



**AGENDA**

**REGULAR MEETING OF THE BOARD OF DIRECTORS**

**Tuesday, August 1, 2023 – 4:00 PM**

**Modular C Classroom**

**600 N. Highland Springs Avenue, Banning, CA 92220**

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

TAB

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

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

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

**OLD BUSINESS**

- III. **\*Proposed Action - Approve Minutes** S. DiBiasi
  - o July 11, 2023, Regular Meeting A

**NEW BUSINESS**

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

- VI. August, September, & October Board/Committee Meeting Calendars S. DiBiasi B
- VII. \* **Proposed Action – Approve 2023-2024 Corporate Compliance Plan** N. Caughman C  
▪ **ROLL CALL**
- VIII. \* **Proposed Action – Approve Annual Plan for Provision of Care** A. Brady D  
▪ **ROLL CALL**

IX. Committee Reports:

**Finance Committee:**

- \***Proposed Action – Approve June 2023 Financial Statement (Unaudited)** S. DiBiasi/ E  
○ July 25, 2023, regular meeting minutes D. Heckathorne  
▪ **ROLL CALL**

**Human Resources Committee:**

- July 19, 2023, Regular Meeting Minutes S. Rutledge/ F
- Reports A. Karam

- \***Proposed Action – Approve Associate Holiday Gift Cards** A. Karam G  
▪ **ROLL CALL**

- X. \* **Proposed Action - Approve Policies and Procedures** Staff H  
• **ROLL CALL**

- XI. Community Benefit events/Announcements/  
and newspaper articles S. DiBiasi I

XII. Future Agenda Items

**\*\*\* 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*)
- Telephone conference with legal counsel – Pending litigation (Government Code § 54956.9(d)(1))  
*Desert Anesthesia Consultants, LP v. San Geronio Memorial Hospital, et al. (Case No. RIC2000609)*
- Receive Quarterly Security/Safety & Emergency Preparedness Report (*Health & Safety Code §32155*)
- Receive Quarterly Performance Improvement Committee Report

San Gorgonio Memorial Hospital  
Board of Directors Regular Meeting  
July 28, 2023

*(Health & Safety Code §32155)*

- Receive Quarterly Corporate Compliance Committee Report  
*(Health & Safety Code §32155)*

**XIII. ADJOURN TO CLOSED SESSION**

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

**RECONVENE TO OPEN SESSION**

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

S. DiBiasi

**XIV. ADJOURN**

S. DiBiasi

**\*Action Required**

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

I certify that on July 28, 2023, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors  
*(Government Code Section 54954.2).*

Executed at Banning, California, on July 28, 2023



Ariel Whitley, Executive Assistant

**TAB A**

REGULAR MONTHLY BOARD  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

July 11, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, July 11, 2023 in Modular C meeting room 600, Highland Springs Avenue, Ranning, California.

**Members Present:** Susan Dias (Chair), Perry Goldstein, Shannon McCall, Ron Rader, Steve Riedle, Manny Sordlo, Dennis Mansley

**Members Absent:** Carrell Petersen, Randal Stevens

**Required Staff:** Steve Barron (COO), Daniel Hecathorne (COO), Raffi Sahagian (M) (Chief of Staff), Annah Gram (CHRO), Ariel Hitley (Executive Assistant), Angie Brady (COO), John Peleses (P) (Nursing and Support Services), Aran P. Singh (CMO), Sal Sanchez (Plant Operations), Valerie Hunter (Foundation Director)

AGENDA ITEM		ACTION / FOLLOW-UP
<b>Call To Order</b>	Chair Susan Dias called the meeting to order at 4:03 pm.	
<b>Public Comment</b>	No public comment.	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes  June 6, 2023, regular meeting.</b>	Chair Susan Dias asked for any changes or corrections to the minutes of the June 6, 2023 regular meeting.  There are none.	<b>The minutes of the June 6, 2023, regular meeting will stand correct as presented.</b>
<b>NEW BUSINESS</b>		
<b>Hospital Board Chair Monthly Report</b>	Chair Dias announced that the meeting will be lengthy and that she did not have a formal report to give this month.	
<b>CEO Monthly Report</b>	Steve Barron (COO) did not give a formal report this month.	
<b>Bi-Monthly Patient Care Services Report</b>	Angela Brady (COO) gave the Bi-Monthly Patient Care Services Report as included on the board tablets.	
<b>Quarterly Foundation Report</b>	Foundation Director Valerie Hunter gave the Quarterly Foundation Report as included on the board tablets.	
<b>July, August, &amp; September Board/Committee meeting calendars</b>	Calendars for July, August, & September were included on the board tablets.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
<b>COMMITTEE REPORTS:</b>																						
<p><b>Finance Committee</b></p> <p><b>Proposed Action – Recommend approval to the Healthcare District Board to adopt Resolution No. 2023-04.</b></p>	<p>Resolution No. 2023-04 is a resolution of the San Geronio Memorial Healthcare District Board of Directors approving the form and authorizing the execution and delivery of an equipment lease agreement in connection with the acquisition of equipment and approving certain related actions.</p> <p>It is noted that approval is recommended to the Healthcare District Board.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 674 1255 852"> <tr> <td>DiIasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Abstent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Abstent</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Wanersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiIasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Abstent	Rader	Yes	Rutledge	Yes	Stevens	Abstent	Swerdlow	Yes	Wanersley	Yes	Motion carried.		<p><b>M.S.C., (Rutledge/Rader), the SGMH Board of Directors voted to recommend approval to the Healthcare District Board of the adoption of Resolution No. 2023-04 as presented.</b></p>
DiIasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Abstent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Abstent	Swerdlow	Yes																			
Wanersley	Yes	Motion carried.																				
<p><b>Proposed Action – Recommend approval to the Healthcare District Board of the Data Center Upgrade not to exceed \$300K upon District Board approval.</b></p>	<p>The Hospital Board voted to recommend the approval of the Data Center not to exceed \$300K upon District Board approval. The Switches Upgrade as Bill is kept on hold at this time.</p> <p>It is noted that approval is recommended to the Healthcare District Board.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 1150 1255 1329"> <tr> <td>DiIasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Abstent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Abstent</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Wanersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiIasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Abstent	Rader	Yes	Rutledge	Yes	Stevens	Abstent	Swerdlow	Yes	Wanersley	Yes	Motion carried.		<p><b>M.S.C., (Rutledge/Swerdlow), the SGMH Board of Directors voted to recommend approval to the Healthcare District Board of the Data Center Upgrade not to exceed \$300K upon District Board approval as presented.</b></p>
DiIasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Abstent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Abstent	Swerdlow	Yes																			
Wanersley	Yes	Motion carried.																				
<p><b>Proposed Action – Recommend Approval of the May 2023 Financial Statement (Unaudited).</b></p>	<p>Wan Hecathorne CEO reviewed the Executive Summary of the May 2023 Financial report which was included on the Board tablet. A copy of the Finance Committee's June 27, 2023 meeting minutes were also included on the Board tablet. It was noted that the Finance Committee recommends approval of the May 2023 Financial report as presented.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 1696 1255 1875"> <tr> <td>DiIasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Abstent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Abstent</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Wanersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiIasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Abstent	Rader	Yes	Rutledge	Yes	Stevens	Abstent	Swerdlow	Yes	Wanersley	Yes	Motion carried.		<p><b>M.S.C., (Rader/McDougall), the SGMH Board of Directors approved the May 2023 Financial Statement as presented.</b></p>
DiIasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Abstent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Abstent	Swerdlow	Yes																			
Wanersley	Yes	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p><b>Proposed Action - Recommend approval to the Healthcare District Board of FYE 2024 Operating, Capital, and Cash Flow Budgets.</b></p>	<p>San Hecathorne presented the 2024 Operating Capital and Cashflow budgets as it is an annual requirement.</p> <p>It was noted that approval is recommended to the Healthcare District Board.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 537 1255 709"> <tr> <td>Diiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Absent</td> <td>Serdlo</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Diiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Serdlo	Yes	Tankersley	Yes	Motion carried.		<p><b>M.S.C. (Rutledge/McDougall) recommend approval to the Healthcare District Board of the FYE 2024 Operating, Capital and Cash Flow Budgets as presented.</b></p>
Diiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Absent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Absent	Serdlo	Yes																			
Tankersley	Yes	Motion carried.																				
<p><b>Executive Committee</b></p>	<p>Executive Committee Chair Susan Diiasi noted that the minutes of the June 27, 2023 regular meeting were included on the board tablets.</p> <p>Susan Diiasi briefly discussed the actions that were taken at that meeting.</p>																					
<p><b>Chief of Staff Report</b></p> <p><b>Proposed Action – Approve Recommendations of the Medical Executive Committee</b></p>	<p>The Chief of Staff briefly reviewed the Medical Executive Committee report as included on the board tablets.</p> <ul style="list-style-type: none"> <li>• Approval of the July 1, 2025 – June 30, 2027 Medical Staff Officers             <ul style="list-style-type: none"> <li>○ Chief of Staff-lect: Sherif Halil M</li> <li>○ Treasurer-lect: Craig Sehelet M</li> </ul> </li> <li>• Introduction of July 1, 2023 – June 30, 2025 Medical Staff Officers             <ul style="list-style-type: none"> <li>○ Chief of Staff-lect: Raffi Sahagian M</li> <li>○ Treasurer-lect: Sameh Mikhail M</li> </ul> </li> </ul>																					
<p><b>Proposed Action – Approve Policies and Procedures</b></p>	<p>There were eight policies and procedures included on the board tablets presented for approval by the board.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 1556 1255 1728"> <tr> <td>Diiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Absent</td> <td>Serdlo</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Diiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Absent	Rader	Yes	Rutledge	Yes	Stevens	Absent	Serdlo	Yes	Tankersley	Yes	Motion carried.		<p><b>M.S.C., (Rader/Tankersley), the SGMH Board of Directors approved the policies and procedures as submitted.</b></p>
Diiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Absent																			
Rader	Yes	Rutledge	Yes																			
Stevens	Absent	Serdlo	Yes																			
Tankersley	Yes	Motion carried.																				
<p><b>Community Benefit events/Announcements/and newspaper articles</b></p>	<p>Miscellaneous information was included on the board tablets.</p>																					

AGENDA ITEM		ACTION / FOLLOW-UP
<b>Future Agenda Items</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>	
<b>Adjourn to Closed Session</b>	<p>Chairman Piasa reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> <li>➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing</li> <li>➤ Receive Quarterly Environment of Care/Life Safety/Utility Management Report</li> <li>➤ Telephone conference with legal counsel – Pending litigation</li> </ul> <p>The meeting adjourned to Closed Session at 5:23 pm.</p>	
<b>Reconvene to Open Session</b>	<p>The meeting adjourned from closed session at 6:05 pm.</p> <p>At the request of Chairman Piasa, Ariel Hitley reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> <li>➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing</li> <li>➤ Received Quarterly Environment of Care/Life Safety/Utility Management Report</li> <li>➤ Participated in a telephone conference with legal counsel – Pending litigation. No action was taken.</li> </ul>	
<b>Adjourn</b>	The meeting was adjourned at 6:06 pm.	

In accordance with the provisions of 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 W. Highland Springs Avenue, Ann Arbor, MI 48106 during regular business hours Monday through Friday 8:00 am - 4:30 pm.

Respectfully submitted by Ariel Hitley, Executive Assistant



**TAB B**



# August 2023

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		<b>1</b> <b>4:00 pm Hospital Board Meeting</b>  <b>6:00 pm Healthcare District Board Meeting</b>	2	3	4	5
6	7	8  <i>*Dr. Singh speaking @ Calimesa Chamber Breakfast @7:30AM</i>	9	10	11  <i>Beaumont Chamber Breakfast @7:30 AM</i>  <i>Market in the Park @ Noble Creek Park 5:30pm-9:30pm.</i>	12  <i>Veterans Expo Resource Fair Chatigny Ctr. 9a-12p</i>
13	14	15	16  <i>Banning Chamber Breakfast @7AM</i>	17	18	19
20	21	22	23	24	25  <i>Market in the Park @ Noble Creek Park 5:30pm-9:30pm.</i>	26  <i>Smiles for Seniors Fundraising Event 12p-3p</i>
27	28	29  <b>9:00 am Finance Committee</b>	30	31		

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

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



# September 2023

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 <i>Administration Closed for Labor Day</i>	5 <b>4:00 pm Hospital Board Meeting</b>  <b>6:00 pm Healthcare District Board Meeting</b>	6	7	8 <i>Beaumont Chamber Breakfast @7:30 AM</i>	9
10	11	12	13 World Sepsis Day	14	15 <i>Oktoberfest</i>	16 <i>Oktoberfest</i>
17 <i>Oktoberfest</i>  World Patient Safety Day	18	19  National IT Professionals Day	20  <i>Banning Chamber Breakfast @7AM</i>	21	22	23
24	25	26  <b>9:00 am Finance Committee</b>	27	28  <i>Beaumont 2023 State of the City at Tukwet @5pm</i>	29	30  <i>Habitat for Humanity Gala</i>

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

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



# October 2023

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3 <b>4:00 pm Hospital Board Meeting</b> <b>6:00 pm Healthcare District Board Meeting</b>	4	5	6 <i>*SGMH Foundation Golf Tournament @ Tukwet Canyon</i>	7 <i>Banning Parks and Rec Cookie Series (SGMH Dietician, Jean Kielhold hosting)</i>
8	9	10	11	12 <i>Banning State of the City 11am—2pm @Morrongo</i>	13	14
15	16	17	18 <b>9:00 am HR Committee Meeting</b> <b>10:00 am Community Planning Meeting</b>	19	20	21 <i>Calimesa Chamber Night @ the races 6-9pm.</i>
22	23	24	25	26	27	28
29	30	31 <b>9:00 am Finance Committee</b> 				

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

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

**TAB C**

# San Geronio Memorial Hospital CORPORATE COMPLIANCE PLAN

~~2022~~2023

## I. INTRODUCTION

It is the policy of San Geronio Memorial Hospital (“SGMH”) that its business and affairs be conducted at all times in accordance with ethical business practices and applicable laws and regulations. ~~The Hospital~~SGMH places the highest importance on ~~its Mission, vision and values~~ of ~~SGMH~~its mission, vision and values. To that end and in accordance with ~~the Hospital’s~~SGMH’s Code of Conduct ~~the Hospital~~SGMH has developed this Corporate Compliance Plan (this “Plan”) to present and reaffirm its commitment to ethical conduct and adherence to applicable laws and regulations.

This Plan provides standards by which the board of directors officers, directors, associates, employees, contractors, members of the medical staff, allied health professionals, students, and volunteers, ~~and~~ and agents subject to this Plan individually and collectively, “SGMH Personnel” must conduct themselves and an outline of SGMH’s compliance policies.

## II. COMPLIANCE STANDARDS, POLICIES AND PROCEDURES

~~The Hospital~~SGMH is subject to numerous federal and state laws and regulations that govern the activities of ~~its~~SGMH Personnel. This Plan serves as a resource to SGMH Personnel to comply with such laws. SGMH Personnel are expected to ~~be~~ no ~~have~~ no ~~knowledge~~ of and ~~in compliance~~ comply with the laws and regulations that affect their ~~area~~ respective areas of responsibility. ~~its~~SGMH Personnel that violate laws or regulations risk individual criminal prosecution, civil actions for monetary damages and exclusion from ~~federally funded~~ federal or state health care programs. In addition, actions of ~~its~~SGMH Personnel may subject ~~the Hospital~~SGMH to the same ~~risks and potential penalties~~ liabilities. Accordingly, any ~~its~~SGMH Personnel that ~~violates~~ violates federal or state laws may be subject to disciplinary action up to and including termination of their employment. Questions regarding laws or regulations or any other part of ~~the~~ this Plan should be directed to the Compliance Officer at 951 846-2796.

~~The Hospital~~SGMH has developed the Code of Conduct that presents behavioral expectations and basic legal principles under which ~~its~~SGMH Personnel must operate. ~~its~~SGMH Personnel are responsible for ensuring that their behavior and activity are consistent with the Code of Conduct, which is attached to this Plan.

In addition to the Code of Conduct, ~~the Hospital~~SGMH has developed policies and procedures that address specific needs and will be distributed to and reviewed with affected ~~its~~SGMH Personnel as part of their training and education. As with all compliance policies, these specific policies and procedures will be reviewed regularly and modified to reflect ~~organizational~~ and

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### III. COMPLIANCE OVERSIGHT RESPONSIBILITY

The Board of Directors in order to reaffirm its commitment to ensure that ~~the Hospital~~SGMH operates in compliance with all laws and regulations of the United States and the State of California has adopted ~~a compliance plan~~this Plan. The Board of Directors has established a Compliance Committee and delegated its direct compliance oversight responsibilities to such committee. The Board of Directors also appointed a Compliance Officer who has been given authority to draft manage and do all things necessary and expedient to develop and implement an effective compliance program. The Board of Directors has given the ~~compliance officer~~Compliance Officer the authority to establish committees to assist in the drafting and implementation of ~~the~~this Plan.

#### Compliance Officer

The Compliance Officer maintains administrative authority for implementation monitoring and enforcement of ~~the~~this Plan. All questions and concerns regarding compliance with ~~the~~this Plan or legal and regulatory standards should be directed to the Compliance Officer. If an individual is uncertain whether their conduct or behavior is prohibited under law they must contact their supervisor or the Compliance Officer for guidance prior to engaging or continuing in the conduct or behavior. The Compliance Committee has full discretion to investigate possible instances of non-compliance and to initiate corrective action when a non-compliant situation is identified. ~~Associates~~SGMH Personnel are directed to cooperate fully and to assist the Compliance Committee.

The Compliance Officer's duties include but are not limited to the following:

- Developing overseeing and monitoring the implementation of ~~the~~this Plan
- Responding to ~~Associate~~SGMH Personnel inquiries regarding matters related to ~~the~~this Plan
- Developing coordinating and participating in compliance education and training
- Developing and supervising on-going compliance auditing and monitoring activities
- Developing a compliance concern reporting mechanism that encourages ~~Associates~~SGMH Personnel to report compliance concerns without fear of retribution
- Receiving investigating and reporting on compliance concerns and violations
- Recommending and overseeing implementation of corrective actions when necessary
- Establishing committees to assist in implementing and maintaining the compliance program

- Chairing the Compliance Committee
- Revising ~~the~~[this](#) Plan in response to organizational needs and changes in law and policy
- Reporting to the Compliance Committee and Board of Directors regarding compliance activities
- [Ensuring that SGMH Personnel know the requirements of this Plan](#)
- [Ensuring that SGMH Personnel have not been excluded from any federal or state health care program and](#)
- [Ensuring any question regarding laws or regulations or any other part of this Plan at 951-846-2796.](#)

### **Compliance Committee**

The Compliance Committee includes representatives of the Executive Team ~~Directors~~ and ~~Associates~~[SGMH Personnel](#).

The responsibilities of the Compliance Committee are as follows:

- Analyze the industry environment and applicable legal requirements
- Identify specific compliance risk areas
- Assess existing policies and procedures addressing compliance risk areas
- Develop standards of conduct and policies and procedures to promote compliance with ethical and legal requirements
- Recommend and monitor the development of internal systems, policies and controls to carry out the compliance program
- Determine the appropriate strategies to promote compliance and
- Monitor the results of external and internal investigations for the purpose of identifying deficiencies and implementing corrective action.

### **Hospital SGMH Directors**

Directors have a responsibility to know and understand the laws and regulations that apply to their area of responsibility and to exhibit a strong commitment to compliance. Directors encourage open communication among ~~Associates~~[SGMH Personnel](#) concerning compliance matters and will use due diligence in hiring and retaining employees.

## **IV. DUE DILIGENCE IN HIRING**

~~The Hospital SGMH~~ has developed a screening process to prevent the hiring of individuals who pose a risk of involvement in illegal activities. ~~We hire applicants~~[applicants](#) will have a reference

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check and will be subject to complete background investigations utilizing: the HHS/OIG Cumulative Sanctions and the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs and in addition Human Resources will check the Medicare/Medi-Cal Medi-Cal Suspend and Ineligible Provider List for potential associates applicants that may be on the list and ineligible for hire.

## V. COMPLIANCE TRAINING AND EDUCATION

Successful implementation and functioning of the this Plan will require effective training and education of associates. The Hospital SGMH Personnel. SGMH will provide educational training and resources available to ensure associates SGMH Personnel are familiar with organizational policies and procedures and those areas of law that affect the conduct of their duties. The compliance training and education program will provide associates SGMH Personnel with awareness regarding the importance of compliance and understanding of the structure of the this Plan and needed technical and functional training to carry out their responsibilities. The responsibility for the development of compliance education lies with the Compliance Officer.

The this Plan including the Corporate Code of Conduct is presented to associates SGMH Personnel in initial mandatory training sessions. This initial training introduced associates SGMH Personnel to compliance and reaffirmed the Hospital's reaffirms SGMH's commitment to an ethical professional work environment and compliance with legal standards. Initial general compliance training is a mandatory orientation subject for newly hired associates SGMH Personnel. General compliance education is provided at least annually. Additional organization-wide general compliance education may be developed as needs arise.

In addition to the general compliance education, associates SGMH Personnel will receive departmental specific compliance education as needed. This education will focus on technical and functional training to allow associates SGMH Personnel to carry out their responsibilities in a fully compliant manner. The departmental compliance education will be based upon identified compliance educational needs as determined by the Director/director together with the Compliance Officer. This specialized training will focus on complex or high compliance risk areas and will be modified over time in response to regulatory developments and newly identified compliance risk areas. Compliance risk areas may be identified by departmental monitoring activities, reported compliance concerns, governmental enforcement initiatives or by other means available. The Compliance Officer, Directors and associates SGMH Personnel share the responsibility to identify compliance related information to be presented to associates SGMH Personnel through education and training.

Participation in compliance training will be mandatory. Attendance at and participation in compliance educational programs is a factor in each associates employee's annual evaluation and is a condition of continued employment.

Compliance training and educational programs will utilize a variety of teaching methods and will be customized to the targeted groups recognizing the skills, experience, knowledge and educational level of the group. The Compliance Officer will report quarterly to the Compliance Committee and the Board of Directors on compliance educational initiatives.

## VI. MONITORING AND AUDITING SYSTEMS

In recognition of the need for the establishment of an on-going evaluation process to assure the success of the compliance program the Compliance Committee will develop a monitoring and audit process. The monitoring and audit process will assess compliance with laws, regulations, standards and policies and procedures. The scope and frequency of compliance monitoring and auditing activities in a particular area will be based on an assessment of risk and the effectiveness of existing operational controls and on-going monitoring activities. The Compliance Officer will establish guidelines to assure monitoring and audit coverage for all high-risk areas identified by the Compliance Committee.

All compliance monitoring and audit activities will be under the direction of the Compliance Officer. In addition to the use of internal resources, outside parties with specific compliance review expertise with federal and state health care statutes, regulations and program requirements may be used for auditing in specific areas. When possible, claim and billing accuracy monitoring will be completed on a prospective basis to identify potential problems before claims are submitted. Monitoring and audit results will be used to assist in correcting past problems and putting systems into place to prevent them from recurring. Compliance monitoring and audit records will be kept confidential and maintained by the Compliance Officer in a secure location.

Results of routine compliance monitoring and audit activities will be reported to the Compliance Committee and the Board of Directors on a quarterly basis.

[SGMH collects and maintains personal information that relates to SGMH Personnel's employment or contract including medical and benefit information if applicable. Access to personal information is restricted solely to people with a need to know such information. Personal information is released outside SGMH or its agents only with approval of the affected person except in accordance with law. SGMH Personnel who are responsible for maintaining personal information and those who are provided access to such information must ensure that the information is not disclosed in violation of SGMH's policies or practices.](#)

## VII. COMPLIANCE CONCERNS REPORTING STRUCTURE

~~Associates~~ [SGMH Personnel](#) have a duty and obligation to immediately report any concerns of suspected or actual violation of laws, regulations, standards or any other part of this Plan to their ~~director~~ [director](#). If the ~~associate~~ [SGMH Personnel](#) is uncomfortable making such report to their director, a report must be made to the Compliance Officer. If the Compliance Officer is unavailable, the ~~the~~ ~~associate~~ [SGMH Personnel](#) should contact the Chief Executive Officer, the administrator on call or the Chief Human Resources Officer.

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Once a concern report has been made, the [Associate Reporting Person](#) has a continuing obligation to update the report if they obtain new information.

The Compliance Officer will have an open-door policy regarding reports of concerns of any violations or suspected violations of the law or questions on the adherence to the law and components of [this](#) Plan. [Associates SGMH Personnel](#) may report a concern by a written report, phone call, email, or stop by the Compliance Officer's office to report in person.

### **Compliance Hotline:**

To encourage reporting of compliance concerns or questions, [the Hospital SGMH](#) has established a Compliance Hotline. ~~The Hospital's~~ [SGMH's](#) Compliance Hotline telephone number is 951-769-2245. This hotline is a secured voice mail system accessible only by the Compliance Officer or his designee.

[Associates SGMH Personnel](#) are encouraged to disclose their identity, recognizing that anonymity may hamper complete and timely investigations. However, anonymous reports will not be refused or treated less seriously because the reporter wishes to remain anonymous. All compliance concern reports will be kept confidential to the extent possible and will be investigated by the Compliance Officer and/or Compliance Committee. However, complete anonymity cannot be guaranteed especially in situations where governmental authorities may be involved.

No [Associate SGMH Personnel](#) who reports a compliance concern will be retaliated against or otherwise disciplined solely for reporting the concern. **[The Hospital SGMH](#) strictly prohibits retaliation against [Associates SGMH Personnel](#) who raise concerns honestly and forthrightly, and retribution in any form will not be tolerated.** [Associates SGMH Personnel](#) found to have retaliated against another [Associate Individual](#) will be disciplined in accordance with [Hospital's SGMH's](#) disciplinary guidelines, up to and including termination. The Compliance Officer does not have the authority to extend protection or immunity from disciplinary action or prosecution to [Associates SGMH Personnel](#) who have engaged in misconduct regardless of whether they reported the misconduct. No [Associate SGMH Personnel](#) will be punished solely for mistakenly reporting that they in good faith believed to be an act of misconduct if an individual may be subject to disciplinary action if the report was knowingly misstated. ~~Any~~ [Associate SGMH Personnel](#) who knowingly ~~mis-~~[uses](#)~~mis-~~[use](#) the hotline will be subject to disciplinary action up to and including termination of their employment.

Compliance inquiries will be included in confidential exit interviews conducted on behalf of Human Resources. Compliance concerns identified via exit interviews will be investigated and reported to the Compliance Committee.

## **VIII. INVESTIGATION AND CORRECTIVE ACTION**

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Upon receipt of a hotline report, a question, an audit or monitoring results or other information that suggests a compliance issue, the Compliance Officer will take all reasonable steps to promptly investigate the situation for purposes of assessing legal risks or obligations as well as Plan compliance. The Compliance Officer will enter the concern in the compliance database. Based upon the information given and the nature of the concern, the Compliance Officer will conduct an initial assessment to determine whether the report has merit and warrants additional investigation. The Compliance Officer either alone or in consultation with the Compliance Committee will decide as to who should conduct the investigation. Investigations will start as soon as possible but in no event more than fourteen (14) days following the receipt of the report suggesting a potential compliance issue.

Investigation activities may include, but not be limited to, the following:

- review of applicable laws, regulations and standards.
- interviews with the person reporting the concern and others who may be involved or have information to support the investigation.
- review of relevant documents including both financial and clinical records.

The Compliance Officer shall take necessary steps to prevent the destruction of documents or other evidentiary material relevant to an investigation.

If upon conclusion of the investigation it is determined that there is a substantiated material compliance concern, the Compliance Officer shall immediately formulate and implement a corrective plan of action. The corrective plan of action will ensure that the issue is addressed, eliminated or mitigated to reduce the chance that the situation recurs. Corrective action may include, but not be limited to, adopting new policies and procedures, education and training, discipline of ~~an associate~~ [SGMH Personnel](#) up to and including termination and disclosure to governmental authorities as required by law.

If the compliance problem relates to billing, similar billing will be discontinued until the problem is corrected and education on appropriate billing processes is provided. If improper payments were received, the Chief Financial Officer or his designee will determine the amount of repayment to be made and the required disclosures. If there is reason to believe that the misconduct may have violated criminal, civil or administrative law, the misconduct will be reported to the appropriate authority within a reasonable period of time but ordinarily no more than sixty (60) days.

The compliance database will be updated with the alleged violation, a description of the investigative process, interview notes and copies of key documents, interviewed witness names and the corrective action. As appropriate, the Compliance Officer will discuss the outcome of the compliance investigation with the individual reporting the concern. The Compliance Officer will report quarterly to the Board of Directors on identified compliance concerns and on the investigations undertaken as a result of these concerns.

Any issue for which a corrective action plan has been implemented will be targeted for focused on-going monitoring and incorporation into audits of that area in the future. Information gathered

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during an investigation may be incorporated into future ~~Associate~~[SGMH Personnel](#) education and training.

## IX. ENFORCEMENT AND DISCIPLINARY ACTION

~~Any~~ ~~Associate~~[SGMH Personnel](#) who ~~fails~~[fail](#) to comply with applicable laws, regulations, standards, and policies may be subject to disciplinary action up to and including termination of employment. Failure to report known or suspected noncompliance may subject ~~Associates~~[SGMH Personnel](#) to disciplinary action.

The disciplinary system shall provide those disciplinary actions including a statement of the reasons why the disciplinary penalty was imposed are documented in the personnel or credential file. The Compliance Officer will maintain a record of all disciplinary actions taken regarding compliance violations and will periodically review these to assure that discipline is administered in a fair and consistent manner to all ~~Associates~~[SGMH Personnel](#). The Compliance Officer will report to the Compliance Committee on a regular basis concerning the disciplinary aspects of ~~the~~[this](#) Plan.

**Summary report:  
 Litera Compare for Word 11.3.0.46 Document comparison done on  
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<b>Style name:</b> Default Style	
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<u>Move to</u>	0
<u>File insert</u>	0
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<u>File moves to</u>	0
<del>File moves from</del>	0
Embedded Graphics (Chem, Images etc.)	0
Embedded Cell	0
Format changes	0
<b>Total Changes:</b>	<b>238</b>

**TAB D**



Origination: 06/2013  
Approved: N/A  
Last Revised: 07/2023  
Policy Area: Administration  
References:

## Plan for the Provision of Patient Care 2022 - 2023

### Policy:

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

### Patient Rights:

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

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

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

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

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

### Culture Assessment:

The population served is 46% White, 38% Hispanic, 12% African American, 2% Asian/Pacific Island and 1% Native American/Eskimo, other 1% based on patient self-declaration. Translator services are available to



patients and to the hospital care team when barriers to communication exists.

## **Ethics:**

In recognition and support of our patients' basic rights, an Ethics Committee is available as an advisory body to patients, patient representatives and families and the health care team. This multi-disciplinary committee's purpose is to advise on matters relating to the moral and ethical decisions and/or concerns which may arise during hospitalization.

## **Patient Care Services:**

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

- Nursing Administration
- Intensive Care Service
- Definitive Observation Service
- Medical-Surgical/Telemetry Service
- Obstetrical Service
- Neonatal Service
- Emergency Service
- Surgical Service
- Behavioral Health Service
- Skin/Wound Prevention and Care
- Food/Nutrition
- Nursing Education
- Pharmacy
- Infection Prevention & Control
- Environmental Services
- Cardiology Service
- Cardiac Rehabilitation Service
- Rehabilitation Service
- Social Services/Case Management
- Respiratory Service
- Performance Improvement
- Risk Management
- Laboratory Service
- Diagnostic Imaging
- Environmental Safety/Security/Emergency Preparedness

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

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

- Relevant information affecting the operation of Patient Care Services.

- Personnel management and workload conditions.
- Budgetary and material resources or limitations.
- Training requirements for all levels of Nursing Service personnel.
- Implementation of standards pertaining to nursing.
- Recommendations from nursing regarding the continuous quality improvement process.
- Monitoring and evaluating activities.
- The CNO collaborates with the Executive Team on matters of concern or organization-wide effect. The CNO actively participates in formulating San Gorgonio Memorial Hospital's policies and budget, and in developing and evaluating programs and services.
- The CNO is a professional registered nurse, qualified by education and extensive management experience. He/She provides authority, accountability for, and coordination of functions to those in her/his line of authority.
- The CNO/designee participates with leaders from the governing body, management, medical associates, and clinical areas in developing San Gorgonio Memorial Hospital's Mission, Vision, Values, strategic plans, budgets, resource allocation, operation plans, and policies.
- The CNO/designee participates with leaders from the governing body and members of her associates in planning, promoting, implementing, monitoring, and evaluating activities.
- The CNO and other nursing leaders are responsible for developing, implementing, and evaluating programs to promote the recruitment, retention (through recognition and development), and continuing education of Nursing associates.
- The CNO/designee participates in evaluating, selecting, and integrating health care technology and information management systems that support patient care needs and the efficient utilization of nursing resources.
- The CNO/designee outlines a mechanism for associates to present and discuss ethical dilemmas in practice. Nursing is represented in all committees addressing ethical issues of patient care.
- The CNO selects nurse directors/department directors and affords them the authority and accountability to direct the activities of their patient care units.
- A Nurse Director, selected by the CNO, is designated, and authorized to act as Nurse Executive, during the absence of the CNO.

## Delivery of Care:

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

- Formulation of a patient centered plan of care, education, treatment, and rehabilitation. The patient, family and/or patient representative has the right to participate in the formulation of the plan of care.
- Implementation of the plan.
- Monitoring the patient's response to the implemented plan.
- Modification of the plan based on reassessments, change of condition and patient's needs.
- Formulation of discharge plans.

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

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

## Departmental Relationships:

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

The registered nurse will use an interdisciplinary approach to patient care through interaction with providers, other clinical service departments, and families/patient representatives in the delivery of patient care. Collaboration with providers and other health care disciplines will occur as appropriate based on the standard of care and patient's status. Documentation of collaboration is reflected within the electronic healthcare record.

## Assignment of Patient Care:

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

## Contracted Services for Patient Care:

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

- The requirements and definition of the timely provision of the contracted patient care services.
- The nature and scope of the services to be provided along with service expectations will be clearly stated in the contract.
- Evaluations of services will be performed on a regular basis.

## Staffing Plan:

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

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

at SGMH.

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

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

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

## **Patient Assessment:**

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

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

## **Planning Problem Lists:**

The problem list is formulated and utilized in the development of the plan of care in collaboration with the patient, family and/or the patient representative and the multidisciplinary care team. Problems identified are listed in the electronic healthcare record care plan and are kept current by adding new problems or deleting resolved problems, along with interventions and goals. Once daily, progress toward goals is evaluated by the Licensed Nurse.

## **Patient/Family/Patient Representative Education:**

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

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

## Discharge Planning:

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

## Medication Administration:

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

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

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

## Transfer of Patients to Another Healthcare Facility:

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

## Clinical Competency:

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

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

- Current applicable licenses or certifications
- Orientation checklists
- HIPAA training

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

Each department director and/or designee will assess competence of associates per department/unit plan.

## Emergency Services:

### Emergency Department (ED):

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

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

The unit goal is to triage patients within 15 minutes of arrival to the ED. Patients are triaged using the Emergency Severity Index (ESI) system, with is a five level ED triage algorithm that provides clinically relevant stratification of patients into five groups from 1 (emergent) to 5 (non-urgent) based on acuity and resource needs. Patients will be brought back to the treatment area immediately if status is emergent.

### Emergency Department Staffing Plan:

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

Nurses in the ED work primarily 12 hours shifts 6am-6pm, 6pm-6am with 3 mid shift positions during expected high census. Unit secretaries work a variety of flexible schedules. Emergency Medical Technicians (EMT) work 6a-6p and 6p-6a, 7 days a week. The standard staffing pattern for the Emergency Department is **five six**

licensed nurses, three of which must be a Registered Nurse, and one Charge RN. Rapid Care is staffed by a mixture of RNs and LVNs 8a-8p, 11a-11p and 2p-2a and Advanced Practice Providers (PAs and NPs).

## **Critical Care Services:**

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

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

Patients are candidates for admission to the Intensive Care Unit when skilled, critical care nursing and/or monitoring offers an improved chance of producing recovery from serious illness or when treatment modalities being employed preclude care on a general care nursing unit, such as the use of mechanical ventilators, temporary pacemakers, vasoactive intravenous infusions, and invasive hemodynamic monitoring.

The multi-disciplinary approach to patient care and family support is provided by Registered Nurses (RN), Licensed Vocational Nurses (LVN); Certified Nursing Assistants (CNA), Nursing Assistants (NA), Emergency Medical Technicians (EMT), Respiratory Therapists (RT), Pharmacist, Wound Care Nurses, Dietitians, Physical Therapists (PT), Occupational Therapists (OT), Speech Therapists (ST), Case Managers (CM) and Social Workers (SW) in collaboration with providers and licensed independent practitioners.

### **Intensive Care Staffing Plan:**

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

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

Licensed Nursing personnel in the ICU work primarily 12-hour shifts (6 am-6pm and 6pm-6am) and non-licensed personnel work primarily 12-hour shifts (7am - 7pm and 7pm to 7am).

### **Definitive Observation Unit (DOU):**

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

The multi-disciplinary approach to patient care and family support is provided by Registered Nurses (RN), Licensed Vocational Nurses (LVN); Certified Nursing Assistants (CNA), Nursing Assistants (NA), Emergency Medical Technicians (EMT), Respiratory Therapists (RT), Pharmacist, Wound Care Nurses, Dietitians, Physical Therapists (PT), Occupational Therapists (OT), Speech Therapists (ST), Case Managers (CM) and Social Workers (SW) in collaboration with providers and licensed independent practitioners.

### **DOU Staffing Plan:**

The nurse patient ratio is 1:3, Licensed Nursing personnel in the **ICU/DOU** work primarily 12-hour shifts (6 am-6pm and 6pm-6am) and non-licensed personnel work primarily 12-hour shifts (7am - 7pm and 7pm to 7am).

# Respiratory Services:

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

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

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

Services include:

- Continuous services: oxygen therapy, humidity and aerosol therapy, BI-PAP, C-PAP, high flow oxygen therapy and mechanical ventilation.
- Intermittent services: aerosol therapy, chest physiotherapy, postural drainage, incentive spirometry and bronchodilator treatments.
- Emergency services: CPR, oxygen administration, STAT procedures.
- Other services: obtain blood gas analysis, equipment monitoring, bedside bronchoscopy and provide respiratory assist for inpatient and outpatient procedures
- EKGs

## Respiratory Services Staffing Plan:

The Respiratory Department is staffed by associates that are licensed and who are trained and oriented to the department. The respiratory services are staffed by Certified Respiratory Therapist (CRTs), Respiratory Care Practitioner (RCPs) and/or Registered Respiratory Therapist (RRTs).

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

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

- Number of tests ordered
- Number of patients in specialized areas
- Number of treatments ordered per patient
- Number of ventilators in use
- Number of BiPaps in use and other specialized oxygen delivery systems i.e., high flow oxygen

Associates in the Respiratory Care Department work 12-hour shifts (6am-6pm and 6pm -6am). The department is operational 24 hours a day/7days a week.

## Surgical Services:

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



## **Surgery:**

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

### **Surgery Staffing Plan:**

Routine surgical cases may be scheduled 0700-1500 Monday through Friday excluding holidays. Staffing is flexible to accommodate the current schedule. After hours, weekends and holiday coverage is provided with "on call" personnel, consisting of an anesthesia provider, circulating RN and scrub RN or technician. This "on call" team has a 30-minute window to arrive in house once notified. There is full time, part time and per diem RNs and surgical technicians in the appropriate ratios to assure a registered nurse is always available to assume the circulating role on each procedure. All personnel have documented evidence that they have the competency and skill level to provide safe care to the patient.

Associates in surgery work varied schedules of eight- or twelve-hour shifts with varied start times. Associates include Nurse Director, Charge RN, staff RNs, Physician Assistant First Assists, Registered Nurse First Assistants, Surgical Technicians, Anesthesia Technicians, Environmental Services associates, Sterile Processing Technician and Clerical Support associates. All RNs are expected to hold current BLS and ACLS certification. Surgical Technicians are expected to hold a current BLS certification. Patient assignment is the responsibility of the director or designee based on associate's skill level, experience, and the acuity of the procedure.

Staffing schedules are made by the director or designee as needed for the current anticipated case load.

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

The PACU is a 6 bay unit dedicated to the care of the post-surgical patient emerging from general anesthesia, moderate to deep sedation or recovering from regional anesthesia and or pain management procedures. Patients are then transferred from the procedural suite to the PACU for initial recovery. When the patient meets criteria for discharge from the PACU, the inpatients are transferred to their room and the outpatients may return to the pre-op holding area for discharge or be discharged directly from the PACU. During discharge their IV is discontinued, they are dressed, discharge instructions are given, and they are escorted to their vehicle. On occasion this area may be utilized for minor invasive procedures, pain management procedures, or various infusions, i.e., blood, antibiotics or hydrating fluids.

This unit can be utilized on occasion for minor invasive procedures monitored by PACU associates.

### **PACU Staffing Plan:**

The PACU is staffed as needed Monday through Friday excluding holidays. staffing is flexed to accommodate the current schedule. After hours, weekends and holiday coverage is provided with "on call" personnel. The "on call" personnel have a 30-minute window to arrive in house once notified. The PACU associates consists of full time, part time and per diem RNs. BLS and ACLS certification is mandatory. LVNs may be utilized in assisting RNs as needed to accommodate shifts in volume levels. LVNs will work under the direction of the RN and are required to maintain BLS and ACLS certifications. All associates members have documented evidence of competency and skill levels to provide safe professional care to the patient. staffing ratios in the PACU are 2:1 initially, if the patient is at ICU level of care the ratio is 1:1. The PACU associates primarily work 12-hour shifts with varied start times.

## **Special Procedures:**

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

## **Special Procedures Staffing Plan:**

The Special Procedures unit is staffed as needed with full time, part time and per diem RNs and surgical and/ or endoscopy technicians. The RNs are required to be BLS and ACLS certified and have competencies in moderate/deep sedation. They are responsible for administering sedative medication under the direction of the physician performing the procedure, they also monitor the patient's vital signs and level of consciousness, keeping the physician apprised of the patient's status. The surgical/endoscopy technician is required to have BLS certification and training and competencies for endoscopic procedures as well as cleaning/disinfection process of the endoscopic equipment. The unit is operational Monday through Friday excluding holidays. The shifts are 12 hours with an "on call" team of 2 RN and 1 surgical technician covering the remaining hours of the day, weekends, and holidays. The "on call" personnel have a 30-minute window to arrive once notified.

## **Outpatient Admissions and Pre-Operative Holding Unit:**

The Outpatient Admissions & Pre-op Holding Unit consists of a patient information center where preoperative studies i.e., lab tests, x-rays, EKGs, consents and histories and physicals are gathered. These studies are evaluated by the RN and or LVNs and abnormal results are referred to the physician. Patients are admitted in this area after they have been registered. The patients are then escorted to the 5-bay pre-op holding area where a base set of vital signs are taken, an IV is started, and any pre-op orders are completed. The RN will conduct a physical assessment. The patient's profile is reviewed and updated. The patient is taken into surgery or the special procedures room where their procedure/surgery is performed

## **Outpatient Admissions and Pre-Op Holding Unit Staffing Plan:**

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

## **Women's Services:**

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

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

The nursing process and a modified team nursing model are used as the framework for the provision of nursing care. Patient Care Services policies, unit specific policies and ACOG & AAP standards of practice

guide the delivery of nursing care. Registered Nurses coordinate the care of the patient in this unit. There are at least two registered nurses assigned seven days a week on each shift.

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

All associates within this department have documented evidence of competency in key skills specific to the care of the antepartum and intrapartum patient. Full time, part time, and per diem personnel are utilized to staff the area to provide adequate coverage for the average patient census. Additional staffing requirements based on census and acuity are met using PRN and on-call personnel. Nursing associates in the Labor and Delivery unit work 12-hour shifts (6 ~~a.m.a~~ - 6 ~~p.m.~~, 6 ~~p.m.~~ - 6 ~~a.m.a~~).

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

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

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

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

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

The multi-disciplinary approach to patient care and family support is provided by Registered Nurses (RN), Licensed Vocational Nurses (LVN); Certified Nursing Assistants/Nursing Assistants (CNA/NA), Emergency Medical Technician (EMTs), Respiratory Therapists (RT), Pharmacist, Wound Care Nurses, Dietitians, Physical Therapists (PT), Occupational Therapists (OT), Speech Therapists (ST), Case Managers (CM) and Social Workers (SW) in collaboration with providers and licensed independent practitioners.

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

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

Care is provided using a team model of RN and LVN or primary care model of RN. Certified nursing assistants/nursing assistants/emergency medical technicians are utilized as support associates for patient care. All associates on the Medical/Surgical Telemetry unit work 12-hour shifts. The licensed nurses and unit secretaries work 6am to 6pm or 6pm to 6am. The other support associates work 7am to 7pm or 7pm to 7am.

## **Stroke Program:**

The Primary Stroke Center shall adhere to nationally recognized guidelines and criteria, maintaining the necessary infrastructure, equipment, and qualified healthcare professionals proficient in stroke management. The center shall be responsible for timely stroke assessments, access to diagnostic tools, prompt initiation of evidence-based treatments, and seamless coordination with emergency medical services. Adequate resources, staff training, and ongoing quality assurance measures shall be provided to ensure the center's adherence to established standards and continuous improvement. Regular evaluations and updates to the primary stroke center provision shall be conducted to maintain its effectiveness and alignment with evolving stroke care practices and research.

## **Nursing Units:**

The dedicated stroke units shall adhere to specific guidelines and protocols tailored to stroke management, ensuring a comprehensive and coordinated approach to patient care. These units, comprising the Intensive Care Unit (ICU), Direct Observation Unit (DOU), and Medical/Surgical units, shall be designated to provide specialized care for stroke patients. These units shall be equipped with the necessary resources, including specialized monitoring equipment, medications, and trained healthcare professionals proficient in stroke assessment, treatment, and rehabilitation.

Within the dedicated stroke units, the ICU shall cater to critical stroke patients requiring intensive care and monitoring, while the DOU shall provide intermediate-level care for patients who do not require ICU-level interventions but still require specialized stroke management. The Medical/Surgical units shall cater to stable stroke patients requiring ongoing medical management and surgical interventions, if necessary. Clear guidelines and criteria shall be established for patient triage, transfer, and allocation within the Dedicated Stroke Units, ensuring appropriate utilization of resources and optimal patient outcomes. Ongoing training, education, and quality assurance measures shall be implemented within these units to maintain the highest standards of stroke care.

## **Pharmacy Services:**

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

## **Pharmacy Staffing Plan:**

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

All associates within the Pharmacy Department have documented evidence of competency in key skills specific to the distribution of pharmaceuticals. Full and part-time personnel are utilized to provide adequate coverage for the average workload. Additional staffing requirements will be met using per diem personnel

oriented to the Pharmacy Department and with verified position specific competencies and license.

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

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

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

Pharmacy staffing includes:

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

## Laboratory Services:

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

### Services include:

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

Services that are referred to outside-accredited agencies include:

- All anatomic pathology services including histology and cytology.
- Parasitology
- Esoteric Testing
- Special Microbiology (AFB, Mycology, Virology)

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

### Laboratory Staffing Plan:

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

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

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

All associates within the Laboratory Department have documented evidence of competency in key skills specific to job related laboratory functions. Full and part-time associates are utilized to provide adequate

coverage for the average workload. Additional staffing requirements will be met using PRN personnel oriented to the Laboratory Department and with verified position specific competencies.

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

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

Associates in the Laboratory Department work 8-hour shifts.

## **Diagnostic Medical Imaging (DI) Services:**

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

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

- General diagnostic radiography
- Computerized tomography (CT)
- Ultrasonography
- Fluoroscopy
- Nuclear Medicine
- Digital mammography
- Limited Interventional procedures
- Magnetic Resonance Imaging (MRI)

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

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

## **Diagnostic Imaging Staffing Plan:**

Core staffing levels are based on volumes in the DI department. The hours of operation for the department are 7 days a week, 24 hours a day.

### **Staffing includes:**

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

- Clerks

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

## Rehabilitation Services:

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

San Geronio Memorial Hospital provides comprehensive rehabilitation Services comprising of In-patient and Outpatient (OP) Physical therapy services, In-patient Occupational Therapy services, and In-Patient and Outpatient Speech Language Pathology Services. The goals of Rehabilitation department are to provide highly quality, culturally sensitive, time sensitive, efficient, and effective rehabilitation services to ensure maximum possible functional recovery, and to strive to improve quality of care through performance improvement measures. Fall prevention, patient education and creating clinical pathways for establishing a post-discharge continuum of care are crucial goals of discharge planning process.

Clinical conditions addressed by therapy services include but not limited to Orthopedic, Cardiovascular, Pulmonary, Neurological, and oncological disorders, post-surgical conditions, vestibular and other balance disorders, and general medical conditions including Pneumonia, sepsis, altered mental status, general and localized weakness, and fall.

In-Patient rehabilitation services- PT, OT and SLP are provided at Medical Surgical unit (MS), Intensive Care Unit (ICU), Direct Observational care (DOU) unit and Emergency department (ED), within 24 hours of Computerized Provider Order Entry (CPOE), as indicated. Therapy services are offered 7 days a week, including Holidays, from 7am-6pm, depending on total patient volume and complexity of patient condition.

Outpatient Speech Therapy- Modified Barium Swallow Studies and Dysphagia therapies are provided on a consultative basis in coordination with the Radiology Department at SGMH.

~~Outpatients~~Outpatient Physical Therapy services are seen provided at Highland Springs Outpatient Rehabilitation Center (HSORC) in a joint-venture Joint Venture program with Loma Linda University Medical Center for Health System. Outpatient Physical Therapy.~~The outpatient~~ services are available provided Monday ~~through~~ Friday between the hours of 6:30 am ~~and to~~ 6:00pm and closed on weekends and holidays.

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

~~Services provided include the following:~~Services provided in OP PT (HSORC) include but not limited to:

- Thermal modalities
- Mechanical traction
- Electrical stimulation
- Paraffin bath
- Ultrasound
- Ionto and phonophoresis
- Light Therapy
- Therapeutic exercise
- Neuromuscular re-education

- ~~Manual therapy, including joint and soft tissue mobilization~~
- ~~Orthotic and prosthetic training~~
- ~~Functional activity training~~
- ~~Gait training~~
- ~~Community/work reintegration~~
- ~~Patient and family education~~
- ~~Strength and conditioning training~~
- ~~Postural and scoliosis screening~~
- ~~Ergonomic assessments~~
- ~~Activities of Daily Living~~
- ~~Speech and swallowing evaluations/therapy~~
- Functional mobility assessment and customized functional activity training.
- Gait and Balance assessment; gait and balance training. Fall prevention and Fall recovery training
- Postural assessment. Scoliosis screening and management.
- Neuromuscular re-education
- Therapeutic Exercises
- Strength and endurance training
- Orthopedic manual therapy
- Orthotic and Prosthetic training
- Community and work integration program
- Ergonomic assessment and training
- ADL training
- Vestibular assessment and rehabilitation
- LSVT BIG training for Parkinson's and Parkinson-like disorders
- Motor relearning program for Stroke and other neurological disorders
- Energy conservation and preservation training
- Pain assessment and patient specific pain management, through manual therapy, functional mobility training, neuromuscular re-education, postural training, gait training, and pain modalities.
- Activity modification and safety training.
- Wheelchair evaluation and recommendations.
- Wheelchair training.

#### **Utilization of Technology at HSORC:**

- Ultrasound and phonophoresis.
- Electrical Stimulation: TENS, NMES, IFC, Iontophoresis.
- Hydrocollator, Cryotherapy.
- Light therapy.
- Paraffin bath.
- Mechanical Traction: Lumbar and Cervical
- Voyce: interpretation software.

#### **Admission Criteria:**

Computerized Provider Order Entry (CPOE) for valid PT, OT, SLP referral from an appropriate Medical Provider to initiate Inpatient and Outpatient therapy services when patient is for appropriate initiation of care.

#### **Discharge Criteria:**

Patients will be discharged from PT, OT and SLP when:



- Patients achieve rehab goals established during initial evaluation and prepared for discharge to home program.
- Patients reach a plateau in progress.
- Patients have a change in medical condition that does not justify continued skilled therapy.
- A physician's order for discharge from therapy services.

## Staffing Plan:

All associates within the Rehabilitation Services Department have documented evidence of competency in skills specific to rehabilitative procedures. Services from Full -time, part-time, and per diem associates are utilized to ~~staff the~~ provide adequate coverage for all the patients with referral from an appropriate Medical Provider. Additional staffing requirements are met using contracted personnel oriented to rehabilitation services with verified license and competencies. Therapist to patient ratio is 1:1, and core staffing levels are based on volumes at Rehab department ~~and provide adequate coverage for the average number of cases per day. Additional staffing requirements are met using contracted personnel oriented to rehabilitation services and with verified license and competencies. Associates work the number of hours required to provide patient care,~~ both in IP and OP services. Director and Manager of outpatient Physical Therapy services are Board certified professionals. Physical therapy aide provides support services for preparation of treatment areas following covid infection control measures, and also assist in transporting patients in wheelchair and other non-clinical tasks.

### Staffing includes:

- Director of Rehabilitation Services
- Manager at Outpatient physical Therapy (HSORC)
- Physical Therapists
- Physical Therapist Assistants
- Occupational Therapists
- Certified Occupational Therapist Assistants
- Speech Language Pathologists
- Physical Therapy Aide (HSORC)
- Outpatient Physical therapy office clerks
- Outpatient Physical therapy Authorization Specialists.

### Competency Validation Plan:

All therapy providers will:

- Complete hospital-wide competencies annually
- Complete department specific competencies on hire, and periodically with new equipment and services are acquired.
- Complete 30 hours of continuing education every 2 years, as mandated by their licensing Board.
- BLS

## Infection Prevention & Control Service:

The policies, procedures and activities are established by the Infection Control Committee. Activities of the department include surveillance, infection prevention and control and education of associates and patients. All departments have a defined role and scope of responsibility/participation in this program. This department is staffed Monday through Friday. Emergency consultation is available after hours and on weekends.

## Staffing Plan:

- Department Director
- Infection Preventionist

## Cardiac Service:

### Echocardiography (ECHO) and Electrocardiography (EKG):

The ECHO/EKG Department provides services to Inpatient, Outpatient and Emergency Room patients.

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

- 12 Lead EKGs
- 14 Lead EKGs (16 years and younger)
- Rhythm Strips

ECHO Services are provided to patients 18 years of age through geriatrics.

- Echocardiograms
- Stress Echocardiograms
- Dobutamine Stress Echocardiograms
- Limited Follow-Up Echocardiograms
- Bubble Studies
- Transesophageal Echocardiograms
- Lexiscans

#### Service Hours for ECHO are:

Inpatient and Emergency services are provided Monday – Friday from 8 am – 5 pm. Outpatient services are provided Monday – Friday from 8 am – 5 pm. On call services for Inpatient and Emergency ECHO are provided Saturday and Sunday 8 am – 5 pm.

#### Service Hours for EKG are:

Inpatient and Outpatient services are provided Monday – Friday from 8 am – 5 pm. Weekend, Saturday and Sunday, Inpatient services are provided 7 am – 11 am.

All imaging studies are performed under the supervision of a Cardiologist. Cardiologists are available 8 am-5 pm Monday through Friday through Beaver Medical Group and Cardiology Specialists. A Cardiologist is available during all unscheduled hours via phone for consults and via Syngo dynamics for reads.

### ECHO/EKG Staffing Plan:

Staffing levels are based on volumes in the ECHO/EKG department.

#### Staff includes:

##### Department Director

- Department Supervisor
- Staff Technologists

All associates within ECHO have documented evidence of competency in key skills specific to Echocardiography. Full time and part time personnel are utilized to staff the area to provide appropriate coverage for the average number of exams/day. Additional staffing requirements will be met by using PRN personnel oriented to Echocardiography and with verified competencies.

All associates within EKG have documented evidence of competency in key skills specific to Electrocardiography. Full time and part time personnel are utilized to staff the area to provide appropriate coverage for the average number of exams/day. Additional staffing requirements will be met by using PRN personnel oriented to Electrocardiography and with verified competencies.

## **Cardiac Rehabilitation Service:**

The Cardiac Rehabilitation Service provides a three-phase program Monday through Friday to outpatients who are referred to the program by a provider.

### **Cardiac Rehabilitation Staffing:**

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

All associates have documented evidence of competency in key skills specific to the care of the cardiac rehabilitation patient. Full time personnel are utilized to staff the service to provide adequate coverage for the average census. Additional staffing requirements will be met using PRN personnel oriented to the cardiac rehab program and with verified certifications and competencies in the care of these patients.

## **Behavioral Health Services:**

The department of Behavioral Health provides intensive outpatient and individual psychotherapy services to adults with mental health needs at an off-campus location in Palm Springs. The Center is operational Monday through Friday between 8:30am-5pm.

The service provides psychosocial intakes, psychiatric evaluations, mental health assessments, and psychiatric medication management. Group and psycho educational therapies are provided by licensed clinical therapists.

### **Behavioral Health Staffing:**

There is a multidisciplinary approach to patient care. All associates have documented evidence of competency in key skills specific to the care of behavioral health patients. Full time personnel are utilized to staff the service to provide adequate coverage for the average census. Additional staffing requirements will be met using per diem personnel oriented to the Behavioral Health and with verified behavioral health care competencies.

### **Staffing Includes:**

- Psychiatric Providers (M.D. Licensed Psychiatric Nurse Practitioner)
- Director (PhD, LMFT)
- RN
- Licensed Clinical Social Worker

- Marriage and Family Therapist (MFT)
- Facilities coordinator
- Behavioral Health Case Manager
- Vehicle Drivers

## **Social Services:**

Social work functions are the responsibility of the Social Work staff under supervision of a Licensed Clinical Social Worker (LCSW) reporting to the Director of Case Management and Social Work.

Referrals may be made by physicians, case managers, nurses, patients, patient representatives and staff, for patients of all ages, especially for those patients identified as high risk for suboptimal post-acute recovery due to psychosocial barriers. Assessment and implementation of social work interventions will take place as soon as possible following the patient's admission. Interventions are based on observation of the patient, the electronic healthcare record and information gathered from consultation with patient, patient representative, family, physicians, nursing staff and others as appropriate.

Service interventions include but are not limited to: behavioral health needs, social barriers to post-acute recovery, counseling of patients and families regarding end of life planning, long term care needs, referrals to substance use disorder treatment providers, assessment and referral to mental health providers for voluntary treatment and for substance use disorders, home health care referrals, procuring durable medical equipment, guidance to patients and/or patient representatives in regard to MediCal and Medicare eligibility. Referrals are made to services such as but not limited to: Meals on Wheels, respite care, public guardian, adult or child protective services. Social services provide support to Case Management's efforts in reducing readmissions, developing plans of care, and addressing barriers to adherence to medically prescribed post hospital regimens. Social services staff maintain certification to place and lift 5150 involuntary holds and develop safety plans as part of discharge planning for patients where psychiatric conditions contribute to their current health problems

## **Staffing Plan:**

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

## **Case Management Service:**

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

The objective of utilization review is to assure the appropriateness of admissions and the ongoing necessity of services provided for each acute patient. This includes communication of medical necessity of admissions to payers, pre-admission and admission review for medical necessity of admission, review of individual lengths of stay, appropriate utilization of services, efficient scheduling of resources, 30-day readmission interventions and delays in care interventions. The utilization review function is provided by staff who are licensed nurses.

Discharge planning services are rendered in collaboration with social work and attending medical staff in accordance with CMS Conditions of Participation, the IMPACT Act of 2014 and patient's rights regulations. Discharge planning evaluations and interventions consider present and pre-morbid functional level, care

givers support, barriers to optimal post-acute recovery, resources available to the patient to overcome barriers, making recommendations for post-acute transitions of care to the interdisciplinary team and attending medical staff. Evaluations and interventions are done in a culturally sensitive manner that includes consideration of race, ethnicity, and primary language. Case management interventions include but are not limited to:

- Home health care referrals and procuring of prescribed durable medical equipment.
- Guidance to patient, patient representatives and families regarding MediCal and Medicare eligibility.
- Appropriate post-acute provider referrals honoring patient preferences to the highest degree possible.
- Presenting of the Medicare Outpatient Observation Notice (MOON) to patients or representatives.
- Homeless patient discharge planning in accordance with state law.
- Arranging inter-facility transfers for special procedures and higher level of care.

The department's hours of operation are 7am to 7pm daily.

## **Case Management Staffing Plan:**

All licensed associates within the case management department have documented evidence of competency in key skills specific to case management, resource management and discharge planning by audits of medical records. Full time, part time and per diem personnel are utilized to provide adequate coverage.

### **Staffing Includes:**

- Director
- Case management RNs
- Case management LVNs
- Case management assistant

## **Performance Improvement Program:**

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

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

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

the Performance Improvement Plan for a complete description of the Performance Improvement program.

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

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

## Staffing Includes:

- Director of Risk Management and Quality ~~and Patient Safety~~ Assurance
- Quality Assurance nurse
- Quality Data Analyst I
- Quality Data Analyst II

## Risk Management Service:

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

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

### Staffing Includes:

- The Director of Risk Management and Quality Assurance

## Patient Safety Program:

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

- Corporate Compliance/HIPAA
- Employee Health Services/Workers Compensation
- Environment of Care/Life Safety/Emergency Preparedness/Hazard Vulnerability Assessment/Pro-active Environmental Safety Rounds & Corrective Action Plans
- Infection Prevention and Control
- Laboratory/Diagnostic Imaging Quality Control
- Materials Management/Equipment Maintenance Program
- Patient Care Services/Patient Safety Education/Performance & Outcome Measures

- Performance Improvement teams and task forces
- Pharmacy/ Medication Error Reduction Program (MERP)/Adverse Drug Events & Medication Error Reporting, Antibiotic Stewardship program
- Risk Management/Error and Adverse Event Reporting/Risk Assessment & Reduction Activities/Adverse Event Management
- Workplace Violence education, training, and reporting

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

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

## Safety/Security/Emergency Preparedness:

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

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

To promote the safety and security of the patients, associates, providers, visitors, and others utilizing the facility, San Geronio Memorial hospital employs California licensed and healthcare certified security guards. The Security Department is staffed 24 hours a day, 7 days a week, 365 days a year. All security guards are required to have training in Workplace Violence Awareness and Prevention to assist them in recognition and de-escalation of violent or difficult situations that might arise, involving patients, visitors, associates, providers, and others utilizing the facility.

## Security/Emergency Preparedness Staffing Plan:

**Staffing includes:**

- Director
- Lead Security Officers
- Security Officers

## Community Involvement:

In support of our professional and social commitment to the community we serve, SGMH participates in activities, which contribute to the achievement of community goals. There is an ongoing effort to increase the public's awareness of health issues through health fairs, screenings, community classes, and emergency

preparedness activities. SGMH associates participate in these community outreach events and organizations by speaking, educating, and developing partners with local clubs, associations, and service groups.

Common participants involved in community outreach include Director of Safety/Security/Emergency Preparedness, Employee Health and Education, Nurse Educator, Chief Medical Officer, Emergency Department Director, Foundation Director and other associates as appropriate.

## **Volunteer Services:**

San Gorgonio Memorial Hospital provides supplementary services for our patients and associates using trained volunteers. Volunteers are permitted to volunteer only in service areas in which they have been properly trained. These areas include:

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

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

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

## **Chaplain Service:**

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

## **Engineering (Plant Operations):**

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

Additional responsibilities include:

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

The department is operational 24 hours a day. Plant operations associates are on call at all other times for



emergency repair needs.

The Director of Plant Operations works in collaboration with the Director of Safety/Security/Emergency Preparedness to provide a safe environment for patients, visitors, associates, and providers.

## **Plant Operations Staffing Plan:**

### **Staffing includes:**

- Director
- Engineers
- Secretary

## **Human Resources and Employee Health Services:**

### **Human Resource Department:**

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

Services of the department include but are not limited to:

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

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

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

### **Employee Health Department:**

The Employee Health Department is responsible for promoting the health and wellbeing of SGMH associates. The employee health nurse maintains all associate health records, pre-employment physical examinations (Including TB, titers, drug screens, and vaccinations), sub-sequent job related injuries, modified work duties related to requests for accommodation as a result of medical concerns (American with Disabilities Act and Occupational Safety and Health Administration regulations) including good faith interactive meetings, first aid

and safety of personnel and Workers' Compensation program in compliance with state workers' compensation laws.

Services of the department include but are not limited to:

- Pre-employment, post offer physical screening and assessment
- Annual health requirements
- Mask Fit testing
- Education, prevention, and monitoring of associate's acute medical condition
- Reasonable accommodation meetings (good faith interactive meeting) when modified duty is requested because of medical necessity
- Workplace wellness
- Workers' compensation

The activities of the Employee Health Department are conducted in compliance with State and Federal laws (i.e. American with Disabilities Act and Occupational Safety and Health Administration regulations and Workers' Compensation).

## **Human Resources and Employee Health Staffing Plan:**

### **Staffing Includes:**

- Chief Human Resource Officer (CHRO)
- Recruiter
- Human Resources Assistant
- Human Resources Leaves and Benefits Specialist
- Human Resources Generalist
- Human Resources IS Analyst
- Employee Health Nurse RN
- Employee Health Nurse LVN

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

## **Recruitment and Retention Plan:**

The following plan for recruitment and retention of all personnel (and to minimize turnover) has been developed.

### **Recruitment:**

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

### **Job Postings:**

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

## **Applicant Screening:**

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

## **Equal Opportunity Policy:**

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

## **Recruitment Advertisements:**

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

- Direct mail
- Internet job site postings (i.e., niche sites, popular sites and specialty areas)
- Social Media
- Job Fairs
- Participation with school clinical programs
- Local newspaper advertising (including classified ads)
- Large market newspaper advertising for the recruitment of management and/or difficult to fill positions
- National magazine advertising for management and/or difficult to fill positions
- Professional recruitment agencies (utilized as a "last resort" for very difficult to fill positions)
- Utilization of sign-on and referral bonuses for difficult to fill positions
- Provision of relocation allowances for key management personnel and difficult to fill positions

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

## **Retention:**

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

The following items are used to enhance retention:

- Health and welfare benefits, including medical, dental, vision, life/accidental death and dismemberment and long-term disability coverage
- Hospital-matched retirement savings plan
- Tuition reimbursement
- Hospital-sponsored attendance at outside seminars
- Continuing education offered through in-house and web-based education
- Outstanding associate award programs:
  - 5 Year Service Awards

- 10 Plus Year Service Awards
- Perfect Attendance Awards
- Associate of the Month
- Associate of the Year
- Shift differentials
- Leaves of absence
- Various seasonal activities, (I.e., Hospital week, nurses' week and holiday week) including special free meals for associates
- Annual market survey to ensure competitive salaries
- Sign-on bonuses and referral bonuses for hard to fill positions with installments paid out over a period of time
- Continuous, accurate communication and feedback to associates by means of associates meetings with department director, periodic meetings with the Executive Team, and monthly general associates meetings with the CEO/designee
- Endeavoring to maintain a collegial working environment
- Using associates in brochures and advertising materials whenever possible
- Management/Leadership training
- Recognition of all associates during Hospital Week
- Employee Engagement Committee
- Wellness Committee

## Education:

The Nurse Educator and the Employee Health Nurse are responsible for the coordination and documentation of organizational orientation and training of hospital associates. Services of the department include but are not limited to:

- General Hospital Orientation
- Nursing Orientation
- Continuing education
- Annual skills/competencies fair
- Community Health and Education
- Coordination of required education/ competencies as identified via Hospital Performance Improvement processes and/or new services
- Education and certification in life support such as Basic Life Support, Advanced Cardiovascular life Support, and Pediatric Advanced Life support.

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

## Dietary Services Department:

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

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

- Therapeutic diet management and education

## **Dietary Staffing Plan:**

### **Staffing Includes:**

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

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

## **Environmental Services Department:**

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

### **Environmental Staffing Includes:**

- Director
- Environmental Services leads
- Environmental Services aides

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

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

## **Health Information Service:**

The Health Information Department is responsible for the security, safety, and preservation of all patients' electronic healthcare records whether paper charts or in electronic format. This Health Information Department is under the management of Guidehouse Service. The department is open Monday through Friday 8:00 a.m. to 4:30 p.m., closed Saturday and Sunday.

### **Services Include:**

- Birth Certificate completion
- Release of information

- Coding
- Physician liaison
- Assembly, scanning and indexing of all patient visits
- Chart completion
- Patient portal
- Physician chart deficiency reports and monitoring

## Information Services:

Information Services (IS) department supports the hospital's business and clinical systems including any supporting sub-systems or cloud-based solutions. The department is operational 10 hours a day Monday through Friday including 24/7 on-call support.

### Services include:

- Support of all corporate owned or managed PC's, mobile and peripheral devices
- Support of all software applications and 3rd party systems on-premises
- Support of in-house Local Area, Wi-Fi and Wide Area networks
- Telecommunications and VOIP Infrastructure
- Interoperability Program and MACRA Compliance

## Information Services Staffing Plan:

### Staffing Includes:

- Director Information Services
- Integration Application Analyst
- Registered Nurse Clinical Informatics
- Systems Engineer
- Senior Support Specialist
- Support Specialist

## Materials Management:

Materials Management Services Department is open 8am to 4:30pm, Monday through Friday. The department assumes the responsibility for all supplies and equipment utilized within the facility, except food, drugs, and linen.

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

### Staffing Includes:

- Director
- Assistant
- Receiving/mail clerks

## Patient Financial Services:

### Patient Financial Services:

The Patient Financial Services Office is responsible for all financial operations within the facility. This service

is provided in collaboration with the Guidehouse Financial Services. The office is operational Monday through Friday, 8am-4:30pm. Services provided include:

- Billing
- Financial Counseling
- Collections
- Complaint resolution
- Patient Information and Assistance
- Cashiering

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

### **Staffing Includes:**

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

## **Accounting Department:**

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

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

## **Accounting Department Staffing Plan:**

### **Staffing Includes:**

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

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

## **Registration/Patient Access Services:**

Outpatient registration, admitting and emergency department registration assume full responsibility for all operational and financial data collected about all patients. Other responsibilities include but is not limited to: PBX, insurance verification and certification, cashiering. The registration function is performed 24 hours a day,

seven days a week.

**Staffing Includes:**

- Director of Patient Access
- Lead Registration Clerks
- Registration Clerks
- PBX Operator
- Certified Application Counselor

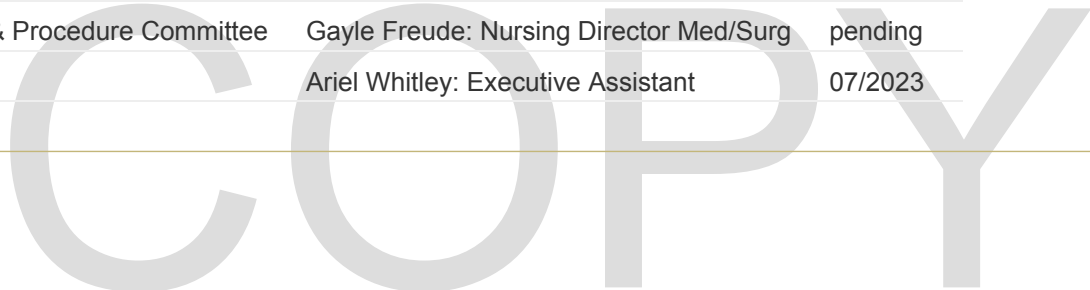
Associates work either 8 hour or 12-hour shifts.

**Attachments**

No Attachments

**Approval Signatures**

Step Description	Approver	Date
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	pending
	Ariel Whitley: Executive Assistant	07/2023





# TAB E

REGULAR MEETING OF THE  
S O G O R G O N I O M E M O R I A L H O S P I T A L  
BOARD OF DIRECTORS  
FINANCE COMMITTEE  
July 25, 2023

The regular meeting of the San Geronio Memorial Hospital Board of Directors Finance Committee was held on Tuesday July 25, 2023 in the Administration Boardroom 600, Highland Springs Avenue,anning, California.

Members Present: Susan Dias Chair Steve Rledge

Members Present: Shannon McGall, Arrell Petersen

Required Staff: Steve Barron CEO, Daniel Heathorne CEO, Ariel Hitley Executive Assistant, John Peleses, P Support, Ancillary Svs., Leah Gram, CHRO

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
<b>Call To Order</b>	Susan Dias called the meeting to order at 9:00 am.	
<b>Public Comment</b>	No public present.	
<b>OLD BUSINESS</b>		
<b>For Review June 27, 2023, regular meeting</b>	The minutes for the June 27, 2023 regular meeting was included in the packet for review.	
<b>NEW BUSINESS</b>		
<b>For Review - Monthly Financial Report (Unaudited) – June 2023</b>	No form. The June 2023 report was given as informational.	
<b>Future Agenda Items</b>	<ul style="list-style-type: none"> <li>• Distressed Hospital Loan Application</li> </ul>	
<b>Next Meeting</b>	The next regular Finance Committee meeting will be held on August 29, 2023 at 9:00 am.	
<b>Adjournment</b>	The meeting was adjourned at 10:12 am.	

In accordance with the provisions of 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, Highland Springs Avenue,anning, CA 92220 during regular business hours Monday through Friday 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Hitley, Executive Assistant



**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**

**Unaudited Financial Statements**

**for**

**TWELVE MONTHS ENDING JUNE 30, 2023**

**FY 2023**

**Certification Statement:**

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

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

Certified by:

*Daniel R. Heckathorne*

**Daniel R. Heckathorne**

CFO

## **San Gorgonio Memorial Hospital**

### **Financial Report - Executive Summary**

For the Month of June, 2023 and Twelve Months Ended June 30, 2023 (Unaudited)

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

The month of June resulted in negative \$419K Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA surplus of \$988K.

**YTD** – The YTD June results were a negative \$841K Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA gain of \$1.15M.

#### **Month** – Adjustments and Items of Note:

- The June Adjusted Patient Days were 1,670 compared to the 1,901 budgeted.
- Emergency visits exceeded budget and Surgery cases were over budget.
- Net gains from Supplemental fundings totaled \$2.085M.
- Annual Inventory Adjustments totaled \$404K (equals an increase to Supplies Expense).
- Other adjustments to Net Accounts Receivables totaled \$132K.

**Month** – June’s inpatient average daily census was 16.9. Adjusted Patient Days were only 12% under budget (1,670 vs. 1,901) even though Patient Days were 47% below budget (508 vs. 955). Emergency Visits were 8% over budget (3,319 vs. 3,065), and Surgeries were over budget by 16% (133 vs. 115).

**YTD** - Inpatient average daily census was 20.9. Adjusted Patient Days were 11.3% under budget (21,460 vs. 24,195) and Patient Days were 37.2% below budget (7,636 vs. 12,154). Emergency Visits were 7.3% over budget (41,821 vs. 38,959), and overall Surgeries were 1.6% under budget (1,433 vs. 1,457).

#### **Patient Revenues (MTD) Negative Variance (YTD) Negative Variance**

**Month** - Net Patient Revenues in June were \$704K (12.9%) below budget. This continues to be impacted by the Deductions from Revenues consisting of the higher-than-expected mix of Outpatient Revenues (compared to Inpatient Revenues), which generally pay about 9.6% of charges compared to Inpatient Revenues which generally pay about 16.8% of charges. This also directly relates to the much lower-than-expected count of Inpatient Days. The Residency Program recovery was \$41K and is included in the Deductions from Revenues.

**YTD** – Net Patient Revenues were \$9.96M (14.4%) below budget (see comment above regarding Inpatient vs. Outpatient reimbursement). This swing from Inpatient to Outpatient revenues has resulted in approximately \$4.9M less revenues as compared to the budgeted “mix” of I/P vs. O/P. Finally, the Deductions are favorably offset by \$494K Residency Program recovery.

#### **Total Operating Revenues (MTD) Negative Variance & (YTD) Negative Variance**

**Month** – Operating Revenue in June was \$1.45M under budget. This is mostly impacted by the Net Patient Revenues being \$704K under budget and the Non-Patient Revenues being \$751K under budget.

**YTD** - Operating Revenue was \$8.25M below budget. This was impacted by the \$9.96M negative variance in Net Patient Revenues for the twelve months and a \$1.71M positive variance in Other Income.

#### **Operating Expenses (MTD) Positive Variance & (YTD) Positive Variance**

**Month** - Operating Expenses in June were \$7.45M and were under budget by \$47K. Key items that impacted overall Expenses were as follows: 1) Salaries and Wages, Benefits, and Contract Labor were collectively \$98K under budget; 2) Physician Fees were \$123K under budget, primarily in Anesthesia and the Residency program; 3) Purchased Services were \$110K over budget which included a \$226K

unfavorable variance in Legal Fees, and favorable offsets in several other areas; Supplies were slightly under budget, notwithstanding a \$404K year-end increase in costs related to the physical count of Supplies inventories;

**Year-to Date** – Operating Expenses were \$87.2M and were under budget by \$6.26M. Key items that impacted overall Expenses were as follows: 1) Salaries, Benefits, and Contract Labor, which included \$746K of Employee Retention payments, were a combined \$1.05M under budget. This favorable impact was affected by the PTO Flex-Down variance during the summer months in 2022 and again in 2023, along with the much lower than expected Patient Days workloads. (Note: Employee Retention costs were offset by \$673K reimbursement by the State, and these offsets are included in Other Income); 2) Physician fees were \$570K under budget and key variances relate to the Residency Program (\$367K) and Anesthesia (\$117K); 3) Purchased Services showed a favorable variance of \$2.34M due to Allscripts/Navigant (\$636K), I/T (\$544K), partially due to transfer of Leases), Dialysis (\$195K), Plant Operations (\$130K), Human Resources (\$151K), Legal fees (\$84K), and Administration Physician On-Call fees (\$326K), along with various other Service Agreements being lower than expected; 4) Supplies were under budget by \$2.99M, which included Drugs (\$1.83M), General Medical Supplies (\$894K), Non-Medical Supplies (\$288K) Prostheses (\$54K), and Oxygen (\$86K), all of which can be attributable to a) much lower than expected Inpatient Admissions, b) no covid surges, and c) not experiencing the full impact of inflation; 5) Other Operating Expenses were over budget by \$468K, which was largely driven by the Prime Grant Expense closing costs (\$254K), Election Fees being \$117K higher than anticipated, and Dues being \$93K over the budget.

#### **Balance Sheet/Cash Flow**

Patient cash collections in June totaled \$4.37M compared to May's \$4.44M and April's \$4.9M. Gross Accounts Receivable Days dropped slightly from 67.5 in May to 66.4 in June. This is almost identical to the 67.0 A/R Days at the end of June, 2022. Gross Accounts Receivables and Allowance Reserves were both increased by \$1.23M to reflect the value of Credit Balances in the A/R. Inventories dropped by \$712K, which included the \$404K physical count adjustment.

Cash Balances were \$13.58M at the end of June compared to \$8.32M at the end of May. This cash balance included only a \$4M draw from the LOC at the end of June. The LOC borrowing was at -0- for almost 3 months straight. Accrued Payroll and related Taxes increased by \$3.7M due to the timing of accrued payroll days at June 30. Accounts Payable increased slightly to \$7.56M compared to \$7.19M in May. A liability is in place reflecting \$1.51M payable to Medicare for current year's estimated overpayments for outliers and sequestration funds.

#### **Summary**

##### **Positive takeaways:**

- 1) Supplemental Funding and Other Income continue to enhance Operating Revenues.

##### **Negative takeaways:**

- 1) YTD EBIDA, adjusted for Cash Payments required for Leases is a negative \$1.64M.
- 2) Inpatient Days significantly lagged behind a normal June's activity.

**SGMH JUNE 2023 EXTRAORDINARY ITEMS**

7/24/2023

EXPENSE		INCOME		GAIN/(LOSS)
<b>SALARIES / BENEFITS</b>		<b>SUPPLEMENTAL</b>		
		HQAF DIRECT PAYMENT (4 OF 4 FOR FY 2023)	426,574	
		AB 113 FUNDING	436,836	
<b>OTHER EXPENSE</b>		DSH 2019/2020 INCOME (PER JULY, 2023 AUDIT)	1,221,825	
SUPPLIES - ADJUST TO YEAR-END INVENTORY COUNTS	404,351	<b>OTHER:</b>		
		ACCOUNTS RECEIVABLE OUTLIER RESERVE ADJUSTMENT	350,000	
		ACCOUNTS RECEIVABLE NET REVENUE ADJUSTMENT	(218,372)	
<b>TOTAL</b>	<b>404,351</b>		<b>2,216,863</b>	<b>1,812,512</b>

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## STATISTICS

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Inpatient Admissions/Discharges (Monthly Average)	Represents number of patients admitted/discharged into and out of the hospital.
Patient Days (Monthly Average)	Each day a patient stays in the hospital is counted as a patient day. This count is normally done at midnight.
Average Daily Census (Inpatient)	Equals the average number of inpatients in the hospital on any given day or month.
Average Length of Stay (Inpatient)	Represents that average number of days that inpatients stay in the hospital.
Emergency Visits (Monthly Average)	Represents the number of patients who sought services at the emergency room.
Surgery Cases - Excluding G.I. (Monthly Average)	Equals the number of patients who had a surgical procedure(s) performed.
G.I. Cases (Monthly)	Number of patients who had a gastrointestinal exam performed.
Newborn Deliveries (Monthly)	Number of babies delivered.

## PRODUCTIVITY

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Worked FTEs ( includes Registry FTEs)	Represents an equivalency of full-time staff worked. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours worked by the number of hours in the respective work period (40, 80, etc.) Example: 340 hours worked in an 80 hour pay period = 4.25 FTE's
Worked FTES per APD	Divides the Total Worked FTE's by the daily average of the Adjusted Patient Days.
Paid FTEs ( includes Registry FTEs)	Represents an equivalency of full-time staff paid. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours paid (includes all hours paid consisting of worked hours, PTO hours, sick pay, etc.) by the number of hours in the respective work period (40, 80, etc.) Example: 500 hours paid in an 80 hour pay period = 6.25 FTE's.
Paid FTES per APD	Divides the Total Paid FTE's by the daily average of the Adjusted Patient Days.

## ADJUSTED PATIENT DAYS

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

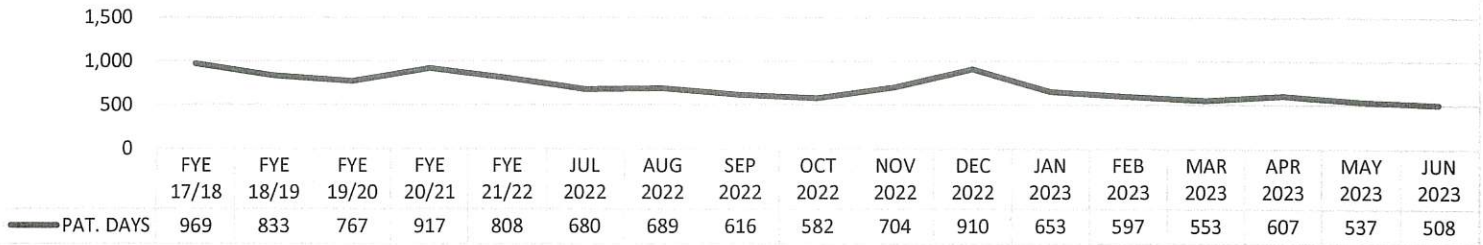
3-A

# SAN GORGONIO MEMORIAL HOSPITAL

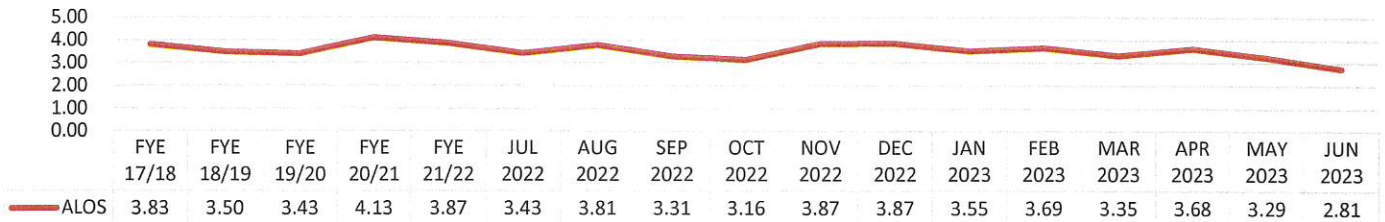
## INPATIENT DISCHARGES



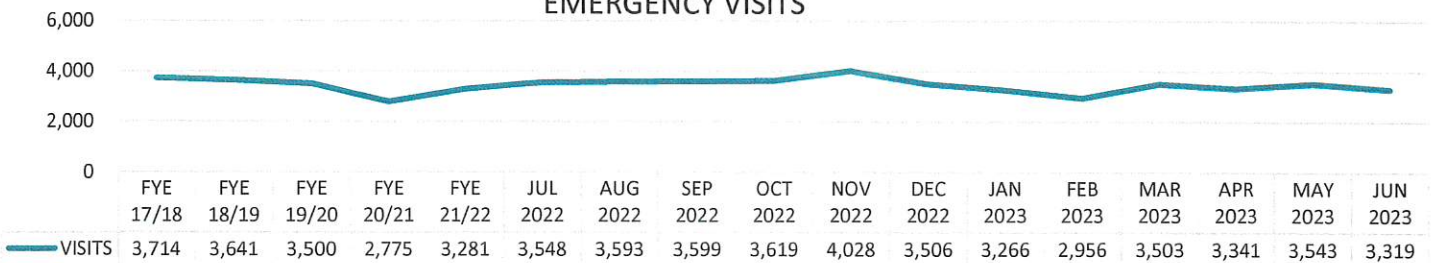
## INPATIENT DAYS



## AVERAGE LENGTH OF STAY



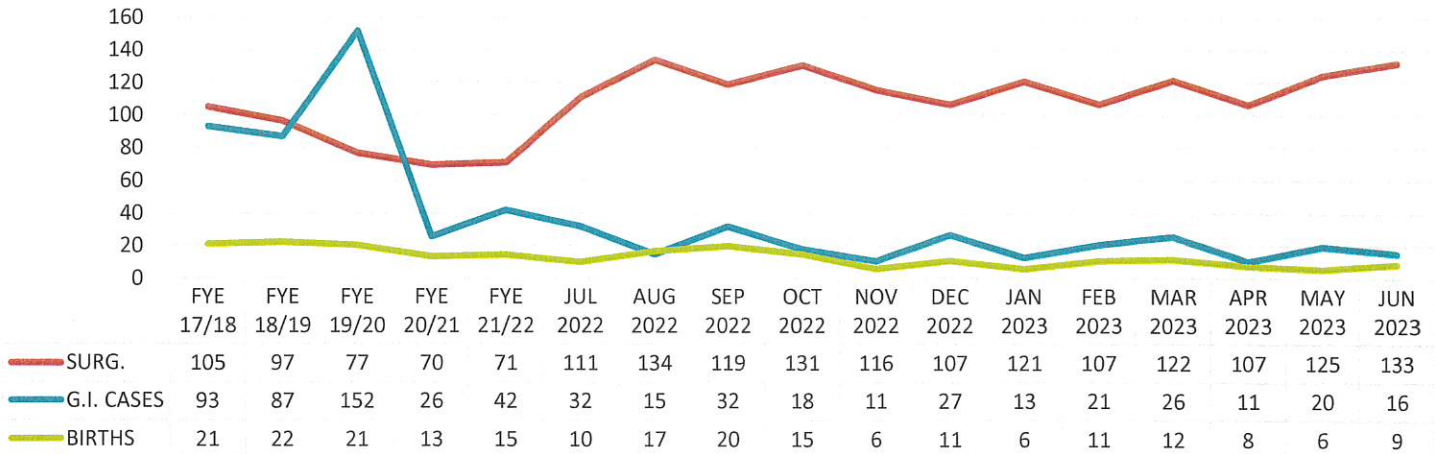
## EMERGENCY VISITS



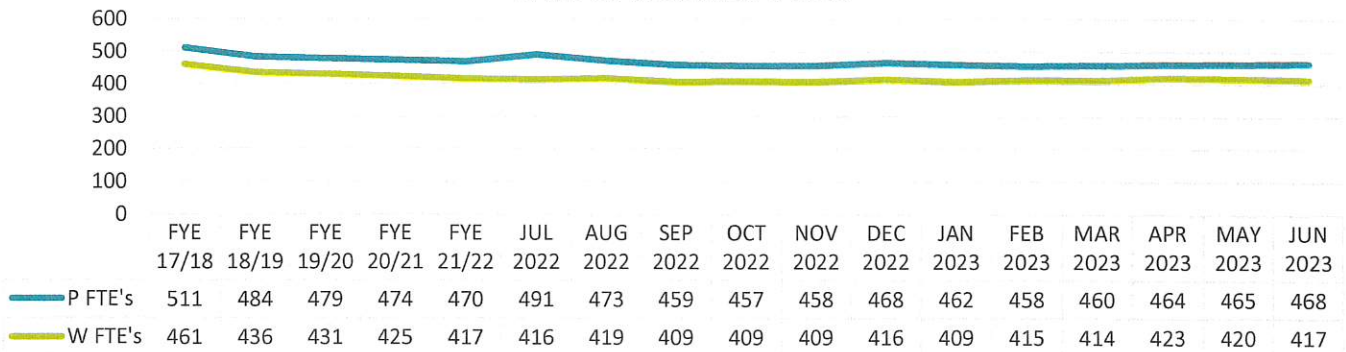


# SAN GORGONIO MEMORIAL HOSPITAL

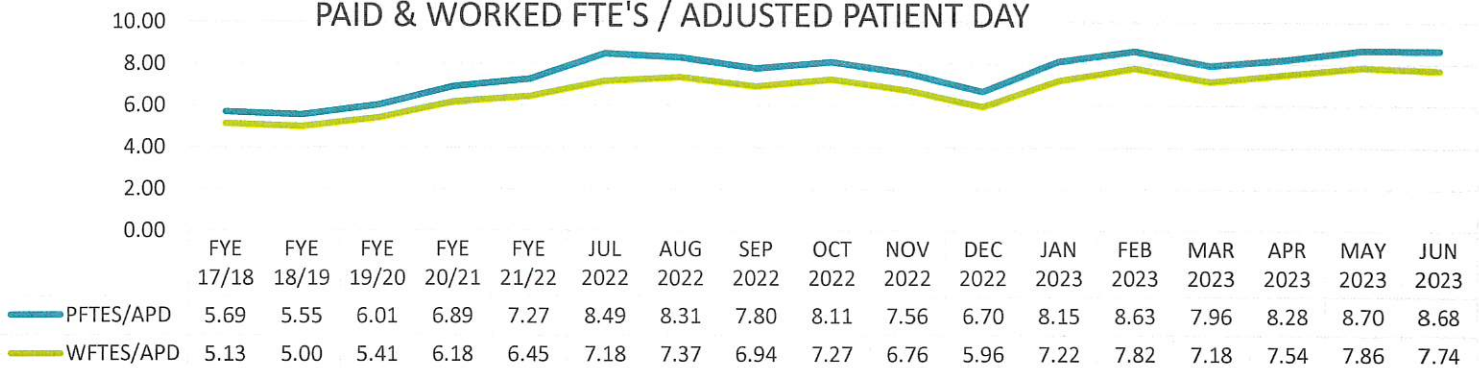
## SURGERY CASES, G.I. CASES, N/B DELIVERIES



## PAID & WORKED FTE'S



## PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



3-C

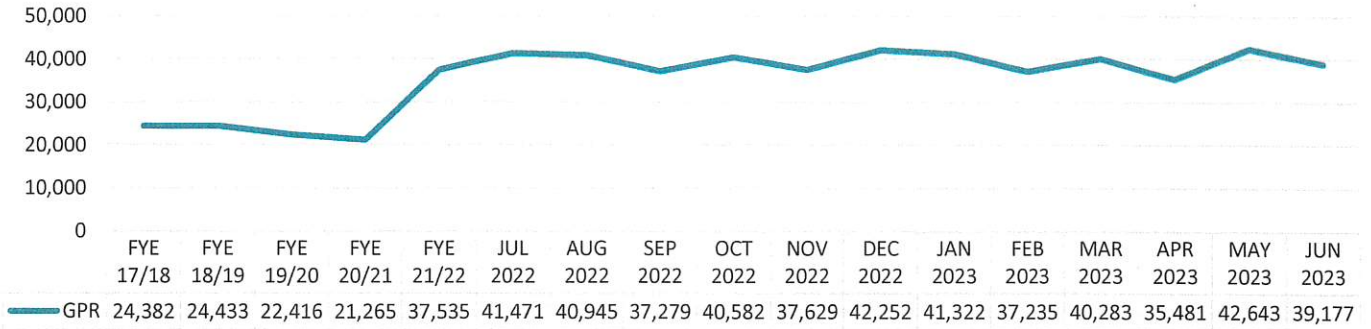
## INCOME STATEMENT

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

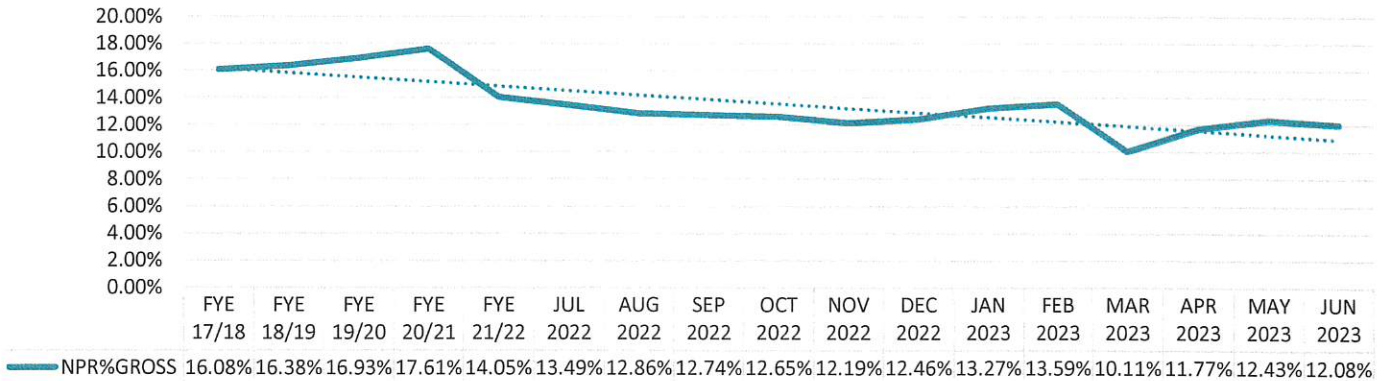
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# SAN GORGONIO MEMORIAL HOSPITAL

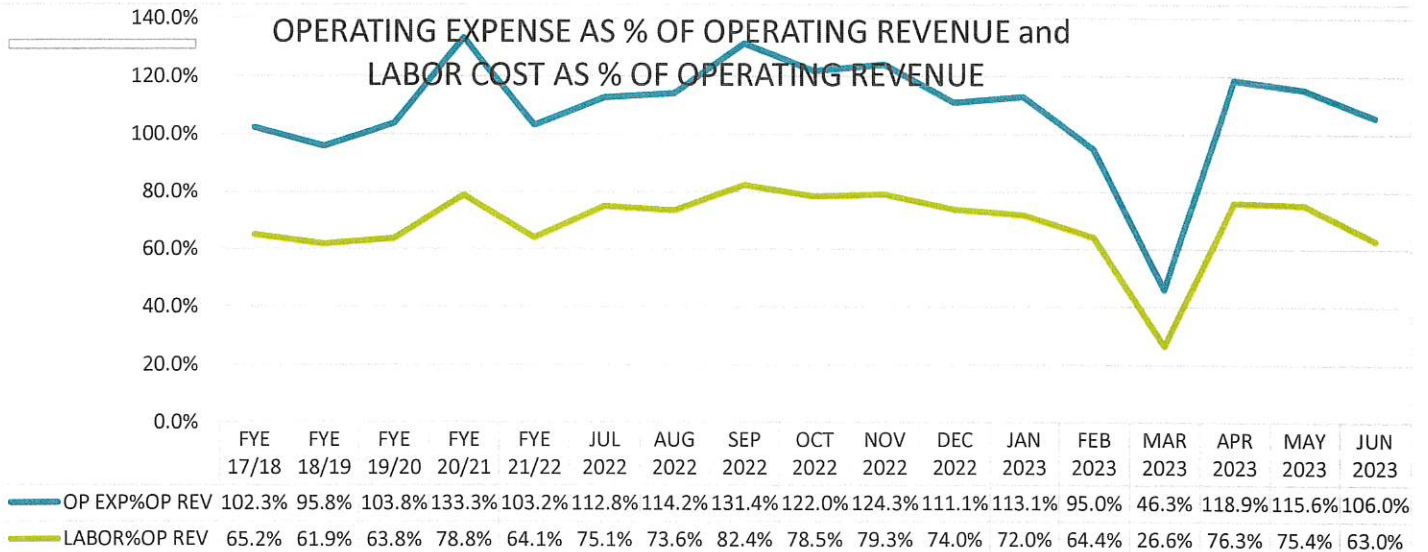
## GROSS PATIENT REVENUE (000's)



## NET PATIENT REVENUE AS % OF GROSS

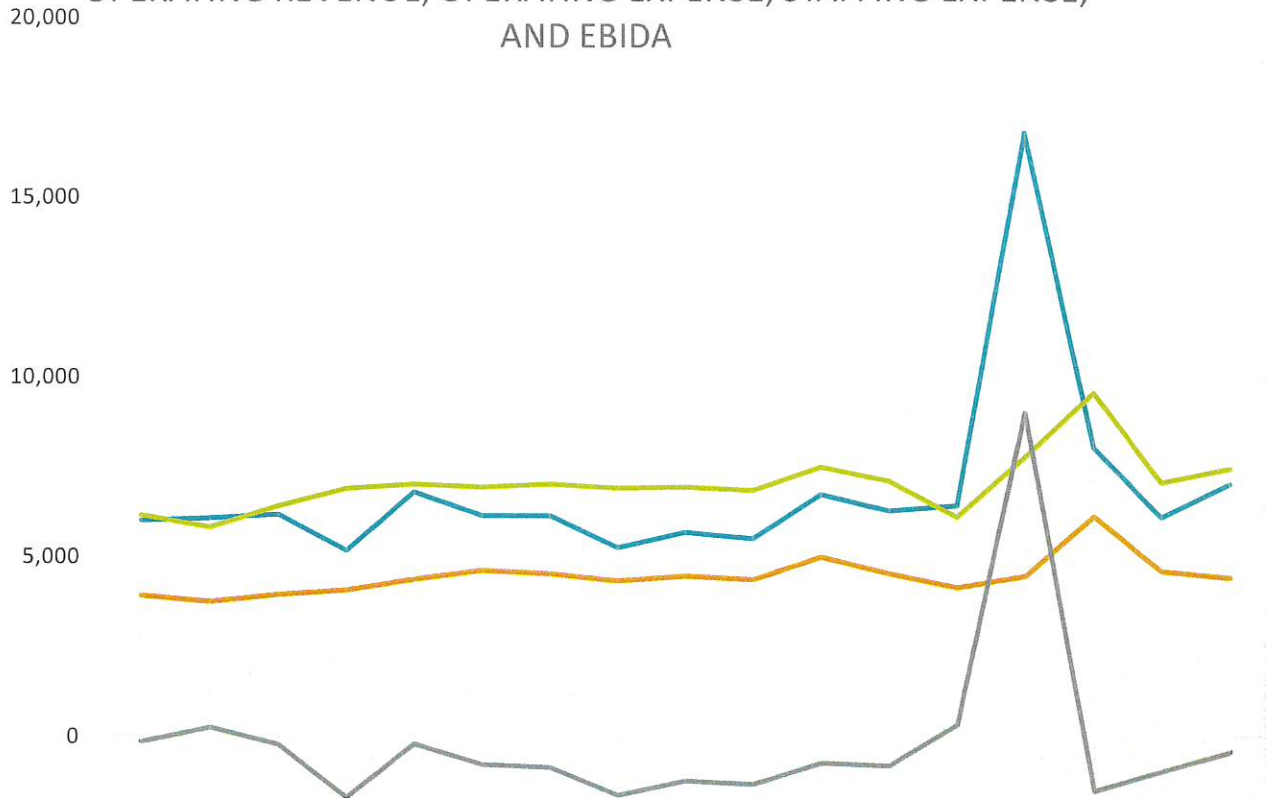


## OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



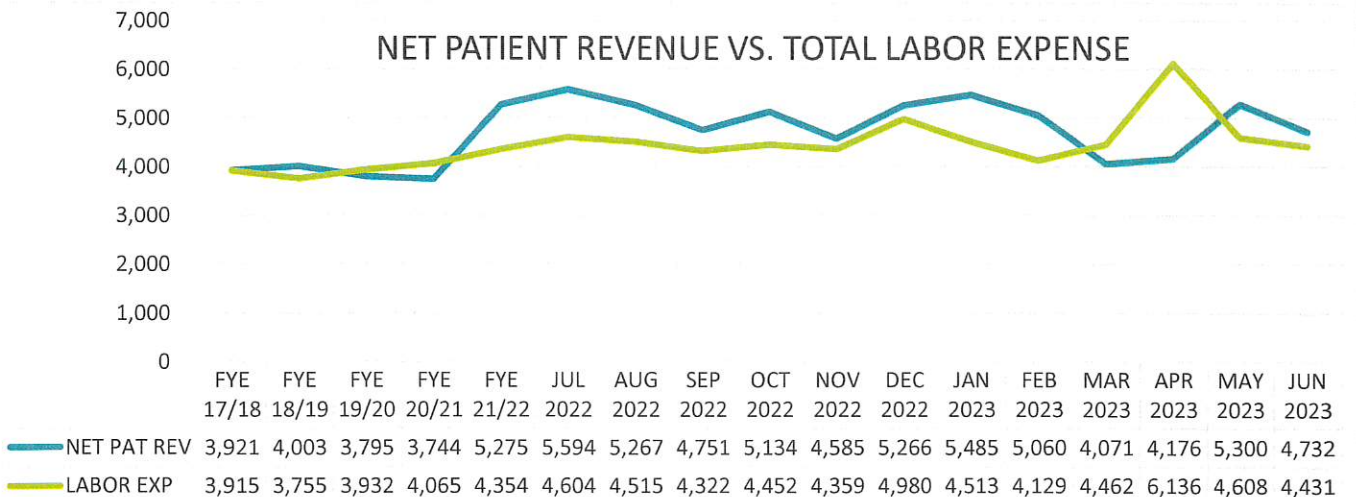
# SAN GORGONIO MEMORIAL HOSPITAL

## OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023	MAY 2023	JUN 2023
OP REV	6,006	6,069	6,165	5,160	6,791	6,132	6,137	5,246	5,674	5,499	6,728	6,269	6,413	16,788	8,041	6,112	7,030
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010	6,893	6,923	6,834	7,475	7,091	6,094	7,771	9,557	7,067	7,449
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513	4,129	4,462	6,136	4,608	4,431
EBIDA	(141)	252	(233)	(1,719)	(216)	(788)	(873)	(1,648)	(1,249)	(1,335)	(747)	(822)	319	9,017	(1,516)	(956)	(419)

## NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE

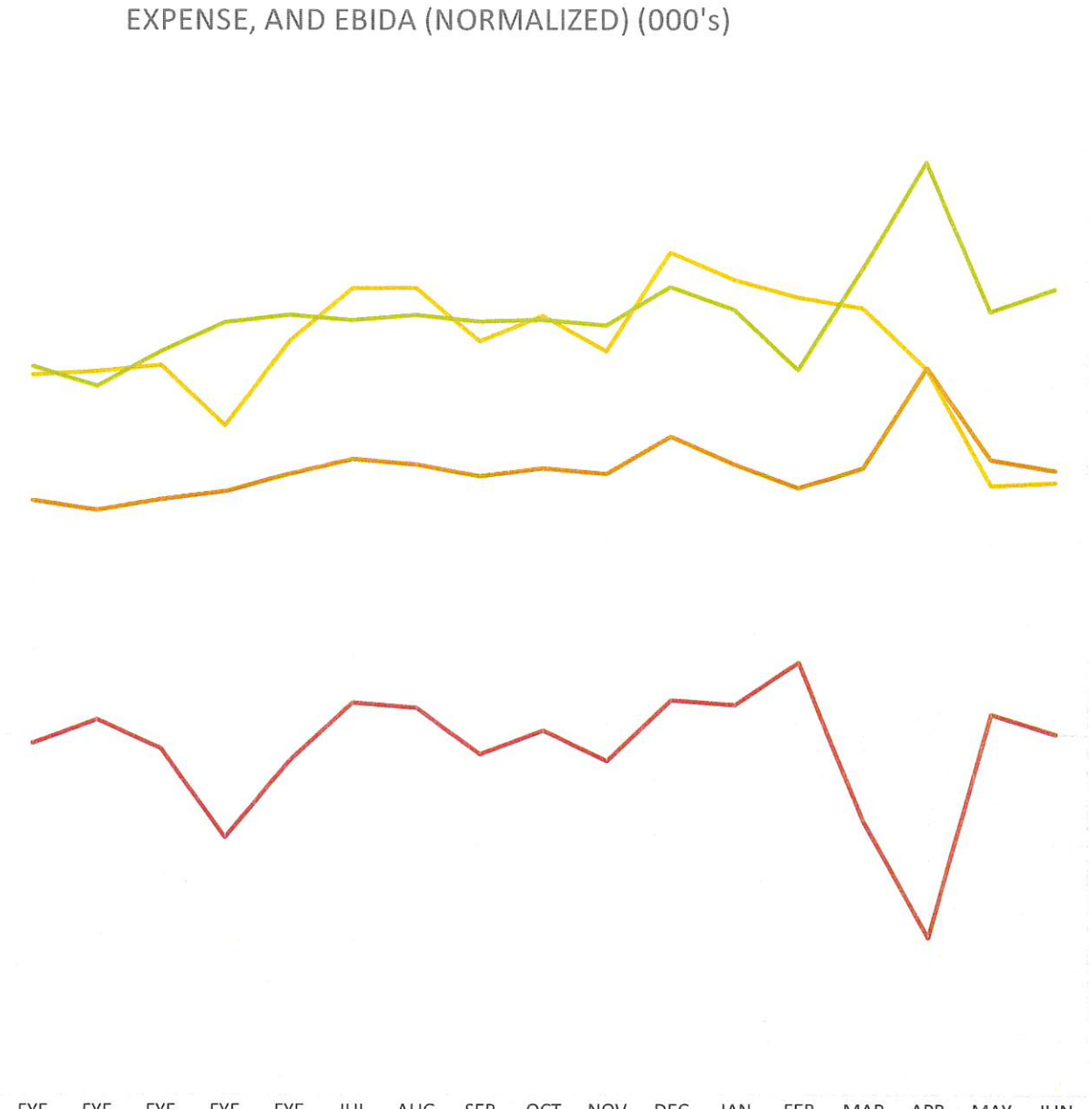


	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023	MAY 2023	JUN 2023
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,594	5,267	4,751	5,134	4,585	5,266	5,485	5,060	4,071	4,176	5,300	4,732
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513	4,129	4,462	6,136	4,608	4,431

# SAN GORGONIO MEMORIAL HOSPITAL

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

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



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023	MAY 2023	JUN 2023
REV NORMAL	6,006	6,069	6,165	5,160	6,569	7,453	7,458	6,567	6,995	6,399	8,049	7,591	7,307	7,133	6,106	4,177	4,231
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010	6,893	6,923	6,834	7,475	7,091	6,094	7,771	9,557	7,067	7,449
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513	4,129	4,462	6,136	4,608	4,431
EBIDA NORMAL	(141)	252	(233)	(1,719)	(438)	533	448	(326)	72	(435)	574	499	1,214	(1,437)	(3,373)	357	30





**BALANCE SHEET (Period End)**

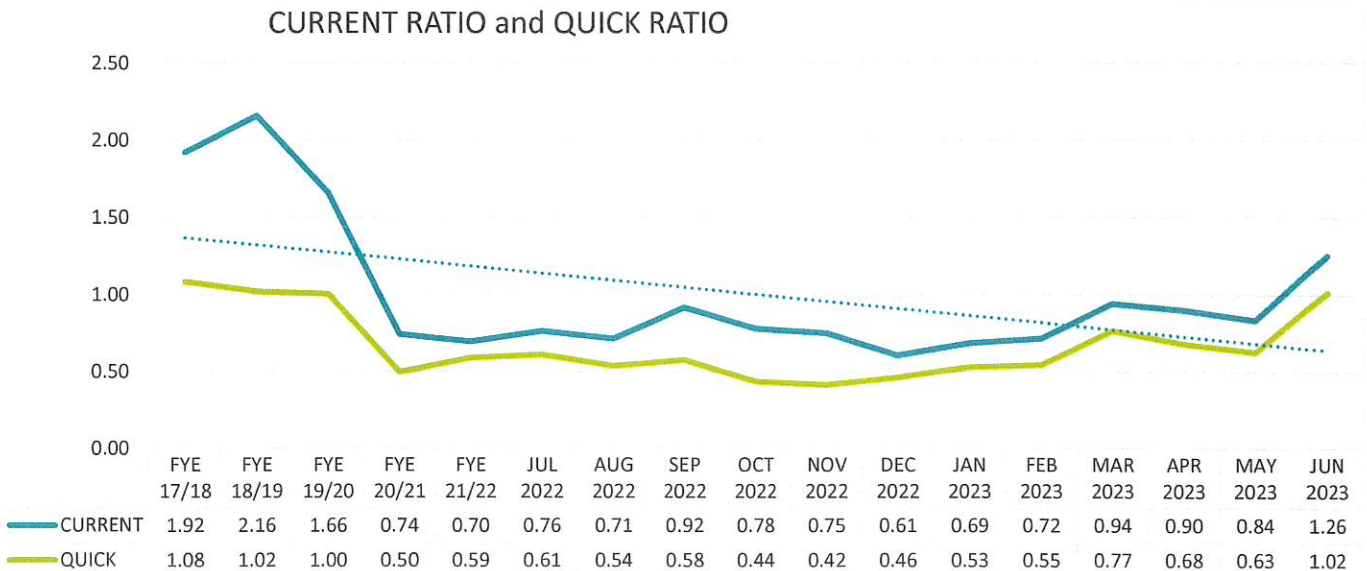
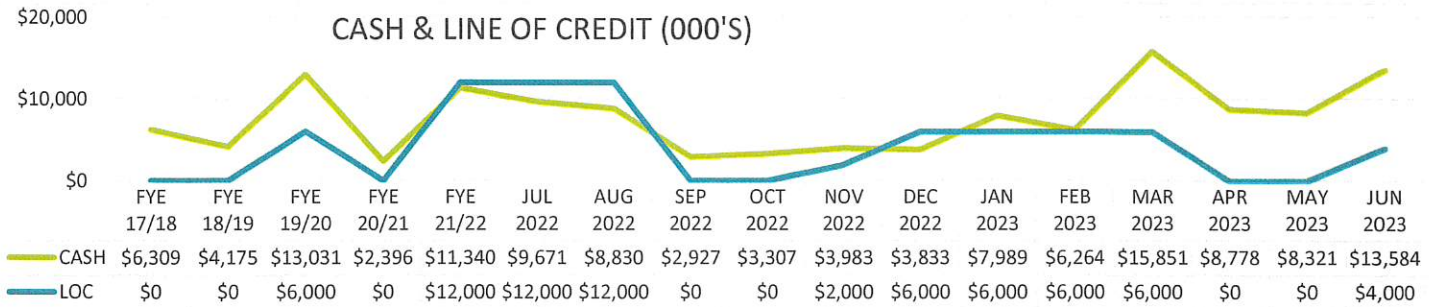
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Cash (000's)	Represents all unrestricted cash in the bank at each month-end.
Days Cash on Hand	Calculated by dividing amount of Cash on Hand by the historical average daily amount of cash requirements to cover operating expenses.
Accounts Receivable - Net (000's)	Equals the sum of all (patient) accounts that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.
A/R Days - Net	This measures the average number of days it takes to collect payment of the Net Accounts Receivable. Lower values are desired.
Current Ratio (Current Assets/Current Liabilities)	A measure that illustrates the ability for the hospital to pay its obligations that come due over the course of the next year. The greater the Current Assets as compared to the Current Liabilities, the stronger position the organization is in to pay its upcoming obligations. Desired position is greater than 1:00 to 1:00, preferably at least 1:25 to 1:00 or greater.
Quick Ratio	This measures the Cash + Net Accounts Receivable compared to the Current Liabilities. Desired ratio is greater than 1.00 : 1.00.
Accounts Payable (000's)	Reflects payment obligations of the Hospital as of a point in time. Excludes Loans, Payroll and other Debt obligations. Lower values are desired.
Accounts Payable Days	Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.
Line of Credit Balance (000's)	The amount that is currently borrowed from a lending institution as of a given point in time.

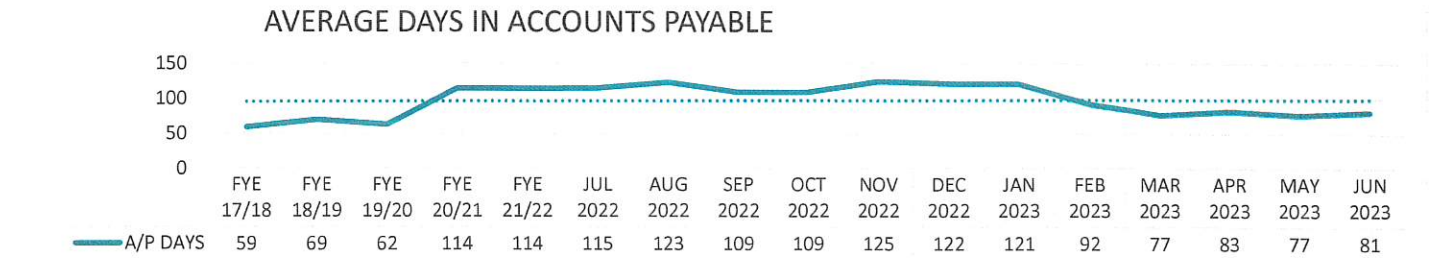
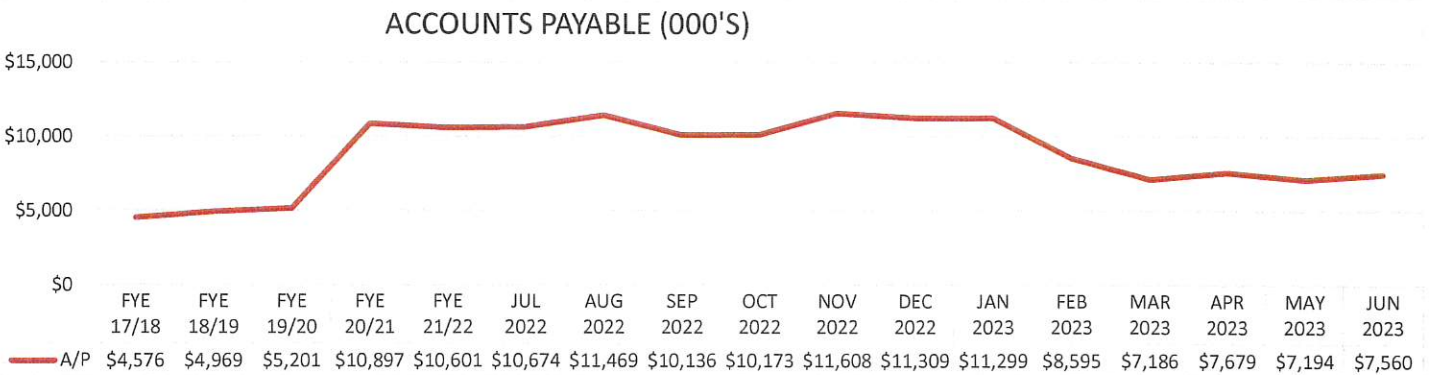
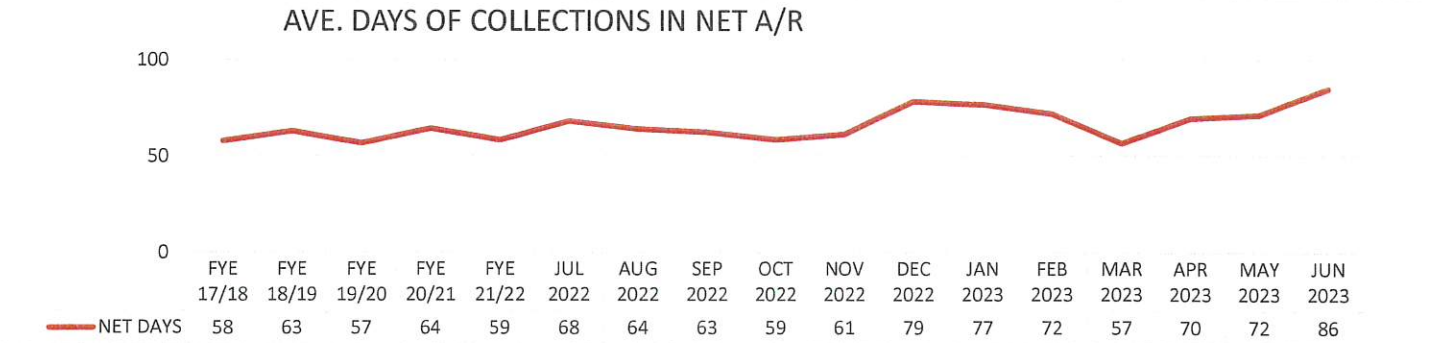
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# SAN GORGONIO MEMORIAL HOSPITAL



# SAN GORGONIO MEMORIAL HOSPITAL

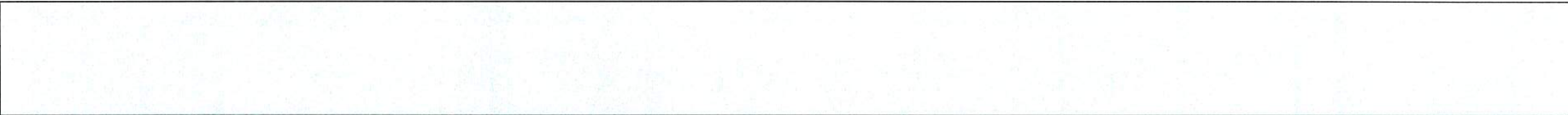


**SAN GORGONIO MEMORIAL HOSPITAL**  
**EXECUTIVE FINANCIAL SUMMARY**  
**TWELVE MONTHS ENDING JUNE 30, 2023**

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD						
REF LINE#		06/30/23 ACTUAL	06/30/23 BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE
	<b>Revenue:</b>					
[1]	Gross Patient Revenues	\$ 39,176,601	\$ 41,642,862	\$ 476,238,362	\$ 530,045,595	\$ (53,807,233)
[2]	Deductions From Revenue	(34,445,026)	(36,207,543)	(416,937,283)	(460,784,061)	43,846,778
[3]	Net Patient Revenues	<b>4,731,574</b>	<b>5,435,319</b>	<b>59,301,079</b>	<b>69,261,534</b>	<b>(9,960,455)</b>
[4]	IGT Revenue	0	-	11,273,600	12,288,244	(1,014,644)
[5]	Other Operating Revenue	2,298,140	3,048,919	15,778,740	13,051,439	2,727,301
[6]	<b>Total Operating Revenues</b>	<b>7,029,715</b>	<b>8,484,238</b>	<b>86,353,419</b>	<b>94,601,217</b>	<b>(8,247,798)</b>
	<b>Expenses:</b>					
[7]	Salaries, Benefits	4,405,046	4,457,577	54,459,916	55,652,013	1,192,097
	Contract Labor	25,758	71,432	1,049,462	910,917	(138,544)
	Physicians Fees	242,648	365,231	3,812,714	4,382,772	570,058
	Other Purchase Services	1,125,988	1,016,359	9,846,706	12,191,645	2,344,939
[8]	Purchased Serv. & Physician Fees	1,394,395	1,453,021	14,708,882	17,485,335	2,776,453
[9]	Supply Expenses	1,080,707	1,086,955	10,520,823	13,506,749	2,985,926
[10]	Other Operating Expenses & Clinic Loss	568,911	498,782	6,407,212	5,711,378	(695,834)
[11]	Supplimental and Grant Expense	-	-	1,097,983	1,097,985	2
[12]	<b>Total Expenses</b>	<b>\$ 7,449,059</b>	<b>\$ 7,496,336</b>	<b>\$ 87,194,815</b>	<b>\$ 93,453,459</b>	<b>\$ 6,258,643</b>
						<b>0</b>
[13]	<b>EBIDA</b>	<b>\$ (419,344)</b>	<b>\$ 987,902</b>	<b>\$ (841,396)</b>	<b>\$ 1,147,758</b>	<b>\$ (1,989,155)</b>
						<b>0</b>
[14]	Depreciation & Interest Expense	1,047,126	1,128,004	12,485,712	13,010,135	524,423
[15]	Non-Operating Revenue/(Exp.)	628,091	1,092,982	9,322,063	13,115,780	(3,793,717)
[16]	<b>TOTAL NET SURPLUS (LOSS)</b>	<b>\$ (838,378)</b>	<b>\$ 952,880</b>	<b>\$ (4,005,046)</b>	<b>\$ 1,253,403</b>	<b>\$ (5,258,449)</b>

**SAN GORGONIO MEMORIAL HOSPITAL**  
**EXECUTIVE FINANCIAL SUMMARY**  
**TWELVE MONTHS ENDING JUNE 30, 2023**

<b>BALANCE SHEET</b>			
		<b>YTD</b>	<b>Prior FYE</b>
		<b>6/30/2023</b>	<b>6/30/2022</b>
<b>ASSETS</b>			
[1]	Current Assets	\$ 32,236,927	\$ 23,401,085
[2]	Assets Whose Use is Limited	17,268,603	12,704,494
[3]	Property, Plant & Equipment (Net)	73,870,646	73,514,801
[4]	Other Assets	574,150	503,000
[5]	<b>Total Unrestricted Assets</b>	<b>123,950,326</b>	<b>110,123,380</b>
[6]	Restricted Assets	0	0
[7]	<b>Total Assets</b>	<b>\$ 123,950,326</b>	<b>\$ 110,123,380</b>
<b>LIABILITIES AND NET ASSETS</b>			
[8]	Current Liabilities	\$25,585,513	\$33,649,575
[9]	Long-Term Debt	116,913,711	105,323,946
[10]	Other Long-Term Liabilities	4,852,624	2,231,626
[11]	<b>Total Liabilities</b>	<b>\$ 147,351,848</b>	<b>\$ 141,205,147</b>
[12]	Net Assets	\$ (23,401,522)	\$ (31,081,767)
[13]	<b>Total Liabilities and Net Assets</b>	<b>\$ 123,950,326</b>	<b>\$ 110,123,380</b>



KEY STATISTICS AND RATIOS						
	06/30/22 ACTUAL	06/30/23 ACTUAL	06/30/23 BUDGET	2023 12 MOS.TOTAL	2022 12 MOS.TOTAL	2022 YR END TOTAL
	FY22	FY 23	FY 23	FY 23	FY 22	FY 22
[1]	Total Acute Patient Days	680	508	955	7,636	9,689
[2]	Average Daily Census	22.7	16.9	31.8	20.9	26.5
[3]	Average Acute Length of Stay	3.3	2.8	4.1	3.5	3.9
[4]	Patient Discharges	208	181	235	2,186	2,478
[5]	Adjusted Patient Days	1,655	1,670	1,901	21,460	21,422
[6]	Observation Days	241	264	225	3,160	2,775
[7]	Total Emergency Room Visits	3,470	3,319	3,065	41,821	39,374
[8]	Average ED Visits Per Day	116	111	102	115	108
[9]	Total Surgeries (Excluding G.I.'s)	82	133	115	1,433	855
[10]	Deliveries/Births	16	9	11	131	175

**Statement of Revenue and Expense**  
**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**TWELVE MONTHS ENDING JUNE 30, 2023**

	DISTRICT ONLY	CURRENT MONTH				
		ACTUAL	FY 23	FY 23	Positive	Percentage
		06/30/23	ACTUAL	CUR MO BUD	(Negative)	
			06/30/23	06/30/23	Variance	Variance
<b>Gross Patient Revenue</b>						
[1]	Inpatient Revenue	\$ -	\$ 11,147,397	\$ 20,706,500	\$ (9,559,103)	-46.2%
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	-
[3]	Outpatient Revenue	-	28,029,203	\$ 20,936,362	7,092,841	33.9%
[4]	Long Term Care Revenue	-	-	-	-	-
[5]	Home Health Revenue	-	-	-	-	-
[6]	Total Gross Patient Revenue	\$ -	\$ 39,176,601	\$ 41,642,862	\$ (2,466,261)	-5.9%
<b>Deductions From Revenue</b>						
[7]	Discounts and Allowances	-	(32,029,039)	\$ (34,665,638)	\$ 2,636,600	-7.6%
[8]	Bad Debt Expense	-	(2,232,123)	\$ (1,466,458)	(765,665)	52.2%
[9]	Prior Year Settlements	-	-	\$ -	-	-
[10]	Charity Care	-	(183,865)	\$ (75,447)	(108,418)	143.7%
[11]	Total Deductions From Revenue	-	(34,445,026)	(36,207,543)	\$ 1,762,516	-4.9%
[12]			-87.9%	-86.9%		
[13]	Net Patient Revenue	\$ -	\$ 4,731,574	\$ 5,435,319	\$ (703,745)	-12.9%
<b>Non Patient Operating Revenues</b>						
[14]	IGT/DSH Revenues	-	0	\$ -	\$ 0	0.0%
[15]	Grants & Other Op Revenues	-	1,866,646	\$ 2,636,175	(769,529)	-29.2%
[16]	Clinic Net Revenues	-	-	\$ -	-	-
[17]	Tax Subsidies Measure D	246,994	246,994	\$ 246,994	(0)	0.0%
[18]	Tax Subsidies Prop 13	184,500	184,500	\$ 154,500	30,000	19.4%
[19]	Tax Subsidies County Supplemental Funds	-	-	\$ 11,250	(11,250)	-100.0%
	Non Patient Revenue	\$ 431,494	\$ 2,298,140	\$ 3,048,919	\$ (750,778)	-24.6%
	<b>Total Operating Revenue</b>	\$ 431,494	\$ 7,029,715	\$ 8,484,238	\$ (1,454,523)	-17.1%
<b>Operating Expenses</b>						
[20]	Salaries and Wages	-	3,495,555	3,551,550	\$ 55,995	1.6%
[21]	Fringe Benefits	-	909,491	906,027	(3,464)	-0.4%
[22]	Contract Labor	-	25,758	71,432	45,673	63.9%
[23]	Physicians Fees	-	242,648	365,231	122,583	33.6%
[24]	Purchased Services	57,615	1,125,988	1,016,359	(109,630)	-10.8%
[25]	Supply Expense	-	1,080,707	1,086,955	6,248	0.6%
[26]	Utilities	1,242	136,923	137,969	1,045	0.8%
[27]	Repairs and Maintenance	8,983	61,628	75,564	13,935	18.4%
[28]	Insurance Expense	-	141,364	122,979	(18,385)	-14.9%
[29]	All Other Operating Expenses	-	125,742	99,325	(26,418)	-26.6%
[30]	Supplimental and Grant Expense	-	-	0	-	#DIV/0!
[31]	Leases and Rentals	-	103,254	62,946	(40,307)	-64.0%
[32]	Clinic Expense	-	-	-	-	0.0%
[33]	Total Operating Expenses	\$ 67,841	\$ 7,449,059	\$ 7,496,336	\$ 47,277	0.6%
[34]	<b>EBIDA</b>	\$ 363,653	\$ (419,344)	\$ 987,902	\$ (1,407,247)	-142.4%
<b>Interest Expense and Depreciation</b>						
[35]	Depreciation	406,450	625,348	625,348	\$ (1)	0.0%
[36]	Interest Expense and Amortization	-	421,777	502,656	80,879	16.1%
[37]	Total Interest & depreciation	406,450	1,047,126	1,128,004	80,878	7.2%
<b>Non-Operating Revenue:</b>						
[38]	Contributions & Other	-	738	466,744	(466,006)	-99.8%
[39]	Tax Subsidies for GO Bonds - M-A	627,353	627,353	626,237	1,116	0.2%
[40]	Total Non Operating Revenue/(Expense)	627,353	628,091	1,092,982	\$ (464,890)	-42.5%
[41]	Total Net Surplus/(Loss)	\$ 584,557	\$ (838,378)	\$ 952,880	\$ (1,791,259)	-188.0%
[42]	Extra-ordinary loss on Financing	-	-	-	-	-
[43]	Increase/(Decrease in Unrestricted Net Assets	\$ 584,557	\$ (838,378)	\$ 952,880	\$ (1,791,259)	-188.0%
[44]	Total Profit Margin	135.47%	-11.93%	11.23%		
[45]	EBIDA %	84.28%	-5.97%	11.64%		

**Statement of Revenue and Expense**

**SAN GORGONIO MEMORIAL HOSPITAL**

**BANNING, CALIFORNIA**

**TWELVE MONTHS ENDING JUNE 30, 2023**

	YEAR-TO-DATE				
	DISTRICT ONLY			Positive (Negative) Variance	Percentage Variance
	Actual 06/30/23	Actual 06/30/23	Budget 06/30/23		
Gross Patient Revenue					
[1] Inpatient Revenue	\$ -	\$ 169,252,543	\$ 264,016,318	\$ (94,763,775)	-35.9%
[2] Inpatient Psych/Rehab Revenue	-	-	0	-	
[3] Outpatient Revenue	-	306,985,819	\$ 266,029,277	40,956,542	15.4%
[4] Long Term Care Revenue	-	-	\$ -	-	
[5] Home Health Revenue	-	-	-	-	
[6] Total Gross Patient Revenue	\$ -	\$ 476,238,362	\$ 530,045,595	\$ (53,807,233)	-10.2%
Deductions From Revenue					
[7] Discounts and Allowances	-	(403,192,676)	\$ (441,236,937)	\$ 38,044,261	-8.6%
[8] Bad Debt Expense	-	(12,575,295)	\$ (18,665,612)	6,090,317	-32.6%
[9] Prior Year Settlements	-	-	\$ -	-	
[10] Charity Care	-	(1,169,312)	\$ (881,512)	(287,801)	32.6%
[11] Total Deductions From Revenue	-	(416,937,283)	(460,784,061)	\$ 43,846,778	-9.5%
[12]		87.5%	-86.9%		
[13] Net Patient Revenue	\$ -	\$ 59,301,079	\$ 69,261,534	\$ (9,960,455)	-14.4%
Non Patient Operating Revenues					
[14] IGT/DSH Revenues	-	11,273,600	\$ 12,288,244	\$ (1,014,644)	-8.3%
[15] Grants & Other Op Revenues	-	10,933,123	\$ 8,098,513	2,834,610	35.0%
[16] Clinic Net Revenues	-	-	\$ -	-	
[17] Tax Subsidies Measure D	2,963,926	2,963,926	\$ 2,963,926	(0)	0.0%
[18] Tax Subsidies Prop 13	1,854,000	1,854,000	\$ 1,854,000	-	0.0%
[19] Tax Subsidies County Supplemental Funds	27,692	27,692	\$ 135,000	(107,308)	-79.5%
Non- Patient Revenue	\$ 4,845,617	\$ 27,052,340	\$ 25,339,683	\$ 1,712,657	6.8%
<b>Total Operating Revenue</b>	<b>\$ 4,845,617</b>	<b>\$ 86,353,419</b>	<b>\$ 94,601,217</b>	<b>\$ (8,247,798)</b>	<b>-8.7%</b>
Operating Expenses					
[20] Salaries and Wages	-	43,200,295	44,627,513	\$ 1,427,218	3.2%
[21] Fringe Benefits	-	11,259,621	11,024,500	(235,121)	-2.1%
[22] Contract Labor	-	1,049,462	910,917	(138,544)	-15.2%
[23] Physicians Fees	-	3,812,714	4,382,772	570,058	13.0%
[24] Purchased Services	164,511	9,846,706	12,191,645	2,344,939	19.2%
[25] Supply Expense	-	10,520,823	13,506,749	2,985,926	22.1%
[26] Utilities	22,441	1,390,021	1,381,613	(8,408)	-0.6%
[27] Repairs and Maintenance	131,577	1,088,843	906,764	(182,079)	-20.1%
[28] Insurance Expense	-	1,434,578	1,475,746	41,168	2.8%
[29] All Other Operating Expenses	216,754	1,660,070	1,191,896	(468,174)	-39.3%
[30] Supplemental and Grant Expense	-	1,097,983	1,097,985	2	0.0%
[31] Leases and Rentals	-	833,699	755,358	(78,341)	-10.4%
[32] Clinic Expense	-	-	0	-	0.0%
[33] Total Operating Expenses	\$ 535,282	\$ 87,194,815	\$ 93,453,459	\$ 6,258,643	6.7%
[34] EBIDA	\$ 4,310,336	\$ (841,396)	\$ 1,147,758	\$ (1,989,155)	-173.3%
Interest Expense and Depreciation					
[35] Depreciation	4,494,540	6,707,044	7,367,731	\$ 660,687	9.0%
[36] Interest Expense and Amortization	4,177,671	5,778,668	5,642,404	(136,264)	-2.4%
[37] Total Interest & depreciation	8,672,211	12,485,712	13,010,135	524,423	4.0%
Non-Operating Revenue:					
[38] Contributions & Other	1,409,368	1,793,825	5,600,931	(3,807,106)	-68.0%
[39] Tax Subsidies for GO Bonds - M-A	7,528,238	7,528,238	7,514,849	13,389	0.2%
[40] Total Non Operating Revenue/(Expense)	8,937,605	9,322,063	13,115,780	(3,793,717)	-28.9%
[41] Total Net Surplus/(Loss)	\$ 4,575,729	\$ (4,005,046)	\$ 1,253,403	\$ (5,258,449)	-419.5%
[42] Extra-ordinary loss on Financing	-	-	-	-	
[43] Increase/(Decrease in Unrestricted Net Assets	\$ 4,575,729	\$ (4,005,046)	\$ 1,253,403	\$ (5,258,449)	-419.5%
[44] Total Profit Margin	94.43%	-4.64%	1.32%		
[45] EBIDA %	88.95%	-0.97%	1.21%		

**Balance Sheet - Assets**

**SAN GORGONIO MEMORIAL HOSPITAL  
BANNING, CALIFORNIA  
TWELVE MONTHS ENDING JUNE 30, 2023**

		ASSETS				
		DISTRICT ONLY				
		Current Month 6/30/2023	Current Month 6/30/2023	Prior Month 5/31/2023	Positive/ (Negative) Variance	Prior Year End 6/30/2022
<b>Current Assets</b>						
[1]	Cash and Cash Equivalents	2,806,557	\$13,584,366	\$8,320,587	\$ 5,263,779	\$ 11,340,002
[2]	Gross Patient Accounts Receivable	\$0	\$86,192,181	\$86,744,177	\$ (551,997)	77,594,807
[3]	Less: Bad Debt and Allowance Reserves	\$0	(\$73,773,604)	(\$76,309,238)	\$ 2,535,633	(69,099,845)
[4]	Net Patient Accounts Receivable	\$0	\$12,418,576	\$10,434,940	\$ 1,983,636	8,494,961
[5]	Taxes Receivable	\$7,021,725	\$7,021,725	\$5,992,878	\$ 1,028,847	1,178,859
[6]	Other Receivables (includes advances)	660,465	(\$506,057)	(\$473,544)	\$ (32,513)	738,141
[7]	Inventories	\$0	\$2,154,862	\$2,866,447	\$ (711,585)	2,297,204
[8]	Prepaid Expenses	126,169	\$807,418	\$843,467	\$ (36,049)	1,197,395
[9]	Due From Third Party Payers-DSH	\$0	(\$3,243,964)	(\$3,002,201)	\$ (241,763)	(1,845,477)
[10]	Malpractice Receivable	\$0	\$0	\$0	\$ -	-
[11]	Supplimental Receivables	\$0	\$0	\$0	\$ -	-
	<b>Total Current Assets</b>	<b>10,614,916</b>	<b>32,236,927</b>	<b>24,982,574</b>	<b>\$ (736,481)</b>	<b>\$ 23,401,085</b>
<b>Assets Whose Use is Limited</b>						
[12]	Cash					
[13]	Investments					
[14]	Bond Reserve/Debt Retirement Fund	\$17,268,603	\$17,268,603	\$17,267,590	\$ 1,013	12,704,494
[15]	Trustee Held Funds					
[16]	Funded Depreciation					
[17]	Board Designated Funds					
[18]	Other Limited Use Assets					0
	<b>Total Limited Use Assets</b>	<b>17,268,603</b>	<b>17,268,603</b>	<b>17,267,590</b>	<b>\$ (223,324)</b>	<b>\$ 12,704,494</b>
<b>Property, Plant, and Equipment</b>						
[19]	Land and Land Improvements	4,828,182	4,828,182	4,828,182	\$ -	\$ 4,828,182
[20]	Building and Building Improvements	129,281,491	129,281,491	129,281,491	\$ -	129,281,491
[21]	Equipment	27,119,506	29,633,206	29,633,206	\$ -	26,856,789
[22]	Construction In Progress	3,298,824	3,367,274	3,232,839	\$ 134,436	1,694,007
[23]	Capitalized Interest					
[24]	Gross Property, Plant, and Equipment	164,528,004	167,110,154	166,975,718	\$ 134,436	162,660,469
[25]	Less: Accumulated Depreciation	(\$93,239,508)	(\$93,239,508)	(\$92,833,058)	\$ (406,450)	(89,145,667)
[26]	<b>Net Property, Plant, and Equipment</b>	<b>71,288,496</b>	<b>73,870,646</b>	<b>74,142,660</b>	<b>\$ (475,050)</b>	<b>\$ 73,514,801</b>
<b>Other Assets</b>						
[27]	Unamortized Loan Costs	\$627,385	\$574,150	\$576,739	\$ (2,589)	\$ 614,440
[28]	Assets Held for Future Use		\$0	\$0	\$ -	485
[29]	Investments in Subsidiary/Affiliated Org.	\$24,143,086	\$0	\$0	\$ -	(111,925)
[30]	Other					
[31]	<b>Total Other Assets</b>	<b>24,770,470</b>	<b>574,150</b>	<b>576,739</b>	<b>\$ (2,589)</b>	<b>\$ 503,000</b>
[32]	<b>TOTAL UNRESTRICTED ASSETS</b>	<b>123,942,486</b>	<b>123,950,326</b>	<b>116,969,562</b>	<b>\$ 6,980,764</b>	<b>\$ 110,123,381</b>
<b>Restricted Assets</b>						
		0	0	0	0	0
[33]	<b>TOTAL ASSETS</b>	<b>\$123,942,486</b>	<b>\$123,950,326</b>	<b>\$116,969,562</b>	<b>\$ 6,980,764</b>	<b>\$ 110,123,381</b>



**Balance Sheet - Liabilities and Net Assets**

**SAN GORGONIO MEMORIAL HOSPITAL**

**BANNING, CALIFORNIA**

**TWELVE MONTHS ENDING JUNE 30, 2023**

	DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
	Current Month 6/30/2023	Current Month 6/30/2023	Prior Month 5/31/2023	Positive/ (Negative) Variance	Prior Year End 6/30/2022
<b>Current Liabilities</b>					
[1] Accounts Payable	\$ 1,189,951	\$ 7,559,621	\$ 7,461,215	\$ 98,406	\$ 10,600,622
[2] Notes and Loans Payable (Line of Credit)	-	4,000,000	-	\$ 4,000,000	12,000,000
[3] Accounts Payable- Tax advance	-	-	-	\$ -	-
[4] Accrued Payroll Taxes	-	4,736,985	987,199	\$ 3,749,786	5,597,527
[5] Accrued Benefits	-	-	-	\$ -	-
[6] Accrued Benefits Current Portion	-	-	-	\$ -	-
[7] Other Accrued Expenses	-	-	-	\$ -	-
[8] Accrued GO Bond Interest Payable	1,818,939	1,818,939	1,452,002	\$ 366,936	2,526,756
[9] Lease Liabilities	-	1,126,797	1,126,796	\$ 0	4,259
[10] Due to Third Party Payers (Settlements)	-	3,417,500	3,417,500	\$ -	-
[11] Advances From Third Party Payers	-	-	-	\$ -	-
[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	-	590,672	590,672	\$ -	585,411
<b>Total Current Liabilities</b>	<b>5,343,890</b>	<b>25,585,513</b>	<b>17,370,385</b>	<b>\$ 8,215,129</b>	<b>33,649,575</b>
<b>Long Term Debt</b>					
[15] Bonds/Mortgages Payable (net of Cur Portion)	102,331,965	\$102,331,964	\$ 102,331,965	\$ (1)	\$ 103,030,598
[16] Leases Payable (net of current portion)	\$14,581,747	\$14,581,747	\$14,977,732	\$ (395,986)	\$2,293,348
[17] <b>Total Long Term Debt (Net of Current)</b>	<b>116,913,712</b>	<b>116,913,711</b>	<b>117,309,698</b>	<b>\$ 351,137,121</b>	<b>105,323,946</b>
<b>Other Long Term Liabilities</b>					
[18] Deferred Revenue	-	-	-	\$ -	-
[19] Accrued Pension Expense (Net of Current)	-	-	-	\$ -	-
[20] Other-Bridge Loan	0	4,852,624	4,852,624	\$ -	2,231,628
[21] <b>Total Other Long Term Liabilities</b>	<b>0</b>	<b>4,852,624</b>	<b>4,852,624</b>	<b>\$ -</b>	<b>2,231,628</b>
<b>TOTAL LIABILITIES</b>	<b>\$ 122,257,601</b>	<b>\$ 147,351,848</b>	<b>\$ 139,532,706</b>	<b>\$ 7,819,142</b>	<b>\$ 141,205,148</b>
<b>Net Assets:</b>					
[22] Unrestricted Fund Balance	(2,890,845)	(19,396,477)	(19,396,477)	\$ -	\$ (25,347,940)
[23] Temporarily Restricted Fund Balance	-	-	-	\$ -	-
[24] Restricted Fund Balance	-	-	-	\$ -	-
[25] Net Revenue/(Expenses)	4,575,729	(4,005,046)	(3,166,667)	\$ (838,379)	(5,733,827)
[26] <b>TOTAL NET ASSETS</b>	<b>1,684,884</b>	<b>(23,401,522)</b>	<b>(22,563,144)</b>	<b>\$ (838,379)</b>	<b>\$ (31,081,767)</b>
[27] <b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 123,942,486</b>	<b>\$ 123,950,326</b>	<b>\$ 116,969,563</b>	<b>\$ 6,980,763</b>	<b>\$ 110,123,381</b>
	\$ 0	\$ (0)	\$ 0	\$ 0	\$ -

**Statement of Cash Flows**

**SAN GORGONIO MEMORIAL HOSPITAL  
BANNING, CALIFORNIA  
TWELVE MONTHS ENDING JUNE 30, 2023**

		<b>CASH FLOW</b>	
		<b>Current</b>	
		<b>Month</b>	
		<b>6/30/2023</b>	
		<hr/>	
<b>HEALTHCARE SYSTEM CASH FLOW</b>			
<b>BEGINNING CASH BALANCES</b>			
[1]	Cash: Beginning Balances- HOSPITAL	\$	5,172,316
[2]	Cash: Beginning Balances- DISTRICT		3,148,271
[3]	Cash: Beginning Balances TOTALS	\$	<hr/> 8,320,587
 <b>Receipts</b>			
[4]	Pt Collections	\$	4,374,131
[5]	Tax Subsidies Measure D/Prop 13		-
[6]	Misc Tax Subsidies		-
[7]	Donations/Grants		-
[8]	IGT & other Supplemental (Net)		1,208,035
[9]	Draws/(Paydown) of LOC Balances		4,000,000
[10]	Other Misc Receipts/Transfers		7,799
	<b>TOTAL RECEIPTS</b>	<b>\$</b>	<hr/> <b>9,589,965</b>
<b>Disbursements</b>			
[11]	Payroll/ Benefits	\$	2,605,046
[12]	Other Operating Costs		1,685,111
[13]	Capital Spending		134,436
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		
[15]	Other (increase) in AP /other bal sheet		(98,406)
[16]	<b>TOTAL DISBURSEMENTS</b>	<b>\$</b>	<hr/> <b>4,326,187</b>
[17]	<b>TOTAL CHANGE in CASH</b>	<b>\$</b>	<hr/> <b>5,263,778</b>
 <b>ENDING CASH BALANCES</b>			
[18]	Ending Balances- HOSPITAL	\$	10,777,809
[19]	Ending Balances- DISTRICT		2,806,557
[20]	Ending Balances- TOTALS	\$	<hr/> <b>13,584,366</b>
 <b>ADDITIONAL INFO</b>			
[21]	LOC CURRENT BALANCES	\$	4,000,000
			<hr/> <b>\$216,000</b>

**TAB F**

REGULAR MEMORIAL HOSPITAL  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE  
July 19, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, July 19, 2023 in the Administration Boardroom, 600 N. Highland Springs Avenue, Rialto, California.

Members Present: Susan Diasi, Ron Rader, Steve Riedge, C

Excused Absence: Perry Goldstein, Steve Barron, C

Staff Present: Angela Brady, C, Annah Gram, CHRO, Daniel Hecathorne, C, Ariel Hitley, Executive Assistant, John Peleses, P, Incillary and Support Services

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
<b>Call To Order</b>	Chair Steve Riedge called the meeting to order at 9:02 am.	
<b>Public Comment</b>	No public was present.	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes: April 19, 2023, Regular Meeting</b>	Chair Riedge asked for any changes or corrections to the minutes of the April 19, 2023 regular meeting.  There were none.	<b>The minutes of the April 19, 2023, regular meeting was reviewed and will stand as presented.</b>
<b>NEW BUSINESS</b>		
<b>Reports</b>		
<b>A. Employment Activity/Turnover Reports</b>		
<b>1. Employee Activity by Job Class/Turnover Report (04/01/2023)</b>	Annah Gram, Chief Human Resources Officer, reviewed the report "Employee Activity by Job Class/Turnover Report" for the period of 04/01/2023 through 06/30/2023 as included in the Committee packet.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
<p><b>through 06/30/2023)</b></p>		
<p><b>2. Separation Reasons Analysis All Associates (04/01/2023 through 06/30/2023)</b></p>	<p>Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 04/01/2023 through 06/30/2023 as included in the Committee packet.</p> <p>For this period there were 35 Voluntary Separations and 3 Involuntary Separations for a total of 38.</p>	
<p><b>3. Separation Reason Analysis Full and Part Time Associates (04/01/2023 through 06/30/2023)</b></p>	<p>Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 04/01/2023 through 06/30/2023 as included in the Committee packet.</p> <p>For this period there were 23 Voluntary Separations and 2 Involuntary Separations for a total of 25.</p>	
<p><b>4. Separation Reason Analysis Per Diem Associates (04/01/2023 through 06/30/2023)</b></p>	<p>Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 04/01/2023 through 06/30/2023 as included in the Committee packet.</p> <p>For this period there were 12 Voluntary Separations and 1 Involuntary Separations for a total of 13.</p>	
<p><b>5. FTE Vacancy Summary (04/01/2023 through 06/30/2023)</b></p>	<p>Annah reviewed the “FTE Vacancy Summary” for the period of 04/01/2023 through 06/30/2023 as included in the Committee packet.</p> <p>Annah reported that the Facility Wide vacancy rate as of 06/30/2023 was 17.79%.</p>	
<p><b>6. RN Vacancy Summary (04/01/2023 through 06/30/2023)</b></p>	<p>Annah reviewed the “RN Vacancy Summary” for the period of 04/01/2023 through 06/30/2023 as included in the Committee packet.</p> <p>Annah reported that the Overall All RN Vacancy rate as of 06/30/2023 was 21.54%.</p>	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
<b>B. Workers Compensation Report</b>										
<b>Workers Compensation Report (06/01/2023 through 06/30/2023)</b>	<p>Innah reviewed the Workers Compensation Reports covering the period of 06/01/2023 through 06/30/2023 as included in the Committee packet.</p>									
<b>35 Proposed Action – Recommend Approval to Hospital Board of Associate Holiday Gift Cards</b>	<p>Innah Innam noted that every year the present associates with holiday gift cards. The value of those gift cards will be as follows:</p> <p>Full time - \$100.00 Part time - \$75.00 Per diem - \$15.00</p> <p>The total dollar amount is \$49,450.00.</p> <p><b>ROLL CALL:</b></p> <table border="1" data-bbox="407 982 1179 1058"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Riedel</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Goldstein	Absent	Rader	Yes	Riedel	Yes	<p><b>M.S.C., (DiBiasi/Rader), the SGMH Human Resources Committee voted to recommend approval to the Hospital Board of the Associate Holiday Gift Cards.</b></p>
DiBiasi	Yes	Goldstein	Absent							
Rader	Yes	Riedel	Yes							
<b>Education</b>	<p>Innah reviewed each education article as included in the committee packets:</p> <ul style="list-style-type: none"> <li>• Non-Work Rights: Workplace Discrimination is Illegal</li> <li>• Pregnant Workers Fairness Act (PWFA)             <ul style="list-style-type: none"> <li>o Infographic</li> <li>o What Should Not</li> </ul> </li> </ul>									
<b>Future Agenda items</b>	None.									
<b>Next regular meeting</b>	The next regular Human Resources Committee meeting is scheduled for October 18, 2023 at 9 am.									
<b>Adjournment</b>	The meeting was adjourned at 9:40 am.									

In accordance with the provisions of 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 W. Highland Springs Avenue, Ann Arbor, MI 48106 during regular business hours Monday through Friday 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Hitley, Executive Assistant

A B C D E F G H I J K

**EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT**

04/01/2023 THROUGH 06/30/2023

JOB CLASS/FAMILY	CURRENT	2022	YTD	CURRENT	2022	YTD	ACTIVE	LOA	CURRENT	ANNUALIZED	
	NEW HIRES	NEW HIRES	NEW HIRES	SEPARATIONS	SEPARATIONS	TERMS	ASSOCIATE	ASSOCIATE	TURNOVER	TURNOVER	
	04/01/2023 THROUGH 06/30/2023		01/01/2023 THROUGH 06/30/2023	04/01/2023 THROUGH 06/30/2023		01/01/2023 THROUGH 06/30/2023	AS OF 06/30/2023	AS OF 06/30/2023	AS OF 06/30/2023		
ADMIN/CLERICAL	4	21	10	5	20	15	81	2	6.17%	18.52%	1
ANCILLARY	8	16	13	3	20	5	67	2	4.48%	7.46%	2
CLS	1	2	3	1	3	2	20	0	5.00%	10.00%	7
DIRECTORS/MGRS	0	2	2	1	3	3	29	1	3.45%	10.34%	8
LVN	1	3	1	0	6	2	19	1	0.00%	10.53%	9
OTHER NURSING	6	30	16	5	27	15	78	0	6.41%	19.23%	10
PT	1	0	4	2	4	2	9	0	22.22%	22.22%	11
RAD TECH	1	7	3	0	7	1	36	1	0.00%	2.78%	12
RN	14	44	22	14	59	25	143	10	9.79%	17.48%	13
RT	1	0	1	1	2	3	18	1	5.56%	16.67%	14
SUPPORT SERVICES	9	31	29	6	28	19	89	3	6.74%	21.35%	15
<b>FACILITY TOTAL</b>	<b>46</b>	<b>156</b>	<b>104</b>	<b>38</b>	<b>179</b>	<b>92</b>	<b>589</b>	<b>21</b>	<b>6.45%</b>	<b>15.62%</b>	<b>16</b>
											17
											18
Full Time	26	99	67	23	90	51	408	16	5.64%	12.50%	19
Part Time	5	8	10	2	13	6	57	4	3.51%	10.53%	20
Per Diem	15	49	27	13	76	35	124	1	10.48%	28.23%	21
<b>TOTAL</b>	<b>46</b>	<b>156</b>	<b>104</b>	<b>38</b>	<b>179</b>	<b>92</b>	<b>589</b>	<b>21</b>	<b>6.45%</b>		<b>22</b>

Current Turnover: J22  
Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:  
Turnover for all Associates = 7.25%  
Turnover for all RNs = 6.90%

**SEPARATION ANALYSIS**  
**ALL ASSOCIATES**  
**04/01/2023 THROUGH 06/30/2023**

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
<b>Voluntary Separations</b>								
Full-Time	55.3%	6	2	6	5	2	0	21
Part-Time	5.3%	1				1		2
Per Diem	31.6%	1	2	4	1	2	2	12
<b>Subtotal, Voluntary Separations</b>	<b>92.1%</b>	<b>8</b>	<b>4</b>	<b>10</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>35</b>
<b>Involuntary Separations</b>								
Full-Time	5.3%	1		1				2
Part-Time	0.0%							0
Per Diem	0.0%						1	1
<b>Subtotal, Involuntary Separations</b>	<b>7.9%</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>

<b>Total Separations</b>	<b>100.0%</b>	<b>9</b>	<b>4</b>	<b>11</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>38</b>
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DEPARTMENT	LT 90 DAYS	90 DAYS TO 1 YR	1 TO 2 YRS	3 TO 5 YRS	6 TO 10 YEARS	10 PLUS YRS	GRAND TOTAL
<b>INVOLUNTARY</b>	<b>1</b>		<b>1</b>			<b>1</b>	<b>3</b>
Laboratory			1				1
Materials Management	1						1
Nursing Administration						1	1
<b>VOLUNTARY</b>	<b>8</b>	<b>4</b>	<b>10</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>35</b>
DOU	2						2
ED	1	1	1	1			4
Environmental Services	2				1		3
ICU		1	2				3
Joint Venture Physical Therapy				1	1		2
Laboratory				1			1
Medical Staff			1				1
MSC	2	1	2	1		1	7



	2	1	2	1		1	1
Nursing Administration					1		1
OB			1				1
OR		1					1
Performance Improvement			1				1
Pharmacy				1			1
Public Relations					1		1
Resource Pool					1		1
Respiratory Therapy				1			1
Security	1		2				3
Social Services						1	1
<b>Grand Total</b>	<b>9</b>	<b>4</b>	<b>11</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>38</b>

**Separation Reason Analysis**  
**FULL AND PART TIME ASSOCIATES**  
**04/01/2023 THROUGH 06/30/2023**

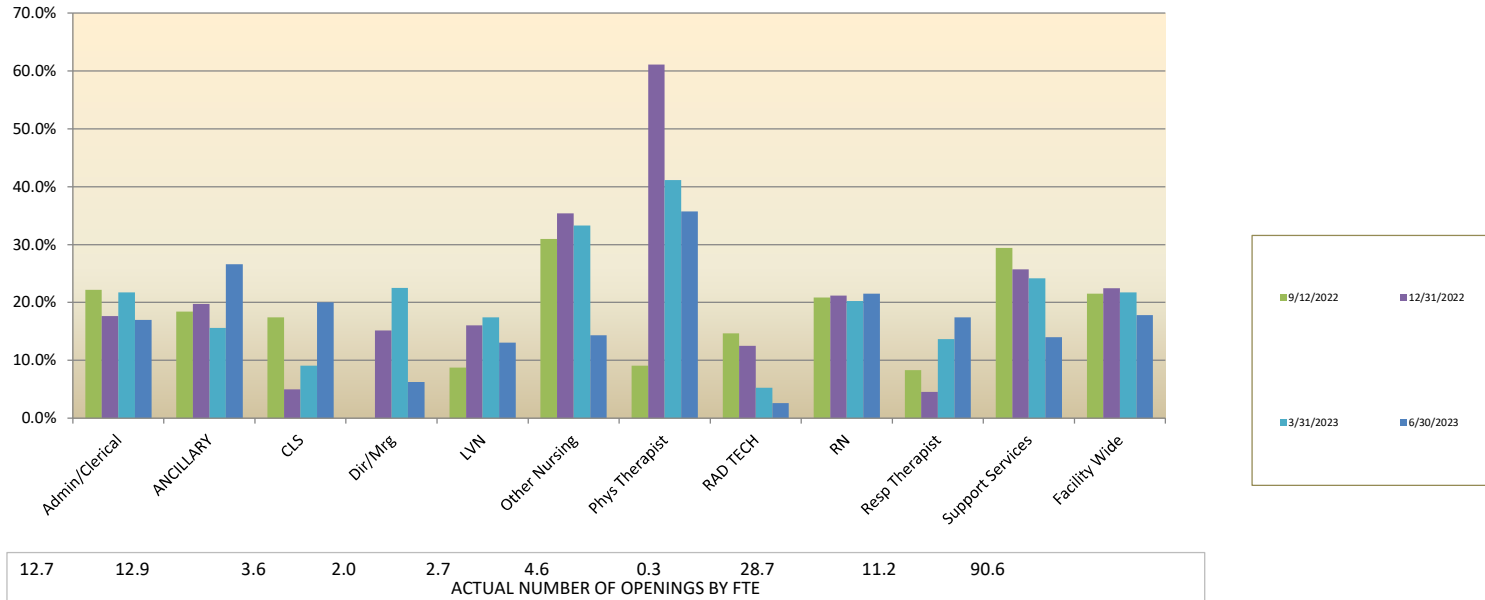
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
<b>Voluntary Separations</b>								
Did not Return from LOA	0.0%							0
Employee Death	0.0%							0
Family/Personal Reasons	20.0%	4		1				5
Job Abandonment	0.0%							0
Job Dissatisfaction	4.0%			1				1
Medical Reasons	0.0%							0
New Job Opportunity	60.0%	3	2	3	4	3		15
Not Available to Work	0.0%							0
Pay	0.0%							0
Relocation	8.0%			1	1			2
Retirement	0.0%							0
Return to School	0.0%							0
Unknown	0.0%							0
<b>Subtotal, Voluntary Separations</b>	<b>92.0%</b>	<b>7</b>	<b>2</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>23</b>
<b>Involuntary Separations</b>								
Attendance/Tardiness	0.0%							0
Conduct	0.0%							0
Didn't meet certification deadline	4.0%			1				1
Didn't meet scheduling needs	4.0%							0
Poor Performance	4.0%	1						1
Position Eliminations	0.0%							0
Temporary Position	0.0%							0
<b>Subtotal, Involuntary Separations</b>	<b>8.0%</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Total Separations</b>	<b>100.0%</b>	<b>8</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>25</b>

**Separation Reason Analysis**  
*Per Diem Associates Only*  
04/01/2023 THROUGH 06/30/2023

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
<b><i>Voluntary Separations</i></b>								
Did not Return from LOA	0.0%							0
Employee Death	0.0%							0
Family/Personal Reasons	23.1%	1	1				1	3
Job Abandonment	15.4%					2		2
Job Dissatisfaction	0.0%							0
Medical Reasons	0.0%							0
New Job Opportunity	30.8%		1	3				4
Not Available to Work	7.7%			1				1
Pay	0.0%							0
Relocation	7.7%				1			1
Retirement	7.7%						1	1
Return to School	0.0%							0
Unknown	0.0%							0
<b><i>Subtotal, Voluntary Separations</i></b>	<b>92.3%</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>12</b>
<b><i>Involuntary Separations</i></b>								
Attendance/Tardiness	0.0%							0
Conduct	7.7%						1	1
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Poor Performance	0.0%							0
Position Eliminations	0.0%							0
Temporary Position	0.0%							0
<b><i>Subtotal, Involuntary Separations</i></b>	<b>7.7%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Total Separations</b>	<b>100.0%</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>13</b>

**FTE Vacancy Summary: 04/01/2023 THROUGH 06/30/2023**

	<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>
9/12/2022	22.20%	18.42%	17.39%	0.00%	8.70%	30.97%	9.09%	14.63%	20.83%	8.33%	29.41%	21.48%
12/31/2022	17.65%	19.74%	5.00%	15.15%	16.00%	35.40%	61.11%	12.50%	21.18%	4.55%	25.69%	22.47%
3/31/2023	21.70%	15.58%	9.09%	22.50%	17.39%	33.33%	41.14%	5.26%	20.20%	13.64%	24.17%	21.75%
6/30/2023	17.00%	26.60%	20.00%	6.25%	13.04%	14.29%	35.71%	2.63%	21.54%	17.39%	14.02%	17.79%

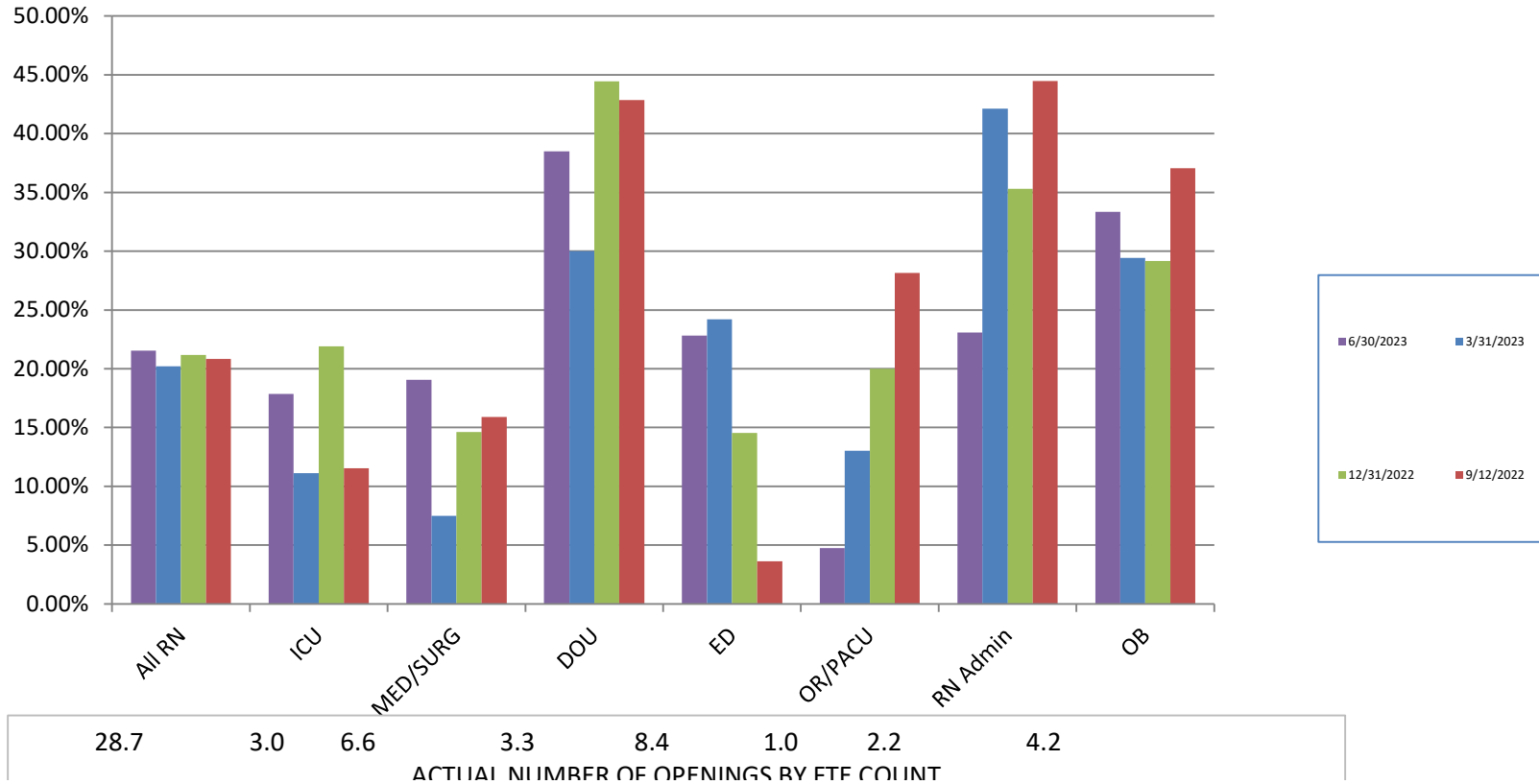


**RN FTE Vacancy Summary: 004/01/2023 THROUGH 06/30/2023**

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

	6/30/2023	3/31/2023	12/31/2022	9/12/2022
All RN	21.54%	20.20%	21.18%	20.83%
ICU	17.86%	11.11%	21.88%	11.54%
MED/SURG	19.05%	7.50%	14.63%	15.91%
DOU	38.46%	30.00%	44.44%	42.86%
ED	22.81%	24.19%	14.55%	3.64%
OR/PACU	4.76%	13.04%	20.00%	28.13%
RN Admin	23.08%	42.11%	35.29%	44.44%
OB	33.33%	29.41%	29.17%	37.04%

	OPEN POSITIONS	TOTAL STAFF	VACANCY RATE
All RN	42	153	21.54%
ICU	5	23	17.86%
Med Surg	8	34	19.05%
DOU	5	8	38.46%
ED	13	44	22.81%
OR/PACU	1	20	4.76%
RN Adm.	3	10	23.08%
OB	7	14	33.33%





## DASHBOARD REPORT

Fiscal Year Basis: July

## San Gorgonio Memorial Hospital

Data as of 6/30/2023

Reporting Period 6/1/2023 - 6/30/2023

### SUMMARY DATA

FiscalYear	ValuationDate	Values			Count	Open Count
		Total Paid	Total Reserves	Total Incurred		
2015-2016	2023-06-30	844,988	140,948	985,936	40	3
2016-2017	2023-06-30	205,546	-	205,546	27	-
2017-2018	2023-06-30	72,312	-	72,312	18	-
2018-2019	2023-06-30	87,684	48,613	136,297	15	1
2019-2020	2023-06-30	68,021	-	68,021	15	-
2020-2021	2023-06-30	300,633	150,229	450,862	22	3
2021-2022	2023-06-30	101,060	82,338	183,398	18	3
2022-2023	2023-06-30	66,508	127,389	193,897	12	5
<b>Grand Total</b>		<b>1,746,751</b>	<b>549,518</b>	<b>2,296,269</b>	<b>167</b>	<b>15</b>

### DASHBOARD REPORT

Fiscal Year Basis: July

### San Gorgonio Memorial Hospital

Data as of 6/30/2023

Reporting Period 6/1/2023 - 6/30/2023

### TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
20805905		Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	197,342	95,903	293,244
16000811		Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	173,084	48,141	221,225
16000026		Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	138,024	62,530	200,553
16001005		Medical Surgical	Burn or Scald - Heat or Cold Exposures -	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	Closed	82,643	-	82,643
23000477		Medical Surgical	Fall, Slip or Trip Injury	2023-03-07	Open	25,287	55,082	80,369
16000185		Medical Surgical	Fall, Slip or Trip Injury	2016-02-13	Closed	77,289	-	77,289
19000235		Nursing Administration	Fall, Slip or Trip Injury	2019-02-11	Open	25,544	48,613	74,157
21001795		Medical Surgical	Strain or Injury By	2021-08-13	Open	33,280	40,127	73,407



Open Claims						San Geronio Memorial Hospital					
Fiscal Year Basis: July						Data as of 6/30/2023					
						Reporting Period 6/1/2023 - 6/30/2023					
							Values				
Loss Date	Claim #	Status	ClaimantTypeDesc	InjuryCauseGroup	Litigated (1=	Count	Paid	Outstanding	Incurred	Lost Time	
2015-08-20	15001161	Re-Open	Future Medical	Strain or Injury By	0	1	27,087	30,277	57,364	0	
2016-01-05	16000026	Open	Future Medical	Fall, Slip or Trip Inju	1	1	138,024	62,530	200,553	749	
2016-05-31	16000811	Open	Future Medical	Fall, Slip or Trip Inju	1	1	173,084	48,141	221,225	730	
2019-02-11	19000235	Open	Future Medical	Fall, Slip or Trip Inju	0	1	25,544	48,613	74,157	0	
2020-08-04	20805905	Open	Indemnity	Fall, Slip or Trip Inju	1	1	197,342	95,903	293,244	623	
2021-03-16	21000657	Re-Open	Indemnity	Fall, Slip or Trip Inju	1	1	10,947	17,780	28,727	0	
2021-04-30	21001003	Open	Indemnity	Strain or Injury By	0	1	1,439	36,547	37,986	0	
2021-08-13	21001795	Open	Future Medical	Strain or Injury By	0	1	33,280	40,127	73,407	70	
2021-10-20	21002354	Open	Future Medical	Caught In, Under or l	0	1	2,443	6,245	8,688	9	
2022-01-23	22000651	Re-Open	Indemnity	Fall, Slip or Trip Inju	0	1	21,882	35,967	57,849	106	
2022-11-20	22002677	Open	Indemnity	Strain or Injury By	0	1	1,858	37,597	39,455	0	
2022-12-02	22002737	Open	Indemnity	Strain or Injury By	0	1	3,258	12,832	16,090	10	
2023-02-10	23000261	Open	Indemnity	Miscellaneous Cause	0	1	2,022	18,578	20,600	0	
2023-03-07	23000477	Open	Indemnity	Fall, Slip or Trip Inju	0	1	25,287	55,082	80,369	112	
2023-06-07	23001233	Open	Medical	Strain or Injury By	0	1	-	3,300	3,300	0	
<b>Grand Total</b>						<b>15</b>	<b>663,496</b>	<b>549,518</b>	<b>1,213,014</b>	<b>2,409</b>	





# Know Your Rights: Workplace Discrimination is Illegal

The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that protect you from discrimination in employment. If you believe you've been discriminated against at work or in applying for a job, the EEOC may be able to help.

## Who is Protected?

- Employees (current and former), including managers and temporary employees
- Job applicants
- Union members and applicants for membership in a union

## What Types of Employment Discrimination are Illegal?

Under the EEOC's laws, an employer may not discriminate against you, regardless of your immigration status, on the bases of:

- Race
- Color
- Religion
- National origin
- Sex (including pregnancy, childbirth, and related medical conditions, sexual orientation, or gender identity)
- Age (40 and older)
- Disability
- Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)
- Retaliation for filing a charge, reasonably opposing discrimination, or participating in a discrimination lawsuit, investigation, or proceeding
- Interference, coercion, or threats related to exercising rights regarding disability discrimination or pregnancy accommodation

## What Organizations are Covered?

- Most private employers
- State and local governments (as employers)
- Educational institutions (as employers)
- Unions
- Staffing agencies

## What Employment Practices can be Challenged as Discriminatory?

All aspects of employment, including:

- Discharge, firing, or lay-off
- Harassment (including unwelcome verbal or physical conduct)
- Hiring or promotion
- Assignment
- Pay (unequal wages or compensation)
- Failure to provide reasonable accommodation for a disability; pregnancy, childbirth, or related medical condition; or a sincerely-held religious belief, observance or practice
- Benefits
- Job training
- Classification
- Referral
- Obtaining or disclosing genetic information of employees
- Requesting or disclosing medical information of employees
- Conduct that might reasonably discourage someone from opposing discrimination, filing a charge, or participating in an investigation or proceeding
- Conduct that coerces, intimidates, threatens, or interferes with someone exercising their rights, or someone assisting or encouraging someone else to exercise rights, regarding disability discrimination (including accommodation) or pregnancy accommodation

## What can You Do if You Believe Discrimination has Occurred?

Contact the EEOC promptly if you suspect discrimination. Do not delay, because there are strict time limits for filing a charge of discrimination (180 or 300 days, depending on where you live/work). You can reach the EEOC in any of the following ways:

**Submit** an inquiry through the EEOC's public portal:  
<https://publicportal.eeoc.gov/Portal/Login.aspx>

**Call** 1-800-669-4000 (toll free)  
1-800-669-6820 (TTY)  
1-844-234-5122 (ASL video phone)

**Visit** an EEOC field office (information at [www.eeoc.gov/field-office](http://www.eeoc.gov/field-office))

**E-Mail** [info@eeoc.gov](mailto:info@eeoc.gov)

Additional information about the EEOC, including information about filing a charge of discrimination, is available at [www.eeoc.gov](http://www.eeoc.gov).



## EMPLOYERS HOLDING FEDERAL CONTRACTS OR SUBCONTRACTS

The Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) enforces the nondiscrimination and affirmative action commitments of companies doing business with the Federal Government. If you are applying for a job with, or are an employee of, a company with a Federal contract or subcontract, you are protected under Federal law from discrimination on the following bases:

### Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin

Executive Order 11246, as amended, prohibits employment discrimination by Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### Asking About, Disclosing, or Discussing Pay

Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

### Disability

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment by Federal contractors. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### Protected Veteran Status

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

### Retaliation

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination by Federal contractors under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under OFCCP's authorities should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP)  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210  
1-800-397-6251 (toll-free)

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. OFCCP may also be contacted by submitting a question online to OFCCP's Help Desk at <https://ofccphelpdesk.dol.gov/s/>, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor and on OFCCP's "Contact Us" webpage at <https://www.dol.gov/agencies/ofccp/contact>.

## PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

### Race, Color, National Origin, Sex

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### Individuals with Disabilities

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.



# PREGNANT WORKERS FAIRNESS ACT (PWFA)

## WHAT IS PWFA?

The Pregnant Workers Fairness Act (PWFA) is a federal law that, starting June 27, 2023, requires covered employers to provide “reasonable accommodations” to a qualified worker’s known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an “undue hardship.” An undue hardship is defined as causing significant difficulty or expense.

**“Reasonable accommodations”** are changes to the work environment or the way things are usually done at work.

## WHAT ARE SOME POSSIBLE ACCOMMODATIONS FOR PREGNANT WORKERS?

- Being able to sit or drink water
- Receiving closer parking
- Having flexible hours
- Receiving appropriately sized uniforms and safety apparel
- Receiving additional break time to use the bathroom, eat, and rest
- Taking leave or time off to recover from childbirth
- Being excused from strenuous activities and/or exposure to chemicals not safe for pregnancy



## WHAT OTHER FEDERAL EMPLOYMENT LAWS MAY APPLY TO PREGNANT WORKERS?

Other laws that apply to workers affected by pregnancy, childbirth, or related medical conditions, include:

- Title VII which prohibits employment discrimination based on sex, pregnancy, or other protected categories (enforced by the U.S. Equal Employment Opportunity Commission (EEOC))
- The ADA which prohibits employment discrimination based on disability (enforced by the EEOC)
- The Family and Medical Leave Act which provides unpaid leave for certain workers for pregnancy and to bond with a new child (enforced by the U.S. Department of Labor)
- The PUMP Act which provides nursing mothers a time and private place to pump at work (enforced by the U.S. Department of Labor)



Learn more at [www.EEOC.gov/Pregnancy-Discrimination](http://www.EEOC.gov/Pregnancy-Discrimination).

# THE PREGNANT WORKERS FAIRNESS ACT (PWFA)

Prepare for this new law before it goes into effect on June 27, 2023.

## WHAT IS IT?

The PWFA requires covered employers to provide “reasonable accommodations” to a worker’s known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an “undue hardship.”



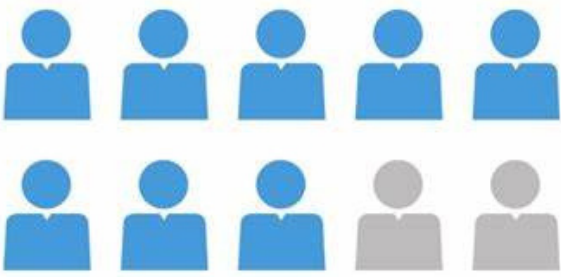
# 72%



of working women will become pregnant while employed at some time in their lives.

*SOURCE: US Census Bureau, Maternity Leave and Employment Patterns: 1961-2008, 2011*

## 8 IN 10



first-time pregnant women work until their final month of pregnancy.

*SOURCE: U.S. Congress, Pregnant Workers Fairness Act, 2021, www.congress.gov/117/crpt/hrpt27/CRPT-117hrpt27.pdf*

# 23%

of moms have thought about leaving a job due to a lack of reasonable accommodation or fear of discrimination from an employer during pregnancy, according to one survey.

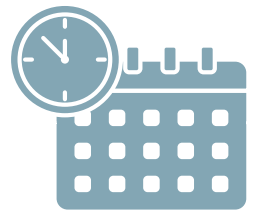
*SOURCE: Bipartisan Policy Center: Morning Consult Poll, February 11, 2022*

## TIP FOR EMPLOYERS:

Train supervisors about the PWFA so they are ready when they get reasonable accommodation requests.

## Examples of reasonable accommodations that may be available to workers:

- Offering additional, longer, or more flexible breaks to eat, drink, rest, or use the restroom
- Changing a work schedule, such as having shorter hours, part-time work, or a later start time
- Changing food or drink policies to allow a worker to have a water bottle or food
- Providing leave for medical appointments or to recover from childbirth



Learn more at [EEOC.gov](https://www.eeoc.gov)



U.S. Equal Employment Opportunity Commission

# What You Should Know About the Pregnant Workers Fairness Act

## 1. What is the Pregnant Workers Fairness Act?

The **Pregnant Workers Fairness Act (PWFA)** (<https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf#page=1626>) is a new law that requires **covered employers** to provide “reasonable accommodations” to a worker’s known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an “undue hardship.”

The PWFA applies only to accommodations. **Existing laws** (<https://www.eeoc.gov/pregnancy-discrimination>) that the EEOC enforces make it illegal to fire or otherwise discriminate against workers on the basis of pregnancy, childbirth, or related medical conditions.

The PWFA does not replace federal, state, or local laws that are **more protective** of workers affected by pregnancy, childbirth, or related medical conditions. More than 30 **states** (<https://www.dol.gov/agencies/wb/pregnant-nursing-employment-protections>) and cities have laws that provide accommodations for pregnant workers.

## 2. When does the PWFA go into effect, and will the public have input on any regulations?

The PWFA goes into effect on June 27, 2023. The EEOC is required to issue regulations to carry out the law. The EEOC will issue a proposed version of the

PWFA regulations so the public can give their input and offer comments before the regulations become final.

### 3. Is the EEOC accepting charges under the PWFA?

The EEOC will start accepting charges under the PWFA on June 27, 2023. For the PWFA to apply, the situation complained about in the charge must have happened on June 27, 2023, or later. A pregnant worker who needs an accommodation before June 27th may, however, have a right to receive an accommodation under another federal or state law.

In some situations, workers affected by pregnancy, childbirth, or a related medical condition may be able to get an accommodation under **Title VII of the Civil Rights Act of 1964 or the Americans with Disabilities Act (ADA)**.

Therefore, until June 27, 2023, the EEOC will continue to accept and process Title VII and/or ADA charges involving a lack of accommodation regarding pregnancy, childbirth, or related medical conditions.

After June 27, 2023, the EEOC will analyze charges regarding accommodations for workers affected by pregnancy, childbirth, or related medical conditions under the PWFA (if the violation occurred after June 27, 2023) and, where applicable, under the ADA and/or Title VII.

### 4. Who does the PWFA protect?

The PWFA protects employees and applicants of “covered employers” who have known limitations related to pregnancy, childbirth, or related medical conditions.

“Covered employers” include private and public sector employers with at least 15 employees, Congress, Federal agencies, employment agencies, and labor organizations.

### 5. What are some examples of reasonable accommodations for pregnant workers?

“Reasonable accommodations” are changes to the work environment or the way things are usually done at work.

The **House Committee on Education and Labor Report on the PWFA** (<https://www.congress.gov/congressional-report/117th-congress/house->

**report/27/1?overview=closed)** provides several examples of possible reasonable accommodations including the ability to sit or drink water; receive closer parking; have flexible hours; receive appropriately sized uniforms and safety apparel; receive additional break time to use the bathroom, eat, and rest; take leave or time off to recover from childbirth; and be excused from strenuous activities and/or activities that involve exposure to compounds not safe for pregnancy. Employers are required to provide reasonable accommodations unless they would cause an “undue hardship” on the employer’s operations. An “undue hardship” is significant difficulty or expense for the employer.

## 6. What else does the PWFA prohibit?

Covered employers cannot:

- Require an employee to accept an accommodation without a discussion about the accommodation between the worker and the employer;
- Deny a job or other employment opportunities to a qualified employee or applicant based on the person's need for a reasonable accommodation;
- Require an employee to take leave if another reasonable accommodation can be provided that would let the employee keep working;
- Retaliate against an individual for reporting or opposing unlawful discrimination under the PWFA or participating in a PWFA proceeding (such as an investigation); or
- Interfere with any individual’s rights under the PWFA.

## 7. What other federal laws may apply to pregnant workers?

Other laws that apply to workers affected by pregnancy, childbirth, or related medical conditions, include:

- Title VII (enforced by the EEOC), which:
  - Protects an employee from discrimination based on **pregnancy** (<https://www.eeoc.gov/pregnancy-discrimination>), childbirth, or related medical conditions; and
  - Requires covered employers to treat a worker affected by pregnancy, childbirth, or related medical conditions the same as other workers similar in their ability or inability to work;

- The ADA (enforced by the EEOC), which:
  - Protects an employee from discrimination based on **disability** (<https://www.eeoc.gov/eeoc-disability-related-resources>); and
  - Requires covered employers to provide reasonable accommodations to a person with a disability if the reasonable accommodation would not cause an undue hardship for the employer.
  - While pregnancy is not a disability under the ADA, some pregnancy-related conditions **may be disabilities** (<https://www.eeoc.gov/laws/guidance/questions-and-answers-about-eeocs-enforcement-guidance-pregnancy-discrimination-and#q17>) under the law.
- The **Family and Medical Leave Act of 1993** (<https://www.dol.gov/agencies/whd/fmla>) (enforced by the U.S. Department of Labor), which provides covered employees with unpaid, job-protected leave for certain family and medical reasons; and
- The **PUMP Act** (<https://www.dol.gov/agencies/whd/nursing-mothers>) (Providing Urgent Maternal Protections for Nursing Mothers Act) (enforced by the U.S. Department of Labor), which broadens workplace protections for employees to express breast milk at work.



## Resources for Workers

**TIPS FOR ASKING FOR  
A REASONABLE ACCOMMODATION**

IF YOUR PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITION MAKES IT HARDER FOR YOU TO PERFORM YOUR JOB, YOU CAN ASK FOR A CHANGE CALLED A REASONABLE ACCOMMODATION.

- 1 TALK** to your employer. Your manager, human resources, or person designated in the company policy is a good place to start.

*Covered employers must provide a reasonable accommodation unless it will cause them an undue hardship.*
- 2 EXPLAIN** that because of a physical or mental condition related to your pregnancy, childbirth, or related medical condition, you need a change.
- 3 SHARE** with your employer what barriers you are facing. Give ideas, if you have them, for what could help you do your job.

*For example, you may need to do your job differently, a piece of equipment, additional breaks, leave, or a different schedule.*
- 4 IF YOUR EMPLOYER SAYS "NO"** PROVIDE information. Tell your employer about the EEOC's webpage: [What You Should Know About the Pregnant Workers Fairness Act](https://www.eeoc.gov/sites/default/files/2023-06/PWFA%20Reasonable%20Steps%20Infographic.pdf).

**REACH OUT** to the EEOC. The EEOC can help you decide on next steps.



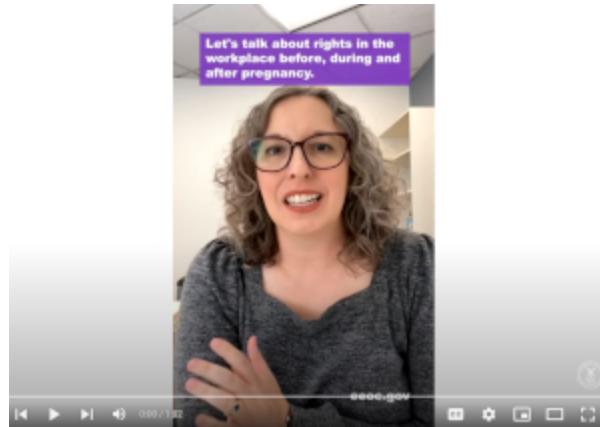
**CONTACT US:**  
1-800-669-4000  
[WWW.EEOC.GOV](http://WWW.EEOC.GOV)



### Download Infographic:

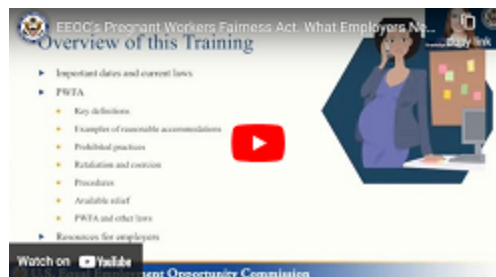
### Tips for Asking for Reasonable Accommodation

(<https://www.eeoc.gov/sites/default/files/2023-06/PWFA%20Reasonable%20Steps%20Infographic.pdf>)

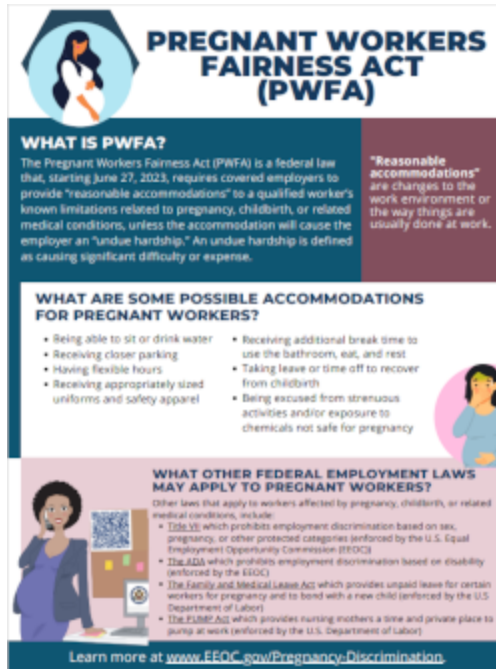


**Videos: Pregnancy Playlist from EEOC and the Department of Labor ([https://www.youtube.com/watch?v=5C1wyqLJUF0&list=PL65EFmHB\\_s4BYvk6Qff0cqCSZFCcINfnr](https://www.youtube.com/watch?v=5C1wyqLJUF0&list=PL65EFmHB_s4BYvk6Qff0cqCSZFCcINfnr))**

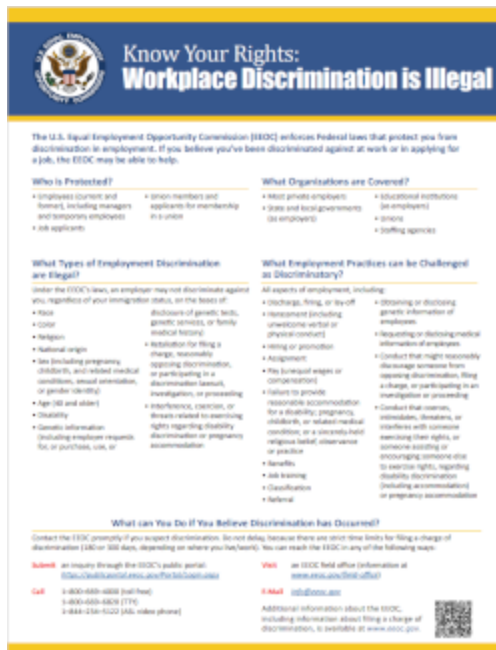
## For Employers and Healthcare Providers



**Pregnant Workers Fairness Act: What Employers Need to Know Webinar (<https://www.youtube.com/watch?v=ftxYyTlXetE>)**



**Download PWFA Poster for Healthcare Providers ([https://www.eeoc.gov/sites/default/files/2023-05/PWFA%20%28Healthcare%20Poster%29-11\\_508%20FINAL.pdf](https://www.eeoc.gov/sites/default/files/2023-05/PWFA%20%28Healthcare%20Poster%29-11_508%20FINAL.pdf))**



**Download "Know Your Rights: Workplace Discrimination is Illegal" poster (<https://www.eeoc.gov/poster>)**

## THE PREGNANT WORKERS FAIRNESS ACT (PWFA)

Prepare for this new law before it goes into effect on June 27, 2023.

### WHAT IS IT?

The PWFA requires covered employers to provide "reasonable accommodations" to a worker's known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an "undue hardship."



# 72%

of working women will become pregnant while employed at some time in their lives.

SOURCE: U.S. Census Bureau, "Maternity Leave and Employment Patterns: 1997-2008," 2011

### 8 IN 10



first-time pregnant women work until their final month of pregnancy.

SOURCE: U.S. Congress, Pregnant Workers Fairness Act, 2021, [www.congress.gov/115/legislation/2017/115/hr/1000/1/20170827](https://www.congress.gov/115/legislation/2017/115/hr/1000/1/20170827)

### Examples of reasonable accommodations that may be available to workers:

- Offering additional, longer, or more flexible breaks to eat, drink, rest, or use the restroom 
- Changing a work schedule, such as having shorter hours, part-time work, or a later start time 
- Changing food or drink policies to allow a worker to have a water bottle or food 
- Providing leave for medical appointments or to recover from childbirth

### 23%



of moms have thought about leaving a job due to a lack of reasonable accommodation or fear of discrimination from an employer during pregnancy, according to one survey.

SOURCE: Equal Labor Policy Center, "Hiring Consult Post," February 14, 2022

### TIP FOR EMPLOYERS:

Train supervisors about the PWFA so they are ready when they get reasonable accommodation requests.



 Learn more at [EEOC.gov](https://www.eeoc.gov)

### Download Infographic:

### The Pregnant Workers Fairness Act (PWFA)

([https://www.eeoc.gov/sites/default/files/2023-05/PWFA%20Infographic-1\\_508%20FINAL.pdf](https://www.eeoc.gov/sites/default/files/2023-05/PWFA%20Infographic-1_508%20FINAL.pdf))

**TAB G**

2023 HOLIDAY GIFT CARDS  
DISTRIBUTION Week of November 6TH, 2023

	QUANTITY	LAST YEAR	VALUE
FULL TIME	427	\$100.00	\$42,700.00
PART TIME	62	\$75.00	\$4,650.00
Per Diem	140	\$15.00	\$2,100.00
TOTAL	629		\$49,450.00

**TAB H**

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting August 1, 2023

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
1	Code Gray - Combative Person	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
2	Dietary Fire Alert (ABC Extinguisher)	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
3	Disaster - 1135 Waiver (EMTALA)	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
4	Echosonography - Report Distribution	EKG Echo	Garewal, Cheri: Echo Technician	Ariel Whitley for Hospital Board of Directors
5	Food Storage	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
6	Patient Rights	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors
7	Pay Practices for all Differentials and Supplemental payroll payments	Payroll	Kammer, Margaret: Controller	Ariel Whitley for Hospital Board of Directors
8	Plan of Correction for Clinical Lab Scientist (CLS) Competency Deficiencies	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
9	Proficiency Testing for Respiratory Care Practitioners	Respiratory Therapy	Hudson, Tracie: Director of Infection Control	Ariel Whitley for Hospital Board of Directors
10	Snack Vending Machines	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
11	Thawing Foods	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors



# TAB I

# Rise & Shine, Calimesa!



Guest Speaker:

**Dr. Karan Singh**  
CHIEF MEDICAL OFFICER

## **CALIMESA CHAMBER BREAKFAST MEETING**



AUGUST 8TH, 2023  
7:30 AM



Kafe Royale  
1007 Calimesa Blvd., Calimesa

