



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, June 4, 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

- May 7, 2024, Regular Meeting

A

NEW BUSINESS

IV.	Hospital Board Chair Monthly Report	S. DiBiasi	verbal
V.	CEO Monthly Report	S. Barron	verbal
VI.	June, July, & August Board/Committee Meeting Calendars	S. DiBiasi	B
VII.	* Proposed Action – Reappoint existing board members to a four-year term expiring June 30, 2028. <ul style="list-style-type: none"> • Susan DiBiasi • Darrell Petersen <ul style="list-style-type: none"> ▪ ROLL CALL 	S. DiBiasi	verbal
VIII.	Quarterly Construction Update	J. Peleuses	C
IX.	Committee Reports:		
	<ul style="list-style-type: none"> • Hospital Board Executive Committee <ul style="list-style-type: none"> ○ May 15, 2024, regular meeting minutes • Finance Committee <ul style="list-style-type: none"> ○ May 28, 2024, regular meeting minutes * Proposed Action – Approve April 2024 Financial Statement (Unaudited) <ul style="list-style-type: none"> ▪ ROLL CALL 	S. DiBiasi/ S. Barron	D
	<ul style="list-style-type: none"> * Proposed Action – Approve Interoperability Antimicrobial Use and Resistance (AUR) Contract <ul style="list-style-type: none"> ▪ ROLL CALL 	C. Cornwall	F
	<ul style="list-style-type: none"> * Proposed Action – Recommend Approval to the Healthcare District Board <ul style="list-style-type: none"> ○ Annual Insurance Renewals <ul style="list-style-type: none"> ▪ Professional and General Liability ▪ Directors and Officers Liability ▪ Employment Practices Liability ▪ Auto Liability ▪ Workers’ Compensation ▪ ROLL CALL 	D. Heckathorne	G
X.	* Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures <ul style="list-style-type: none"> ▪ ROLL CALL 	Staff	H
XI.	Chief of Staff Report – Recommendations of the Medical Executive Committee – Informational	R. Sahagian, MD Chief of Staff	

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

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

- Proposed Action - Recommend approval to Healthcare District Board - Medical Staff Credentialing
(Health & Safety Code §32155; and Evidence Code §1157)
- Receive Quarterly Infection Prevention and Control Report
(Health & Safety Code §32155)

XIII. **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**

XIV. Future Agenda Items

XV. **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 May 31, 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 May 31, 2024



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

May 7, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, May 7, 2024, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: Perry Goldstein, Darrell Petersen, Randal Stevens, 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)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:00 pm.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action - Approve Minutes April 2, 2024, regular meeting, and April 20, 2024, special meeting.	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the April 2, 2024, regular meeting, and April 20, 2024, special meeting. There we none.	The minutes of the April 2, 2024, regular meeting and April 20, 2024, special meeting will stand correct as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Chair, Susan DiBiasi expressed thanks to all who participated in the Strategic planning meeting and is looking forward to following up on this year's plans.	Informational
CEO Monthly Report	No formal report.	
May, June, & July Board/Committee meeting calendars	Calendars for May, June, and July, were included on the board tablets.	
Bi-Monthly Patient Care Services Report	Angela Brady, CNE, gave the Bi-Monthly Patient Care Services report as included on the board tablets.	
CIHQ Conditional Finding – Informational	Angela Brady, CNE, gave a detailed report on the findings from the CIHQ visit. Findings were made available on tablet. Action plan will be submitted. Surveyors to return for follow up.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>Proposed Action – Recommend Approval to the Healthcare District Board of declaration of surplus property and acquisition of replacement van.</p>	<p>The Behavioral Health Clinic has a 2018 Ford Transit 350 van with over 62,000 miles. This vehicle is not fuel efficient. Through the efforts of the BHC Director to cut costs, he has been able to obtain a deal to trade this van in and replace it with a 2022 Kia Carnival Van. The proposed van is more fuel efficient and has less than half the miles currently.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 537 1253 714"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Absent</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Absent</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	Absent	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Stevens/Rutledge), the SGMH Board of Directors voted to recommend approval to the Healthcare District board of the declaration of surplus property and acquisition of replacement van.</p>
DiBiasi	Yes	Goldstein	Absent																			
McDougall	Yes	Petersen	Absent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Absent	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
<p>COMMITTEE REPORTS:</p>																						
<p>Human Resources Committee</p>	<p>The HR Committee report was provided as informational. A copy of the Human Resources Committee’s April 17, 2024, regular meeting minutes were also included on the board tablets.</p>																					
<p>Community Planning Committee</p>	<p>Susan DiBiasi gave the Community Planning Committee report as informational. A copy of the Committee’s April 20, 2024, regular meeting minutes were also included on the board tablets.</p>																					
<p>Finance Committee Proposed Action – Approve March 2024 Financial Statement (Unaudited).</p>	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the March 2024 Financial report which was included on the board tablet. A copy of the Finance Committee’s April 30, 2024, meeting minutes were also included on the board tablet.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1312 1253 1493"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Absent</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Absent</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	Absent	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Rader/Swerdlow), the SGMH Board of Directors approved the March 2024 Financial Statement as presented.</p>
DiBiasi	Yes	Goldstein	Absent																			
McDougall	Yes	Petersen	Absent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Absent	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
<p>Non-Profit Federal Tax Return (Form 990) Review - Informational</p>	<p>Daniel Heckathorne gave information on the Tax Return 990 form.</p>																					

AGENDA ITEM		ACTION / FOLLOW-UP																				
Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures	<p>There were twenty-nine (29) policies and procedures presented for recommended approval to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 436 1253 613"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Absent</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Absent</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	Absent	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p>M.S.C., (Stevens/Rutledge), 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	Absent																			
McDougall	Yes	Petersen	Absent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Absent	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	<ul style="list-style-type: none"> • None 																					
Future Agenda Items	<ul style="list-style-type: none"> • None 																					
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 ➤ Participate in a telephone conference with legal counsel regarding pending litigation – Timothy Ware et. al. v SGMH ➤ Participate in a telephone conference with legal counsel regarding pending litigation – Desert Anesthesia Consultants v SGMH ➤ Receive Quarterly Performance Improvement/Risk Management Report ➤ Receive Quarterly Emergency Preparedness/Environment Safety Report ➤ Receive Quarterly Corporate Compliance Committee Report <p>The meeting adjourned to Closed Session at 5:37 pm.</p>																					
Reconvene to Open Session	<p>The meeting adjourned from closed session at 6:09 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 																					

AGENDA ITEM		ACTION / FOLLOW-UP
	<ul style="list-style-type: none"> ➤ Participated in a telephone conference with legal counsel regarding pending litigation – Timothy Ware et. al. v SGMH ➤ Participated in a telephone conference with legal counsel regarding pending litigation – Desert Anesthesia Consultants v SGMH ➤ Received Quarterly Performance Improvement/Risk Management Report ➤ Received Quarterly Emergency Preparedness/Environment Safety Report ➤ Received Quarterly Corporate Compliance Committee Report 	
Adjourn	The meeting was adjourned at 6:10 pm.	

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

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B



June 2024

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 Cherry Festival Parade & Cherry Festival
2 Cherry Festival	3	4 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	5	6	7	8
9	10	11	12	13	14 Beaumont Chamber Breakfast @7:30 AM	15
16 	17	18	19 Banning Chamber Breakfast @7AM	20	21	22
23 Celebration of Life for Art Welch at Sun Lakes Country Club	24	25 9:00 am Finance Committee 10:00 am Executive Committee	26	27	28	29
30						

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

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



July 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	3	4 Administration Closed Independence Day!	5	6
7	8	9	10	11	12 Beaumont Chamber Breakfast @7:30 AM	13
14	15	16	17 9:00 am HR Committee Meeting 10:00 am Community Planning Meeting	18	19	20
21	22	23	24	25	26	27
28	29	30 9:00 am Finance Committee	31			

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

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



August 2024

Board of Directors Calendar

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

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

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

TAB C



Quarterly Construction Update

Report As of 2 June 2024

June 2024

Project	Start Date	Anticipated Completion Date	Status	Progress
Siemens Lighting Project	6/1/2022		Open	Waiting for HCAI CO to Sign-off
Seimens Energy Management System (EMS)	7/13/2022	TBD	Open	Waiting for Punchlist completion and HCAI Sign-off
Moble Trailer Pad	6/8/2022	7/31/2023	Completed	Operational
Replacement Emergency Department CT	7/14/2023	1/31/2024	Completed	Operational
New Diagnostic Imaging CT	1/5/2024	TBD	Open	Anticipated 11/24
Replacememt of R/F Room	5/8/2024	3/30/2025	Open	Plans to HCAI
Replacement of Omnicell AMDS	9/18/2023	TBD	Open	Pending Sign-off
Seismic Signage	1/24/2024	1/29/2024	Completed	Operational
Seissmic Retrofit Material Testing	5/29/2024	5/29/2025	Open	Pending Start
Spect CT	1/18/2024	6/30/2025	Open	In Design phase

TAB D

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

EXECUTIVE COMMITTEE
May 15, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Executive Committee was held on Wednesday, May 15, 2024, in the Administration Boardroom, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: None

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

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
Call To Order	Committee Chair Susan DiBiasi called the meeting to order at 3:00 pm.									
Public Comment	No public comment.									
NEW BUSINESS										
Proposed Action – Approve Professional Coverage Agreement for Pulmonology/Critical Care Services	<p>The Pulmonology/Critical Care Services Contract was provided as a handout to review. Steve Barron, CEO, gave a brief report about the agreement.</p> <p>ROLL CALL:</p> <table border="1" style="margin-left: 20px;"> <tr> <td>DiBiasi</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> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	M.S.C. (Rader/Rutledge), the SGMH Executive Committee approved the Professional Coverage Agreement for Pulmonology/Critical Care Services.
DiBiasi	Yes	Petersen	Yes							
Rader	Yes	Rutledge	Yes							
Adjourn	The meeting was adjourned at 11:36 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.

TAB E

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
May 28, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, May 28, 2024, in the Administration Boardroom, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: None

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

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
Call To Order	Steve Rutledge called the meeting to order at 9:02 am.									
Public Comment	No public present.									
OLD BUSINESS										
Proposed Action - Approve Minutes April 30, 2024, regular meeting	Steve Rutledge asked for any changes or corrections to the minutes of the April 30, 2024, regular meeting. There were none.	The minutes of the April 30, 2024, regular meeting will stand correct as presented.								
NEW BUSINESS										
Proposed Action – Recommend Approval to the Hospital Board and Healthcare District Board <ul style="list-style-type: none"> • Annual Insurance Renewals 	<p>The Annual Insurance Renewals were presented to the committee by Dan Heckathorne, CFO. The Insurance Renewals include:</p> <ul style="list-style-type: none"> • Professional and General Liability • Directors and Officers Liability • Employment Practices Liability • Auto Liability • Workers’ Compensation <p>ROLL CALL:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;">DiBiasi</td> <td style="width: 25%;">Yes</td> <td style="width: 25%;">Petersen</td> <td style="width: 25%;">Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the Annual Insurance Renewals to the Hospital Board and Healthcare District Board.
DiBiasi	Yes	Petersen	Yes							
Rader	Yes	Rutledge	Yes							

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
<p>Proposed Action – Recommend Approval to Hospital Board of Directors – Interoperability Antimicrobial Use and Resistance (AUR) Contract</p>	<p>CMS has put out a new federal (unfunded mandated) requirement for Hospitals (and others) to install a system that provides for the bidirectional electronic exchange of antimicrobial use and resistance (AUR) for interoperability.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="386 485 1211 558"> <tr> <td>DiBiasi</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> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	<p>M.S.C. (Petersen/Rutledge), the SGMH Finance Committee voted to recommend approval of the Interoperability Antimicrobial Use and Resistance (AUR) Contract to the Hospital Board of Directors.</p>
DiBiasi	Yes	Petersen	Yes							
Rader	Yes	Rutledge	Yes							
<p>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – April 2024</p>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited April 2024 finance report as informational.</p> <p>The month of April resulted in negative \$2.30M EBIDA compared to budgeted negative EBIDA of \$1.94M and a Flex Budget negative EBIDA of \$2.67M.</p> <p>A few adjustments and items of note include:</p> <ul style="list-style-type: none"> • Patient Days, Surgeries, and Adjusted Patient Days volumes were below budget. • There were no Supplemental Revenues in April; there will however be more in May and June. • Payment of the PAGA Class Action lawsuit was submitted in April. <p>ROLL CALL:</p> <table border="1" data-bbox="386 1230 1211 1304"> <tr> <td>DiBiasi</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> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	<p>M.S.C. (Rader/Petersen), the SGMH Finance Committee voted to recommend approval of the Unaudited April 2024 Financial report to the Hospital Board of Directors.</p>
DiBiasi	Yes	Petersen	Yes							
Rader	Yes	Rutledge	Yes							
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> • Property Insurance • Capital and Operating Budget 									
<p>Next Meeting</p>	<p>The next regular Finance Committee meeting will be held on June 25, 2024 @ 9:00 am.</p>									
<p>Adjournment</p>	<p>The meeting was adjourned at 10:02 am.</p>									

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA**

Unaudited Financial Statements

for

TEN MONTHS ENDING APRIL 30, 2024

FY 2024

Certification Statement:

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

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

CFO

San Geronio Memorial Hospital

Financial Report - Executive Summary

For the Month of April, 2024 and Ten Months Ended April 30, 2024 (Unaudited)

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

Month - The month of April resulted in negative \$2.30M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$1.94M and a Flex Budget negative EBIDA of \$2.67M.

YTD - Ten months ending in April resulted in negative \$9.80M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$740K and a Flex Budget EBIDA amount of a negative \$9.92M.

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 \$9.83M compared to the actual negative booked \$9.80M.

Month - Adjustments and Items of Note:

- Patient Days, Surgeries, and Adjusted Patient Days volumes were below budget.
- There were no Supplemental Revenues in April; there will however be more in May and June.
- Several Balance Sheet items were impacted, including receipt of the final Rate Range and QIP5 cash.
- The Line of Credit was paid to -0- on April 15 and remains so through most of May.
- Payment of the PAGA Class Action lawsuit was submitted in April.
- Other Revenues included BETA dividends of \$70K.

Month - The April inpatient average daily census was 19.5, and under the budgeted 24.4. Adjusted Patient Days were 4.2% under budget (1,761 vs. 1,837), while Patient Days were 20% under budget (586 vs. 733). Emergency Visits were 1.5% over budget (3,507 vs. 3,452), and Surgeries were 25% under budget (81 vs. 108).

YTD - Inpatient average daily census was 21.4 compared to the budgeted 23.4, and Patient Days were 8.3% below budget (6,532 vs. 7,122). Adjusted Patient Days were 1.7% below budget (18,778 vs. 19,088), Emergency Visits were 5.5% under budget (35,231 vs. 37,246) and Surgeries were 22% under budget (976 vs. 1,251) which was 17% below the previous YTD's 1,175 cases.

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

Month - Net Patient Revenues in April were \$4.96M, or \$108K over budget. Other items of note included the fact that gross Inpatient Revenues were 18% (\$2.49M) under budget, while gross Outpatient Revenues were 10% (\$2.71M) 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 April were \$45.1M compared to budgeted \$53.6M (-19%) Back in November there was a \$504K favorable adjustment to Deductions from Revenues Expense to reverse estimated Medicare Outlier Repayments payable, and there was a one-time \$3.52M negative adjustment for Contractual Allowance Reserves, which was based on the latest reconciliation of cash collections compared to previously estimated collections. Finally, the impact of Surgeries being 17% below budget also has impacted the Net Patient Revenues variance.

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

Month - Operating Revenue in April was \$76K over budget. This is impacted by the Net Patient Revenues being \$108K over budget and the Non-Patient Revenues being \$32K under budget.

YTD - Operating Revenue through April was \$4.98M under budget, impacted by the Net Patient Revenues being \$8.52M under budget and the Non-Patient Revenues being \$3.54M over budget.

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

Month - Operating Expenses in April were \$7.91M, which was over budget by \$444K and over the Flex Budget by \$473K. Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively \$252K over budget and \$274K over the Flex budget; 2) Physician Fees were \$157K over budget driven by variances of \$97K in Anesthesia expense, \$29K for Radiology services, and \$40K for emergency on call fees; 3) Purchased Services were \$267K under budget due to the Legal fees being \$343K under budget (April was the month that we had previously budgeted for the big legal fees to occur); 4) Supplies were \$146K over budget, largely impacted by a \$72K variance in pharmaceuticals and various Non-Medical supplies variance of \$39K; 5) Other Expenses were \$107K over budget, mostly due to phone invoicing true-up and having to upgrade to higher level 3 phone communications service.

Year-to Date – Operating Expenses through April were \$79.30M and were over budget by \$4.07M and over the Flex Budget by \$4.95M. Key items that impacted Expenses were: 1) Salaries and Wages, Benefits, and Contract Labor were collectively \$2.50M over budget and \$2.59M over the Flex budget. This was driven by the following: a) The \$527K State Mandated California Paid Sick Leave program that was accrued in July plus the additional \$985K additional accrual in January; b) Contract Labor was over budget by \$556K due to several nurse staffing vacancies in OB and ER along with orientation of 2 new grads in the ER; and c) an additional \$153K increase for re-valuing the PTO bank to reflect the 3.0% Wage increase in late October, and although E/R visits are under budget, they are nevertheless higher than last year; 2) Physician Fees are \$1.69M over budget including \$970K for Anesthesia, which was impacted by the \$510K anesthesia expense reconciliation in December, a \$76K Radiology fee variance, along with the \$722K retroactive E.R. on-call fees in March; 3) Purchased Services are \$547K over budget which included Legal Fees exceeding budget by \$653K while several other areas were under budget; 4) Supplies were under budget by \$1.23M, reflective of lower than anticipated service volumes, especially in surgery; and 5) Repairs and Maintenance were over budget by \$182K largely to significant maintenance work occurring in September, October, and January; and 6) Other Expenses were \$524K over budget, mostly due to the IGT variance of \$351K variance along with various items throughout the Hospital including the phone and communication costs.

Balance Sheet/Cash Flow

Patient cash collections in April totaled \$4.81M compared to \$4.96M in March and \$5.82M in February. Gross Accounts Receivable Days in April dropped to 59.9 compared to 61.3 in March and 61.6 in February.

Other changes of note included final receipt of the Rate Range and QIP Cash as described in the Extraordinary Items notes along with further reconciliations of Interest Expense and Other Current Liabilities. Accounts Payable increased to \$10.83 compared to \$9.62M in March and \$8.87M in February. The \$12M Line of credit was fully paid down to -0- as of April 15 and remains so as of this writing. The \$3,039,563 Class Action PAGA legal settlement was paid in April.

Summary

Positive takeaways:

- 1) Cash balances have been sufficient to meet IGT and Loan repayment requirements.
- 2) Emergency Room visit volumes continue to be robust.

Negative takeaways:

- 1) Labor costs are over budget; the summer-time flexing program has been implemented as of Memorial Day week-end.
- 2) Surgeries continue to lag behind budget and prior year levels.
- 3) April's EBIDA, adjusted for pending Supplemental Income, DSH & P4P offset by reserving for Cash Payments required for Leases was a negative \$9.83M, and the YTD is a negative \$9.80M.

SGMH APRIL 2024 SIGNIFICANT EXTRAORDINARY ITEMS IMPACTING EBIDA

5/25/2024

EXPENSE		INCOME		GAIN/(LOSS)
SALARIES / BENEFITS/ CONTRACT LABOR		REVENUES		
TOTAL LABOR OVER BUDGET	251,566	NET PATIENT REVENUES OVER BUDGET	108,339	
OTHER EXPENSE				
RADIOLOGY FEES OVER BUDGET	29,000	OTHER REVENUES		
ANESTHESIA FEES OVER BUDGET	97,095	OTHER REVENUES BETA REBATE	70,036	
EMERGENCY ON CALL PHYSICIAN FEES OVER BUDGET	40,274			
LEGAL FEES UNDER BUDGET (YTD OVER BUDGET = \$653K)	(343,142)			
SUPPLIES OVER BUDGET	146,325			
OTHER EXPENSE	106,788			
EXTRAORDINARY NEGATIVE EXPENSES	327,906	EXTRAORDINARY POSITIVE (NEGATIVE) REVENUES	178,375	(149,531)

4

Note: These variances are not intended to account for all variances, but are meant to highlight key or unusual variations.

OTHER ITEMS OF NOTE:

Rate Range Receipts in April = \$22,273,241: \$2,434,992 previously received in March; these offset \$8,563,371 of IGTs and expenses previously submitted.

QIP 5 Funds Receipts in April = \$2,041,828, to offset \$594,948 (GT previously submitted).

PAGA Legal Settlement of \$3,039,563 paid in April.

\$12M Line of Credit balance paid to -0- as of April 15.

STATISTICS

Inpatient Admissions/Discharges (Monthly Average)

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

Patient Days (Monthly Average)

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

Average Daily Census (Inpatient)

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

Average Length of Stay (Inpatient)

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

Emergency Visits (Monthly Average)

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

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

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

G.I. Cases (Monthly)

Number of patients who had a gastrointestinal exam performed.

Newborn Deliveries (Monthly)

Number of babies delivered.

PRODUCTIVITY

Worked FTEs (includes Registry FTEs)

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

Worked FTES per APD

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

Paid FTEs (includes Registry FTEs)

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

Paid FTES per APD

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

ADJUSTED PATIENT DAYS

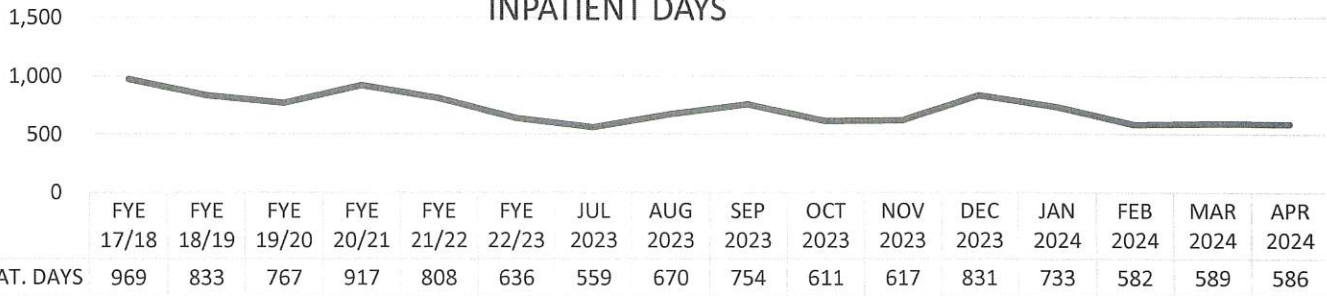
This is a blend of total patient days stayed in the hospital for a month, plus an equivalency factor (based on average inpatient revenue per patient day) applied to the outpatient revenues in order to account for outpatient workloads.

SAN GORGONIO MEMORIAL HOSPITAL

INPATIENT DISCHARGES



INPATIENT DAYS



AVERAGE LENGTH OF STAY

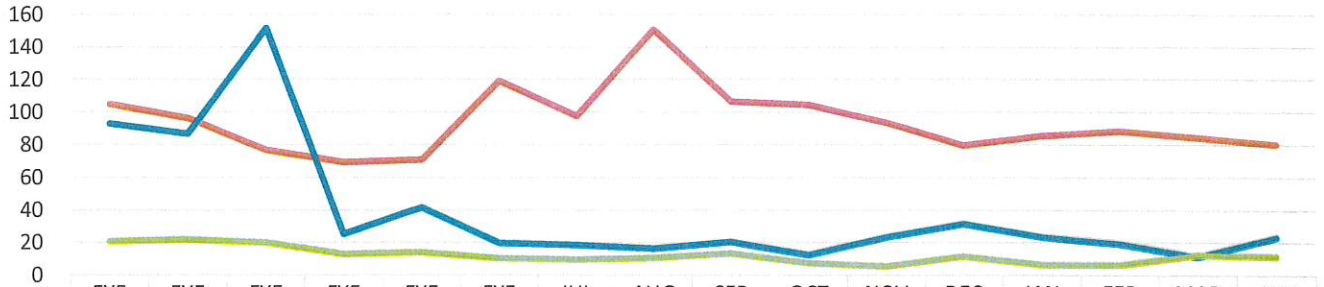


EMERGENCY VISITS



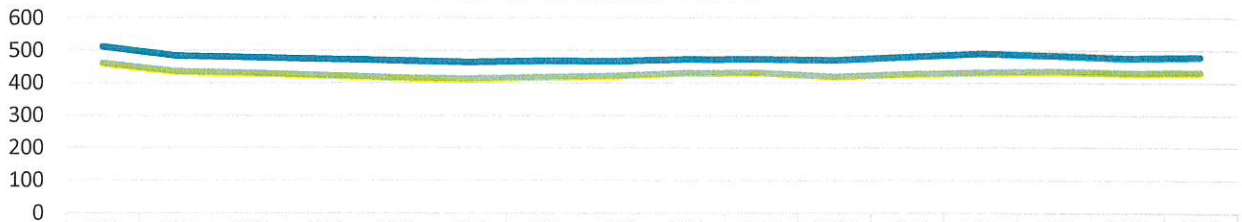
SAN GORGONIO MEMORIAL HOSPITAL

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



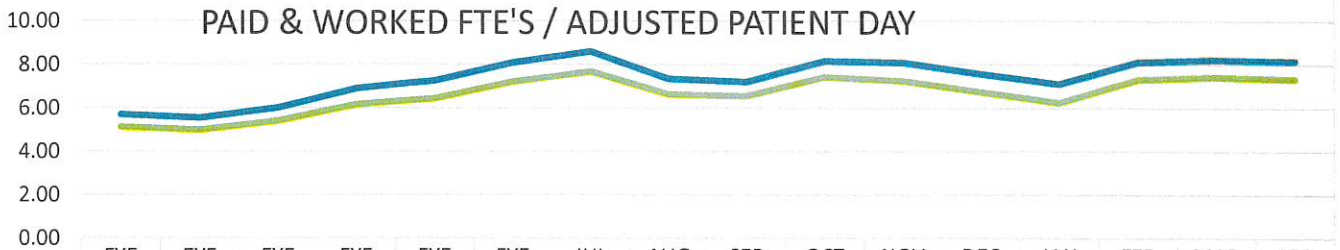
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FYE 22/23	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024
— SURG.	105	97	77	70	71	119	98	151	107	105	94	80	86	89	85	81
— G.I. CASES	93	87	152	26	42	20	19	17	21	13	24	32	24	20	12	24
— BIRTHS	21	22	21	13	15	11	10	11	14	8	6	12	7	7	13	12

PAID & WORKED FTE'S



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FYE 22/23	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024
— P FTE's	511	484	479	474	470	465	470	468	475	475	472	482	492	487	479	482
— W FTE's	461	436	431	425	417	414	420	423	433	433	422	429	434	438	433	434

PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FYE 22/23	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024
— PFTES/APD	5.69	5.55	6.01	6.89	7.27	8.10	8.62	7.35	7.21	8.19	8.12	7.59	7.13	8.16	8.26	8.20
— WFTES/APD	5.13	5.00	5.41	6.18	6.45	7.21	7.70	6.65	6.57	7.46	7.26	6.77	6.28	7.33	7.47	7.39

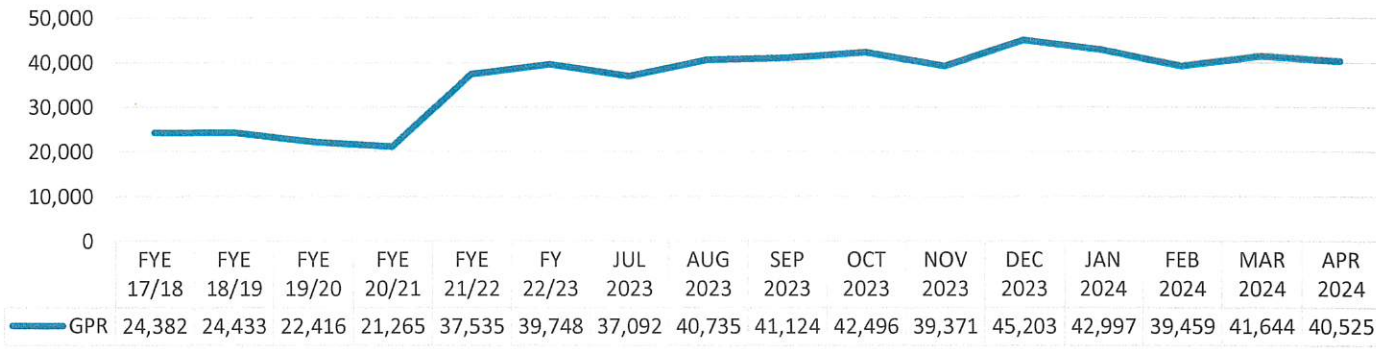
INCOME STATEMENT

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

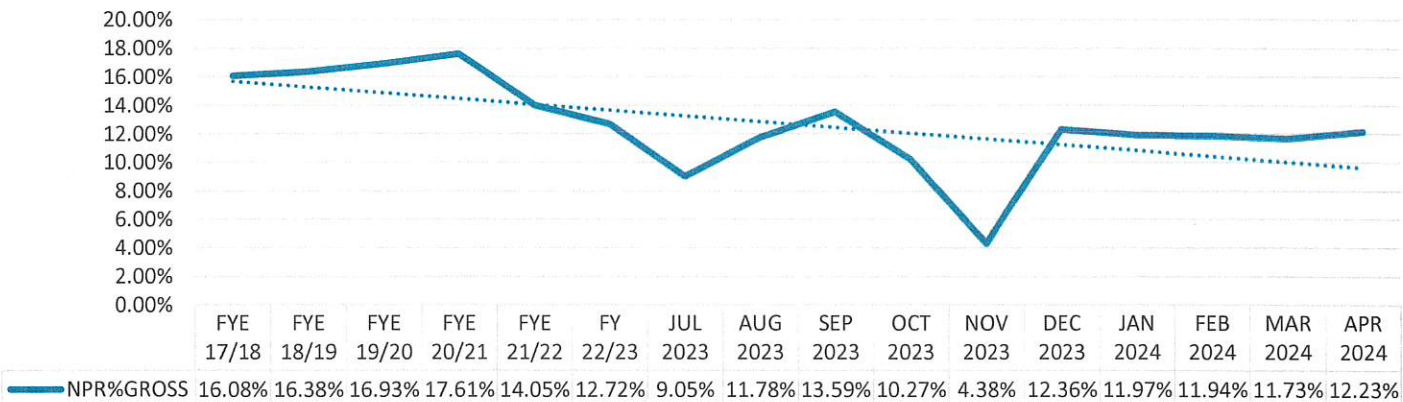


SAN GORGONIO MEMORIAL HOSPITAL

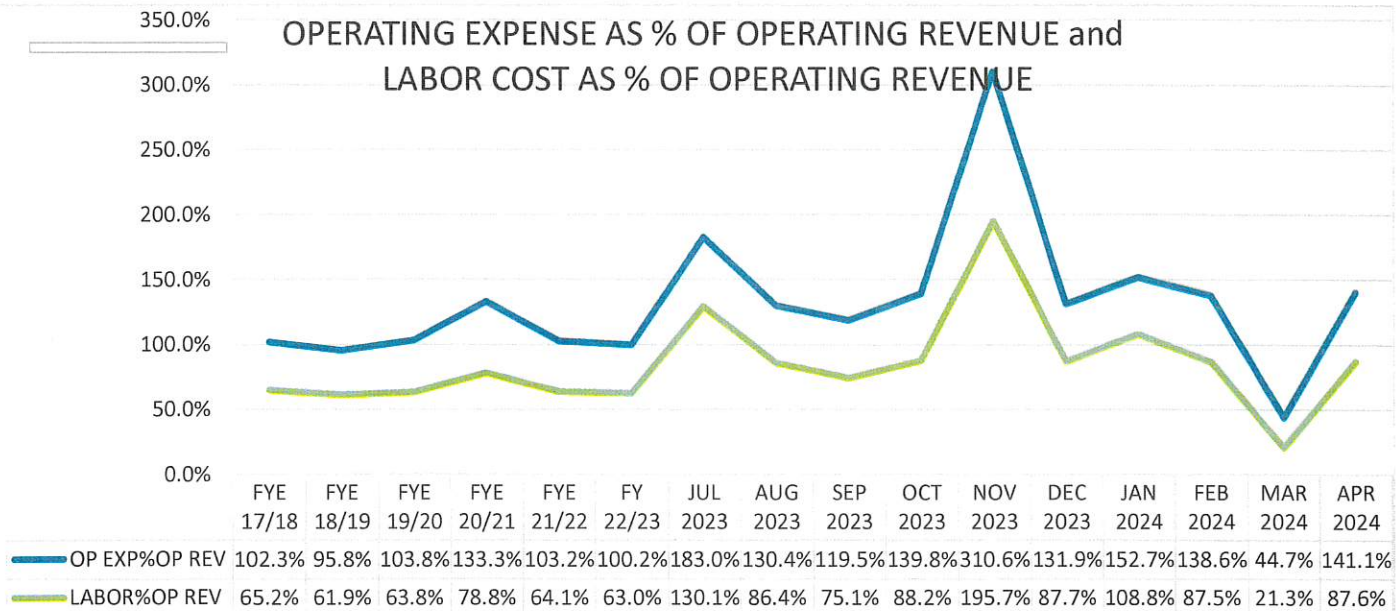
GROSS PATIENT REVENUE (000's)



NET PATIENT REVENUE AS % OF GROSS

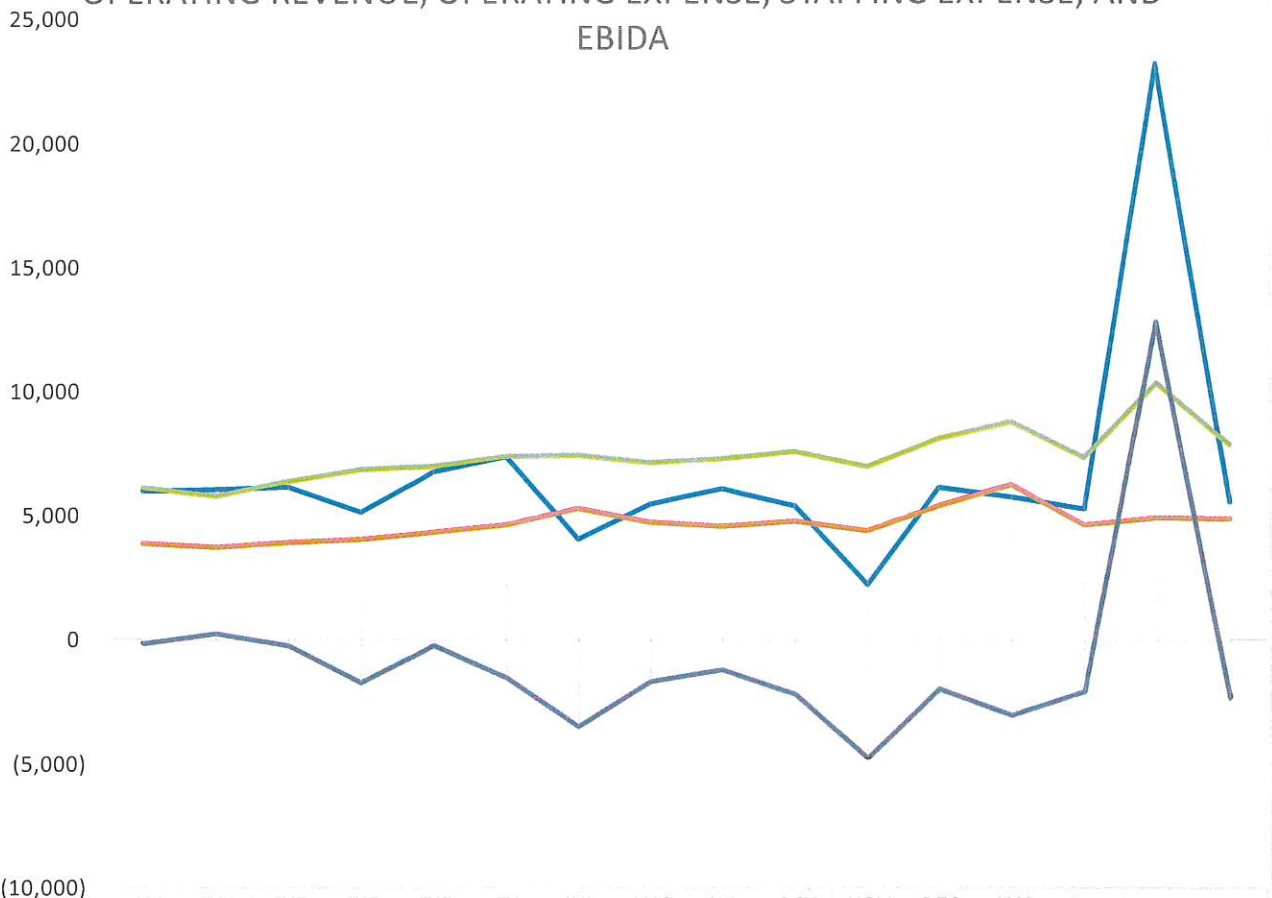


OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



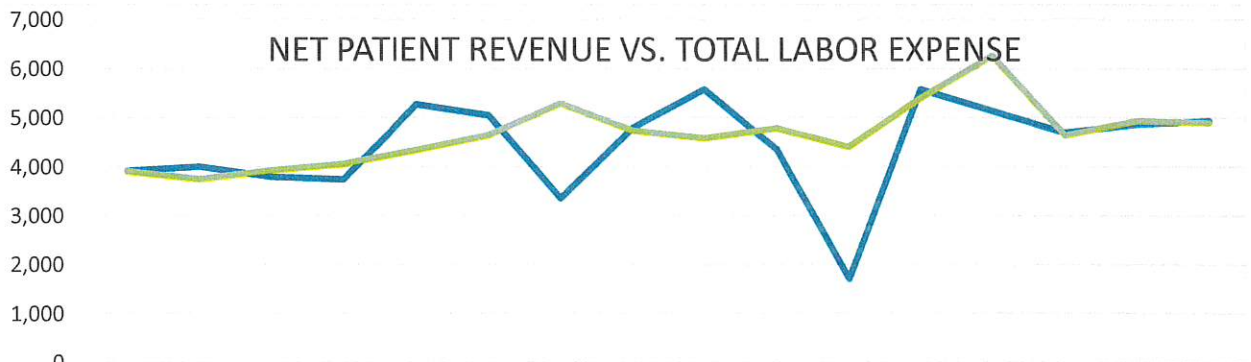
SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024
OP REV	6,006	6,069	6,165	5,160	6,791	7,391	4,078	5,495	6,118	5,442	2,256	6,167	5,772	5,325	23,23	5,610
OP EXP	6,147	5,817	6,398	6,878	7,007	7,403	7,461	7,164	7,310	7,610	7,006	8,132	8,811	7,378	10,38	7,914
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,654	5,303	4,746	4,593	4,802	4,416	5,411	6,277	4,662	4,956	4,915
EBIDA	(141)	252	(233)	(1,71)	(216)	(1,51)	(3,48)	(1,66)	(1,19)	(2,16)	(4,75)	(1,96)	(3,02)	(2,05)	12,85	(2,30)

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	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,057	3,358	4,799	5,587	4,366	1,723	5,588	5,145	4,712	4,884	4,955
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,654	5,303	4,746	4,593	4,802	4,416	5,411	6,277	4,662	4,956	4,915

SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE (NORMALIZED), OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA (NORMALIZED) (000's)

12,000
10,000
8,000
6,000
4,000
2,000
0
(2,000)
(4,000)

	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024
REV NORMAL	6,006	6,069	6,165	5,160	6,791	7,391	5,949	7,266	8,024	6,867	4,163	8,074	7,585	7,232	7,320	7,517
OP EXP	6,147	5,817	6,398	6,878	7,007	7,403	7,461	7,164	7,310	7,610	7,006	8,132	8,811	7,378	10,386	7,914
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,654	5,303	4,746	4,593	4,802	4,416	5,411	6,277	4,662	4,956	4,915
EBIDA NORMAL	(141)	252	(233)	(1,719)	(216)	(1,499)	(1,129)	102	714	(743)	(2,843)	(58)	(231)	(146)	(1,617)	(397)

//

BALANCE SHEET (Period End)

Cash (000's)

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

Days Cash on Hand

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

Accounts Receivable - Net (000's)

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

A/R Days - Net

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

Current Ratio (Current Assets/Current Liabilities)

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

Quick Ratio

This measures the Cash + Net Accounts Receivable compared to the Current Liabilities. Desired ratio is greater than 1:00 : 1:00.

Accounts Payable (000's)

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

Accounts Payable Days

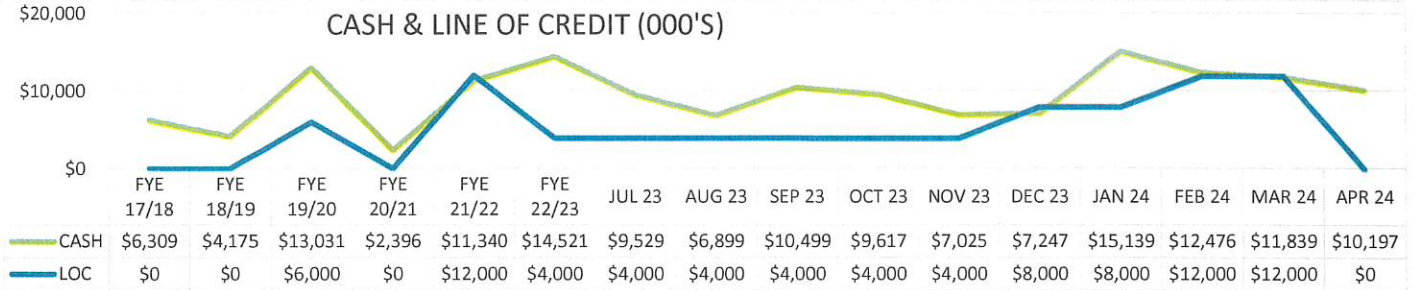
Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.

Line of Credit Balance (000's)

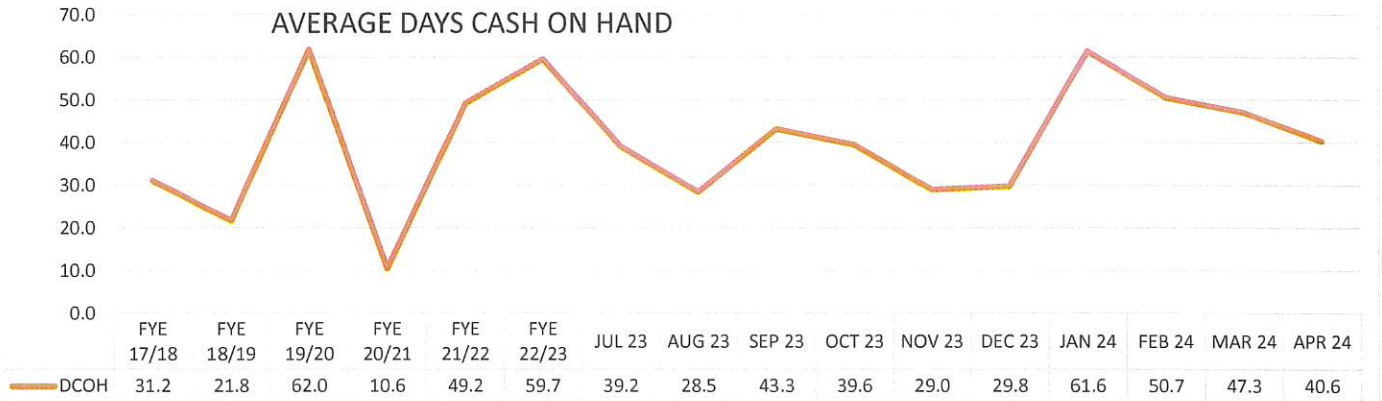
The amount that is currently borrowed from a lending institution as of a given point in time.

SAN GORGONIO MEMORIAL HOSPITAL

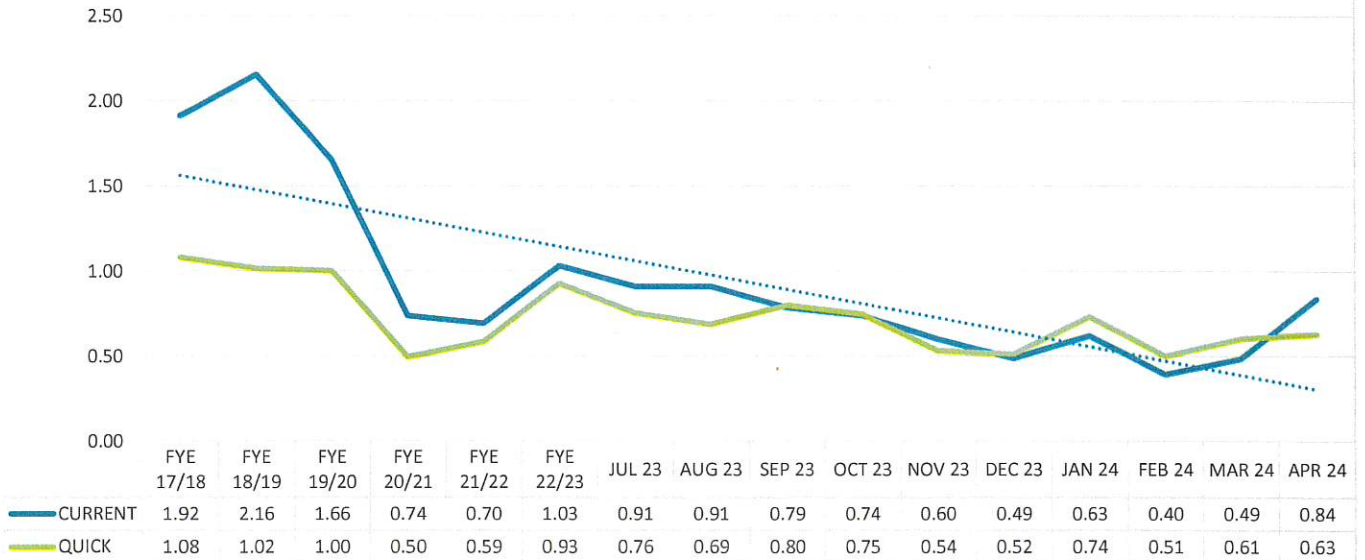
CASH & LINE OF CREDIT (000'S)



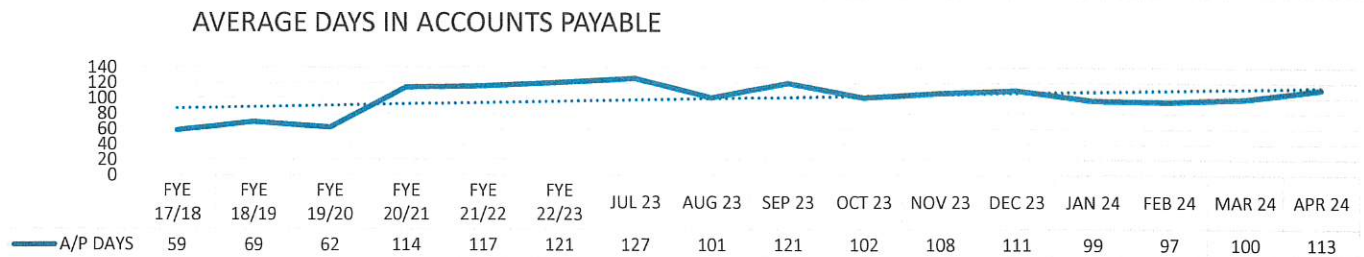
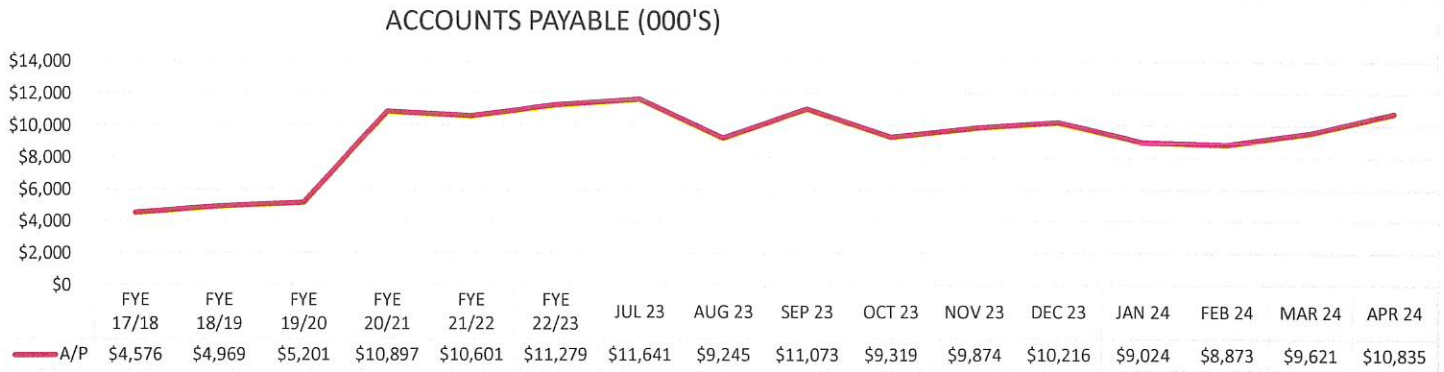
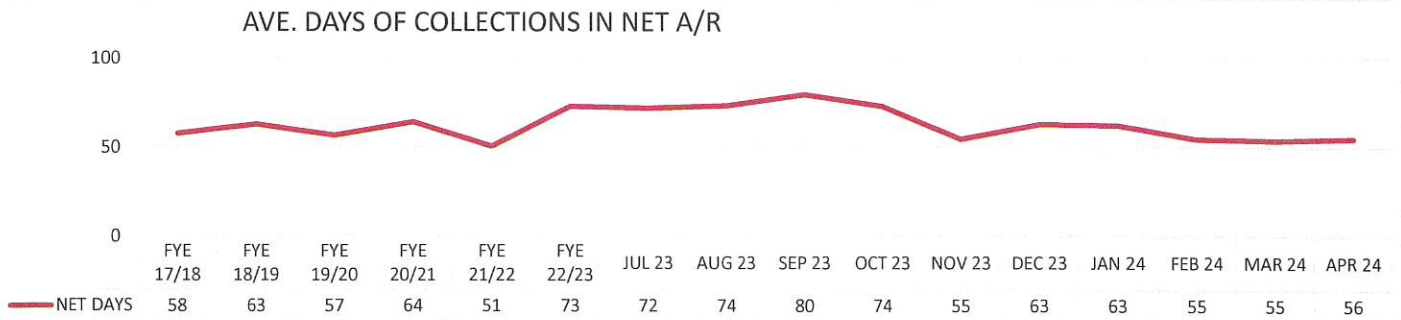
AVERAGE DAYS CASH ON HAND



CURRENT RATIO and QUICK RATIO



SAN GORGONIO MEMORIAL HOSPITAL



	A	B	C	D	E	F	G	H	I	J	K
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL										
	INCOME STATEMENT - CONDENSED										
2											
3	NET INCOME		(2,374,836)	(2,678,804)	(303,968)	-12.8%		(51,549)	(8,878,885)	(8,827,336)	-17124.2%
4	EBIDA		(1,935,701)	(2,303,768)	(368,067)	-19.0%		(740,554)	(9,797,361)	(9,056,807)	-1223.0%
5											
6	TOTAL OPERATING REVENUE		5,533,844	5,609,985	76,141	1.4%		74,481,674	69,499,844	(4,981,830)	-6.7%
7	NET PATIENT REVENUE		4,846,669	4,955,008	108,339	2.2%		53,636,092	45,118,299	(8,517,793)	-15.9%
13	OTHER OPERATING REVENUE		687,175	654,977	(32,198)	-4.7%		20,845,582	24,381,545	3,535,963	17.0%
20											
21	TOTAL OPERATING EXPENSE		7,469,545	7,913,753	(444,208)	-5.9%		75,222,228	79,297,205	(4,074,977)	-5.4%
35											
36	NON-OPERATING REVENUE & EXPENSE										
37	TOTAL NON-OPERATING REVENUE (EXPENSE)		655,777	641,253	(14,524)	-2.2%		10,533,025	10,825,210	292,185	2.8%
42	TOTAL INTEREST & DEPRECIATION		1,094,912	1,016,289	78,623	7.2%		9,844,020	9,906,734	(62,714)	-0.6%
45											
46											

16

	A	B	C	D	E	F	G
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL						
2	BALANCE SHEET - CONDENSED	JUNE 2022	JUNE 2023	MARCH 2024	APRIL 2024	VARIANCE MARCH TO APRIL	VARIANCE PERCENTAGE
3	TOTAL ASSETS	112,302,165	112,558,570	115,566,665	109,150,109	(6,416,556)	-5.9%
4	CURRENT ASSETS	22,630,675	29,638,354	16,488,035	25,176,347	8,688,312	34.5%
16	ASSETS WHICH USE IS LIMITED	12,734,281	9,102,770	26,739,187	10,599,381	(16,139,806)	-152.3%
17	NET PROPERTY, PLANT, AND EQUIPMENT	76,582,823	73,452,527	72,297,310	73,035,352	738,042	1.0%
23	OTHER ASSETS	354,386	364,919	42,133	339,029	296,896	87.6%
24							
25	TOTAL LIABILITIES & FUND BALANCE	112,302,176	112,558,570	115,566,579	109,150,037	6,416,542	5.9%
26	TOTAL LIABILITIES	146,026,043	148,421,077	157,629,170	153,897,833	3,731,337	2.4%
27	CURRENT LIABILITIES	34,918,239	28,682,871	33,628,018	29,903,638	3,724,380	12.5%
37	LONG TERM LIABILITIES	111,107,804	119,738,206	124,001,152	123,994,195	6,957	0.0%
39	NET ASSETS	(33,723,867)	(35,862,507)	(42,062,591)	(44,747,796)	2,685,205	-6.0%
43							
44	Friday, May 24, 2024 5:13:30 PM						

17

SAN GORGONIO MEMORIAL HOSPITAL

	FY23	FY 24	FY 24	FY 23	FY 24	FY 24	FY 24	FY 23
	04/30/23	04/30/24	04/30/24	2023	04/30/24	2024	2024	2023
	ACTUAL	ACTUAL	BUDGET	10 MOS YTD ACTUAL	BUDGET	10 MOS YTD ACTUAL	10 MOS.YTD BUDGET	YR END TOTAL
[1] Total Acute Patient Days	607	586	733	6,591		6,532	7,122	7,636
[2] Average Daily Census	20.2	19.5	24.4	21.7		21.4	23.4	20.9
[3] Average Acute Length of Stay	3.7	3.8	3.8	3.6		3.8	3.5	3.5
[4] Patient Discharges	165	155	194	1,842		1,726	2,014	2,186
[5] Adjusted Patient Days	1,738	1,761	1,837	18,040		18,778	19,088	21,460
[6] Observation Days	246	371	261	2,604		3,285	2,814	3,160
[7] Total Emergency Room Visits	3,341	3,507	3,452	34,959		35,231	37,246	41,821
[8] Average ED Visits Per Day	111	117	115	115		116	122	115
[9] Total Surgeries (Excluding G.I.'s)	107	81	108	1,175		976	1,251	1,433
[10] Deliveries/Births	8	12	10	116		100	122	131

	A	B	C	D	E	F	G	H	I	J	K
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL										
	INCOME STATEMENT										
2			APRIL 2024 BUDGET	APRIL 2024 ACTUAL	VARIANCE APRIL ACTUAL TO BUDGET	VARIANCE PER CENTAGE	APRIL 2024 YTD BUDGET	APRIL 2024 YTD ACTUAL	VARIANCE APRIL YTD ACTUAL TO BUDGET	YTD VARIANCE PER CENTAGE	
3	NET INCOME	(2,374,836)	(2,678,804)	(303,968)	(8,878,885)	(51,549)	(9,797,361)	(8,878,885)	(9,056,807)	-17124.2%	
4	EBIDA	(1,935,701)	(2,303,768)	(368,067)	(9,797,361)	(740,554)				-1223.0%	
5											
6	TOTAL OPERATING REVENUE	5,533,844	5,609,985	76,141	69,499,844	74,481,674			(4,981,830)	-6.7%	
7	NET PATIENT REVENUE	4,846,669	4,955,008	108,339	45,118,299	53,636,092			(8,517,793)	-15.9%	
8	GROSS REVENUE FROM PATIENT SERVICES	40,304,303	40,524,880	220,577	410,545,087	422,071,213			(11,426,126)	-2.7%	
9	TOTAL INPATIENT REVENUE	15,976,293	13,488,851	(2,487,442)	142,840,977	158,929,289			(16,088,312)	-10.1%	
10	TOTAL OUTPATIENT REVENUE	24,328,010	27,036,029	2,708,019	267,804,110	263,141,924			4,662,186	1.8%	
11	DEDUCTIONS FROM REVENUE	(35,457,634)	(35,569,872)	(112,238)	(365,526,788)	(368,435,121)			2,908,333	-0.8%	
12											
13	OTHER OPERATING REVENUE	687,175	654,977	(32,198)	24,381,545	20,845,582			3,535,963	17.0%	
14	OTHER REVENUE - RATE RANGE	0	0	0	15,552,501	11,273,599			4,278,902	38.0%	
15	OTHER REVENUE - OTHER SUPPLEMENTALS	0	0	0	2,384,915	2,337,202			47,713	2.0%	
16	OTHER REVENUE - DSH	18,745	0	(18,745)	99,941	74,981			24,960	33.3%	
17	OTHER REVENUE - P4P	0	0	0	581,421	475,500			105,921	22.3%	
18	OTHER REVENUE - OTHER	258,603	253,483	(5,120)	1,580,569	2,586,030			(1,005,461)	-38.9%	
19	OPERATING TAX REVENUES	409,827	401,494	(8,333)	4,182,198	4,098,270			83,928	2.0%	
20											
21	TOTAL OPERATING EXPENSE	7,469,545	7,913,753	(444,208)	79,297,205	75,222,228			(4,074,977)	-5.4%	
22	TOTAL LABOR EXPENSE	4,663,863	4,915,429	(251,566)	50,267,529	47,772,148			(2,495,381)	-5.2%	
23	EMPLOYEE WAGES & BENEFITS	4,572,199	4,832,605	(260,406)	48,805,314	46,866,265			(1,939,049)	-4.1%	
24	WAGES	3,581,822	3,848,505	(266,683)	39,055,263	36,874,063			(2,181,200)	-5.9%	
25	EMPLOYEE BENEFITS	990,377	984,100	6,277	9,750,051	9,992,202			242,151	2.4%	
26	CONTRACT LABOR	91,664	82,824	8,840	1,462,215	905,883			(556,332)	-61.4%	
27	PHYSICIAN FEES	312,187	469,621	(157,434)	4,806,907	3,121,870			(1,685,037)	-54.0%	
28	PURCHASED SERVICES	1,155,098	888,246	266,852	9,690,422	9,142,935			(547,487)	-6.0%	
29	SUPPLY EXPENSE	877,154	1,023,479	(146,325)	8,028,596	9,260,357			1,231,761	13.3%	
30	UTILITIES	104,498	131,569	(27,071)	1,020,435	1,065,861			45,426	4.3%	
31	REPAIRS AND MAINTENANCE	82,035	122,121	(40,086)	1,007,916	826,229			(181,687)	-22.0%	
32	INSURANCE	146,289	95,567	50,722	1,276,908	1,462,890			185,982	12.7%	
33	OTHER EXPENSES	83,047	189,835	(106,788)	2,640,510	2,116,198			(524,312)	-24.8%	
34	LEASE AND RENTALS	45,374	77,886	(32,512)	557,982	453,740			(104,242)	-23.0%	
35											
36	NON-OPERATING REVENUE & EXPENSE										
37	TOTAL NON-OPERATING REVENUE (EXPENSE)	655,777	641,253	(14,524)	10,825,210	10,533,025			292,185	2.8%	
38	OTHER NON-OPERATING REVENUE	28,424	13,900	(14,524)	4,173,743	4,259,495			(85,752)	-2.0%	
39	NON-OPERATING TAX REVENUE	627,353	627,353	0	6,273,530	6,273,530			0	0.0%	
40	EXTRAORDINARY REVENUE (EXPENSE)	0	0	0	377,937	0			377,937	100.0%	
41											
42	TOTAL INTEREST & DEPRECIATION	1,094,912	1,016,289	78,623	9,906,734	9,844,020			(62,714)	-0.6%	
43	DEPRECIATION	656,125	640,495	15,630	5,832,306	5,456,150			(376,156)	-6.9%	
44	INTEREST & AMORTIZATION	438,787	375,794	62,993	4,074,428	4,387,870			313,442	7.1%	
45											
46											

	A	B	C	D	E	F	G	H	I	J	K
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL										
	INCOME STATEMENT	APRIL 2024 FLEX BUDGET	APRIL 2024 ACTUAL	VARIANCE APRIL ACTUAL TO FLEX BUDGET	VARIANCE PER CENTAGE	APRIL 2024 YTD FLEX BUDGET	APRIL 2024 YTD ACTUAL	VARIANCE APRIL YTD ACTUAL TO FLEX BUDGET	YTD VARIANCE PER CENTAGE		
2	NET INCOME (LOSS)	(3,117,509)	(2,678,804)	438,705	14.1%	(8,563,818)	(8,878,885)	(315,067)	-3.7%		
3	EBIDA	(2,679,939)	(2,303,768)	376,171	14.0%	(9,916,115)	(9,797,361)	118,754	1.2%		
4								0			
5	TOTAL OPERATING REVENUES	4,760,905	5,609,985	849,080	17.8%	64,428,115	69,499,844	5,071,729	7.9%		
6	NET PATIENT REVENUE	4,073,730	4,955,008	881,278	21.6%	43,694,493	45,118,299	1,423,806	3.3%		
7	GROSS REVENUE FROM PATIENT SERVICES	39,686,410	40,524,880	838,470	2.1%	402,488,753	410,645,087	8,156,334	2.0%		
8	TOTAL INPATIENT REVENUE	13,318,507	13,488,851	170,344	1.3%	146,777,174	142,840,977	(3,936,197)	-2.7%		
9	TOTAL OUTPATIENT REVENUE	26,367,903	27,036,029	668,126	2.5%	255,711,579	267,804,110	12,092,531	4.7%		
10	DEDUCTIONS FROM REVENUE	(35,612,680)	(35,569,872)	42,808	0.1%	(358,794,260)	(365,526,788)	(6,732,528)	-1.9%		
11								0			
12	OTHER OPERATING REVENUE	687,175	654,977	(32,198)	-4.7%	20,733,622	24,381,545	3,647,923	17.6%		
13	OTHER REVENUE - RATE RANGE	0	0	0	0.0%	11,273,599	15,552,501	4,278,902	38.0%		
14	OTHER REVENUE - OTHER SUPPLEMENTALS	0	0	0	0.0%	2,337,742	2,384,915	47,173	2.0%		
15	OTHER REVENUE - DSH	18,745	0	(18,745)	-100.0%	74,981	99,941	24,960	33.3%		
16	OTHER REVENUE - P4P	0	0	0	0.0%	475,500	581,421	105,921	22.3%		
17	OTHER REVENUE - OTHER	258,603	253,483	(5,120)	-2.0%	2,473,530	1,580,569	(892,961)	-36.1%		
18	OPERATING TAX REVENUES	409,827	401,494	(8,333)	-2.0%	4,098,270	4,182,198	83,928	2.0%		
19											
20	TOTAL OPERATING EXPENSE	7,440,844	7,913,753	(472,909)	-6.4%	74,344,230	79,297,205	4,952,975	6.7%		
21	TOTAL LABOR EXPENSE	4,641,561	4,915,429	(273,868)	-5.9%	47,677,251	50,267,529	2,590,278	5.4%		
22	WAGES	3,562,887	3,848,505	(285,618)	-8.0%	37,030,513	39,055,263	2,024,750	5.5%		
23	EMPLOYEE BENEFITS	980,601	984,100	(3,499)	-0.4%	9,832,074	9,750,051	(82,023)	-0.8%		
24	CONTRACT LABOR	98,073	82,824	15,249	15.5%	814,664	1,462,215	647,551	79.5%		
25	PHYSICIAN FEES	345,520	469,621	(124,101)	-35.9%	3,288,535	4,806,907	1,518,372	46.2%		
26	PURCHASED SERVICES	1,131,405	888,246	243,159	21.5%	8,951,417	9,690,422	739,005	8.3%		
27	SUPPLY EXPENSE	819,305	1,023,479	(204,174)	-24.9%	8,466,610	8,028,596	(438,014)	-5.2%		
28	UTILITIES	104,498	131,569	(27,071)	-25.9%	1,065,861	1,020,435	(45,426)	-4.3%		
29	REPAIRS AND MAINTENANCE	81,961	122,121	(40,160)	-49.0%	824,574	1,007,916	183,342	22.2%		
30	INSURANCE	146,289	95,567	50,722	34.7%	1,462,890	1,276,908	(185,982)	-12.7%		
31	OTHER EXPENSES	124,934	189,835	(64,901)	-51.9%	2,153,401	2,640,510	487,109	22.6%		
32	LEASE AND RENTALS	45,371	77,886	(32,515)	-71.7%	453,691	557,982	104,291	23.0%		
33											
34	NON-OPERATING REVENUE & EXPENSE										
35	TOTAL NON-OPERATING REVENUE (EXPENSE)	655,777	641,253	(14,524)	-2.2%	11,182,570	10,825,210	(357,360)	-3.2%		
36	OTHER NON-OPERATING REVENUE	28,424	13,900	(14,524)	-51.1%	4,909,040	4,173,743	(735,297)	-15.0%		
37	NON-OPERATING TAX REVENUE	627,353	627,353	0	0.0%	6,273,530	6,273,530	0	0.0%		
38	EXTRAORDINARY REVENUE (EXPENSE)	0	0	0		0	377,937	377,937	100.0%		
39											
40	TOTAL INTEREST & DEPRECIATION	1,093,347	1,016,289	77,058	7.0%	9,830,273	9,906,734	76,461	0.8%		
41	DEPRECIATION	654,560	640,495	14,065	2.1%	5,442,403	5,832,306	389,903	7.2%		
42	INTEREST & AMORTIZATION	438,787	375,794	62,993	14.4%	4,387,870	4,074,428	(313,442)	-7.1%		
43											
44											
45											

20

A		B		C		D		E		F		G	
SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL		JUNE 2022		JUNE 2023		MARCH 2024		APRIL 2024		MARCH TO APRIL		VARIANCE PERCENTAGE	
1	BALANCE SHEET												
2	TOTAL ASSETS	112,302,165	112,558,570	115,566,665	109,150,109	6,416,556	-5.9%						
3	CURRENT ASSETS	22,630,675	29,638,354	16,488,035	25,176,347	8,688,312	34.5%						
4	CASH & EQUIVALENTS	11,073,544	14,521,085	11,838,550	10,197,191	(1,641,359)	-16.1%						
5	NET PATIENT ACCOUNTS RECEIVABLE	8,746,991	12,177,379	8,619,154	8,784,041	164,887	1.9%						
6	HOSPITAL ACCOUNTS RECEIVABLE	77,594,807	86,192,181	85,812,695	83,071,267	(2,741,428)	-3.3%						
7	LESS: ALLOWANCE FOR BAD DEBTS	(68,847,816)	(74,014,802)	(77,193,541)	(74,287,226)	2,906,315	-3.9%						
8	OTHER CURRENT ASSETS	2,810,140	2,939,890	(3,969,669)	6,195,115	10,164,784	164.1%						
9	TAXES RECEIVABLE	1,375,017	2,263,620	(4,227,227)	5,671,399	9,898,626	174.5%						
10	MISC RECEIVABLE	7,502	64,052	(810,823)	(906,866)	(96,043)	10.6%						
11	DUE FROM 3RD PARTIES	(748,043)	(1,097,349)	(1,808,856)	(1,808,856)	0	0.0%						
12	INVENTORIES	1,829,462	1,311,782	2,002,493	2,105,689	103,196	4.9%						
13	PREPAID EXPENSES	346,202	397,785	874,744	1,133,749	259,005	22.8%						
14	ASSETS WHICH USE IS LIMITED	12,734,281	9,102,770	26,739,187	10,599,381	(16,139,806)	-152.3%						
15	NET PROPERTY, PLANT, AND EQUIPMENT	76,582,823	73,452,527	72,297,310	73,035,352	738,042	1.0%						
16	PROPERTY, PLANT, AND EQUIPMENT	164,801,341	166,692,035	169,971,307	171,202,070	1,230,763	0.7%						
17	LAND & LAND IMPROVEMENTS	4,828,182	4,828,182	4,828,182	4,828,182	0	0.0%						
18	BUILDINGS & BUILDING IMPROVEMENTS	129,281,491	129,281,491	129,281,491	129,281,491	0	0.0%						
19	FIXED EQUIPMENT	28,997,660	29,262,127	30,808,539	31,416,424	607,885	1.9%						
20	LESS: ACCUMULATED DEPRECIATION	(88,218,518)	(93,239,508)	(97,673,997)	(98,166,718)	(492,721)	0.5%						
21	OTHER ASSETS	354,386	364,919	42,133	339,029	296,896	87.6%						
22	TOTAL LIABILITIES & FUND BALANCE	112,302,176	112,558,570	115,566,579	109,150,037	6,416,542	5.9%						
23	TOTAL LIABILITIES	146,026,043	148,421,077	157,629,170	153,897,833	3,731,337	2.4%						
24	CURRENT LIABILITIES	34,918,239	28,682,871	33,628,018	29,903,638	3,724,380	12.5%						
25	ACCOUNTS PAYABLE	10,378,212	11,278,786	9,621,143	10,834,895	(1,213,752)	-11.2%						
26	PAYROLL PAYABLES	6,421,579	6,484,769	6,986,611	10,817,175	(3,830,564)	-35.4%						
27	SALARIES & WAGES PAYABLE	2,057,716	579,682	(810,177)	1,168,515	(1,978,692)	-169.3%						
28	PAYROLL TAXES & DEDUCTIONS PAYABLE	1,905,118	3,235,802	4,226,333	6,078,205	(1,851,872)	-30.5%						
29	ACCRUED PTO & SICK DAYS PAYABLE	2,458,745	2,669,285	3,570,455	3,570,455	0	0.0%						
30	LINE OF CREDIT	12,000,000	4,043,719	12,059,943	59,943	12,000,000	20019.0%						
31	ACCRUED INTEREST PAYABLE	1,925,911	1,609,780	529,171	6,800,038	(6,270,867)	-92.2%						
32	OTHER CURRENT LIABILITIES	4,192,537	5,265,817	4,431,150	1,391,587	(3,039,563)	-218.4%						
33	LONG TERM LIABILITIES	111,107,804	119,738,206	124,001,152	123,994,195	6,957	0.0%						
34	NET ASSETS	(33,723,867)	(35,862,507)	(42,062,591)	(44,747,796)	2,685,205	-6.0%						
35	NET ASSETS - UNRESTRICTED	(33,723,867)	(35,862,507)	(42,062,591)	(44,747,796)	2,685,205	-6.0%						
36	NET ASSETS - BEGINNING OF PERIOD	(24,065,660)	(33,723,881)	(35,862,510)	(35,868,911)	6,401	0.0%						
37	CURRENT YEAR NET GAIN/(LOSS)	(9,658,207)	(2,138,626)	(6,200,081)	(8,878,885)	(2,678,804)	30.2%						
38													
39													
40													
41													
42													
43													
44													

21

	B	C	D	E	F	G	J
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL					CASH FLOW	
2							
3						Current Month	Y-T-D
4						4/30/2024	4/30/2024
5	BEGINNING CASH BALANCES						
6		Cash: Beginning Balances- Hospital				\$ 7,377,147	\$ 11,583,441
7		Cash: Beginning Balances- District				4,461,403	2,937,644
8		Cash: Beginning Balances Totals				\$ 11,838,550	\$ 14,521,085
9							
10	Receipts						
11		Patient Collections				\$ 4,808,330	\$ 48,485,561
12		Tax Subsidies/Measure D/Prop 13				401,494	\$ 4,014,940
13		Misc Tax Subsidies				-	\$ 167,258
14		Donations/Grants/Loans				-	\$ 13,279,312
15		Supplemental Funding (Rate Range, Etc.)				22,273,481	\$ 29,818,331
16		Draws/(Paydown) of LOC Balances				(12,000,000)	\$ (8,000,000)
17		Other Revenues/Receipts/Transfers				253,483	\$ 6,828,780
18	TOTAL RECEIPTS					\$ 15,736,788	\$ 94,594,182
19							
20	Disbursements						
21		Wages, Benefits, & Contract Labor				\$ 4,915,429	\$ 49,182,812
22		Other Operating Costs				2,998,324	\$ 29,433,631
23		Capital Spending				1,230,763	\$ 3,225,491
24		Debt Service Payments				80,825	\$ 6,034,626
25		Other - Changes in Accounts Payable, IGT's, Etc.				8,152,806	\$ 10,104,797
26	TOTAL DISBURSEMENTS					\$ 17,378,147	\$ 97,981,357
27							
28	TOTAL CHANGE in CASH					\$ (1,641,359)	\$ (3,387,175)
29							
30	ENDING CASH BALANCES						
31		Ending Balances- Hospital				\$ 5,735,788	\$ 3,107,991
32		Ending Balances- District				4,461,403	8,025,919
33		Ending Balances- Totals				\$ 10,197,191	\$ 11,133,910
34							
35							
36							
37	LOC Current Balances					\$ -	\$ 12,000,000
38	LOC Interest Expense Incurred					0	\$ 151,019
39							
40							
41							

TAB F

Interoperability AUR Contract

To: Finance Committee and SGMH/SGMHCD Board Meetings

Agenda Item May 28, 2024 and June 4, 2024 Meetings

Subject:

Approval of Interoperability Antimicrobial use and Resistance (AUR) Contract

CMS has put out a new federal (unfunded mandated) requirement for Hospitals (and others) to install a system that provides for the bidirectional electronic exchange of Antimicrobial use and Resistance (AUR) for interoperability.

This allows for the automatic electronic discrete sending and receiving of patient test results. There is a one-time fee of \$114,750.00. We need to have the project started by July 1st of 2024 to be compliant with the 180-day reporting requirement.

Please see attached exhibit for price details.

Recommendation: That the Board approve the AUR contract for a one-time fee in the amount of \$114,750.00.



Client Order# 508634 - 1

Address:
2429 Military Rd Ste 300
Niagara Falls NY 14304

Opportunity ID: 0065G0000zMnGU
Sales Executive: Greer, Julie M
Email: julie.greer@alterahealth.com
Phone#:
Fax:

Currency Code: USD

Valid Until: 31-MAY-2024
Proposal Date: 27-MAR-2024

Client Name: San Gorgonio Memorial Hospital	Client Address: 600 N Highland Springs Ave	Delivery: San Gorgonio Memorial Hospital
Client No: 10158996	Banning, CA 92220 US	600 N Highland Springs Ave
Client Contact: Steve Barron	Client Phone#: 951-8451121	Banning, CA 92220-3046 United States
Client Email: sbarron@sgmh.org		

Solution Investment Summary:

Investment Total. Below is a summary of your investment in the items covered by this Client Order. Investment totals cover the initial Term only; recurring fees are payable annually (unless otherwise stated in this Client Order); and to the extent applicable the stated amounts do not include the Inflation or annual adjustments.

Category	Investment Total
Professional Services (Initial Term)	\$114,750.00
Managed Services (Initial Term)	\$0.00
Hosting Services (Initial Term)	\$0.00
Solutions Total	\$114,750.00
Estimated Taxes	\$0.00

Client agrees to pay for all applicable taxes with respect to this Order, excluding those based on Our net income. If Client claims exemption from any sales, use, or other jurisdictional taxes, Client must provide to Us proper evidence of exemption status at the time of Order. In the event the Client does not provide sufficient evidence of the exemption status prior to invoice generation, Client invoices will include all applicable taxes and Client shall be responsible for the taxes or any associated penalties.

Summary Payment Schedule: Non-recurring fees (i.e., those not payable Yearly or on a Monthly or other time basis) are payable per the following table:

Event	Fees
Payable Upon Order Date.	\$55,125.00
Payable Upon The First Anniversary Of The Order Date.	\$1,500.00
Payable Upon The Second Anniversary Of The Order Date.	\$1,500.00
Payable Upon The Third Anniversary Of The Order Date.	\$1,500.00
Payable Upon The Fourth Anniversary Of The Order Date.	\$1,500.00
Payable Upon The Earlier Of Go-Live Or 12 Months After The Order Date.	\$53,625.00

Facilities. The Facilities for which the ordered Solutions are licensed are as follows or as listed in the List of Facilities attached hereto and incorporated for reference. Certain Solutions may be licensed for use only for a sub-set of the Facilities if "All" is not specified in the "Facility" column(s) of the Purchase Table(s) below; in such case(s), such column will specify the in-scope Facilities for each corresponding item per the numbering below.

Facility #	Facility Name	Address	Account #	Email	Telephone
1	[Primary] San Gorgonio Memorial Hospital	600 N Highland Springs Ave Banning CA US 92220-3046	10158996	MKammer@sgmh.org	9518451121

Purchase Tables: The tables below lists your ordered Solutions and Services (with purchased quantities), the associated fees (for initial term only), the fee payment schedule, and the associated license/service duration. Recurring fees are stated as annual fees during the corresponding Term, unless otherwise provided. Unless otherwise stated, if any "Support/Subscription" column for any ordered item states "Support declined" or the like or does not have a specified fee (zero is not a specified fee), then We will not be obligated to deliver support services for that item as it is being declined by the Client or is unavailable.

Other Items	Facility	Qty	Fees	Payment Schedule*	Term In Months* (unless otherwise stated; unless renewed)
Fixed Fee Professional Services: Our standard implementation per attached Scope.					
Sunrise Antimicrobial Use and Resistance (AUR) (PSASFF04420)		1	\$31,750.00	Fixed fees payable upon 50P Go Live	12
Sunrise Acute Care (PSASFF01290)		1	\$66,000.00	Fixed fees payable upon 50P Go Live	12
ALAB EHI Export Implementation Services (PSEISFF05570)		1	\$4,500.00	Fixed fees payable upon 50P Go Live	12
Alab Discrete Micro Interface Services (PSEISFF05560)		1	\$5,000.00	Fixed fees payable upon 50P Go Live	12
ALAB EHI Export (PSLAB01191)		1	\$7,500.00	Fixed fees payable upon Prof Svcs Subscr 5Yr	60
TOTAL			\$114,750.00		

Estimated Taxes Detail:

Item	License/Fees Selling Price	License/Fees Tax	Recurring Fees (Total Contract Value)	Recurring Fees Tax	Term in Months
Sunrise Antimicrobial Use and Resistance (AUR) (PSASFF04420)	\$31,750.00	\$0.00			12
Sunrise Acute Care (PSASFF01290)	\$66,000.00	\$0.00			12
ALAB EHI Export Implementation Services (PSEISFF05570)	\$4,500.00	\$0.00			12
Alab Discrete Micro Interface Services (PSEISFF05560)	\$5,000.00	\$0.00			12
ALAB EHI Export (PSLAB01191)	\$7,500.00	\$0.00			60
TOTAL		\$0.00		\$0.00	

As used in the Payment Schedule column(s) of the above tables, "Yearly", "Quarterly", "Half-Yearly", or "Monthly" means the corresponding fees are payable on a contract, not calendar, basis.

"Service Completion" means the date on which We have completed its portion of the corresponding in-scope work effort (as Client permitted)

"Prof Svcs Subscr 5Yr" means one-fifth (20%) of the professional services total due upon the Order Date, and each additional one-fifth (20%) due upon first through fourth anniversaries of the Order Date

"50P Go Live" means 50% upon the Order Date and 50% upon the earlier of Go-Live or 12 months after the Order Date

Payment Table. For those items with a designated Installment payment schedule, the corresponding fees are payable per the following table:

Product	Payment Category	Payment Description	Amount
Alab Discrete Micro Interface Services (PSEISFF05560)	50P Go Live	50% Payable Upon Order Date.	\$2,500.00
		50% Payable Upon The Earlier Of Go-Live Or 12 Months After The Order Date.	\$2,500.00
		Subtotal	\$5,000.00
ALAB EHI Export (PSLAB01191)	Prof Svcs Subscr 5Yr	20% Payable Upon Order Date.	\$1,500.00
		20% Payable Upon The First Anniversary Of The Order Date.	\$1,500.00
		20% Payable Upon The Second Anniversary Of The Order Date.	\$1,500.00
		20% Payable Upon The Third Anniversary Of The Order Date.	\$1,500.00
		20% Payable Upon The Fourth Anniversary Of The Order Date.	\$1,500.00
Subtotal			\$7,500.00
ALAB EHI Export Implementation Services (PSEISFF05570)	50P Go Live	50% Payable Upon Order Date.	\$2,250.00
		50% Payable Upon The Earlier Of Go-Live Or 12 Months After The Order Date.	\$2,250.00
		Subtotal	\$4,500.00
Sunrise Acute Care (PSASFF01290)	50P Go Live	50% Payable Upon Order Date.	\$33,000.00
		50% Payable Upon The Earlier Of Go-Live Or 12 Months After The Order Date.	\$33,000.00
		Subtotal	\$66,000.00
Sunrise Antimicrobial Use and Resistance (AUR) (PSASFF04420)	50P Go Live	50% Payable Upon Order Date.	\$15,875.00
		50% Payable Upon The Earlier Of Go-Live Or 12 Months After The Order Date.	\$15,875.00
		Subtotal	\$31,750.00

Delivery. Ordered items will be shipped to the following contact:

Name: San Gorgonio Memorial Hospital
 Address: 600 N Highland Springs Ave Banning, CA 92220-3046 United States

Communication. Client acknowledges and expressly consents to Our use of an automatic telephone dialing system ("ATDS") to initiate calls, faxes or text messages to Client for any business purpose, including without limitation, confirming or updating information in this application, collections of accounts receivable, marketing of Our products and services, confirming information related to patient care, status of product delivery and delivery address confirmation. Customer's agreement to this communication provision is not a condition of purchasing any of Our goods or services.

ALAB EHI Export: Client acknowledges and agrees that the Professional Services fee for ALAB EHI Export (item code PSLAB01191) is for Altera's costs to develop ALAB EHI Export, which is required for regulatory purposes and, for the avoidance of doubt, Altera owns all right, title and interest in ALAB EHI Export.

Annual Adjustment. Notwithstanding anything contrary in the Agreement, each year on the anniversary of the Order Date, Altera may increase all fees in this Client Order by an amount equal to CPI + 5% from the prior year (the "**Annual Adjustment**"). "**CPI**" is defined as the percentage increase in the U.S. DOL, Bureau of Labor Statistics Consumer Price Index, for the most recently completed 12-month measurement period.

Shipping Preference.

- Overnight AM
- Second Day
- Standard Ground (estimated 7 to 10 days)

ORDER PROVISIONS

This Client Order ("Order") between Alterra Digital Health Inc., as successor in interest to Allscripts Healthcare, LLC ("Altera", "Us", "We, or "Our") and the above-referenced client ("Client"), as of its effective date ("Order Date"), is hereby made a part of and amends the agreement and if applicable Product Schedule 1, entered into between Alterra and Client ("Agreement"). Capitalized terms used and not otherwise defined herein shall have the meanings set forth in the Agreement. For purposes of this Order, "Order" has the same meaning as "Order Form" or "Contract Supplement" under the Agreement, and "Client" has the same meaning as "Customer" under the Agreement.

The general terms and conditions set forth in the Agreement will apply to this Order, except where expressly identified herein and in addition to any specific terms and conditions set forth in any Attachment(s) to this Order. In the event of a conflict between the terms and conditions of this Order and any Attachment (s) hereto, the terms and conditions of such Attachment(s) shall control. In the event of any conflict between the terms and conditions of this Order and the Agreement, the terms and conditions of this Order shall control.

Term: If the total dollar value of this Order, including any estimated T&M Services, is greater than \$100,000, this Order is effective upon signature by both parties. If the total dollar value of this Order, including any estimated T&M Services, is less than \$100,000, this Order is effective upon signature by the Client and submission of this Order to Our Commercial Operations prior to the Expiration Date. "Expiration Date" is 30 days from the Valid Until Date stated on this Order. We may, in its discretion, reject this Order if the last date of signature is after the Expiration Date and the Order shall be deemed null and void even if mutually signed. Any unauthorized modifications and/or handwritten revisions are null and void unless initiated by Our Commercial Operations. Each ordered Service or license begins on the Client Order specified "Start Date" (or Order Date if none stated) and lasts for the specified duration ("Term" as defined in Order above). Unless otherwise stated, for each ordered subscription, or support for a perpetual license the Term will automatically renew for additional 1 year periods, unless either party provides the other a written notice of non-renewal at least one (1) year prior to the expiration of the then-current term. All terms (including professional services which do not renew) will automatically come to an end if the Order is duly terminated.

*If Client or Alterra terminate Client's ALAB term, or if such term expires without renewal or extension, prior to the expiration of the ALAB EHI Export Term identified herein, the ALAB EHI Export Term under item code PSLAB01191 will also terminate upon the ALAB termination date, and Alterra will relieve Client of its payment obligations for any fees remaining related to ALAB EHI Export under item code PSLAB01191 after such termination date. For clarity, Client will continue to be responsible for payment of any ALAB EHI Export fees invoiced under item code PSLAB01191 prior to the ALAB termination date.

Fees and Expenses. If professional services are a part of this Order, and unless otherwise agreed to in the Agreement, and if applicable, out-of-pocket expenses actually incurred by or on behalf of Us in performing ordered services are payable by Client hereunder in accordance with the T&E Policy (i.e. meals, lodging, airfare as outlined and located at <https://www.alterradigitalhealth.com/legal/>). The Professional Services are based on a fixed scope. For services performed outside the fixed scope of this Order, a separate statement will be required and mutually agreed to by the parties. Changes in tasks, deliverables, resource requirements and/or assumptions could result in project delays, additional fees or require additional services to be performed under a separate statement.

Payment: Except as otherwise stated, T&M Services fees will be billed periodically and in arrears and Client shall pay such invoiced amounts due under this Order within the applicable time period specified in the Agreement, as amended by this Order, or within 30 days of invoice date if no such period is specified. Fees for other ordered items are due and payable upon the occurrence of the event(s) set forth in the corresponding Payment Schedule column(s) of this Order.

General Terms: Client will comply with the Anti-Kickback statute (42 C.F.R. 1001.952(h)), including accurately reporting any discounted or no-cost items to the Federal government. The Agreement (as amended) comprises the full understanding of the parties related to its subject matter. Client acknowledges that it has not relied on the availability of any future version of any ordered item or any other future product or service in executing this Order. If any Professional Services were performed under this Order, We will, from time to time, conduct client phone or email surveys for the purpose of accessing client satisfaction associated with work effort by services resources performed (delivered) under this Order. This Order may be executed in counterparts and electronically scanned or facsimile signatures shall be deemed originals. Any supplemental or modified provisions contained in any Client (or third party) proposed purchase order(s) are not included in this Order and shall not be binding on the parties. The "Notes" section of this Order is for informational purposes only and does not contain any provisions that are binding on either party. For clarification, the materials and information disclosed by Us hereunder are Our confidential information and this Order is confidential information of both parties, all pursuant to the confidentiality provisions set forth elsewhere in the Agreement. All sales are final, non-cancelable and non-refundable.

ADDITIONAL TERMS AND CONDITIONS

Definitions: For purposes of this Order, the following terms, as such terms are used herein or in the Agreement shall have the following meanings:

- a. **Clinical Content:** "Clinical Content" means medical, clinical, or billing and coding information such as terminology, vocabularies, decision support rules, alerts, drug interaction knowledge, care pathway knowledge, standard ranges of normal or expected result values, and any other clinical content or rules provided to Client under a Client Order, together with any related Documentation and Upgrades. Depending on the intended usage, Clinical Content may be provided in either paper or electronic formats. Examples of Clinical Content include Clinical Evidence Summaries, Ventus Intelligent Coding – ED FC, Ventus Intelligent Coding – ED PC, and Medical Necessity Content. Clinical Content may be either (a) owned by Alterra or (b) Third Party Clinical Content.
- b. **Enhancements:** "Enhancements" means enhancements or new releases of the Software, Documentation, Clinical Content, or Services providing new or different functionality that are separately priced and marketed by Us.
- c. **Equipment Maintenance Services:** "Equipment Maintenance Services" means repair or replacement of any defective Equipment. We will provide Equipment Maintenance Services through Us or through Our agents or Third Party Vendors (e.g. Hewlett Packard). Equipment Maintenance Services do not include updates or upgrades to any firmware.
- d. **Fixed Fee:** "Fixed Fee" means any predetermined Prevaling Rate(s) charged by Us for the provision of services set forth herein.
- e. **Generally Available:** "Generally Available" means available as a non-development product, licensed by Us in the general commercial marketplace.

- f. **Maintenance Services.** "Maintenance Services" means Software Maintenance Services and Equipment Maintenance Services. Maintenance Services do not include services required as a result of (a) improper use, abuse, accident or neglect, including Client's failure to maintain appropriate environmental conditions for the Products or (b) modifications or additions to the Products.
- g. **Medical Necessity Content.** "Medical Necessity Content" means rules, including diagnosis and procedure code pairs developed by the Centers for Medicare and Medicaid Services and Medicare Administrative Contractors, related to Medicare payment eligibility for medical services, treatment procedures, and medical technologies, including medical necessity determination.
- h. **Prevailing Rate.** "Prevailing Rate" means Our standard fee(s) in effect for the applicable Service on the date that the Service is to be provided.
- i. **Products.** "Products" means Software, Equipment, Clinical Content, and any other products that We provide to Client pursuant to this Order.
- j. **Services.** "Services" means Implementation Services, Maintenance Services, Professional Services, Subscription Services, Technology Services, Remote Hosting Services, and any other services that We provide to Client under this Order.
- k. **Software.** "Software" means and shall include software in object code form only (and related Documentation) identified in a Client Order or otherwise provided by Us to Client, including any upgrades that We provide to Client.
- l. **Subscription Services.** "Subscription Services" means the internet-based or subscription-based Services provided to Client by Us that are identified in this Order.
- m. **Technology Services.** "Technology Services" means the Infrastructure Management Services, the CareBridge™ Services, Project Management & Engineering Services and any other services provided by Altera's Technology Services Group.
- n. **Upgrades.** "Upgrades" means corrections, modifications, improvements, updates, or releases of the Software, Documentation, Clinical Content, or Services designated by Us as "Upgrades," which are Generally Available and generally provided to clients as part of Software Maintenance Services. Upgrades do not include Enhancements.

Disclaimers:

a. **Professional Responsibility and Clinical Content.** CLIENT ACKNOWLEDGES AND AGREES THAT ANY CLINICAL CONTENT FURNISHED BY US HEREUNDER (WHETHER SEPARATELY OR INCLUDED WITHIN A PRODUCT) IS AN INFORMATION MANAGEMENT AND DIAGNOSTIC TOOL ONLY AND THAT ITS USE CONTEMPLATES AND REQUIRES THE INVOLVEMENT OF TRAINED INDIVIDUALS. CLIENT FURTHER ACKNOWLEDGES AND AGREES THAT WE HAVE NOT REPRESENTED OUR PRODUCTS AS HAVING THE ABILITY TO DIAGNOSE DISEASE, PRESCRIBE TREATMENT, OR PERFORM ANY OTHER TASKS THAT CONSTITUTE THE PRACTICE OF MEDICINE. THE PARTIES AGREE THAT, AS BETWEEN CLIENT AND ALTERA, CLIENT IS RESPONSIBLE FOR THE ACCURACY AND QUALITY OF CLIENT DATA AS INPUT INTO THE PRODUCTS. CLIENT ACKNOWLEDGES THAT WE HAVE: (A) NO CONTROL OF OR RESPONSIBILITY FOR CLIENTS USE OF THE CLINICAL CONTENT, AND (B) NO KNOWLEDGE OF THE SPECIFIC OR UNIQUE CIRCUMSTANCES UNDER WHICH THE CLINICAL CONTENT PROVIDED MAY BE USED BY CLIENT. THE PARTIES AGREE THAT WE DO NOT PROVIDE MEDICAL SERVICES TO PATIENTS AND ARE NOT ENGAGED IN THE PRACTICE OF MEDICINE, AND THAT CLIENTS USE OF THE PRODUCTS DOES NOT ABSOLVE CLIENT OF ITS OBLIGATION TO EXERCISE INDEPENDENT MEDICAL JUDGMENT IN RENDERING HEALTHCARE SERVICES TO PATIENTS. CLIENT ACKNOWLEDGES THAT THE PROFESSIONAL DUTY TO THE PATIENT IN PROVIDING HEALTHCARE SERVICES LIES SOLELY WITH THE HEALTHCARE PROFESSIONAL PROVIDING THE SERVICES. WE MAKE NO WARRANTY AS TO THE NATURE OR QUALITY OF THE CONTENT OF RESULTS, MESSAGES OR INFORMATION SENT BY CLIENT, OR ANY THIRD PARTY USERS OF THE SUBSCRIPTION SERVICES.

b. **Internet.** CERTAIN PRODUCTS AND SERVICES PROVIDED BY US UTILIZE THE INTERNET. WE DO NOT WARRANT THAT SUCH SERVICES WILL BE UNINTERRUPTED, ERROR-FREE OR COMPLETELY SECURE. WE DO NOT AND CANNOT CONTROL THE FLOW OF DATA TO OR FROM OUR OR CLIENTS NETWORK AND OTHER PORTIONS OF THE INTERNET. SUCH FLOW DEPENDS IN LARGE PART ON THE INTERNET SERVICES PROVIDED OR CONTROLLED BY THIRD PARTIES. ACTIONS OR INACTIONS OF SUCH THIRD PARTIES CAN IMPAIR OR DISRUPT CLIENTS CONNECTIONS TO THE INTERNET (OR PORTIONS THEREOF). ACCORDINGLY, WE DISCLAIM ANY AND ALL LIABILITY RESULTING FROM OR RELATED TO THE ABOVE EVENTS.

[Signature Page to Follow]

Altera Digital Health, Inc. ("Altera", "Us", "We, "Our")

SAN GORGNIO MEMORIAL HOSPITAL

By: _____
 Authorized Signature

By: _____
 Authorized Signature

 Name Printed, Title

 Name Printed, Title

 Date

 Date



Sunrise Antimicrobial Use and Resistance Reporting ("AUR"), Discrete Microbiology Interface Services,
Altera Lab Interface Services and Altera Lab EHI Export Services
Statement of Work

for

San Gorgonio Memorial Hospital

3/25/2024

Client#: 10158996

Quote#: 508634

Altera Digital Health Inc.
2429 Military Road, Ste 300
Niagara Falls, NY 14304



Table of Contents

I	Overview	3
II	Solutions Included in this Add-On.....	3
III	Solution-Specific Assumptions	3
	<i>Sunrise Antimicrobial Use and Resistance Reporting ("AUR")</i>	3
	<i>Discrete Microbiology</i>	4
	<i>Altera Lab EHI Export Services</i>	4
	<i>Altera Lab Interface Services</i>	5
IV	Altera Methodology and Approach	5
	<i>Deliverables</i>	5
	<i>Events and Milestone Signoff</i>	6
V	Governance and Project Staffing	6
VI	Assumptions	6



I Overview

This Statement of Work (“SOW”) establishes the assumptions upon which Altera solutions shall be implemented.

This SOW defines the parties’ respective obligations, assumptions, and boundaries for this implementation. As such, it is the professional responsibility of all parties to thoroughly understand this SOW, and to meet the commitments outlined herein.

II Solutions Included in this Add-On.

Sunrise Antimicrobial Use and Resistance Reporting (“AUR”)

Discrete Microbiology

Altera Lab EHI Export Services

Altera Lab Interface Services

III Solution-Specific Assumptions

Sunrise Antimicrobial Use and Resistance Reporting (“AUR”)

1. This SOW is for the Antimicrobial reporting for one (1) Sunrise database.
2. This SOW assumes the Client has discrete, coded microbiology results interfaced into Sunrise. This is considered a pre-requisite for implementation for AUR. Should the Client not have the necessary requirements as defined, an additional SOW and Fees will be needed for this implementation and SOW.
3. Client will be solely responsible for registration with National Healthcare Safety Network (“NHSN”) is executed based on the allowed timeline from the Centers for Disease Control and Prevention (“CDC”) for the reporting period.
4. Altera shall complete the following tasks:
 - a. Configure standard dictionary (antibiotics and organisms)
 - b. Add “CXD…” Class Type to all antibiotic orders.
 - c. Configure ancillary codes for results to be included in antimicrobial resistance reports.
 - d. Add SYS-SusceptibilityTestMethod Class Type values to all sensitivity test result components and related dictionary configuration.
 - e. Configure location function group.
 - f. ITT/Mapping for:
 - i. Location function group categories
 - ii. Administration route codes
 - iii. The findings section in antimicrobial use and resistance reports
 - g. Reports Configuration
 - i. Four (4) clinical exchange documents that are used for reporting.
 - h. Eligible Provider (“EP”) Settings
 - i. Approximately ten (10) EP settings
 - i. Initial set up one (1) Security Right requirement to generate reports; provided, however, that such setup:
 - i. Requires full and complete involvement from Client Security Rights Analyst who can identify Security group(s) that need to have this right added; and
 - ii. Under no circumstances is Altera responsible for security or providing any advice or guidance regarding anything, including, but not limited to security.
 - j. Load sample Medical Logic Modules (“MLM”) and modify.

- i. Note: the CDA HAI AUR Antimicrobial Resistance Option Report is generated by an MLM
5. Altera shall provide information and training on configuration, testing, and validation during the Implementation phase:
 - a. Altera shall assist with Go-Live preparation.
 6. Client will be responsible for:
 2. Client is solely responsible for registration with NHSN which is executed based on the allowed timeline from the CDC for the reporting period. The Client has sixty (60) days to ensure registration is completed within the reporting period. The National Healthcare Safety Network (NHSN) is a surveillance system developed by the Centers for Disease Control and Prevention (CDC) in the United States. It is a web-based system designed to facilitate healthcare facilities in tracking and monitoring healthcare-associated infections.
 - b. Client is solely responsible for testing, validation and reporting for achieving the desired outcomes for the regulatory measure.
 - c. Client is solely responsible to move the content to the Production environment, revalidate and test prior to productive use.

Discrete Microbiology

1. Altera shall install eLink translator code to accommodate discrete microbiology results inbound to Sunrise Clinical Manager.
2. Altera shall build discrete Microbiology Catalog Items and update the Order and Results Browse functionality. **Any additional configuration changes within Sunrise will be the responsibility of the Client and is not part of this SOW.**
3. Altera shall assist with testing and validation of all code implemented in one (1) non-Production environment. Once testing has been signed off by the Client, the code shall be migrated to Production.
4. Altera shall provide remote on-call activation support, during business hours Monday through Friday, over a four (4)-week period as Microbiology Results begin to be returned. Activation Support shall not exceed forty (40) hours during the four (4)-week period.

Client Responsibilities

5. Client will provide a list of their existing microbiology order items, result components, sensitivities, and ancillary codes.
6. Client will provide test plans and participate in, validate, and sign off on testing.
7. Client will be responsible for managing the vendor relationship and contracts with Reference Laboratories if microbiology orders are sent out for testing. If additional interfaces from the Reference Laboratory are required, the Client is responsible for any additional fees incurred.
8. If additional interfaces from the Reference Laboratory are required, the Client is responsible for any additional fees incurred and it shall necessitate an additional SOW with estimates for effort defined at that time.

Altera Lab EHI Export Services

1. The Client must be on Altera Lab version 23.2 or higher.
2. Altera shall set up the file location to send the export files and complete configurations.
3. Altera Implementation Consultant shall provide the super users with the following training:
 - a. How to configure application security for EHI Export within the Application for appropriate users.
 - b. How to use the EHI Export application to export a single patient or all patients.
 - c. How to select a full database export with filters.

- d. How to access the file location data.
4. The Client will be solely responsible for staff education.
5. The Client will be solely responsible for communications with patient, any third parties, and requestor(s).
6. All Services shall be provided Remote.

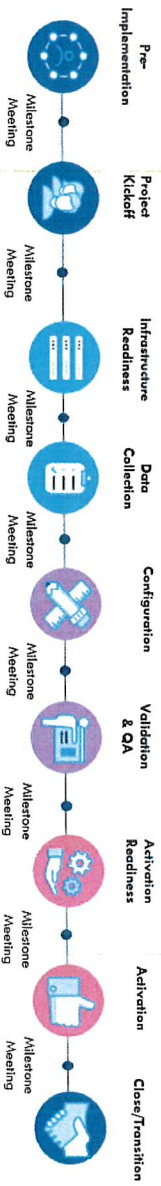
Altera Lab Interface Services

1. Interfaces shall be implemented according to current Altera Lab interface specifications.
2. Altera shall provide testing and activation support.
3. Altera shall be responsible for any data mapping, filtering, or other message manipulation.
4. Altera Lab Interface Analyst services shall be provided for one (1) Go Live.
5. All services will be provided remotely.

<i>Altera Lab Interface Scope</i>	<i>Direction</i>
ALAB Microbiology Discrete Results (ALAB to Paragon)	Outbound

IV Altera Methodology and Approach

This approach is based on Altera’s pre-configured data and content, prescriptive workflows, and best practices methodology.



Deliverables

Deliverables for this fixed-fee/fixed-scope SOW shall be defined by the project scope set forth herein. “Fixed Fee” means that the Implementation / Services will be delivered by Altera at a set price determined by Altera for the defined project scope and includes the time and resources necessary to complete the defined project scope. The detailed tasks needed to accomplish each Deliverable are outlined in the project plan(s), including the delineation of work effort between Altera and Client, including whether resources are Remote or Onsite. “Remote” delivery means project time is spent working on Client activities while not on-site at Client’s Facility and “Onsite” delivery means project time is spent working on Client activities at the specified Client Facility.

Altera reserves the right, in its discretion, to perform any Services within this SOW Remotely (including Client meetings) or to modify existing Service processes for any reason, including, but not limited, to mitigate risks to Altera and/or its personnel performing the Services.



Events and Milestone Signoffs

Each scoped event in the project plan has defined prerequisites to be completed before the next event commences. A milestone meeting can be conducted after each event which requires Altera and Client sign-off. The milestone sign-off meeting ensures that all required work has been completed before the next event begins.

V Governance and Project Staffing

1. Client will provide a governance structure at the commencement of the project which supports the following requirements:
 - a. Committees for making clinical, financial, and operational decisions based on project timelines.
 - b. A committee for processing all change requests including but not limited to scope, budget, and configuration.
 - c. A committee for advising project on operational and organizational changes required by the project, including but not limited to workflows and policies and procedures.
 - d. A committee for addressing and managing escalated issues and risks.
2. The Client has staffed the Project Team with a sufficient number of properly skilled resources to carry out the effort defined in the project plan(s). All Client resources defined in the project plan(s) shall be available for the allotted amount of time from the onset of the project through completion. The Client resources will complete all Client tasks outlined in the project plan(s). Altera reserves the right to halt implementation activities if Client resources become insufficient or not available.
3. Client and Altera shall reasonably collaborate, agree to, and finalize, in writing, one (1) or more project plans which reflect the quoted scope here within, prior to the kickoff of the project and only after resources assignments are made. Altera shall use commercially reasonable efforts to assign technically proficient staff, suitable to perform the Professional Services, within sixty (60) days of the date Client executes this contract. A detailed implementation work plan shall be mutually developed by the parties, with Altera drafting such work plan, forty-five (45) days after the resources are assigned based on the preliminary scope of Services specified here within (the "Project Plan"). The development of the project plan is included in the fees and service hours thereunder. The parties shall diligently perform their obligations in the mutual agreed project scope and project will be considered complete once Altera has completed its portion of the corresponding in-scope work effort (as Client permitted). The Client is solely responsible for and shall timely pay all travel and other out-of-pocket expenses actually incurred by or on behalf of Altera, if any, related to these Services here within, as defined in Client's Agreement.
4. The effort associated with implementing these Services will vary by the individual features and such Features for the product release are outlined on the Client Portal found at the following link <https://allscripts.service-now.com/community> are hereby incorporated and becomes a part of this SOW. No other features will be provided as part of the service that are not listed on the Client Portal for the corresponding solution or not outlined within this SOW.

VI Assumptions

The Altera specific assumptions to the Services contracted for are available under the Altera Service Assumptions section at <https://www.alterahealth.com/legal>. Any additional Assumptions needed will be detailed and mutually agreed upon in each project plan.

- a. General Assumptions – required conditions for implementation.
- b. Altera Assumptions – clarifications to the SOW that Altera shall perform.

San Geronio Memorial Hospital_Sunrise AUR_Quote 508634_3.22.2024 v3-1

6

© Altera Digital Health Inc. and/or its subsidiaries. All Rights Reserved.

This page contains Altera's Confidential Information and shall not be disclosed or distributed without Altera's written authorization.



c. Items not listed within this SOW are out of scope.

{Rest of page left intentionally blank}

TAB G

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

To: Finance Committee, Board of Directors, and District Board

Agenda Items for May 28, 2024 and June 4, 2024 Meetings

Subject:

Annual Liability Insurance Renewals with BETA; Professional & General, Directors and Officers, Employment Practices, and Auto, plus Worker's Compensation Insurance.

Annual Insurance Renewals:

- 1) Professional and General Liability
- 2) Directors and Officers Liability
- 3) Employment Practices Liability
- 4) Auto Liability
- 5) Workers' Compensation

The District's broker for these coverages is Jim Sprague, Vice President of James+Gable Insurance Brokers. Jim and his team work on the District's behalf with the BETA Healthcare Group, a Risk Management Authority Public Agency. SGMHCD has been insured with BETA for many years, and has benefitted from competitive premiums, comprehensive coverages, and excellent customer service from a firm which specializes in District, Public Agency, and Non-Profit Healthcare providers.

BETA continues to have an extensive Quality Improvement and Performance program which is customized especially for Hospitals, and the favorable results of such programs have resulted in the overall competitive and comprehensive product. Their Workers' Compensation program is specifically designed for hospital workers and has an excellent overall track record in this arena.

The renewal premiums are provided in the Attachment. Per our Broker, Mr. Sprague, "we were very pleased with BETA's premium concessions of approximately \$100,000, as noted on the board summary document".

Recommendations: That the respective insurance coverages be renewed with BETA as presented for Board action in order to "bind" coverage prior to the renewal date of July 1st.



 **SAN GORONIO**
MEMORIAL HOSPITAL

2024
Insurance Renewal Proposals

JAMES + GABLE
INSURANCE BROKERS, INC.

2024 Insurance Renewals

Executive Summary

Line of Coverage	Carrier	Policy Term	Limits	Deductible	2023-2024 Expiring	2024-2025 Renewals
Professional & General Liability	BETA	7/1/24 - 7/1/25	\$20M/\$30M	\$25,000	\$1,184,309	\$1,219,520
Directors & Officers Liability	BETA	7/1/24 - 7/1/25	\$10M	\$50,000	\$172,492	\$181,116
Employment Practices Liability	BETA	7/1/24 - 7/1/25	\$10M	\$100,000	Incl. w/ D&O	Incl. w/ D&O
Auto Liability	BETA	7/1/24 - 7/1/25	\$20M	\$500	\$55,070	\$56,459
Workers' Compensation	BETA	7/1/24 - 7/1/25	Statutory	\$0	\$604,315	\$663,861
TOTAL GROSS PREMIUM					\$2,016,186	\$2,120,956
Liability Dividend					-\$62,032	-\$47,477
<u>Workers' Comp Dividend</u>					<u>-\$78,041</u>	<u>-\$46,038</u>
Total Dividends					-\$140,073	-\$93,515
TOTAL NET PREMIUM					\$1,876,113	\$2,027,441
Pending Risk Mgmt Credits					None	-\$55,035
TOTAL NET PREMIUM including Risk Mgmt Credits					\$1,876,113	\$1,972,406

Insured Entities

San Gorgonio Memorial Hospital
 San Gorgonio Memorial Hospital Foundation
 San Gorgonio Memorial Healthcare District

NOTES

- Professional Liability carriers are charging higher rates due to changes in the Medical Injury Compensation Reform Act (MICRA) as follows:
 - 2022 law limited claim recovery of non-economic damages to \$250,000
 - A 2022 bill increased that limit to \$350,000 for non-death cases and \$500,000 for wrongful death cases effective date January 1, 2023, followed by incremental increases over 10 years to \$750,000 for non-death cases and \$1,000,000 for wrongful death cases. Currently \$390,000 non-death and \$550,000 wrongful death.
 - Actuarial estimates on the increase in ultimate annual claims costs are between 4.7% and 17%
- BETA rate updates (minimum change for all members):
 - PL/GL: 3% increase, D&O/EPL: 5% increase, Auto: FLAT, WC: 3% decrease
 - BETA rates continue to be more than 15% to 20% lower than the standard market
 - BETA Council approved a 38% reduction in dividends due to claims experience in the pool and rising reinsurance costs

2024 Insurance Renewals

Professional Liability & General Liability

Census Data & OBEs

	7/1/22 to 7/1/23 Estimated		7/1/23 to 7/1/24 Estimated		7/1/23 to 7/1/24 REVISED Estimated		7/1/24 to 7/1/25 Estimated		7/1/24 to 7/1/25 REVISED Estimated	
	Census	OBEs	Census	OBEs	Census	OBEs	Census	OBEs	Census	OBEs
Acute Care Beds	12,323	33.8	8,440	23.1	8,226	22.5	8,372	22.9	8,372	22.9
Cribs & Bassinets	268	1.3	417	2.1	278	1.4	201	1.0	201	1.0
Emergency Visits	21,256	63.4	22,859	68.1	22,859	68.1	25,486	76.0	25,486	76.0
Non-Urgent ER Visits	17,703	12.0	19,314	13.1	19,314	13.1	16,868	11.4	16,868	11.4
Outpatient Visits	5,708	3.6	9,234	5.8	7,559	4.7	6,979	4.4	6,979	4.4
Reference Labs	621	0.1	888	0.1	888	0.1	10,459	1.5	10,459	1.5
Counseling	4,136	1.6	13,290	5.2	13,290	5.2	31,848	12.4	15,249	5.9
Outpatient Surgeries	1,300	6.7	1,113	5.8	1,113	5.8	945	4.9	945	4.9
Inpatient Surgeries	466	4.7	559	5.7	559	5.7	551	5.6	551	5.6
Vaginal Deliveries	95	4.5	168	8.0	96	4.6	87	4.1	87	4.1
C-Sections Deliveries	51	2.4	63	3.0	48	2.3	26	1.2	26	1.2
		134.1		139.9		133.4		145.4		139.0
								9.0%		4.2%

NOTES

- Initial census was a 9% increase over last year; revised census with lower counseling visits is a 4.2% increase

2024 Insurance Renewals

Professional Liability & General Liability

Claim Development

Policy Year	Total Incurred As of 4/30/23	Total Incurred As of 4/30/24	Total Claims	Open Claims
2002	\$2,411,379	\$2,411,379	3	0
2003	\$668,965	\$668,965	5	0
2004	\$0	\$0	1	0
2005	\$1,080	\$1,080	2	0
2006	\$579,405	\$579,405	4	0
2007	\$1,111,785	\$1,111,785	6	0
2008	\$539,729	\$539,729	8	0
2009	\$3,034,503	\$3,034,503	6	0
2010	\$6	\$6	6	0
2011	\$92,245	\$92,245	9	0
2012	\$65,983	\$65,983	4	0
2013	\$714,171	\$714,171	13	0
2014	\$138,797	\$138,797	4	0
2015	\$2,532,277	\$2,532,277	7	0
2016	\$307,722	\$306,722	6	0
2017	\$150,804	\$150,804	3	0
2018	\$65,000	\$65,000	2	0
2019	\$244,282	\$236,595	3	1
2020	\$11,819	\$11,819	2	0
2021	\$22,257	\$20,180	2	0
2022	\$41,000	\$110,000	5	2
2023		\$0	0	0
	\$12,733,207	\$12,791,444	101	3
		\$58,237		

NOTES

- SGMH has a 10-year loss ratio (2013-2022) of 51%

2024 Insurance Renewals

Professional Liability & General Liability

	7/1/23 – 7/1/24 Expiring	7/1/24 – 7/1/25 Renewal (Initial)	7/1/24 – 7/1/25 Renewal (Final)
Carrier	BETA	BETA	BETA
Limits	\$20M/\$30M	\$20M/\$30M	\$20M/\$30M
Deductible	\$25,000	\$25,000	\$25,000
Gross Premium	\$1,184,309	\$1,320,426	\$1,219,520
Performance Dividend	-\$62,032	-\$38,459	-\$47,477
Net Premium	\$1,122,277	\$1,281,967	\$1,172,043
Pending Risk Mgmt Credits	None	None	-\$55,035
Net Premium incl Risk Mgmt Credits	\$1,122,277	\$1,281,967	\$1,117,008

NOTES

- BETA also quoted \$50K and \$100K deductible options – see following page for premiums and a loss stratification analysis
- Initial worst-case scenario was 3% rate increase plus 9% census increase, which equals \$1,320,426 gross premium
- Submitted revised census projections with a 4.2% overall increase
- Negotiated a waiver of the 4.2% census increase, a \$50K savings. Final renewal limited to BETA's 3% rate increase.
- SGMH qualifies for the Performance Dividend this year (requires loss ratio of 70% or less): \$47,477
- OB Risk Management Initiative Credit: 6% (\$68,451)
ED Risk Management Initiative Credit: 2% (\$13,487) + additional 2% pending confirmation
HEART Risk Management Initiative Credit: 2% (\$21,178) + additional 4% pending confirmation
- Risk Management Resource Funds remaining for 2023-2024 policy term (as of 4/30/24) = \$9,665
Risk Management Resource Funds for 2024-2025 renewal policy term = \$10,377

2024 Insurance Renewals

Professional Liability & General Liability

Deductible Options & Loss Stratification

Deductible	Gross Premium	
\$25,000	\$1,219,520	Same as expiring
\$50,000	\$1,144,810	-\$74,710
\$100,000	\$1,055,916	-\$163,604

Total Cost of Risk: \$25,000 Deductible

Policy	Premium	Claims Filed	Total Incurred	Deductible Cost	Total Cost of Risk
2014-2015	\$1,219,520	4	\$138,797	\$75,000	\$1,294,520
2015-2016	\$1,219,520	7	\$2,532,277	\$108,795	\$1,328,315
2016-2017	\$1,219,520	6	\$306,722	\$26,929	\$1,246,449
2017-2018	\$1,219,520	3	\$150,804	\$50,000	\$1,269,520
2018-2019	\$1,219,520	2	\$65,000	\$25,000	\$1,244,520
2019-2020	\$1,219,520	3	\$236,595	\$50,722	\$1,270,242
2020-2021	\$1,219,520	2	\$11,819	\$11,819	\$1,231,339
2021-2022	\$1,219,520	2	\$20,180	\$20,180	\$1,239,700
2022-2023	\$1,219,520	5	\$110,000	\$50,000	\$1,269,520
2023-2024	\$1,219,520	0	\$0	\$0	\$1,219,520
	\$12,195,200	34	\$3,572,195	\$418,444	\$12,613,644

Total Cost of Risk: \$50,000 Deductible

Policy	Premium	Claims	Total Incurred	Deductible Exposure	Total Cost of Risk	Savings vs. \$25K Deductible
2014-2015	\$1,144,810	4	\$138,797	\$110,084	\$1,254,894	\$39,626
2015-2016	\$1,144,810	7	\$2,532,277	\$183,795	\$1,328,605	(\$290)
2016-2017	\$1,144,810	6	\$306,722	\$51,929	\$1,196,739	\$49,710
2017-2018	\$1,144,810	3	\$150,804	\$100,000	\$1,244,810	\$24,710
2018-2019	\$1,144,810	2	\$65,000	\$50,000	\$1,194,810	\$49,710
2019-2020	\$1,144,810	3	\$236,595	\$100,722	\$1,245,532	\$24,710
2020-2021	\$1,144,810	2	\$11,819	\$11,819	\$1,156,629	\$74,710
2021-2022	\$1,144,810	2	\$20,180	\$20,180	\$1,164,990	\$74,710
2022-2023	\$1,144,810	5	\$110,000	\$100,000	\$1,244,810	\$24,710
2023-2024	\$1,144,810	0	\$0	\$0	\$1,144,810	\$74,710
	\$11,448,100	34	\$3,572,195	\$728,529	\$12,176,629	\$437,016

Total Cost of Risk: \$100,000 Deductible

Policy	Premium	Claims	Total Incurred	Deductible Exposure	Total Cost of Risk	Savings vs. \$25K Deductible
2014-2015	\$1,055,916	4	\$138,797	\$138,797	\$1,194,713	\$99,807
2015-2016	\$1,055,916	7	\$2,532,277	\$333,795	\$1,389,711	(\$61,396)
2016-2017	\$1,055,916	6	\$306,722	\$101,929	\$1,157,845	\$88,604
2017-2018	\$1,055,916	3	\$150,804	\$150,804	\$1,206,720	\$62,800
2018-2019	\$1,055,916	2	\$65,000	\$65,000	\$1,120,916	\$123,604
2019-2020	\$1,055,916	3	\$236,595	\$163,035	\$1,218,951	\$51,290
2020-2021	\$1,055,916	2	\$11,819	\$11,819	\$1,067,735	\$163,604
2021-2022	\$1,055,916	2	\$20,180	\$20,180	\$1,076,096	\$163,604
2022-2023	\$1,055,916	5	\$110,000	\$110,000	\$1,165,916	\$103,604
2023-2024	\$1,055,916	0	\$0	\$0	\$1,055,916	\$163,604
	\$10,559,160	34	\$3,572,195	\$1,095,359	\$11,654,519	\$959,125

2024 Insurance Renewals

Directors & Officers Liability / Employment Practices Liability

	7/1/23 – 7/1/24 Expiring	7/1/24 – 7/1/25 Renewal
Carrier	BETA	BETA
Limits	\$10M	\$10M
D&O Deductible	\$50,000	\$50,000
EPL Deductible	\$100,000	\$100,000
Premium	\$172,492	\$181,116

Premium & Claim History

Policy Year	Paid Premium	Total Incurred As of 4/30/23	Total Incurred As of 4/30/24	Total Claims	Open Claims
2013	\$39,979	\$584,582	\$584,582	1	0
2014	\$50,939	\$0	\$0	0	0
2015	\$50,939	\$4,220	\$4,220	1	0
2016	\$60,412	\$0	\$0	0	0
2017	\$69,479	\$169,512	\$169,512	4	0
2018	\$83,833	\$2,318	\$2,318	5	0
2019	\$113,175	\$2,655	\$2,655	5	0
2020	\$126,759	\$431,540	\$323,183	5	0
2021	\$136,898	\$20,000	\$20,000	1	1
2022	\$143,743	\$0	\$0	0	0
2023	\$172,492	-	\$0	3	2
	\$1,048,648	\$1,214,827	\$1,106,470	25	3

Increased limit from \$5M to \$10M in 2014

NOTES

- Due to increasing claim severity, healthcare D&O/EPL rates are increasing across the entire industry, ranging from 10% to 20%, and EPL retentions are also increasing
- Premium increase is due to a 5% base rate increase being applied to all BETA members this year
- SGMH has a 106% D&O/EPL loss ratio with BETA going back 10 years

2024 Insurance Renewals

Automobile Liability

	7/1/23 – 7/1/24 Expiring	7/1/24 – 7/1/25 Renewal
Carrier	BETA	BETA
Limits	\$20M	\$20M
Comprehensive Deductible Collision Deductible	\$250 \$500	\$250 \$500
Premium	\$55,070	\$56,459

Schedule of Covered Vehicles

No.	VIN	Year/Make/Model	Type
1	1FBAX2CM0JKA35125	2018 Ford Transit T350	PT
2	1FBAX2CM9HKA89498	2017 Ford Transit T350	PT
3	1FMNE11W09DA21495	2009 Ford Econoline Wagon	PT
4	1FMZK1YM0FKA38349	2015 Ford Transit 8-Passenger Van	PT
5	1FMZK1YM3FKA71801	2015 Ford Transit Van	PT
6	1FMZK1YM4GKA25802	2016 Ford Transit Van – 7 Passenger	PT
7	1GBDV13L56D173758	2006 El Dorado Chevy Van	PP
8	1GCEC14T9YE117288	2000 Chevrolet SSLVE Reg Cab	PP
9	1GNDM19X94B102183	2004 Chevrolet Astrovan	PP

NOTES

- Rate increase of 2.5% specific to BETA's excess insurance
- No changes to vehicle schedule

2024 Insurance Renewals

Workers' Compensation

	7/1/23 – 7/1/24		7/1/24 – 7/1/25
	Expiring	Projected at Audit	Renewal
Experience Modification Factor	0.77	0.77	0.90
Annual Payroll	\$43,172,000	\$41,480,396	\$43,231,044
Net Rate	\$1.40	\$1.40	\$1.54
Assessments/Taxes/Fees	N/A	N/A	N/A
Total Premium	\$604,315	\$580,636	\$663,861
Performance Dividend	-\$78,041	-\$78,041	-\$46,038
Net Premium	\$526,274	\$502,595	\$617,823

NOTES

- SMGH's historical loss ratio remains below 70% qualifying for BETA's performance dividend
- BETA's initial quote applied the full impact of the ExMod change, which would be a rate of \$1.64 and premium of \$708,989, or \$45,128 higher.
- ExMod increasing by 17%; rate increasing by 10% compared to expiring and -6% compared to adjusted ExMod rate
- 2023-2024 Audit Projections:
 - Based on most recent 941s (Q3 2023, Q4 2023, & Q1 2024)
 - Projected Payroll at Audit in August: \$41,480,396
 - Projected Return Premium in August: \$23,679
- CARE Funds remaining in current policy period (as of 5/13/24): \$7,800
CARE Funds for 2024-2025 renewal policy period: approx. \$8,600
- Healthcare retention bonuses will be excluded from the 2023-2024 payroll audit

2024 Insurance Renewals

Workers' Compensation

Experience Modification Factor Calculation

	Policy Term	Payroll	ExMod	Total Incurred As of 4/30/23	Total Incurred As of 4/30/24	No. of Claims	Open Claims
	7/1/15 - 7/1/16	\$31,434,653	0.88	\$985,936	\$993,338	40	3
	7/1/16 - 7/1/17	\$34,636,445	0.82	\$205,546	\$205,546	27	0
	7/1/17 - 7/1/18	\$33,638,906	1.29	\$72,312	\$72,312	18	0
	7/1/18 - 7/1/19	\$33,047,449	1.34	\$94,997	\$136,297	15	1
	7/1/19 - 7/1/20	\$33,125,198	1.18	\$68,021	\$68,021	15	0
ExMod Experience Period	7/1/20 - 7/1/21	\$36,293,950	0.78	\$407,192	\$547,916	22	3
	7/1/21 - 7/1/22	\$37,897,673	0.67	\$183,068	\$176,584	18	2
	7/1/22 - 7/1/23	\$40,451,928	0.71	\$130,106	\$307,688	13	4
	7/1/23 - 7/1/24	\$43,172,000	0.77	-	\$516,797	21	10
				\$2,147,178	\$3,024,498	189	23

NOTES

- ExMod increasing from 0.77 to 0.90 this year due to development in the 2020-2021 claims and the addition of the 2022-2023 into the experience period, which also developed since last year
- Conduct quarterly claims reviews with the goal of claims resolutions

TAB H

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting June 4, 2024

	Title	Policy Area	Owner	Workflow Approval
1	Damp Mopping in Dietary Department	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
2	Dietary Department - Waste Disposal	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
3	Dietary Department Cleaning Procedures Using the Three-Step Cleaning Process	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
4	Engineering Daily Log	Engineering	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
5	Interim Life Safety Measures	Environment of Care	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors

TAB I

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

DATE: May 29, 2024

TO: Chair
Governing Board

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

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

2024 Annual Approval of Policies & Procedures

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

Amended Medical Staff Rules and Regulations

B. MEDICAL RECORDS – Page 6

HISTORY & PHYSICAL

(Delete)

~~Shall be on the chart within twenty four (24) hours of admission and/or on the chart prior to surgery. Emergency surgeries shall have hand written Progress Notes. Failure to dictate or legibly hand write the History and Physical within twenty four (24) hours of admission may result in temporary suspension of clinical privileges.~~

(Revise)

An updated examination of the patient, including any changes in the patient's condition, must be completed, and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physician examination are completed within 30 days before admission or registration.

**SAN GORGONO MEMORIAL HOSPITAL
APPROVAL OF 2024 POLICIES & PROCEDURES**

	Title	Policy Area	Revised?
1.	Administration of Antibiotics	Pharmacy	Revised
2.	Admission Of Newborn	Obstetrics	Revised
3.	Admission of Newborn Delivered Outside of the Women's Center	Obstetrics	Revised
4.	Anticoagulation Protocol for Heparin Infusion Therapy	Pharmacy	Revised
5.	California Safe Surrender Law (section 1255)	Obstetrics	Revised
6.	Care of Patient After Normal Vaginal Delivery	Obstetrics	Revised
7.	Care of Patient During Vaginal Delivery	Obstetrics	Revised
8.	Care of The Newborn	Obstetrics	Revised
9.	Cleaning and Disinfecting Direct Compounding Area	Pharmacy	Revised
10.	Collection and Storage of Breast Milk	Obstetrics	Revised
11.	Consultation from an Intensive Care Nursery	Obstetrics	Revised
12.	Drug Recalls	Pharmacy	Revised
13.	Environmental Monitoring of Primary Engineering Control	Pharmacy	Revised
14.	Group B Streptococcal Prevention in Newborn	Obstetrics	Revised
15.	In Transit Management of Medications	Pharmacy	Revised
16.	Infant Blood Gas Capillary, Venous Blood Gas, and Cord pH	Obstetrics	Revised
17.	Inpatient Pharmacy Anticoagulation Service – Warfarin Therapy	Pharmacy	Revised
18.	Intravenous Vancomycin Adult Dosing and Monitoring Protocol	Pharmacy	Revised
19.	Lexiscan Stress Test	EKG Echo	Revised
20.	Master Formula for Pharmacy Compounding	Pharmacy	Revised
21.	Medication Administration	Pharmacy	Revised
22.	Medication Labeling and Order Requirements	Pharmacy	Revised
23.	Medication Storage	Pharmacy	Revised
24.	Newborn Car Seat	Obstetrics	Revised
25.	Newborn Security	Obstetrics	Revised
26.	Newborn Vitamin K Administration	Obstetrics	Revised
27.	Non-Medicated Intravenous Solutions: Storage and Distribution	Pharmacy	New
28.	Ophthalmic Prophylaxis of the Newborn	Obstetrics	Revised
29.	Patient Self-Administration of Own Medication and Medication Delivery Devices	Pharmacy	Revised
30.	Pharmacy Department Statement of Objective and Philosophy	Pharmacy	Revised
31.	Pharmacy Medication Refrigerator & Freezer Temperature Recording	Pharmacy	Revised

32.	Pharmacy Renal Dose Adjustment Protocol	Pharmacy	Revised
33.	Pharmacy Sterile Compounding Garbing	Pharmacy	Revised
34.	Piperacillin-Tazobactam (Zosyn®) Extended Infusion	Pharmacy	Revised
35.	Preparation of the Patient for Cesarean Section	Obstetrics	Revised
36.	Provider Orders: Transcribing, Acknowledging and Processing	Nursing	Revised
37.	Radiation Safety Program Individual Responsibilities	Radiation Safety Program	Revised
38.	Rapid Fetal Fibronectin (fFN)Test	Obstetrics	Revised
39.	Required Testing Every 6 Months in Addition to Daily Quality Control	Clinical Laboratory	Revised
40.	Security of Pharmacy Department	Pharmacy	Revised
41.	Sterile Compounding Personnel Training and Evaluation	Pharmacy	Revised
42.	Sterile Processing - Care and Maintenance of Sterilizers	Surgical Services	Revised
43.	Sterile Processing - Chemical Indicators for Sterrad Sterilization	Surgical Services	Revised
44.	Sterile Processing - Event Related Sterility/Shelf Life	Surgical Services	Revised
45.	Sterile Processing - Immediate Use Steam Sterilization	Surgical Services	Revised
46.	Sterile Processing - Infection Surveillance	Surgical Services	Revised
47.	Sterile Processing - Minimally Invasive Scopes /Lens/Cameras/Cords	Surgical Services	Revised
48.	Sterile Processing - Monitoring Steam Sterilizer Function	Surgical Services	Revised
49.	Sterile Processing - Preparation and Assembly of Surgical Instrumentation	Surgical Services	Revised
50.	Sterile Processing - Single Use Items	Surgical Services	Revised
51.	Sterile Processing - Steam Sterilization of Surgical Instruments and Patient Care Devices	Surgical Services	Revised
52.	Sterile Processing - Steam Sterilization Quality Control and Sterility Assurance	Surgical Services	Revised
53.	Sterile Processing - Sterilizer Control Number	Surgical Services	Revised
54.	Stress Echocardiogram	EKG Echo	Revised
55.	Surgical Services - RN First Assistant (RNFA)	Surgical Services	Revised
56.	Surgical Services - Electrosurgery Unit (ESU) Use & Safety Precautions	Surgical Services	Revised
57.	Surgical Services - Labeling Medications and Solutions On and Off the Sterile Field	Surgical Services	Revised
58.	Surgical Services - Procedure/Surgery Scheduling	Surgical Services	Revised
59.	The Women's Center Dress Code	Obstetrics	Revised
60.	The Women's Center Patient Identification	Obstetrics	Revised
61.	Use of Investigational Medications	Pharmacy	Revised
62.	Use of Patient's Home Medications	Pharmacy	Revised
63.	Women's Center Out-Patients	Obstetrics	Revised

TAB J

NATIONALLY RECOGNIZED



LEAPFROG
HOSPITAL
SAFETY GRADE



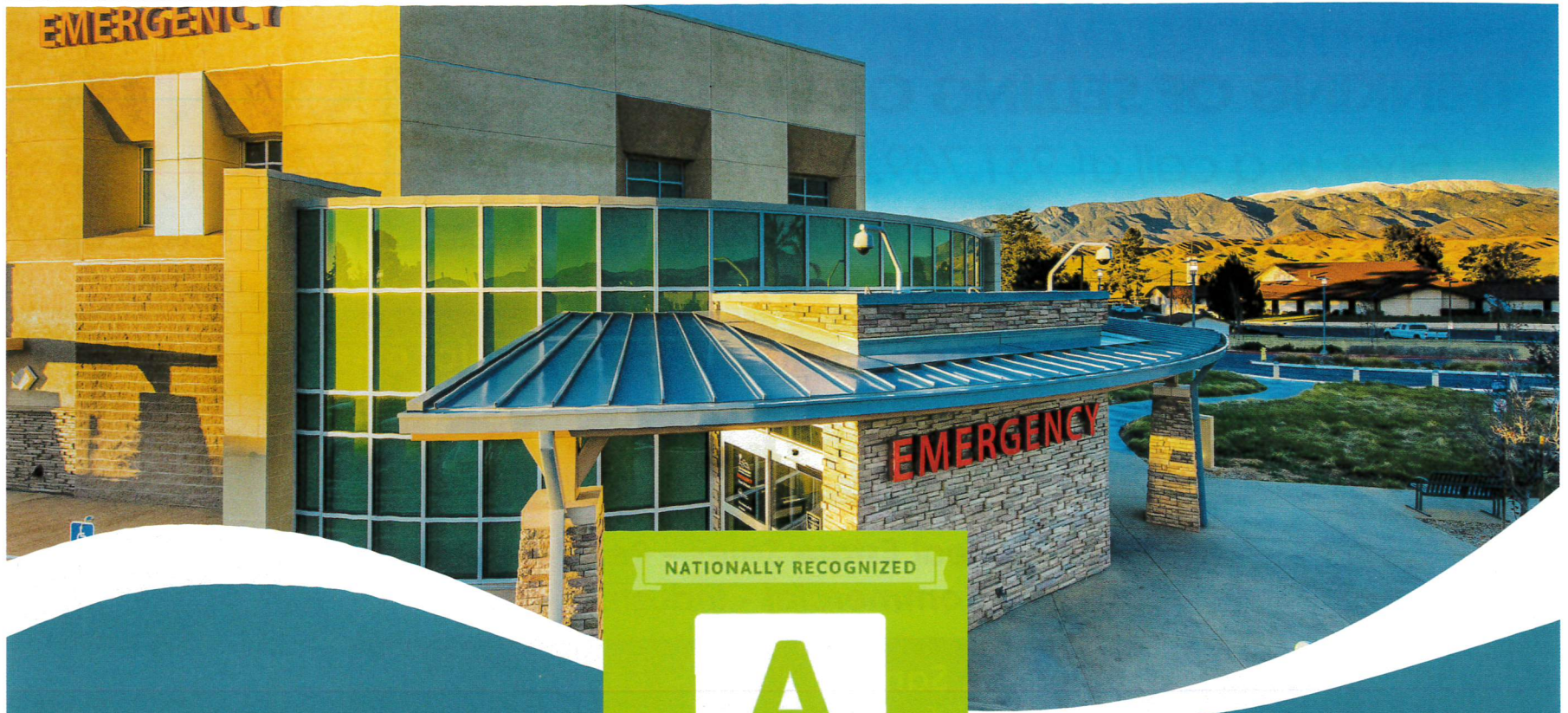
WHEN IT COMES TO PATIENT
SAFETY, WE MADE THE
GRADE.



Since 1951, San Geronio Memorial Hospital has been dedicated to providing safe, high-quality, personalized healthcare services.

Our High-Quality Healthcare Services Include:

- Emergency Services - Rapid Care 24/7
- Surgical Services - General/Vascular/Ortho
- Robotic Surgery - Minimally Invasive
- Behavioral Health
- Cardiac Rehabilitation
- Clinical Laboratory



NATIONALLY RECOGNIZED



LEAPFROG
HOSPITAL
SAFETY GRADE

WHEN IT COMES TO
PATIENT SAFETY WE