



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, December 1, 2020

4:00 PM

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

Meeting Information

Meeting link: <https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=mc08cb5729e86816c7d5e787c90c08fcf>

Meeting number: 126 182 8922

Password: 1234

More ways to join

Join by video system

Dial 1261828922@webex.com

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 126 182 8922

Password: 1234

Emergency phone number if WebEx tech difficulties

951-846-2846

code: 3376#

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

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

Members of the public who wish to comment on any item on the agenda may speak during public comment or submit comments by emailing publiccomment@sgmh.org on or before 1:00 PM on Tuesday, December 1, 2020, which will become part of the board meeting record.

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 A
- November 3, 2020 regular meeting

NEW BUSINESS

- IV. Hospital Board Chair monthly report S. DiBiasi verbal
- V. December, January, & February Board/Committee meeting calendars S. DiBiasi B
- VI. For review – Hospital Bylaws S. DiBiasi C
(scheduled for approval at January 2020 meeting per
Bylaws Section 4.05.i)
- VII. *** Proposed Action – Approve Mission/Vision/Values statement** S. Barron D
(no staff recommended changes)
- **ROLL CALL**
- VIII. **2021 Slate of Officers** S. DiBiasi E
(2020 Slate of Officers included in packet for reference)
- *** Proposed Action - Nominate/Approve 2021 Hospital Board Chair**
 - **ROLL CALL**
 - *** Proposed Action – Nominate/Approve 2021 Hospital Board Vice Chair**
 - **ROLL CALL**

- *** Proposed Action – Nominate/Approve 2021 Hospital Board Secretary**
 - **ROLL CALL**
- *** Proposed Action – Nominate/Approve 2021 Hospital Board Treasurer**
 - **ROLL CALL**

- | | | | |
|-------|---|-------------------------------------|--------|
| IX. | CEO monthly report | S. Barron | verbal |
| X. | Foundation monthly report (informational) | | F |
| XI. | Committee Reports: | | |
| | <ul style="list-style-type: none"> • Human Resources Committee <ul style="list-style-type: none"> ○ November 18, 2020 regular meeting minutes ○ Reports | A. Karam | G |
| | <ul style="list-style-type: none"> • Finance Committee <ul style="list-style-type: none"> ○ November 24, 2020 meeting minutes • * Proposed Action – Approve October 2020 Financial Statement
(approval recommended by Finance Committee 11/24/2020) <ul style="list-style-type: none"> ▪ ROLL CALL ○ November 17, 2020 meeting minutes • * Proposed Action – Recommend approval to Healthcare District Board <ul style="list-style-type: none"> • FY20 Financial Audit
(approval recommended by Finance Committee 11/17/2020) <ul style="list-style-type: none"> ▪ ROLL CALL | H. Yonemoto/
Wipfli, LLC | H |
| | | | I |
| XII. | Chief of Staff Report
* Proposed Action - Approve Recommendations of the Medical Executive Committee <ul style="list-style-type: none"> ▪ ROLL CALL | S. Hildebrand, MD
Chief of Staff | J |
| XIII. | * Proposed Action - Approve Policies and Procedures <ul style="list-style-type: none"> ▪ ROLL CALL | Staff | K |
| XIV. | Community Benefit events/Announcements/
and newspaper articles | S. DiBiasi | L |

***** 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 Control/Risk Management report
(Health & Safety Code §32155)

- Telephone Conference with legal counsel regarding potential and pending litigation
Significant exposure to litigation pursuant to paragraph (2) or (3) of subdivision (d) of Section 54956.9: (one potential case, two pending cases)

XV. 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

XVI. Future Agenda Items

XVII. **ADJOURN**

S. DiBiasi

***Action Required**

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

Certification of Posting

I certify that on November 27, 2020, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Geronio Memorial Hospital, and on the San Geronio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors
(Government Code Section 54954.2).

Executed at Banning, California, on November 27, 2020



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

November 3, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, November 3, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this board meeting in person. Board members and members of the public participated via WebEx.

Members Present: Phillip Capobianco III, Susan DiBiasi (Chair), Estelle Lewis, Ehren Ngo, Ron Rader, Steve Rutledge, Dennis Tankersley, Andrew Gardner

Absent: None

Required Staff: Steve Barron (CEO), Holly Yonemoto (CBDO), Annah Karam, (CHRO), Pat Brown (CNO), Steven Hildebrand, MD (Chief of Staff), Ariel Whitley (Executive Assistant), Karan Singh, MD (CQO)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair Susan DiBiasi called the meeting to order at 4:03 pm.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes October 6, 2020 regular meeting.	Chair DiBiasi asked for any changes or corrections to the minutes of the October 6, 2020 regular meeting as included on the board tablets. There were none.	The minutes of the October 6, 2020 regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM		ACTION / FOLLOW-UP																
Hospital Board Chair monthly report	Chair DiBiasi reported that the Ad Hoc Nomination Committee nominated an individual to fill the seat vacated by Ehren Ngo.																	
November, December, and January Board/Committee meeting calendars	Calendars for November, December, and January were included on the board tablets.																	
CEO Monthly report	Steve Barron, CEO reported that cash flow and hospital utilization is low. He also reported that the ED volume is down by around 25%. He reported that expenses are high and that there is another round of CARES Act Funding that we have applied for. We should have an answer as to if we qualified in the near future.																	
Proposed Action – Approve Plan of Cooperation (POC) for the Paternity Opportunity Program (POP) between County of Riverside and San Geronio Memorial Hospital	<p>Steve Barron, CEO mentioned that the purpose of the Plan of Cooperation (POC) for the Paternity Opportunity Program (POP) is to establish responsibilities and guidelines for an effective administration of the POP for the securing of financial support for minor children. This agreement is signed annually.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 1339 1268 1493"> <tbody> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </tbody> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Absent	Motion carried.		M.S.C., (Rutledge/Rader), the SGMH Board of Directors approved the Plan of Cooperation (POC) for the Paternity Opportunity Program (POP) between County of Riverside and San Geronio Memorial Hospital as presented.
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Absent	Motion carried.																
For Review – Mission/Vision/ Values Statement	Steve Barron noted that the current Mission, Vision and Values Statement is included in the Board binder for review. It was noted that previous District Board Director, Lanny Swerdlow, suggested a few changes at the Strategic Board Meeting earlier this year. The Mission, Vision, and Value Statement is scheduled for its annual approval at the																	

AGENDA ITEM		ACTION / FOLLOW-UP																
	December Board meeting.																	
Proposed Action – Approve 2021 Meeting Dates	Chair DiBiasi reported that included on the board tablets is a list of suggested meeting dates for 2021. BOARD MEMBER ROLL CALL: <table border="1" data-bbox="480 533 1268 684"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Absent	Motion carried.		M.S.C. (DiBiasi/Ngo), the SGMH Board of Directors approved the 2021 Meeting Dates as presented.
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Absent	Motion carried.																
For Review – Existing 2020 Slate of Officers	Chair DiBiasi noted that the 2020 Slate of Officers was included on the board tablets as informational. The proposed approval for the 2021 Slate of Officers is scheduled for the December 2020 meeting to be effective at the January 2021 board meeting.																	
Bi-monthly Patient Care Services Report	Pat Brown briefly reviewed the Bi-monthly Patient Care Services report as included on the board tablets.																	
Foundation monthly report – informational	Chair DiBiasi noted that the written Foundation monthly report was included on the board tablets. Dennis Tankersley joined the meeting at 4:36 PM																	
Proposed Action – Approve 2021 Compliance Plan	Compliance Officer, Annah Karam, briefly reviewed the Corporate Compliance Plan for 2021 being submitted for annual Board approval. BOARD MEMBER ROLL CALL: <table border="1" data-bbox="480 1495 1268 1646"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Motion carried.		M.S.C. (Rader/Rutledge), the SGMH Board of Directors approved the 2021 Compliance Plan as presented.
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Motion carried.																
COMMITTEE REPORTS:																		

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Ad Hoc Nominating Task Force</p> <p>Proposed Action – Approve proposed new Board member.</p>	<p>The Ad Hoc Nominating Task Force is presenting Andrew Gardner to fill the vacant seat on the Hospital Board. It was noted that Andrew will fill the seat vacated by Ehren Ngo with an initial term ending in June 2021.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 533 1268 688"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Motion carried.		<p>M.S.C., (Rader/Ngo), the SGMH Board of Directors approved Andrew Gardner to fill the vacant seat on the Hospital Board.</p>
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Motion carried.																
<p>Finance Committee</p> <p>Proposed Action – Recommend Approval of the September 2020 Financial Statement.</p>	<p>Holly Yonemoto, CFO, reviewed the Executive Summary of the September 2020 Financial report which was included on the board tablet. A copy of the Finance Committee’s October 27, 2020 meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the September 2020 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 1058 1268 1213"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Abstain</td> <td>Lewis</td> <td>Yes</td> </tr> <tr> <td>Ngo</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Gardner	Abstain	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	<p>M.S.C., (Rader/Rutledge), the SGMH Board of Directors approved the September 2020 Financial Statement as presented.</p>
Capobianco	Yes	DiBiasi	Yes															
Gardner	Abstain	Lewis	Yes															
Ngo	Yes	Rader	Yes															
Rutledge	Yes	Tankersley	Yes															
<p>Chief of Staff Report</p> <p>Proposed Action – Approve Recommendations of the Medical Executive Committee</p>	<p>Steven Hildebrand, MD, Chief of Staff briefly reviewed the Medical Executive Committee report as included on the Board Tablets.</p> <p>Approval Items:</p> <p>Annual Approval of Policies and Procedures</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 1654 1268 1810"> <tr> <td>Capobianco</td> <td>No</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Abstain</td> <td>Lewis</td> <td>Yes</td> </tr> <tr> <td>Ngo</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	No	DiBiasi	Yes	Gardner	Abstain	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	<p>M.S.C., (DiBiasi/Rader), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</p>
Capobianco	No	DiBiasi	Yes															
Gardner	Abstain	Lewis	Yes															
Ngo	Yes	Rader	Yes															
Rutledge	Yes	Tankersley	Yes															

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Proposed Action – Approve Policies and Procedures</p>	<p>There were twenty (47) policies and procedures included on the board tablets presented for approval by the Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 457 1268 611"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Abstain</td> <td>Lewis</td> <td>Yes</td> </tr> <tr> <td>Ngo</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Gardner	Abstain	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	<p>M.S.C., (/), the SGMH Board of Directors approved the policies and procedures as submitted.</p>
Capobianco	Yes	DiBiasi	Yes															
Gardner	Abstain	Lewis	Yes															
Ngo	Yes	Rader	Yes															
Rutledge	Yes	Tankersley	Yes															
<p>Community Benefit events/Announcements/and newspaper articles</p>	<p>Miscellaneous information was included on the board tablets.</p> <p>Ron Rader announced that on Friday, November 13th, The Beaumont Chamber of Commerce will be hosting its Good Morning Beaumont Breakfast at the SandTrap Bar & Grill. The guest speaker will be Chad Bianco, Riverside County Sheriff.</p>																	
<p>Adjourn to Closed Session</p>	<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"> ➤ Proposed Action – Recommend approval to the Healthcare District Board – Medical Staff Credentialing ➤ Receive Quarterly Performance Improvement Committee report ➤ Receive Quarterly Emergency Preparedness/Environment Safety report ➤ Receive Quarterly Corporate Compliance Committee report <p>The meeting adjourned to Closed Session at 5:07 pm.</p>																	
<p>Reconvene to Open Session</p>	<p>The meeting adjourned from closed session at 5:18 pm.</p> <p>At the request of Chair DiBiasi, Ariel Whitley reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing ➤ Received Quarterly Performance Improvement Committee report ➤ Received Quarterly Emergency 																	

AGENDA ITEM		ACTION / FOLLOW-UP
	Preparedness/Environment Safety report ➤ Received Quarterly Corporate Compliance Committee report	
Future Agenda Items	None	
Adjourn	The meeting was adjourned at 5:18 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



December 2020

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	2	3	4	5
6	7	8	9	10	11	12
13	14	15 9:00 am Finance Committee 10:00 am Executive Committee	16	17	18	19
20	21	22	23	24	25	26
				<div style="border: 1px solid black; padding: 5px; background-color: #cccccc;"> Christmas Holiday Administration Closed </div>		
27	28	29	30	31	Jan. 1	
				<div style="border: 1px solid black; padding: 5px; background-color: #cccccc;"> New Years Holiday Administration Closed </div>		



January 2021

Board of Directors Calendar

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

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

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



February 2021

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	3	4	5	6
7	8	9	10	11	12	13
14	15	9:00 am Community Planning Committee	9:00 am HR Committee Meeting	18	19	20
21	22	9:00 am Finance Committee	24	25	26	27
28						

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

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

TAB C

**AMENDED AND RESTATED BYLAWS
OF
SAN GORGONIO MEMORIAL HOSPITAL
HOSPITAL BOARD**

A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION

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AMENDED AND RESTATED BYLAWS

OF

SAN GORGONIO MEMORIAL HOSPITAL

A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION

**ARTICLE 1
OFFICES**

Section 1.01 Principal Office

The principal office of the Corporation for the transaction of its business shall be located at San Gorgonio Memorial Hospital, which is located at the southeastern corner of Highland Springs Avenue and West Wilson Street in the City of Banning, in the County of Riverside, State of California, or such other place or places within the boundaries of the San Gorgonio Memorial Healthcare District (“District”) as the Board of Directors may from time to time designate.

**ARTICLE 2
NONPROFIT NATURE**

Section 2.01 Goals and Purposes

The Corporation manages the San Gorgonio Memorial Hospital for the San Gorgonio Memorial Healthcare District, a local healthcare district under California Health & Safety Code Section 32000. Under the management services agreement between the District and the Corporation, the Corporation is charged with providing management and pharmacy services to the Hospital for the benefit of the communities served by the District. The goals and purposes of this Corporation are to:

- a. operate and maintain the Hospital and provide hospital services for the benefit of the communities served by the San Gorgonio Memorial Healthcare District.
- b. maintain a hospital for the care of persons suffering from illnesses or disabilities which require that the patients receive hospital care.
- c. carry on any activities related to healthcare services which, in the opinion of the Board of Directors, may be justified by the facilities, personnel, funds or other assets that are or can be made available.
- d. participate, so far as circumstances may warrant, in any activity designed and carried on to promote the general health of the community.
- e. provide health education to the Hospital’s patients and members of the community regarding wellness and prevention.

- f. attract and retain a diverse staff of qualified well trained and competent healthcare practitioners and support personnel who will provide care in a competent manner.

Section 2.02 Exempt Purposes

The purposes for which this Corporation is organized are exclusively charitable and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended from time to time (or any successor statute). Notwithstanding any other provisions of these Bylaws, the Corporation shall not, except to an insubstantial degree, engage in or carry on any activities or exercise any power that is not in furtherance with the goals and purposes of this Corporation, or which are not permitted to be carried on (i) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended from time to time (or any successor statute) or Section 23701d of the California Revenue and Taxation Code, as amended from time to time (or any successor statute) or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986, as amended from time to time (or any successor statute) or under Section 17201 and related Sections of the California Revenue and Taxation Code, as amended from time to time (or any successor statute).

Section 2.03 Dedication of Assets

The property of this Corporation is irrevocably dedicated to the charitable and educational purposes set forth in these Bylaws, and no part of the net income or assets of this Corporation shall inure to the personal benefit of any Director, Officer, or Member of this Corporation or to the benefit of any other private person. Upon the winding up and dissolution of this Corporation, its assets remaining after payment of, or provision for payment of, all the Corporation's debts and liabilities shall be distributed to the San Gorgonio Memorial Healthcare District, or any successor public agency charged with carrying out the purposes of the District, to continue to promote and accomplish the public purpose of this Corporation as set forth in these Bylaws. If the District, or the successor entity referred to in the preceding sentence, shall no longer exist at such time, then upon the winding up and dissolution of this Corporation, its assets remaining after payment of, or provision for payment of, all the Corporation's debts and liabilities shall be distributed to another non-profit corporation, trust or fund which is organized and operated exclusively for charitable purposes and which has established its tax exempt status within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended from time to time (or any successor statute), and Section 23701(d) of the California Revenue and Taxation Code, as amended from time to time (or any successor statute), such assets to be used exclusively for the purpose of continuing to promote and accomplish the charitable purpose of this Corporation as set forth in the Articles and in the Bylaws of the Corporation.

ARTICLE 3 MEMBERS

Section 3.01 No Members

The Corporation shall have no members, within the meaning of California Corporations Code Section 5056.

ARTICLE 4 DIRECTORS

Section 4.01 Number

This Corporation shall have nine (9) regular Directors, who shall be known collectively as the Board of Directors. Members of the Board of Directors shall be elected, as set forth in Article 5, provided that each individual who takes office as a Director of the District shall be an *ex officio* Director of the Corporation, with full voting rights and shall count for purposes of establishing a quorum. All of the Directors, including *ex officio* Directors, shall be subject to the same terms and provisions of these Bylaws and applicable law except as expressly provided to the contrary by these Bylaws. Subject to the discretion of the Board, two members of the Board of Directors may be members of the Medical Staff of San Gorgonio Memorial Hospital.

The Chief of Staff shall be an invited guest at all meetings of the Board of Directors, but shall excuse himself or herself from Board meetings when requested to do so by the Chair, and may not attend closed session meetings of the Board unless his or her experience and expertise is required by the Board and he or she is asked to attend by the Board. As the Chief of Staff is not a Director, the Chief of Staff shall have no voting rights and shall not count for purposes of establishing a quorum. The Chief of Staff shall abide by all policies of the Corporation applicable to Directors with respect to conflicts of interests and maintaining the confidentiality of trade secret, competitively sensitive information and closed session information.

Section 4.02 Use of Terms "Directors" and "Board"

The words "Directors" and "Board", as used in the Articles of Incorporation of this Corporation, or in these Bylaws, in relation to any power or duty requiring collective action, mean "Board of Directors".

Section 4.03 Restriction on Interested Persons and Employees as Directors

Subject to the additional restrictions in Section 4.18 of these Bylaws, no more than forty-nine percent (49%) of the persons serving on the Board may be interested persons. An interested person is (a) any person compensated by the Corporation for services rendered to it within the previous twelve (12) months, such as an independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as Director; and (b) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of such person. Employees of the Corporation or District may not serve on the Board. However, except as provided to the contrary by Government Code Section 1090, any violation of the provisions of this paragraph shall not affect the validity or enforceability of any transaction entered into by the Corporation.

Section 4.04 Powers

The Directors shall exercise the powers of the Corporation, control its property, and conduct its affairs, except as otherwise provided by law, by the Articles of Incorporation, or by these Bylaws. The Directors shall not be personally liable for the debts, liabilities, or other obligations of the Corporation.

Section 4.05 Duties

The Board of Directors has responsibility to establish policy for the Hospital and its business including, but not limited to, all matters pertaining to quality of care rendered within the Hospital. The Board of Directors shall exercise this authority in conformity with applicable laws, regulations and accreditation requirements. In furtherance of the foregoing, the role of the Directors shall be as follows:

- a. establish policy for the operation, maintenance and development of the Hospital and its business including, but not limited to, assuring the quality of care within the Hospital.
- b. appoint a competent and experienced Chief Executive Officer who shall be its direct representative in the management of the Hospital.
- c. review the performance of the Chief Executive Officer on an annual basis.
- d. approve the annual operating budget and capital expenditures.
- e. approve the strategic plan on an annual basis.
- f. review and approve periodic financial statements and other financial matters of the Corporation.
- g. assure that adequate revenues are retained by the Corporation and expended in accordance with its charitable purposes.
- h. review and act on financing arrangements recommended by the Chief Executive Officer for the Corporation.
- i. review these Bylaws, the Bylaws of the Medical Staff and all committees on an annual basis, and approve needed changes.
- j. review and approve written personnel policies and establish a procedure for notifying employees of changes in such personnel policies.
- k. review and, where appropriate, approve policies and procedures to promote care, treatment and rehabilitation of patients.
- l. review and revise, as appropriate, all department and service policies and procedures when warranted and ensure that the Medical Staff participates, as appropriate.
- m. act as the final decision-making authority with respect to all matters pertaining to credentialing and privileges. Upon the recommendation and advice of the Medical Staff, the Board shall appoint members of the Medical Staff and grant such privileges as may, in their judgments, be warranted by the experience and training of the applicant.

Section 4.06 Compensation

The members of the Board of Directors shall be entitled to receive compensation equivalent in amount to that which is payable to the members of the Board of Directors of a California Healthcare District pursuant to the terms of Health & Safety Code Sections 32103. Such amounts shall not be mandatory and Board Members choosing not to accept compensation may do so. Additionally, each Board member shall also be entitled to receive reimbursement for expenses reasonably incurred in conjunction with educational seminars directly related to their function as a hospital board member, subject to such annual budgetary limitations as may be determined from time to time by the Board of Directors.

Section 4.07 Meetings Generally: Organizational Meeting

The meetings of the Board of Directors of the Corporation are subject to the Ralph M. Brown Act, as provided in California Government Code Section 54952(c). The Board of Directors shall hold its meetings in accordance with the agenda, open meeting and other requirements of the Ralph M. Brown Act, Government Code Section 54950 et seq. The Board of Directors shall annually hold organizational meeting where it shall organize by electing from its number the officers provided in Article 6 hereof to hold office until their successors are appointed as herein provided.

Section 4.08 Place

Meetings of the Board of Directors shall be held on the campus of the San Geronio Memorial Hospital or at such other place within the boundaries of the District as may be designated from time to time by the Board of Directors.

Section 4.09 Regular Meetings

Regular meetings of the Board of Directors shall be held at such times as may be prescribed from time to time by resolution of the Board of Directors, but not less than ten times annually. Upon adoption of such a resolution, a copy of the resolution shall be delivered to each member of the Board of Directors. Thereafter, no notice of any meeting held pursuant to the schedule described in the resolution shall be required, other than as may be required by law.

Section 4.10 Special Meetings

Special meetings of the Board of Directors shall be held whenever called by the Chair, or not less than four (4) of the Directors.

Section 4.11 Meeting by Telephone

Members of the Board may participate in a meeting through use of conference telephone, electronic video screen communication, or other communications equipment so long as (i) each member participating in the meeting can communicate with all of the other members concurrently, and (ii) each member is provided the means of participating in all matters before the Board, including the capacity to propose, or to interpose an objection, to a specific action to be taken by this Corporation, provided that it complies with California Government Code Section 54953(b).

Section 4.12 Notice and Agenda

At least 72 hours before a regular meeting and at least 24 hours before a special meeting, the Corporation shall post an agenda containing a brief but descriptive general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session in accordance with the Ralph M. Brown Act.

Notice of the time and place of all special meetings of the Board of Directors shall be given to each Director by one of the following methods: (a) by personal delivery of written notice; (b) by first-class mail, postage prepaid; (c) by telephone, including a voice messaging system or technology designed to record and communicate messages, or electronic transmission by the corporation (as defined in California Corporations Code Section 20). All such notices shall be given or sent to the Director's address or telephone number as shown on the records of the Corporation.

Notices sent by first-class mail shall be deposited in the United States mails at least four (4) days before the time set for the meeting. Notices given by personal delivery, telephone, telegraph, facsimile, electronic mail, or other electronic means shall be delivered, telephoned or given to the telegraph company at least forty-eight (48) hours before the time set for the meeting.

The notice shall state the time of the meeting, and the place if the place is other than the principal office of the Corporation. It need not specify the purpose of the meeting.

Notice of the time and place of holding an adjourned meeting need not be given to absent Directors if the time and place are fixed at the meeting adjourned.

Section 4.13 Quorum

A quorum shall consist of a majority of the members of the Board of Directors, unless a greater number is expressly required by statute, by the Articles of Incorporation of this Corporation, or by these Bylaws. Every act or decision done or made by a majority of the Directors present at a meeting duly held at which a quorum is present shall be the act of the Board of Directors, except where any law, regulation, or policy of any governmental agency requires a larger minimum vote in favor of any resolution.

Section 4.14 Conduct of Meetings

The Chair, or in his absence, the Vice Chair or, in the absence of both, a chair chosen by a majority of the Directors present, shall preside at all meetings of the Board of Directors. Meetings shall be governed by such rules of procedure as may be reasonably appropriate under the circumstances, insofar as such rules are not inconsistent or in conflict with these Bylaws, with the Articles of Incorporation of this Corporation, or with law. Each Director present shall have an affirmative duty to vote for or against each matter presented for a vote unless the Director has a conflict of interest that requires the Director to recuse himself. If a Board Member abstains from voting the abstention shall be counted on the side of the matter receiving the highest number of votes. Recusal for these purposes means (i) not voting, and (ii) leaving the meeting after answering any questions posed by the other Directors.

Section 4.15 Meetings Public

All meetings of the Board of Directors shall be open to the public in accordance with the Ralph M. Brown Act, Government Code Section 54950, et seq. and subject to the other terms of said Act. However, certain items, including but not limited to personnel matters, labor negotiations, quality improvement and other protected Medical Staff matters and litigation matters, are not appropriate for public discussion. Accordingly, where an exception to the open meeting requirement exists under the Brown Act, the Health & Safety Code or other applicable law and where the matter is properly agendaized the Board of Directors may meet in closed session.

Section 4.16 Adjournment

The Board may adjourn any regular, adjourned, special or adjourned special meeting to a time and place specified in the order of adjournment. A copy of the notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within 24 hours after the time of adjournment in accordance with Government Code Section 54955.

Section 4.17 Ethics Training and Sexual Harassment Avoidance Training Requirements

All members of the Board of Directors shall complete a course with a minimum of two hours of training in ethics pursuant to Government Code 54235 (AB 1234), similar to that as is required of the District Board of Directors. Such training will be required of newly appointed Directors within one year of assuming office and shall be renewed each two years thereafter. A certificate of completion showing at least two hours of training must be submitted and placed in each board member's file.

In addition to ethics training, all members of the Board of Directors shall complete a course with a minimum of two hours of training in sexual harassment avoidance pursuant to Government Code 12950.1 (AB 1825 & AB 1661) and 2 CCR 11024. Such training will be required of newly appointed Directors within six months of assuming office and shall be renewed each two years thereafter. A certificate of completion showing at least two hours of training must be submitted and placed in each board member's file.

Section 4.18 Conflicts of Interest and Other Policies

Members of the Board of Directors shall comply with the District's Conflict of Interest Code, as it may be amended or supplemented from time to time, applicable provisions of the Political Reform Act, Government Code Section 81000, et seq., Government Code Section 1090, et seq. and other policies adopted by the Board, including but not limited to its confidentiality policies. As required by the forgoing laws, Board members shall file an FPPC Form 700 with the Corporation within 30 days of taking office, annually, and within 30 days of leaving office.

Section 4.19 Confidentiality: Public Statements

The Board of Directors, and each of its members, shall maintain the confidentiality of any and all information that has been discussed in closed session or that is normally discussed in closed

session. Further, each Director with access to confidential information regarding this Corporation or this Corporation's business is expected to hold such information in confidence and to refrain from either using such information for personal gain or disclosing it unnecessarily outside the scope of the Director's duty with respect to this Corporation. No Board member shall make a public statement on behalf of the Board, or in a manner that appears to be on behalf of the Board, unless a majority of the Board has given prior authorization for the public statement at a duly noticed meeting of the Board of Directors.

Section 4.20 Appropriation of Business Opportunity and Confidential Information

No Director of this Corporation may appropriate or divert to others any opportunity for profit in connection with a transaction in which it is known or could be anticipated that this Corporation is or would be interested. Such opportunities include but are not limited to, acquisition of real or personal property, appointment of suppliers, or design or development of new products, services or areas of business related to this Corporation's present or planned services or service areas.

ARTICLE 5 ELECTION OF DIRECTORS

Section 5.01 Votes Required to Elect Director

Except as provided in Section 4.01 with respect to *ex officio* Directors, a candidate must receive the vote of a majority of the Directors present to be elected as a Director.

Section 5.02 Term of Office of Directors

Directors shall serve a term of four (4) years. Each Director may serve a maximum of two (2) consecutive terms. Former directors will be eligible to serve again after one (1) year of non-service. However, *ex officio* Board members shall serve for a term equal to their term on the District Board, and upon their resignation or removal from the District Board for any reason whatsoever, their terms of office as Directors of this Corporation shall cease and terminate, and their successors on the District Board shall be *ex officio* Directors of this Corporation in their place and stead. Each Director other than *ex-officio* Directors, including a Director elected to fill a vacancy, shall hold office until the expiration of the term for which elected, and until a successor has been appointed. The successor Director shall serve the unexpired term of the predecessor Director. If the unexpired term is two (2) years or less, then the successor Director shall serve a term of four (4) years plus the unexpired term. If the unexpired term is more than two (2) years, then the successor Director shall serve the unexpired term and face re-election to serve a new four (4)-year term.

5.03 Vacancies

- a. Events Causing Vacancies. A Board member, including but not limited to an *ex officio* Director as a consequence of being a District Board member, shall be deemed to have vacated his seat on the occurrence of any of the following:

- (1) The death or resignation of the Director.

- (2) The declaration or resolution of the Board of the vacancy of the office of a Director who has been declared of unsound mind by an order of court or convicted of a felony or has been found by a final order or judgment of any court to have breached a duty under Sections 5230, et seq., of the California Nonprofit Public Benefit Corporation Law.
 - (3) Except as provided in Section 4.01 with respect to *ex officio* Directors, any Director may be removed, either with or without cause, by majority vote of the Directors then in office, at any regular or special meeting of the Board of Directors.
 - (4) Except as provided in Section 4.01 with respect to *ex officio* Directors, the absence of a Director from three consecutive meetings of the Board of Directors, and the determination of a majority of the remaining members of the Board of Directors that such absence was not excused.
 - (5) An increase in the authorized number of Directors.
 - (6) The failure of the Directors, at any meeting of the Directors at which any Director or Directors are to be elected, to fill a vacancy scheduled to be filled by election at such meeting.
- b. Resignations. Any Director may resign, which resignation shall be effective upon giving written notice to the Chair, the Chief Executive Officer, the Secretary, or the Board of Directors, unless the notice specifies a later time for the resignation to be effective. If the resignation of a Director is effective at a future time, the Board of Directors may elect a successor to take office when the resignation becomes effective.
 - c. Vacancies of Directors. An Ad Hoc nominating committee will be formed for the purpose of recommending candidates to fill vacancies of Directors. This committee will be appointed in adherence with Section 7.06 and will include no less than two (2) *ex officio* Directors from the District Board. The Directors may elect a Director or Directors at any time to fill any vacancy or vacancies in the Board of Directors. Directors elected to fill a vacancy or vacancies in the Board of Directors of *ex officio* Directors by virtue of being a District Board member need to be the Director elected to the District Board to fill the vacancy on the District Board.
 - d. No Vacancy on Reduction of Number of Directors. No reduction of the authorized number of Directors shall have the effect of removing any Director before that Director's term of office expires unless such an intent is shown in the records of the meeting and a majority of the directors approve the reduction in number of directors.

ARTICLE 6 OFFICERS

Section 6.01 Number and Titles

The Officers of this Corporation shall be a Chair of the Board, a Vice Chair, a Secretary, and a Treasurer. This Corporation may also have, at the Board's discretion, one or more Assistant Secretaries, one or more Assistant Treasurers, and such other officers as may be appointed in accordance with these Bylaws. Any number of offices may be held by the same person, except that neither the Secretary nor the Treasurer may serve concurrently as the Chair of the Board. The Board shall also appoint a Chief Executive Officer and a Chief Financial Officer of the Corporation who shall be salaried employees of the Corporation.

Section 6.02 Other Officers

The Board may appoint and may authorize the Chair of the Board, or other officer, to appoint such additional officers that the Corporation may require. Each Officer so appointed shall have the title, hold office for the period, have the authority, and perform the duties specified in these Bylaws or determined by the Board.

Section 6.03 Qualification, Election, and Term of Office

The Officers of the Corporation, except those appointed under Section 6.02 of these Bylaws, shall be elected by majority vote of the Directors present at the annual organizational meeting of the Board of Directors. No more than two (2) Officers of the Corporation may be Directors of the District serving as ex officio Directors. Each such Officer shall hold office until the next organizational meeting, or until his removal, death, or resignation. The Officers shall hold their respective offices at the pleasure of the Board of Directors and shall be subject to removal by the Board of Directors at any time.

Section 6.04 Removal and Resignation

Any Officer may be removed, either with or without cause, by majority vote of the Directors then in office, at any regular or special meeting of the Board of Directors, and such Officer shall be removed should he cease to be qualified for the office as herein required. Subject to the terms of any written employment agreement between an officer and the Corporation, any Officer may resign at any time by delivering written notice to the Board of Directors or to the Chair or to the Secretary of the Corporation. Acceptance by the Board of Directors of any such resignation shall not be necessary to make it effective.

Section 6.05 Vacancies

Any vacancy caused by the death, resignation, removal, disqualification, or the like, of an Officer shall be filled by majority vote of the Board of Directors for the unexpired portion of the term.

Section 6.06 Duties of Chair

The Chair of the Board shall preside at meetings of the Board and shall exercise and perform such other powers and duties as the Board may assign from time to time.

Section 6.07 Duties of Vice Chair

If the Chair is absent or disabled, the Vice Chair shall perform all duties of the Chair. When so acting, the Vice Chair shall have all powers of and be subject to all restrictions on the Chair. The Vice Chair shall have such other powers and perform such other duties as the Board or these Bylaws may prescribe.

Section 6.08 Duties of Secretary

The Secretary shall keep or cause to be kept, at the Corporation's principal office or such other place as the Board may direct, a book of minutes of all meetings, proceedings, and actions of the Board and Committees of the Board. The Secretary shall keep or cause to be kept, at the principal office in California, a copy of the Articles of Incorporation and Bylaws, as amended to date.

The Secretary shall give, or cause to be given, notice of all meetings of the Board and of Committees of the Board required by these Bylaws or the California Corporations Code. The Secretary shall keep the Corporate Seal in safe custody and shall have such other powers and perform such other duties as the Board or these Bylaws may prescribe.

Section 6.09 Duties of Treasurer

The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct books and accounts of the Corporation's properties and transactions. The Treasurer shall send or cause to be given to the Directors such financial statements and reports as are required to be given by law, by these Bylaws, or by the Board. The books of account shall be open to inspection by any Director at all reasonable times.

The Treasurer shall deposit or cause to be deposited, all money and other valuables in the name and to the credit of the Corporation with such depositories as the Board may designate, shall disburse the Corporation's funds as the Board may order, shall render to the Chair of the Board, to the Chief Executive Officer, and to the Board, when requested, an account of all transactions as Treasurer and of the financial condition of the Corporation, and shall have such other powers and perform such other duties as the Board or these Bylaws may prescribe. If required by the Board, the Treasurer shall give the Corporation a bond in the amount and with the surety or sureties specified by the Board for faithful performance of the duties of the office and for restoration to the Corporation of all of its books, papers, vouchers, money, and other property of every kind in the possession or under the control of the Treasurer on his or her death, resignation, retirement or removal from office.

Section 6.10 Duties of Chief Executive Officer

Subject to such supervisory powers as the Board may give to the Chair of the Board, if any, and subject to the control of the Board, the Chief Executive Officer (“CEO”) shall be the General Manager of the Corporation and shall supervise, direct, and control the Corporation’s activities, affairs, and officers. The Chief Executive Officer shall have such other powers and duties as the Board or these Bylaws may prescribe. The authority and responsibility of the CEO shall include

- a. carrying out all policies established by the Board.
- b. development, and submission to the Board for approval, of a strategic plan for the organization and operation of the Hospital.
- c. preparation of an annual budget showing the expected receipts and expenditures of the Corporation.
- d. selection, employment, control and discharge of employees, and development and maintenance of personnel policies and practices for the Hospital.
- e. maintenance of physical properties in a good state of repair and operating condition.
- f. supervision of all business affairs to ensure that funds are collected and expended to the best possible advantage.
- g. cooperation with the Medical Staff and with all those concerned with the rendering of professional services to the end that high quality care shall be rendered to the patients.
- h. presentation to the Board of periodic reports reflecting the services provided by the Hospital and the financial activities of the Corporation and preparation and submission of such special reports as may be required by the Board.
- i. attendance at all meetings of the Board and committees thereof.

Section 6.11 Execution of Contracts

The Board may authorize any officer or officers, agent or agents, including but not limited to the Chief Executive Officer, to enter into any contract or execute any instrument in the name of and on behalf of the Corporation. Such authority may be general or confined to specific instances and may be established by the Bylaws, Resolutions or the adoption of specific policies and procedures from time to time; provided, however, that unless so authorized by the Board, no officer, agent, or employee shall have any power or authority to bind the Corporation by a contract or engagement, or to pledge its credit, or to render it liable for any purpose or any amount.

ARTICLE 7 COMMITTEES

Section 7.01 Committees of the Board

The committees of the Board may be standing or special. Standing committees shall be the Finance Committee, the Human Resources Committee, and the Community Planning Committee, and other standing committees may also be authorized by the approval of the Board of Directors (collectively, "standing committees").

For special committees, the Board, by resolution adopted by a majority of the Directors then in office, provided a quorum is present, may create one (1) or more special Committees ("special committees"). Each special committee will have a minimum of three (3) and a maximum of five (5) members who may be Directors and persons who are not Directors who serve at the pleasure of the Board. No more than two (2) members of any special committee may be Directors of the District serving as *ex officio* Directors.

Except as otherwise provided in these Bylaws, all committee member appointments (including the appointment of Committee Chairs) shall be made by the Chair of the Board. The Chair of each Committee must be a member of the Board of Directors. A committee member shall serve his or her designated term unless he or she resigns, is removed or otherwise disqualified to serve, and all committee member terms shall terminate with the reorganization of the Board of Directors at the annual organizational meeting. Committee members shall not be entitled to compensation.

Each committee member shall be entitled to one (1) vote, to be exercised in person. Neither cumulative, substitute, nor proxy voting shall be allowed. A majority of the committee members shall constitute a quorum. All matters submitted to the committee for determination shall be decided by a minimum of a majority of a quorum of committee members.

Except as otherwise provided in these Bylaws, meetings of the committee may be called at any time by the Board Chair or the Chair of the committee. Meetings of all committees shall be open to the public in accordance with the Ralph M. Brown Act, Government Code Section 54950, et seq. and subject to the other terms of said Act as set forth in Section 4.15 of these Bylaws. A summary of all committee meetings including but not limited to all action of such committees shall be reported to the Board of Directors at the next regular or special meeting thereof.

Except as otherwise specifically described herein, the following Sections of these Bylaws pertaining to the Board of Directors shall pertain to members of committees: Section 4.17 Ethics Training and Sexual Harassment Avoidance Training Requirements, Section 4.18 Conflicts of Interest and Other Policies, Section 4.19 Confidentiality: Public Statements, and Section 4.20 Appropriation of Business Opportunity and Confidential Information.

All committees shall be advisory and no committee shall have the power to bind the Board, except when specifically authorized by the Board. The Board may delegate management of certain activities of the Corporation to any such committee as specified in the Board resolution, provided that the activities and affairs of the Corporation shall be managed and all corporate powers shall

be exercised under the ultimate direction of the Board and provided further that no committee, regardless of Board resolution, may:

- a. Take any final action on any matter that, under the California Nonprofit Public Benefit Corporation Law, also requires approval of the members or of the Board of Directors or approval of a majority of all members or of the Board of Directors;
- b. Fill vacancies on the Board or on any Committee that has the authority of the Board;
- c. Fix compensation of the Directors for serving on the Board or on any Committee;
- d. Amend or repeal Bylaws or adopt new Bylaws;
- e. Amend or repeal any resolution of the Board that by its express terms is not so amendable or repealable;
- f. Create any other Committees of the Board or appoint the members of the Committees of the Board;
- g. Expend corporate funds to support a nominee for Director after more people have been nominated for Director than can be elected; or
- h. Approve any contract or transaction to which the Corporation is a party and in which one (1) or more of its Directors has a material financial interest, except as special approval is provided for in Section 5233(d)(3) of the California Corporations Code.

Section 7.02 Executive Committee

The Executive Committee of the Board of Directors, shall consist of the Board Chair, the Board Vice Chair, the Board Secretary, the Board Treasurer and one (1) Director to be selected via a vote held by the Directors of the District serving as ex officio Directors. Each member of the Executive Committee must be a Director. No more than two (2) members of the Executive Committee may be Directors of the District serving as ex officio Directors.

The Executive Committee shall be delegated all powers and authority of the Board of Directors in the management of the business and affairs of the Corporation, except those powers reserved to the Board of Directors as a whole pursuant to Section 7.01. The Executive Committee shall meet quarterly to conduct its business, at a time and place to be designated by the members, or as otherwise provided by an appropriate resolution. The Executive Committee shall also hold special meetings on the call of the Chair.

Section 7.03 Finance Committee

The Finance Committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Board of Directors, together with the Chief Executive Officer and the Chief Financial Officer. No more than two (2) members of the Finance Committee may be Directors of the District serving as *ex officio* Directors. The Finance Committee shall meet monthly, and shall be responsible for advising the Board for the management of all funds of the Corporation. It shall review and submit to the Board each year a proposed budget showing the expected receipts and income for the ensuing year. It shall make recommendations on all major capital expenditures, and significant hospital rate changes. It shall review and make recommendations to the Board of Directors with respect to all salary and wage adjustments, and for overall budget projections. It shall recommend a written plan for annual operations and for a three-year capital expenditure plan, which shall be updated annually.

Section 7.04 Human Resources Committee

The Human Resources Committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Board of Directors, together with the Chief Executive Officer and the Director of Human Resources. No more than two (2) members of the Human Resources Committee may be Directors of the District serving as *ex officio* Directors. The Human Resources Committee shall meet bi-monthly for the purpose of determining the changing personnel requirements of the Hospital, reviewing and analyzing potential modifications to the Hospital's wage and benefit plans, and generally making recommendations to the full Board of Directors regarding personnel matters within the Hospital.

Section 7.05 Community Planning Committee

The Community Planning Committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Board of Directors in addition to the Chief Executive Officer. No more than two (2) members of the Community Planning Committee may be Directors of the District serving as *ex officio* Directors. Community Planning Committee shall meet quarterly for the purpose of determining proposed long range goals for the Hospital and recommendations for methods whereby such goals may be accomplished. Areas of planning shall include, but shall not be limited to, potential expansion, contraction or modification of services rendered by the Hospital, determining and seeking methods of accomplishing marketing goals for the Hospital, including but not limited to those relating to advertising, community involvement, physician recruitment, patient relations and insurance and other third party payment programs (such as HMOs, PPOs and employer groups). All recommendations shall be presented to the Board of Directors for approval or action.

Section 7.06 Ad Hoc Committees

Ad hoc committees may be appointed by the Chair of the Board, with the concurrence of the majority of the Board and in such numbers and for such special tasks as circumstances warrant. Such special Committees shall limit their activities to the accomplishment of the task for which created and appointed, and shall have no power to act except such as is specifically conferred by

action of the Board. Upon completion of the tasks for which appointed, each such special committee shall stand discharged.

ARTICLE 8 MEDICAL STAFF

Section 8.01 Organization

The Board shall cause to be created a Medical Staff organization, to be known as the Medical Staff of San Gorgonio Memorial Hospital, whose membership shall be comprised of all duly licensed physicians, dentists, psychologists and podiatrists who are privileged to attend patients in the Hospital. Membership in this Medical Staff organization shall be a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Bylaws. No applicant to the Medical Staff shall be denied Medical Staff membership on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion lacking professional justification.

Section 8.02 Medical Staff Bylaws, Rules and Regulations

- a. **Purpose.** The Medical Staff organization shall propose and adopt by vote bylaws, rules and regulations for its internal governance (“Medical Staff Bylaws”) which shall be effective when approved by the Board. These Medical Staff Bylaws shall create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staff by the Board. The Medical Staff Bylaws, rules and regulations shall state the purposes, functions and policies by which the Medical Staff exercises its responsibilities. The Board of Directors will review and approve the Medical Staff Bylaws annually.
- b. **Procedure.** The Medical Staff shall have the initial responsibility to formulate, adopt and recommend to the Board Medical Staff Bylaws and amendments thereto which shall be effective when approved by the Board. If the Medical Staff fails to exercise this responsibility in good faith and in a reasonable, timely and responsible manner and after written notice from the Board to such effect including a reasonable period of time for response, the Board may resort to its own initiative in formulating or amending Medical Staff Bylaws. In such event, staff recommendations and views shall be carefully considered by the Board during its deliberation and in its actions.

Section 8.03 Medical Staff Membership and Clinical Privileges

- a. **Responsibilities of the Medical Staff Members.** Each member of the Medical Staff shall have appropriate authority and responsibility for the care of his/her patients, subject to such limitations as are contained in these Bylaws, and in the Medical Staff Bylaws, and subject, further, to limitations attached to his/her appointment. The attending physician shall be responsible for preparation of a complete and legible medical record for each patient. Its contents shall be pertinent and current. This record shall include, at a minimum: identification data; chief complaint; past history; family history; history of present illness;

physical examination; special reports such as necessary consultations; clinical laboratory reports and radiology reports and others; provisional diagnosis; appropriate consents; medical and surgical treatment; operative report; pathological findings; progress notes; final diagnosis; condition on discharge; discharge summary and autopsy report when applicable. The CEO shall arrange for all administrative assistance to receive appointment applications to the Medical Staff, and further to provide for necessary administration support to process all materials pertinent to the application of any potential member of the Medical Staff. All applications for and appointments to the Medical Staff shall be in writing and addressed to the Medical Staff Office. The application shall contain full information concerning the applicant's education, licensure, practice, previous hospital experience, and any unfavorable history with regard to licensure and hospital privileges. This information shall be verified by the appropriate body within the Medical Staff. Upon appointment, the applicant will agree in writing to follow the Bylaws, rules and regulations of the Corporation and of the Medical Staff, and all other approved policies of the Medical Staff and the Corporation. All applications shall be reviewed by the Medical Staff prior to being submitted to the Governing Body for approval. When an appointment is not renewed or when privileges have been proposed to be reduced, altered, suspended, or terminated, the staff member shall be afforded the opportunity of a hearing in accordance with the Fair Hearing Plan then in effect. It is the Board of Directors' policy that: (1) only a member of the Medical Staff with admitting privileges shall admit patients to the Hospital; (2) only an appropriately licensed practitioner with clinical privileges shall be directly responsible for a patient's diagnosis and treatment within the area of his privileges; (3) each patient's general medical condition shall be the responsibility of a physician member of the Medical Staff; (4) each patient admitted to the Hospital shall receive a baseline history and physician examination by a physician who is either a member of, or approved by, the Medical Staff; and (5) direct medical care of patients provided by Allied Health Personnel shall be under the appropriate degree of supervision by a licensed practitioner with clinical privileges.

- b. **Delegation to the Medical Staff.** The Board shall delegate to the Medical Staff the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges and corrective action, and shall require that the Medical Staff adopt and forward to it specific written recommendations with appropriate supporting documentation that will allow the Board to take informed action.
- c. **Action by the Board.** Final action on all matters relating to Medical Staff membership status, clinical privileges and corrective action shall be taken by the Board after considering the Medical Staff recommendations, provided that the Board shall act in any event if the Medical Staff fails to adopt and submit any such recommendation within the time period set forth in the Medical Staff Bylaws. Such Board action without a Medical Staff recommendation shall be based on the same kind of documented investigation and evaluation of current

ability, judgment and character as is required for Medical Staff recommendation, and shall be taken only after written notice to the Medical Executive Committee.

- d. **Criteria for Board Action.** In acting on matters of Medical Staff membership status, the Board shall consider the Medical Staffs recommendations and the extent of applicant's utilization of this Hospital, the Hospital's and the community's needs, and such additional criteria as are set forth in the Medical Staff Bylaws. No aspect of membership status nor any specific clinical privileges shall be limited or denied to a practitioner on the basis of sex, race, creed, color, or national origin, nor on the basis of any other criterion unrelated to: (i) good patient care at the Hospital, (ii) professional qualifications, (iii) the Hospital's purposes, needs and capabilities, or (iv) community needs.
- e. **Terms and Conditions of Medical Staff Membership and Clinical Privileges.** The terms and conditions of membership status in the Medical Staff, and the exercise of clinical privileges, shall be as specified in the Medical Staff Bylaws or as more specifically defined in the notice of individual appointment. At a minimum, however, each member of the Medical Staff shall (1) exhibit the skill necessary to allow him to appropriately carry out his duties and (2) carry such malpractice insurance as may be determined to be appropriate from time to time by the Board of Directors. Additionally, each member of the Medical Staff having active staff privileges shall provide on-call back-up coverage within his field of specialty to the Hospital's Emergency Room, pursuant to such back-up call schedule as may be adopted by his Service of the Medical Staff. If no other back-up call coverage schedule is adopted by a Service, Emergency Room back-up call coverage for such Service shall be scheduled on the basis of alphabetical order by last name within such Service, rotating among all active staff physicians within the Service, each being responsible for 24 hour back-up coverage.
- f. **Ethics.** The Principles of Ethics of the appropriate National Association as now in effect or as may be hereinafter amended by that association shall govern the professional conduct of the members of the Medical Staff.
- g. **Procedure.** The procedure to be followed by the Medical Staff and the Board in acting on matters of membership status, clinical privileges, and corrective action shall be specified in the Medical Staff Bylaws. However, each member of the Medical Staff shall be required to obtain and maintain, at his or her own expense, malpractice insurance in such amount as may be determined to be appropriate from time to time by the Board of Directors.
- h. **Fair Hearing Plan.** The Board shall require that any adverse recommendation made by the Medical Executive Committee or any adverse action taken by the Board of Directors with respect to a practitioner's staff appointment, reappointment, Service affiliation, staff category, admitting prerogative or clinical privileges, shall, except under circumstances for which specific

provision is made in the Medical Staff Bylaws, be accomplished in accordance with the Fair Hearing Plan then in effect. Such plan shall provide for procedures to assure fair treatment and afford an opportunity for presentation of all pertinent information. For the purposes of this Section an “adverse recommendation” of the Medical Executive Committee and “adverse action” of the Board shall be defined in the Fair Hearing Plan. The Fair Hearing Plan shall provide for an appeals procedure whereby any applicant for Medical Staff Membership feels a decision of the Medical Staff has been unjust shall have recourse to a hearing by a joint committee composed of Directors and Medical Staff Members. The appellant in such a case shall have the opportunity to present any and all evidence and testimony bearing upon his qualifications for appointment to the Medical Staff. Following such presentation of evidence, the Committee shall present evidence in support of its findings. Failure of an applicant to request a hearing within the time frames set forth in the Fair Hearing Plan shall constitute a waiver of the applicant’s rights to a hearing under the Fair Hearing Plan.

ARTICLE 9 QUALITY OF PROFESSIONAL SERVICES

Section 9.01 Board Responsibility

The Board shall require, after considering the recommendations of the Medical Staff, and the other health care professional staffs providing patient care services, the conduct of specific review and evaluation activities to assess, preserve and improve the overall quality and efficiency of patient care in the Hospital. The Board, through the CEO, shall provide whatever administrative assistance is reasonably necessary to support and facilitate the implementation and the ongoing maintenance and operation of these review and evaluation activities.

Section 9.02 Accountability to Board

The Medical Staff and the other health care professionals providing patient care services shall conduct and be accountable to the Board for conducting activities that contribute to the preservation and improvement of the quality, safety and efficiency of patient care provided in the Hospital. These activities include:

- a. Review and evaluation of the quality of patient care (generally on a retrospective basis) through a valid and reliable patient care review procedure.
- b. Ongoing monitoring and evaluation of patient care practices through the defined functions of the Medical Staff, the other professional services, and the Hospital administration.
- c. Delineation of clinical privileges for members of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment and assignment of patient care responsibilities to other health care professionals consistent with individual qualification and demonstrated ability.

- d. Review of utilization of the Hospital's resources to provide appropriate allocation of those resources to patients in need of them.
- e. Such other measures as the Board may, after considering the advice of the Medical Staff, the other professional services and the Hospital administration, deem necessary for the preservation and improvement of the quality, safety and efficiency of patient care.

Section 9.03 Documentation

The Board shall require, receive, consider and act upon the findings and recommendations emanating from the activities required by Article 8. All such findings and recommendations shall be in writing, and shall be supported and accompanied by appropriate documentation upon which the Board can take informed action.

ARTICLE 10 BOARD OF DIRECTORS INITIATION OF PEER REVIEW

Section 10.01 Basic Policy

It is the policy of this Hospital that peer review be performed by members of the Medical Staff, inasmuch as only licentiates who possess the same or similar education, training and experience have the requisite expertise to insure an efficient, fair and responsive peer review system. Notwithstanding the foregoing, however, in those instances in which the Medical Staffs failure to investigate or to initiate disciplinary action is contrary to the weight of the evidence, the Board of Directors shall have the authority to direct the Medical Executive Committee to initiate an investigation or disciplinary action, but only after consultation with the Chief of Staff. No action shall be taken in an unreasonable manner. In the event the Medical Staff fails to take action in response to a direction from the Board of Directors, the Board of Directors shall have the authority to take action against a member of the Medical Staff. Such action shall be taken only after written notice to the Medical Staff and shall fully comply with the procedures and rules applicable to peer review proceedings established by Sections 809.1 through 809.6, inclusive, of the Business and Professions Code of the State of California.

Section 10.02 Suspension of Privileges

When no person authorized by the Medical Staff is available to summarily suspend or restrict clinical privileges, the Board of Directors, or its designee, may immediately suspend the clinical privileges of a member of the Medical Staff if the failure to summarily suspend those privileges is likely to result in an imminent danger to the health of any individual; provided the Board of Directors has, before the suspension, made reasonable attempts to contact the Medical Executive Committee. A suspension by the Board of Directors which has not been ratified by the Medical Executive Committee within two working days, excluding weekends and holidays, shall terminate automatically.

ARTICLE 11 INDEMNIFICATION

Section 11.01 Right of Indemnity

To the fullest extent permitted by law, this Corporation shall indemnify its Directors, Officers, employees, and other persons described in Section 5238(a) of the California Corporations Code, including persons formerly occupying any such position, against all expenses, judgments, fines, settlements and other amounts actually and reasonably incurred by them in connection with any “proceeding”, as that term is used in that section, and including an action by or in the right of the Corporation, by reason of the fact that the person is, or was, a person described in that section. “Expenses”, as used in these Bylaws, shall have the same meaning as in Section 5238(a) of the California Corporations Code.

Section 11.02 Approval of Indemnity

On written request to the Board by any person seeking indemnification under Section 5238(b) or Section 5238(c) of the California Corporations Code, the Board shall promptly determine under Section 5238(e) of the California Corporations Code whether the applicable standard of conduct set forth in Section 5238(b) or Section 5238(c) has been met and, if so, the Board shall authorize indemnification.

Section 11.03 Advancement of Expenses

To the fullest extent permitted by law, and except as otherwise determined by the Board in a specific instance, expenses incurred by a person seeking indemnification under Sections 11.01, 11.02 or 11.03 of this Article in defending any proceeding covered by those sections shall be advanced by the Corporation before final disposition of the proceeding, on receipt by the Corporation of an undertaking by or on behalf of that person that the advance will be repaid unless it is ultimately determined that the person is entitled to be indemnified by the Corporation for those expenses.

Section 11.04 Insurance

The Corporation shall have the right to purchase and maintain insurance to the full extent permitted by law on behalf of its Officers, Directors, and employees.

Section 11.05 Other Fiduciary Positions

This Article does not apply to any proceeding against any trustee, investment manager or other fiduciary of an employee benefit plan in such person’s capacity as such, even though such person may also be covered by the first sentence of Section 1 of this Article 11. This Corporation shall have power to indemnify such trustee, investment manager or other fiduciary to the extent permitted by subsection (f) of Section 5140 of the California Corporations Code.

Section 11.06 Provisions Not Exclusive

The indemnification and advancement of expenses provided by this Article 11 of these Bylaws shall not be deemed exclusive of any rights to which those seeking indemnification or expense advancement may be entitled under any agreement, vote of disinterested Directors, or otherwise, both as to action in his or her official capacity while holding such office, and shall continue as to a person who has ceased to be a Director, officer, or employee and agent, and shall inure to the benefit of the heirs, executors and administrators of such person.

Section 11.07 Contractual Rights of Non-Directors and Non-Officers

Nothing contained in this Article 11 shall affect any right to indemnification to which persons other than Directors of the Corporation, or any of its subsidiaries, may be entitled by contract or otherwise.

ARTICLE 12 CORPORATE RECORDS, REPORTS, AND SEAL

Section 12.01 Minutes of Meetings

The Corporation shall keep at its principal office, or at such other place as the Board of Directors may order, a book of the minutes of all meetings of Directors with the time and place of holding, whether regular or special, and, if special how authorized, the notice given and the names of those Directors and presenting staff present.

Section 12.02 Books of Account

The Corporation shall keep and maintain adequate and correct accounts of its properties and business transactions, including accounts of its assets, liabilities, receipts, disbursements, gains, and losses.

Section 12.03 Annual Report

The Corporation shall cause an annual report or statement to be sent to the Board of Directors not later than 120 days after the close of the fiscal year in accordance with the provisions of Sections 1500 and 1501. Such report shall contain a balance sheet as of the end of the fiscal year, an income statement and a statement of changes in financial position for such fiscal year, all prepared according to generally accepted accounting procedures, and accompanied by any report thereon of an independent accountant, or if there is no such report, a certificate of the Chief Financial Officer or Chief Executive Officer that such statements were prepared without audit from the books and records of the Corporation. The report shall also provide any information required by California Corporations Code Section 6322.

Section 12.04 Maintenance of Records and Inspection by Directors

The Corporation shall keep at its principal executive office the original or a copy of the Articles of Incorporation, Bylaws, and other records of the Corporation. Every Director shall have the absolute right at any reasonable time to inspect all books, records, and documents of every

kind and the physical properties of the Corporation and each subsidiary corporation. This inspection by a Director may be made in person or by an agent or attorney, and the right of inspection includes the right to copy and make extract of documents.

Section 12.05 Corporate Seal

The Board of Directors shall provide a corporate seal consisting of two concentric circles with the words "San Gorgonio Memorial Hospital", and the words and figures, "INCORPORATED May 8, 1990, CALIFORNIA."

ARTICLE 13 HOSPITAL AUXILIARY AND FOUNDATION

The Hospital Auxiliary shall be an integral part of this Corporation, and shall have no separate existence as a corporation or other unincorporated association. The Bylaws of the Hospital Auxiliary shall be approved by the Board of Directors of the Hospital. The Hospital Foundation shall be a separate and independent corporation existing for the benefit of the Hospital.

ARTICLE 14 EFFECTIVE DATE & AMENDMENT

Section 14.01 Effective Date

These Bylaws shall become effective immediately upon their adoption and shall supersede and replace all previous Bylaws of the Corporation. Amendments to these Bylaws shall become effective immediately upon their adoption.

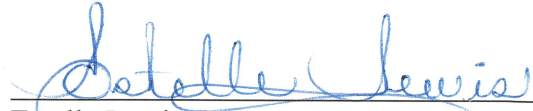
Section 14.02 Amendment

Except as otherwise provided herein or by law, the Board may, after lawful notice to all Directors then in office, adopt, amend or repeal these Bylaws upon the majority vote of the Directors, provided a quorum is present.

CERTIFICATE OF SECRETARY

I certify that I am the duly elected and acting Secretary of SAN GORGONIO MEMORIAL HOSPITAL, and that the above Amended and Restated Bylaws, consisting of 28 pages, are the Bylaws of this Corporation as adopted by the Corporation's Board of Directors on January 7, 2020, that they supersede all previous versions of the Bylaws for the Corporation.

Executed on June 22, 2020, at Banning, California.



Estelle Lewis, Secretary

TAB D



Mission

To provide safe, high quality, personalized healthcare services

Vision

Patients trust San Gorgonio Memorial Hospital to provide safe, personalized healthcare services.

Values

We make those we serve our highest priority

We respect privacy and confidentiality

We communicate effectively

We conduct ourselves professionally

We have a sense of ownership

We are committed to each other and to our community

We Care for Our Community

*Safe Care • Quality Care • **Our Care***

Safe, Great, Modern Healthcare

Approved by the Board of Directors
December 3, 2019

TAB E



2020 SLATE OF OFFICERS

POSITION

NAME

Chair

Susan DiBiasi

Vice Chair

Ehren Ngo (Now a District Board Member)

Secretary

Estelle Lewis

Treasurer

Ron Rader

TAB F

SGMH Foundation November 2020 Report

Foundation Finances for October 2020

Bank of Hemet Checking account: \$298,475.70 (as of 10/31/2020)

Bank of Hemet - Money Market account: \$127,786.69 (as of 10/31/2020)

The Community Foundation account: \$84,975.48 (10/31/2020-actual)

Total \$511,237.87

Foundation Office report:

- Valerie provided the board with a list of equipment approved to purchase and/or reimbursement to the hospital and loan payments made based on prior board minutes and/or bank statements from 2014 to 2018. The Foundation board is reviewing the list to make sure all equipment approved by the board to be pay-for has been received by the hospital.
- PayPal has now deemed SGMHF as a non-profit/healthcare charity. PayPal will now list SGMHF as a charity that PayPal users can donate to. First check expected is for \$ 226.59. This amount exceeds what AmazonSmile has donated in 2019, 2018 & 2017 combined. SGMHF being deemed a non-profit/healthcare charity also reduces the percentage rate that PayPal takes from PayPal donations to the foundation.
- Roster - The BOD reviewed the roster and unanimously voted to ask Kari Spoelstra to stay on through 2021. Kari graciously agreed to one more year. Kari's year will be extended to 2021.
- This is Linda Hanley's last year and consequently, her last meeting (due to no meeting in December 2020). After Linda left the meeting, it was voted to present Linda with a plaque for her many years of service and commitment to SGMHF as well as, sending her flowers.
- Kari asked that a card be sent from the foundation board to Jack Holstad. He was recently treated at SGMH. He is long standing volunteer and used to work for the foundation for many years.
- Board member Desmond Ditchfield noted that with high-end product companies donating high-end produce to food banks, has anyone approached the business "Green Thumb Produce" in Banning for a monetary donation? George stated that he would approach them as he has a personal connection.
- The Board unanimously voted not to hold a 2021 Gala due to Covid. With that said, Present George Moyer would like board members to bring ideas with them to the next board meeting on January 13, 2020.

TAB G

REGULAR MEETING OF THE
 SAN GORGONIO MEMORIAL HOSPITAL
 BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
 November 18, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, November 18, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this board meeting in person. Committee members and members of the public participated via WebEx.

Members Present: Susan DiBiasi, Estelle Lewis (C), Ron Rader, Steve Rutledge

Absent: None

Staff Present: Steve Barron (CEO), Annah Karam (CHRO), Pat Brown (CNO), Ariel Whitley (Executive Assistant)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Susan DiBiasi called the meeting to order at 9:06 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes: September 10, 2020 Regular Meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the September 10, 2020 regular meeting. There were none.	The minutes of the September 10, 2020 regular meeting were reviewed and will stand as presented.
NEW BUSINESS		
Reports		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
A. Employment Activity/Turnover Reports		
1. Separation Reasons Analysis All Associates (9/1/2020 through 11/11/2020)	<p>Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 9/1/2020 through 11/11/2020 as included in the committee packet.</p> <p>For this time period, there were 31 Voluntary Separations and 9 Involuntary Separations for a total of 40.</p>	
2. Separation Reason Analysis Full and Part Time Associates (9/1/2020 through 11/11/2020)	<p>Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 9/1/2020 through 11/11/2020 as included in the committee packet.</p> <p>For this time period, there were 12 Voluntary Separations and 6 Involuntary Separations for a total of 18.</p>	
3. FTE Vacancy Summary (1/31/2020 through 11/11/2020)	<p>Annah reviewed the “FTE Vacancy Summary” for the period of 1/31/2020 through 11/11/2020 as included in the committee packet.</p> <p>Committee Chair, Estelle Lewis, joined the meeting at 9:17 am.</p>	
4. RN Vacancy Summary (1/31/2020 through 11/11/2020)	<p>Annah reviewed the “RN Vacancy Summary” for the period of 1/31/2020 through 11/11/2020 as included in the committee packet.</p>	
B. Workers Compensation Report		
Workers Compensation Report (10/1/2020 through 10/31/2020)	<p>Annah reviewed the Workers Compensation Reports covering the period of 10/1/2020 through 10/31/2020 as included in the committee packet.</p>	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Education: New California Employment Laws Effective Now and Coming January 1, 2021 and Remote Work: The CEO Perspective	<p>Annah noted that the article entitled, “New California Employment Laws Effective Now and Coming January 1, 2021” included valuable information about new employment laws.</p> <p>Annah also mentioned that the “Remote Work: The CEO Perspective” presentation was informative.</p> <p>Both articles were included in the committee packet.</p>	
Adjourn to Closed Session	<p>Susan 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"> ➤ Telephone conference with legal counsel regarding potential and pending litigation. <p>The meeting adjourned to Closed Session at 9:34 am.</p>	
Reconvene to Open Session	<p>The meeting adjourned from Closed Session at 10:51 am.</p> <p>Susan DiBiasi reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Participated in a telephone conference with legal counsel regarding potential and pending litigation. 	
Future Agenda items	<p>None</p> <p>Susan DiBiasi took this time to thank the Human Resources Committee Chair, Estelle Lewis for her service as a committee member. Susan wished Estelle much success and happiness in her retirement.</p>	
Next regular meeting	<p>The next regular Human Resources Committee meeting is scheduled for February 17, 2021.</p>	
Adjournment	<p>The meeting was adjourned at 10:57 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.

SEPARATION ANALYSIS
ALL ASSOCIATES
09/01/2020 THROUGH 11/11/2020

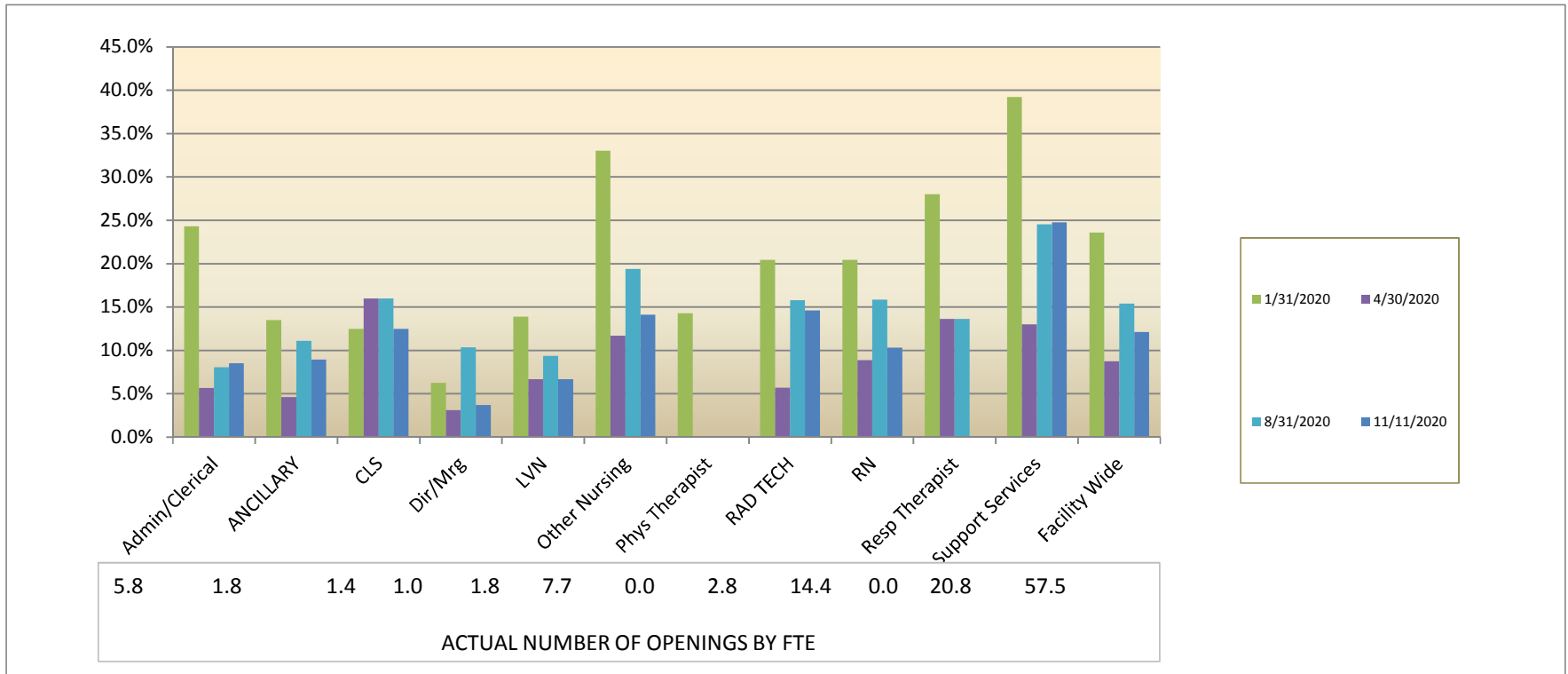
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Full-Time	27.5%	1	2	1	2	5		11
Part-Time	2.5%				1			1
Per Diem	47.5%	3	1	4	3	5	3	19
Subtotal, Voluntary Separations	77.5%	4	3	5	6	10	3	31
Involuntary Separations								
Full-Time	15.0%	1	1	1	3			6
Part-Time	0.0%							0
Per Diem	0.0%	2	1					3
Subtotal, Involuntary Separations	22.5%	3	2	1	3	0	0	9
Total Separations	100.0%	7	5	6	9	10	3	40

Separation Reason Analysis
FULL AND PART TIME ASSOCIATES
09/01/2020 THROUGH 11/11/2020

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Family/Personal Reasons	11.1%		1		1			2
New Job Opportunity	16.7%	1	1		1			3
Job Dissatisfaction	16.7%			1		2		3
Relocation	11.1%				1	1		2
Medical Reasons	0.0%							0
Did not Return from LOA	5.6%					1		1
Job Abandonment	0.0%							0
Return to School	5.6%					1		1
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	0.0%							0
Unknown	0.0%							0
Retirement	0.0%							0
Subtotal, Voluntary Separations	66.7%	1	2	1	3	5	0	12
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	5.6%	1						1
Temporary Position	0.0%							0
Position Eliminations	27.8%		1	1	3			5
Subtotal, Involuntary Separations	33.3%	1	1	1	3	0	0	6
Total Separations	100.0%	2	3	2	6	5	0	18

FTE Vacancy Summary: 01/31/2020 THROUGH 11/11/2020

	<u>Admin/Clerical</u>	<u>ANCILLARY</u>	<u>CLS</u>	<u>Dir/Mrg</u>	<u>LVN</u>	<u>Other Nursing</u>	<u>Phys Therapist</u>	<u>RAD TECH</u>	<u>RN</u>	<u>Resp Therapist</u>	<u>Support Services</u>	<u>Facility Wide</u>
1/31/2020	24.32%	13.51%	12.50%	6.25%	13.89%	33.04%	14.29%	20.45%	20.45%	28.00%	39.23%	23.59%
4/30/2020	5.68%	4.62%	16.00%	3.13%	6.67%	11.70%	0.00%	5.71%	8.89%	13.64%	13.00%	8.76%
8/31/2020	8.05%	11.11%	16.00%	10.34%	9.38%	19.39%	0.00%	15.79%	15.87%	13.64%	24.55%	15.40%
11/11/2020	8.51%	8.96%	12.50%	3.70%	6.67%	14.13%	0.00%	14.63%	10.31%	0.00%	24.77%	12.13%

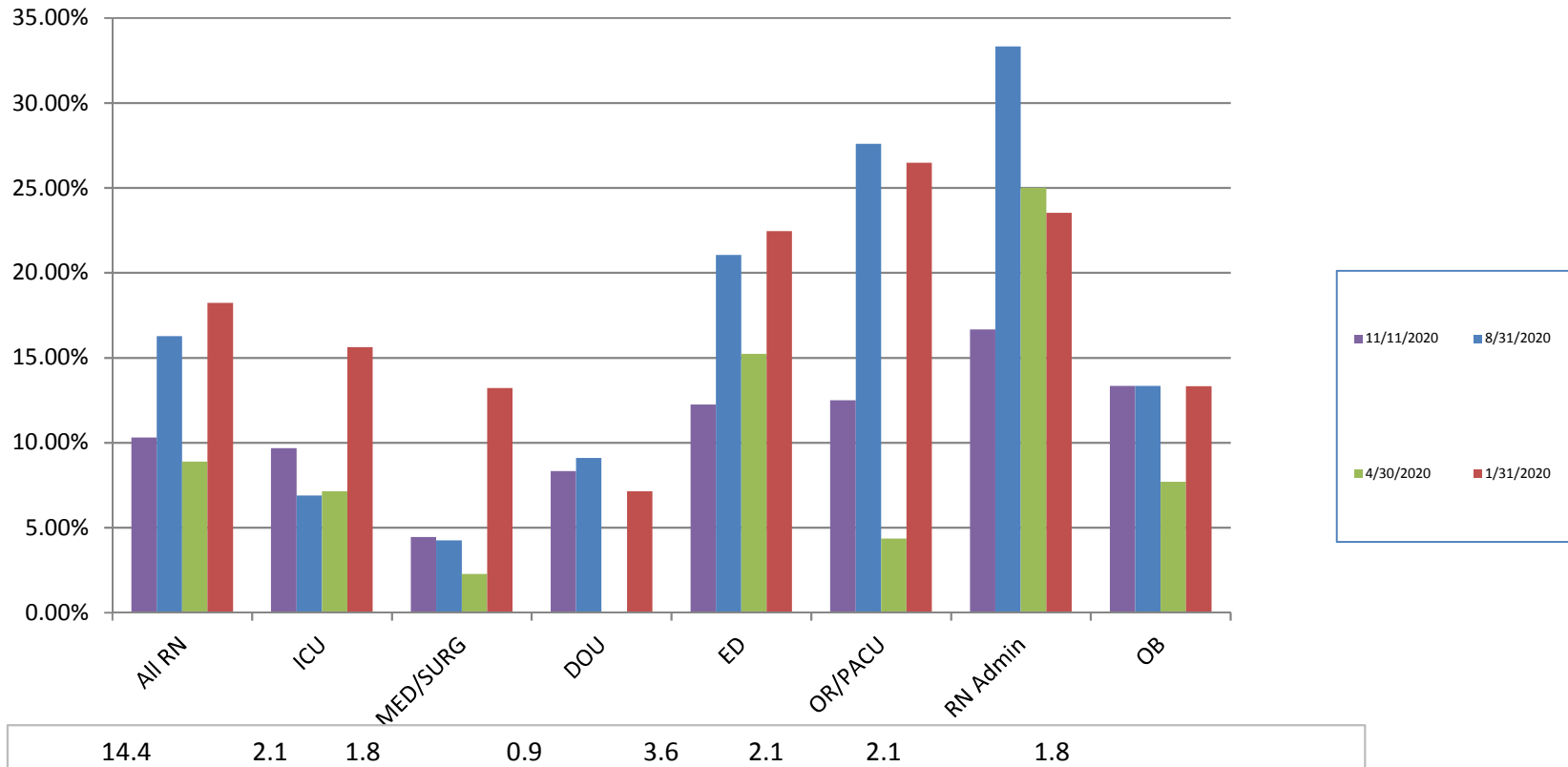


RN FTE Vacancy Summary: 01/31/2020 THROUGH 11/11/2020

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

	11/11/2020	8/31/2020	4/30/2020	1/31/2020
All RN	10.31%	16.27%	8.89%	18.22%
ICU	9.68%	6.90%	7.14%	15.63%
MED/SURG	4.44%	4.26%	2.27%	13.21%
DOU	8.33%	9.09%	0.00%	7.14%
ED	12.24%	21.05%	15.22%	22.45%
OR/PACU	12.50%	27.59%	4.35%	26.47%
RN Admin	16.67%	33.33%	25.00%	23.53%
OB	13.33%	13.33%	7.69%	13.33%

	OPEN POSITIONS	TOTAL STAFF
All RN	20	174
ICU	3	28
Med Surg	2	43
DOU	1	11
ER	6	43
OR/PACU	3	21
RN Adm.	3	15
OB	2	13



DASHBOARD REPORT

Fiscal Year Basis: July

San Geronio Memorial Hospital

Data as of 10/31/2020

Reporting Period 10/1/2020 - 10/31/2020

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
16000811		Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	156,360	35,555	191,915
16000026		Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	107,034	19,718	126,752
16001005		Medical Surgical	Miscellaneous Causes	2016-07-21	Closed	98,814	-	98,814
16000233		Environmental Services	Strain or Injury By	2016-02-20	Closed	93,934	-	93,934
16000357		Medical Surgical	Struck or Injured By	2016-03-16	Open	60,529	24,287	84,816
16000185		Medical Surgical	Fall, Slip or Trip Injury	2016-02-13	Closed	77,289	-	77,289
15000959		Environmental Services	Miscellaneous Causes	2015-07-06	Closed	61,315	-	61,315
15001966		Emergency Department	Cut, Puncture, Scrape Injured by	2015-12-05	Closed	56,873	-	56,873
17000724		Security Department	Strain or Injury By	2017-06-14	Closed	46,504	-	46,504
19000235		Nursing Administration	Fall, Slip or Trip Injury	2019-02-11	Open	21,213	15,464	36,677

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	25	20.16%	485,905	35.08%
Medical Surgical	23	18.55%	338,252	24.42%
Dietary	13	10.48%	10,709	0.77%
Emergency Department	12	9.68%	66,490	4.80%
Surgical Services	6	4.84%	59,391	4.29%
Obstetrics	5	4.03%	184,050	13.29%
Diagnostic Imaging	5	4.03%	39,033	2.82%
Medical Staff	5	4.03%	33,215	2.40%
Administration	4	3.23%	4,760	0.34%
Security Department	3	2.42%	47,835	3.45%

SEVERITY BY DEPARTMENT

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Security Department	3	2.42%	47,835	3.45%
Diagnostic Imaging	5	4.03%	39,033	2.82%
Nursing Administration	3	2.42%	38,242	2.76%
Medical Staff	5	4.03%	33,215	2.40%
Facilities Management	1	0.81%	22,500	1.62%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	38	30.65%	354,806	25.61%
Fall, Slip or Trip Injury	22	17.74%	561,180	40.51%
Struck or Injured By	15	12.10%	134,834	9.73%
Cut, Puncture, Scrape Injured by	12	9.68%	73,666	5.32%
Miscellaneous Causes	10	8.06%	198,718	14.35%
Burn or Scald - Heat or Cold Exposures - Contact With	9	7.26%	8,472	0.61%
Caught In, Under or Between	8	6.45%	4,387	0.32%
Rubbed or Abraded By	6	4.84%	29,435	2.12%
Exposure	4	3.23%	19,683	1.42%

SEVERITY BY CAUSE

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New California Employment Laws Effective Now and Coming January 1, 2021

October 15, 2020 | From HRCalifornia Extra

by James W. Ward, J.D.; Employment Law Subject Matter Expert/Legal Writer and Editor, CalChamber

It's mid-October, which means the leaves are turning red and orange, pumpkin spice treats are plentiful, everyone's looking longingly at their sweaters — and new employment laws are here!

September 30, 2020, was the last day of this year's legislative session, which ended with California Governor Gavin Newsom signing a flurry of bills — and vetoing a few as well.



This issue of *HRCalifornia Extra* summarizes new laws in the following areas:

- COVID-19: Workers' Compensation, Paid Sick Leave and Workplace Safety.
- Leaves of Absence.
- Worker Classification.
- Discrimination, Harassment and Retaliation Protections.
- Privacy.
- Wage and Hour.

Unless otherwise stated, the new laws take effect January 1, 2021.

COVID-19-Related Laws

The Legislature responded to the COVID-19 pandemic with several new laws that impact employers in the context of workers' compensation, paid sick leave and workplace safety.

Workers' Compensation: SB 1159 establishes a rebuttable workers' compensation presumption for workers that contract COVID-19 under certain conditions by first, codifying Newsom's workers' compensation [executive order](#) for workers who contracted COVID-19 between March 19, 2020, and July 5, 2020, and, second, creating a rebuttable presumption for first responders and health care personnel who contract COVID-19 after July 6, 2020.

SB 1159 also creates an "outbreak" presumption for employers with five or more employees, covering workers who test positive for COVID-19 during an "outbreak" at the employee's place of employment. The statute specifically defines "outbreak" as any of the following:

- If the employer has 100 employees or fewer at a specific place of employment, four employees test positive for COVID-19 within two weeks.
- If the employer has more than 100 employees at a specific place of employment, 4 percent of the number of employees test positive within two weeks.
- Public authorities order the place of employment closed due to a risk of COVID-19 infection.

Employers have limited time to reject claims under the new law.

Additionally, when an employer with five or more employees "knows or reasonably should know" that an employee tests positive for COVID-19, SB 1159 requires the employer to inform their workers' compensation carrier and provide specified information **within three business days**. SB 1159 was an urgency measure that went into effect **September 17, 2020**.

Paid Sick Leave: AB 1867 also took effect **immediately** upon being signed on September 9, 2020. This bill expands supplemental paid sick leave for COVID-19-related reasons for certain employers not already covered by the federal Families First Coronavirus Response Act (FFCRA) — specifically, employers with 500 or more employees nationwide, as well as health care providers and first responders that are excluded from FFCRA.

Employees who work for covered employers can take COVID-19 supplemental paid sick leave if the worker is:

- Subject to a federal, state or local quarantine or isolation order related to COVID-19;
- Advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19; or
- Prohibited from working by the employer due to health concerns related to the potential transmission of COVID-19.

Employees working from home are not eligible for supplemental paid sick leave.

The California Division of Labor Standards Enforcement (DLSE) has issued [guidance](#) on the new leave requirements that answers employers' common questions about coverage, eligibility, calculating leave amounts and pay, and how previously provided paid sick leave under local ordinances, for example, may be credited toward the new law's requirements.

For employers to comply with the law's notice requirements, the DLSE created two model posters: one for food sector workers and a second for all other covered employers.

The supplemental paid sick leave law will expire when the FFCRA does (currently set to expire on December 31, 2020).

Workplace Safety: AB 685 establishes stringent COVID-19 recording and reporting requirements when employers receive “notice of a potential exposure to COVID-19” at the workplace. Among other things, AB 685 requires employers to provide a number of notices to different groups of employees **within one business day** after receiving notice of a potential COVID-19 exposure.

AB 685 also requires employers to notify their local public health agency **within 48 hours** of a COVID-19 “outbreak,” as defined by the California Department of Public Health (CDPH). At the time of publication, the CDPH defined an outbreak in most instances as three lab-confirmed cases within two weeks, though the department could revise this definition. Because the definition of “outbreak” under this law *differs* from the definition under SB 1159, employers should be mindful of the circumstances and which definition should apply.

AB 2043, another urgency measure that went into effect **immediately** when signed on September 20, 2020, requires the California Division of Occupational Safety and Health (Cal/OSHA) to disseminate to agricultural employers and employees information on best practices for preventing COVID-19 infections, both in English and Spanish. This law only remains in effect until the end of the state of emergency.

Finally, the governor signed two bills related to personal protective equipment (PPE): AB 2537 and SB 275. AB 2537 requires public and private employers of workers in a hospital to supply certain employees with PPE, maintain a three-month stockpile of PPE and provide inventory information to Cal/OSHA upon request. SB 275 requires the state to develop a stockpile of PPE, and, beginning January 1, 2023, certain employers must maintain PPE stockpiles as specified.

Leaves of Absence

SB 1383 significantly expands the California Family Rights Act (CFRA) beginning **January 1, 2021**.

Currently, the CFRA applies to employers with 50 or more employees, just like the federal Family and Medical Leave Act (FMLA), while a separate California law, the New Parent Leave Act (NPLA), requires employers with 20 or more employees to provide parental leave (baby-bonding leave).

Enter SB 1383, which expands CFRA’s coverage to include all employers with **five** or more employees — effectively eliminating the NPLA, the obligations of which will be folded into the expanded CFRA. This expansion will have a major impact on small businesses, which must quickly get up to speed on CFRA’s requirements to be ready by January 1.

Small businesses with 5-19 employees should note that a separate bill, AB 1867, created a pilot CFRA mediation program allowing small employers, when a dispute arises, to request mediation through the Department of Fair Employment and Housing’s (DFEH) dispute resolution program.

SB 1383 also expands the definition of “family members” beyond what’s covered under the FMLA. Currently, both the FMLA and the CFRA allow leave to care for a parent, spouse or child; on January 1, the CFRA will expand family members to also cover grandchildren, grandparents and siblings. This expansion will impact larger employers already covered by the CFRA and the FMLA who will in some cases have to administer the two leaves separately. For example, an employee can take 12 weeks of leave to care for a sibling under the CFRA and then another separate 12 weeks to cover a spouse’s illness or their own illness under the FMLA for total of 24 weeks of protected leave.

Employers, big and small, should become familiar with the law’s details and be prepared to revise or implement compliant policies and practices by 2021.

Another bill makes a clarification related to “kin care,” which under current law, allows an employee to use up to half of their accrued sick leave to care for a family member. AB 2017 revises the law to clarify that the employee has the right to designate sick leave as kin care — or not — in order to avoid a designation error and unintentional draw down of kin care time when the sick days were actually taken for personal sick leave.

Lastly, AB 2992 expands the prohibition on discrimination and retaliation against employees who are victims of crime or abuse when they take time off for judicial proceedings or to seek medical attention or related relief for domestic violence, sexual assault, stalking or other crime that causes physical or mental injury.

Worker Classification

It was only last year that the biggest labor law development was AB 5, the worker classification law that codified the California Supreme Court’s *Dynamex* ruling. The controversial bill adopted the court’s strict ABC test to determine whether a worker is an employee or independent contractor and created numerous exceptions to this test.

Early in this year’s legislative session, more than 30 bills were introduced to either repeal or revise AB 5. In the end, only one bill survived and was signed into law: AB 2257. The bill didn’t change the ABC test or AB 5’s general framework, but it made revisions and clarifications to some existing exceptions and added new ones. For an in-depth look at the ABC test and the numerous industry exceptions to that test, under which the common law classification test applies, download CalChamber’s updated white paper, *A Roadmap to Worker Classification in California*.

AB 2257 went into effect when it was signed on **September 4, 2020**.

Discrimination, Harassment and Retaliation Protections

AB 1947 extends the time an individual can file a complaint of discrimination or retaliation with the DLSE, also known as the Labor Commissioner. Under current law, workers alleging they were discriminated or retaliated against in violation of any law enforced by the Labor Commissioner have six months to file a complaint with the Labor Commissioner; beginning **January 1, 2021**, however, AB 1947 extends that time to one year.

Wage and Hour

Enforcement: Another bill, SB 1384, expands the Labor Commissioner’s ability to represent claimants under certain circumstances. Currently, the Labor Commissioner can, upon request, represent a claimant in proceedings to appeal a wage claim award if the claimant couldn’t afford counsel. SB 1384 extends the commissioner’s authority to also represent a claimant who’s financially unable to represent themselves in a

hearing where a court order has compelled arbitration to determine the claim.

Lastly, [AB 3075](#) specifically makes a successor employer liable for its predecessor's unpaid wage judgments and establishes specific criteria to establish successorship. The bill also allows local jurisdictions to enforce state labor standards requirements regarding payment of wages.

Rest Breaks: A couple of narrow industry-specific rest break bills were signed this year. [AB 1512](#) allows security guards to remain on the premises during rest periods and to remain on call during the rest period. If work interrupts the rest period, the security guard must be permitted to restart the rest period as soon as practicable. This exception applies to security guards registered under the Private Security Services Act working for employers registered under the same law. [AB 2479](#) extends a limited on-call rest break exception for safety sensitive positions at petroleum facilities to 2026.

Pay Data

Another notable bill is [SB 973](#). This bill requires a private employer with 100 or more employees — that is also required under federal law to file an annual Employer Information Report (EEO-1) — to submit a pay data report to the DFEH that contains information about their employees' race, ethnicity and gender in various job categories (similar to the now-rescinded federal EEO-1 [Component 2](#) report) on or before **March 31, 2021**.

The law doesn't specify exactly how the reporting process will be implemented; it only states that employers must submit the report in a searchable and sortable electronic format. The bill gives the DFEH related enforcement authority, and employers likely will hear more from the department in the coming months.

California Consumer Privacy Act

The California Consumer Privacy Act (CCPA) gives California consumers rights over how and whether the personal data they provide to businesses is collected, retained and sold. Because its definitions are broad, the CCPA applies to employee data collected by employers for employment purposes — which is problematic because, under the rights established by the CCPA, employees could potentially request to have their personal information deleted.

To address this issue, the Legislature passed [AB 25](#) in 2019, largely exempting employee data from the CCPA's requirements for one year; this year's [AB 1281](#) extends the exemption for an additional year to the end of 2021. Take note that employers must still comply with the additional CCPA requirements that include providing notice either before or at the time of collecting personal information from an applicant or employee. That notice must describe every category of information that will be collected and the purposes for which it will be used. [CCPA regulations](#) describing how employers can give a compliant notice are now in effect.

Corporate Boards of Directors

Following from 2018's [SB 826](#) — which requires publicly held corporations with principal executive offices in California to have a minimum number of female directors on their boards of directors — is [AB 979](#), which requires those same corporations to have a minimum of one director from an underrepresented community no later than the close of the 2021 calendar year. By 2022, a corporate board with four to nine directors must have two directors from underrepresented communities, and a board with nine or more directors must have three directors from underrepresented communities. The bill defines a director from an underrepresented community as "an individual who self-identifies as Black, African American, Hispanic, Latino, Asian, Pacific Islander, Native American, Native Hawaiian or Alaska Native, or who self-identifies as gay, lesbian, bisexual or transgender."

Bills Related to Minors

The governor also signed bills related to the employment of minors, including [AB 908](#), which makes it easier for minors to obtain work permits during COVID-19-related school closures. Specifically, it authorizes issuance of a work permit without the appearance of the minor or their parent or guardian when the school is closed due to a "natural disaster, pandemic or other emergency." It also allows for electronic submission/collection of required documents.

In the entertainment industry, a work permit could not be issued to a minor until the minor and their parent or guardian completed the state's mandatory harassment prevention training; [AB 3175](#) revised this to specify that the minor's parent or legal guardian also must accompany the minor during the training and certify to the Labor Commissioner that the training was completed as specified. It also requires the training to be in the language understood by the participants whenever reasonably possible. This bill was an urgency statute that took effect on September 25, 2020.

Related to the last bill is [AB 3369](#), which exempts minors — who received a work permit from the Labor Commissioner within the last two years — from the current state harassment prevention training deadline of January 1, 2021. Like employees who completed training in 2019, they must complete the state's harassment prevention training every two years based on their last training. This urgency bill took effect when signed on September 28, 2020.

Vetoed

Finally, Newsom vetoed some CalChamber-opposed bills, including [AB 3216](#). That bill would have imposed a "right to recall" mandate on certain industries in California, meaning employees who were laid off or furloughed as a result of COVID-19 must be hired back by the company according to seniority. This bill would have imposed burdensome mandates on some of the industries hit hardest by the pandemic. Recognizing the issues with the bill, Newsom vetoed it.

To ensure compliance with the new laws covered in this story, employers should consult with legal counsel. For complete details on these new laws and all other employment laws with which California employers must comply, [preorder your 2021 California Labor Law Digest](#) today.

REMOTE WORK: THE CEO PERSPECTIVE



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RemoteWork360





Remote Work; The CEO Perspective

Dear Reader

I am really excited to share with you our latest whitepaper - Remote Work; The CEO Perspective, a unique piece of research which delves into the impact of covid19 and looks specifically at the challenges businesses are currently facing and how they are managing the sudden pivot to remote work.

We gathered insights from CEOs of 500 global companies and our research gives a fascinating glimpse into how businesses are responding to covid and to working remotely. In addition to benchmarking the percentage of employees working remotely precovid, currently and projected, we asked CEOs to tell us what their key challenges are in operating remotely and the factors they consider most important to doing so successfully.

We are living through strange times and there is much uncertainty for businesses about what is coming next. What is certain, however, is that business is changing – now, more than ever – and that remote and hybrid work models are here to stay.

We anticipate a continuing rise in partially remote and hybrid businesses, which is why we've launched www.remotework360.com an educational resource dedicated to serving businesses on effective remote working. The website will include buyer's guides with analysis and reviews on

the tools and technologies that facilitate remote work, expert interviews with leading figures from HR & Talent Management, Workplace Law, Ergonomics, Employee Benefits and Sales and Marketing to educate managers and leaders on the power – and pitfalls – of remote work and how to leverage or avoid them. We'll also run an expert interview series showcasing the leaders in remote work – from start-ups who have always been remote to big businesses whose move to partially remote teams has been catalysed by covid.

To receive alerts about upcoming events from remotework360 please subscribe here – if you already gave us your email address to receive this report, we'll automatically alert you to forthcoming events and interviews. We look forward to providing you with all the news, insight, best practice and tools and technologies on remote work.

Stay safe

Marshall Cooper

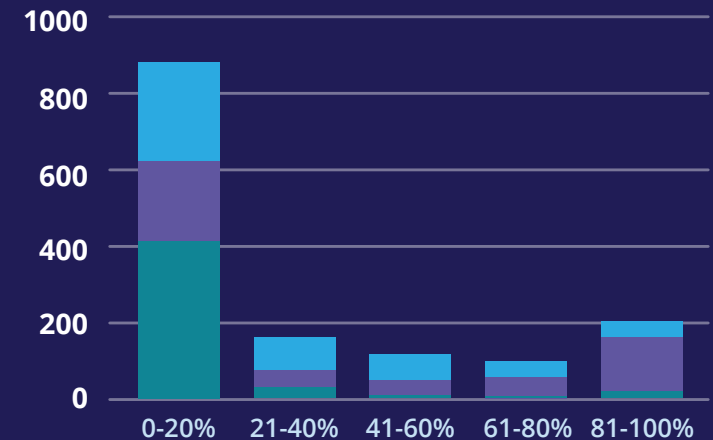
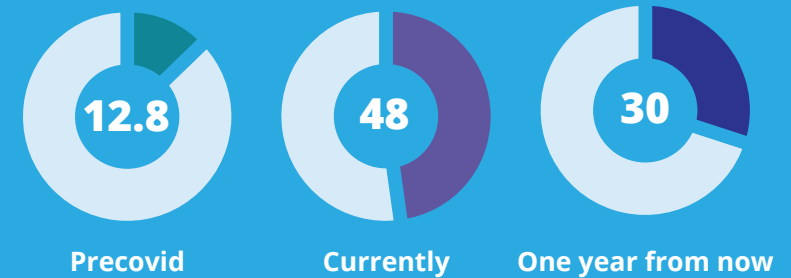
The State of Remote Work

Of the 473 companies who had office premises, on average 12.8% of their workforce was remote or partially remote before covid. Currently, the average proportion of remote workers across all respondents is 48%, whilst a third have at least 75% of their workforce currently working remotely. Removing manufacturing and other businesses where being off-premise is not an option makes this figure even higher. The growth in proportion of remote workers was most evident in larger companies with less than 5% working remotely precovid, rising to almost 40% one year from now.

One year from now, businesses estimate an average 30% of their workforces will be wholly or partially remote – that’s more than double the proportion precovid.

Covid has clearly catalysed remote working, catapulting it from a minority activity for traditional premise-based businesses to the current state of play, whereby almost half of employees are working remotely – with almost one third anticipated to remain remote in 12 months.

Average percentage of workforce that is remote or partially remote

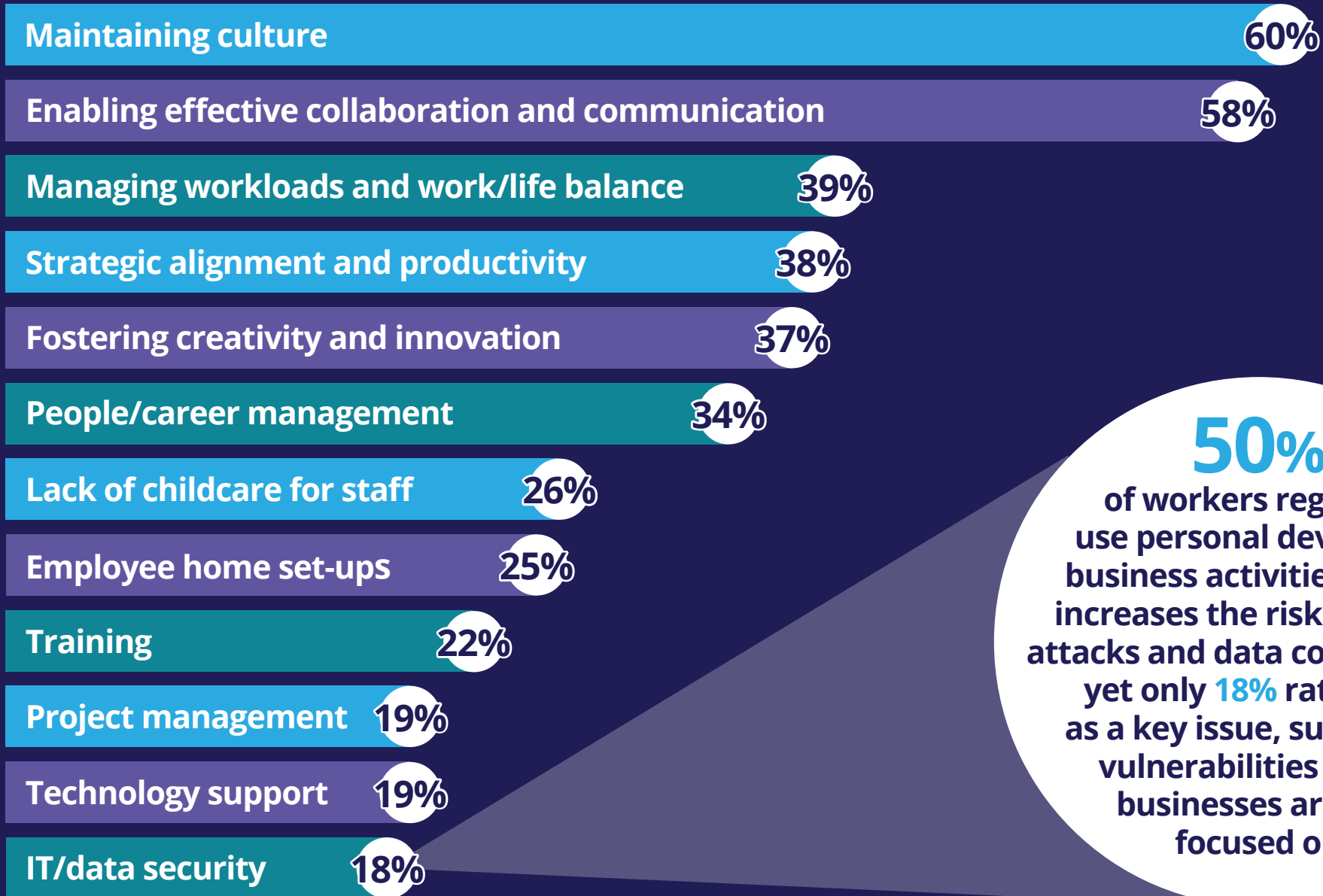


■ Precovid ■ Currently ■ One year from now

This graph shows the changing shape of business' proportion of remote workers in more granular detail, by showing the total number of responses against each percentage category, precovid, currently and projected.

Remote Working: Challenges

Respondents were asked to select their top 5 challenges in managing remote teams



50% of workers regularly use personal devices for business activities, which increases the risk of cyber-attacks and data compromise, yet only **18%** rated this as a key issue, suggesting vulnerabilities which businesses are not focused on

Remote Working: Challenges

The biggest concern – attracting votes from 60% of respondents - was maintaining culture. Responses indicated that this is an area Chief Executives feel somewhat out of control – which is hardly surprising; **a business’ values, identity and culture not only define how it does business and how it interacts with customers but also steers its employer brand which, in turn, has a massive impact on motivation, productivity, collaboration and of course, retention.** But when a business can’t bring people into an environment its created and give them the experience of belonging and togetherness and perpetuate itself through daily interactions and shared successes, there is a real fear of fragmentation and isolation – which is why collaboration and communication were the 2nd biggest concern. In our upcoming expert interviews, we’ll be talking to some of the world’s most successful remote and hybrid businesses to understand how they overcame these challenges. If you haven’t already subscribed, sign up here to receive an alert about our next interview.

Managing workloads and work/life balance was another primary concern – with both extremes expressed; from lack of visibility and fear that workers were “slacking off”, to concerns that a lack of home-work divide could lead to burnout and mental health issues.

Perhaps surprisingly, IT/data security attracted the lowest proportion of votes, with only 18% of respondents. However, a recent survey from Chubb indicated that working from home increases the risk of cyber-attacks and that almost 50% of workers regularly or sometimes use personal devices for business activity which further increases risk – so businesses are either very confident of already having the right technologies and processes in place, or this is a blind spot for them and a business risk which needs additional focus.

Employee home set-up was more of a concern, with 25% of respondents noting concerns ranging from bandwidth reliability to ergonomics and lack of appropriate space for staff to work. Unsurprisingly in the current environment, just over a quarter of respondents also noted that lack of childcare for staff was a real challenge.

Other concerns included;

Recruiting and onboarding

Risk compliance and security

Retention

Psychological fatigue and impact on productivity/morale

Mental health and employee wellness

Availability of funds and investment

Creativity and innovation through spontaneous interactions

HIPAA issues

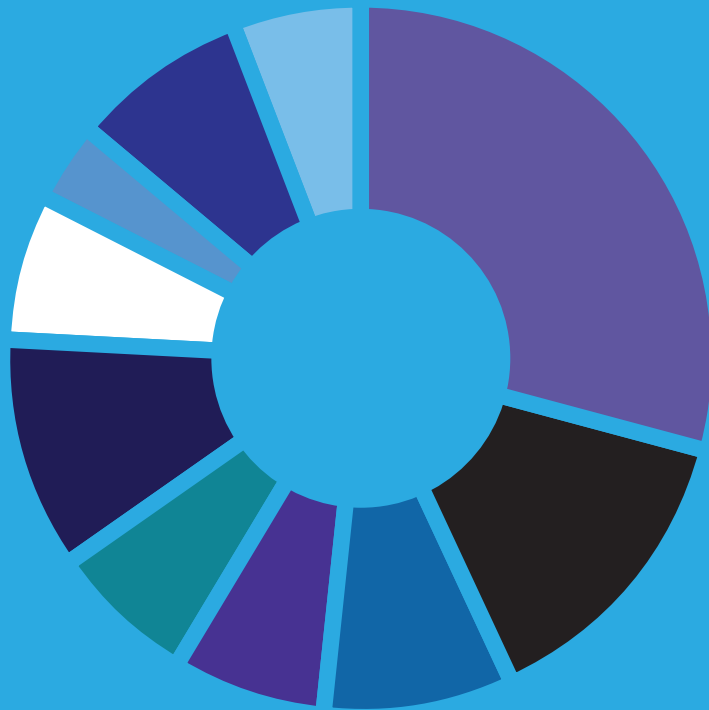
Managing Remote Employees: What's Important?

We asked respondents to identify the most important element in effectively managing remote workers and remote teams. Echoing the key challenges identified, 65% of respondents stated that communication and collaboration

were the most important factors in effective remote management. This came in all guises, with communication prefixed with: regular, daily, clear, good, visual, effective, relentless, constant.



Managing Remote Employees: What's Important?



- Communication and collaboration
- Maintaining productivity through workflows & accountability
- Balancing workloads
- Unified goals and clear objectives
- Maintaining a sense of team and culture
- Good broadband and systems infrastructure
- Systems security
- Trust (both ways) and empowerment
- Effective tools and technologies
- Performance measurements

For some, over-communication was not a problem when working remotely, whilst others caveated that communication should be “meaningful” and noted their employees were suffering from “zoom burnout”. The importance of visual communications – with Zoom and Teams mentioned frequently – and the ability to meet face to face were also important.

This question enabled respondents to give a text based answer rather than choosing from a pre-selected list. We analysed and categorised the answers to create a clear list of the key factors believed to be the most important in effectively managing remote teams;

Whilst maintaining a sense of team and culture topped the list of concerns/challenges, it didn't make it to the top in terms of effectively managing remote teams - because maintaining culture is not generally seen as a function or priority of management. **However, as remote working becomes more prevalent, businesses may need to put more consideration and deliberation into how they will perpetuate their culture, protect their employer brand and safeguard retention for those workers who are not in-office.**

Covid19 has given a skewed approach to remote work since it prevents not only in-office get togethers but also client meetings, site visits, networking events, incentive trips – all the fun, social interactions that help a company unite its people and make them feel proud to be a part of it. As lockdowns ease, businesses will be able to create interactions and experiences that will better help safeguard their culture.

Managing Remote Employees: What's Important?

Creating effective teams



Creating effective teams was a recurrent theme – along with having the right tools to operate effectively together; from easy video comms to creative ideation and project management software. Respondents noted more deliberate effort was required to mentor, and encourage synergy amongst team members remotely – particularly in onboarding new members, and to find creative ways to help teams get to know each other. Leaders felt it important to achieve a shared understanding, and ownership, of tasks and to keep team members engaged and included. Celebrating wins was cited as vital, along with taking extra steps to ensure team members are connected. Some felt that remote working contributed to silos and emphasised the appropriate project management tools to prevent this.

Management and leadership



Respondents noted the importance and challenges of remote Leadership interaction. Establishing an effective way of enabling, engaging, encouragement, interaction and communicating strategy can be difficult to achieve remotely. The erosion of that easy access to managers and leaders that comes with being physically in the same place was a concern. Communication of strategic direction and values was considered important by several respondents, but challenging – particularly so because of covid; in fact, some of the businesses that were already operating remotely cited concerns in this regard; despite being 100% remote, they had not - until now- been restricted from coming together. Those businesses which will continue to work remotely to some extent, will be planning opportunities to bring teams together.

Maintaining company culture



The challenges of – and importance of – employees' sense of connection to the workplace and their colleagues was a key issue - again, covid's impact here, by restricting interaction was noted, particularly in relation to the challenge of keeping up team spirit. CEOs noted the importance of communicating the current organisation status, future strategy and progress made, and the difficulty of doing so in a way that didn't feel too top-down and autocratic. They felt it important to keep employees unified on goals and keep them connected to the culture – employee isolation was an often- cited issue. Social engagement is important and some businesses have implemented gamification tactics or sent out self-care packages to help bring staff together virtually.

Managing Remote Employees: What's Important?

Maintaining productivity



A quarter of respondents chose accountability and productivity/effective workflows as the critical factor in managing remote teams. Clear expectations and accountability, measuring and maintaining productivity, auditing performance, establishing clear and measurable goals and balancing workloads were important. Trust was a recurring concern – along with hiring people with the resilience for remote work. Mental health concerns were raised, along with their impact on productivity - but the shelter-in-place of covid was recognised as the problem, not working remotely itself. Keeping in contact without micro-managing, finding a balance whereby expectations are defined, work processes and targets mutually agreed and employees feel empowered but supported is key.

Maintaining morale



Work life balance, keeping employees motivated, preventing self-isolation, staying in touch and in tune with people and mental health were all considered important factors in effectively managing remote teams' morale - even for businesses that were already fully virtual. For many, employees used to meeting with customers or network at social events and continuous shelter in place were suffering the mental cost of isolation. The importance of encouraging staff to set work-life boundaries, keeping them connected to priorities of the company and making them feel like part of a team and a culture were considered important. Employers felt that productivity in some areas was impacted by low morale caused by shelter in place, rather than by working remotely.

Technology

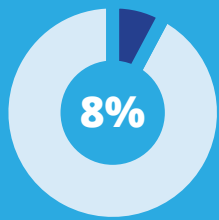


Technology was mentioned relatively few times as a priority. Clearly, robust, reliable and secure IT is business critical for all; it's a vital enabler - but it's perhaps seen as a given and/or already in place. High speed and reliable broadband was a key concern – and can vary enormously across time of day and location. Respondents noted the importance of being able to replicate an in-office set-up in terms of reliability, speed, security and systems for smooth transfer of information – and the value of a shared IT workspace or project management tool that enabled easy sharing of files was also seen as vital. Technology was cited as a key enabler in fostering creativity, innovation and in managing workflows and productivity

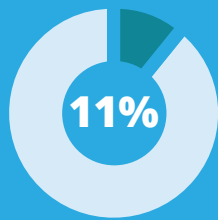
Handling of the Covid Crisis

Businesses are getting their information, around Covid from a wide variety of sources; the majority of businesses felt they had the necessary information, competencies and resources to tackle the challenges that lie ahead.

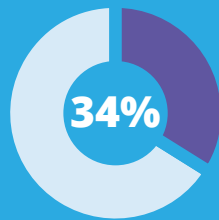
Which of the following sources of information do you most rely on, around handling covid19 in the workplace?



Media



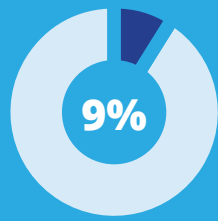
Trade association



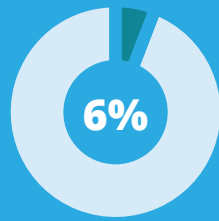
State/Local government
(e.g., state or local health department)



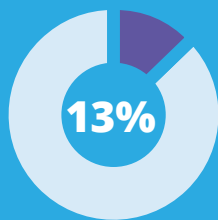
Federal government
(e.g., CDC, White House Task Force)



Private service or consultant



Individual within my company



Other (please specify)

How well equipped do you feel to address the issues around covid19 in the workplace?

I feel my company is prepared to disseminate timely and accurate information & resources about relevant public health topics (evergreen/recurring and crisis).



I have access to reliable sources of information/ advice about Covid-19 that I trust.



My company and our employees have the core competencies, skills and resources needed to address COVID-19.



I feel prepared to address the concerns raised by our stakeholders (employees, suppliers, customers, etc.) during COVID-19.



0 100 200 300 400 500

strongly agree agree neither agree nor disagree disagree strongly disagree

Handling of the Covid Crisis

Delving into textual responses to this question painted a different picture – with the following key themes emerging:

Political incompetence

There was much frustration, from the US respondents in particular, that the President, Federal Governments and Scientific Communities have lacked knowledge, continuity, strategy and reliability. There was a clear lack of trust around Government advice and a sense that Government response had been confusing, disorganised, inadequate or, as many respondents suggested, utterly incompetent. This meant that businesses were struggling to manage ahead due to uncertainty, doubt and lack of continuity of response. There was concern that covid had very much become a Political issue. CEO's lamented their "inability to effectively manage and control our business due to effusive and intrusive government mandates and the continuous media fear mongering".

Media frustration and lack of trust

There was a strong sense that the US media are spreading inaccurate and sensationalised stories, and contributing to fearmongering. Some Businesses believe that the media is operating under a political agenda and indeed that the press is "a danger to the economy and public health....news outlets no longer have any integrity as they chase viewers and clicks" The desperation for "unbiased reporting and non-political health spokespeople... and to stop the constant negativity and mixed messages" was clear. The

continually changing advice was also a concern, impacting Business' ability to plan and move forward amidst so much uncertainty.

Libel concerns

As businesses start to consider returning staff to their workplaces, there is concern around employee liabilities.

As one respondent commented; "There is enough uncertainty and doubt in the U.S. marketplace - adding the new and potentially devastating legal risks of trial lawyer arranged lawsuits (for employees getting sick and assigning liability to employers) could become an anchor around the neck of economic recovery. The vast majority of firms are pursuing prudent and proactive health proaction policies. Employees encouraged to sue (or worse, join fresh class action law suits) will result in insurance costs soaring and makes risk mitigation extremely difficult."

Leadership/collaboration challenges

Businesses are struggling to make decisions and plan strategically due to the level of uncertainty and lack of continuity from Government and the Media. Indeed, several noted that information – or lackof – was the biggest hurdle in addressing the crisis early on. Others noted there was potential for the decisions being made now to have unintended consequences, cautioning against overreactions or strategic decisions based on incomplete information which might later cause more harm than good. Employee compliance with rules has been challenging due to media fearmongering and a lack of clarity on staff rights in these unprecedented times. Fundamentally, it's been difficult for both Leaders and their staff to stay on top of changing guidance.

Our expert interview series will address legal compliance and leadership challenges head on – subscribe for updates

Report Conclusions

We asked businesses what they needed, to move forward. Whilst CEOs repeatedly recognised the need to safeguard employee health and wellbeing, there was nonetheless frustration that the economy was being irreparably damaged by continuing with lockdown, and a clear desire to see things opened back up in a gradual, controlled and science-informed way. There was an overwhelming sense that it is time to return to normal - whilst respecting CDC guidelines - and a real desire to solve the misinformation and lack of a coherent Government response

Our CEO responses clearly show that **remote working may have been catalysed by covid but it's not a temporary anomaly and will become a significant part of the way we continue to work.** Businesses are scrambling to find the right tools, technologies and processes to safeguard their employee engagement and company culture and we anticipate a marked impact on recruitment and retention, as the impact of location-independent hiring plays out both for employers and employees.





RemoteWork360.com is dedicated to helping organizations effectively manage their remote workforces.

Through unbiased reviews, insightful interviews and exclusive research, RemoteWork360 helps decision-makers overcome the many challenges of managing distributed employees and thrive in a remote environment. RemoteWork360 is produced by Chief Executive Group, LLC, which has been helping CEOs, boards of directors and senior executives improve their organizations since 1977.

For more information please contact heidi@remotework360.com

TAB H

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, November 24, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, November 24, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this committee meeting in person. Committee members, staff members, and members of the public participated telephonically.

Members Present: Susan DiBiasi, Andrew Gardner, Ron Rader, Steve Rutledge

Members Absent: Ehren Ngo

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Holly Yonemoto (CFO), Ariel Whitley (Executive Assistant), Annah Karam (CHRO)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Hospital Board Chair, Susan DiBiasi, called the meeting to order at 9:03 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
NEW BUSINESS		
Proposed Action – Recommend Approval to Hospital Board of Directors – Monthly Financial Report – October 2020	Holly Yonemoto, CFO, reviewed the October 2020 finance report as included in the board packets. She reported that EBIDA for the month of October was negative due to the COVID impact on the utilization of staff and, increased supply expenses, and high physician fees. SGMH applied for Provider Relief Phase 3 and will be notified of funding after November 27. Additionally, the County of Riverside, FEMA, and EDA grant funding are in process.	M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the October 2020 Financial report to the Hospital Board of Directors.

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
	<p>Holly also reported that inpatient volume was at budget in October.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="396 443 1208 554"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Gardner</td> <td>Yes</td> </tr> <tr> <td>Ngo</td> <td>Absent</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Gardner	Yes	Ngo	Absent	Rader	Yes	Rutledge	Yes	Motion carried.		
DiBiasi	Yes	Gardner	Yes											
Ngo	Absent	Rader	Yes											
Rutledge	Yes	Motion carried.												
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> • Email Server Solutions • Telemetry Hardware and Software 													
<p>Next Meeting</p>	<p>The next Finance Committee meeting will be held on December 15, 2020.</p>													
<p>Adjournment</p>	<p>The meeting was adjourned at 9:52 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

FOUR MONTHS ENDING OCTOBER 31, 2020

Certification Statement:

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

Certified by:

Holly Yonemoto, MBA

CFO

San Gorgonio Memorial Hospital Financial Report – Executive Summary

For the month of October 2020 (Four months in FY 21)

Profit/Loss (EBIDA) Summary (MTD Negative & YTD Negative)

The month of October had a negative \$1,402,790 in Earnings before Interest, Depreciation and Amortization (EBIDA), and a year to date negative \$3.7M in EBIDA, which is a negative \$3.5M variance from budget. The negative variance was due mainly to lower patient revenue of \$1.8M and \$1.8M in reduced IGT revenue as compared to budget. Additionally, higher wages and benefits compared to budget by \$2 M year to date, which is related to the Covid impact on the utilization of staff. Another significant impact to expenses in year to date has been the increased supply expense of \$255,854 over budget as well as physician fees that were over by \$661,638 year to date.

COVID 19 Funding Analysis

The updated Covid-19 financial impact for SGMH has been mitigated by the CARES Act funding in prior months as well as other funding related to the Covid-19 impact on revenue and expenses. The prior year included the \$6M from the CARES Act Provider Relief funding and in July another \$2.8M of funding was received as well as a \$2.5M Medicare advance relief and the healthcare industry is hopeful of a forgiveness of debt. Currently the payback has a long-term payment horizon so only approximately \$300k in this fiscal year, if it isn't forgiven. We also applied for Health and Human Services (HHS) Phase 3 Provider Relief funding during the last week of October. HHS has extended the application period to November 27 so we believe we will be notified shortly thereafter.

Net Patient Revenues (MTD Negative & YTD Negative)

The net patient revenues for both month and year to date are negative. The October net patient revenue was \$3,069,146. The month actual as compared to budgeted net patient revenue is a negative \$1.2M due to the slower recovery of patients and budget estimations at higher census levels. The year to date net patient revenue as of October 31 was \$14,110,630 with a \$1.8 negative variance as compared to budget. The census has been increasing significantly so patient revenue in November will be closer to budget. The emergency department is also increasing in November so both the inpatient and outpatient revenue in November will be closer to budget. The Covid-19 inpatient census is increasing in November as well.

Total Operating Revenues (MTD Negative & YTD Negative)

The month of October had an operating revenue of \$4,503,014 with a negative variance of \$1.8M due mainly to a lower net patient revenue as compared to budget. The net patient revenue budget had a higher patient census assumption as well as higher surgical and emergency department visits. The year to date operating revenue was \$22,314,371 as of October 31 and has a negative variance as compared to budget of \$1.7M.

Operating Expenses (MTD Negative & YTD Negative)

Expenses in October were \$5.9M and were higher than budget in October by a total of \$256,473 and year to date over budget by \$1.9M. Wages and benefits were the primary reason for being over budget year to date. The wages and benefits for the year are currently over by \$2M. In October, physician fees were over budget year to date by \$661,636. The physician fees should be lower in coming months due to the new anesthesia agreement with Beaver Medical Group.

Balance Sheet/Cash Flow

Cash balance is currently \$7,779,172. The line of credit balance is currently at \$8.8M and accounts payable is currently at \$9.7M. A note on funding is that Provider Relief Phase 3 will be notifying recipients after November 27. Additionally, the County of Riverside, FEMA and EDA grant funding are in process. The EDA funding would facilitate major capital equipment replacement for aging imaging equipment.

Key patient statistics variances included:

Average Daily Census (ADC) in the month of October was 25.5
Acute Patient Days were 791 compared to the budget of 806 days
ED visits averaged 95 in October compared to budget of 119
Total ED Visits were 2,851 compared to budgeted visits of 3,678

Concluding Summary

Positive takeaways:

- 1) Cash is at \$7,779,172
- 2) Patient volume was at budget for inpatient in October and currently in November both inpatient and outpatient are 25% higher than recent months

Negative takeaways:

- 1) Higher than expected salaries and benefits
- 2) Higher than expected physician fees

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
FOUR MONTHS ENDING OCTOBER 31, 2020

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD					
	10/31/20 ACTUAL	10/31/20 BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE
Revenue:					
[10] Gross Patient Revenues	\$ 19,207,740	\$ 24,855,318	\$ 77,831,223	\$ 92,188,767	\$ (14,357,544)
[11] Deductions From Revenue	(16,138,594)	(20,553,565)	(63,720,593)	(76,233,495)	12,512,901
[12] Net Patient Revenues	3,069,146	4,301,754	14,110,630	15,955,272	(1,844,642)
[13] Other Operating Revenue	1,433,868	1,997,269	8,203,742	8,059,076	144,666
[14] Total Operating Revenues	4,503,014	6,299,023	22,314,372	24,014,348	(1,699,976)
Expenses:					
[15] Salaries, Benefits & Contract Labor	4,215,359	3,845,931	16,574,423	14,603,031	(1,971,391)
[16] Purchased Serv. & Physician Fees	920,306	1,036,172	4,906,313	4,144,689	(761,624)
[17] Supply Expenses	483,921	803,887	2,946,693	3,010,805	64,112
[18] Other Operating Expenses & Clinic Loss	273,679	476,287	1,539,626	2,401,565	861,939
[19] Intergovernmental Transfer Expense	12,538	-	45,613	-	(45,613)
[20] Total Expenses	\$ 5,905,803	\$ 6,162,277	\$ 26,012,668	\$ 24,160,089	\$ (1,852,579)
	EBIDA	\$ 136,746	\$ (3,698,296)	\$ (145,741)	\$ (3,552,555)
					0
[21] Depreciation & Interest Expense	560,842	906,691	2,784,873	3,626,763	841,890
[22] Non-Operating Revenue/(Exp.)	598,462	683,333	1,790,948	2,733,333	(942,386)
[23] TOTAL NET SURPLUS (LOSS)	\$ (1,365,169)	\$ (86,612)	\$ (4,692,221)	\$ (1,039,171)	\$ (3,653,050)

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
FOUR MONTHS ENDING OCTOBER 31, 2020

BALANCE SHEET			
Line Ref #		YTD 10/31/2020	Prior FYE 06/30/2020
	ASSETS		
[1]	Current Assets	\$ 41,272,460	\$ 36,175,733
[2]	Assets Whose Use is Limited	5,566,688	9,394,161
[3]	Property, Plant & Equipment (Net)	89,760,368	91,678,839
[4]	Other Assets	2,038,131	1,449,675
	Total Unrestricted Assets	138,637,647	138,698,408
[5]	Restricted Assets	0	0
	Total Assets	\$ 138,637,647	\$ 138,698,408
	LIABILITIES AND NET ASSETS		
[6]	Current Liabilities	\$29,436,998	\$22,073,425
[7]	Long-Term Debt	105,818,206	108,213,822
[8]	Other Long-Term Liabilities	0	0
	Total Liabilities	\$ 135,255,204	\$ 130,287,247
	Net Assets	3,382,443	8,411,161
[9]	Total Liabilities and Net Assets	\$ 138,637,647	\$ 138,698,409

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
FOUR MONTHS ENDING OCTOBER 31, 2020

KEY STATISTICS AND RATIOS

	08/31/20 ACTUAL	09/30/20 ACTUAL	10/31/20 ACTUAL	10/31/20 BUDGET	2020 YR END TOTAL	2019 YR END TOTAL
	FY 21	FY 21	FY 21	FY 21	FY 20	FY 19
[1] Total Acute Patient Days	789	699	791	806	9,205	9,991
[2] Observation Days	112	110	116	149	1,673	2,028
[3] Patient Discharges	245	231	204	234	2,689	2,857
[4] Average Acute Length of Stay	3.2	3.0	3.9	3.4	3.4	3.5
[5] Average Daily Census	25.5	23.3	25.5	26.0	25.2	27.4
[6] Total Emergency Room Visits	2,762	2,742	2,851	3,678	39,293	43,687
[7] Average ED Visits Per Day	89	91	95	119	108	120
[9] Total Surgeries	78	64	67	100	2,589	2,204
[10] Deliveries/Births	18	12	10	13	246	268

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
FOUR MONTHS ENDING OCTOBER 31, 2020

		CURRENT MONTH				
		DISTRICT ONLY	COMBINED		Positive	Prior Yr Mo
		Actual	Actual	Budget	(Negative)	Actual
		10/31/20	10/31/20	10/31/20	Variance	06/30/20
Gross Patient Revenue						
[1]	Inpatient Revenue	\$ -	\$ 7,629,183	\$ 7,195,003	\$ 434,181	\$ 7,602,063
[2]	Inpatient Psych/Rehab Revenue	-	-	-		
[3]	Outpatient Revenue	-	11,578,557	\$ 17,660,316	(6,081,759)	13,937,607
[4]	Long Term Care Revenue	-	-			
[5]	Home Health Revenue	-	-			
[6]	Total Gross Patient Revenue	-	19,207,740	24,855,318	\$ (5,647,578)	\$ 21,539,669
Deductions From Revenue						
[7]	Discounts and Allowances	-	(15,570,681)	(19,802,874)	\$ 4,232,194	\$ (17,441,232)
[8]	Bad Debt Expense	-	(540,880)	(669,188)	128,307	(595,948)
[9]	Prior Year Settlements	-	-	-		
[10]	Charity Care	-	(27,033)	(81,503)	54,470	(155,996)
[11]	Total Deductions From Revenue	-	(16,138,594)	(20,553,565)	\$ 4,414,971	\$ (18,193,176)
[12]			(1)	(1)		84.46%
[13]	Net Patient Revenue	-	3,069,146	4,301,754	\$ (1,232,608)	\$ 3,346,493
Non Patient Operating Revenues						
[14]	IGT/DSH Revenues	-	1,486,112	1,398,719	\$ 87,394	\$ 573,661
[15]	Grants & Other Op Revenues	-	116,555	252,717	(136,162)	188,750
[16]	Clinic Net Revenues	55,127	55,127	-	55,127	112,500
[17]	Tax Subsidies Measure D	377,500	377,500	208,333	169,167	23
[18]	Tax Subsidies Prop 13	(75,010)	(604,980)	120,833	(725,813)	773,000
[19]	Tax Subsidies County Supplemental Funds	-	3,553	16,667	(13,114)	(21,816)
	Non- Patient Revenue	357,617	1,433,868	1,997,269	\$ (563,401)	\$ 1,626,118
	Total Operating Revenue	\$ 357,617	\$ 4,503,014	\$ 6,299,023	\$ (1,796,009)	\$ 4,972,611
Operating Expenses						
[20]	Salaries and Wages	-	3,187,340	3,113,298	\$ (74,042)	\$ 3,161,543
[21]	Fringe Benefits	-	1,028,019	732,633	(295,386)	793,541
[22]	Contract Labor	-	89,807	82,971	(6,835)	51,892
[23]	Physicians Fees	-	316,533	241,417	(75,116)	303,660
[24]	Purchased Services	210,887	513,967	711,784	197,817	896,397
[25]	Supply Expense	-	483,921	803,887	319,966	895,005
[26]	Utilities	2,694	98,092	81,275	(16,816)	95,364
[27]	Repairs and Maintenance	6,857	42,814	55,979	13,165	53,140
[28]	Insurance Expense	-	-	108,123	108,123	174,683
[29]	All Other Operating Expenses	-	64,259	157,960	93,701	209,208
[30]	IGT Expense	-	12,538	-	(12,538)	29,528
[31]	Leases and Rentals	-	20,570	72,949	52,380	107,987
[32]	Clinic Expense	47,944	47,944	-	(47,944)	99,877
[33]	Total Operating Expenses	\$ 268,382	\$ 5,905,803	\$ 6,162,277	\$ 256,473	\$ 6,871,825
[34]	EBIDA	\$ 89,235	\$ (1,402,790)	\$ 136,746	\$ (1,539,536)	\$ (1,899,213)
Interest Expense and Depreciation						
[35]	Depreciation	494,658	494,658	483,333	\$ (11,325)	\$ 558,911
[36]	Interest Expense and Amortization	398,082	66,184	423,358	357,174	416,590
[37]	Total Interest & depreciation	892,740	560,842	906,691	345,849	975,500
Non-Operating Revenue:						
[38]	Contributions & Other	20,264	1,021	16,667	\$ (15,646)	168,652
[39]	Tax Subsidies for GO Bonds - M-A	597,442	597,442	666,667	(69,225)	598,629
[40]	Total Non Operating Revenue/(Expense)	617,706	598,462	683,333	\$ (84,871)	\$ 767,281
[41]	Total Net Surplus/(Loss)	\$ (185,799)	\$ (1,365,169)	\$ (86,612)	\$ (1,278,558)	\$ (2,107,432)
[42]	Extra-ordinary loss on Financing	-	-	-		
[43]	Increase/(Decrease in Unrestricted Net Assets	\$ (185,799)	\$ (1,365,169)	\$ (86,612)	\$ (1,278,558)	\$ (2,107,432)
[44]	Total Profit Margin	-51.95%	-30.32%	-1.38%		-42.38%
[45]	EBIDA %	24.95%	-31.15%	2.17%		-38.19%

###

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
FOUR MONTHS ENDING OCTOBER 31, 2020

	YEAR-TO-DATE					
	DISTRICT ONLY Actual 10/31/20	Actual 10/31/20	Budget 10/31/20	Positive (Negative) Variance	Percentage Variance	PRIOR YTD 10/31/20
Gross Patient Revenue						
[1] Inpatient Revenue	\$ -	\$ 28,453,339	\$ 28,553,051	\$ (99,712)	0%	\$ 29,663,754
[2] Inpatient Psych/Rehab Revenue	-	(5,105)	-	(5,105)	-	-
[3] Outpatient Revenue	-	49,382,989	63,635,716	(14,252,727)	-28.86%	69,012,358
[4] Long Term Care Revenue	-	-	-	-	-	-
[5] Home Health Revenue	-	-	-	-	-	-
[6] Total Gross Patient Revenue	-	77,831,223	92,188,767	\$ (14,357,544)	-18.45%	98,676,112
Deductions From Revenue						
[7] Discounts and Allowances	-	(60,909,574)	(73,449,172)	\$ 12,539,598	20.59%	(78,186,132)
[8] Bad Debt Expense	-	(2,600,435)	(2,482,027)	(118,408)	-4.55%	(3,074,000)
[9] Prior Year Settlements	-	-	-	-	-	-
[10] Charity Care	-	(210,584)	(302,296)	91,712	43.55%	(279,674)
[11] Total Deductions From Revenue	-	(63,720,593)	(76,233,495)	\$ 12,512,901	19.64%	(81,539,805)
[12]		-81.87%	-82.69%			82.6%
[13] Net Patient Revenue	-	14,110,630	15,955,272	\$ (1,844,642)	13.07%	17,136,307
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	-	3,783,984	5,594,874	\$ (1,810,891)	-47.86%	5,315,752
[15] Grants & Other Op Revenues	-	3,501,240	1,010,868	2,490,372	71.13%	937,950
[16] Clinic Net Revenues	78,551	9,018	70,000	(60,982)	-676.22%	84,429
[17] Tax Subsidies Measure D	755,000	377,500	833,333	(455,833)	0.00%	741,250
[18] Tax Subsidies Prop 13	(75,010)	529,970	483,333	46,637	0.00%	442,500
[19] Tax Subsidies County Supplemental Funds	-	2,030	66,667	(64,637)	(31.84)	11,673
Non- Patient Revenue	758,541	8,203,742	8,059,076	\$ 144,666	1.76%	7,533,555
Total Operating Revenue	\$ 758,541	\$ 22,314,372	\$ 24,014,348	\$ (1,699,976)	-7.62%	\$ 24,669,861
Operating Expenses						
[20] Salaries and Wages	-	12,897,272	11,726,629	\$ (1,170,643)	-9.08%	12,499,466
[21] Fringe Benefits	-	3,677,150	2,876,402	(800,748)	-21.78%	2,870,437
[22] Contract Labor	-	314,906	331,885	16,979	5.39%	318,868
[23] Physicians Fees	-	1,627,305	965,667	(661,638)	-40.66%	1,341,710
[24] Purchased Services	211,282	2,964,102	2,847,137	(116,965)	-3.95%	2,239,521
[25] Supply Expense	-	2,946,693	3,010,805	64,112	2.18%	2,680,378
[26] Utilities	6,491	374,882	325,101	(49,781)	-13.28%	360,889
[27] Repairs and Maintenance	28,636	263,570	223,917	(39,653)	-15.04%	215,178
[28] Insurance Expense	-	411,514	432,492	20,978	5.10%	357,899
[29] All Other Operating Expenses	169	(8,926)	822,408	831,335	-9313%	573,524
[30] IGT Expense	-	45,613	-	(45,613)	-100.00%	(201)
[31] Leases and Rentals	-	283,902	291,798	7,896	2.78%	292,550
[32] Clinic Expense	191,372	214,685	305,849	91,165	42.46%	317,722
[33] Total Operating Expenses	437,950	26,012,668	24,160,089	\$ (1,852,579)	-7.12%	24,067,942
[34] EBIDA	\$ 320,591	\$ (3,698,296)	\$ (145,741)	\$ (3,552,555)	96.06%	\$ 601,919
Interest Expense and Depreciation						
[35] Depreciation	1,978,633	1,483,974	1,933,333	\$ 449,359	-1.30%	2,001,875
[36] Interest Expense and Amortization	833,331	1,300,899	1,693,430	392,532	-7.80%	1,614,767
[37] Total Interest & depreciation	2,811,963	2,784,873	3,626,763	\$ 841,890	-4.19%	3,616,642
Non-Operating Revenue:						
[38] Contributions & Other	28,550	(1,377)	66,667	(68,044)	65.92%	(52,112)
[39] Tax Subsidies for GO Bonds - M-A	2,389,767	1,792,325	2,666,667	(874,342)	-4.17%	2,381,500
[40] Total Non Operating Revenue/(Expense)	2,418,317	1,790,948	2,733,333	\$ (942,386)	-2.46%	2,329,388
[41] Total Net Surplus/(Loss)	\$ (73,056)	\$ (4,692,221)	\$ (1,039,171)	\$ (3,653,050)	27.68%	\$ (685,335)
[42] Extra-ordinary loss on Financing	-	-	-	-	-	-
[43] Increase/(Decrease in Unrestricted Net Assets)	\$ (73,056)	\$ (4,692,221)	\$ (1,039,171)	\$ (3,653,050)	27.68%	\$ (685,335)
[44] Total Profit Margin	-9.63%	-21.03%	-4.33%			-2.78%
[45] EBIDA %	42.26%	-16.57%	-0.61%			2.44%

Balance Sheet - Assets

**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA**

FOUR MONTHS ENDING OCTOBER 31, 2020

		ASSETS				
		DISTRICT ONLY				
		Current Month 10/31/2020	Current Month 10/31/2020	Prior Month 09/30/2020	Positive/ (Negative) Variance	Prior Year End 06/30/2020
Current Assets						
[1]	Cash and Cash Equivalents	\$ 3,192,784	\$ 7,779,172	\$ 10,963,163	\$ (3,183,991)	\$ 12,264,322
[2]	Gross Patient Accounts Receivable	533,903	58,601,937	44,817,342	13,784,594	43,985,931
[3]	Less: Bad Debt and Allowance Reserves	(428,743)	(47,285,818)	(36,062,709)	(11,223,108)	(36,588,966)
[4]	Net Patient Accounts Receivable		5,105	3,446	1,659	7,396,965
[5]	Taxes Receivable	4,355,270	3,902,268	3,644,957	257,311	1,154,437
[6]	Other Receivables	-	668,320	662,410	5,909	(48,230)
[7]	Inventories	-	1,677,775	1,814,816	(137,041)	1,789,074
[8]	Prepaid Expenses	72,875	388,871	388,871	-	288,638
[9]	Due From Third Party Payers	-	810,381	810,381	-	690,273
[10]	Malpractice Receivable	-	-	-	-	-
[11]	IGT Receivables	29,402	14,724,451	13,238,339	1,486,112	12,640,253
	Total Current Assets	\$ 7,755,492	\$ 41,272,460	\$ 40,281,015	\$ 991,445	\$ 36,175,733
Assets Whose Use is Limited						
[12]	Cash				-	0
[13]	Investments				-	0
[14]	Bond Reserve/Debt Retirement Fund	4,861,548	5,566,688	4,956,134	610,554	9,394,161
[15]	Trustee Held Funds				-	0
[16]	Funded Depreciation				-	0
[17]	Board Designated Funds				-	0
[18]	Other Limited Use Assets				-	0
	Total Limited Use Assets	\$ 4,861,548	\$ 5,566,688	\$ 4,956,134	\$ 610,554	\$ 9,394,161
Property, Plant, and Equipment						
[19]	Land and Land Improvements	\$ 6,686,845	\$ 6,686,845	\$ 6,686,845	\$ -	\$ 6,686,845
[20]	Building and Building Improvements	127,399,218	127,399,218	127,399,218	-	127,399,218
[21]	Equipment	26,412,987	26,412,987	26,412,987	-	26,360,626
[22]	Construction In Progress	8,399,129	8,399,129	8,399,129	-	8,391,329
[23]	Capitalized Interest				-	-
[24]	Gross Property, Plant, and Equipment	168,898,179	168,898,179	168,898,179	-	168,838,018
[25]	Less: Accumulated Depreciation	(79,137,811)	(79,137,811)	(78,643,153)	(494,658)	(77,159,178)
[26]	Net Property, Plant, and Equipment	\$ 89,760,368	\$ 89,760,368	\$ 90,255,026	\$ (494,658)	\$ 91,678,839
Other Assets						
[27]	Unamortized Loan Costs	\$ 1,442,107	\$ 1,442,107	\$ 1,444,696	\$ (2,589)	\$ 1,449,675
[28]	Assets Held for Future Use		5,105	3,446	1,659	0
[29]	Investments in Subsidiary/Affiliated Org.	12,844,511	590,919	590,919	0	0
[30]	Other				-	0
[31]	Total Other Assets	\$ 14,286,619	\$ 2,038,131	\$ 2,039,061	\$ (930)	\$ 1,449,675
[32]	TOTAL UNRESTRICTED ASSETS	\$ 116,664,027	\$ 138,637,647	\$ 137,531,236	\$ 1,106,411	\$ 138,698,408
Restricted Assets						
		0	0	0	0	0
[33]	TOTAL ASSETS	\$ 116,664,027	\$ 138,637,647	\$ 137,531,236	\$ 1,106,411	\$ 138,698,408

Balance Sheet - Liabilities and Net Assets
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
FOUR MONTHS ENDING OCTOBER 31, 2020

	DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
	Current Month 10/31/2020	Current Month 10/31/2020	Prior Month 09/30/2020	Positive/ (Negative) Variance	Prior Year End 06/30/2020
Current Liabilities					
[1] Accounts Payable	\$ 369,195	\$ 9,691,054	\$ 7,112,554	\$ (2,578,500)	\$ 4,875,880
[2] Notes and Loans Payable (Line of Credit)	-	8,875,000	8,500,000	(375,000)	6,000,000
[3] Accounts Payable- Construction	-	-	-	-	-
[4] Accrued Payroll Taxes	-	4,648,278	4,729,024	80,746	4,146,098
[5] Accrued Benefits	-	78,899	81,019	2,121	81,148
[6] Accrued Benefits Current Portion	-	(5,105)	(3,446)	1,659	-
[7] Other Accrued Expenses	-	24,847	(3,446)	(28,293)	-
[8] Accrued GO Bond Interest Payable	1,176,854	1,176,854	781,629	(395,225)	2,020,229
[9] Stimulus Advance	-	2,577,690	2,577,690	-	2,577,690
[10] Due to Third Party Payers (Settlements)	-	-	-	-	-
[11] Advances From Third Party Payers	-	(5,105)	(3,446)	1,659	-
[12] Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	2,335,000	-	2,335,000
[13] Current Portion of LTD (Leases)	-	-	-	-	-
[14] Other Current Liabilities	-	39,586	36,093	(3,493)	37,380
Total Current Liabilities	\$ 3,881,049	\$ 29,436,998	\$ 26,142,673	\$ (3,294,325)	\$ 22,073,425
Long Term Debt					
[15] Bonds/Mortgages Payable (net of Cur Portion)	105,436,292	105,818,206	105,831,564	13,358	108,213,822
[16] Leases Payable (net of current portion)	-	-	-	-	-
[17] Total Long Term Debt (Net of Current)	\$ 105,436,292	\$ 105,818,206	\$ 105,831,564	\$ 15,753	\$ 108,213,822
Other Long Term Liabilities					
[18] Deferred Revenue					0
[19] Accrued Pension Expense (Net of Current)					0
[20] Other					0
[21] Total Other Long Term Liabilities	0	0	0		0
TOTAL LIABILITIES	\$ 109,317,342	\$ 135,255,204	\$ 131,974,237	\$ 3,280,967	\$ 130,287,247
Net Assets:					
[22] Unrestricted Fund Balance	\$ 7,532,485	\$ 8,074,664	\$ 8,956,894	\$ (882,230)	\$ 10,844,398
[23] Temporarily Restricted Fund Balance	-	-	-	-	-
[24] Restricted Fund Balance	-	-	-	-	-
[25] Net Revenue/(Expenses)	(185,799)	(4,692,221)	(1,039,171)	(3,653,050)	(2,433,237)
[26] TOTAL NET ASSETS	\$ 7,346,685	3,382,443	7,917,723	\$ (4,535,280)	\$ 8,411,161
[27] TOTAL LIABILITIES AND NET ASSETS	\$ 116,664,027	\$ 138,637,647	\$ 139,891,961	\$ (1,254,314)	\$ 138,698,408

Statement of Cash Flows
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
FOUR MONTHS ENDING OCTOBER 31, 2020

		CASH FLOW	
HEALTHCARE SYSTEM CASH FLOW		Current Month 10/31/2020	YTD 10/31/2020
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$ 8,263,289	\$ 10,921,127
[2]	Cash: Beginning Balances- DISTRICT	2,699,873	3,500,626
[3]	Cash: Beginning Balances TOTALS	<u>\$ 10,963,162</u>	<u>\$ 14,421,753</u>
Receipts			
[4]	Pt Collections	\$ 2,674,556	\$ 13,013,914
[5]	Tax Subsidies Measure D	-	64,422
[6]	Tax Subsidies Prop 13	0	0
[7]	Tax Subsidies County Supplemental Funds	-	-
[8]	IGT & other Supplemental (see detail below)	349,000	3,522,366
[9]	Draws/(Paydown) of LOC Balances	375,000	2,875,000
[10]	Other Misc Receipts/Transfers	192,275	939,620
	TOTAL RECEIPTS	<u>\$ 3,590,831</u>	<u>\$ 20,415,322</u>
Disbursements			
[11]	Payroll/ Benefits	\$ 3,132,852	\$ 16,574,423
[12]	Other Operating Costs	3,289,157	9,438,245
[13]	Capital Spending	0	0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)	63,189	107,106
[15]	Other (increase) in AP /other bal sheet	(2,578,500)	(6,548,321)
[16]	TOTAL DISBURSEMENTS	<u>\$ 3,906,698</u>	<u>\$ 19,571,453</u>
[17]	TOTAL CHANGE in CASH	<u>\$ (315,867)</u>	<u>\$ 843,869</u>
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$ 7,356,422	\$ 7,356,422
[19]	Ending Balances- DISTRICT	3,192,983	3,192,983
[20]	Ending Balances- TOTALS	<u>\$ 10,549,405</u>	<u>\$ 10,549,405</u>
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$ 8,875,000	\$ 8,875,000
[22]	LOC Interest Expense Incurred	63,189	107,106

TAB I

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, November 17, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, November 17, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this committee meeting in person. Committee members, staff members, and members of the public participated telephonically.

Members Present: Susan DiBiasi, Andrew Gardner, Ehren Ngo, Ron Rader, Steve Rutledge

Members Absent: None

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Holly Yonemoto (CFO), Ariel Whitley (Executive Assistant), Annah Karam (CHRO)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Hospital Board Chair, Susan DiBiasi, called the meeting to order at 9:06 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes October 27, 2020 regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the October 27, 2020 regular meeting. There were none.	The minutes of the October 27, 2020 regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p>Proposed Action – Recommend Approval to Hospital Board of Directors - FY20 Financial Audit</p>	<p>Holly Yonemoto introduced David Imus and Jeff Johnson of Wipfli, LLC. They presented a draft copy of the FY20 Financial Audit that will be complete and presented to the Board at their December 1 Regular Meeting.</p> <p>A copy of the presentation is obtainable by those who wish to receive a copy.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 621 1208 737"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Ngo	Yes	Gardner	Yes	Rader	Yes	Rutledge	Yes	Motion carried.		<p>M.S.C. (Rader/Gardner), the SGMH Finance Committee voted to recommend approval of the FY20 Financial Audit to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Yes											
Gardner	Yes	Rader	Yes											
Rutledge	Yes	Motion carried.												
<p>Future Agenda Items</p>	<p>None</p>													
<p>Next Meeting</p>	<p>The next Finance Committee meeting will be held on November 24, 2020.</p>													
<p>Adjournment</p>	<p>The meeting was adjourned at 10:18 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

November 25, 2020

Board of Directors
San Geronio Healthcare District
600 North Highland Springs Avenue
Banning, CA 92220

Dear Directors:

We have audited the financial statements of San Geronio Healthcare District (the "District") for the year ended June 30, 2020 and have issued our report thereon dated November 25, 2020. Professional standards require that we provide you with the following information related to our audit:

[Our Responsibility Under Auditing Standards Generally Accepted in the United States](#)

As stated in our engagement letter dated February, 2020, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States. Our audit of the financial statements does not relieve you or management of your responsibilities.

[Supplementary Information Accompanying Audited Financial Statements](#)

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

[Other Information in Documents Containing Audited Financial Statements](#)

The auditor's responsibility for other information in documents containing audited financial statements does not extend beyond the financial information identified in our report, and we have no obligation to perform any procedures to corroborate other information contained in a document. Our responsibility is to read the other information and consider whether such information, or the manner of its presentation, is materially inconsistent with information, or the manner of its presentation, appearing in the financial statements. We have not been asked to devote attention to documents containing or referencing our audit reports.

[Planned Scope and Timing of the Audit](#)

We performed the audit according to the planned scope and timing previously communicated to your representative, Holly Yonemoto, in our meeting about planning matters on July 20, 2020, in addition to our engagement letter dated February 25, 2020, accepted by David Recupero.

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2020, except for the District's policy to expense original bond issue costs in the period incurred, consistent with GASB Statement No. 65. The change in accounting principle resulted in a reduction of net position in the amount of \$690,287. Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- The adequacy of the allowance for accounts receivable is one of the most subjective estimates affecting the financial statements. The allowance for accounts receivable is maintained at a level that management believes is adequate to provide for possible write-offs. Management periodically evaluates the adequacy of the allowance using the District's past bad debt experience, known and inherent risks in accounts receivable, current economic conditions, and other relevant factors. We evaluated the key factors and assumptions used to develop the allowance for accounts receivable in determining that it is reasonable in relation to the financial statements taken as a whole.
- The estimated final settlements on the Medicare cost reports are based on audits conducted by the fiscal intermediary. Management periodically evaluates the adequacy of the balance using the District's experience, known and inherent risks in the preparation of these cost reports, and risks associated with doing business in the healthcare industry. We reviewed the estimated settlements recorded for each open year to determine the reasonableness of the estimates based on the results of previous audits by the fiscal intermediary.
- The portion of Provider Relief Funds, allocated by the CARES Act and administered by the Department of Health and Human Services (HHS), recognized in revenue. The estimated amount recorded as revenue is based on the most current guidance for the recognition of lost revenues provided by HHS at November 25, 2020.

The disclosures in the financial statements are neutral, consistent, and clear

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management.

We proposed and the District recorded a number of adjusting journal entries. The attached schedule summarizes adjusting journal entries and their effect on the financial statements

Board of Directors
San Gorgonia Healthcare District
Page 3
November 25, 2020

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated November 25, 2020, a copy of which accompanies this letter.

Management Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. To our knowledge, management has not obtained any opinions from other independent accountants on the application of accounting principles generally accepted in the United States that would affect the District's financial statements or on the type of opinion that may be rendered on the financial statements.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the District's auditors for the preceding year. However, these discussions occurred in the normal course of our professional relationship, and our responses were not, in our judgment, a condition of our retention.

We appreciate the opportunity to be of service to San Gorgonio Healthcare District.

This communication is intended solely for the information and use of the Board of Directors and, if appropriate, management and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

A handwritten signature in black ink that reads "Wipfli LLP". The signature is written in a cursive, flowing style.

Wipfli LLP

Enc.

Year End: June 30, 2020
 AJE
 Date: 7/1/2019 To 6/30/2020

Started	Completed by	Reviewed by
Reviewed by	Reviewed by	

Number	Date	Name	Account No	Reference	Debit	Credit	Recurrence	Misstatement
3	6/30/2020	INTERCOMPANY TRANSFER	1090-0000	S LEAD	1.00			
3	6/30/2020	TRADE PAYABLES	2020-0000	S LEAD		1.00		
TO BALANCE INTERCOMPANY, REMOVE ROUNDING ERROR OF \$1								
4	6/30/2020	2013 BOND ISSUANCE COST	D-1360-0004	N LEAD		265,903.00		
4	6/30/2020	2014 BOND COST OF ISSUANCE	D-1360-0006	N LEAD		430,495.00		
4	6/30/2020	2009 BOND COST OF ISSUANCE SERIES C	D-1360-0009	N LEAD	6,111.00			
4	6/30/2020	WIPFLI CREATED - PRIOR-PERIOD ADJUSTM	D-WIPFLI-3PPA	N LEAD	690,287.00			
PRIOR PERIOD ADJUSTEMNT TO RECORD BOND ISSUE COST CONSISTENT WITH GASB 65								
6	6/30/2020	CIP - PATIENT CARE BUILDING	D-1250-0003	P. 7		6,973,717.00		
6	6/30/2020	CIP-PATIENT CARE BLD PHASE 2	D-1255-0008	P. 7		1,301,169.00		
6	6/30/2020	Fixed Asset Impairment Losses	D-WIPFLI-99IMPAIR	P. 7	8,274,886.00			
To record impairment loss related to defunct tower project								
7	6/30/2020	2013 BOND DISCOUNT	D-2251-0007	AA. 1	52.00			
7	6/30/2020	2014 BOND ISSUE PREMIUM	D-2251-0011	AA. 1		4,245.00		
7	6/30/2020	2015 BONDS PREMIUM	D-2251-0013	AA. 1	25,169.00			
7	6/30/2020	AMORTZ BOND 98 ISSUANCE	D-8890-0003	AA. 1		20,976.00		
Minor true-up entry to correct unamortized								
8	6/30/2020	LAND IMPROVMENTS	D-1210-0000	P. 1		1,856,174.00		
8	6/30/2020	HELIPAD	D-1211-0000	P. 1		2,489.00		
8	6/30/2020	BUILDING & IMPROVEMENTS	D-1220-0000	P. 1	1,812,087.00			
8	6/30/2020	Building Phase 1A	D-1221-0000	P. 1	2,490.00			
8	6/30/2020	Building Improvements Phase 1A	D-1221-0001	P. 1	43,614.00			
8	6/30/2020	FIXED EQUIPMENT PHASE 1C	D-1221-0009	P. 1		5,252.00		
8	6/30/2020	MEDLEY PROJECT-OFFICES/MAT MGMT	D-1221-0013	P. 1	29,334.00			
8	6/30/2020	FIXED EQUIPMENT	D-1225-0000	P. 1		426.00		
8	6/30/2020	ACCUMULATED DEPRECIATION	D-1260-0000	P. 1	7,789.00			
8	6/30/2020	INTEREST - SERIES B GO BOND	D-8870-0003	P. 1		30,973.00		
To reconcile trivial variances between GL and the fixed asset ledger								
9	6/30/2020	UNRESTRICTED FUND BALANCE	2310-0000	SS. 2		646,319.00		
9	6/30/2020	OTHER MISC INCOME	9040-0000	SS. 2	150,212.00			
9	6/30/2020	Beneficial Interest in Net Assets of Foundation	WIPFLI-1900	SS. 2	496,107.00			
To record beneficial interest in the net assets of the foundation								
10	6/30/2020	UNRESTRICTED FUND BALANCE	2310-0000	WTB-HOS	16,181.00			
10	6/30/2020	UNASSIGNED - Misc	8890-0008	WTB-HOS		16,181.00		
10	6/30/2020	UNRESTRICTED FUND BALANCE	D-2310-0000	WTB-HOS		16,061.00		
10	6/30/2020	EXPENSES	D-8460-0089	WTB-HOS	16,061.00			
Trivial adjustment to agree net assets for Hospital								
11	6/30/2020	IEHP Stim AR	1069-0001	D.504	41,609.00			
11	6/30/2020	OTHER REVN - Supplemental Funding Revenu	5780-0004	D.504		41,609.00		
Record immaterial true up to account based on subsequent receipts								
12	6/30/2020	Supplemental Funding Revenue Receivable	1069-0000	D.506		1,468,219.00		
12	6/30/2020	OTHER REVN - Supplemental Funding Revenu	5780-0004	D.506	1,468,219.00			
To adjust IGT receivable balance to agree with support								
13	6/30/2020	Due From Medicare Settlement	1051-0000	MM.2018 AND		375,000.00		

Year End: June 30, 2020
 AJE
 Date: 7/1/2019 To 6/30/2020

AJE-1

Started	Completed by	Reviewed by
Reviewed by	Reviewed by	

Number	Date	Name	Account No	Reference	Debit	Credit	Recurrence	Misstatement
13	6/30/2020	MEDICARE IP CONT ADJ	5810-0001	MM.2018 AND	375,000.00			
		To record final settled 2018 MCR and the amount which 2019 is expected to be settled						
14	6/30/2020	DSH ACCRUAL	1052-0005	MM. 3		1,806,957.00		
14	6/30/2020	OTHER REVN - DSH REVENUE	5780-0003	MM. 3	1,806,957.00			
		To record DSH overpayment accrual						
17	6/30/2020	ACCRUED TAX REVENUE-GENERAL PURPO	D-1064-0001	D.501	324,157.00			
17	6/30/2020	ACCRUED TAX REVENUE-Measure D	D-1064-0006	D.501		36,120.00		
17	6/30/2020	ACCRUED TAX REVENUE DEBT SERVICE	D-1064-0008	D.501	49,199.00			
17	6/30/2020	TAX REVENUE M.A. - OTHER INCOME	D-9172-0000	D.501		337,236.00		
		To true up taxes receivable based on remits.						
PBC AJE1	6/30/2020	Accrued Payables	2020-0002	PBC AJE1		319,457.00		
PBC AJE1	6/30/2020	MEDICAL SUPPLIES	7540-0041	PBC AJE1	20,655.00			
PBC AJE1	6/30/2020	SERVICE AGREEMENTS	7630-0067	PBC AJE1	5,592.00			
PBC AJE1	6/30/2020	DRUGS	7710-0038	PBC AJE1	96,482.00			
PBC AJE1	6/30/2020	BEHAVIOR HEALTH - ELECTRICITY	7900-0077	PBC AJE1	4,174.00			
PBC AJE1	6/30/2020	PURCHASING-OTHER EXPENSE	8400-0090	PBC AJE1	6,607.00			
PBC AJE1	6/30/2020	LEGAL EXPENSE	8620-0023	PBC AJE1	18,973.00			
PBC AJE1	6/30/2020	OTHER BENEFITS	8880-0007	PBC AJE1	166,974.00			
		Post Close JE 1						
PBC AJE2	6/30/2020	CITY NATIONAL BANK - ACCT 403	1001-0001	PBC AJE2		656,071.00		
PBC AJE2	6/30/2020	BANK OF AMERICA - CAFETERIA RECEIPTS	1001-0002	PBC AJE2		1,982.00		
PBC AJE2	6/30/2020	BANK OF HEMET GENERAL CASH	1001-0003	PBC AJE2		21.00		
PBC AJE2	6/30/2020	SECURITY BANK GENERAL CHECKING	1001-0020	PBC AJE2	1,908,012.00			
PBC AJE2	6/30/2020	SECURITY BANK PAYROLL	1001-0021	PBC AJE2		624,802.00		
PBC AJE2	6/30/2020	FLEXABLE SPENDING ACCOUNT	1001-0027	PBC AJE2		1,608.00		
PBC AJE2	6/30/2020	LOCAL AGENCY INVESTMENT FUND	1007-0001	PBC AJE2	111.00			
PBC AJE2	6/30/2020	ALLOW - SELF PAY/PRIVATE PAY	1041-0000	PBC AJE2		308,371.00		
PBC AJE2	6/30/2020	FICA/MEDICARE TAX WITHELD	2036-0000	PBC AJE2	5.00			
PBC AJE2	6/30/2020	TSA AM GEN/AM REP	2039-0007	PBC AJE2	24,797.00			
PBC AJE2	6/30/2020	OTHER REVN - Supplemental Funding Revenu	5780-0004	PBC AJE2		339,838.00		
PBC AJE2	6/30/2020	ADMINISTRATION-OTHER EXPENSE	8610-0090	PBC AJE2		122.00		
PBC AJE2	6/30/2020	OTHER MISC INCOME	9060-0000	PBC AJE2		110.00		
		Post-close entry #2 - See PBC AJE2						
PBC AJE3	6/30/2020	BANK OF HEMET-UNRESTRICTED	D-1001-0011	PBC AJE3	3.00			
PBC AJE3	6/30/2020	BANK OF HEMET - ACCT # 6212	D-1001-0012	PBC AJE3	168,209.00			
PBC AJE3	6/30/2020	IMPACT FEE DEPOSIT ACCOUNT	D-1001-0028	PBC AJE3				
PBC AJE3	6/30/2020	ACCRUED TAX REVENUE-GENERAL PURPO	D-1064-0001	PBC AJE3		18,341.00		
PBC AJE3	6/30/2020	ACCRUED TAX REVENUE DEBT SERVICE	D-1064-0008	PBC AJE3		143,127.00		
PBC AJE3	6/30/2020	Accrued Payables	D-2021-0001	PBC AJE3		6,049.00		
PBC AJE3	6/30/2020	OTHER NON MEDICAL SU - LEGAL FEES	D-8620-0023	PBC AJE3		692.00		
PBC AJE3	6/30/2020	INTEREST INCOME	D-9060-0003	PBC AJE3		3.00		
		Post-close entry #3						
PBC AJE4	6/30/2020	ACCRD BLDG LEASE REVENUE	D-1066-0002	PBC AJE4		5,143.00		
PBC AJE4	6/30/2020	PREPAID DUES	D-1108-0002	PBC AJE4		55.00		
PBC AJE4	6/30/2020	2013 ACCRUED INTEREST EXPENSE	D-2041-0006	PBC AJE4	5,979.00			
PBC AJE4	6/30/2020	2015 ACCRUED INTEREST EXPENSE	D-2041-0010	PBC AJE4		5,979.00		
PBC AJE4	6/30/2020	UNASSIGNED - SALES TAX	D-8890-0001	PBC AJE4	55.00			
PBC AJE4	6/30/2020	RENT INCOME	D-9260-0000	PBC AJE4	5,143.00			
		PBC AJE						
					18,067,293.00	18,067,293.00		

Year End: June 30, 2020
AJE
Date: 7/1/2019 To 6/30/2020

AJE-2

Started	Completed by	Reviewed by
Reviewed by	Reviewed by	

Number	Date	Name	Account No	Reference	Debit	Credit	Recurrence	Misstatement
			Net Income (Loss)		(14,061,487.00)			

November 25, 2020

Wipfli LLP
505 Fourteenth Street, Fifth Floor
Oakland, CA 94612

This representation letter is provided in connection with your audit of the financial statements of San Geronio Healthcare District (the District) and its blended component unit, which comprise the statement of net position as of June 30, 2020, and the related statement of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the related notes to the financial statements for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects in accordance with accounting principles generally accepted in the United States (GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief as of date of this letter, the following representations made to you during your audit.

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated February 25, 2020, including our responsibility for the preparation and fair presentation of the financial statements in accordance with GAAP.
2. The financial statements referred to above are fairly presented in conformity with GAAP.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
4. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
5. Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
6. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of GAAP.

7. All events subsequent to the date of the financial statements and for which GAAP requires adjustment or disclosure have been adjusted or disclosed.
8. We agree with the adjusting journal entries proposed by you and which are given effect to in the financial statements.
9. The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with GAAP.
10. Material concentrations have been properly disclosed in accordance with GAAP.
11. Guarantees, whether written or oral, under which the District is contingently liable, have been properly recorded or disclosed in accordance with GAAP.
12. We acknowledge our responsibility as it relates to the following nonattest/nonaudit services, including that we assume all management responsibilities; oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience; evaluate the adequacy and results of the services performed; and accept responsibility for the results of the services.
 - a. Prepared the draft financial statements and related notes. We have reviewed, approved, and accepted responsibility for the financial statements and related notes.
 - b. Tax return preparation services for the San Geronio Memorial Hospital
 - c. General reimbursement consulting services
 - d. Rural health clinic MediCal PPS reconciliation services
 - e. Preparation and assistance with the following reports:
 - i. AB-915 Supplemental Payment Report
 - ii. California OSHPD Report
 - iii. MediCal and Medicare cost reports
 - iv. S-10 Report
 - v. T-18 Cost Report

Information Provided

13. We have provided you with:
 - a. Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
 - b. Additional information that you have requested from us for the purpose of the audit.
 - c. Unrestricted access to persons within the District from who you determined it necessary to obtain audit evidence.
14. All material transactions have been recorded in the accounting records and are reflected in the financial statements.

15. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
16. We have no knowledge of any fraud or suspected fraud affecting the District involving:
 - a. Management.
 - b. Employees who have significant roles in internal control.
 - c. Others where the fraud could have a material effect on the financial statements.
17. We have no knowledge of any allegations of fraud or suspected fraud affecting the District's financial statements communicated by employees, former employees, grantors, regulators, or others.
18. We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws, regulations, and provisions of contracts and grant agreements applicable to us whose effects should be considered when preparing financial statements. Specifically:
 - a. There are no violations or possible violations of laws or regulations, such as those related to the Medicare and Medicaid antifraud and abuse statutes, including but not limited to the Medicare and Medicaid Anti-Kickback Statute, Limitations on Certain Physician Referrals (the Stark law), and the False Claims Act, in any jurisdiction, whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency other than those disclosed or accrued in the financial statements.
 - b. Billings to third-party payors comply in all material respects with applicable coding guidelines (for example, ICD-10-CM and CPT-4) and laws and regulations (including those dealing with Medicare and Medicaid antifraud and abuse), and billings reflect only charges for goods and services that were medically necessary; properly approved by regulatory bodies, if required; and properly rendered.
 - c. There have been no communications (oral or written) from regulatory agencies, governmental representatives, employees, or others concerning investigations or allegations of noncompliance with laws and regulations in any jurisdiction (including those related to the Medicare and Medicaid antifraud and abuse statutes), deficiencies in financial reporting practices, or other matters that could have a material adverse effect on the financial statements.
19. We have disclosed to you all known actual or possible litigation, asserted and unasserted claims, and assessments whose effects should be considered when preparing the financial statements. Adequate and reasonable provision has been made for losses related to asserted and unasserted malpractice, health insurance, worker's compensation, and any other claims or assessments.

20. We have disclosed to you the identity of the District's related parties and all the related party relationships and transactions of which we are aware.
21. The District has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any material asset been pledged, except as disclosed in the notes to the financial statements.
22. Receivables recorded in the financial statements represent valid claims for charges arising on or before the balance sheet date and have been appropriately reduced to their estimated net realizable value as follows:
 - a. Adequate consideration has been given to, and appropriate provision made for, estimated adjustments to revenue, such as for denied claims and changes to prospective payment system assignments.
 - b. Recorded valuation allowances are necessary, appropriate, and properly supported.
 - c. All peer review organizations, fiscal intermediary, and third-party payor reports and information have been made available to you.
23. Provision has been made, when material, for estimated retroactive adjustments by third-party payors under reimbursement agreements. In regards to cost reports filed with third-parties:
 - a. All required Medicare, Medicaid, and similar reports have been properly filed on a timely basis.
 - b. Management is responsible for the accuracy and propriety of all cost reports filed.
 - c. All costs reflected on such reports are appropriate and allowable under applicable reimbursement rules and regulations and are patient-related and properly allocated to applicable payors.
 - d. The reimbursement methodologies and principles employed are in accordance with applicable rules and regulations.
 - e. Adequate consideration has been given to, and appropriate provision made for, audit adjustments by intermediaries, third-party payors, or other regulatory agencies.
 - f. All items required to be disclosed, including disputed costs that are being claimed to establish a basis for a subsequent appeal, have been fully disclosed in the cost report.
 - g. Recorded third-party settlements include differences between filed (and to be filed) cost reports and calculated settlements, which are necessary based on historical experience or new or ambiguous regulations that may be subject to differing interpretations. While management believes the entity is entitled to all amounts claimed on the cost reports, management also believes the amounts of these differences are appropriate.

24. We have reviewed long-lived assets and certain identifiable intangibles to be held and used for impairment whenever events or changes in circumstances have indicated that the carrying amount of assets might not be recoverable and have appropriately recorded the adjustment.
25. We have fully disclosed to you all terms of contracts with customers that affect the amount and timing of revenue recognized in the financial statements, including delivery terms, rights of return or price adjustments, side adjustments, implicit provisions, unstated business conventions, and all warranty provisions.
26. The District has identified all accounting estimates that could be material to the financial statements, including the key factors and significant assumptions underlying those estimates, and I we believe the estimates are reasonable in the circumstances.
27. There are no estimates that may be subject to a material change in the near term that have not been properly disclosed in the financial statements. We understand that near term means the period within one year of the date of the financial statements. In addition, we have no knowledge of concentrations existing at the date of the financial statements that make the District vulnerable to the risk of severe impact that have not been properly disclosed in the financial statements.
28. We have complied with all restrictions on resources (including donor restrictions) and all aspects of contractual and grant agreements that would have a material effect on the financial statements in the event of noncompliance. This includes complying with donor requirements to maintain a specific asset composition necessary to satisfy their restrictions and complying with terms of bond and debt agreements.
29. Inventories fairly represent the value of inventories at the lower of cost on the first-in, first-out method, or net realizable value.
30. We acknowledge our responsibility for presenting the combining statement of net position and the combining statement of revenues, expenses and changes in net position in accordance with GAAP, and we believe the combining statement of net position and the combining statement of revenues, expenses and changes in net position, including its form and content, are fairly presented in accordance with GAAP. The methods of measurement and presentation of the combining statement of net position and the combining statement of revenues, expenses and changes in net position have not changed from those used in the prior period, and we have disclosed to you any significant assumptions or interpretations underlying the measurement and presentation of the supplementary information.
31. The financial statements include all component units as well as joint ventures with an equity interest, and properly disclose all other joint ventures and other related organizations.
32. Components of net position: net investment in capital assets, restricted, and unrestricted, are properly classified and, if applicable, approved.

33. We have appropriately disclosed the District's policy regarding whether to first apply restricted or unrestricted resources when an expense is incurred for purposes for which both restricted and unrestricted net position are available and have determined that net position was properly recognized under the policy.
34. We are responsible for the management's discussion and analysis and have chosen not to present it, which will require modification to the auditor's opinion.
35. We have a process to track the status of audit findings and recommendations.
36. We have identified to you any previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.
37. We have provided our views on reported findings, conclusions, and recommendations, as well as our planned corrective actions, for the report.

Sincerely,

San Geronio Healthcare District



Holly Yonemoto, CFO & CIO



Steven Barron, CEO

San Geronio Healthcare District

Financial Statements and Supplementary
Information

Year Ended June 30, 2020



WIPFLI

San Geronio Healthcare District

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Independent Auditor's Report

Board of Directors
San Geronio Healthcare District
Banning, CA

Report on the Financial Statements

We have audited the accompanying financial statements of San Geronio Healthcare District (the "District"), as of and for the year ended June 30, 2020, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of San Geronio Healthcare District, as of June 30, 2020, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States.

Other Matters

Required Supplementary Information

Management has omitted the management's discussion and analysis that accounting principles generally accepted in the United States require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the District's financial statements as a whole. The supplementary information is presented for purposes of additional analysis and is not a required part of the financial statements. The supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 25, 2020, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Wipfli LLP

Wipfli LLP

November 25, 2020
Oakland, California

San Geronio Healthcare District

Statement of Net Position

June 30, 2020

Current assets:

Cash and cash equivalents:

Unrestricted	\$ 11,938,600
Restricted, available for current debt service	955,807

Receivables:

Patient accounts - Net	7,142,879
Other accounts receivable	13,630,773

Inventories 1,789,075

Prepaid expenses and other 288,583

Total current assets 35,745,717

Noncurrent assets:

Capital assets - Nondepreciable 998,204

Capital assets - Net of accumulated depreciation 82,436,721

Cash and cash equivalents - Restricted, net of amount available for current debt service 8,880,833

Cash and cash equivalents - Board designated 424,176

Beneficial interest in the net assets of San Geronio Hospital Foundation 496,107

Total noncurrent assets 93,236,041

Deferred outflows of resources - Loss on bond refunding 759,389

TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES \$ 129,741,147

San Gorgonio Healthcare District

Statement of Net Position (Continued)

June 30, 2020

Current liabilities:	
Current portion of long-term debt	\$ 2,335,000
Accounts payable	5,316,508
Accrued salary, payroll taxes, and benefits	4,124,703
Third-party payor settlements	2,435,348
Current portion of refundable advance	322,211
Line of credit	6,000,000
Accrued interest	2,020,229
Total current liabilities	22,553,999
Noncurrent liabilities:	
Long-term debt, less current portion	108,192,847
Refundable advance, less current portion	2,255,479
Total noncurrent liabilities	110,448,326
Total liabilities	133,002,325
Net position:	
Net investment in capital assets	(27,092,922)
Restricted	9,836,640
Unrestricted	13,995,104
Total net position	(3,261,178)
TOTAL LIABILITIES AND NET POSITION	\$ 129,741,147

San Geronio Healthcare District

Statement of Revenues, Expenses, and Changes in Net Position

Year Ended June 30, 2020

Operating revenue:	
Net patient service revenue	\$ 59,357,335
Other operating income	1,762,890
Total operating revenue	61,120,225
Operating expenses:	
Salaries and wages	37,250,689
Employee benefits	9,032,491
Legal and professional fees	4,851,019
Contract labor	714,190
Supplies	9,012,301
Utilities	968,157
Purchased service	5,596,307
Building and equipment rent	950,799
Depreciation	6,077,964
Other operating expense	6,837,922
Total operating expenses	81,291,839
Loss from operations	(20,171,614)
Nonoperating revenue (expenses):	
Taxes	11,874,709
Grants, contributions, and other nonoperating revenue	7,523,322
Interest expense	(5,065,130)
Total nonoperating revenue - Net	14,332,901
Deficit in revenue over expenses	(5,838,713)
Impairment loss on capital assets	(8,274,886)
Capital grants and contributions	52,112
Decrease in net position	(14,061,487)
Net position - Beginning of year, as previously reported	11,490,596
Restatement - Change in accounting principle	(690,287)
Net position - End of year	\$ (3,261,178)

See accompanying notes to financial statements.

San Gorgonio Healthcare District

Statement of Cash Flows

Year Ended June 30, 2020

Cash flows from operating activities:

Receipts from and on behalf of patients	\$ 62,921,582
Receipts from other operating revenue	2,937,922
Payments to employees	(45,210,146)
Payments to suppliers, contractors, and others	(28,727,118)

Net cash used in operating activities (8,077,760)

Cash flows from noncapital financing activities:

Taxation for debt service	11,874,709
Cash received from grants and stimulus funding	7,523,322
Beneficial interest in San Gorgonio Hospital Foundation	150,092

Net cash provided by noncapital financing activities 19,548,123

Cash flows from capital and related financing activities:

Proceeds from line of credit	12,000,000
Payments on line of credit	(6,000,000)
Principal payments on debt	(2,306,366)
Interest paid on debt	(5,075,723)
Purchase of capital assets	(787,310)
Cash received from capital grants and contributions	52,112

Net cash used in capital and related financing activities (2,117,287)

Net increase in cash and cash equivalents 9,353,076
Cash and cash equivalents - Beginning of year 12,846,340

Cash and cash equivalents - End of year \$ 22,199,416

San Geronio Healthcare District

Statement of Cash Flows (Continued)

Year Ended June 30, 2020

Reconciliation of loss from operations to net cash used in operating activities:

Loss from operations \$ (20,171,614)

Adjustments to reconcile loss from operations to net cash used in operating activities:

Depreciation	6,077,964
Provision for bad debt	8,534,560
Change in assets and liabilities:	
Patient accounts receivable	(7,227,501)
Other accounts receivable	(1,402,658)
Third-party payor settlements	2,257,188
Inventories	(120,219)
Prepaid expenses and other	64,664
Accounts payable	259,132
Accrued salary, payroll taxes, and benefits	1,073,034
Refundable advance	2,577,690

Total adjustments 12,093,854

Net cash used in operating activities \$ (8,077,760)

San Gorgonio Healthcare District

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies

Reporting Entity

San Gorgonio Healthcare District (the "District") was organized in 1944 under the terms of the Local Health Care District Law and is operated and governed by five elected directors. The District includes a 79-bed acute care facility that provides inpatient, outpatient, primary care clinic, and emergency care services in Banning, California, and its surrounding area.

San Gorgonio Memorial Hospital (the "Hospital") is a nonprofit corporation and is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Hospital provides healthcare services primarily to individuals who reside in the geographic boundaries of the District under a lease agreement with the District. The Hospital is governed by a nine-member Board of Directors. All of the District board members are also members of the Hospital board. For this reason, the Hospital is a blended component unit of the District.

Basis of Accounting

The accounting policies of the District conform to accounting principles generally accepted in the United States (GAAP) as applicable to proprietary funds of governments. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body in the United States for establishing governmental accounting and financial reporting principles. The District's statements are reported using the economic resources measurement focus and full-accrual basis of accounting. Revenue is recorded when earned, and expenses are recorded when the liability is incurred, regardless of the timing of the cash flows. Property taxes are recognized as revenue in the year in which they are levied. Grants and similar items are recognized as revenue as soon as eligibility requirements have been met. Unbilled hospital services receivable are recorded at year-end.

Use of Estimates

The preparation of the accompanying financial statements in conformity with GAAP requires management to make estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results may differ from these estimates.

The District considers significant accounting estimates to be those which require significant judgments and include the valuation of patient accounts receivable, including contractual adjustments and allowance for uncollectible accounts, and estimated third-party payors' settlements.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with original maturity dates of three months or less. Cash and cash equivalents are carried at cost, which approximates fair value.

San Geronio Healthcare District

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Patient Accounts Receivable and Credit Policy

Patient accounts receivable are uncollateralized patient obligations that are stated at the amount management expects to collect from outstanding balances. These obligations are primarily from local residents, most of whom are insured under third-party payor agreements. The District bills third-party payors on the patients' behalf, or if a patient is uninsured, the patient is billed directly. Once claims are settled with the primary payor, any secondary insurance is billed, and patients are billed for copay and deductible amounts that are the patients' responsibility. Payments on patient accounts receivable are applied to the specific claim identified on the remittance advice or statement.

Patient accounts receivable are recorded in the accompanying statements of net position, net of contractual adjustments and allowances for doubtful accounts, which reflect management's estimate of the amounts that won't be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of net patient revenue and a credit to a contractual allowance. In addition, management provides for probable uncollectible amounts, primarily for uninsured patients and amounts patients are personally responsible for, through a reduction of net patient revenue and a credit to a valuation allowance.

In evaluating the collectibility of patient accounts receivable, the District analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. Specifically, for receivables associated with services provided to patients who have third-party coverage, the District analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the District records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

San Gorgonio Healthcare District

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Property Taxes

The District received approximately 17.30% of its financial support from property taxes in the year ended June 30, 2020.

Property taxes are levied by the District and collected by the Riverside County Treasurer for operations and for debt service obligations. Taxes estimated to be collectible are recorded as revenue in the year of the levy. No allowance for doubtful taxes receivable is considered necessary. Taxes levied are recorded as nonoperating revenue. The taxes are levied on July 1 each year and are intended to finance the District's activities of the same fiscal year. Amounts levied are based on assessed property values as of September 30 each year.

The funds used to support operations and for debt service were \$8,003,588 and \$3,871,121, respectively, for the year ended June 30, 2020.

Inventories

Inventories are valued at the lower of cost, determined on the first-in, first-out method, or net realizable value. Inventories consist of pharmaceutical, medical-surgical, and other supplies used in the operation of the District.

Restricted Cash and Cash Equivalents

Restricted cash and cash equivalents includes certain cash and other assets whose use is limited under debt instruments, by donors, and by grant and service contracts.

Capital Assets and Depreciation

Capital asset acquisitions exceeding \$5,000 are capitalized and recorded at cost. Expenditures for maintenance and repairs are charged to expense as incurred. Contributed capital assets are reported at their estimated fair value at the time of their donation. All capital assets other than land are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using these asset lives:

Land improvements	15 to 20 years
Buildings and building improvements	5 to 40 years
Equipment, computers, and furniture	3 to 20 years

Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction is capitalized as a component of the cost of acquiring those assets.

San Geronio Healthcare District

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Deferred Outflows of Resources

In addition to assets, the statement of net position reports a separate section of deferred outflows of resources. This separate financial statement element, *deferred outflows of resources*, represents a consumption of net position that applies to a future periods and so will not be recognized as an outflow of resources (expense) until then. The District has only one item that qualifies for reporting in this category, the deferred charge on refunding reported in the statement of net position. A deferred charge on refunding results from the difference in the carrying value of refunded debt and its reacquisition price. This amount is deferred and amortized over the shorter of the life of the refunded or refunding debt.

Compensated Absences

The District's employees earn paid time off (PTO) benefits at varying rates depending on years of service and the number of hours worked. PTO benefits can accumulate up to specified maximum levels. Employees are paid for PTO accumulated benefits upon separation.

The District considers compensated absence liabilities to be a current liability of the District. These obligations are expected to be liquidated with current assets.

Net Position

Net position is reported in three categories:

Net investment in capital assets - This category consists of capital assets, net of accumulated depreciation, reduced by the outstanding balance of any long-term debt used to build, acquire, or improve those assets. Deferred outflows of resources and deferred inflows of resources that are attributable to the construction, acquisition, or improvement of those assets or the related debt are also included in this category.

Restricted - This category consists of noncapital assets whose use is restricted, reduced by liabilities and deferred inflows of resources related to those assets. Net position is reported as restricted when there are limitations imposed on its use through external restrictions imposed by creditors, donors, grantors, or laws or regulations of other governments or imposed by law through constitutional provisions or enabling legislation.

Unrestricted - This category consists of the remaining net position that does not meet the definition of the two preceding categories.

When both restricted and unrestricted resources are available for use, it is the District's policy to use externally restricted resources first.

San Geronio Healthcare District

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Operating Revenue and Expenses

The District's statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenue and expenses. Operating revenue results from exchange transactions associated with providing healthcare services—the District's principal activity. Nonexchange revenue, including grants, property taxes, and contributions received for purposes other than capital asset acquisition, is reported as nonoperating revenue. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amount from patients, governmental programs, health maintenance, and preferred provider organizations and insurance contracts under applicable laws, regulations, and program instructions. Net realizable amounts are generally less than the District's established rates. Final determination of certain amounts payable is subject to audit by appropriate third-party representatives. Subsequent adjustments, if any, arising from such audits are recorded in the year the final settlement becomes known.

Charity Care

The District provides care to patients who meet certain criteria under its charity care (financial assistance) policy without charge or according to a sliding scale based on income. The District maintains records to identify and monitor the level of charity care provided.

Grants and Contributions

From time to time, the District receives grants from the federal government and the State of California as well as contributions from individuals and private organizations. Revenue from grants and contributions (including contributions of capital assets) is recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenue in the year received.

Gifts, grants, and bequests restricted by donors for specific purposes are recorded as restricted net position and transferred to unrestricted net position when amounts are expended for their restricted purpose. When restricted funds are used for operations, these amounts are reflected in the statement of revenues, expenses, and changes in net position as other operating revenue.

San Geronio Healthcare District

Notes to Financial Statements

Note 1: Summary of Significant Accounting Policies (Continued)

Advertising Costs

Advertising costs are expensed as incurred.

Subsequent Events

Subsequent events have been evaluated through November 25, 2020, which is the date the financial statements were available to be issued.

Note 2: Cash and Cash Equivalents

The District maintains depository relationships with area financial institutions that are Federal Deposit Insurance Corporation (FDIC) insured institutions. Depository accounts are insured by the FDIC up to \$250,000 for demand deposits and an additional \$250,000 for time deposits per insured institution.

Credit risk - The risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is typically measured by the assignment of a rating by a nationally recognized statistical rating organization.

Concentration of credit risk - The inability to recover the value of deposits, investments, or collateral securities in the possession of an outside party caused by a lack of diversification (investments acquired from a single issuer).

Interest rate risk - The possibility that an interest rate change could adversely affect an investment's fair value.

Custodial credit risk - The risk that in an event of a bank failure the District's deposits may not be returned. The District does not have a deposit policy for custodial credit risk.

The California Government Code requires that a financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law (unless so waived by the governmental unit). The market value of the pledged securities in the collateral pool must equal at least 110% of the total amount deposited by the public agencies.

California law also allows financial institutions to secure public deposits by pledging first deed of mortgage notes having a value of 150% of the secured public deposits and letters of credit issued by the Federal Home Loan Bank of San Francisco having a value of 105% of the secured deposits.

At June 30, 2020, the District had a bank balance of \$22,831,104. Of this balance, \$1,500,000 was covered by federal deposit insurance, and \$12,826,260 was collateralized (i.e., with securities held by the pledging financial institutions of at least 110% of the District's cash deposits, in accordance with the California Government Code).

San Geronio Healthcare District

Notes to Financial Statements

Note 2: Cash and Cash Equivalents (Continued)

Cash and cash equivalents consisted of the following:

June 30, 2020

Demand deposits	\$ 22,190,140
Cash on hand	4,448
Local government investment pool	4,828
<hr/>	
Total cash and cash equivalents	<u>\$ 22,199,416</u>

The composition of cash and cash equivalents consisted of the following:

June 30, 2020

Current:	
Unrestricted cash and cash equivalents	\$ 11,938,600
Restricted for debt service	955,807
Noncurrent:	
Restricted for debt service, net of amount currently available for debt service	8,880,833
Unrestricted board designated	424,176
<hr/>	
Total	<u>\$ 22,199,416</u>

Restricted for Debt Service

County deposits held in trust for debt service payments.

Board Designated Held for Capital Projects and Equipment

Capital project funds are funded with bond proceeds and consist of assets restricted to fund future construction of capital assets.

San Geronio Healthcare District

Notes to Financial Statements

Note 3: Patient Accounts Receivable - Net

Patient accounts receivable - net consisted of the following:

June 30, 2020

Patient receivables:

Medicare	\$ 17,665,666
Medicaid	9,165,985
Commercial and other	12,183,351
Self-pay	5,221,847

Total patient receivable 44,236,849

Less:

Contractual adjustments	32,262,162
Allowance for uncollectible amounts	4,831,808

Patient accounts receivable - Net \$ 7,142,879

San Gorgonio Healthcare District

Notes to Financial Statements

Note 4: Capital Assets

Capital assets consisted of the following:

	Balance July 1, 2019	Additions	Retirements	Transfers	Balance June 30, 2020
Nondepreciable capital assets:					
Land	\$ 874,391	\$ 7,369	\$ -	\$ -	\$ 881,760
Construction in progress	8,390,250	1,080	(8,274,886)	-	116,444
Total nondepreciable capital assets	9,264,641	8,449	(8,274,886)	-	998,204
Depreciable capital assets:					
Land improvements	2,773,975	141	-	-	2,774,116
Buildings and improvements	122,338,069	5,397	(7,790)	-	122,335,676
Equipment	33,704,995	773,323	-	-	34,478,318
Total depreciable capital assets	158,817,039	778,861	(7,790)	-	159,588,110
Total capital assets before depreciation	168,081,680	787,310	(8,282,676)	-	160,586,314
Less accumulated depreciation	(71,081,215)	(6,077,964)	7,790	-	(77,151,389)
Capital assets - Net	\$ 97,000,465	\$ (5,290,654)	\$ (8,274,886)	\$ -	\$ 83,434,925

The District recorded an impairment loss for the year ended June 30, 2020 for \$8,274,886 related to the write-off of a defunct tower project. This impairment loss is also recorded in the statement of revenues, expenses, and changes in net position.

San Gorgonio Healthcare District

Notes to Financial Statements

Note 5: Long-Term Debt Obligations

Long-term debt obligations consisted of the following:

	Balance July 1, 2019	Additions	Reductions	Balance June 30, 2020	Amounts Due Within One Year
Long-term debt:					
Direct borrowings and direct placements:					
GO Refunding Bonds 2013	\$ 22,955,000	\$ -	\$ (560,000)	\$ 22,395,000	\$ 620,000
GO Refunding Bonds 2014	61,275,000	-	(1,125,000)	60,150,000	1,245,000
GO Refunding Bonds 2015	24,430,000	-	(410,000)	24,020,000	470,000
Premium - 2013 Series	246,341	-	(14,420)	231,921	-
Premium - 2014 Series	3,403,898	-	(169,489)	3,234,409	-
Premium - 2014 Series	523,974	-	(27,457)	496,517	-
Total long-term debt	\$ 112,834,213	\$ -	\$(2,306,366)	\$ 110,527,847	\$ 2,335,000

The terms of the District's long-term obligations are as follows:

- General Obligation Refunding Bonds, Series 2013; principal due each August 1 at various amounts through August 1, 2036; interest is variable at 3%-5%, due semiannually each August 1 and February 1; collateralized by property tax revenue.
- General Obligation Refunding Bonds, Series 2014; principal due each August 1 at various amounts through August 1, 2038; interest is variable at 3%-5%, due semiannually each August 1 and February 1; collateralized by property tax revenue.
- General Obligation Refunding Bonds, Series 2015; principal due each August 1 at various amounts through August 1, 2038; interest is variable at 3%-5%, due semiannually each August 1 and February 1; collateralized by property tax revenue.

San Gorgonio Healthcare District

Notes to Financial Statements

Note 5: Long-Term Debt Obligations (Continued)

Scheduled principal and interest payments on long-term obligation are as follows:

<i>Years Ending June 30,</i>	Bonds and Notes Payable		
	Principal	Interest	Total
2021	\$ 2,335,000	\$ 7,130,625	\$ 9,465,625
2022	2,590,000	7,270,600	9,860,600
2023	2,875,000	7,421,625	10,296,625
2024	3,180,000	7,575,250	10,755,250
2025	3,500,000	7,738,250	11,238,250
2026-2030	22,725,000	32,510,141	55,235,141
2031-2035	33,035,000	52,721,147	85,756,147
2036-2040	36,325,000	40,133,619	76,458,619
Totals	\$ 106,565,000	\$ 162,501,257	\$ 269,066,257

Bond premium amortization in the amount of \$211,366 was recognized for the year ended June 30, 2020. The annual amortization of the bond premium will result in reductions in interest expense as follows:

<i>Years Ending June 30,</i>	
2021	\$ 211,366
2022	211,366
2023	211,366
2024	211,366
2025	211,366
2026-2030	1,056,830
2031-2035	1,056,830
2036-2040	792,357
Total	\$ 3,962,847

Note 6: Line of Credit

The District maintains a line of credit with Pacific Premier Bank in the amount of \$6,000,000 with interest at 4.25%. The line of credit matures February 1, 2022. The line of credit is collateralized by receivables and capital assets.

San Gorgonio Healthcare District

Notes to Financial Statements

Note 7: Patient Service Revenue

Patient service revenue consisted of the following:

June 30, 2020

Gross patient service revenue:	
Inpatient	\$ 88,815,381
Outpatient	181,689,365
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Total	270,504,746
Less:	
Contractual adjustments	202,612,851
Provision for bad debts	8,534,560
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Net patient service revenue	\$ 59,357,335

Included within contractual adjustments above is a DSH overpayment resulting in a contractual adjustment of \$1,806,957.

The following table reflects the percentage of gross patient service revenue by payor source:

Year Ended June 30, 2020

Medicare	12 %
Medicaid	40 %
Blue Cross	5 %
Other third-party payors	41 %
Self-pay	2 %
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Total	100 %

San Geronio Healthcare District

Notes to Financial Statements

Note 8: Intergovernmental Transfer Program

The District participates in the intergovernmental transfer (IGT) program and other related supplemental programs sponsored by the State of California for the state's local healthcare districts. These programs are an integral part of the overall Quality Assurance Fee programs, supported by funding from the federal government. IGT and related program revenue, net of related expenses, for the year ended June 30, 2020, was \$12,574,110 and is recorded as a reduction to contractual adjustments in the statement of revenues, expenses, and changes in net position.

Note 9: Charity Care

The District provides healthcare services and other financial support through various programs that are designed to enhance the health of the community, including the health of low-income patients. Consistent with the mission of the District, care is provided to patients regardless of their ability to pay, including providing services to those persons who cannot afford health insurance because of inadequate resources.

Patients who meet certain criteria for charity care, generally based on federal poverty guidelines, are provided care based on criteria defined in the District's charity care policy. The District maintains records to identify and monitor the level of charity care it provides.

Gross charges related to patients under the District's charity care policy was \$1,038,200 during the year ended June 30, 2020.

Note 10: Retirement Plan

The District offers a tax-sheltered annuity (TSA) program covering substantially all employees with at least 90 days of service. Matching contributions are made at the discretion of the District's management and are based on a percentage of gross salary. District contributions to the TSA program were \$1,125,639 during the year ended June 30, 2020.

Note 11: Risk Management

Liability Insurance

The District has its professional liability insurance coverage with Beta Risk Management Authority ("Beta"). The policy provides protection on a "claims made" basis whereby malpractice claims related to services provided in the current year are covered by the current policy.

Coverage is provided a policy with limits of \$20,000,000 for each medical incident and a \$30,000,000 annual aggregate limit.

San Gorgonio Healthcare District

Notes to Financial Statements

Note 11: Risk Management (Continued)

Liability Insurance (Continued)

Under a claims-made policy, the risk for claims and incidents not asserted within the policy period remains with the District. The District does not believe potential claims are significant and, accordingly, has not provided a reserve for potential claims from services provided to patients through June 30, 2020, that have not yet been asserted.

The District is also exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; injuries to employees; and natural disasters. The District carries commercial insurance for these risks of loss. Settled claims resulting from these risks have not exceeded the commercial insurance coverage in any of the past three years.

Contingent Liabilities

The District is a defendant in a legal matter wherein the plaintiff is seeking \$1,000,000 in damages for breach of contract. The District does not have an estimate for the likelihood of an outcome as of November 25, 2020.

Note 12: Concentration of Credit Risk

Financial instruments that potentially subject the District to credit risk consist principally of patient and resident accounts receivable. Patient accounts receivable consist of amounts due from patients, their insurers, or governmental agencies (primarily Medicare and Medicaid) for healthcare provided to the patients.

The mix of receivables from patients, residents, and third-party payors consisted of the following:

June 30, 2020

Medicare	10 %
Medicaid	21 %
Blue Cross	4 %
Other third-party payors	54 %
Self-pay	11 %
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Total	100 %

San Gorgonio Healthcare District

Notes to Financial Statements

Note 13: Beneficial Interest in Assets Held by San Gorgonio Hospital Foundation

San Gorgonio Hospital Foundation, Inc. (the "Foundation") was established to solicit contributions for the District and to support healthcare services in the geographical area of Banning and Beaumont, California. The Foundation has a separate board of directors from the District but exists primarily to support the District. The Foundation contributed \$331,846 during the year ended June 30, 2020.

The District records its interest in the net assets of the Foundation, assets that have been collected by the Foundation but not yet distributed to the District as of the end of each fiscal year. At June 30, 2020, the District recorded \$496,107 as interest in the net assets of the Foundation in the statement of net position.

Note 14: COVID-19 Relief Funds and Grant Revenue

During 2020, the District received \$6,299,026 in grant funding from the HHS Provider Relief Fund (PRF), which was established as a result of the CARES Act. Based on the terms and conditions of the grant, the District earns the grant by incurring healthcare-related expenses attributable to COVID-19 that another source has no reimbursed and is not obligated to reimburse, or by incurring lost revenues, defined as a negative change in year-over-year net patient service revenue. During 2020, the District recognized \$6,299,026 in revenue related to this program, which reflects management's estimate of the amount of the grant earned, including consideration for uncertainties related to reporting guidance still developing as of the date the financial statements were available to be issued.

Note 15: Medicare Refundable Advance

As a result of the COVID-19 pandemic, CMS offered an accelerated and advance payment program which gave healthcare providers the opportunity to receive an advance on future Medicare payments. The District received a non-interest-bearing Medicare Refundable Advance of \$2,577,690 in 2020. Repayment of the Medicare Refundable Advance is expected to begin 12 months after receipt of the advance. The District has a Medicare Refundable Advance liability totaling \$2,577,690 at June 30, 2020.

Note 16: Change in Accounting Principle

During 2020, the District implemented GASB Statement No. 65 - *Items Previously Reported as Assets and Liabilities*. GASB Statement No. 65 was adopted on a retrospective basis resulting in a reduction in assets and net position at July 1, 2019 of \$690,287, which represents unamortized bond issue costs previously reported as an asset.

Supplementary Information

San Gorgonio Healthcare District

Combining Statement of Net Position

<i>June 30, 2020</i>	Hospital	District	Eliminations	Total
Current assets:				
Cash and cash equivalents:				
Unrestricted	\$ 9,393,778	\$ 2,544,822	\$ -	\$ 11,938,600
Restricted, available for current debt service	-	955,807	-	955,807
Receivables:				
Patient accounts - net	7,088,594	54,285	-	7,142,879
Other accounts receivable	12,109,078	14,371,121	(12,849,426)	13,630,773
Inventories	1,789,075	-	-	1,789,075
Prepaid expenses and other	215,763	72,820	-	288,583
Total current assets	30,596,288	17,998,855	(12,849,426)	35,745,717
Noncurrent assets:				
Capital assets - Nondepreciable	-	998,204	-	998,204
Capital assets - Net of accumulated depreciation	-	82,436,721	-	82,436,721
Cash and cash equivalents - Restricted, net of amount available for current debt service	-	8,880,833	-	8,880,833
Cash and cash equivalents - Board designated	-	424,176	-	424,176
Beneficial interest in the net assets of San Gorgonio Hospital Foundation	496,107	-	-	496,107
Total noncurrent assets	496,107	92,739,934	-	93,236,041
Deferred outflows of resources - Loss on bond refunding	-	759,389	-	759,389
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	\$ 31,092,395	\$ 111,498,178	\$ (12,849,426)	\$ 129,741,147

San Gorgonio Healthcare District

Combining Statement of Net Position (Continued)

<i>June 30, 2020</i>	Hospital	District	Eliminations	Total
Current liabilities:				
Current portion of long-term debt	\$ -	\$ 2,335,000	\$ -	\$ 2,335,000
Accounts payable	17,827,147	338,787	(12,849,426)	5,316,508
Accrued salary, payroll taxes, and benefits	4,124,703	-	-	4,124,703
Third-party payor settlements	2,435,348	-	-	2,435,348
Current portion of refundable advance	322,211	-	-	322,211
Line of credit	6,000,000	-	-	6,000,000
Accrued interest	-	2,020,229	-	2,020,229
Total current liabilities	30,709,409	4,694,016	(12,849,426)	22,553,999
Noncurrent liabilities:				
Long-term debt, less current portion	-	108,192,847	-	108,192,847
Refundable advance, less current portion	2,255,479	-	-	2,255,479
Total noncurrent liabilities	2,255,479	108,192,847	-	110,448,326
Total liabilities	32,964,888	112,886,863	(12,849,426)	133,002,325
Net position:				
Net investment in capital assets	-	(27,092,922)	-	(27,092,922)
Restricted	-	9,836,640	-	9,836,640
Unrestricted	(1,872,493)	15,867,597	-	13,995,104
Total net position	(1,872,493)	(1,388,685)	-	(3,261,178)
TOTAL LIABILITIES AND NET POSITION	\$ 31,092,395	\$ 111,498,178	\$ (12,849,426)	\$ 129,741,147

San Gorgonio Healthcare District

Combining Statement of Revenues, Expenses, and Changes in Net Position

Year Ended June 30, 2020	Hospital	District	Eliminations	Total
Operating revenue:				
Net patient service revenue	\$ 59,200,817	\$ 156,518	\$ -	\$ 59,357,335
Other operating revenue	1,725,445	37,445	-	1,762,890
Total operating revenue	60,926,262	193,963	-	61,120,225
Operating expenses:				
Salaries and wages	37,250,689	-	-	37,250,689
Employee benefits	9,032,491	-	-	9,032,491
Legal and professional fees	3,716,749	1,134,270	-	4,851,019
Contract labor	714,190	-	-	714,190
Supplies	9,011,747	554	-	9,012,301
Utilities	968,157	-	-	968,157
Purchased services	5,504,338	91,969	-	5,596,307
Building and equipment rent	950,799	-	-	950,799
Depreciation	-	6,077,964	-	6,077,964
Other operating expense	6,726,031	111,891	-	6,837,922
Total operating expenses	73,875,191	7,416,648	-	81,291,839
Loss from operations	(12,948,929)	(7,222,685)	-	(20,171,614)
Non operating revenue (expense):				
Taxes	-	11,874,709	-	11,874,709
Grants, contributions, and other nonoperating revenue	7,242,323	280,999	-	7,523,322
Interest expense	(342,836)	(4,722,294)	-	(5,065,130)
Total nonoperating revenue - Net	6,899,487	7,433,414	-	14,332,901
Deficit in revenue over expenses	(6,049,442)	210,729	-	(5,838,713)
Impairment loss on capital assets	-	(8,274,886)	-	(8,274,886)
Capital grants and contributions	-	52,112	-	52,112
Decrease in net position	(6,049,442)	(8,012,045)	-	(14,061,487)
Net position - Beginning of year, as previously reported	4,176,949	7,313,647	-	11,490,596
Restatement - Change in accounting principle	-	(690,287)	-	(690,287)
Net position - End of year	\$ (1,872,493)	\$ (1,388,685)	\$ -	\$ (3,261,178)

Other Reporting Required by Government Auditing Standards

Independent Auditor’s Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Board of Directors
San Geronio Healthcare District
Banning, CA

We have audited, in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of San Geronio Healthcare District (the “District”), which comprise the statement of net position as of June 30, 2020, and the related statements of revenues, expenses, and changes in net position and cash flows for the year ended June 30, 2020, and the related notes to the financial statements, and have issued our report thereon dated November 25, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District’s internal control over financial reporting (“internal control”) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District’s internal control. Accordingly, we do not express an opinion on the effectiveness of the District’s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented or detected and corrected on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit the attention of those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be deficiencies, significant deficiencies, or material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify a deficiency in internal control that we consider to be a significant deficiency, which is described in the accompanying schedule of findings and responses as finding 2020.001.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Responses to Finding

The District's responses to the finding identified in our audit are described in the accompanying schedule of findings and responses. The District's response was not subjected to the audit procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance, and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in cursive script that reads "Wipfli LLP".

Wipfli LLP

November 25, 2020
Oakland, California

Schedule of Findings and Responses

Year Ended June 30, 2020

Finding 2020.001 – Internal Control Over Account Reconciliation Process

Condition: The District’s internal control over preparation of the financial statements includes review and approval of key account reconciliations, including cash deposits. It is the responsibility of management to design procedures to ensure timely and meaningful approvals of account reconciliations. Because there were instances where reconciliations were not being approved, or approvals were not being documented, a significant deficiency exists in the District’s internal controls.

Criteria: Government Auditing Standards considers the lack of evidence of account reconciliations, including sufficient reviews and approvals, to be a significant deficiency in internal controls.

Cause: As with many organizations, the turnover experienced in key accounting positions, and existing resources being limited, creates an environment where internal control deficiencies can exist.

Effect: The accuracy of the cash balances on the financial statements and related disclosures and the accuracy of the overall financial presentation can be negatively impacted, since there is a level of review missing for the cash cycle.

Recommendations: We recommend management and those charged with governance continue to evaluate the degree of risk associated with this condition and implement a review process which includes meaningful review of each cash account reconciliation.

Views of Responsible Officials and Planned Corrective Actions: Management has indicated an approach to correcting this deficiency which involves bringing in additional staff to the process as well as retaining outside consultants for the purposes of staff training and to improve the control environment.

TAB J

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: November 18, 2020

TO: Susan DiBiasi, Chair
Governing Board

FROM: Steven Hildebrand, M.D., Chairman
Medical Executive Committee

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

At the Medical Executive Committee meeting held on this date, the following items were recommended for approval by the Governing Board:

Approval Item(s):

Policies & Procedures

Infection Prevention & Control

The attached list of policies & procedures were written to establish consistency, expectations, and patterns for practice. Standards also provide a benchmark for quality measurement and improvement (See attached)

Surgical Services

Sentinel Lymph Node Biopsy – Breast Lymphoscintigraphy

This policy will be utilized to identify sentinel nodes in conjunction with surgical intervention (See attached).

Nursing

Care and Management of Suicidal Patients (Patients that are a Danger to Self or Others)

This policy was written to assure that patients identified as being at risk of harm to self or others are cared for in a safe environment (See attached).

Pharmacy & Therapeutics

Formulary Review

The following new drugs will be added to the Hospital Formulary (See attached):

- Ticagrelor (Brilinta) 90mg tablets
- Urea (UreNA) Powder for oral administration

Title	Approval Flow	Policy Area	Owner	Origination	Last Revised	Default Expiration Period	Expiration	Has Attachments	Summary of Changes	Days Waited	Revised?
Admission of a Patient Into an Isolation Room	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	12/04/2019	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Biohazardous Waste Disposal	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	11/05/2015	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Bioterrorism Response Plan	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	10/01/2001	12/08/2017	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Biovigil Hand Hygiene Monitoring	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	03/08/2017	08/24/2017	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Bloodborne Pathogen: Exposure Control Plan	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	09/24/2020	365 days	12/03/2020	No	addition of CAPRs, hypoallergenic masks	32	Revised
Cleaning Computer Keyboards	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	09/01/2009	09/24/2020	365 days	12/03/2020	No	removed name branding	32	Revised
Cleaning Patient Equipment	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	09/01/2009	04/28/2017	365 days	12/03/2020	No	No Comment Provided	33	Unchanged

Title	Approval Flow	Policy Area	Owner	Origination	Last Revised	Default Expiration Period	Expiration	Has Attachments	Summary of Changes	Days Waited	Revised?
Dietary Procedure	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	10/31/2016	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Discharge Planning for Tuberculosis Patients	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	09/01/1994	10/06/2020	365 days	12/03/2020	No	grammar changes	33	Revised
Disinfectants and Cleaning Products Approval Process	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	04/01/1997	12/08/2017	365 days	12/03/2020	No	No Comment Provided	62	Unchanged
Education and Training of Employees in Infection Control	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	09/24/2020	365 days	12/03/2020	No	describe PAPR and CAPR	32	Revised
Exposure of Pre-Hospital Personnel to Reportable Diseases	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	04/01/1991	04/04/2018	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Flowers	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	06/01/1996	09/22/2020	365 days	12/03/2020	No	additional restrictions	27	Revised

Title	Approval Flow	Policy Area	Owner	Origination	Last Revised	Default Expiration Period	Expiration	Has Attachments	Summary of Changes	Days Waited	Revised?
Fogging of Isolation Rooms	Environmental Services 4	Environmental Services	Nutter, Coda: Director Environmental Services	09/04/2015	08/12/2020	365 days	06/04/2020	Yes	Tri Annual Review	32	Revised
Food Brought Into the Hospital for Patients	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	06/01/1996	09/28/2020	365 days	12/03/2020	No	further explanation	0	Revised
Guidelines for Care of Neutropenic Patients (Immunocompromised Patients)	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	06/01/1996	10/31/2016	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Hand Hygiene	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	07/08/2016	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Handling Sharps	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	12/11/2014	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Hemodialysis Infection Control Precautions	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	12/11/2014	365 days	12/03/2020	No	No Comment Provided	33	Unchanged

Title	Approval Flow	Policy Area	Owner	Origination	Last Revised	Default Expiration Period	Expiration	Has Attachments	Summary of Changes	Days Waited	Revised?
Infection Control During Construction Renovation and Demolition	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/2006	10/26/2020	365 days	12/03/2020	Yes	add time frame	2	Revised
Infectious Waste Disposal - Red Bag Usage	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	12/11/2014	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Initiation of Isolation	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	09/28/2020	365 days	12/03/2020	No	clean up documentation for the new system	32	Revised
Injection Practices & Sharps Safety	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/2011	12/11/2014	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Intrapartum Care of Patients with HIV Positive or Unknown Status	Obstetrics 5	Obstetrics	Echols, Carrie: Nursing OB Director	04/04/2018	04/04/2018	1095 days	04/03/2021	No	No Comment Provided	56	Unchanged

Title	Approval Flow	Policy Area	Owner	Origination	Last Revised	Default Expiration Period	Expiration	Has Attachments	Summary of Changes	Days Waited	Revised?
Isolation Daily Cleaning	Environmental Services 4	Environmental Services	Nutter, Coda: Director Environmental Services	N/A	N/A	1095 days	N/A	No	New policy	61	New
Isolation Discharge Cleaning	Environmental Services 4	Environmental Services	Nutter, Coda: Director Environmental Services	N/A	N/A	1095 days	N/A	No	New policy	61	New
Isolyser Liquid Treatment System	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	11/01/1996	03/31/2016	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Jakob-Creutzfeldt (Or Creutzfeldt-Jakob Disease or CJD)	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	04/01/1994	11/01/2013	365 days	12/03/2020	No	No Comment Provided	2	Unchanged
MRSA - Routine Testing	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	01/01/2009	12/08/2017	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Obstetrical Instrument Processing	Obstetrics 5	Obstetrics	Echols, Carrie: Nursing OB Director	#####	#####	1095 days	#####	No	No Comment Provided	56	Unchanged

Title	Approval Flow	Policy Area	Owner	Origination	Last Revised	Default Expiration Period	Expiration	Has Attachments	Summary of Changes	Days Waited	Revised?
OR - Sterile Technique & The Sterile Field	Surgical Services 5	Surgical Services	Goodner, Jayme: Director Surgical Services	06/01/1988	08/13/2020	1095 days	02/06/2021	No	Draft for Jayme	0	Revised
Outbreak Surveillance	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	09/29/2020	365 days	12/03/2020	No	Grammar and punctuation	32	Revised
Parasite Infestation in Patients: Lice and Scabies	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	12/11/2014	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Patient Protection from Bloodborne Infections of Health Care Workers	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	04/01/1993	12/08/2017	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Plan to Manage the influx of Potentially Infectious Patients	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	11/27/2013	09/29/2020	365 days	12/03/2020	No	Grammar, punctuation	32	Revised

Title	Approval Flow	Policy Area	Owner	Origination	Last Revised	Default Expiration Period	Expiration	Has Attachments	Summary of Changes	Days Waited	Revised?
Postmortem Handling of Bodies	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	11/01/2013	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Preventing Multi-Drug Resistant Organisms	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	01/01/2010	10/14/2020	365 days	12/03/2020	No	grammar, clarity	27	Revised
Preventing Surgical Site Infections	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	01/01/2010	10/06/2020	365 days	12/03/2020	No	unchanged	33	Revised
Prevention of Catheter Associated Urinary Tract Infections	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	08/01/2011	12/08/2017	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Prevention of Central Line Associated Infections	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	01/01/2010	10/07/2020	365 days	12/03/2020	No	unchanged	33	Revised
Refrigerator Temperature Inspection	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	02/01/1985	12/11/2014	365 days	12/03/2020	No	No Comment Provided	33	Unchanged

Title	Approval Flow	Policy Area	Owner	Origination	Last Revised	Default Expiration Period	Expiration	Has Attachments	Summary of Changes	Days Waited	Revised?
Reportable Disease Notification	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	10/15/2020	365 days	12/03/2020	Yes	update location	2	Revised
Reporting HAI to Other Facilities	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	03/01/2009	11/01/2013	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Respiratory Hygiene and Cough Etiquette	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	02/01/2009	12/08/2017	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Specific Isolation in Special Care Areas	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	10/06/2020	365 days	12/03/2020	No	deleted transfer of newborns to Med Surg	33	Revised
Standard & Isolation Precautions	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	03/23/2018	365 days	12/03/2020	Yes	No Comment Provided	33	Unchanged
Sterile Processing - Sterrad Nx Policy	Surgical Services 5	Surgical Services	Goodner, Jayme: Director Surgical Services	08/01/2014	08/25/2020	1095 days	02/06/2021	Yes	New Sterrad incubator machine	27	Revised

Title	Approval Flow	Policy Area	Owner	Origination	Last Revised	Default Expiration Period	Expiration	Has Attachments	Summary of Changes	Days Waited	Revised?
Sterilized Items: Shelf Life	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	12/11/2014	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Surveillance	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	06/01/1996	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Termination of Isolation on Discharge or Transfer	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	12/04/2019	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Transporting the Isolation Patient	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	03/01/1993	12/08/2017	365 days	12/03/2020	No	No Comment Provided	33	Unchanged
Tuberculosis Exposure Control Plan	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	09/01/1994	10/06/2020	365 days	12/03/2020	No	miniscule	33	Revised
Vital Signs for Isolation Patients	Infection Control 3	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	05/01/1991	02/07/2018	365 days	12/03/2020	No	No Comment Provided	33	Unchanged



Origination: 08/2017
Approved: N/A
Last Revised: 10/2020
Policy Area: *Diagnostic Imaging*
References:

Sentinel Lymph Node Biopsy - Breast Lymphoscintigraphy

Policy:

Breast Scintigraphy will be utilized to identify sentinel nodes in conjunction with surgical intervention.

Procedure:

Patient Preparation

- No special preparation for the test is needed; however, a thorough explanation of the test should be provided by the technologist and the physician.
- The patient should remove all clothing and jewelry above the waist and should wear a hospital gown with the opening in front. Care should be taken to maintain patient privacy.

Information Pertinent to Performing the Procedure:

- Prior mammogram should be available, as well as US if previously performed ultrasound exam, if needle localization is being used.
- On female patients, the time of last menses and pregnancy and lactating status should be documented. If the patient is pregnant or lactating, the determination should be made as to whether to proceed with the examination.

Radiopharmaceutical:

- 2 - 4 mCi 99mTc Filtered Sulfur Colloid is injected intradermally into the periareolar tissue using one to two tuberculin syringes.

Image Acquisition:

- One mapping image will be performed 1 hour after injection. An intraoperative gamma probe localization occurs in the OR during the surgical procedure, followed by surgical removal of detected SLNs sentinel lymph nodes.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	pending
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	11/2020
	Krystal Chamberlin: Director Diagnostic Imaging	10/2020

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Origination: 03/2007
Approved: N/A
Last Revised: 10/2020
Policy Area: Nursing
References: 42 CFR 482.13(c)(2)

Care and Management of Suicidal Patients (Patients that are Danger to Self or Others)

Purpose:

To assure that patients identified as being at risk of harm to self or others are cared for in a safe environment.

Definitions:

Lethality: The likelihood of a patient acting on ideation of harm to self or others.

Ligature Point: Anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation.

Continuous Visual Observation: The patient is within line of sight of a staff member at all times. More than one patient may be under continuous observation of a single staff member. During times when the patient is using the toilet or is showering, the patient may be outside of line of sight, but a staff member is directly outside the bathroom / shower and the door to the bathroom / shower is unlocked.

Continuous 1:1 Observation: The patient is within line of sight of a staff member at all times. A staff member is assigned to observe only one patient at all times including while the patient uses the toilet or showers. Depending on the care need, the staff member may need to be at arms-length of the patient. Arms-length proximity is contraindicated for patients at risk of harm to others.

Policy:

This policy pertains to any patient who has verbally expressed suicidal thoughts/plans and/or who has made an overt physical attempt to harm self or others. Patients will be assessed with the [Columbia Suicide Risk Assessment Severity Rating Scale](#) tool at the time of admission and every ~~12-hour~~ shift or as often as the patient's condition mandates. ~~Attending physician will be notified of need for consult from psychiatric practitioner if not already ordered.~~

Procedure:

Patients who are at risk for suicide will be assessed/reassessed at the following points in their hospital stay; upon arrival to the hospital, at a minimum once every shift, when a change in the patient's level of function is noted, when being transferred to a higher or lower level of care, when being transferred to a different area of the hospital and upon discharge or inter-facility transfer.

Patients at increased risk for suicide, include but is not limited to, those who:

1. Current attempt to harm self/suicide
2. Suicide ideation with concrete plan
3. Command hallucinations to self harm
4. Chronic, debilitating mental illness
5. Limited or no social support
6. Past history of suicide attempts
7. Recent significant life changing event (death of a loved one, divorce or loss of job, etc.)
8. Situational or chronic depression
9. Verbalizes suicidal ideation
10. Are experiencing severe anxiety or agitation
11. Are experiencing feelings of hopelessness or abandonment
12. Have sleep disturbances
13. Are abusing drugs or alcohol
14. Have a family history of suicide
15. Say goodbye with finality (telling the staff that they won't be here when they return)
16. Are unwilling to commit to telling the staff if he/she feels like harming himself
17. History of post-partum depression

Times of increase risk of a patient committing suicide:

1. At change of shift
2. Early morning hours
3. Night time hours
4. Weekends
5. Holidays
6. After visitors leave
7. After phone calls
8. After disturbing news
9. Shortly after admission or near/at discharge
10. Patients that exhibit/express reluctance to receive psychiatric consultation or treatment

Risk Assessment and Safety:

1. All patients (in-patient and out-patient) that are being seen/treated for emotional or behavioral complaints/ disorders or that verbalize suicidal ideation will be assessed for suicide risk.

If a patient verbalizes suicidal or homicidal thoughts once admitted to the hospital, a suicide screen will be completed by nursing with the suicide assessment being completed, using the [Columbia Suicide Risk Assessment tool](#) [Severity Rating Scale](#). A [psychological](#) [Social Service](#) consult will be placed for evaluation

should be ordered.

The patient's immediate safety needs and most appropriate area will be determined. The following suicide precautions will be initiated:

- i. The patient will be placed in a private room when possible and provided with constant 1:1 observation if assessed for high degree of lethality. Patients assessed as low degree of lethality will be placed in a room and provided with continuous visual observation.
- a. Unsafe items will be removed from the patient's room, prior to patient admission if possible, unless medically indicated, including, but not limited to:
 - i. mounted blood pressure items
 - ii. thermometers
 - iii. telephones
 - iv. call light with cord
 - v. oxygen
 - vi. air meter
 - vii. suction meter and canister
 - viii. trash can
 - ix. plastic bags
 - x. curtains
 - xi. extra linen
- b. Utilize the Environmental Risk Mitigation tool, prior to patient admission into room if possible, to mitigate ligature and suicide attempts. This tool will be utilized and completed every shift thereafter. This is part of the permanent medical record.
- c. All ancillary staff members entering the patient's room will be made aware of the potential suicide risk and will be accompanied or assisted with procedures/interventions as needed.
 - i. Equipment and harmful items must be kept away from the patient's reach.
 - ii. All equipment/supplies must be removed from the room at the completion of the treatment/procedure.
 1. If the ancillary staff member must leave the patient's room prior to completion of the treatment/procedure, the equipment/supplies must also be removed or another staff member will be asked to remain with the patient until he/she returns
- ii. Sitters may be used for Continuous Visual Observation or Continuous 1:1 Observation of patients who are assessed to be at risk for suicide.
- iii. The patient will be gowned/ paper scrubs and their personal belongings will be removed with the exception of a single cell phone.
- iv. The nursing staff will initiate the process of securing all belongings and will either send the belongings home with family/significant others or will place valuables in safe and place non-valuable items in a secure area once the inventory of belongings has been completed and the form placed in the medical record.
- v. All medications brought to the hospital by patients at risk for suicide will be confiscated and either sent

~~home with the family/significant others or will be sent to Pharmacy for storage.~~

~~a. Medications will be returned by the Pharmacy to the patient/family at the time of discharge.~~

~~vi. The patient's meals will be served on a disposable tray and the patient will be provided with plastic eating utensils (finger foods only for violent patients determined by nursing staff.)~~

~~vii. The door/disposable curtains to the room will remain open when appropriate for observation. It will be closed only if needed for the patient's privacy or treatments and a hospital staff member (or family member) will be present until it is appropriate to open the door/disposable curtains.~~

~~viii. Observations will be documented.~~

~~ix. Visitors will be educated on the need to check with the nursing staff before bringing or leaving anything with the patient to maintain a safe environment.~~

~~a. A member of the patient's family/significant other will be encouraged to remain with the patient if appropriate.~~

~~x. Patients who are suicidal will be restricted to their room unless it is necessary to leave the unit for testing or procedures that cannot be delayed.~~

~~xi. If the patient must leave the room/department, 1:1 contact will be maintained at all times. The receiving department will be informed of the patient's risk of suicide. It will be emphasized that the patient is not to be left alone or unobserved at any time.~~

~~xii. The patient will be observed during medication administration to ensure he/she is swallowing the medication.~~

~~xiii. Patients determined to be at risk for suicide or harm to self using the Suicide Risk Assessment tool at the time of admission and every 12 hours or as often as the patient's condition mandates.~~

~~xiv. The decision to remove or modify a level of observation should be a collaborative one between staff, the patient and the patient's physician. The reassessment of the degree of lethality will assist in determining the correct risk level and what type of observation status the patient will be placed; continuous visual observation or continuous 1:1 observation.~~

~~xv. If the use of restraints is indicated, the hospital-wide policy and procedure on restraint use must be followed. Prior to applying restraints, alternatives and least restrictive devices must be utilized/considered.~~

~~xvi. Patients at risk for suicide will receive appropriate care within the hospital, and will be transferred to another appropriate facility to receive definitive care. Patients who are found to be no longer at risk for suicide will be provided the following resources upon discharge:~~

~~a. Suicide Hotlines (Toll-Free, staffed 24/7):~~

~~i. 1-800-SUICIDE/1-800-784-2433~~

~~ii. 1-800-273-TALK/1-800-273-8255~~

~~iii. TTY: 1-800-799-4TTY (4889)~~

~~xvii. Plan of care will be initiated by admitting R.N. along with patient and family when appropriate. The plan of care will be updated as needed and reviewed at least every 24 hours.~~

Environmental Risk Assessment:

Each patient care area that is reasonably expected to care for a patient identified as being at risk of harm to self or others, shall conduct an assessment to identify environmental risks, utilizing the Environmental Risk Mitigation tool.

Environmental risk assessments are conducted and documented every shift to determine that the room is ligature-free and fully mitigated. If room is found not to be fully mitigated or ligature free, corrections must be made immediately.

All ancillary staff members entering the patient's room will be made aware of the potential suicide risk and will be accompanied or assisted with procedures/interventions as needed.

Equipment and harmful items must be kept away from the patient's reach:

1. All equipment/supplies must be removed from the room at the completion of the treatment/procedure.
 - a. If the ancillary staff member must leave the patient's room prior to completion of the treatment/procedure, the equipment/supplies must also be removed or another staff member will be asked to remain with the patient until he/she returns

Observation of At Risk Patients:

Patients identified as being at risk of self harm or danger to others will be placed into a ligature-free and fully mitigated room. If a fully mitigated, ligature free room is not available for a patient that is at risk they will be placed in Continuous 1:1 Observation.

Sitters may be used for Continuous Visual Observation or Continuous 1:1 Observation of patients who are assessed to be at risk for suicide.

Room Placement Process:

1. The patient will be gowned/paper scrubs, and their personal belongings will be removed with the exception of a single cell phone.
2. The nursing staff will initiate the process of securing all belongings and will either send the belongings home with family/significant other or will place valuables in safe and place non-valuable items in a secure area once the inventory of belongings has been completed, the form placed in the medical record.
3. All medications brought to the hospital by patients at risk for suicide will be confiscated and either sent home with the family/significant other or will be sent to Pharmacy for storage.
 - a. Medications will be returned by the Pharmacy to the patient/family at the time of discharge.
4. The patient's meals will be served on a disposable tray and the patient will be provided with risk free eating utensils (finger foods only for violent patients as determined by nursing staff.)
5. The door/disposable curtains to the room will remain open when appropriate for observation. It will be closed only if needed for the patient's privacy or treatments and a hospital staff member (or family member) will be present until it is appropriate to open the door/disposable curtains.
6. Visitors will be educated on the need to check with the nursing staff before bringing or leaving anything with the patient to maintain a safe environment.
 - a. A member of the patient's family/significant other will be encouraged to remain with the patient if appropriate.
7. If the patient must leave the room/department, 1:1 contact will be maintained at all times. The receiving department will be informed of the patient's risk of suicide. It will be emphasized that the patient is not to be left alone or unobserved at any time.
8. The patient will be observed during medication administration to ensure he/she is swallowing the medication.

9. The decision to remove or modify a level of observation should be a collaborative one between staff, the patient and the patient's physician. The reassessment of the degree of lethality will assist in determining the correct risk level and in what type of observation status the patient will be placed: continuous visual observation or continuous 1:1 observation.
10. If the use of restraints is indicated, the hospital-wide policy and procedure on restraint use must be followed. Prior to applying restraints, alternatives and least restrictive devices must be utilized/considered.
11. Patients at risk for suicide will receive appropriate care within the hospital, and will be transferred to another appropriate level of care to receive definitive care.
12. Patients who are found to be no longer at risk for suicide will be provided appropriate resources upon discharge.
13. Plan of care will be initiated by admitting R.N. along with patient and family when appropriate. The plan of care will be updated as needed and reviewed at least every 24 hours.

Documentation:

- Document all patient activities and treatments provided at the time they occur (i.e. eating, toileting, medication administration, visitors, nurse or physician care, etc.)
- Document at minimum every hour and sign, time and date all entries.
- “*Continuous 1:1 Observation*” or “*Continuous Visual Observation*” for that hour must be included in your documentation.
- Document if you leave your assignment and the name of the person providing your relief. Again sign, time and date this documentation. Document the time you return to your assignment.
- Document all patient activity, care provided and observations ~~on the Daily Flow Sheet with narrative charting on page 2 of document~~ in the Electronic Healthcare Record (additional pages may be added if needed EHR).

Suicide Attempt, Elopement, Aggression

- A. In the event that a patient attempts suicide, elopes or becomes aggressive while at San Gorgonio Memorial Hospital:
 1. The patient attempting suicide will be rescued and appropriate medical care will be administered
 2. Activate provided panic alarm by pushing both buttons on alarm at same time
 3. Call 55 or 5555 to call a code:
 - a. Code Blue or Rapid Response should be called for patient care needs
 - b. Code Grey should be called if security event
 4. The environment will be secured
 - a. The room will be maintained as found following the event
 - b. Documentation of evidence, such as pictures and findings
 5. The patient's physician, house supervisor, nursing director for the unit and social services will be notified for an emergent assessment
 6. An emergency ~~psychiatric~~ social service consultation will be requested

7. The environment will be evaluated for safety of patients/staff
8. Risk management will be notified
9. Additional departments will be notified based on the circumstances of the event
10. Rapid debriefing will be arranged for the staff
11. [Notify local police department for elopement or aggressive behavior which is unable to be controlled by hospital staff](#)

Assessing Facility Environmental Risk:

Each patient care area that is reasonably expected to care for a patient identified as being at risk of harm to self or others, shall conduct an assessment to identify environmental risks.

- The organization does not prescribe the specific assessment tool that may be utilized for the facility assessment of environmental risks.
- The scope and content of the assessment tool must be appropriate for the care setting and the likely patient population served.
- The facility risk assessment should be completed at least once every three years or if there is any significant change to the care area and/or patient population(s) served.

Correcting Facility Environment Risk:

The organization shall correct or mitigate environmental risks identified as the result of assessment activities. Note that correcting risk is different than mitigating risk. Correction means the risk has been removed. Mitigation means the risk remains, but has been addressed through compensatory mechanism(s).

- Mitigation of ligature risk is required for non-inpatient psychiatric care areas of general acute care hospitals
- Mitigation of other environmental risks is required for all settings.

Attachments

- [Columbia Suicide Risk Assessment.pdf](#)
- [Columbia Suicide Severity Rating Scale - ED and Primary Care.pdf](#)
- [Environmental Risk Mitigation Tool 10.30.2020.doc](#)

Approval Signatures

Step Description	Approver	Date
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	pending
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	11/2020
	Gayle Freude: Nursing Director Med/Surg	10/2020

San Gorgonio Memorial Hospital
Pharmacy & Therapeutics
Formulary Review
November 17, 2020

Approval

Ticagrelor (Brillinta) 90mg Tablets

- **Acute coronary syndrome:** To reduce the risk of cardiovascular death, myocardial infarction (MI), and stroke in patients with acute coronary syndrome (ACS) or a history of MI. Ticagrelor also reduces the risk of stent thrombosis in patients who have been stented for treatment of ACS.
- **Coronary artery disease (stable) and high risk for ischemic cardiovascular events, primary prevention:** To reduce the risk of first MI or stroke in patients with coronary artery disease at high risk for such events. .
- **Pharmacology:** inhibition of platelet aggregation
- **Dose:** loading dose 180mg; Maintenance dose 90mg BID
- **Monitoring:** signs of bleeding, SOB , more bleeding risk than Plavix
- **Contraindications:** less effective with ASA 100mg or higher,
- **Pharmacy costs:** ~ \$13 per day, Plavix ~ 6 cents per day
- **Alternatives:** Plavix
- **Restriction:** cardiologist or home therapy? RCH restricted to Cardiology only ;

Urea (UreNA) Powder for Oral Administration

- **Indications:** moderate to profound hypernatremia
- **Pharmacology:** Urea normalizes blood sodium levels by inducing water loss in the urine. This is accomplished without a risk of loss of important electrolytes like potassium, calcium and magnesium.
- **Dose:** 15mg QID
- **Monitoring:** electrolytes , NV , muscle cramping
- **Warnings:** infusion related hypotension, chills, shivers; edema
- **Patient information:** patient given information packet as part of EAU
- **Pharmacy costs** ~ \$
- **Alternatives:** Salt tablets, Samsca
- **Restrictions:** Nephrology

TAB K

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
1	Ace Bandage, Application of	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
2	Admission of a Patient Into an Isolation Room	Infection Control	Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
3	Admission Of Newborn	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
4	Admission of Patients for Diagnostic Imaging Procedures	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
5	Admission/ Transfer From Labor & Delivery (L&D) To Postpartum	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
6	ALARA Investigation Memo	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
7	Amnioinfusion	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
8	Ancillary Services	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
9	Anesthesia	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
10	Approval for Radioactive Material Use	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
11	Assessment of The Newborn	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
12	Attorney Requests in OB	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
13	Authorized Use Area Inspections by the Radiation Safety Officer	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
14	Authorized Uses of Radiation Sources	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
15	Baptism	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
16	Basic Radiation Safety Principles and Work Rules	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
17	Bassinet Units	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
18	Bassinet Units, Cleaning	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
19	Bath, Newborn	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
20	Behavioral Health Scope of Services	Behavior Health	Dunn, Joseph: Director Behavioral Health Services	Ariel Whitley for Hospital Board of Directors
21	Behavioral Health Discharge Process in the Electronic Medical Record	Behavior Health	Dunn, Joseph: Director Behavioral Health Services	Ariel Whitley for Hospital Board of Directors
22	Bili Meter	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
23	Biohazardous Waste Disposal	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
24	Bioterrorism Response Plan	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
25	Biovigil Hand Hygiene Monitoring	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
26	Blood Gas Capillary	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
27	Blood Gas, Arterial, Via UAC	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
28	Blood Glucose Monitoring, Infant	Obstetrics	Jacobson, Janis: OB Charge Nurse	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
29	Bloodborne Pathogen: Exposure Control Plan	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
30	Breast Feeding	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
31	Breast Milk, Collection and Storage	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
32	Breast Stimulation Stress Test	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
33	Car Seats	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
34	Care and Management of Suicidal Patients (Patients that are Danger to Self or Others)	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
35	Care of Patient After Normal Vaginal Delivery	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
36	Central Log	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
37	Cesarean Section, Post Operative Care Of	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
38	Charges	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
39	Chest Compression For Neonates	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
40	Circumcision Trays	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
41	Cleaning Computer Keyboards	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
42	Cleaning LDR	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
43	Cleaning Patient Equipment	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
44	Code Blue	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
45	Communication Of Obstretic Emergencies	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
46	Consultation from an Intensive Care Nursery	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
47	Corrective actions for Deficiencies Identified Through Quality Control Measures	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
48	Delivery, Care of Patient During	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
49	Diabetes, Gestational	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
50	Diagnostic Imaging - Policy for Ordering Diagnostic Imaging Tests	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
51	Diagnostic Imaging / Radiation Safety Office Information	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
52	Diagnostic Imaging Radiation Procedures and Rules - Technologist	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
53	Dietary Procedure	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
54	Discharge Planning Coordination	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
55	Discharge Planning for Tuberculosis Patients	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
56	Discharge Summary for Behavioral Health Center	Behavior Health	Dunn, Joseph: Director Behavioral Health Services	Ariel Whitley for Hospital Board of Directors
57	Discharge Teaching - Postpartum	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
58	Disinfectants and Cleaning Products Approval Process	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
59	Dress Code - LDR	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
60	Drug Screen Protocol	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
61	Education and Training of Employees in Infection Control	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
62	Electronic Fetal Monitoring	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
63	Endotracheal Intubation, Assisting With	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
64	Environment Control	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
65	Epidural, Continuous or Single, Analgesia for Labor Patients	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
66	Evacuation of the Obstetrical Department	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
67	Event Related Sterility	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
68	Exposure of Pre-Hospital Personnel to Reportable Diseases	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
69	Eye Treatment of the Newborn	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
70	Eyes, Refusal to Allow Treatment	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
71	Family Centered Maternity Care	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
72	Fetal/Neonatal Demise	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
73	Fire Watch Policy	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
74	Flowers	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
75	Fogging of Isolation Rooms	Environmental Services	Nutter, Coda: Director Environmental Services	Ariel Whitley for Hospital Board of Directors
76	Food Brought Into the Hospital for Patients	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
77	Formula Preparation and Storage	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
78	Gavage Feeding	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
79	Glucose Testing; Accu-Chek Finger Stick (Neonatal Heel Stick) Using Whole Blood	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
80	Group B Streptococcal Disease	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
81	Group B Streptococcal Prevention in Newborn	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
82	Guidelines for Care of Neutropenic Patients (Immunocompromised Patients)	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
83	Hand Hygiene	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
84	Handling Sharps	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
85	Handwashing	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
86	Hemorrhage	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
87	Hemorrhage, Postpartum	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
88	Hepatitis B Infection, Newborn	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
89	Hyperbilirubinemia, Management of	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
90	Identification, Patient	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
91	Infection Control During Construction Renovation and Demolition	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
92	Infection Control for Obstetrics	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
93	Infectious Waste Disposal - Red Bag Usage	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
94	Initiation of Isolation	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
95	Injection Practices & Sharps Safety	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
96	Intrapartum Care of Patients with HIV Positive or Unknown Status	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
97	Intrauterine Pressure Catheter	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
98	Isolation Daily Cleaning	Environmental Services	Nutter, Coda: Director Environmental Services	Ariel Whitley for Hospital Board of Directors
99	Isolation Discharge Cleaning	Environmental Services	Nutter, Coda: Director Environmental Services	Ariel Whitley for Hospital Board of Directors
100	Isolyser Liquid Treatment System	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
101	Jakob-Creutzfeldt (Or Creutzfeldt-Jakob Disease or CJD)	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
102	Kick Counts	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
103	Labor Patient, Care of	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
104	Laboratory Downtime Operation	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
105	Maternity Overflow	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
106	Milieu	Behavior Health	Dunn, Joseph: Director Behavioral Health Services	Ariel Whitley for Hospital Board of Directors
107	Newborn Abandonment (SB 1368)	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
108	Newborn Daily Care	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
109	Newborn Pain Scale	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
110	Newborn Screening Test	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
111	Newborn, Care Of	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
112	No Prenatal Care	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
113	Non-Stress Test	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
114	Notification of Pediatrician Admission	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
115	Nutritional Screening for the OB Patient	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
116	Obstetric/Pediatric/Pathologic/Radiologic Conferences	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
117	Obstetrical Instrument Processing	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
118	Obstetrical Medical Screening Examination Standardized Procedure	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
119	OR - Prevention of Retained Surgical Items - Surgical Counts	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
120	OR - Sterile Technique & The Sterile Field	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
121	Orientation for Obstetrics (OB) - Postpartum, Nursery, Labor and Delivery (L&D)	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
122	Outbreak Surveillance	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
123	Outpatient, Care of	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
124	Oxygen Administration to Newborn	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
125	Oxygen and Compressed Air Tanks	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
126	Oxytocin Challenge Test (Contraction Stress Test)	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
127	Parasite Infestation in Patients: Lice and Scabies	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
128	Paternity Opportunities Program (POP)	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
129	Patient Protection from Bloodborne Infections of Health Care Workers	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
130	Perinatal Department Goals / Objectives	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
131	Photography/Video Recording in Labor & Delivery	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
132	Phototherapy for Hyperbilirubinemia	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
133	Physician Coverage, Perinatal Unit	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
134	Physician Visits	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
135	Placenta Previa, Care of the Patient With	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
136	Placentas, Handling of	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
137	Plan to Manage the Influx of Potentially Infectious Patients	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
138	Polyhydramnios of the Intrapartum Patient	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
139	Postmortem Handling of Bodies	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
140	Postpartum Patient, Care of	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
141	Pre-Eclampsia/Eclampsia	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
142	Precip Pack, Ob Emergency Pack	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
143	Premature Labor – Intrapartum Complication	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
144	Premature or Low Birth Weight Infant, Care of	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
145	Preventing Multi-Drug Resistant Organisms	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
146	Preventing Surgical Site Infections	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
147	Prevention of Catheter Associated Urinary Tract Infections	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
148	Prevention of Central Line Associated Infections	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
149	Prevention of Neonatal Ophthalmia	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
150	Pulse Oximetry	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
151	Rapid Human Immunodeficiency Virus (HIV) Antibody Testing	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
152	Records	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
153	Refrigerator Temperature Inspection	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
154	Refusal of Drugs, Treatments or Procedures	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
155	Registration/Authorization of Obstetrical Patient	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
156	Reportable Disease Notification	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
157	Reporting HAI to Other Facilities	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
158	Resuscitation of Infant in Delivery Room Oro-Pharyngeal Suctioning	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
159	Rhogam Injection	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
160	Rooming-in	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
161	Rubella Vaccination	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
162	Safety in the Obstetrical Unit	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
163	Safety: Physical Therapy	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
164	Sentinel Lymph Node Biopsy - Breast Lymphoscintigraphy	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
165	Service Reporting	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
166	Social Work Student Clinical Rotation	Social Services	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
167	Social Worker Care of the Psychiatric Patient	Social Services	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
168	Special Procedures that May be Initiated by a Nurse	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
169	Specific Isolation in Special Care Areas	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
170	Spiral Electrode Placement	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
171	Spiritual Care of the Patient	Social Services	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
172	Standard & Isolation Precautions	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
173	Standards for Obstetric Care	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
174	Sterile Processing - Sterrad Nx Policy	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
175	Sterilized Items: Shelf Life	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
176	Substance Use Navigator (SUN) Interventions	Social Services	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
177	Supervisory Review of Laboratory Results	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
178	Surgical Services - Maintaining Normothermia of the Surgical Patient	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
179	Surgical Services - Monitoring of the Temperature, Humidity and Emergency Lighting	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
180	Surveillance	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
181	Termination of Isolation on Discharge or Transfer	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
182	Transfer Procedure, Maternal	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
183	Transfer, Infant	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
184	Transport of Infant in Hospital	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
185	Transport Protocol for High Risk Mothers and Infants	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
186	Transporting the Isolation Patient	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
187	Triage	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
188	Tuberculosis Exposure Control Plan	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
189	UA, Obtaining on Obstetrical Patients with Urethral Catheter	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of December 1, 2020

	Title	Policy Area	Owner	Workflow Approval
190	Umbilical Arterial Catheter Pack	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
191	Umbilical Arterial Catheterization	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
192	Umbilical Cord Prolapse (UCP), Nursing Management of	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
193	Utilization Management Chart Review	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
194	Vacuum Extraction	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
195	Vaginal Birth After Cesarean (VBAC)	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
196	Vaginal Delivery	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors
197	Vital Signs for Isolation Patients	Infection Control	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
198	Vitamin K Administration (Hemorrhagic Disease)	Obstetrics	Echols, Carrie: Nursing OB Director	Ariel Whitley for Hospital Board of Directors

TAB L



Nationally Recognized Patient Satisfaction Awards

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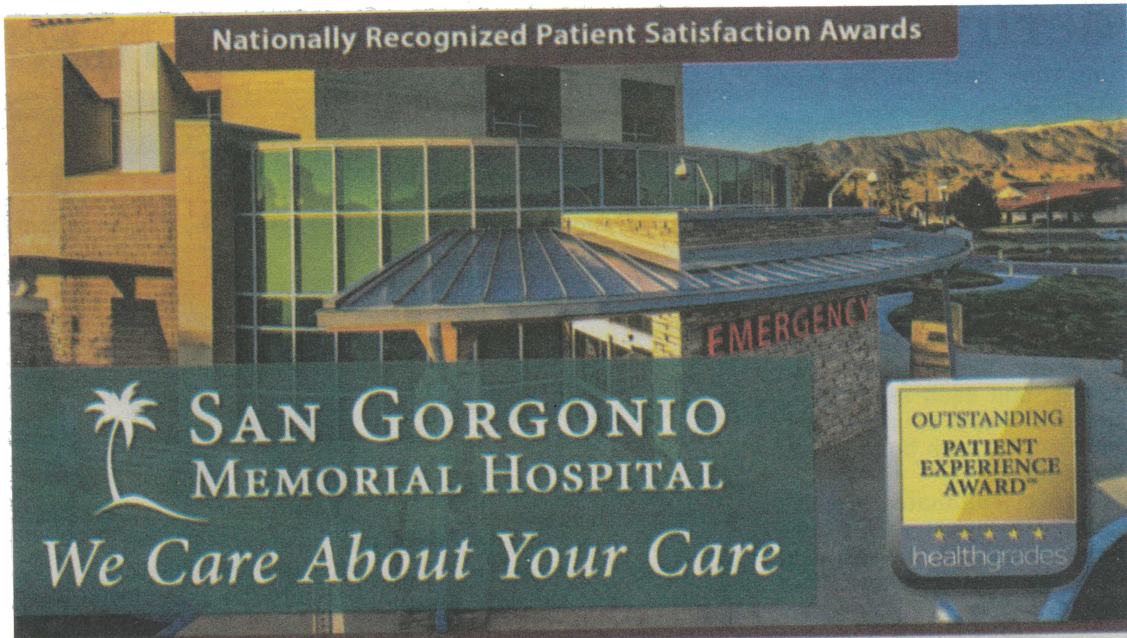
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- State of the art imaging on site, including x-ray, MRI, CT scans, and ultrasounds
- Expert treatment for patients of all ages -- from children to older adults

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Free Thanksgiving Dinner for Associates

On Thursday, November 26, 2020, hospital associates may receive a FREE Thanksgiving meal.

Menu includes: Roasted turkey, roasted ham, mashed potatoes, sweet potatoes, green beans, cobbler, pumpkin pie, and a fountain drink.

Lunch Hours: 11 am - 1:30 pm

Dinner Hours: 5 pm - 8 pm

