiasi

XV. Future Agenda Items

XVI. **ADJOURN**

S. DiBiasi

***Action Required**

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

I certify that on September 27, 2024, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors
(*Government Code Section 54954.2*).

Executed at Banning, California, on September 27, 2024



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

September 3, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, September 3, 2024, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: Dennis Tankersley

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

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:01 pm.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action - Approve Minutes August 6, 2024, regular meeting.	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the August 6, 2024, regular meeting. There we none.	The minutes of the August 6, 2024, regular meeting will stand correct as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	No formal report.	
CEO Monthly Report	Steve Barron, CEO, reported that the Riverside County EMS Agency (REMSA), will soon be updating their system to include SGMH as a stroke receiving facility. Steve also reported that there has been an uptick in Covid.	
September, October, & November Board/Committee meeting calendars	Calendars for September, October, and November were included on the board tablets.	
Quarterly Patient Care Services Report	Angela Brady, CNE, gave the Quarterly Patient Care Services report as included on the board tablets.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
COMMITTEE REPORTS:																						
Finance Committee Proposed Action – Approve July 2024 Financial Statement (Unaudited).	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the July 2024 Financial report which was included on the board tablet. A copy of the Finance Committee’s August 27, 2024, meeting minutes were also included on the board tablet.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 569 1252 743"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Rader/Petersen), the SGMH Board of Directors approved the July 2024 Financial Statement as presented.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures	<p>There were fourteen (14) policies and procedures presented for recommended approval to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 942 1252 1117"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Stevens/Rader), the SGMH Board of Directors voted to recommend approval to the Healthcare District board of the policies and procedures as submitted.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
Chief of Staff Report Recommendations of the Medical Executive Committee – Informational	<p>A discussion was held regarding the recommendations of the Medical Executive Committee. The report was provided as informational.</p>																					
Community Benefit events/Announcements/and newspaper articles	<p>Miscellaneous information was included on the board tablets.</p>																					
Adjourn to Closed Session	<p>Chair, DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> ➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing ➤ Receive Quarterly Infection Prevention and Control Report ➤ Report Involving Trade Secret: Discussion will concern proposed new program and/or service. Estimated date of public disclosure: November 2024 ➤ Participate in Telephone Conference with Legal Counsel regarding 																					

AGENDA ITEM		ACTION / FOLLOW-UP
	<p>Pending Litigation</p> <p>The meeting adjourned to Closed Session at 4:50 pm.</p>	
<p>Reconvene to Open Session</p>	<p>The meeting adjourned from closed session at 5:13 pm.</p> <p>Chair DiBiasi reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing ➤ Received Quarterly Infection Prevention and Control Report ➤ Received Report Involving Trade Secret: Discussion will concern proposed new program and/or service. Estimated date of public disclosure: November 2024 ➤ Participated in Telephone Conference with Legal Counsel regarding Pending Litigation 	
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> • None 	
<p>Adjourn</p>	<p>The meeting was adjourned at 5:15 pm.</p>	

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

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B

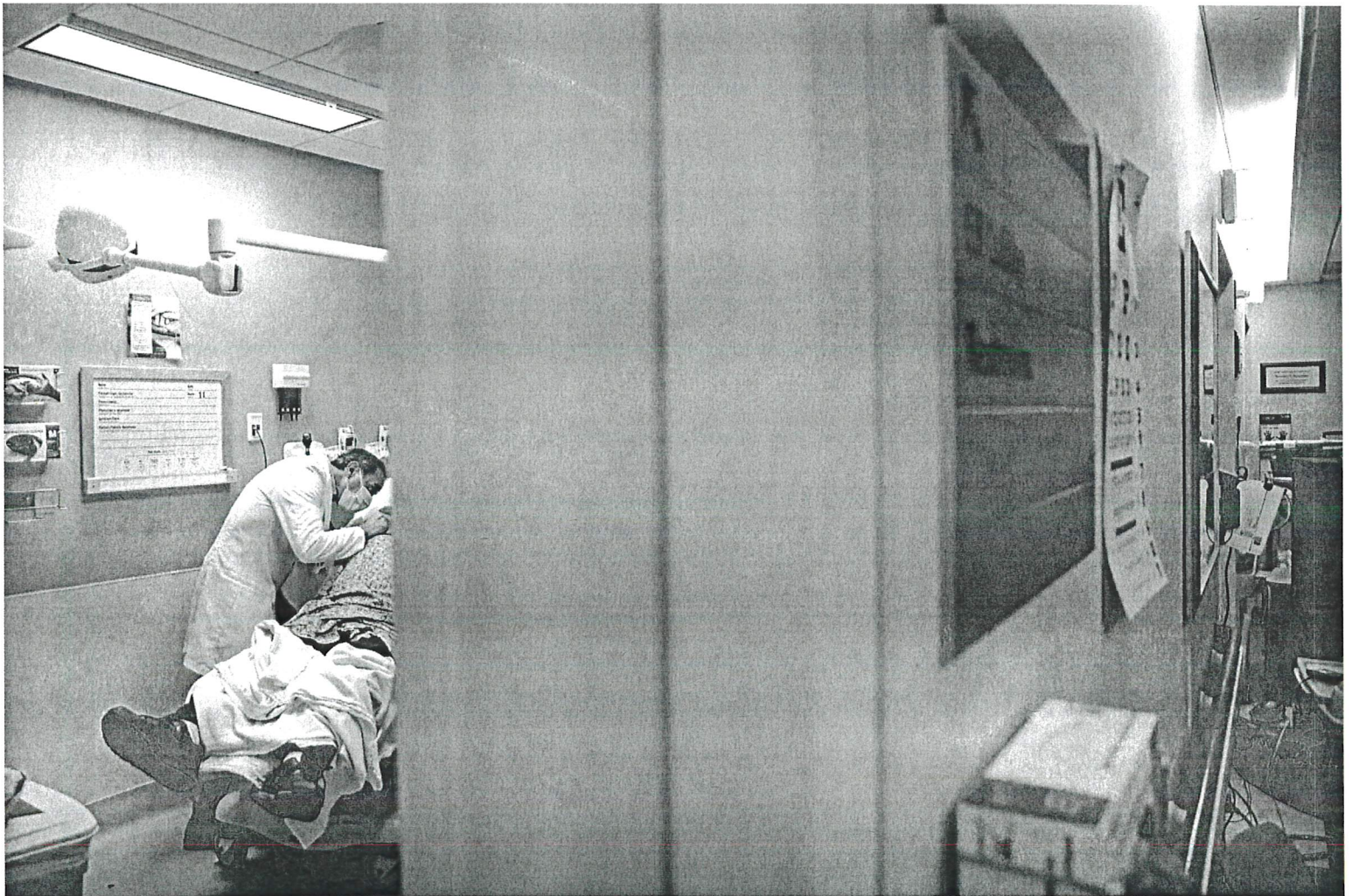
HEALTH

PROPOSITION 35

California voters will decide who wins on health care tax: Gavin Newsom or doctors



BY KRISTEN HWANG
JULY 1, 2024



The health care industry is supporting a ballot initiative in the 2024 California election that would require money raised from a special tax on insurers to be used for Medi-Cal, the state's insurance program for low-income households. It would adjust the so-called MCO tax in Gov. Gavin Newsom's budget. Photo by Shannon Stapleton, Reuters

Listen to this article



IN SUMMARY

The health care industry put a measure on the November ballot that would raise more money for Medi-Cal and block lawmakers from spending it on general government services. Billions of dollars are on the line.

Lea esta historia en Español

A two-year cash influx or a long-term investment? Come November it will be up to California voters whether to lock billions of special tax dollars into **Medi-Cal** — the state's health insurance program for low-income residents — or leave the decision up to lawmakers who might be tempted to use the money elsewhere.

The budget deal Gov. Gavin Newsom signed on Saturday commits roughly \$2 billion through 2026 to increase payments to some doctors and health providers who see Medi-Cal patients, encouraging them to accept more low-income patients. The deal relies on a special tax that health insurance companies pay.

But there's a catch in the **upcoming election**, and it could undo some payment increases that are in the budget. Low-income families with young children are among the people who could lose out.

A **ballot initiative** supported by nearly the entire health care industry seeks to hold Newsom to a promise made last year to permanently secure that tax money for **health care** rather than letting future lawmakers use it to offset cuts to prisons, parks, roads and other services.

They say **Newsom backtracked on their agreement** when he put forward budget plans earlier this year to address the state's multibillion-dollar deficit. The tax is expected to generate more than \$35 billion over the next four years. The budget Newsom signed puts most of that money in the state's general spending account.

But if voters pass the ballot initiative in November, they would effectively undo that part of the deal. Under the initiative, Medi-Cal would get more money, and a different but bigger group of doctors and providers would get higher rate increases than what is currently in the budget.

The initiative's main supporters, which include the California Medical Association and Planned Parenthood Affiliates of California, say voters should decide if they want to prevent future lawmakers from using money meant for Medi-Cal on other services.

"The best way to protect our Medi-Cal program and those vulnerable patients is to invest in it," said Jodi Hicks, co-chair of the initiative coalition and president of Planned Parenthood Affiliates of California. "Every day that a patient can see a doctor is a good day, and we need to invest and ensure that's happening for as long as we can."

The money in question comes from a special tax known as the Managed Care Organization, or MCO tax: Health insurers agree to be taxed to get a dollar-for-dollar match from the federal government.

The tax is projected to generate more than \$5 billion next year. California has relied on this tax for decades to offset state general fund spending on Medi-Cal, which some experts say is risky given signals from the federal government that it may stop providing matching funds to the state. Doctors have argued that the money — while it lasts — should be used to increase provider payments.

Expanded access to Medi-Cal

For the past decade, California lawmakers have steadily restored Medi-Cal services cut during the Great Recession, added new ones, and expanded eligibility to include all low-income Californians regardless of citizenship. Today, more than 15 million Californians — more than a third of its residents — are enrolled in Medi-Cal, but many doctors say eligibility and benefit expansions have come without commensurate rate increases. As a result, too few providers accept Medi-Cal patients.

Assemblymember Akilah Weber, an obstetrician from La Mesa, said California's failure to increase rates makes it impossible to tackle long-standing health disparities among marginalized communities.

"It's nice to give people insurance, but if they have no providers to go to, we haven't done much," Weber said.



Money-making L.A. hospitals quit delivering babies. Inside the fight to keep one labor ward open.

JUNE 6, 2024

Weber, a Democrat, has not endorsed the ballot initiative. But during recent Assembly budget hearings, she criticized Newsom representatives for walking back earlier promises to increase rates. The budget deal partially reinstates rate increases — which Weber said was a “step in the right direction.”

“We need a real show from the state and a commitment that we’re ready to support hospitals and doctors and providers,” Weber said.

Who wins and who loses in MCO tax

Money from the health care industry tax is an enticing target for groups trying to preserve or expand programs while the state faces a projected **two-year deficit of \$56 billion**. Newsom has proposed increasing the tax twice this year to soften Medi-Cal’s cost to the state’s general fund.

“This agreement sets the state on a path for long-term fiscal stability – addressing the current shortfall and strengthening budget resilience down the road,” Newsom said after the budget deal was announced.

Some of the groups who stand to get rate increases through the new budget include community health workers, private duty nurses, adult and pediatric day centers and children with **Medi-Cal at risk of automatic disenrollment**. If the ballot initiative passes, these groups won’t get any money from the tax, which will instead be used to bump pay in other areas.

“We found a creative way to help since we had no money this year,” said Sen. **Caroline Menjivar**, chair of the Senate health budget subcommittee.

Menjivar, a Democrat from Van Nuys, has been outspoken about not letting spending be dictated by wealthy special interest groups, such as the doctors and hospital lobbies, which support the initiative. Many of the smaller groups included in the budget have tried to get state help for years, but don’t have “fancy lobbyists,” Menjivar said.

Which California health providers get rate increases under the MCO tax?

The 2024-25 state budget and an upcoming ballot initiative seek to use money generated under the Managed Care Organization tax to increase Medi-Cal payments to providers. Different providers would get increases depending on whether the initiative passes. The tax on health insurance plans is estimated to generate between \$6 billion to \$9 billion annually. Higher payments went into effect in January 2024 for primary care, maternity care and some mental health services as a result of last year's budget action.

Services	Under the 2024-25 budget deal	If the ballot initiative passes
Abortion care and family planning	X	X
Air ambulance transport	X	
Behavioral health throughput		X
Community-based adult services	X	
Community health workers	X	
Community hospital outpatient		X
Congregate living health facilities	X	
Continuous coverage ages 0-5	X	
Designated public hospitals		X
Emergency department services	X	X
Federally qualified and rural health center services	X	X
Graduate medical education		X
Ground emergency medical transportation	X	X
Medi-Cal workforce pool - labor management committee	X	X
Non-emergency medical transportation	X	
Pediatric day health centers	X	
Physician and non-physician health professional services	X	X
Private duty nursing	X	

Note: The ballot initiative provides funding for community health workers, but it would not take effect in the 2024-25 budget should the initiative pass.

One service that would lose out if the initiative passes is intended to protect young children from losing health insurance. It gives children under age 5 continuous Medi-Cal eligibility, meaning they wouldn't have to re-enroll every year.

About 80% of children dropped from coverage annually lose insurance because of missing paperwork, wrong addresses or other procedural red tape, **not because they no longer qualify for Medi-Cal**, said Mayra Alvarez, president of The Children's Partnership, which advocated for the money in the state budget.

"We are very concerned that there is any proposal that would have the effect of rolling back health care coverage for children," Alvarez said of the ballot initiative. "We want to avoid even one more child losing coverage."

Proponents of the ballot initiative contend it's not a winners vs. losers situation. Past governors and Legislatures have routinely raided the tax to fill state budget gaps. Their logic: The money comes directly from the health care industry and should go back into the health system.

The initiative, Hicks says, prioritizes critical elements of the state's health care delivery system by funding clinics, emergency departments and primary care providers. It also deposits some tax money into the general fund to give legislators flexibility, Hicks said.

A calculated risk for Medi-Cal

Newsom was able to partially increase rates and subsidize Medi-Cal spending in the general fund, in part, because he wants to increase the tax levied on health plans. The more health plans are taxed, the more matching dollars the federal government funnels to California.

But some experts say that's a risky strategy.

Increasing the tax and then diverting the money to the general fund the way California is proposing to do is "really dangerous," said Diana Dooley, who served as California's secretary of Health and Human Services under former Gov. Jerry Brown.

The tax must be approved by the Centers for Medicare and Medicaid Services, which has already **warned California that the state is exploiting the system** and unlikely to get such a large tax benefit in future years. Federal regulators are eyeing changes to reduce how much money goes to California and the other 17 states that rely on the tax reimbursement policy.

Dooley said the federal government has tried to get rid of this funding stream in the past, even under the Obama Administration.

“They’re not very sympathetic to California. They want to say ‘California you’re so big, you can take care of yourself.’” Dooley said. “We have to dance pretty carefully in our relationship with the federal government.”

Representatives for Newsom did not respond to questions about the likelihood that the federal government will approve the tax increase.

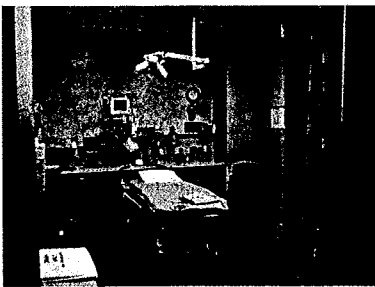
Typically lawmakers don’t want to cede budgeting control to voters, fiscal and policy experts say.

Previous voter initiatives that tie spending to specific buckets cause problems when lawmakers try to balance the budget during deficit years. **Proposition 98**, which passed in the 1988 election and allocates roughly 40% of the state budget to education, routinely comes under fire during budget season for hamstringing lawmakers.

“If every program runs a ballot initiative, you virtually guarantee immense budget deficits for as far as the eye can see,” said Dan Schnur, a former Republican strategist who teaches political communication at the University of Southern California and UC Berkeley. “Every voter spending mandate creates an additional challenge for the Legislature.”

Supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit www.chcf.org to learn more.

MORE ON HEALTH CARE



Doctors vs. hospitals: A bid to regulate hedge funds is dividing California medical groups

APRIL 30, 2024

TAB C



October 2024

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	2	3	4	5
6	7	8	9 <i>Highland Springs Women's Club (SGMH Speakers) @10am</i>	10	11 Beaumont Chamber Breakfast @7:30 AM	12
13	14	15	16 10:00 am Community Planning Meeting <i>Soboba Health Fair (SGMH will be present)</i>	17	18	19
20	21	22	23	24	25	26
27	28	9:00 am Finance Committee	30	31 * Halloween Costume and Pumpkin Carving Contest @SGMH		

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

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



November 2024

Board of Directors Calendar

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

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

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



December 2024

Board of Directors Calendar

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

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

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

TAB D

A wooden step ladder stands on a floor covered with torn wallpaper. The wall behind it is also covered in peeling wallpaper, suggesting a renovation or demolition project. The scene is lit with warm, natural light.

Quarterly Construction Update

Report As of 20 Sept. 2024

September 2024

Project	Start Date	Anticipated Completion Date	Status	Progress
Siemens Lighting Project	6/1/2022	TBD	Open	Waiting for HCAI CO to Sign-off 4 of 7 components completed.
Siemens Energy Management System (EMS)	7/13/2022	TBD	Open	Waiting for Punchlist completion and HCAI Sign-off.
New Diagnostic Imaging CT	1/5/2024	11/29/2024	Open	CT unit to be delivered 30 September 2024.
Replacement of R/F Room	5/8/2024	11/29/2024	Open	R/F Equipment scheduled for delivery mid October 2024
Seismic Retrofit – Material Testing and Conditional Testing Program (MTCAP)	5/29/2024	5/29/2025	Open	In progress. Currently testing in Med/Surg.
Spect CT	1/18/2024	6/30/2025	Open	Plans in HCAI Review.

TAB E

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
September 24, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, September 24, 2024, in the Administration Boardroom, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: Darrell Petersen

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

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
Call To Order	Susan DiBiasi called the meeting to order at 9:01 am.									
Public Comment	No public present.									
OLD BUSINESS										
Proposed Action - Approve Minutes August 27, 2024, regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the August 27, 2024, regular meeting. There were none.	The minutes of the August 27, 2024, regular meeting will stand correct as presented.								
NEW BUSINESS										
Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – August 2024	<p>Daniel Heckathorne, CFO, reviewed the Unaudited August 2024 finance report as informational.</p> <p>The month of August resulted in negative \$2.22M EBIDA compared to budgeted negative EBIDA of \$1.54M. Overall Surplus was a negative \$2.88M compared to the budgeted negative Surplus of \$1.70M.</p> <p>ROLL CALL:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="padding: 2px;">DiBiasi</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">Petersen</td> <td style="padding: 2px;">Absent</td> </tr> <tr> <td style="padding: 2px;">Rader</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">Rutledge</td> <td style="padding: 2px;">Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the Unaudited August 2024 Financial report to the Hospital Board of Directors.
DiBiasi	Yes	Petersen	Absent							
Rader	Yes	Rutledge	Yes							
Future Agenda Items	<ul style="list-style-type: none"> 340B Pricing Update 									

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Next Meeting	The next regular Finance Committee meeting will be held on October 29, 2024 @ 9:00 am.	
Adjournment	The meeting was adjourned at 9:52 am.	

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA**

Unaudited Financial Statements

for

TWO MONTHS ENDING AUGUST 31, 2024

FY 2025

Certification Statement:

To the best of my knowledge, I certify for the hospital that the attached financial statements, except for the impact of incomplete and unbooked June 30, 2024 year end audit entries, do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

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

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

9/21/2024

CFO

San Gorgonio Memorial Hospital

Financial Report - Executive Summary – 09 21 24

For the Month of August 31, 2024 and YTD Two Months Ended August 31, 2024

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

Month - The month of August resulted in negative \$2.22M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$1.54M. Overall Surplus was negative \$2.88M compared to the budgeted negative Surplus of \$1.70M.

YTD – The two months ending August resulted in negative \$3.49M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted Negative EBIDA of \$3.63M. Overall Surplus was negative \$4.73M compared to the budgeted negative Surplus of \$3.99M.

Note: If the unaccrued Supplemental funds, projected DSH and P4P funds, along with provision for lease principal payments were booked, the YTD EBIDA would be a negative \$587K compared to the actual negative booked \$4.73M.

Monthly Adjustments and Items of Note:

- Patient Days, Emergency Visits and Adjusted Patient Days exceeded budget.
- Net Revenues were below budget due to changes in Payor mix and I/P vs. O/P mix.
- Note: Balance Sheet balances items are subject to continuing final reconciliations being prepared for the annual financial audit.
- Other items of note are presented in the Extraordinary Items summary immediately following this Executive Summary.

Monthly Workloads – The August inpatient average daily census was 24.3 compared to the budgeted 22.1. Adjusted Patient Days were 22.8% over budget (2,400 vs. 1,955), while Patient Days were 9.9% over (754 vs. 686) budget. Emergency Visits were 0.5% over budget (3,636 vs. 3,617), and Surgeries were 14.8% under budget (98 vs. 115), and were 35% below% over the 151 cases the previous August.

YTD Workloads - The inpatient average daily census through August was 24.2 compared to the budgeted 21.6. Adjusted Patient Days were 13.7% over budget (4,360 vs. 3,836), while Patient Days were 11.8% over (1,501 vs. 1,342) budget. Emergency Visits were 0.7% over budget (7,166 vs. 7,111), and Surgeries were 10.3% under budget (201 vs. 224).

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

Month - Net Patient Revenues in August were \$4.84M, or \$299K below budget even though the Adjusted Patient Day's had a positive variance of 20.9%. Other items of note included the fact that gross Inpatient Revenues were \$1.9M below budget in contrast to July's being \$1.74M over budget. Gross Outpatient Revenues were \$779K over budget. As discussed in the past, Inpatient Revenues pay about 16% of charges, compared to Outpatient Revenues which pay under 9% of charges.

YTD – Net Patient Revenues through August were \$10.78M, or \$741K over budget reflecting Adjusted Patient Day's positive variance of 13.7% and strong collections. Other items of note included the fact that gross Inpatient Revenues were only \$193K over budget, and gross Outpatient Revenues were \$1.22M over budget. As discussed above, Inpatient Revenues pay about 16% of charges, compared to Outpatient Revenues which pay under 9% of charges.

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

Month – Operating Revenue in August was \$304K under budget. This is impacted by the Net Patient Revenues being \$299K under budget and the Non-Patient Revenues being \$5K under budget.

YTD - Operating Revenue through August was \$676K over budget. This is impacted by the Net Patient Revenues being \$741K over budget and the Non-Patient Revenues being \$64K under budget

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

Month - Operating Expenses in August were \$8.20M which was over budget by \$385K. Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively \$20K over budget. The Wages were \$205K (5.3%) over budget while the Benefits and Contract Labor were under budget by \$158K and 27K respectively. This is respectable considering that the Adjusted Patient Days were 23% over budget; 2) Purchased Services were over budget due to a) accounting project fees (\$125K) and b) Allscripts/Navigant fees correction of \$106K for July & August; 3) Repairs were over budget by \$40K, which included Plant Operation ongoing maintenance project costs of \$66K. Other Items: Non-Operating Revenues 1) Measure A Tax income projected revenues are reduced to \$400K per month based on the newly approved tax rate that was established at the August Board meeting; 2) Interest expenses included accrual of \$64K for the recent litigation settlement, and an additional \$51K to correct the July estimate for the LOC interest costs.

Year-to Date – Operating Expenses through August were \$16.0M which was over budget by \$539K. Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively \$83K below budget. The Wages were \$312K (4.1%) over budget while the Benefits and Contract Labor were under budget by \$347K and \$47K respectively. This is respectable considering that the Adjusted Patient Days were 13.7% over budget; 2) Purchased Services were over budget due to a) accounting project fees (\$185K) and b) Legal fees variance of \$196K; 3) Repairs were over budget by \$104K, which included Plant Operation ongoing maintenance project costs of \$115K; 4) Insurance Expense was over budget which included the annual cyber insurance premium payment of \$61K, and 5) Other Expenses are over budget for phone services and dues and subscriptions, which usually come early in the year. Other Items: (See “Monthly” comments above.)

Balance Sheet/Cash Flow

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

Patient cash collections in August were \$5.35M compared to \$6.23M in July and \$4.80M in June.

Gross Accounts Receivable Days in August were 59.5, which was slight drop from 59.9 in July and 62.3 in June.

Operating Cash was \$14.9M in August compared to \$16.2M in July compared and \$19.4M in June. Accounts Payable in August were \$10.3M compared to \$9.9M in July and \$9.6M in June.

The semi-annual General Obligation bond principal and Interest payments (slightly under \$5M) were paid on August 1 and the changes reflected on the Balance Sheet. The \$12M Line of Credit balance remained at \$12M, the same as it was as of June 27, 2024.

Summary

Positive takeaways:

- 1) Key workload volumes, i.e., Patient Days, E/R visits and Adjusted Patient Days exceeded budget.
- 2) The YTD Net Revenues are slightly over budget after the first two months of the fiscal year.

Negative/Challenging takeaways:

- 1) Although the upcoming Supplemental Fundings would have brought the negative EBIDA for the month, much attention must be paid to cash management between now and the actual receipt of the fundings.
- 2) August can generally be a difficult month for hospital operations, and except for the unusual expense items, most other matters were fairly close to expectations.

	A	B	C	D	E	F	G	H	I
1	SGMH AUGUST 2024 EXTRAORDINARY ITEMS IMPACTING OVERALL FINANCIAL OUTCOMES								
2									
3	EXPENSE					INCOME			GAIN/(LOSS)
4	SALARIES / BENEFITS/ CONTRACT LABOR								
5									
6	COMBINED LABOR AND BENEFITS OVER (UNDER) BUDGET		46,510				(298,880)		
7									
8	OTHER EXPENSE								
9									
10									
11	PLANT OPERATIONS REPAIRS (ONGOING, SEASONAL)		40,248						
12									
13	ACCOUNTING PROJECT		124,869				456,322		
14									
15	ALLSCRIPTS/NAVIGANT (CORRECT JULY POSTING)		106,344						
16									
17	LINE OF CREDIT INTEREST (EXTRA FOR JULY UNDER ACCRUAL)		51,000				93,008		
18									
19	INTEREST ACCRUAL - LITIGATION MATTERS (JULY & AUGUST)		64,000				50,000		
20									
21									
22	EXTRAORDINARY NEGATIVE EXPENSES		432,971				300,450		(132,521)
23									
24	Note: These variances are not intended to account for all variances, but are meant to highlight key or unusual variations.								
25									

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STATISTICS

Inpatient Admissions/Discharges (Monthly Average)

Represents number of patients admitted/discharged into and out of the hospital.

Patient Days (Monthly Average)

Each day a patient stays in the hospital is counted as a patient day. This count is normally done at midnight.

Average Daily Census (Inpatient)

Equals the average number of inpatients in the hospital on any given day or month.

Average Length of Stay (Inpatient)

Represents that average number of days that inpatients stay in the hospital.

Emergency Visits (Monthly Average)

Represents the number of patients who sought services at the emergency room.

Surgery Cases - Excluding G.I. (Monthly Average)

Equals the number of patients who had a surgical procedure(s) performed.

G.I. Cases (Monthly)

Number of patients who had a gastrointestinal exam performed.

Newborn Deliveries (Monthly)

Number of babies delivered.

PRODUCTIVITY

Worked FTEs (includes Registry FTEs)

Represents an equivalency of full-time staff worked. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours worked by the number of hours in the respective work period (40, 80, etc.) Example: 340 hours worked in an 80 hour pay period = 4.25 FTE's

Worked FTEs per APD

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

Paid FTEs (includes Registry FTEs)

Represents an equivalency of full-time staff paid. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours paid (includes all hours paid consisting of worked hours, PTO hours, sick pay, etc.) by the number of hours in the respective work period (40, 80, etc.) Example: 500 hours paid in an 80 hour pay period = 6.25 FTE's.

Paid FTEs per APD

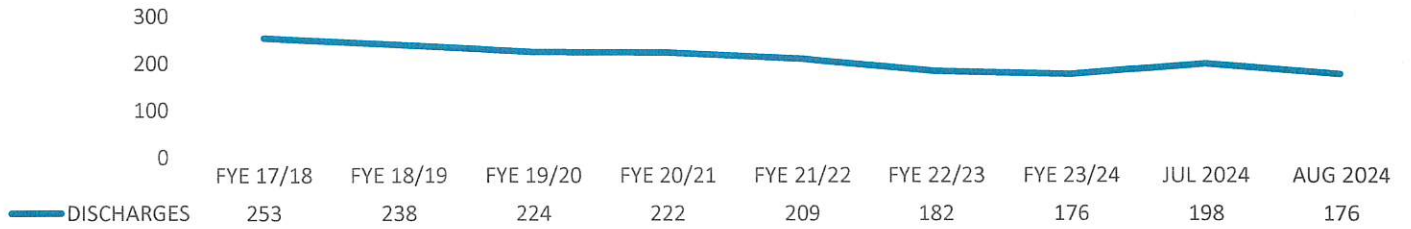
Divides the Total Paid FTE's by the daily average of the Adjusted Patient Days.

ADJUSTED PATIENT DAYS

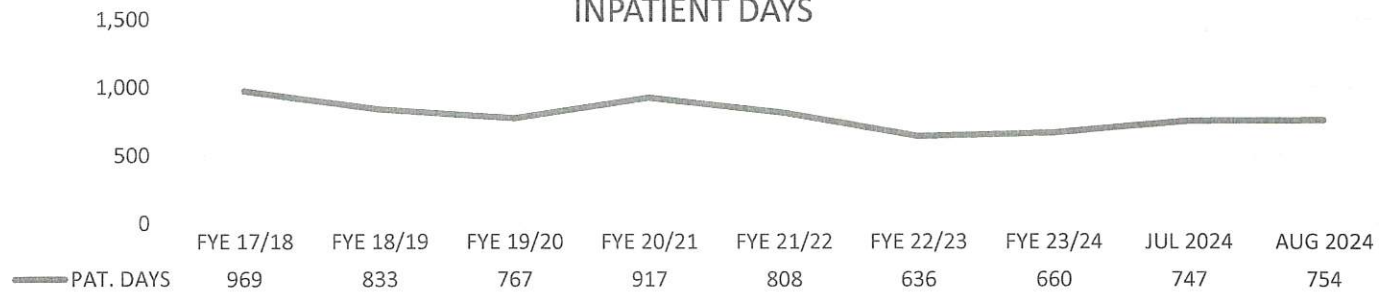
This is a blend of total patient days stayed in the hospital for a month, plus an equivalency factor (based on average inpatient revenue per patient day) applied to the outpatient revenues in order to account for outpatient workloads.

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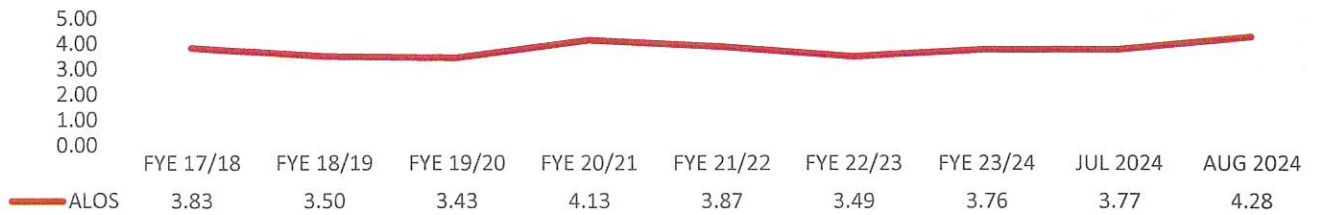
INPATIENT DISCHARGES



INPATIENT DAYS



AVERAGE LENGTH OF STAY

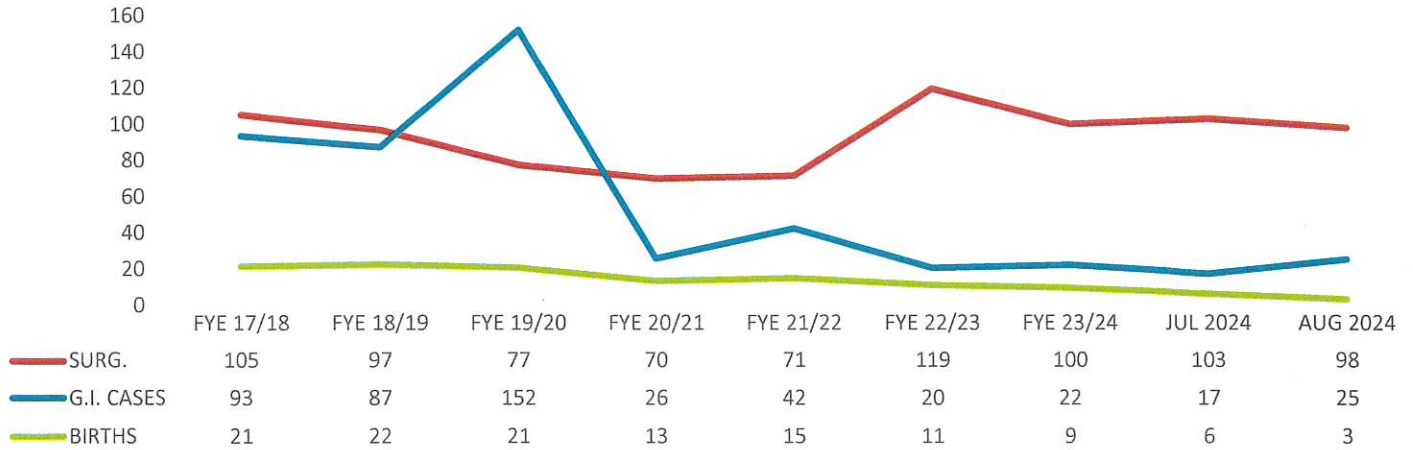


EMERGENCY VISITS

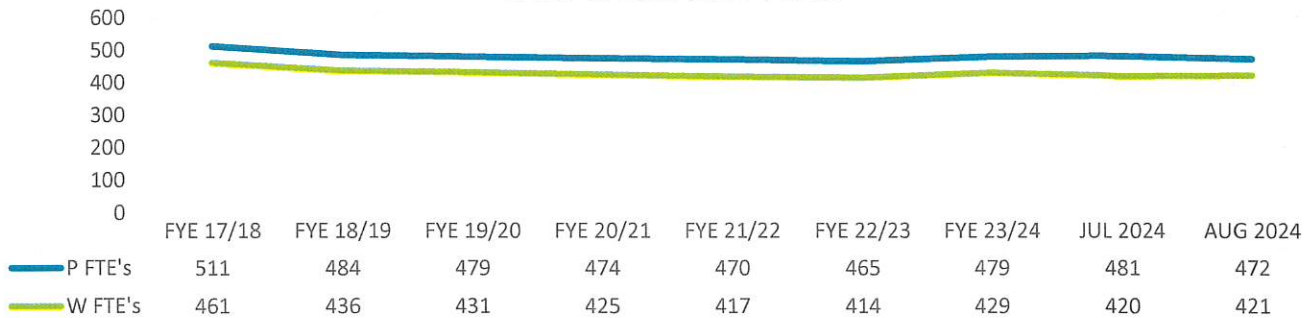


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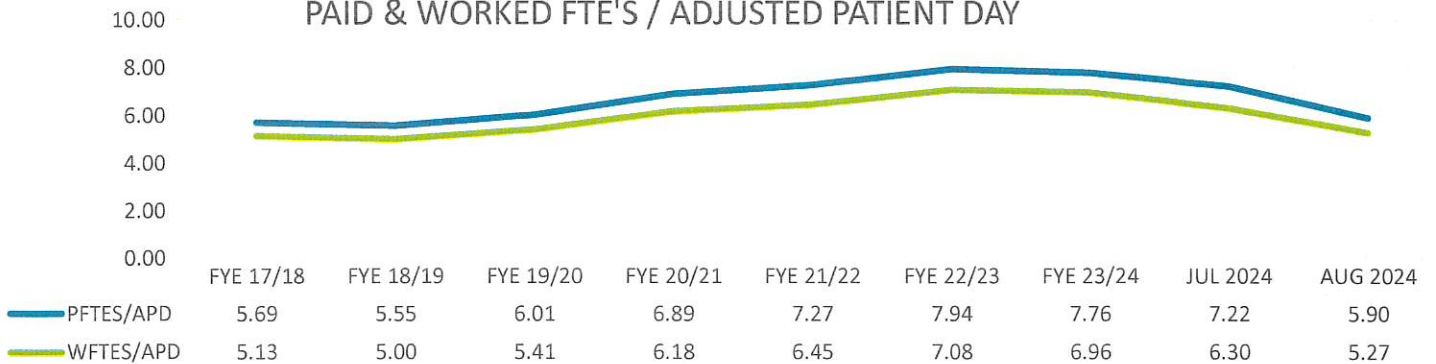
SURGERY CASES, G.I. CASES, N/B DELIVERIES



PAID & WORKED FTE'S



PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



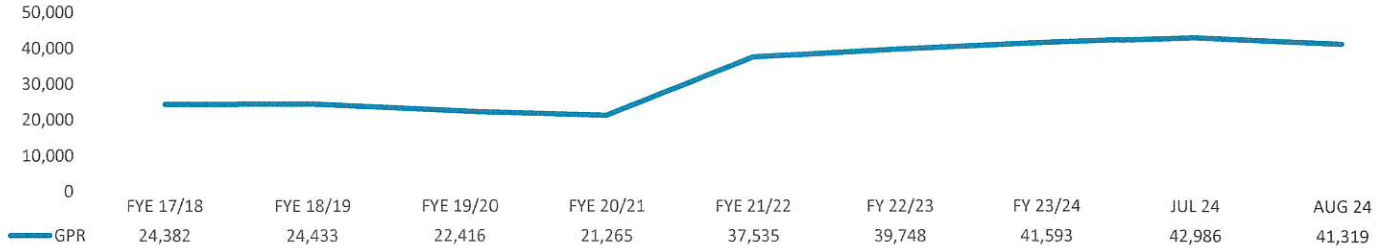
INCOME STATEMENT

Gross Patient Revenue (000's) (Monthly Ave.)	Represents total charges (before discounts and allowances) made for all patient services provided.
Net Patient Revenue (NPR) (000's) (Monthly Ave.)	Equals the sum of all (patient) charges for services provided that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.
NPR as % of Gross	Reflects the percentage of Gross Patient Revenues (charges) that are expected to be collected. Calculated by dividing Net Patient Revenue by the Gross Patient Revenue.
Total Operating Revenue (000's) (Monthly Ave.)	This reflects all Revenues available for payment of Operating Expenses. This includes Net Patient Revenue plus all other forms of miscellaneous Revenues.
Salaries, Wages, Benefits & Contract Labor (000's) (Monthly Ave.)	Represents the total staffing expenses of the Hospital
SWB + Contract Labor as % of Total Operating Revenue	Identifies what portion the Operating Revenues are spent on staffing costs.
Total Operating Expense (TOE) (000's)(Monthly Ave.)	Operating Expense reflects all costs needed to fund the Hospital's business operations.
TOE as % of Total Operating Revenue	Identifies the relationship that Operating Expenses have to the Total Operating Revenues.
EBIDA (000's)(Monthly Average)	Earnings Before Interest, Depreciation, and Amortization. This reflects the difference between Net Operating Revenues and Total Operating Expense. This is a quick measurement of the Hospital's ability to meet its financial obligations and have additional funds for equipment replacement and future growth of the organization.
EBIDA as % of NPR	This measurement is a gauge of the surplus (or deficit) of funds available for operations and future growth.
Net Patient Revenue vs. Total Labor Expense	This measurement illustrates that Net Patient Revenues basically only cover Total Labor Expense, and that all of the Other Revenues and Supplemental Incomes are necessary to cover the remaining operational Expenses and EBIDA required to operate the Hospital.
Operating Revenues (Normalized), Expenses, Staffing Expenses, and EBIDA (Normalized)	This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating proportionate Supplemental Revenues and related Expenses into the current month and YTD results.

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SAN GORGONIO MEMORIAL HOSPITAL

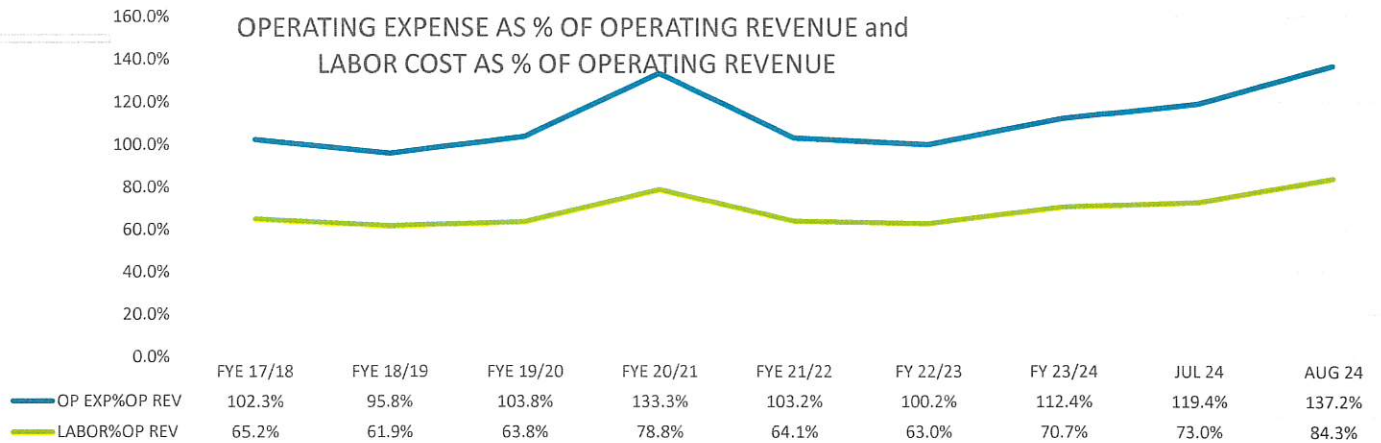
GROSS PATIENT REVENUE (000's)



NET PATIENT REVENUE AS % OF GROSS

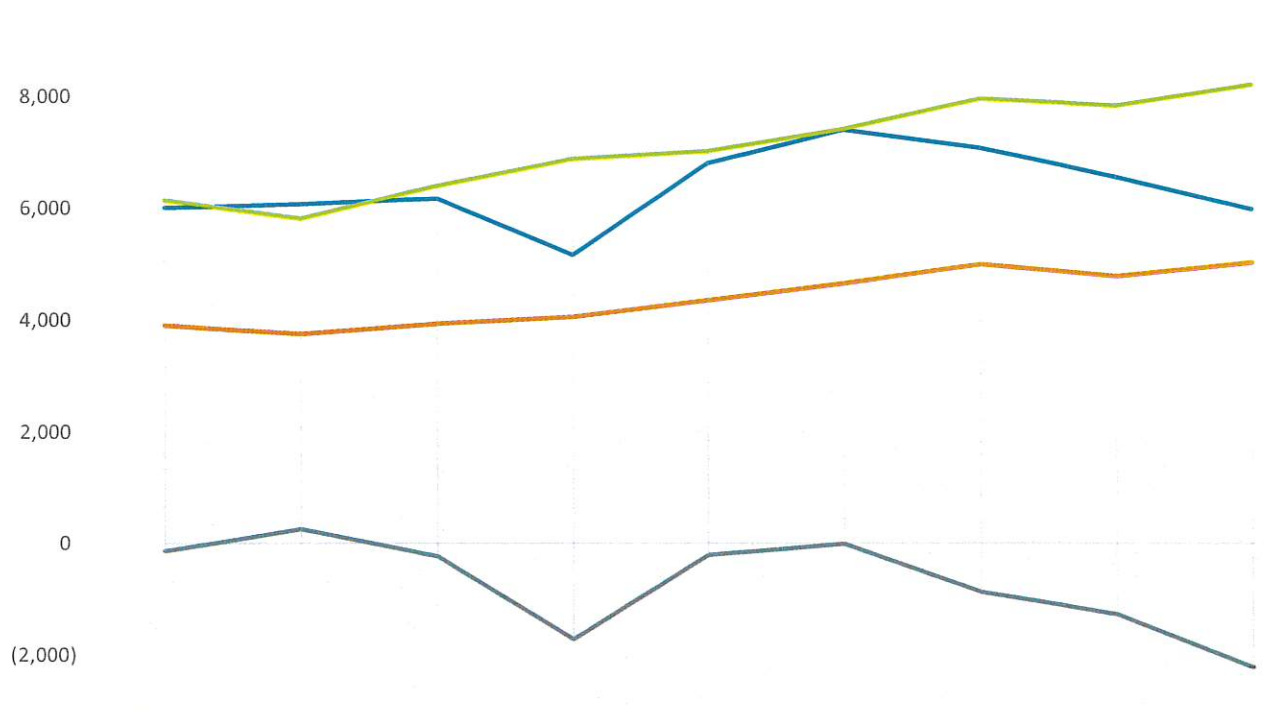


OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



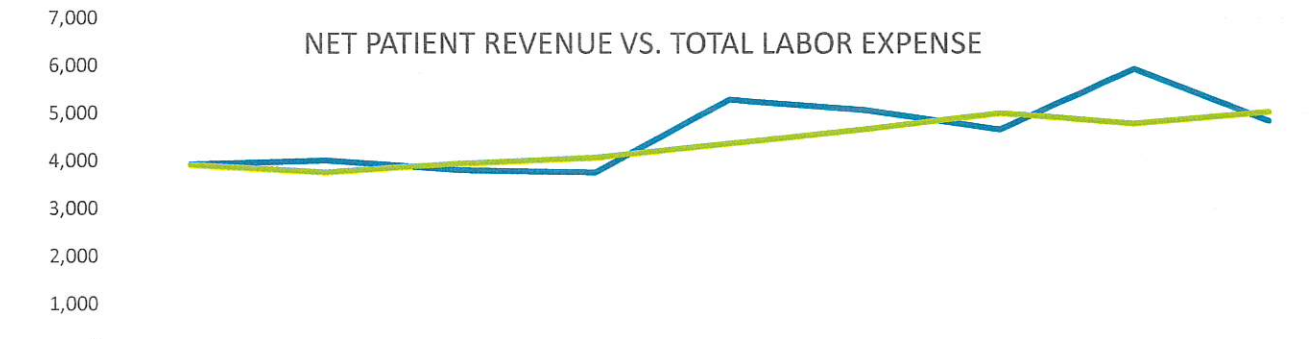
SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	FY 23/24	JUL 24	AUG 24
OP REV	6,006	6,069	6,165	5,160	6,791	7,391	7,068	6,554	5,973
OP EXP	6,147	5,817	6,398	6,878	7,007	7,403	7,942	7,823	8,197
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,654	4,995	4,781	5,032
EBIDA	(141)	252	(233)	(1,719)	(216)	(13)	(881)	(1,270)	(2,224)

NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	FY 23/24	JUL 24	AUG 24
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,057	4,643	5,933	4,843
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,654	4,995	4,781	5,032

BALANCE SHEET (Period End)

Cash (000's)

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

Days Cash on Hand

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

Accounts Receivable - Net (000's)

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

A/R Days - Net

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

Current Ratio (Current Assets/Current Liabilities)

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

Quick Ratio

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

Accounts Payable (000's)

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

Accounts Payable Days

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

Line of Credit Balance (000's)

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

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SAN GORGONIO MEMORIAL HOSPITAL

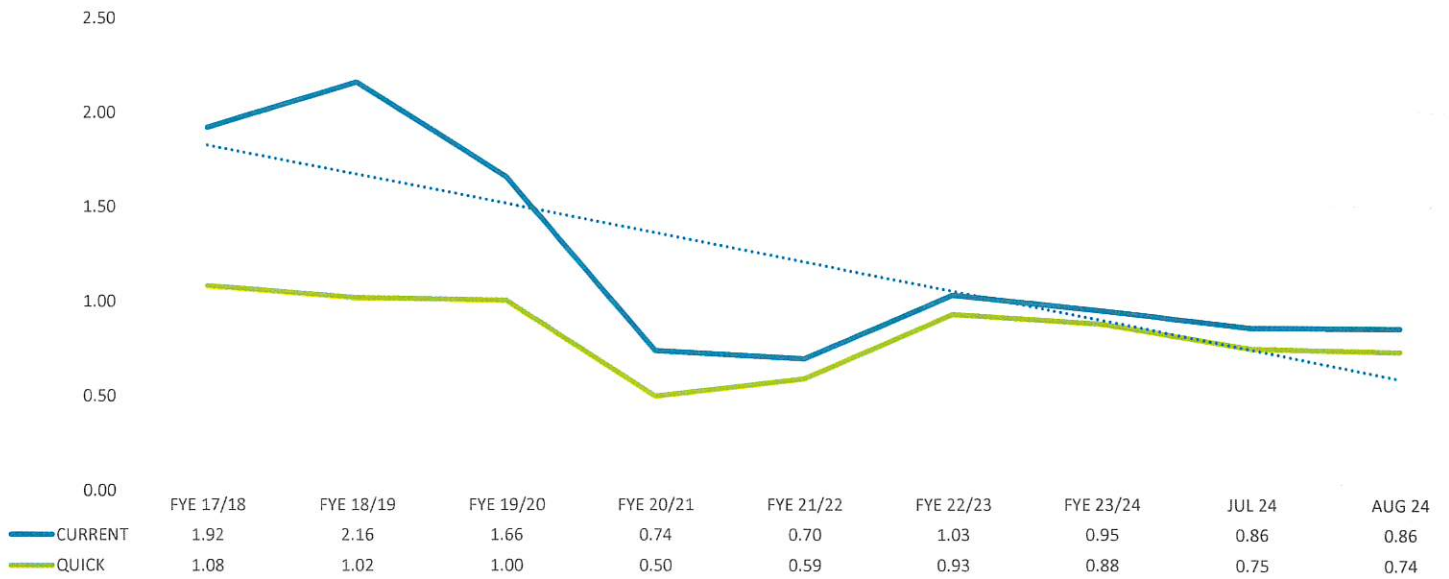
CASH & LINE OF CREDIT (000'S)



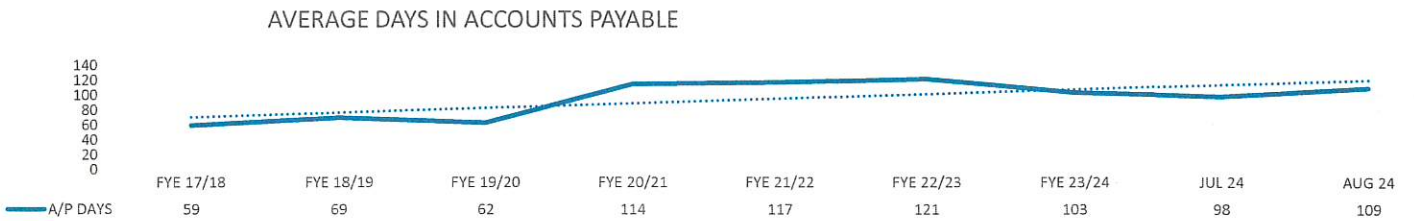
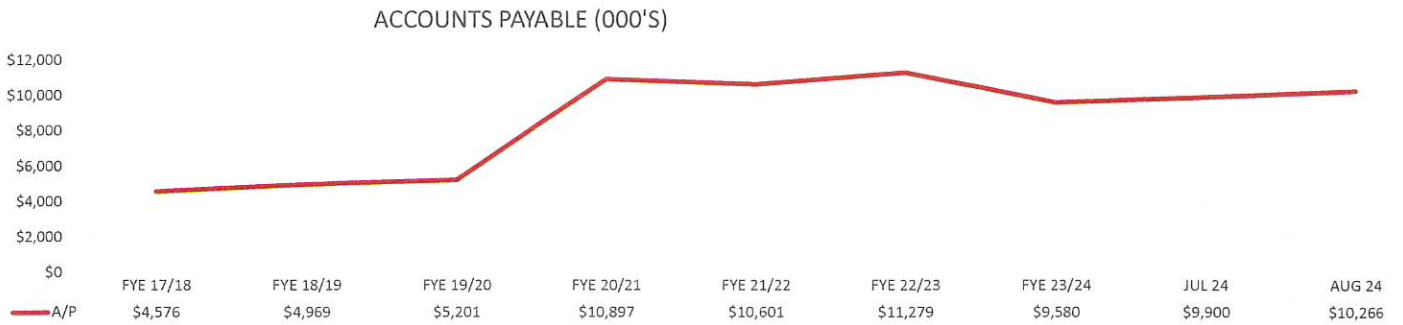
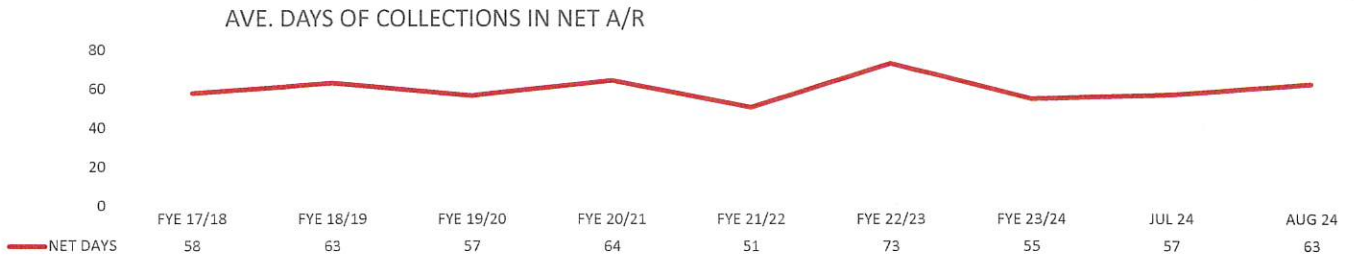
AVERAGE DAYS CASH ON HAND



CURRENT RATIO and QUICK RATIO



SAN GORGONIO MEMORIAL HOSPITAL



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	FY24 08/31/23 ACTUAL	FY 25 08/31/24 ACTUAL	FY 25 08/31/24 BUDGET	FY 24 2023 2 MOS. YTD ACTUAL	FY 25 2024 2 MOS. YTD ACTUAL	FY 25 2024 2 MOS. YTD BUDGET	FY 24 2024 YR END TOTAL
[1] Total Acute Patient Days	670	754	686	1,229	1,501	1,342	7,921
[2] Average Daily Census	21.6	24.3	22.1	19.8	24.2	21.6	21.6
[3] Average Acute Length of Stay	3.2	4.3	3.6	3.3	4.0	3.7	3.8
[4] Patient Discharges	210	176	188	367	374	367	2,107
[5] Adjusted Patient Days	1,974	2,400	1,955	3,663	4,360	3,836	22,887
[6] Observation Count	316	248	349	595	536	686	4,109
[7] Total Emergency Room Visits	3,584	3,636	3,617	6,855	7,166	7,111	42,587
[8] Average ED Visits Per Day	116	117	117	111	116	115	116
[9] Total Surgeries (Excluding G.I.'s)	151	98	115	249	201	224	1,197
[10] Deliveries/Births	11	3	11	21	9	21	112

	A	B	C	D	E	F	G	H	I	J	K
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL										
	INCOME STATEMENT										
2			AUGUST 2024 BUDGET	AUGUST 2024 ACTUAL	VARIANCE AUGUST ACTUAL TO BUDGET	VARIANCE PER CENTAGE		AUGUST 2024 YTD BUDGET	AUGUST 2024 YTD ACTUAL	VARIANCE AUGUST YTD ACTUAL TO BUDGET	VARIANCE PER CENTAGE
3	NET INCOME		(1,702,352)	(2,875,037)	(1,172,685)	-68.9%		(3,988,297)	(4,727,574)	(739,277)	-18.5%
4	EBIDA		(1,535,788)	(2,223,978)	(688,190)	-44.8%		(3,630,169)	(3,493,487)	136,682	3.8%
5											
6	TOTAL OPERATING REVENUE		6,276,697	5,973,155	(303,542)	-4.8%		11,850,559	12,526,784	676,225	5.7%
7	NET PATIENT REVENUE		5,141,642	4,842,762	(298,880)	-5.8%		10,034,908	10,775,495	740,587	7.4%
13	OTHER OPERATING REVENUE		1,135,055	1,130,393	(4,662)	-0.4%		1,815,651	1,751,289	(64,362)	-3.5%
20											
21	TOTAL OPERATING EXPENSE		7,812,485	8,197,133	(384,648)	-4.9%		15,480,728	16,020,271	(539,543)	-3.5%
34											
35	NON-OPERATING REVENUE & EXPENSE										
36	TOTAL NON-OPERATING REVENUE & EXPENSE		767,956	464,650	(303,306)	-39.5%		1,510,912	882,465	(628,447)	-41.6%
42	TOTAL INTEREST & DEPRECIATION		934,520	1,115,708	(181,188)	-19.4%		1,869,040	2,116,552	(247,512)	-13.2%
45											
46	9/21/2024										

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	A	B	C	D	E	F	G
1	SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - YTD						
2	BALANCE SHEET	JUNE 2023	JUNE 2024	JULY 2024	AUGUST 2024	VARIANCE JUNE 2024 TO AUGUST	VARIANCE PERCENTAGE
3	TOTAL ASSETS	112,558,570	112,356,223	110,865,753	103,504,743	(8,851,480)	-8.6%
4	CURRENT ASSETS	29,638,354	27,852,347	25,566,107	27,811,355	(40,992)	-0.1%
16	ASSETS WITH LIMITED USE	9,102,770	18,463,589	18,692,536	13,361,460	(5,102,129)	-38.2%
17	NET PROPERTY, PLANT, AND EQUIPMENT	73,452,527	74,399,070	74,956,705	74,670,019	270,949	0.4%
24	OTHER ASSETS	364,919	(8,358,783)	(8,349,595)	(12,338,091)	(3,979,308)	32.3%
25							
26	TOTAL LIABILITIES & FUND BALANCE	112,558,570	112,356,134	110,865,740	103,504,740	(8,851,394)	-8.6%
27	TOTAL LIABILITIES	148,421,077	156,211,105	156,924,930	152,438,967	(3,772,138)	-2.5%
28	CURRENT LIABILITIES	28,682,871	32,668,483	33,395,760	32,358,249	(310,234)	-1.0%
38	LONG TERM LIABILITIES	119,738,206	123,542,622	123,529,170	120,080,718	(3,461,904)	-2.9%
39							
40	NET ASSETS	(35,862,507)	(43,854,971)	(46,059,190)	(48,934,227)	(5,079,256)	10.4%
45	9/21/2024						

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	A	B	C	D	E	F	G	H	I	J	K
	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL										
	INCOME STATEMENT		AUGUST 2024 BUDGET	AUGUST 2024 ACTUAL	VARIANCE AUGUST ACTUAL TO BUDGET	VARIANCE PERCENTAGE		AUGUST 2024 YTD BUDGET	AUGUST 2024 YTD ACTUAL	VARIANCE AUGUST YTD ACTUAL TO BUDGET	VARIANCE PER CENTAGE
1											
2											
3	NET INCOME		(1,702,352)	(2,875,037)	(1,172,685)	-68.9%		(3,988,297)	(4,727,574)	(739,277)	-18.5%
4	EBIDA		(1,535,788)	(2,223,978)	(688,190)	-44.8%		(3,630,169)	(3,493,487)	136,682	3.8%
5											
6	TOTAL OPERATING REVENUE		6,276,697	5,973,155	(303,542)	-4.8%		11,950,559	12,526,784	676,225	5.7%
7	NET PATIENT REVENUE		5,141,642	4,842,762	(298,880)	-5.8%		10,034,908	10,775,495	740,587	7.4%
8	GROSS REVENUE FROM PATIENT SERVICES		42,470,906	41,318,624	(1,152,282)	-2.7%		83,275,959	84,304,940	1,028,981	1.2%
9	TOTAL INPATIENT REVENUE		14,910,197	12,978,585	(1,931,612)	-13.0%		28,907,550	28,714,650	(192,900)	-0.7%
10	TOTAL OUTPATIENT REVENUE		27,560,709	28,340,039	779,330	2.8%		54,368,409	55,590,290	1,221,881	2.2%
11	DEDUCTIONS FROM REVENUE		(37,329,264)	(36,475,862)	853,402	2.3%		(73,241,051)	(73,529,445)	(288,394)	0.4%
12											
13	OTHER OPERATING REVENUE		1,135,055	1,130,393	(4,662)	-0.4%		1,815,651	1,751,289	(64,362)	-3.5%
14	OTHER REVENUE - RATE RANGE		0	0	0	0.0%		0	0	0	0.0%
15	OTHER REVENUE - OTHER SUPPLEMENTALS		456,322	456,322	0	0.0%		456,322	456,322	0	0.0%
16	OTHER REVENUE - DSH		8,065	0	(8,065)	-100.0%		16,130	0	(16,130)	-100.0%
17	OTHER REVENUE - PAP		0	0	0	0.0%		1,863	1,863	0	0.0%
18	OTHER REVENUE - OTHER		207,562	210,965	3,403	1.6%		415,124	366,892	(48,232)	-11.8%
19	OPERATING TAX REVENUES		463,106	463,106	0	0.0%		926,212	926,212	0	0.0%
20											
21	TOTAL OPERATING EXPENSE		7,812,485	8,197,133	(384,648)	-4.9%		15,480,728	16,020,271	(539,543)	-3.5%
22	TOTAL LABOR EXPENSE		5,012,702	5,032,466	(19,764)	-0.4%		9,896,108	9,813,349	82,759	0.8%
23	WAGES		3,883,851	4,088,361	(204,510)	-5.3%		7,667,800	7,969,571	(311,771)	-4.1%
24	EMPLOYEE BENEFITS		1,004,161	846,161	158,000	15.7%		1,998,071	1,650,641	347,430	17.4%
25	CONTRACT LABOR		124,690	97,944	26,746	21.4%		240,237	193,137	47,100	19.6%
26	PHYSICIAN FEES		526,919	493,346	33,573	6.4%		1,053,838	986,346	67,492	6.4%
27	PURCHASED SERVICES		949,765	1,293,644	(343,879)	-36.2%		1,877,830	2,336,874	(459,044)	-24.4%
28	SUPPLY EXPENSE		895,182	922,372	(27,190)	-3.0%		1,755,508	1,825,405	(69,897)	-4.0%
29	UTILITIES		113,787	93,552	20,235	17.8%		231,458	187,965	43,493	18.8%
30	REPAIRS AND MAINTENANCE		75,543	115,791	(40,248)	-53.3%		150,213	253,871	(103,658)	-69.0%
31	INSURANCE		143,966	144,611	(645)	-0.4%		287,932	350,293	(62,361)	-21.7%
32	OTHER EXPENSES		58,411	76,293	(17,882)	-30.6%		155,421	204,900	(49,479)	-31.8%
33	LEASE AND RENTALS		36,210	25,058	11,152	30.8%		72,420	61,268	11,152	15.4%
34											
35	NON-OPERATING REVENUE & EXPENSE										
36	TOTAL NON-OPERATING REVENUE & EXPENSE		767,956	464,650	(303,306)	-39.5%		1,510,912	882,465	(628,447)	-41.6%
37	OTHER NON-OPERATING REVENUE INCL. DONATIONS		39,649	64,649	25,000	63.1%		54,298	82,465	28,167	51.9%
38	OTHER NON-OPERATING DONATIONS		25,000	50,000	25,000	100.0%		25,000	50,000	25,000	100.0%
39	NON-OPERATING TAX REVENUE		728,307	400,000	(328,307)	-45.1%		1,456,614	800,000	(656,614)	-45.1%
40	EXTRAORDINARY REVENUE (EXPENSE)		0	0	0	0.0%		0	0	0	0.0%
41											
42	TOTAL INTEREST & DEPRECIATION		934,520	1,115,708	(181,188)	-19.4%		1,869,040	2,116,552	(247,512)	-13.2%
43	DEPRECIATION		521,390	527,290	(5,900)	-1.1%		1,042,780	1,066,370	(23,590)	-2.3%
44	INTEREST & AMORTIZATION		413,130	588,418	(175,288)	-42.4%		826,260	1,050,182	(223,922)	-27.1%
45											
46											

18

A		B		C		D	E	F	G
SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL - YTD									
BALANCE SHEET		JUNE 2023	JUNE 2024	JULY 2024	AUGUST 2024	VARIANCE JUNE 2024 TO AUGUST	VARIANCE PERCENTAGE		
3	TOTAL ASSETS	112,558,570	112,356,223	110,865,753	103,504,743	(8,851,480)	-8.6%		
4	CURRENT ASSETS	29,638,354	31,052,347	28,766,107	27,811,355	(3,240,992)	-11.7%		
5	CASH & EQUIVALENTS	14,521,085	19,357,580	16,209,619	14,919,776	(4,437,804)	-29.7%		
6	NET PATIENT ACCOUNTS RECEIVABLE	12,177,379	9,181,423	8,887,832	8,344,499	(836,924)	-10.0%		
7	HOSPITAL ACCOUNTS RECEIVABLE	86,192,181	89,675,653	87,701,226	84,071,760	(5,603,893)	-6.7%		
8	LESS: ALLOWANCE FOR BAD DEBTS	(74,014,802)	(80,494,230)	(78,813,394)	(75,727,261)	4,766,969	-6.3%		
9	OTHER CURRENT ASSETS	2,939,890	2,513,344	3,668,656	4,547,080	2,033,736	44.7%		
10	TAXES RECEIVABLE	2,263,620	3,335,975	3,953,596	4,503,778	1,167,803	25.9%		
11	MISC RECEIVABLE	64,052	(2,631,352)	(2,586,912)	(2,188,299)	443,053	-20.2%		
12	DUE FROM 3RD PARTIES	(1,097,349)	(940,346)	(899,227)	(858,108)	82,238	-9.6%		
13	INVENTORIES	1,311,782	2,075,663	1,996,271	1,974,103	(101,560)	-5.1%		
14	PREPAID EXPENSES	397,785	673,404	1,204,928	1,115,606	442,202	39.6%		
15									
16	ASSETS WITH LIMITED USE	9,102,770	18,463,589	18,692,536	13,361,460	(5,102,129)	-38.2%		
17	NET PROPERTY, PLANT, AND EQUIPMENT	73,452,527	74,399,070	74,956,705	74,670,019	270,949	0.4%		
18	PROPERTY, PLANT, AND EQUIPMENT	166,692,035	173,551,230	174,534,701	174,673,851	1,122,621	0.6%		
19	LAND & LAND IMPROVEMENTS	4,828,182	4,828,182	4,828,182	4,828,182	0	0.0%		
20	BUILDINGS & BUILDING IMPROVEMENTS	129,281,491	129,308,382	129,308,382	129,308,382	0	0.0%		
21	FIXED EQUIPMENT	29,262,127	32,436,708	32,468,491	32,550,091	113,383	0.3%		
22	CONSTRUCTION IN PROGRESS	3,320,235	6,977,958	7,929,646	7,987,196	1,009,238	12.6%		
23	LESS: ACCUMULATED DEPRECIATION	(93,239,508)	(99,152,160)	(99,577,996)	(100,003,832)	(851,672)	0.9%		
24	OTHER ASSETS	364,919	(11,558,783)	(11,549,595)	(12,338,091)	(779,308)	6.3%		
25									
26	TOTAL LIABILITIES & FUND BALANCE	112,558,570	112,356,134	110,865,740	103,504,740	(8,851,394)	-8.6%		
27	TOTAL LIABILITIES	148,421,077	156,211,105	156,924,930	152,438,967	(3,772,138)	-2.5%		
28	CURRENT LIABILITIES	28,682,871	32,668,483	33,395,760	32,358,249	(310,234)	-1.0%		
29	ACCOUNTS PAYABLE	11,278,786	9,580,038	9,900,342	10,265,947	685,909	6.7%		
30	PAYROLL PAYABLES	6,484,769	4,653,853	4,699,889	5,334,817	680,964	12.8%		
31	SALARIES & WAGES PAYABLE	579,682	909,057	1,761,713	1,686,841	777,784	46.1%		
32	PAYROLL TAXES & DEDUCTIONS PAYABLE	3,235,802	847,813	636,196	692,247	(135,566)	-22.5%		
33	ACCRUED PTO & SICK DAYS PAYABLE	2,669,285	2,896,983	2,301,980	2,955,729	58,746	2.0%		
34	LINE OF CREDIT	4,043,719	12,065,351	12,065,351	12,065,351	0	0.0%		
35	ACCRUED INTEREST PAYABLE	1,609,780	1,967,348	2,328,285	561,802	(1,405,546)	-250.2%		
36	OTHER CURRENT LIABILITIES	5,265,817	4,401,893	4,401,893	4,130,332	(271,561)	-6.6%		
37									
38	LONG TERM LIABILITIES	119,738,206	123,542,622	123,529,170	120,080,718	(3,461,904)	-2.9%		
39									
40	NET ASSETS	(35,862,507)	(43,854,971)	(46,059,190)	(48,934,227)	(5,079,256)	10.4%		
41	NET ASSETS - UNRESTRICTED	(35,862,507)	(43,854,971)	(46,059,190)	(48,934,227)	(5,079,256)	10.4%		
42	NET ASSETS - BEGINNING OF PERIOD	(33,723,881)	(35,868,911)	(44,206,653)	(44,206,653)	(8,337,742)	18.9%		
43	CURRENT YEAR NET GAIN/(LOSS)	(2,138,626)	(7,986,060)	(1,852,537)	(4,727,574)	3,258,486	-68.9%		
44									
45	9/21/2024								

	B	C	D	E	F	G	H		
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL								
2							(UNAUDITED)	(UNAUDITED)	
3							Current Month	Y-T-D	
4							8/31/2024	8/31/2024	
5	BEGINNING CASH BALANCES								
6		Cash: Beginning Balances- Hospital				\$	15,102,580	\$ 17,986,894	
7		Cash: Beginning Balances- District					1,107,039	1,370,686	
8		Cash: Beginning Balances Totals				\$	16,209,619	\$ 19,357,580	
9									
10	Receipts								
11		Patient Collections				\$	5,350,676	\$ 11,580,637	
12		Tax Subsidies/Measure D/Prop 13					463,106	\$ 926,212	
13		Misc Tax Subsidies					-	\$ -	
14		Donations/Grants/Loans					50,000	\$ 50,000	
15		Supplemental Funding (Rate Range, Etc.)					456,322	\$ 458,185	
16		Draws/(Paydown) of LOC Balances					-	\$ -	
17		Other Revenues/Receipts/Transfers					210,965	\$ 366,892	
18	TOTAL RECEIPTS						\$	6,531,069	\$ 13,381,926
19									
20	Disbursements								
21		Wages, Benefits, & Contract Labor				\$	5,032,466	\$ 9,813,349	
22		Other Operating Costs					3,164,667	\$ 6,206,922	
23		Capital Spending					139,150	\$ 1,122,621	
24		Debt Service Payments (Excl.G/O Bonds)					80,825	\$ 161,650	
25		Other - Changes in Accounts Payable, IGT's, Etc.					(596,196)	\$ 515,188	
26	TOTAL DISBURSEMENTS						\$	7,820,912	\$ 17,819,730
27									
28	TOTAL CHANGE in CASH						\$	(1,289,843)	\$ (4,437,804)
29									
30	ENDING CASH BALANCES								
31		Ending Balances- Hospital				\$	14,470,234	\$ 14,470,234	
32		Ending Balances- District					449,542	449,542	
33		Ending Balances- Totals				\$	14,919,776	\$ 14,919,776	
34									
35									
36									
37	LOC Current Balances					\$	12,000,000	\$ 12,000,000	
38	LOC Interest Expense Incurred						190,030	\$ 190,030	
39	9/21/2024								
40									
41									
42	NOTE: THE CASH FLOW STATEMENT IS BASED ON DATA FROM THE UNAUDITED FINANCIAL STATEMENTS AS OF JUNE 30, 2024 AND WILL BE								
43	SUBJECT TO ADJUSTMENTS ASSOCIATED WITH THE FINAL AUDITED FINANCIAL STATEMENTS.								

TAB F

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
September 18, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, September 18, 2024, in Classroom C, 600 N. Highland Springs Avenue, Banning, California.

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

Excused Absence: None

Staff Present: Steve Barron (CEO), Angela Brady (CNE), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), John Peleuses (VP, Ancillary and Support Services), Dan Heckathorne (CFO)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Susan DiBiasi called the meeting to order at 9:01 am.	
Public Comment	No public was present.	
OLD BUSINESS		
Proposed Action - Approve Minutes: July 17, 2024, Regular Meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the July 17, 2024, regular meeting. There were none.	The minutes of the July 17, 2024, Regular Meeting were reviewed and will stand as presented.
NEW BUSINESS		
Reports		
A. Employment Activity/Turnover Reports		
1. Employee Activity by Job Class/Turnover Report (07/01/2024)	Annah Karam, Chief Human Resources Officer, reviewed the report "Employee Activity by Job Class/Turnover Report" for the period of 07/01/2024 through 08/31/2024 as included in the Committee packet.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
through 08/31/2024)		
2. Separation Reasons Analysis All Associates (07/01/2024 through 08/31/2024)	<p>Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 07/01/2024 through 08/31/2024 as included in the Committee packet.</p> <p>For this period, there were 21 Voluntary Separations and 5 Involuntary Separations for a total of 26.</p>	
3. Separation Reason Analysis Full and Part Time Associates (07/01/2024 through 08/31/2024)	<p>Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 07/01/2024 through 08/31/2024 as included in the Committee packet.</p> <p>For this period, there were 10 Voluntary Separations and 3 Involuntary Separations for a total of 13.</p>	
4. Separation Reason Analysis Per Diem Associates (07/01/2024 through 08/31/2024)	<p>Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 07/01/2024 through 08/31/2024 as included in the Committee packet.</p> <p>For this period, there were 11 Voluntary Separations and 2 Involuntary Separations for a total of 13.</p>	
5. FTE Vacancy Summary (07/01/2024 through 08/31/2024)	<p>Annah reviewed the “FTE Vacancy Summary” for the period of 07/01/2024 through 08/31/2024 as included in the Committee packet.</p> <p>Annah reported that the Facility Wide vacancy rate as of 08/31/2024 was 14.49%.</p>	
6. RN Vacancy Summary (07/01/2024 through 08/31/2024)	<p>Annah reviewed the “RN Vacancy Summary” for the period of 07/01/2024 through 08/31/2024 as included in the Committee packet.</p> <p>Annah reported that the Overall All RN Vacancy rate as of 08/31/2024 was 19.43%.</p>	
B. Workers Compensation Report		
Workers Compensation Report (08/01/2024 through	Annah reviewed the Workers Compensation Reports covering the period of 08/01/2024 through 08/31/2024 as included in the Committee packet.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
08/31/2024)										
Proposed Action – Recommend Approval to Hospital Board <ul style="list-style-type: none"> 2024 Associates Health Plan Benefits 	Annah Karam, CHRO, reviewed the Associates Health Plan Benefits package as included in the committee packet. ROLL CALL: <table border="1" data-bbox="407 516 1179 594"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </table> Motion carried.	DiBiasi	Yes	Goldstein	Yes	Rader	Yes	Rutledge	Yes	M.S.C., (DiBiasi/Rader), the SGMH Human Resources Committee voted to recommend approval to the Hospital Board of the 2024 Associates Health Plan Benefits.
DiBiasi	Yes	Goldstein	Yes							
Rader	Yes	Rutledge	Yes							
Proposed Action – Recommend Approval to Hospital Board of Associate Holiday Gift Cards	Annah Karam noted that every year we present associates with holiday gift cards. The value of those gift cards will be as follows: Full time - \$100.00 Part Time - \$75.00 Per Diem - \$15.00 The total dollar amount is \$50,495.00. ROLL CALL: <table border="1" data-bbox="407 1131 1179 1209"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </table> Motion carried.	DiBiasi	Yes	Goldstein	Yes	Rader	Yes	Rutledge	Yes	M.S.C., (Rader/Goldstein), the SGMH Human Resources Committee voted to recommend approval to the Hospital Board of the Associate Holiday Gift Cards.
DiBiasi	Yes	Goldstein	Yes							
Rader	Yes	Rutledge	Yes							
Education	Annah reviewed each education article as included in the committee packets: <ul style="list-style-type: none"> Reclaiming the Power of Hope 									
Future Agenda items	None.									
Next regular meeting	The next regular Human Resources Committee meeting is scheduled for January 15, 2025, @ 9:00 am.									
Adjournment	The meeting was adjourned at 9:28 am.									

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

07/01/2024 THROUGH 08/31/2024

JOB CLASS/FAMILY	CURRENT	2023	YTD	CURRENT	2023	YTD	ACTIVE	LOA	CURRENT	ANNUALIZED	
	NEW HIRES	NEW HIRES	NEW HIRES	SEPARATIONS	SEPARATIONS	TERMS	ASSOCIATE	ASSOCIATE	TURNOVER	TURNOVER	
	07/01/2024 THROUGH 08/31/2024		01/01/2024 THROUGH 08/31/2024	07/01/2024 THROUGH 08/31/2024		01/01/2024 THROUGH 08/31/2024	AS OF 08/31/2024	AS OF 08/31/2024	AS OF 08/31/2024		
ADMIN/CLERICAL	0	9	5	1	11	10	77	3	1.30%	12.99%	1
ANCILLARY	3	24	16	3	17	19	79	1	3.80%	24.05%	2
CLS	0	5	0	0	4	1	4	0	0.00%	25.00%	3
DIRECTORS/MGRS	0	3	0	0	6	3	32	0	0.00%	9.38%	4
LVN	2	2	2	0	2	3	18	0	0.00%	16.67%	5
OTHER NURSING	5	27	13	4	31	11	55	1	7.27%	20.00%	6
PT	0	5	0	0	2	1	8	0	0.00%	12.50%	7
RAD TECH	2	5	3	0	6	3	29	2	0.00%	10.34%	8
RN	9	54	34	11	64	30	140	7	7.86%	21.43%	9
RT	0	3	2	0	3	1	21	2	0.00%	4.76%	10
SUPPORT SERVICES	6	59	28	7	51	23	107	4	6.54%	21.50%	11
FACILITY TOTAL	27	196	103	26	197	105	570	20	4.56%	18.42%	12
<i>Full Time</i>	18	115	59	9	104	52	398	15	2.26%	13.07%	13
<i>Part Time</i>	2	22	13	4	20	16	59	2	6.78%	27.12%	14
<i>Per Diem</i>	7	59	31	13	73	37	113	3	11.50%	32.74%	15
TOTAL	27	196	103	26	197	105	570	20	4.56%		16

Current Turnover: J22
Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:
 Turnover for all Associates = 2.90%
 Turnover for all RNs = 3.30%
 TOTAL ASSOCIATES ON PAYROLL = 590

Southern California Hospital Association (HASC) Benchmark:
 Turnover for all PER DIEM Associates = 8.90%
 Turnover for all PER DIEM RNs = 7.10%

SEPARATION ANALYSIS
ALL ASSOCIATES
 07/01/2024 THROUGH 08/31/2024

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
Voluntary Separations								
Full-Time	30.8%	2	1	5	0	0	0	8
Part-Time	7.7%	0	1	0	1	0	0	2
Per Diem	42.3%	5	1	3	2	0	0	11
Subtotal, Voluntary Separations	80.8%	7	3	8	3	0	0	21
Involuntary Separations								
Full-Time	3.8%	1	0	0	0	0	0	1
Part-Time	7.7%	1	0	1	0	0	0	2
Per Diem	7.7%	1	0	0	0	1	0	2
Subtotal, Involuntary Separation	19.2%	3	0	1	0	1	0	5
Total Separations	100.0%	10	3	9	3	1	0	26

DEPARTMENTS	1-LT 90 DAYS	2-90 TO 1 YR	3-1YR TO 2.9YRS	4-3 TO 5 YRS	5-6 TO 10 YRS	Grand Total
Involuntary	3		1		1	5
BHC			1			1
ED					1	1
Security	3					3
Voluntary	7	3	8	3		21
Case Management				1		1
Echo			1			1
ED	1	1	1			3
ICU			1			1
MS	1		1	1		3
OB	1	1	1			3

OR			1			1
PACU	1		1			2
Pharmacy	2					2
PICC				1		1
Registration			1			1
Security	1	1				2
Grand Total	10	3	9	3	1	26

FULL AND PART TIME ASSOCIATES
07/01/2024 THROUGH 08/31/2024

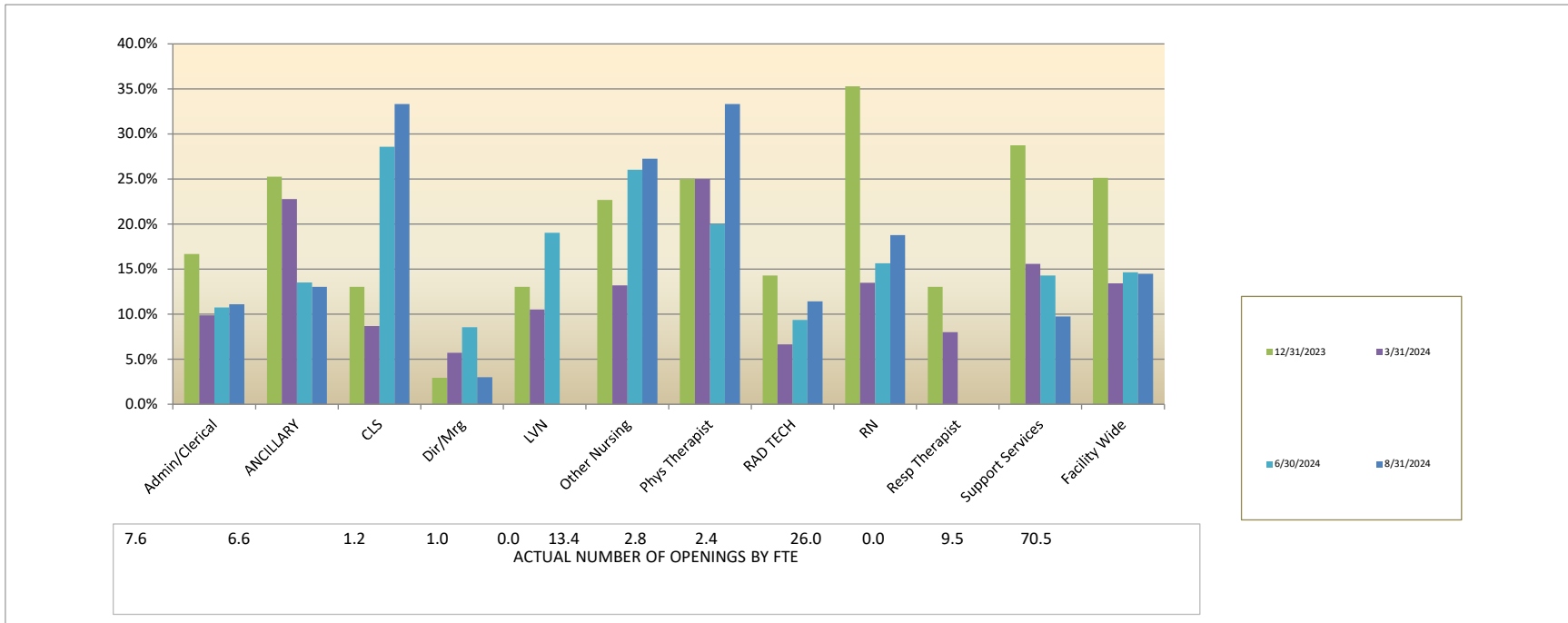
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
Voluntary Separations								
Did not Return from LOA	0.0%							0
Employee Death	0.0%							0
Family/Personal Reasons	7.7%				1			1
Job Abandonment	7.7%			1				1
Job Dissatisfaction	0.0%							0
Medical Reasons	0.0%							0
New Job Opportunity	61.5%	2	2	4				8
Not Available to Work	0.0%							0
Pay	0.0%							0
Relocation	0.0%							0
Retirement	0.0%							0
Return to School	0.0%							0
Unknown	0.0%							0
Subtotal, Voluntary Separations	76.9%	2	2	5	1	0	0	10
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Conduct	7.7%			1				1
Death	0.0%							0
Expired Credentials	0.0%							0
Didn't meet scheduling needs	0.0%							0
Poor Performance	15.4%	2						2
Position Eliminations	0.0%							0
Temporary Position	0.0%							0
Subtotal, Involuntary Separations	23.1%	2	0	1	0	0	0	3
Total Separations	100.0%	4	2	6	1	0	0	13

Separation Reason Analysis
Per Diem Associates Only
07/01/2024 THROUGH 08/31/2024

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
Voluntary Separations								
Did not Return from LOA	0.0%							0
Employee Death	0.0%							0
Family/Personal Reasons	7.7%			1				1
Job Abandonment	7.7%	1						1
Job Dissatisfaction	0.0%							0
Medical Reasons	0.0%							0
New Job Opportunity	61.5%	3	1	2	2			8
Not Available to Work	7.7%	1						1
Pay	0.0%							0
Relocation	0.0%							0
Retirement	0.0%							0
Return to School	0.0%							0
Unknown	0.0%							0
Subtotal, Voluntary Separations	84.6%	5	1	3	2	0	0	11
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Conduct	7.7%					1		1
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Poor Performance	7.7%	1						1
Position Eliminations	0.0%							0
Temporary Position	0.0%							0
Subtotal, Involuntary Separations	15.4%	1	0	0	0	1	0	2
Total Separations	100.0%	6	1	3	2	1	0	13

FTE Vacancy Summary: 07/01/2024 THROUGH 08/31/2024

	<u>Admin/Clerical</u>	<u>ANCILLARY</u>	<u>CLS</u>	<u>Dir/Mrg</u>	<u>LVN</u>	<u>Other Nursing</u>	<u>Phys Therapist</u>	<u>RAD TECH</u>	<u>RN</u>	<u>Resp Therapist</u>	<u>Support Services</u>	<u>Facility Wide</u>
12/31/2023	16.67%	25.27%	13.04%	2.94%	13.04%	22.68%	25.00%	14.29%	35.29%	13.04%	28.75%	25.13%
3/31/2024	9.89%	22.78%	8.70%	5.71%	10.53%	13.19%	25.00%	6.67%	13.48%	8.00%	15.60%	13.44%
6/30/2024	10.75%	13.54%	28.57%	8.57%	19.05%	26.03%	20.00%	9.38%	15.64%	0.00%	14.29%	14.67%
8/31/2024	11.11%	13.04%	33.33%	3.03%	0.00%	27.27%	33.33%	11.43%	18.78%	0.00%	9.76%	14.49%

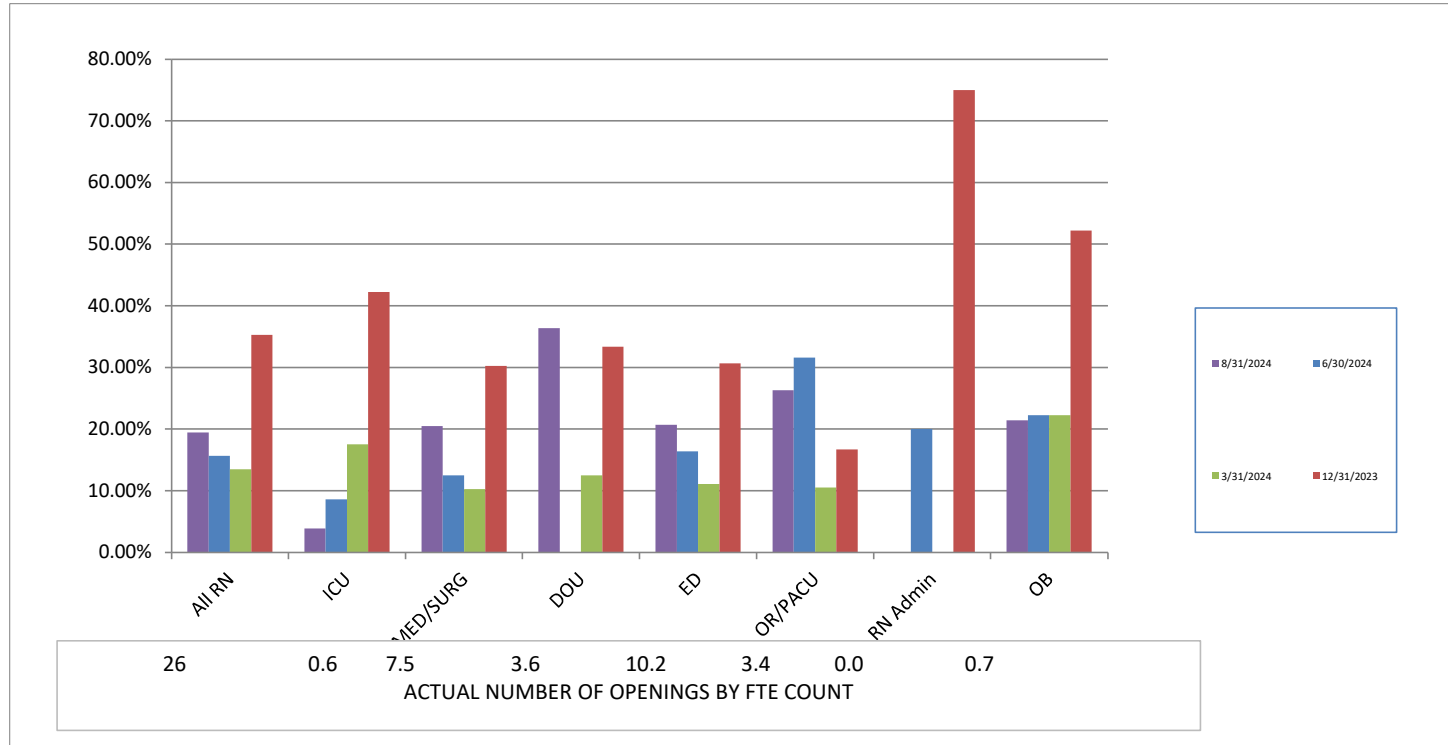


RN FTE Vacancy Summary: 07/01/2024 THROUGH 08/31/2024

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

	8/31/2024	6/30/2024	3/31/2024	12/31/2023		OPEN POSITIONS	TOTAL STAFF	VACANCY RATE
All RN	19.43%	15.64%	13.48%	35.29%	All RN	34	141	19.43%
ICU	3.85%	8.57%	17.50%	42.22%	ICU	1	25	3.85%
MED/SURG	20.45%	12.50%	10.26%	30.23%	Med Surg	9	35	20.45%
DOU	36.36%	0.00%	12.50%	33.33%	DOU	4	7	36.36%
ED	20.69%	16.36%	11.11%	30.65%	ED	12	46	20.69%
OR/PACU	26.32%	31.58%	10.53%	16.67%	OR/PACU	5	14	26.32%
RN Admin	0.00%	20.00%	0.00%	75.00%	RN Adm.	0	3	0.00%
OB	21.43%	22.22%	22.22%	52.17%	OB	3	11	21.43%

FTE
26
0.6
7.5
3.6
10.2
3.4
0
0.7





DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 8/31/2024

Reporting Period 8/1/2024 - 8/31/2024

SUMMARY DATA

FiscalYear	ValuationDate	Values			Open Count
		Total Paid	Total Reserves	Total Incurred	
2015-2016	2024-08-31	845,278	148,060	993,338	3
2016-2017	2024-08-31	205,546	-	205,546	-
2017-2018	2024-08-31	72,312	-	72,312	-
2018-2019	2024-08-31	87,976	48,320	136,297	1
2019-2020	2024-08-31	68,021	-	68,021	-
2020-2021	2024-08-31	407,865	226,751	634,615	3
2021-2022	2024-08-31	111,243	65,340	176,584	2
2022-2023	2024-08-31	173,017	124,852	297,869	3
2023-2024	2024-08-31	333,676	243,831	577,508	9
2024-2025	2024-08-31	7,082	22,902	29,984	4
Grand Total		2,312,017	880,057	3,192,073	25

DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 8/31/2024

Reporting Period 8/1/2024 - 8/31/2024

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
20805905		Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	270,264	101,665	371,928
16000811		Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	173,385	47,840	221,225
16000026		Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	138,013	62,541	200,553
23001495		Laboratory	Fall, Slip or Trip Injury	2023-07-11	Open	138,040	6,897	144,937
21000657		Environmental Services	Fall, Slip or Trip Injury	2021-03-16	Re-Open	45,256	79,404	124,661
22002677		Medical Surgical	Strain or Injury By	2022-11-20	Open	61,030	38,278	99,308
16001005		Medical Surgical	Burn or Scald - Heat or Cold Exposures -	2016-07-21	Closed	98,814	-	98,814
23001964		Obstetrics	Fall, Slip or Trip Injury	2023-09-03	Open	61,049	35,022	96,071
16000233		Environmental Services	Strain or Injury By	2016-02-20	Closed	93,934	-	93,934
16000357		Medical Surgical	Struck or Injured By	2016-03-16	Closed	82,643	-	82,643

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Medical Surgical	39	19.40%	752,096	23.56%
Environmental Services	36	17.91%	754,901	23.65%
Emergency Department	27	13.43%	137,060	4.29%
Dietary	20	9.95%	21,506	0.67%
Laboratory	10	4.98%	221,028	6.92%
Intensive Care Unit (ICU)	8	3.98%	59,995	1.88%
Surgical Services	8	3.98%	412,813	12.93%
Medical Staff	6	2.99%	64,218	2.01%
Obstetrics	6	2.99%	353,923	11.09%
Nursing Administration	5	2.49%	135,145	4.23%

SEVERITY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	36	17.91%	754,901	23.65%
Medical Surgical	39	19.40%	752,096	23.56%
Surgical Services	8	3.98%	412,813	12.93%
Obstetrics	6	2.99%	353,923	11.09%
Laboratory	10	4.98%	221,028	6.92%
Emergency Department	27	13.43%	137,060	4.29%
Nursing Administration	5	2.49%	135,145	4.23%
CT/Echotechnology	2	1.00%	64,766	2.03%
Medical Staff	6	2.99%	64,218	2.01%
Intensive Care Unit (ICU)	8	3.98%	59,995	1.88%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	66	32.84%	798,933	25.03%
Fall, Slip or Trip Injury	33	16.42%	1,676,252	52.51%
Struck or Injured By	24	11.94%	194,600	6.10%
Burn or Scald - Heat or Cold Exposures - Contact	21	10.45%	131,744	4.13%
Cut, Puncture, Scrape Injured by	18	8.96%	76,887	2.41%
Exposure	13	6.47%	62,327	1.95%
Caught In, Under or Between	12	5.97%	9,997	0.31%
Miscellaneous Causes	9	4.48%	163,233	5.11%
Striking Against or Stepping on	3	1.49%	46,967	1.47%
Motor Vehicle	2	1.00%	31,133	0.98%

SEVERITY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Fall, Slip or Trip Injury	33	16.42%	1,676,252	52.51%
Strain or Injury By	66	32.84%	798,933	25.03%
Struck or Injured By	24	11.94%	194,600	6.10%
Miscellaneous Causes	9	4.48%	163,233	5.11%
Burn or Scald - Heat or Cold Exposure	21	10.45%	131,744	4.13%
Cut, Puncture, Scrape Injured by	18	8.96%	76,887	2.41%
Exposure	13	6.47%	62,327	1.95%
Striking Against or Stepping on	3	1.49%	46,967	1.47%
Motor Vehicle	2	1.00%	31,133	0.98%
Caught In, Under or Between	12	5.97%	9,997	0.31%

Open Claims

San Geronio Memorial Hospital

Fiscal Year Basis: July

Data as of 8/31/2024

Reporting Period 8/1/2024 - 8/31/2024

							Values				
Loss Date	Claim #	Status	Claimant Name	ClaimantTypeDesc	InjuryCauseGroup	Litigated (1=	Count	Paid	Outstanding	Incurred	Lost Time
2015-08-20	15001161	Re-Open		Future Medical	Strain or Injury By	0	1	27,087	37,679	64,766	0
2016-01-05	16000026	Open		Future Medical	Fall, Slip or Trip Inju	1	1	138,013	62,541	200,553	749
2016-05-31	16000811	Open		Future Medical	Fall, Slip or Trip Inju	1	1	173,385	47,840	221,225	730
2019-02-11	19000235	Open		Future Medical	Fall, Slip or Trip Inju	0	1	25,836	48,320	74,157	0
2020-08-04	20805905	Open		Indemnity	Fall, Slip or Trip Inju	1	1	270,264	101,665	371,928	728
2021-03-16	21000657	Re-Open		Indemnity	Fall, Slip or Trip Inju	1	1	45,256	79,404	124,661	201
2021-04-30	21001003	Open		Indemnity	Strain or Injury By	0	1	1,439	45,682	47,121	0
2021-08-13	21001795	Open		Future Medical	Strain or Injury By	0	1	33,280	40,127	73,407	70
2022-01-23	22000651	Re-Open		Future Medical	Fall, Slip or Trip Inju	0	1	31,827	25,213	57,040	106
2022-11-20	22002677	Open		Indemnity	Strain or Injury By	0	1	61,030	38,278	99,308	200
2022-12-02	22002737	Open		Indemnity	Strain or Injury By	0	1	4,562	47,252	51,814	11
2023-03-07	23000477	Open		Future Medical	Fall, Slip or Trip Inju	0	1	36,780	39,321	76,101	125
2023-07-11	23001495	Open		Indemnity	Fall, Slip or Trip Inju	1	1	138,040	6,897	144,937	112
2023-09-03	23001964	Open		Future Medical	Fall, Slip or Trip Inju	0	1	61,049	35,022	96,071	154
2024-01-01	24001214	Open		Indemnity	Struck or Injured By	0	1	12	12,988	13,000	0
2024-01-09	23003107	Open		Future Medical	Strain or Injury By	0	1	7,025	33,368	40,393	22
2024-01-11	24000701	Open		Indemnity	Miscellaneous Cause	1	1	5,072	44,428	49,500	0
2024-02-23	24000340	Open		Indemnity	Fall, Slip or Trip Inju	0	1	31,449	27,847	59,297	100
2024-04-01	24000719	Open		Indemnity	Fall, Slip or Trip Inju	1	1	5,172	48,448	53,621	14
2024-04-08	24000851	Open		Indemnity	Striking Against or S	0	1	10,998	34,833	45,830	50
2024-06-24	24001902	Open		Indemnity	Strain or Injury By	0	1	-	-	-	0
2024-07-22	24001567	Open		Indemnity	Strain or Injury By	0	1	6,832	14,002	20,834	22
2024-07-28	24001604	Open		Indemnity	Burn or Scald - Heat	0	1	-	150	150	0
2024-08-05	24001690	Open		Medical	Cut, Puncture, Scrap	0	1	250	3,250	3,500	0
2024-08-22	24001856	Open		Indemnity	Fall, Slip or Trip Inju	0	1	-	5,500	5,500	0
Grand Total							25	1,114,659	880,057	1,994,715	3,394

TAB G



San Geronio Memorial Hospital

2025 Executive Overview
& Renewal Results

August 28, 2024



2025 Renewal Results

Coverage	Renewal Outcome
Medical - Anthem	<ul style="list-style-type: none"> ▪ Anthem's best and final renewal: +3.5% or +\$179K for all medical plans <ul style="list-style-type: none"> ○ \$25,000 wellness fund included ○ 2nd year adjustable-rate cap based on medical loss ratio ○ Negotiated renewal resulted in \$545K in annual savings ▪ Initial proposed overall renewal was +14.5% or +\$718K <ul style="list-style-type: none"> ○ The HMO plan received +14.4% (experience rated) and the PPO plans received +16.0% (non-experience rated) <ul style="list-style-type: none"> ▪ Anthem's initial proposal included high administrative expenses and trends (13.09% medical, 13.54% pharmacy) ○ Anthem provided a negotiated revised renewal of +5.0% or +\$247K <ul style="list-style-type: none"> ○ Alliant underwriters prepared markup of Anthem's renewal using historical claims data, projected trend (7.25% medical, 10.5% pharmacy), pooling charges and capitation to get to a modified rate action between: +4.0% to +6.0% ○ Conducted PRISM marketing and received competitive proposal from Anthem for overall increase of +0.9% or +\$46K <ul style="list-style-type: none"> ▪ Alliant leveraged PRISM proposal to improve Anthem's best and final pricing
Dental – United Concordia	<ul style="list-style-type: none"> ▪ Dental – under rate guarantee, +0% or +\$0 <ul style="list-style-type: none"> ○ 2 Year Rate Guarantee until 12/31/2025 ▪ Conducted marketing and received competitive proposals from Delta Dental (+4.6%) & Ameritas (-3.3%)
Vision - VSP	<ul style="list-style-type: none"> ▪ Vision – under rate guarantee, +0% or +\$0 <ul style="list-style-type: none"> ○ 3 Year Rate Guarantee until 12/31/2026
Life & Disability - Anthem	<ul style="list-style-type: none"> ▪ Basic Life – under rate guarantee, +0% or +\$0 <ul style="list-style-type: none"> ○ 2 Year Rate Guarantee until 12/31/2025 ○ Conducted PRISM marketing and received competitive proposal from Lincoln Financial ▪ Long-Term Disability – under rate guarantee, +0% or +\$0 <ul style="list-style-type: none"> ○ 2 Year Rate Guarantee until 12/31/2025 ○ Conducted PRISM marketing and received competitive proposal from Lincoln Financial
EAP – Concern	<ul style="list-style-type: none"> ▪ EAP is in a rate guarantee through 6/2026



2025 Renewal Financial Overview

2025 Renewal Decision

Line of Coverage	Lives	2024			2025			2025			Option 1			
		Current	Initial Renewal	% Δ	Total PEPY	Negotiated Renewal	% Δ	Total PEPY	Final Negotiated Renewal	% Δ	Total PEPY	PRISM Proposal	% Δ	Total PEPY
Medical HMO - Anthem	344	\$4,705,113	\$5,384,038	14.4%	\$15,651	\$4,940,368	5.0%	\$14,362	\$4,869,782	3.5%	\$14,156	PRISM Proposal \$4,809,000	2.2%	\$13,980
Medical Classic PPO - Anthem	7	\$127,268	\$147,630	16.0%	\$21,090	\$133,631	5.0%	\$19,090	\$131,721	3.5%	\$18,817	PRISM Proposal \$97,080	-23.7%	\$13,869
Medical Solution PPO - Anthem	6	\$114,745	\$133,104	16.0%	\$22,184	\$120,482	5.0%	\$20,080	\$118,761	3.5%	\$19,793	PRISM Proposal \$87,444	-23.8%	\$14,574
Dental HMO - United Concordia	182	Rate Guarantee \$66,472	\$66,472	0.0%	\$365	Rate Guarantee \$66,472	0.0%	\$365	Rate Guarantee \$66,472	0.0%	\$365	Rate Guarantee \$66,472	0.0%	\$365
Dental PPO - United Concordia	196	Rate Guarantee \$191,618	\$191,618	0.0%	\$978	Rate Guarantee \$191,618	0.0%	\$978	Rate Guarantee \$191,618	0.0%	\$978	Rate Guarantee \$191,618	0.0%	\$978
Vision - VSP	354	Rate Guarantee \$45,050	\$45,050	0.0%	\$127	Rate Guarantee \$45,050	0.0%	\$127	Rate Guarantee \$45,050	0.0%	\$127	Rate Guarantee \$45,050	0.0%	\$127
Basic Life and AD&D - Anthem	468	Rate Guarantee \$56,172	\$56,172	0.0%	\$120	Rate Guarantee \$56,172	0.0%	\$120	Rate Guarantee \$56,172	0.0%	\$120	Rate Guarantee \$56,172	0.0%	\$120
Long Term Disability - Anthem	468	Rate Guarantee \$11,437	\$11,437	0.0%	\$24	Rate Guarantee \$11,437	0.0%	\$24	Rate Guarantee \$11,437	0.0%	\$24	Rate Guarantee \$11,437	0.0%	\$24
TOTAL ANNUAL PREMIUM		\$5,317,873	\$6,035,519			\$5,565,229			\$5,491,012			\$5,364,272		
\$ Δ			\$717,646			\$247,356			\$173,139			\$46,399		
% Δ			13.5%			4.7%			3.3%			0.9%		

*Anthem: Renewal Wellness Budget- Annual credit in the amount of \$25,000.00 will be applied for the purchase of services provided from Anthem, or an outside vendor through December 31, 2025. All applicable invoices must be submitted prior to December 10, 2025. Funds will be forfeited if not used by December 31, 2025.

Note: The PRISM proposal does not include a wellness credit.

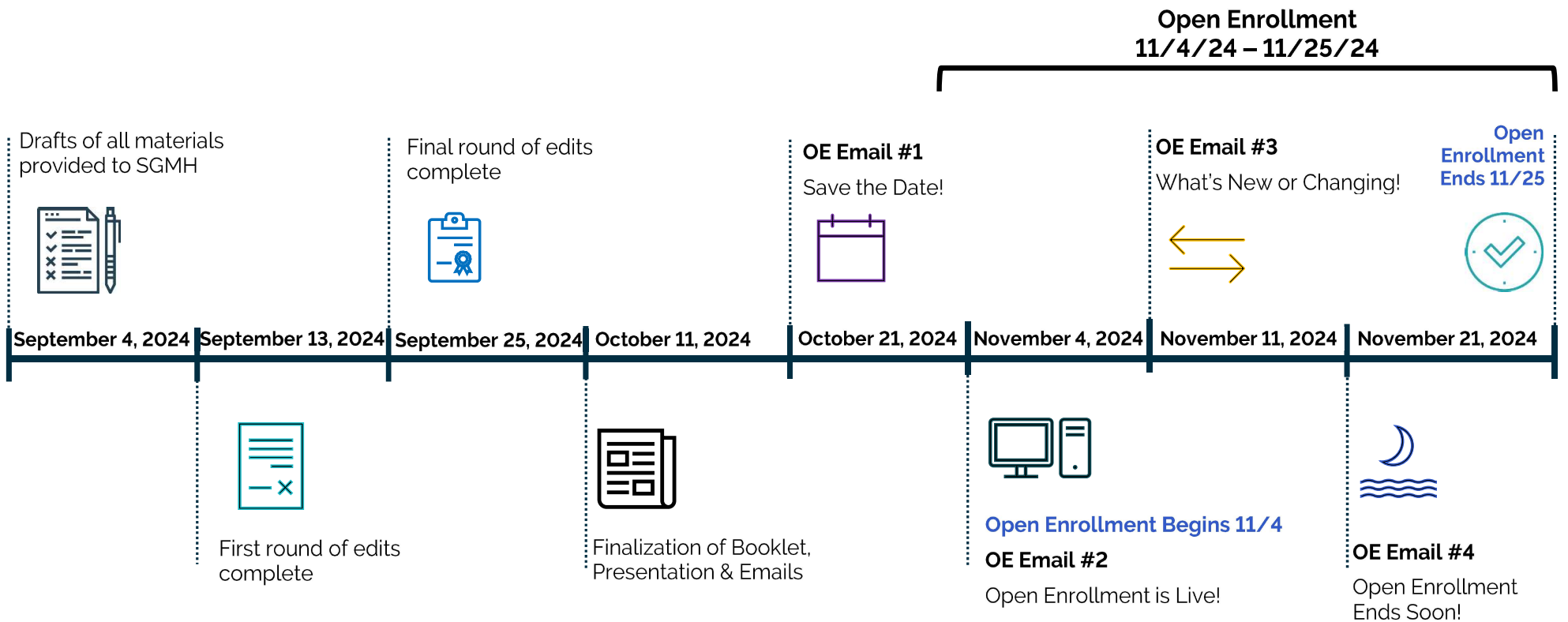
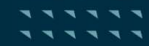
2025 Contributions Scenarios – Part I (Pending Decision)

Option 1

Option 2

Employee Contributions		2024 Current Monthly Contributions				2025 Negotiated Renewal - EE \$ Same Monthly Contributions					2025 Negotiated Renewal - ER \$ Same Monthly Contributions				
		Total	ER Cost	EE Cost	EE %	Total	ER Cost	EE Cost	EE %	\$Δ	Total	ER Cost	EE Cost	EE %	\$Δ
Anthem HMO Full Time	Lives														
EE Only	130	\$574.48	\$511.06	\$63.42	11.0%	\$594.58	\$531.16	\$63.42	10.7%	\$0.00	\$594.58	\$511.06	\$83.52	14.0%	\$20.10
EE + 1	68	\$1,204.03	\$1,071.09	\$132.94	11.0%	\$1,246.17	\$1,113.23	\$132.94	10.7%	\$0.00	\$1,246.17	\$1,071.09	\$175.08	14.0%	\$42.14
EE + Family	111	\$1,719.10	\$1,529.27	\$189.83	11.0%	\$1,779.27	\$1,589.44	\$189.83	10.7%	\$0.00	\$1,779.27	\$1,529.27	\$250.00	14.1%	\$60.17
Annual Premium	309	\$4,168,518	\$3,708,251	\$460,268	11.0%	\$4,314,407	\$3,854,139	\$460,268	10.7%		\$4,314,407	\$3,708,251	\$606,156	14.0%	
Anthem HMO Part Time															
EE Only	12	\$574.48	\$489.18	\$85.30	14.8%	\$594.58	\$509.28	\$85.30	14.3%	\$0.00	\$594.58	\$489.18	\$105.40	17.7%	\$20.10
EE + 1	5	\$1,204.03	\$1,025.24	\$178.79	14.8%	\$1,246.17	\$1,067.38	\$178.79	14.3%	\$0.00	\$1,246.17	\$1,025.24	\$220.93	17.7%	\$42.14
EE + Family	16	\$1,719.10	\$1,463.84	\$255.26	14.8%	\$1,779.27	\$1,524.01	\$255.26	14.3%	\$0.00	\$1,779.27	\$1,463.84	\$315.43	17.7%	\$60.17
Annual Premium	33	\$485,034	\$413,014	\$72,021	14.8%	\$502,010	\$429,989	\$72,021	14.3%		\$502,010	\$413,014	\$88,996	17.7%	
Anthem Classic PPO Full Time															
EE Only	6	\$1,050.82	\$625.20	\$425.62	40.5%	\$1,087.59	\$661.97	\$425.62	39.1%	\$0.00	\$1,087.59	\$625.20	\$462.39	42.5%	\$36.77
EE + 1	1	\$2,204.00	\$1,310.46	\$893.54	40.5%	\$2,281.14	\$1,387.60	\$893.54	39.2%	\$0.00	\$2,281.14	\$1,310.46	\$970.68	42.6%	\$77.14
EE + Family	0	\$3,147.53	\$1,871.18	\$1,276.35	40.6%	\$3,257.69	\$1,981.34	\$1,276.35	39.2%	\$0.00	\$3,257.69	\$1,871.18	\$1,386.51	42.6%	\$110.16
Annual Premium	7	\$102,107	\$60,740	\$41,367	40.5%	\$105,680	\$64,313	\$41,367	39.1%		\$105,680	\$60,740	\$44,941	42.5%	
Anthem Classic PPO Part Time															
EE Only	1	\$1,050.82	\$601.34	\$449.48	42.8%	\$1,087.59	\$638.11	\$449.48	41.3%	\$0.00	\$1,087.59	\$601.34	\$486.25	44.7%	\$36.77
EE + 1	0	\$2,204.00	\$1,260.45	\$943.55	42.8%	\$2,281.14	\$1,337.59	\$943.55	41.4%	\$0.00	\$2,281.14	\$1,260.45	\$1,020.69	44.7%	\$77.14
EE + Family	1	\$3,147.53	\$1,799.75	\$1,347.78	42.8%	\$3,257.69	\$1,909.91	\$1,347.78	41.4%	\$0.00	\$3,257.69	\$1,799.75	\$1,457.94	44.8%	\$110.16
Annual Premium	2	\$50,380	\$28,813	\$21,567	42.8%	\$52,143	\$30,576	\$21,567	41.4%		\$52,143	\$28,813	\$23,330	44.7%	
Anthem Solutions PPO Full Time															
EE Only	2	\$847.36	\$606.25	\$241.11	28.5%	\$877.02	\$635.91	\$241.11	27.5%	\$0.00	\$877.02	\$606.25	\$270.77	30.9%	\$29.66
EE + 1	2	\$1,776.73	\$1,270.68	\$506.05	28.5%	\$1,838.91	\$1,332.86	\$506.05	27.5%	\$0.00	\$1,838.91	\$1,270.68	\$568.23	30.9%	\$62.18
EE + Family	1	\$2,537.14	\$1,814.33	\$722.81	28.5%	\$2,625.94	\$1,903.13	\$722.81	27.5%	\$0.00	\$2,625.94	\$1,814.33	\$811.61	30.9%	\$88.80
Annual Premium	5	\$93,424	\$66,818	\$26,606	28.5%	\$96,694	\$70,088	\$26,606	27.5%		\$96,694	\$66,818	\$29,875	30.9%	
Anthem Solutions PPO Part Time															
EE Only	1	\$847.36	\$582.39	\$264.97	31.3%	\$877.02	\$612.05	\$264.97	30.2%	\$0.00	\$877.02	\$582.39	\$294.63	33.6%	\$29.66
EE + 1	1	\$1,776.73	\$1,220.67	\$556.06	31.3%	\$1,838.91	\$1,282.85	\$556.06	30.2%	\$0.00	\$1,838.91	\$1,220.67	\$618.24	33.6%	\$62.18
EE + Family	1	\$2,537.14	\$1,742.90	\$794.24	31.3%	\$2,625.94	\$1,831.70	\$794.24	30.2%	\$0.00	\$2,625.94	\$1,742.90	\$883.04	33.6%	\$88.80
Annual Premium	3	\$61,935	\$42,552	\$19,383	0.0%	\$64,102	\$44,719	\$19,383	30.2%		\$64,102	\$42,552	\$21,551	33.6%	
MEDICAL TOTAL	359	\$4,961,398	\$4,320,187	\$641,212	12.9%	\$5,135,036	\$4,493,825	\$641,212	12.5%		\$5,135,036	\$4,320,187	\$814,850	15.9%	
<i>Change from current - \$</i>						\$173,638	\$173,638	\$0			\$173,638	\$0	\$173,638		
<i>Change from current - %</i>						3.5%	4.0%	0.0%			3.5%	0.0%	27.1%		

2025 Communications Timeline





Historical Medical Renewal History

Plan Year	SGMH Initial Anthem Renewal	SGMH (Final Negotiated Anthem Renewal)	PRISM	Average SoCal Carrier Pooled Renewal*	PERS Choice/Platinum PPO**
2021	0.0%	0.0%	5.2%	12.1%	12.3%
2022	12.5%	3.0%	-1.7%	13.2%	5.1%
2023	13.0%	2.0%	9.1%	12.7%	14.5%
2024	20.0%	6.6%	12.3%	14.1%	12.2%
2025	14.4%	3.5%	4.7%	14.1%	9.8%
Average	11.99%	3.0%	5.9%	13.2%	10.8%

*2025 California SoCal Carrier Pooled renewal average is estimated based on carrier trends data

** PERS Choice/Platinum base on 2025 statewide preliminary renewals



2025 Medical Overview

Line of Coverage	Lives	Anthem			Anthem		Anthem		Anthem	
		Current	Initial Renewal	% Δ	Negotiated Renewal	% Δ	Final Negotiated Renewal	% Δ	(PRISM)	% Δ
Medical HMO - Anthem	344	\$4,705,113	\$5,384,038	14.4%	\$4,940,368	5.0%	\$4,869,782	3.5%	\$4,809,000	2.2%
Medical Classic PPO - Anthem	7	\$127,268	\$147,630	16.0%	\$133,631	5.0%	\$131,721	3.5%	\$97,080	-23.7%
Medical Solution PPO - Anthem	6	\$114,745	\$133,104	16.0%	\$118,761	3.5%	\$118,761	3.5%	\$87,444	-23.8%
TOTAL ANNUAL PREMIUM		\$4,947,125	\$5,664,772		\$5,192,760		\$5,120,264		\$4,993,524	
\$Δ ANNUAL			\$717,646		\$245,634		\$173,139		\$46,399	
%Δ ANNUAL			14.5%		5.0%		3.5%		0.9%	

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.



2025 Dental Marketing Results

Line of Coverage	Lives				Option 1		Option 2		Option 3	
		Current	Renewal	% Δ	Ameritas (Direct)	% Δ	Delta Dental (Direct)	% Δ	Anthem (Direct)	% Δ
United Concordia - DHMO	182	In Rate Guarantee \$66,472	\$66,472	0.0%	LPD-200 \$65,846	-0.9%	Delta \$66,472	0.0%	3000A \$66,958	0.7%
United Concordia - DPPO	196	In Rate Guarantee \$191,618	\$191,618	0.0%	Ameritas DPPO \$183,749	-4.1%	Delta \$203,597	6.3%	Anthem PPO \$232,045	21.1%
TOTAL ANNUAL PREMIUM		\$258,089	\$258,089		\$249,595		\$270,069		\$299,004	
ANNUAL DOLLAR CHANGE			\$0		-\$8,494		\$11,980		\$40,914	
ANNUAL PERCENTAGE CHANGE			0.0%		-3.3%		4.6%		15.9%	

2-Year Rate Guarantee DPPO Only 2-Year Rate Guarantee 2-Year Rate Guarantee

Historical In-network Utilization for UCCI Dental Program:

- 2024 (year-to-date): 90% in network utilization
 - National network utilization average of 84%
- 2023: 84% in network utilization (moved to the Elite Plus Network, effective 1/1/23)
- 2022: 74% in network utilization



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TAB H

2024 HOLIDAY GIFT CARDS
DISTRIBUTION Week of November 11TH, 2024

	QUANTITY	LAST YEAR	VALUE
FULL TIME	440	\$100.00	\$44,000.00
PART TIME	63	\$75.00	\$4,725.00
Per Diem	118	\$15.00	\$1,770.00
TOTAL	621		\$50,495.00

TAB I

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting October 1, 2024

	Title	Policy Area	Owner	Workflow Approval
1	1135 Waiver (EMTALA) - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency	Ariel Whitley for Healthcare District Board of Directors
2	A Culture of Safety	Administration	Brady, Angela: Chief Nursing Exec	Ariel Whitley for Healthcare District Board of Directors
3	Associate Breast Pumping in the Workplace	Administration	Brady, Angela: Chief Nursing Exec	Ariel Whitley for Healthcare District Board of Directors
4	Associates and Providers - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency	Ariel Whitley for Healthcare District Board of Directors
5	Brain Dead Patient Accommodation	Administration	Brady, Angela: Chief Nursing Exec	Ariel Whitley for Healthcare District Board of Directors
6	Catering and Special Functions	Dietary	Hawthorne, Lakeisha: Director Fo	Ariel Whitley for Healthcare District Board of Directors
7	Civil Disturbance or Unrest - Security Policy	Security	Hunter, Joey: Director Emergency	Ariel Whitley for Healthcare District Board of Directors
8	Cleaning and Descaling of the Dish Machine	Dietary	Hawthorne, Lakeisha: Director Fo	Ariel Whitley for Healthcare District Board of Directors
9	Code Blue (Code Blue Resuscitation)	Administration	Brady, Angela: Chief Nursing Exec	Ariel Whitley for Healthcare District Board of Directors
10	Code Carts – Adult and Pediatric	Administration	Brady, Angela: Chief Nursing Exec	Ariel Whitley for Healthcare District Board of Directors
11	Code Gray - Combative Person Policy	Security	Hunter, Joey: Director Emergency	Ariel Whitley for Healthcare District Board of Directors
12	Code Pink - Infant or Child Abduction - Security P	Security	Hunter, Joey: Director Emergency	Ariel Whitley for Healthcare District Board of Directors
13	Codes (Emergency)	Administration	Brady, Angela: Chief Nursing Exec	Ariel Whitley for Healthcare District Board of Directors
14	Communication with the Patient/Family/Representative After a Harm Event	Risk	Valdez, Ana: Director of Risk and Quality Assurance	Ariel Whitley for Healthcare District Board of Directors
15	Death of a Patient While in Restraints or Seclusion	Risk	Valdez, Ana: Director of Risk and Quality Assurance	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting October 1, 2024

	Title	Policy Area	Owner	Workflow Approval
16	Decedent Release - Security Policy	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
17	Diagnostic Imaging - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
18	Dietary Cash and Monthly Reporting	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Healthcare District Board of Directors
19	Dietary Department Purchasing and Receiving	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Healthcare District Board of Directors
20	Emergency Communication Devices - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
21	Emergency Department - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
22	Engineering Department - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
23	Equipment Safety Incidences	Risk	Valdez, Ana: Director of Risk and Quality Assurance	Ariel Whitley for Healthcare District Board of Directors
24	Extension Cords and Multi Plug Cords	Facilities	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Healthcare District Board of Directors
25	Incident Reports	Risk	Valdez, Ana: Director of Risk and Quality Assurance	Ariel Whitley for Healthcare District Board of Directors
26	Intensive Care Unit/Definitive Observation Unit - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
27	Internal Cooking Temperatures	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting October 1, 2024

	Title	Policy Area	Owner	Workflow Approval
28	Laboratory Services - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
29	Leftovers-Usage and Storage	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Healthcare District Board of Directors
30	Materials Management - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
31	Maternal-Child Health/Obstetrics - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
32	Medical Surgical Unit - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
33	Patient Access Services - Disaster Response Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
34	Patient Surge - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
35	Pharmacy - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
36	Preventative Maintenance of Ice and Water Dispensers	Facilities	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Healthcare District Board of Directors
37	Refrigerated and Frozen Storage-Dietary	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Healthcare District Board of Directors
38	Regulatory Guidelines for Maintenance and Equipment	Facilities	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Healthcare District Board of Directors
39	Respiratory Care Services- Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting October 1, 2024

	Title	Policy Area	Owner	Workflow Approval
40	Security Department - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
41	Security Department Dress Code and Equipment	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
42	Tray Line Procedure	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Healthcare District Board of Directors
43	Utilities Management Plan 2024-2025	Facilities	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Healthcare District Board of Directors
44	Visitors in the Dietary Department	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Healthcare District Board of Directors
45	Wiping Cloths/Red & Yellow Buckets	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Healthcare District Board of Directors

TAB J

Empowering better healthcare,
one metric at a time!

→ Women's Center
→ Visitor Parking

NATIONALLY RECOGNIZED
A
SPRING 2024
LEAPFROG
HOSPITAL
SAFETY GRADE

ACCREDITED
Center for Improvement
CIHQ
in Healthcare Quality
HOSPITAL

SAN GORGONIO
MEMORIAL HOSPITAL

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