



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, November 1, 2022 – 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

- October 4, 2022, Regular Meeting

A

**NEW BUSINESS**

IV. Hospital Board Chair Monthly Report

S. DiBiasi

verbal

San Geronio Memorial Hospital  
 Board of Directors Regular Meeting  
 November 1, 2022

- |       |  |                                 |        |
|-------|--|---------------------------------|--------|
| V.    | CEO Monthly Report   | S. Barron                       | verbal |
| VI.   | November, December, & January 2023 Board/Committee Meeting Calendars   | S. DiBiasi                      | B      |
| VII.  | FOR REVIEW – Mission/Vision/Values Statement<br>(Proposed approval scheduled for December 2022 meeting)  | S. Barron                       | C      |
| VIII. | <b>* Proposed Action – Approve 2022 Meeting Dates</b><br><ul style="list-style-type: none"> <li>▪ <b>ROLL CALL</b></li> </ul>  | S. DiBiasi                      | D      |
| IX.   | FOR REVIEW – Existing Slate of Officers<br>(Proposed approval for 2023 Slate of Officers scheduled for December 2022 Meeting – effective January 2023 meeting)   | S. DiBiasi                      | E      |
| X.    | Bi-Monthly Patient Care Services Report  | P. Brown                        | F      |
| XI.   | Committee Reports: <ul style="list-style-type: none"> <li>• Finance Committee           <ul style="list-style-type: none"> <li>○ October 25, 2022, regular meeting minutes</li> <li><b>* Proposed Action – Approve September 2022 Financial Statement (Unaudited)</b><br/>(Approval recommended by Finance Committee 10/25/2022)               <ul style="list-style-type: none"> <li>▪ <b>ROLL CALL</b></li> </ul> </li> </ul> </li> </ul>                              | E. Ngo/<br>D. Heckathorne       | G      |
| XII.  | <b>* Proposed Action – Approve Resolution No. 2022-01</b><br>a resolution authorizing Joey Hunter Sr. to execute for and on behalf of the named Applicant, a public entity established under the laws of the State of California any actions necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and subgranted through the State of California for the FY 2022 Nonprofit Security Grant Program | J. Hunter                       | H      |
| XIII. | Chief of Staff Report<br><b>* Proposed Action - Approve Recommendations of the Medical Executive Committee</b><br><ul style="list-style-type: none"> <li>▪ <b>ROLL CALL</b></li> </ul>   | S. Khalil, MD<br>Chief of Staff | I      |
| XIV.  | <b>* Proposed Action - Approve Policies and Procedures</b><br><ul style="list-style-type: none"> <li>• <b>ROLL CALL</b></li> </ul>   | Staff                           | J      |
| XV.   | Community Benefit events/Announcements/<br>and newspaper articles  | S. DiBiasi                      | K      |
| XVI.  | 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*)
- Receive Quarterly Performance Improvement Committee Report  
(*Health & Safety Code §32155*)
- Receive Quarterly Security/Safety & Emergency Preparedness Report  
(*Health & Safety Code §32155*)
- Receive Quarterly Corporate Compliance Report  
(*Health & Safety Code §32155*)

**XVII. 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

**XVIII. 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 October 28, 2022, 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 October 28, 2022



Ariel Whitley, Executive Assistant

**TAB A**



REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

October 4, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, October 4, 2022, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Phillip Capobianco, Susan DiBiasi (Chair), Ehren Ngo, Ron Rader, Steve Rutledge (Vice Chair), Randal Stevens, Dennis Tankersley

Members Absent: Joel Labha, Daniel Heckathorne (CFO), Siri Welch

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Legal Counsel, Sherif Khalil, MD (Chief of Staff), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Karan P. Singh, MD (CMO), Angie Brady (ED Director), Valerie Hunter (Foundation Director)

AGENDA ITEM		ACTION / FOLLOW-UP
<b>Call To Order</b>	Chair, Susan DiBiasi, called the meeting to order at 4:02 pm.	
<b>Public Comment</b>	No public comment.	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes September 6, 2022, regular meeting.</b>	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the September 6, 2022, regular meeting as included on the board tablets.	<b>The minutes of the September 6, 2022, regular meeting will stand correct as presented.</b>
<b>NEW BUSINESS</b>		
<b>Hospital Board Chair Monthly Report</b>	No report.	
<b>CEO Monthly Report</b>	Steve Barron, CEO, briefly reported that the census has been up and down. Steve also reported that the Block Schedule Committee met to reallocate block time to continue to build surgery volume.	
<b>October, November, &amp; December Board/Committee meeting calendars</b>	Calendars for October, November, & December were included on the board tablets.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
<b>Foundation Monthly Report</b>	Foundation Director, Valerie Hunter, gave the Foundation Monthly Report as included on the board tablets.																					
<b>COMMITTEE REPORTS:</b>																						
<b>Human Resources Committee</b>	At the request of Committee Chair, Ron Rader, Annah Karam, Chief Human Resources Officer, briefly reviewed the reports that were reviewed at the committee meeting and the reports discussed as included on the board tablets. A copy of the Human Resources Committee’s September 16, 2022, meeting minutes were also included on the board tablets.																					
<b>Finance Committee</b>  <b>Proposed Action – Recommend Approval of the August 2022 Financial Statement (Unaudited).</b>	<p>Steve Barron, CEO, reviewed the Executive Summary of the August 2022 Financial report which was included on the board tablet. A copy of the Finance Committee’s September 27, 2022, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the August 2022 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 942 1250 1119"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Absent	Motion carried.		<b>M.S.C., (Rader/Tankersley), the SGMH Board of Directors approved the August 2022 Financial Statement as presented.</b>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Absent	Motion carried.																				
<b>Proposed Action – Recommend approval to the Healthcare District Board</b> <ul style="list-style-type: none"> <li><b>Renewal of Supplemental Funding Programs (SFP) and Disproportionate Share Hospital (DSH) Agreement with Steve Clark and Associates (SCA)</b></li> </ul>	<p>San Gorgonio Memorial Healthcare District and Hospital have contracted with SCA for many years for the provision of consulting services related to the Supplemental Funding Programs and DSH audits. Steve Barron, CEO, briefly discussed the renewal of the SFP and DSH agreement with SCA.</p> <p>It is noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1501 1250 1677"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Absent	Motion carried.		<b>M.S.C., (Rutledge/Ngo), the SGMH Board of Directors voted to recommend approval of the Renewal of Supplemental Funding Programs (SFP) and Disproportionate Share Hospital (DSH) Agreement with Steve Clark and Associates (SCA) to the San Gorgonio Memorial Healthcare District as presented.</b>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Absent	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p><b>Proposed Action – Recommend approval to the Healthcare District Board of Directors of Resolution No. 2022-11, a resolution authorizing the execution and delivery of a loan and security agreement, promissory note, and certain actions in connection therewith for the California Health Facilities Financing Authority, a non-designated Public Hospital Bridge Loan Program II.</b></p>	<p>Due to the State’s shifting the supplemental Funding programs form a fiscal year to a calendar year, many hospitals are still experiencing significant cash shortages resulting from the six months or longer “black-out” periods. The District Hospital Leadership Forum team has again worked with the legislature to enact a loan program for District Hospitals to help “bridge” this gap. \$40M dollars have been designated for District Hospitals to borrow monies against future potential earnings of the Quality Initiative Program (the successor to the PRIME program). SGMH could borrow as much as \$2,720,382. A copy of the resolution and a set of guidelines has been included in the packet.</p> <p>It is noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 842 1247 1014"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Absent	Motion carried.		<p><b>M.S.C., (Tankersley/Rader), the SGMH Board of Directors voted to recommend approval of Resolution No. 2022-11 to the San Gorgonio Memorial Healthcare District as presented.</b></p>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Absent	Motion carried.																				
<p><b>Chief of Staff Report</b></p> <p><b>Proposed Action – Approve Recommendations of the Medical Executive Committee</b></p>	<p>Sherif Khalil, MD, Chief of Staff, briefly reviewed the Medical Executive Committee report as included on the board tablets.</p> <p>Approval Items:</p> <ul style="list-style-type: none"> <li>• 2022 Annual Approval of Policies and Procedures</li> <li>• Annual Approval of Patient Care Contracts</li> </ul> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 1362 1247 1535"> <tr> <td>Capobianco</td> <td>No</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	No	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Absent	Motion carried.		<p><b>M.S.C., (Ngo/Rutledge), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</b></p>
Capobianco	No	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Absent	Motion carried.																				
<p><b>Proposed Action – Approve Policies and Procedures</b></p>	<p>There were eight (8) policies and procedures included on the board tablets presented for approval by the Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 1745 1247 1879"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	<p><b>M.S.C., (Rader/Rutledge), the SGMH Board of Directors approved the policies and procedures as submitted.</b></p>				
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			

AGENDA ITEM			ACTION / FOLLOW-UP
	Welch	Absent	Motion carried.
<b>Community Benefit events/Announcements and newspaper articles</b>	<p>Miscellaneous information was included on the board tablets.</p> <p>Ron Rader announced that Steve Barron will be the featured speaker at the Good Morning Beaumont Breakfast on October 14<sup>th</sup>. If anyone is interested in attending, contact the Beaumont Chamber prior to October 14<sup>th</sup>.</p>		
<b>Future Agenda Items</b>	None.		
<b>Adjourn to Closed Session</b>	<p>Chair, DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> <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>➤ Participate in a telephone conference with Legal Counsel regarding existing litigation.</li> </ul> <p>The meeting adjourned to Closed Session at 5:04 pm.</p>		
<b>Reconvene to Open Session</b>	<p>The meeting adjourned from closed session at 5:45 pm.</p> <p>At the request of Chair DiBiasi, Ariel Whitley reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> <li>➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing</li> <li>➤ Received Quarterly Infection Control Committee Report</li> <li>➤ Participated in a telephone conference with Legal Counsel regarding existing litigation.</li> </ul>		
<b>Adjourn</b>	The meeting was adjourned at 5:47 pm.		

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

Respectfully submitted by Ariel Whitley, Executive Assistant

**TAB B**



**SAN GORGONIO**  
MEMORIAL HOSPITAL

# November 2022

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		<b>1</b> 4:00 pm Hospital Board Meeting  6:00 pm Healthcare District Board Meeting	2	3	4	5
6	7	8	9	10		12
13	14	<b>15</b> 9:00 am Community Planning Committee	<b>16</b> 9:00 am HR Committee 5:00 Measure H Mtg. 5:15 Measure A Mtg.	17	18	19
20	21	22	23	24 <i>Thanksgiving Day</i> <i>ADMIN. CLOSED</i>	25 <i>ADMIN. CLOSED</i> <i>Thanksgiving Holiday</i>	26
27	28	<b>29</b> 9:00 am Finance Committee	30			

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

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



**SAN GORGONIO**  
MEMORIAL HOSPITAL

# December 2022

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6 <b>4:00 pm Hospital Board Meeting</b> <b>6:00 pm Healthcare District Board Meeting</b>	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26 <i>Christmas Observed ADMIN. CLOSED</i>	27 <b>9:00 am Finance Committee</b> <b>10:00 am Executive Committee</b>	28	29	30	31 <i>New Year's Eve</i>

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

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



# January 2023

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 <i>New Year's Day</i>	2 <i>Admin. Closed—New Years Day Observed</i>	3 <b>4:00 pm Hospital Board Meeting</b> <b>6:00 pm Healthcare District Board Meeting</b>	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
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**



## *Mission*

To provide safe, high quality, personalized healthcare services

## *Vision*

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

## *Values*

We make those we serve our highest priority

We respect privacy and confidentiality

We communicate effectively

We conduct ourselves professionally

We have a sense of ownership

We are committed to each other and to our community

*We Care for Our Community*

*Safe Care • Quality Care • Our Care*

*Safe, Great, Modern Healthcare*

Approved by the Board of Directors  
December 7, 2021

**TAB D**

HOSPITAL BOARD  
2023 MEETING DATES FOR BOARD APPROVAL

**Hospital Board – meeting begins at 4:00 pm**

Tuesday, January 3  
Tuesday, February 7  
Tuesday, March 7  
Tuesday, April 4  
Tuesday, May 2  
Tuesday, June 6  
Tuesday, July 4 (Admin. Closed) (Tuesday, July 11 → following Tuesday)  
Tuesday, August 1  
Tuesday, September 5  
Tuesday, October 3  
Tuesday, November 7  
Tuesday, December 5

**Executive Committee – 10:00 am**

Tuesday, March 28  
Tuesday, June 27  
Tuesday, September 26  
Tuesday, December 26

**Finance Committee – meeting begins at 9:00 am**

Tuesday, January 31  
Tuesday, February 28  
Tuesday, March 28  
Tuesday, April 25  
Tuesday, May 30  
Tuesday, June 27  
Tuesday, July 25  
Tuesday, August 29  
Tuesday, September 26  
Tuesday, October 31  
Tuesday, November 28  
Tuesday, December 26

**Human Resources Committee – meeting begins at 9:00 am**

Wednesday, February 15  
Wednesday, May 17  
Wednesday, August 16  
Wednesday, November 15

**Community Planning Committee – meetings begins at 9:00 am**

Tuesday, February 14  
Tuesday, May 16  
Tuesday, August 15  
Tuesday, November 14

# TAB E



## 2022 SLATE OF OFFICERS

<u>POSITION</u>	<u>NAME</u>
Chair	Susan DiBiasi
Vice Chair	Steve Rutledge
Secretary	Ron Rader
Treasurer	Ehren Ngo

**TAB F**



## **CNO REPORT TO THE BOARD**

**NOVEMBER 2022**

### **Patient Care Quality and Safety:**

The Patient Experience Committee met on September 14th and October 12th. The medication information booklets to educate patients on the uses and potential side effects of new medications prescribed are being used on a trial basis. The responses have been very positive and the booklet is being sent out for printing and will be implemented for all the inpatient units.

The BETA Heart team attended the recent symposium in Palos Verdes on October 20 and 21. The OB Department received a tier one award for completion of the BETA quality initiatives for obstetrical care. The Emergency Department received a tier two award for completion of advanced quality initiatives in ED care. Both of these departments are high risk areas and we are very proud of our associates and providers for completing the necessary steps to win these awards.

The quarterly sepsis task force meeting was held on September 15<sup>th</sup>. The compliance rate for 2<sup>nd</sup> quarter 2022 is 94% with a severe sepsis mortality rate of 9%. These are excellent statistics. Medicare Hospital Compare data released in July, 2022 for the time period of 4<sup>th</sup> quarter 2020 – 3<sup>rd</sup> quarter 2021 ranked SGMH 2<sup>nd</sup> in the area for percentage of patients who received appropriate care, with a percentage rate of 83%. Kaiser MV was 1<sup>st</sup> with a rate of 85%. The California rate is 64% and the national rate is 57%. The dedicated work of this task force and the entire health care team, to provide the best care for patients presenting with a sepsis diagnosis is reflected in these statistics.

The stroke program is progressing. The first phase of construction in the ED parking lot began the third week of October. The new stroke coordinator will start in December.

### **Regulatory Issues**

None at this time. 😊



**TAB G**

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

FINANCE COMMITTEE  
Tuesday, October 25, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, October 25, 2022, in Classroom B, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Ron Rader, Steve Rutledge

Members Absent: Ehren Ngo (Chair), Siri Welch

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), Angela Brady (ED Director), Karan P. Singh, MD (CMO)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
<b>Call To Order</b>	Susan DiBiasi called the meeting to order at 9:08 am.	
<b>Public Comment</b>	No public present.	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes  September 27, 2022, regular meeting</b>	Susan DiBiasi asked for any changes or corrections to the minutes of the September 27, 2022, regular meeting. There were none.	<b>The minutes of the September 27, 2022, regular meeting will stand correct as presented.</b>
<b>NEW BUSINESS</b>		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p><b>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – September 2022</b></p>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited September 2022 finance report as included in the committee packets.</p> <p>Surgery was lower than the previous two months.</p> <p>The month of September resulted in negative \$1.24M EBIDA compared to budgeted EBIDA loss of \$1.49M. Adjustments and items of note include:</p> <ul style="list-style-type: none"> <li>• Intensities of services were lower than the previous 2 months (Gross Revenues down \$3.9M)</li> <li>• September Surgery visits remained high at 156 plus 23 G.I. procedures.</li> <li>• Emergency visits were high at 3,599.</li> <li>• Deductions from Revenues were favorably impacted by \$153K to reflect YTD recovery for the Residency Program.</li> </ul> <p>It was noted that approval is recommended to the Hospital Board.</p> <p><b>ROLL CALL:</b></p> <table border="1" data-bbox="394 1014 1219 1129"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Ngo	Absent	Rader	Yes	Rutledge	Yes	Welch	Absent	Motion carried.		<p><b>M.S.C. (Rutledge/Rader), the SGMH Finance Committee voted to recommend approval of the Unaudited September 2022 Financial report to the Hospital Board of Directors.</b></p>
DiBiasi	Yes	Ngo	Absent											
Rader	Yes	Rutledge	Yes											
Welch	Absent	Motion carried.												
<p><b>Future Agenda Items</b></p>	<ul style="list-style-type: none"> <li>• Audit Report</li> </ul>													
<p><b>Next Meeting</b></p>	<p>The next regular Finance Committee meeting will be held on November 29, 2022.</p>													
<p><b>Adjournment</b></p>	<p>The meeting was adjourned 10:16 am.</p>													

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



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

**Unaudited Financial Statements**

**for**

**THREE MONTHS ENDING SEPTEMBER 30, 2022**

**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: Certain Balance Sheet items, including "Total Net Assets" do not include or reflect all of the final audit entries from the FYE June 30, 2022. 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 September 30, 2022 and Three Months Ended September 30, 2022 (Unaudited)

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

The month of September resulted in negative \$1.24M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$1.49M.

**YTD** – The YTD September results were a negative \$2.9M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$4.02M.

**Month** – Adjustments and Items of note:

- Intensities of services were lower than the previous 2 months (Gross Revenues down \$3.9M)
- The September Surgery visits remained high again at 156 plus 23 G.I. procedures.
- The Emergency visits were also high at 3,599.
- Deductions from Revenues were favorably impacted by \$153K to reflect YTD recovery for the Residency Program.
- Total Operating Expenses were \$839K below budget (see comments below)

September's inpatient average daily census was 20.5. Adjusted Patient Days were 8.4% under budget (1,755 vs. 1,915) which includes the Patient Days which were 36% below budget (616 vs. 962). Emergency Visits were 8.4% over budget (3,599 vs. 3,319), and overall Surgeries were over budget by 26% (156 vs. 124).

**YTD** - Inpatient average daily census was 21.6. Adjusted Patient Days were 8.9% under budget (5,279 vs. 5,797) and Patient Days were 32% below budget (1,985 vs. 2,912). Emergency Visits were 8.5% over budget (10,740 vs. 9,899), and overall Surgeries were over budget by 25% (464 vs. 371).

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

**Month** - The Net Patient Revenue in September was \$677K (11.9%) below budget. This is impacted by the low volume of Inpatient Days, however this is somewhat offset by the high Outpatient revenues. An additional YTD \$153K Residency Program recovery was included in the Deductions from Revenues, reducing the variance to \$525K. Managed care rate increases negotiated a year ago were estimated at \$166K for the month.

**YTD** – Net Patient Revenues were \$1.05M (6.5%) below budget. Again, this is impacted by the low count of Inpatient Days, however this is somewhat offset by the high Outpatient revenues and the Residency Program recovery. Managed care rate increases negotiated a year ago are estimated at \$566K combined for the three months.

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

**Month** – Operating Revenue in September was \$587K below budget. This was impacted by the negative variances in Net Patient Revenues and \$62K negative variance in Other Income.

**YTD** - Operating Revenue was \$1.15M below budget. This was impacted by the \$1M negative variance in Net Patient Revenues for the three months and the \$104K negative variance in Other Income.

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

**Month** - Operating Expenses in September were \$6.89M and were under budget by \$839K. Key items that impacted overall Expenses were as follows: 1) Salaries and Wages were \$318K below budget, impacted by the lower FTE count from previous months, reflecting the lower inpatient workloads and the final phases of the "PTO Flex-Down" program; 2) Physician fees were under budget by \$72K due to On-Call variance of \$35K and \$35K for Residency costs which have not materialized at this point. 3) Supplies were under budget by \$293K, and large favorable variances included Drugs (\$124K), General Medical Supplies (\$73K, including Lab under by \$126K and Surgery over by \$99K), and Non-Medical Supplies (\$47K; 4) Utilities were under budget by \$43K, as the month of September's usages did not mimic previous years' allocation estimates for September; 5) Repairs and Maintenance costs were

\$24K under budget, mostly all attributable to Plant Maintenance, which had a previous \$48K unfavorable variance in the prior month; 6) Other Expense was \$52K below budget, primarily in Education costs (\$32K) which had been incorrectly included in the July expenses, along with various Administrative costs which will come to be later in the year. Note: Some of these large variances may tend to “level” out as the year progresses, i.e., the monthly budget allocations can be somewhat difficult to predict, such as incurrence of legal fees. Also, during the first part of the fiscal year, we attempt to defer any expenditures possible, especially in lower volume months.

**YTD** – Operating Expenses were \$20.8M and were under budget by \$2.27M. Key items that impacted overall Expenses were as follows: 1) Salaries and Benefits were a combined \$544K under budget which was impacted by the current PTO Flex-Down variance along with the much lower than expected Patient Days workloads; 2) Contract Labor was \$54K over budget, mostly impacted by staffing needs in the OB service in July; 3) Physician fees were \$234K under budget and some of the major variances including Residency Program (\$116K) and the Physician On-Call (\$118K) which were under budget, while Anesthesia fees were \$80K over budget; 4) Purchased Services showed a favorable variance of \$465K, as legal fees were \$227K below budget, various Service Agreements were \$143K less, and Allscripts/Navigant (\$98K) were lower than expected. 5) Supplies were under budget by \$913K, and large favorable variances included Drugs (\$472K), General Medical Supplies (\$414K), and Non-Medical Supplies (\$103). These major Supplies variances can be attributable to a) much lower than expected Inpatient Admissions, b) no covid surges thus far, and c) not experiencing the full impact of inflation which is expected to accelerate over the remainder of the year; 6) Utilities were under budget by \$103K which is due to “monthly historical allocation methodology” and some avoidance to date of inflationary costs to these areas (which we don’t think have fully materialized); 7) Other Operating Expenses were \$100K below budget due to numerous matters – some of the larger variances relate to “timing” of various events, fees, and licenses which will occur later in the year. This, coupled with our efforts to minimize expenditures have led to this favorable variance. (see final comment in Monthly explanations above).

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

Note: Certain Balance Sheet items, including "Total Net Assets" do not include or reflect all of the final audit entries from the FYE June 30, 2022. Because these reports are prepared for internal users only, they do not purport to conform to the principles contained in U.S. GAAP.

Patient cash collections in September were \$5.12M, down compared to August (\$5.78M), and up from July (\$4.7M). The Gross A/R Days dropped from 65.1 in August to 63.6 in September. Cash balances in September were \$2.93M compared to August (\$8.83M), July (\$9.67M) and June (\$11.3M). The major factor causing the low Cash balance was that the Line of Credit was paid down to -0- starting on September 16, with plans to remain that way for at least 30 days. Even with this, the Accounts Payable decreased slightly to \$10.1M compared to \$11.5M in August. The other notable activity on the Balance Sheet was the increase in Long Term Debt – Leases Payable by \$9.5M, which included the \$9.2M impact from issuance of the 2022 Revenue Bonds. Included in this transaction was the District receiving over \$8.4M which was immediately applied to the Line of Credit, and this, along with other cash reduced the \$12M balance to -0- for a 30 day period as required by law.

### **Concluding Summary**

#### **Positive takeaways:**

- 1) Total Surgeries were 26% over budget.
- 2) Emergency Visits were 8% over budget
- 3) Operating Expenses were \$839K under budget.
- 4) EBIDA performance was \$253K better than expected.

#### **Negative takeaways:**

- 1) Patient Days are less than expected.

**STATISTICS**

Inpatient Admissions/Discharges (Monthly Average)

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

Patient Days (Monthly Average)

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

Average Daily Census (Inpatient)

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

Average Length of Stay (Inpatient)

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

Emergency Visits (Monthly Average)

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

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

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

G.I. Cases (Monthly)

Number of patients who had a gastrointestinal exam performed.

Newborn Deliveries (Monthly)

Number of babies delivered.

**PRODUCTIVITY**

Worked FTEs ( includes Registry FTEs)

Represents an equivalency of full-time staff worked. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 1,73.3 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.

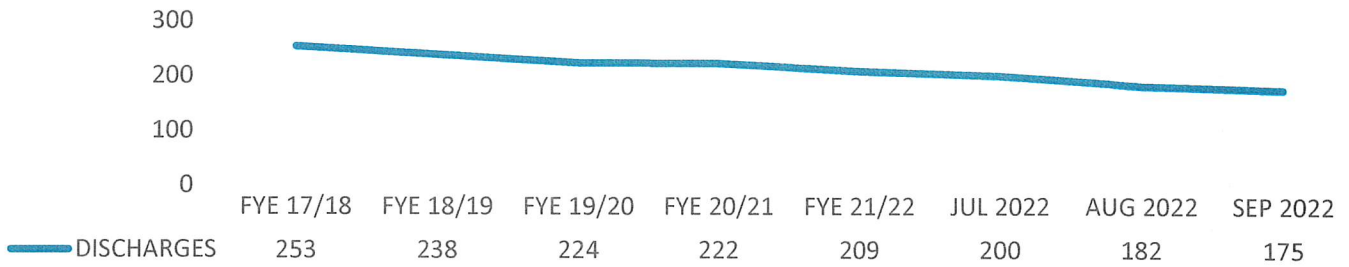
**ADJUSTED PATIENT DAYS**

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.

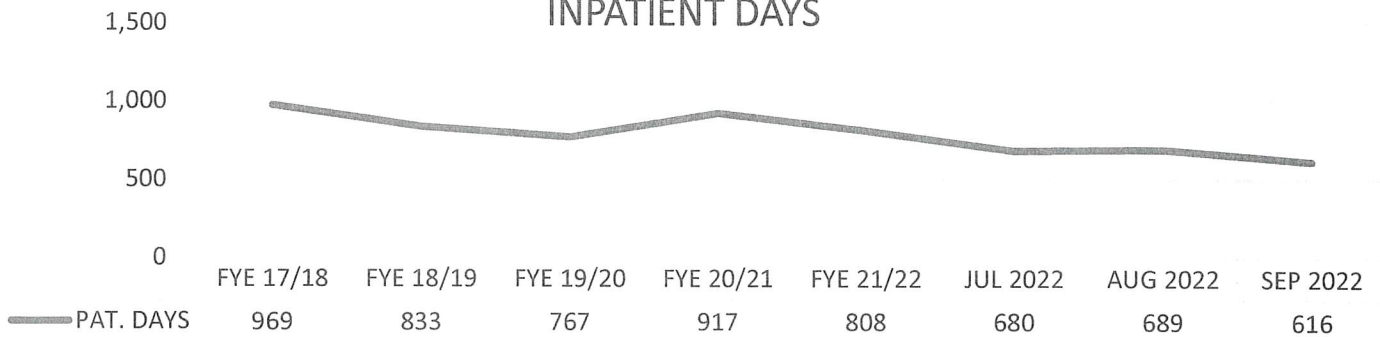
B-A

# SAN GORGONIO MEMORIAL HOSPITAL

## INPATIENT DISCHARGES



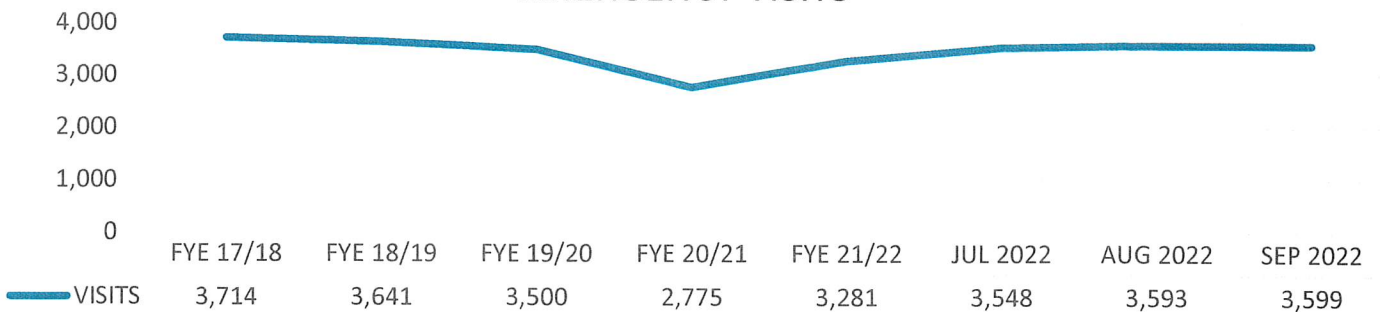
## INPATIENT DAYS



## AVERAGE LENGTH OF STAY



## EMERGENCY VISITS

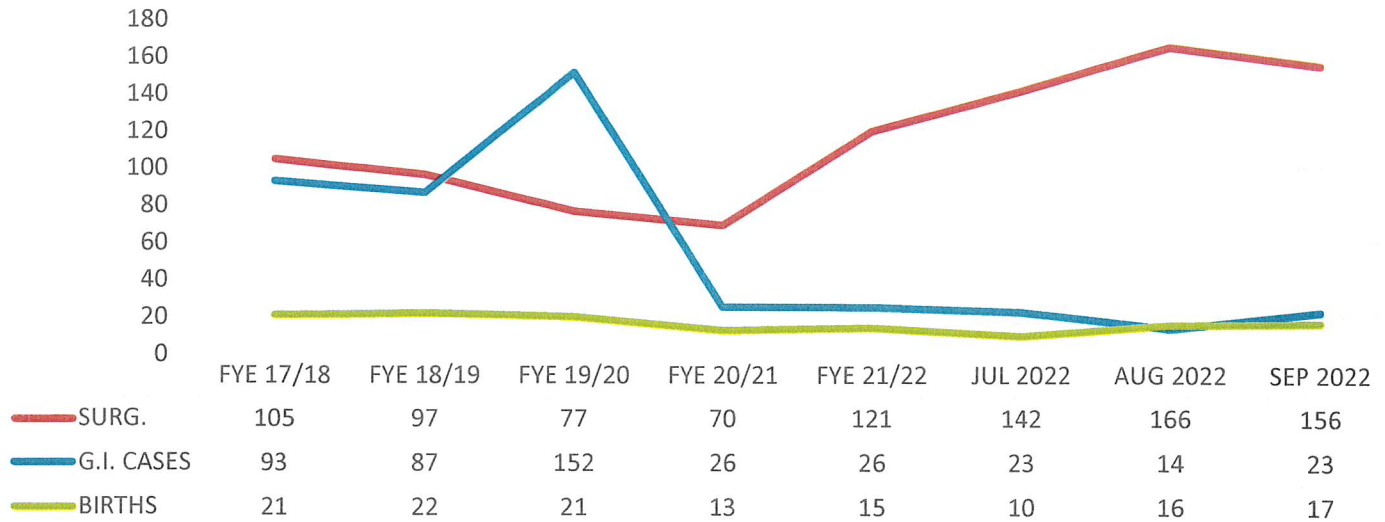


3-B

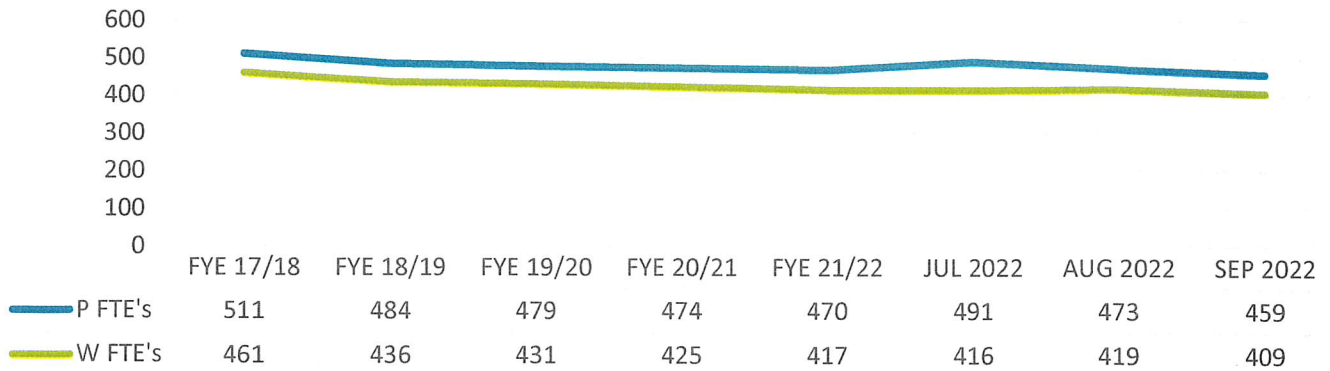


# SAN GORGONIO MEMORIAL HOSPITAL

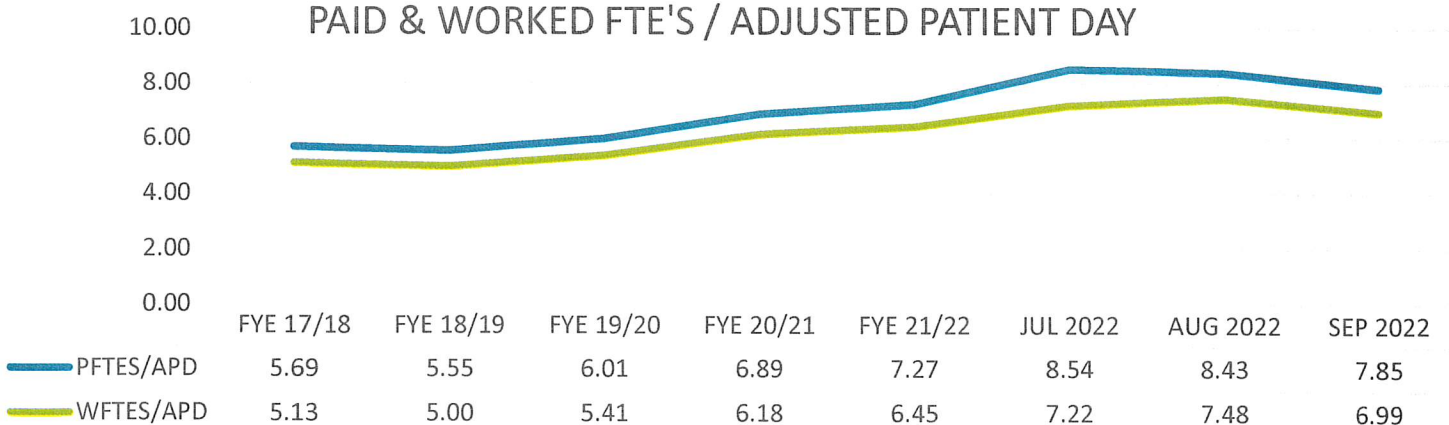
## SURGERY CASES, G.I. CASES, N/B DELIVERIES



## PAID & WORKED FTE'S



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



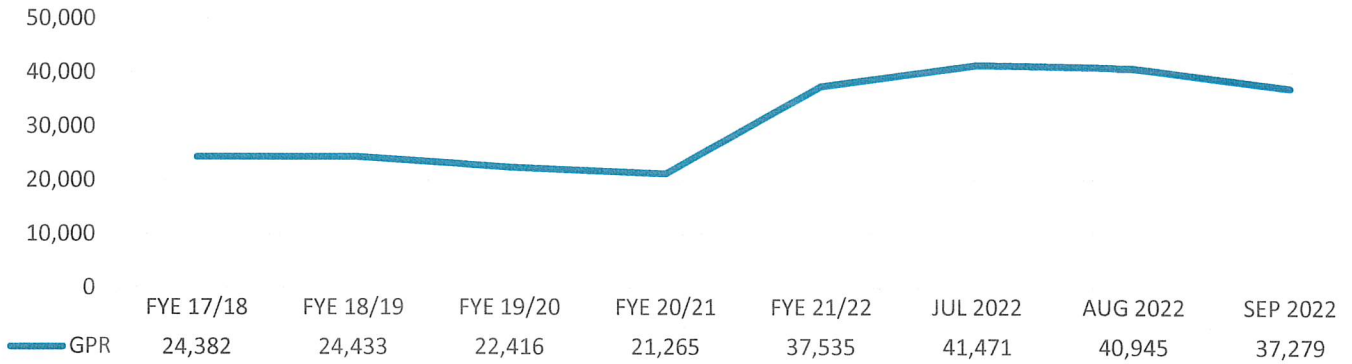
**INCOME STATEMENT**

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

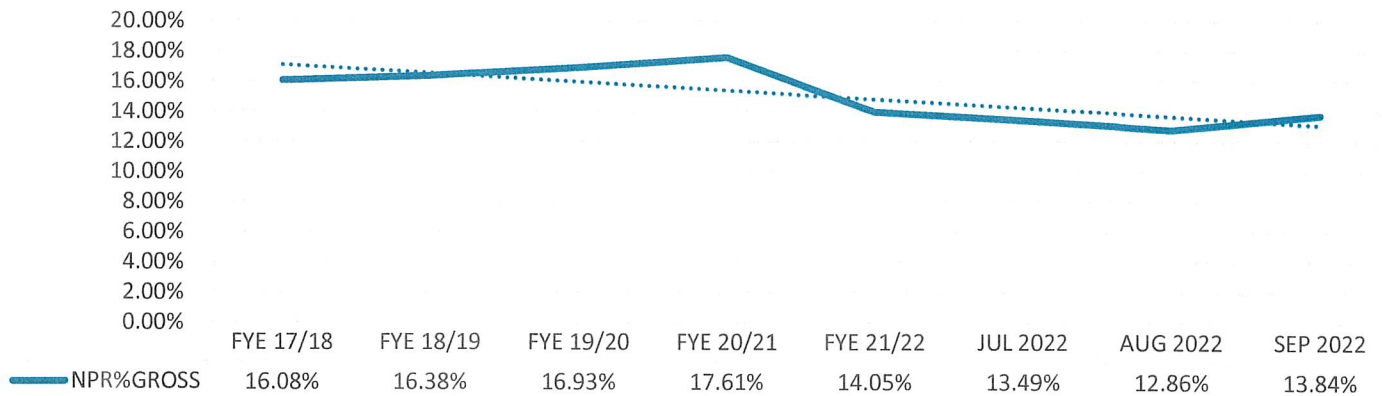
3-7

# SAN GORGONIO MEMORIAL HOSPITAL

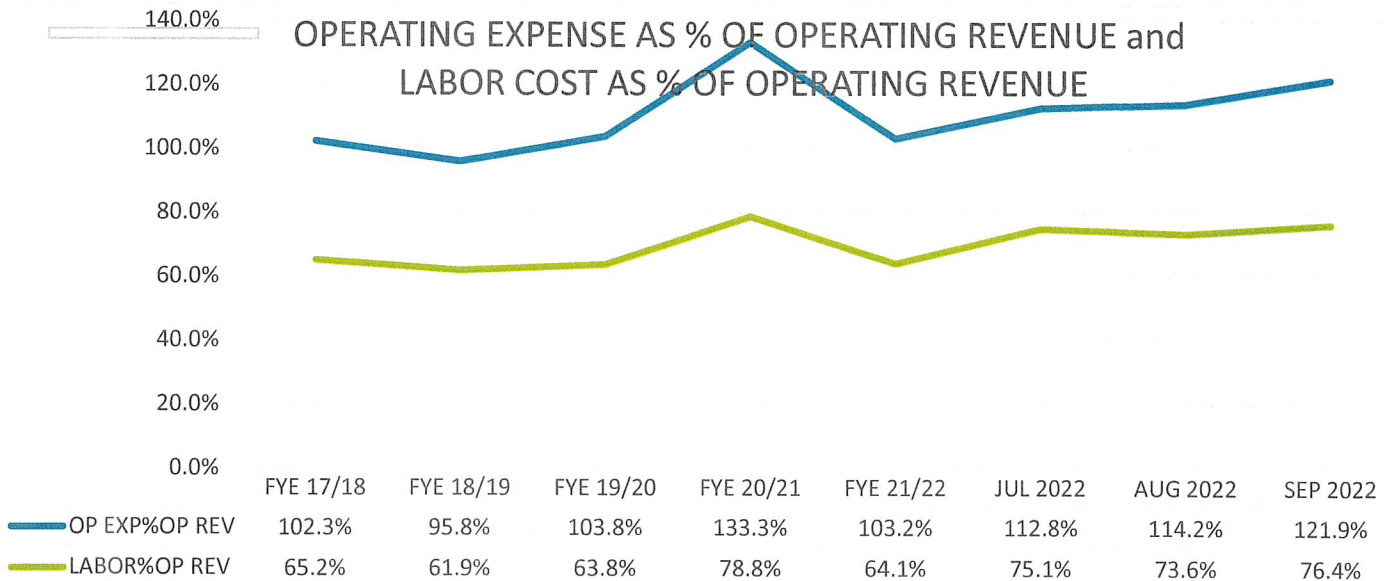
## GROSS PATIENT REVENUE



## NET PATIENT REVENUE AS % OF GROSS



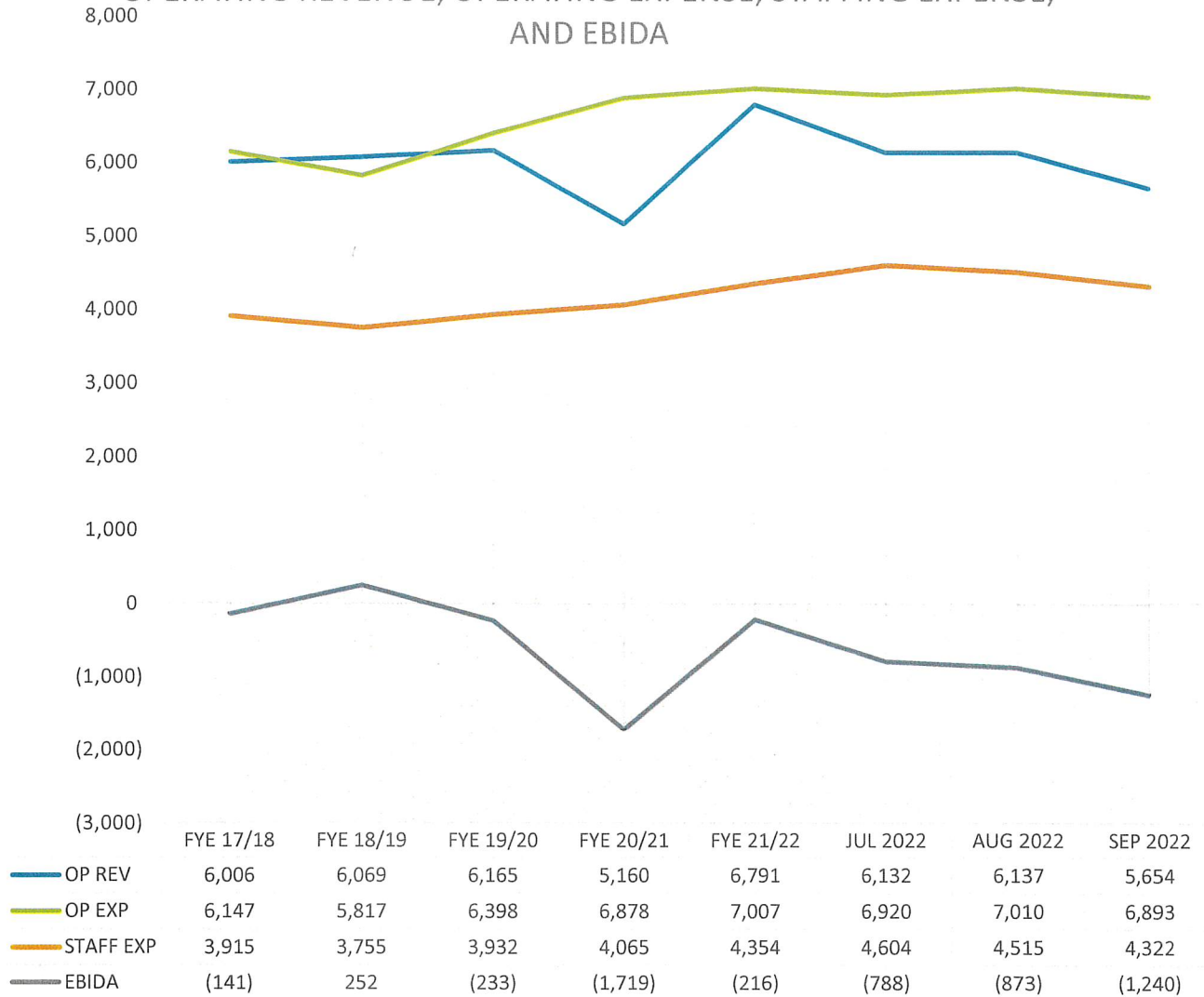
## OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



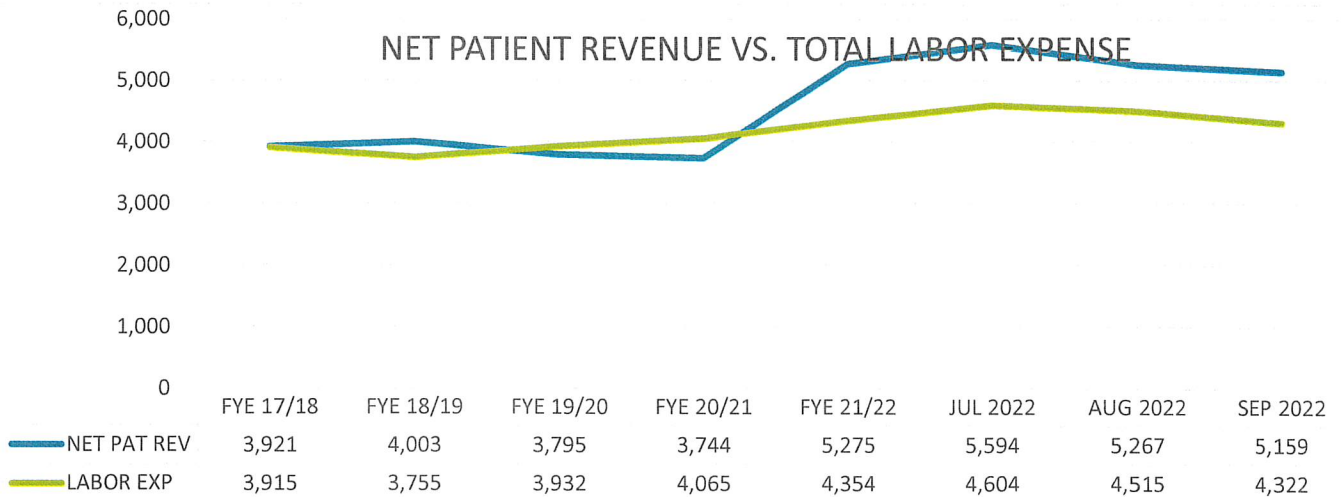
3-E

# SAN GORGONIO MEMORIAL HOSPITAL

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



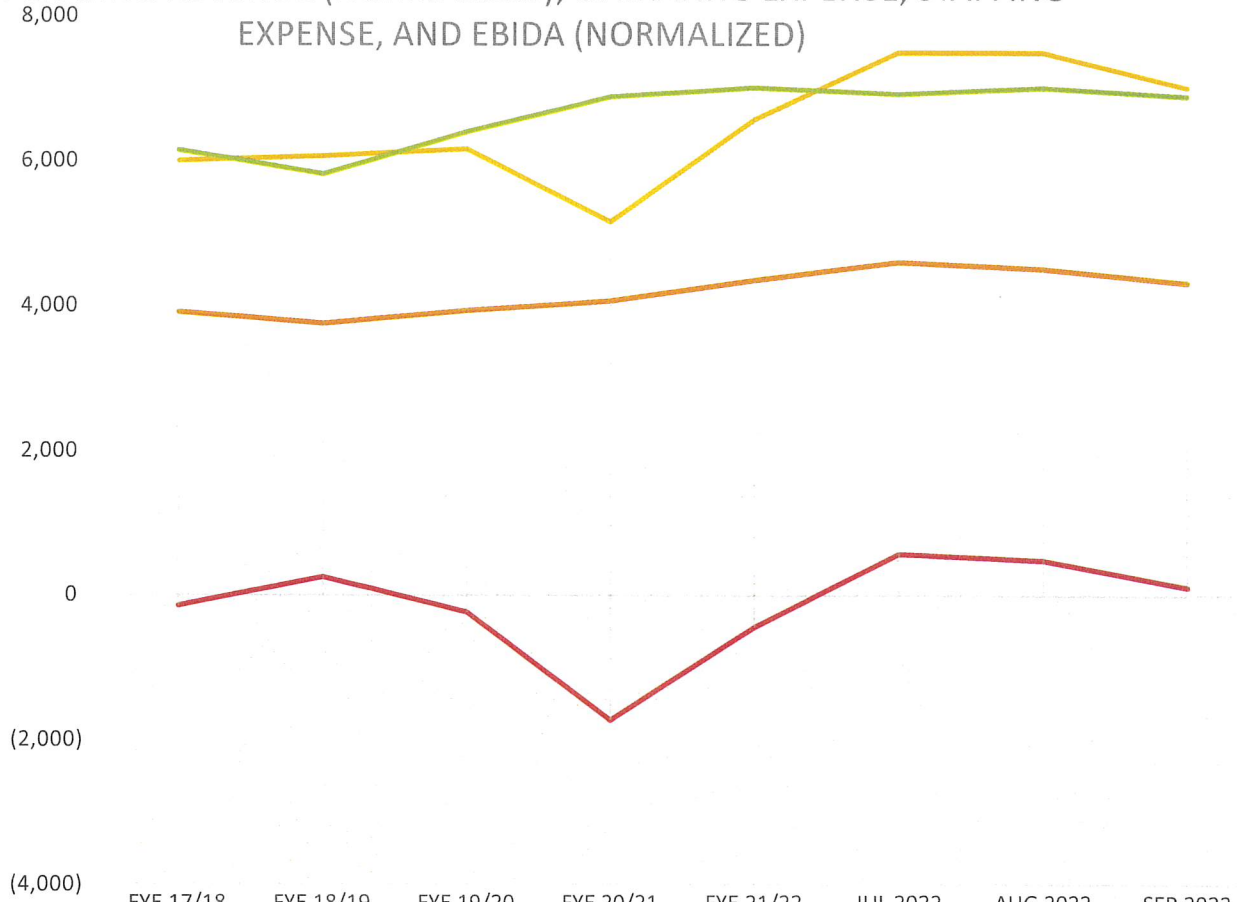
## NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE



3-F

# SAN GORGONIO MEMORIAL HOSPITAL

## OPERATING REVENUE (NORMALIZED), OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA (NORMALIZED)



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022
REV NORMAL	6,006	6,069	6,165	5,160	6,569	7,494	7,499	7,016
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010	6,893
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322
EBIDA NORMAL	(141)	252	(233)	(1,719)	(438)	574	489	123

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**SAN GORGONIO HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA**  
**Month-to Month FYE June 30, 2023**

**Statement of Revenue and Expense**

	FYE17/18	FYE18/19	FYE19/20	FYE20/21	FYE21/22	FYE22/23	FYE22/23	FYE22/23	FYE22/23	FYE22/23	FYE22/23	FYE22/23	FYE22/23
	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.
<b>Gross Patient Revenue</b>													
Inpatient Revenue	\$ 8,662,325	\$ 7,667,883	\$ 7,401,282	\$ 9,331,371	\$ 16,603,390	\$ 14,135,221	\$ 15,766,344	\$ 13,463,161	\$ 13,156,157	\$ -	\$ -	\$ -	\$ 42,405,662
Inpatient Psych/Rehab Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Revenue	15,730,069	16,765,365	15,067,104	11,933,682	20,932,075	25,763,122	25,684,830	27,481,674	24,122,862	0	0	0	77,289,365
Long Term Care Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Home Health Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Gross Patient Revenue</b>	<b>24,382,394</b>	<b>24,433,247</b>	<b>22,468,386</b>	<b>21,265,053</b>	<b>37,535,465</b>	<b>39,898,342</b>	<b>41,471,174</b>	<b>40,944,835</b>	<b>37,279,018</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ 119,695,027</b>
<b>Deductions From Revenue</b>													
Discounts and Allowances	(19,635,639)	(19,588,148)	(17,845,730)	(16,635,734)	(31,077,870)	(33,447,346)	(34,966,058)	(34,797,135)	(30,578,845)	0	0	0	(100,342,038)
Bad Debt Expense	(806,002)	(858,023)	(653,280)	(624,395)	(1,045,570)	(936,863)	(883,157)	(813,947)	(1,113,485)	0	0	0	(2,810,589)
GI/HMO Discounts	0	0	0	0	0	0	0	0	0	0	0	0	0
Charity Care	(80,410)	(56,168)	(85,517)	(41,362)	(136,947)	(174,167)	(28,117)	(66,596)	(427,789)	0	0	0	(522,502)
<b>Total Deductions From Revenue</b>	<b>(20,522,051)</b>	<b>(20,502,339)</b>	<b>(18,585,527)</b>	<b>(17,501,490)</b>	<b>(32,260,387)</b>	<b>(34,558,376)</b>	<b>(35,877,331)</b>	<b>(35,677,679)</b>	<b>(32,120,119)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(103,675,129)</b>
<b>Net Patient Revenue</b>	<b>3,860,343</b>	<b>3,930,908</b>	<b>3,882,859</b>	<b>3,763,563</b>	<b>5,275,078</b>	<b>5,339,966</b>	<b>5,593,843</b>	<b>5,267,156</b>	<b>5,158,899</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ 16,019,898</b>
<b>Non-Patient Revenues</b>													
IGT/DISH Revenues	1,530,975	1,485,337	1,157,326	869,707	501,407	0	0	0	0	0	0	0	0
Grants & Other Op Revenues	193,507	205,590	750,434	505,190	619,149	232,750	136,873	468,018	93,358	0	0	0	698,249
Clinic Net Revenues	20,106	22,382	15,743	0	0	0	0	0	0	0	0	0	0
Tax Subsidies Measure D	174,852	196,524	199,469	209,744	233,333	246,994	246,994	246,994	246,994	0	0	0	740,981
Tax Subsidies Prop 13	105,376	115,388	114,061	142,952	150,000	154,500	154,500	154,500	154,500	0	0	0	463,500
Tax Subsidies County Supplmt Funds	16,858	16,159	9,064	11,789	11,789	0	0	0	0	0	0	0	0
<b>Non-Patient Revenues</b>	<b>2,041,675</b>	<b>2,041,381</b>	<b>2,246,097</b>	<b>1,743,355</b>	<b>1,515,677</b>	<b>634,244</b>	<b>538,367</b>	<b>869,512</b>	<b>494,852</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ 1,902,731</b>
<b>Total Operating Revenue</b>	<b>5,902,018</b>	<b>5,972,289</b>	<b>6,128,956</b>	<b>5,506,919</b>	<b>6,790,756</b>	<b>5,974,210</b>	<b>6,132,210</b>	<b>6,136,668</b>	<b>5,653,751</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ 17,922,629</b>
<b>Operating Expenses</b>													
Salaries and Wages	3,000,485	2,941,226	3,104,224	3,125,159	3,420,974	3,497,485	3,566,637	3,581,670	3,344,149	0	0	0	10,492,456
Fringe Benefits	784,204	702,477	752,708	856,889	834,285	890,659	898,552	868,467	904,958	0	0	0	2,671,977
Contract Labor	130,625	106,628	99,516	114,886	98,762	98,575	64,443	72,561	72,561	0	0	0	275,578
Physicians Fees	211,630	246,631	331,858	350,783	330,533	273,621	273,621	277,977	293,059	0	0	0	844,658
Purchased Services	581,239	513,857	691,337	772,336	886,505	893,698	829,624	848,417	1,003,052	0	0	0	2,661,093
Supply Expense	699,167	685,518	751,025	903,883	956,544	803,379	888,903	823,019	823,019	0	0	0	2,410,136
Utilities	74,205	75,471	80,680	92,287	111,192	105,417	104,925	97,819	113,507	0	0	0	316,251
Repairs and Maintenance	53,574	58,325	58,592	139,712	79,779	83,475	74,098	124,767	51,558	0	0	0	250,424
Insurance Expense	86,537	85,267	103,277	110,683	112,745	132,911	137,478	127,547	133,709	0	0	0	398,734
All Other Operating Expenses	68,163	17,249	70,922	160,745	148,752	65,997	97,102	53,610	47,279	0	0	0	197,991
IGT Expense	57,507	58,743	109,484	172,366	0	0	0	0	0	0	0	0	283,856
Leases and Rentals	80,927	76,150	79,233	79,424	81,351	94,619	101,241	76,060	106,555	0	0	0	0
1206 (b) CLINIC	0	94,628	34,096	0	0	0	0	0	0	0	0	0	0
<b>Total Operating Expenses</b>	<b>6,045,502</b>	<b>5,720,023</b>	<b>6,377,306</b>	<b>6,901,255</b>	<b>7,007,756</b>	<b>6,941,051</b>	<b>6,920,067</b>	<b>7,009,680</b>	<b>6,893,407</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ 20,823,154</b>
<b>EBIDA</b>	<b>(143,485)</b>	<b>252,266</b>	<b>(248,351)</b>	<b>(1,394,337)</b>	<b>(217,001)</b>	<b>(966,842)</b>	<b>(787,858)</b>	<b>(873,012)</b>	<b>(1,239,656)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ (2,900,525)</b>
<b>Interest, Depreciation, and Amortization</b>													
Depreciation and Amortization	512,466	487,808	506,487	494,721	504,865	454,314	550,044	406,450	406,450	0	0	0	1,362,943
Interest Expense	432,490	418,193	422,094	447,994	409,987	469,770	427,682	409,794	409,794	0	0	0	1,409,310
<b>Total Interest, Depr, &amp; Amort.</b>	<b>944,956</b>	<b>916,000</b>	<b>928,581</b>	<b>942,715</b>	<b>914,852</b>	<b>924,084</b>	<b>977,726</b>	<b>978,283</b>	<b>816,243</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,772,253</b>
<b>Non-Operating Revenue:</b>													
Contributions & Other	14,354	7,745	27,759	7,121	40,068	464,526	1,387,913	2,599	3,065	0	0	0	1,393,577
Tax Subsidies for GO Bonds - M-A	652,487	682,457	666,966	598,410	613,966	627,353	627,353	627,353	627,353	0	0	0	1,682,059
<b>Total Non Operating Revenue/(Expense)</b>	<b>666,841</b>	<b>700,202</b>	<b>694,725</b>	<b>605,531</b>	<b>654,034</b>	<b>1,091,879</b>	<b>2,015,266</b>	<b>629,952</b>	<b>630,418</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,275,636</b>
<b>Total Net Surplus/(Loss)</b>	<b>(421,599)</b>	<b>36,467</b>	<b>(482,217)</b>	<b>(1,731,521)</b>	<b>(477,819)</b>	<b>(799,047)</b>	<b>249,682</b>	<b>(1,221,343)</b>	<b>(1,425,481)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$ (2,397,141)</b>
Change in Interest in Foundation	0	0	(689,574)	(650)	0	0	0	0	0	0	0	0	0
Extra-ordinary Loss on Financing	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Increase/(Decrease in Unrestricted Net. \$)</b>	<b>(421,599)</b>	<b>36,467</b>	<b>(1,171,791)</b>	<b>(1,732,171)</b>	<b>(477,819)</b>	<b>(799,047)</b>	<b>249,682</b>	<b>(1,221,343)</b>	<b>(1,425,481)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>(2,397,141)</b>
<b>Total Profit Margin</b>	<b>-7.1%</b>	<b>0.6%</b>	<b>-7.9%</b>	<b>-31.4%</b>	<b>-7.0%</b>	<b>-13.4%</b>	<b>4.1%</b>	<b>-19.9%</b>	<b>-25.2%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>-13.4%</b>
<b>EBIDA %</b>	<b>-2.4%</b>	<b>4.2%</b>	<b>-4.1%</b>	<b>-25.3%</b>	<b>-3.2%</b>	<b>-16.2%</b>	<b>-12.8%</b>	<b>-14.2%</b>	<b>-21.9%</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>	<b>-16.2%</b>

Note: Variances in the FYE 22/23 monthly columns are explained in the respective monthly financial reports.

Estimated Value of Supplemental Accruals (Updated 10/19/22)	1,362,273	1,362,273	1,362,273	1,362,273	4,086,818
Estimated EBIDA If Supplementals were Accrued Monthly (Updated 10/19/22)	574,415	489,261	122,617	1,188,293	

3-H





**BALANCE SHEET (Period End)**

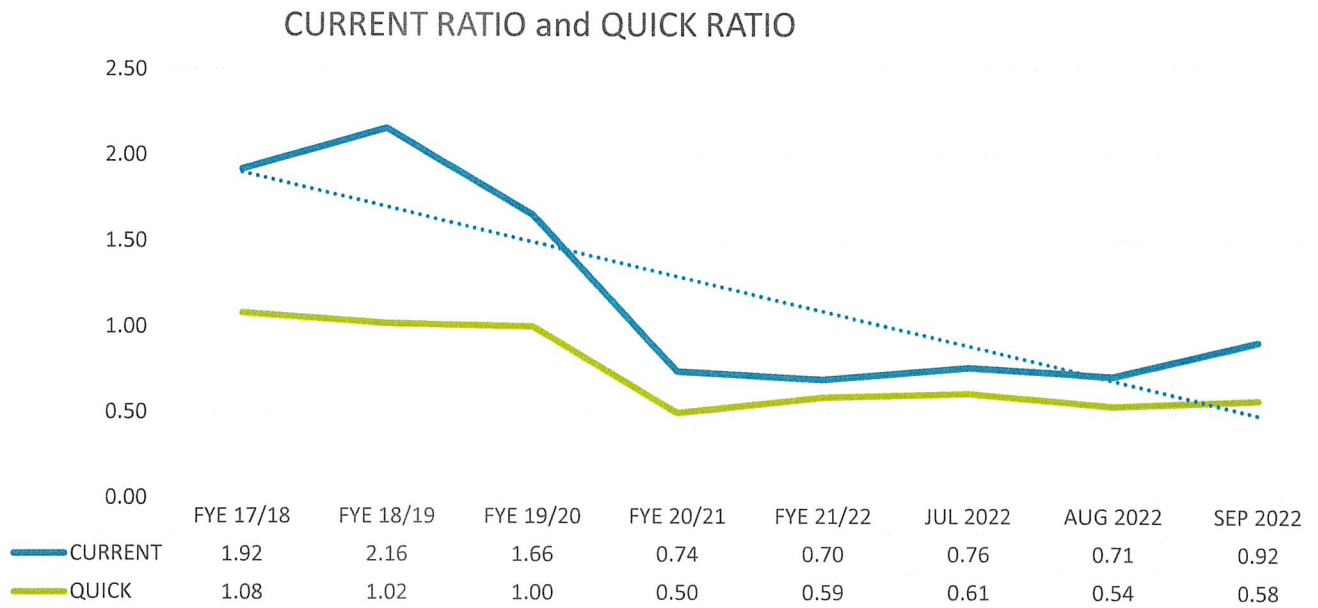
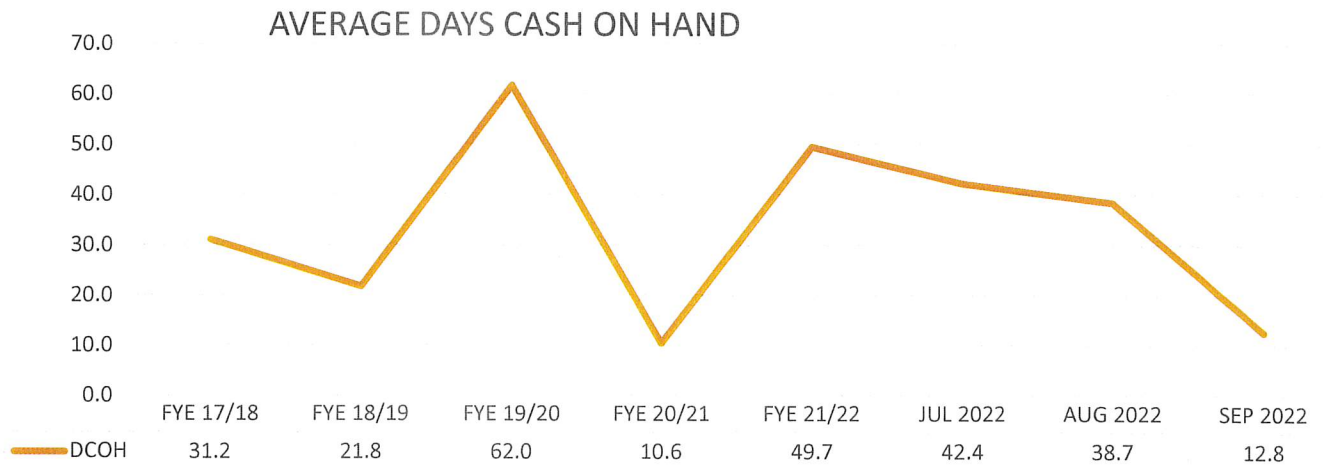
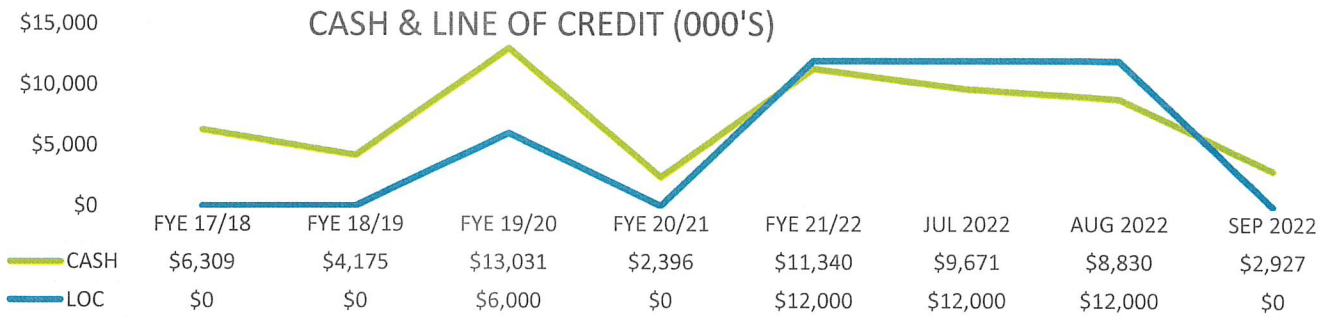
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Cash (000's)	Represents all unrestricted cash in the bank at each month-end.
Days Cash on Hand	Calculated by dividing amount of Cash on Hand by the historical average daily amount of cash requirements to cover operating expenses.
Accounts Receivable - 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.

3-J



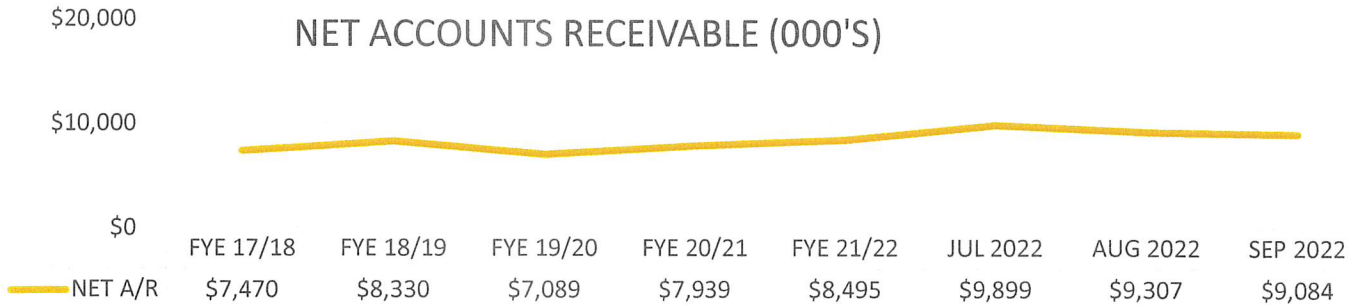
# SAN GORGONIO MEMORIAL HOSPITAL



3-K

# SAN GORGONIO MEMORIAL HOSPITAL

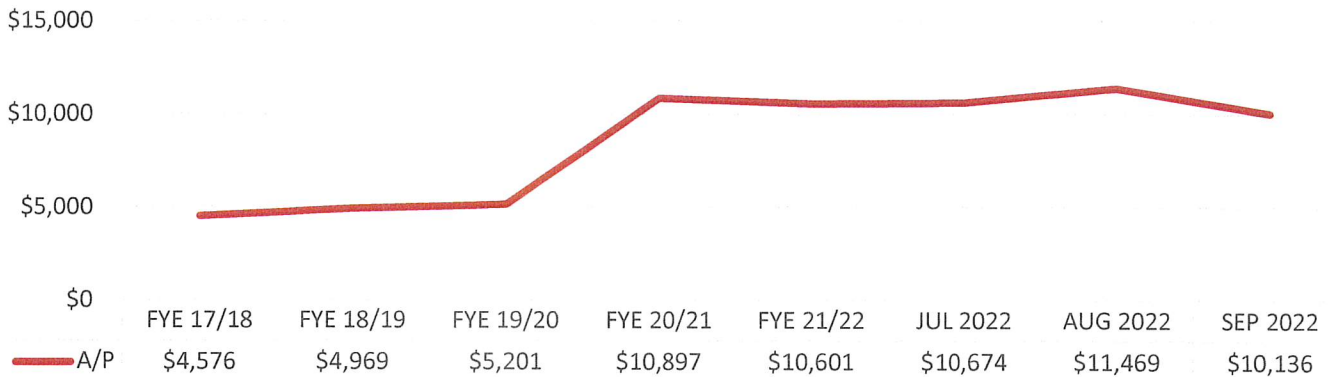
## NET ACCOUNTS RECEIVABLE (000'S)



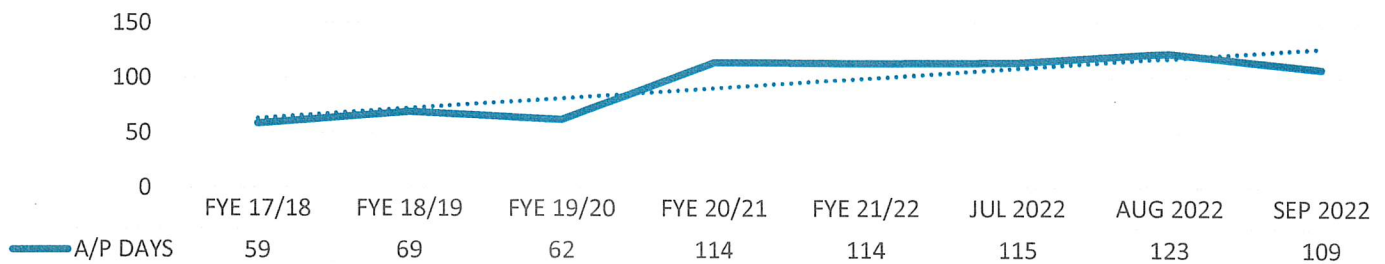
## AVE. DAYS OF COLLECTIONS IN NET A/R



## ACCOUNTS PAYABLE (000'S)



## AVERAGE DAYS IN ACCOUNTS PAYABLE



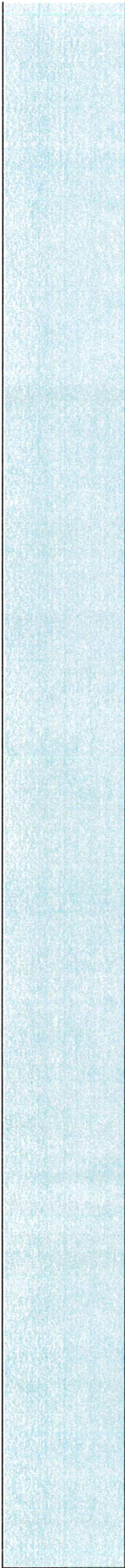




**SAN GORGONIO MEMORIAL HOSPITAL**  
**EXECUTIVE FINANCIAL SUMMARY**  
**THREE MONTHS ENDING SEPTEMBER 30, 2022**

**BALANCE SHEET**

	YTD 9/30/2022	Prior FYE 6/30/2022
<b>ASSETS</b>		
[1] Current Assets	\$ 19,149,408	\$ 23,401,085
[2] Assets Whose Use is Limited	8,395,962	12,704,494
[3] Property, Plant & Equipment (Net)	73,327,671	73,514,801
[4] Other Assets	606,673	503,000
[5] <b>Total Unrestricted Assets</b>	<b>101,479,714</b>	<b>110,123,380</b>
[6] Restricted Assets	0	0
[7] <b>Total Assets</b>	<b>\$ 101,479,714</b>	<b>\$ 110,123,380</b>
<b>LIABILITIES AND NET ASSETS</b>		
[8] Current Liabilities	\$20,867,618	\$33,649,575
[9] Long-Term Debt	111,859,376	105,323,946
[10] Other Long-Term Liabilities	2,231,628	2,231,626
[11] <b>Total Liabilities</b>	<b>\$ 134,958,622</b>	<b>\$ 141,205,147</b>
[12] Net Assets	\$ (33,478,908)	\$ (31,081,767)
[13] <b>Total Liabilities and Net Assets</b>	<b>\$ 101,479,714</b>	<b>\$ 110,123,380</b>



KEY STATISTICS AND RATIOS					
	08/31/22 ACTUAL FY 23	09/30/22 ACTUAL FY 23	09/30/22 BUDGET FY 23	2023 YTD FY 23	2022 YR END TOTAL FY 22
[1] Total Acute Patient Days	689	616	962	1,985	9,689
[2] Average Daily Census	22.2	20.5	32.1	21.6	26.5
[3] Average Acute Length of Stay	3.8	3.5	4.1	3.6	3.9
[4] Patient Discharges	181	175	237	557	2,502
[5] Observation Days	277	273	243	778	2,775
[6] Total Emergency Room Visits	3,593	3,599	3,319	10,740	39,374
[7] Average ED Visits Per Day	116	120	111	117	108
[9] Total Surgeries	166	156	124	464	1,446
[10] Deliveries/Births	16	17	14	43	175



**Statement of Revenue and Expense**  
**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**THREE MONTHS ENDING SEPTEMBER 30, 2022**

	DISTRICT ONLY ACTUAL 09/30/22	CURRENT MONTH		Positive (Negative) Variance	Percentage Variance
		FY 23 ACTUAL 09/30/22	FY 23 CUR MO BUD 09/30/22		
<b>Gross Patient Revenue</b>					
[1] Inpatient Revenue	\$ -	\$ 13,156,157	\$ 20,881,459	\$ (7,725,302)	-58.7%
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-
[3] Outpatient Revenue	-	24,122,862	\$ 22,663,136	1,459,725	6.1%
[4] Long Term Care Revenue	-	-	-	-	-
[5] Home Health Revenue	-	-	-	-	-
[6] Total Gross Patient Revenue	\$ -	\$ 37,279,018	\$ 43,544,595	\$ (6,265,577)	-16.8%
<b>Deductions From Revenue</b>					
[7] Discounts and Allowances	-	(30,578,845)	\$ (36,248,738)	\$ 5,669,893	-18.5%
[8] Bad Debt Expense	-	(1,113,485)	\$ (1,533,428)	419,942	-37.7%
[9] Prior Year Settlements	-	-	\$ -	-	-
[10] Charity Care	-	(427,789)	\$ (78,892)	(348,897)	81.6%
[11] Total Deductions From Revenue	-	(32,120,119)	(37,861,057)	\$ 5,740,938	-17.9%
[12]		-86.2%	-86.9%		
[13] Net Patient Revenue	\$ -	\$ 5,158,899	\$ 5,683,538	\$ (524,639)	-10.2%
<b>Non Patient Operating Revenues</b>					
[14] IGT/DSH Revenues	-	-	\$ -	\$ -	0.0%
[15] Grants & Other Op Revenues	-	93,358	\$ 144,286	(50,928)	-54.6%
[16] Clinic Net Revenues	-	-	\$ -	-	-
[17] Tax Subsidies Measure D	246,994	246,994	\$ 246,994	0	0.0%
[18] Tax Subsidies Prop 13	154,500	154,500	\$ 154,500	-	0.0%
[19] Tax Subsidies County Supplemental Funds	-	-	\$ 11,250	(11,250)	0.0%
Non- Patient Revenue	\$ 401,494	\$ 494,852	\$ 557,030	\$ (62,178)	-12.6%
<b>Total Operating Revenue</b>	\$ 401,494	\$ 5,653,751	\$ 6,240,568	\$ (586,816)	-10.4%
<b>Operating Expenses</b>					
[20] Salaries and Wages	-	3,344,149	3,662,607	\$ 318,458	9.5%
[21] Fringe Benefits	-	904,958	914,545	9,588	1.1%
[22] Contract Labor	-	72,561	74,695	2,134	2.9%
[23] Physicians Fees	-	293,059	365,231	72,172	24.6%
[24] Purchased Services	2,462	1,003,052	1,042,961	39,909	4.0%
[25] Supply Expense	-	823,019	1,116,539	293,520	35.7%
[26] Utilities	1,876	113,507	156,818	43,311	38.2%
[27] Repairs and Maintenance	14,937	51,558	75,564	24,005	46.6%
[28] Insurance Expense	-	133,709	122,979	(10,730)	-8.0%
[29] All Other Operating Expenses	-	47,279	99,325	52,046	110.1%
[30] Supplemental and Grant Expense	-	-	0	-	0.0%
[31] Leases and Rentals	-	106,555	101,511	(5,044)	-4.7%
[32] Clinic Expense	-	-	0	-	0.0%
[33] Total Operating Expenses	\$ 19,275	\$ 6,893,407	\$ 7,732,775	\$ 839,368	12.2%
[34] <b>EBIDA</b>	\$ 382,219	\$ (1,239,656)	\$ (1,492,207)	\$ 252,552	-20.4%
<b>Interest Expense and Depreciation</b>					
[35] Depreciation	406,450	406,450	550,579	\$ 144,130	35.5%
[36] Interest Expense and Amortization	355,607	409,794	372,757	(37,036)	-9.0%
[37] Total Interest & depreciation	762,057	816,243	923,336	107,093	13.1%
<b>Non-Operating Revenue:</b>					
[38] Contributions & Other	2,538	3,065	466,744	(463,679)	-15128.6%
[39] Tax Subsidies for GO Bonds - M-A	627,353	627,353	626,237	1,116	0.2%
[40] Total Non Operating Revenue/(Expense)	629,891	630,418	1,092,982	\$ (462,564)	-73.4%
[41] Total Net Surplus/(Loss)	\$ 250,054	\$ (1,425,481)	\$ (1,322,562)	\$ (102,919)	7.2%
[42] Extra-ordinary loss on Financing	-	-	-	-	-
[43] Increase/(Decrease in Unrestricted Net Assets	\$ 250,054	\$ (1,425,481)	\$ (1,322,562)	\$ (102,919)	7.2%
[44] Total Profit Margin	62.28%	-25.21%	-21.19%		
[45] EBIDA %	95.20%	-21.93%	-23.91%		

**Statement of Revenue and Expense**

**SAN GORGONIO MEMORIAL HOSPITAL**

**BANNING, CALIFORNIA**

**THREE MONTHS ENDING SEPTEMBER 30, 2022**

		YEAR-TO-DATE				
		DISTRICT ONLY			Positive	Percentage
		Actual	Actual	Budget	(Negative)	Variance
		09/30/22	09/30/22	09/30/22	Variance	
<b>Gross Patient Revenue</b>						
[1]	Inpatient Revenue	\$ -	\$ 45,187,026	\$ 63,167,330	\$ (17,980,305)	-39.8%
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	
[3]	Outpatient Revenue	-	74,508,001	\$ 67,590,923	6,917,079	9.3%
[4]	Long Term Care Revenue	-	-	-	-	
[5]	Home Health Revenue	-	-	-	-	
[6]	<b>Total Gross Patient Revenue</b>	<b>\$ -</b>	<b>\$ 119,695,027</b>	<b>\$ 130,758,253</b>	<b>\$ (11,063,226)</b>	<b>-9.2%</b>
<b>Deductions From Revenue</b>						
[7]	Discounts and Allowances	-	(100,342,038)	\$ (108,849,827)	\$ 8,507,789	8.5%
[8]	Bad Debt Expense	-	(2,810,589)	\$ (4,604,666)	1,794,076	63.8%
[9]	Prior Year Settlements	-	-	\$ -	-	
[10]	Charity Care	-	(522,502)	\$ (236,902)	(285,600)	-54.7%
[11]	<b>Total Deductions From Revenue</b>	<b>-</b>	<b>(103,675,129)</b>	<b>(113,691,394)</b>	<b>\$ 10,016,265</b>	<b>9.7%</b>
[12]			86.6%	-86.9%		
[13]	<b>Net Patient Revenue</b>	<b>\$ -</b>	<b>\$ 16,019,898</b>	<b>\$ 17,066,859</b>	<b>\$ (1,046,961)</b>	<b>-6.5%</b>
<b>Non Patient Operating Revenues</b>						
[14]	IGT/DSH Revenues	-	-	\$ 336,064	\$ (336,064)	#DIV/0!
[15]	Grants & Other Op Revenues	-	698,249	\$ 432,858	265,391	38.0%
[16]	Clinic Net Revenues	-	-	\$ -	-	
[17]	Tax Subsidies Measure D	493,988	740,981	\$ 740,981	0	0.0%
[18]	Tax Subsidies Prop 13	309,000	463,500	\$ 463,500	-	0.0%
[19]	Tax Subsidies County Supplemental Funds	-	-	\$ 33,750	(33,750)	0.0%
	<b>Non- Patient Revenue</b>	<b>\$ 802,988</b>	<b>\$ 1,902,731</b>	<b>\$ 2,007,153</b>	<b>\$ (104,423)</b>	<b>-5.5%</b>
	<b>Total Operating Revenue</b>	<b>\$ 802,988</b>	<b>\$ 17,922,629</b>	<b>\$ 19,074,012</b>	<b>\$ (1,151,384)</b>	<b>-6.4%</b>
<b>Operating Expenses</b>						
[20]	Salaries and Wages	-	10,492,456	\$ 10,966,945	\$ 474,490	4.5%
[21]	Fringe Benefits	-	2,671,977	\$ 2,741,269	69,292	2.6%
[22]	Contract Labor	-	275,578	\$ 221,353	(54,225)	-19.7%
[23]	Physicians Fees	-	861,465	\$ 1,095,693	234,228	27.2%
[24]	Purchased Services	433	2,664,285	\$ 3,128,884	464,598	17.4%
[25]	Supply Expense	-	2,410,136	\$ 3,323,502	913,365	37.9%
[26]	Utilities	5,177	316,251	\$ 419,247	102,996	32.6%
[27]	Repairs and Maintenance	17,519	250,424	\$ 226,691	(23,733)	-9.5%
[28]	Insurance Expense	-	398,734	\$ 368,937	(29,798)	-7.5%
[29]	All Other Operating Expenses	-	197,991	\$ 297,974	99,983	50.5%
[30]	Supplimental and Grant Expense	-	-	\$ -	-	0.0%
[31]	Leases and Rentals	-	283,856	\$ 304,532	20,675	7.3%
[32]	Clinic Expense	-	-	\$ -	-	0.0%
[33]	<b>Total Operating Expenses</b>	<b>\$ 23,128</b>	<b>\$ 20,823,154</b>	<b>\$ 23,095,026</b>	<b>\$ 2,271,873</b>	<b>10.9%</b>
[34]	<b>EBIDA</b>	<b>\$ 779,859</b>	<b>\$ (2,900,525)</b>	<b>\$ (4,021,014)</b>	<b>\$ 1,120,489</b>	<b>-38.6%</b>
<b>Interest Expense and Depreciation</b>						
[35]	Depreciation	956,493	1,362,943	\$ 1,580,309	\$ 217,366	15.9%
[36]	Interest Expense and Amortization	710,866	1,409,310	\$ 1,230,772	(178,538)	-12.7%
[37]	<b>Total Interest &amp; depreciation</b>	<b>1,667,359</b>	<b>2,772,253</b>	<b>2,811,081</b>	<b>38,828</b>	<b>1.4%</b>
<b>Non-Operating Revenue:</b>						
[38]	Contributions & Other	1,391,604	1,393,577	\$ 1,400,233	(6,656)	-0.5%
[39]	Tax Subsidies for GO Bonds - M-A	1,882,059	1,882,059	\$ 1,878,712	3,347	0.2%
[40]	<b>Total Non Operating Revenue/(Expense)</b>	<b>3,273,663</b>	<b>3,275,636</b>	<b>3,278,945</b>	<b>(3,309)</b>	<b>-0.1%</b>
[41]	<b>Total Net Surplus/(Loss)</b>	<b>\$ 2,386,163</b>	<b>\$ (2,397,141)</b>	<b>\$ (3,553,150)</b>	<b>\$ 1,156,008</b>	<b>-48.2%</b>
[42]	Extra-ordinary loss on Flncing	-	-	\$ -	-	
[43]	<b>Increase/(Decrease in Unrestricted Net Assets)</b>	<b>\$ 2,386,163</b>	<b>\$ (2,397,141)</b>	<b>\$ (3,553,150)</b>	<b>\$ 1,156,008</b>	<b>-48.2%</b>
[44]	<b>Total Profit Margin</b>	<b>297.16%</b>	<b>-13.37%</b>	<b>-18.63%</b>		
[45]	<b>EBIDA %</b>	<b>97.12%</b>	<b>-16.18%</b>	<b>-21.08%</b>		

**Balance Sheet - Assets**

**SAN GORGONIO MEMORIAL HOSPITAL**

**BANNING, CALIFORNIA**

**THREE MONTHS ENDING SEPTEMBER 30, 2022**

		ASSETS				
		DISTRICT ONLY				
		Current Month 9/30/2022	Current Month 9/30/2022	Prior Month 8/31/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2022
<b>Current Assets</b>						
[1]	Cash and Cash Equivalents	2,335,115	\$2,926,986	\$8,829,777	\$ (5,902,791)	\$ 11,340,002
[2]	Gross Patient Accounts Receivable	\$0	\$82,802,146	\$84,150,102	\$ (1,347,956)	77,594,807
[3]	Less: Bad Debt and Allowance Reserves	\$0	(\$73,718,240)	(\$74,842,891)	\$ 1,124,651	(69,099,845)
[4]	Net Patient Accounts Receivable	\$0	\$9,083,906	\$9,307,211	\$ (223,305)	8,494,961
[5]	Taxes Receivable	\$4,107,409	\$4,107,409	\$2,903,540	\$ 1,203,869	1,178,859
[6]	Other Receivables (includes advances)	539,354	\$273,155	\$223,017	\$ 50,137	738,141
[7]	Inventories	\$0	\$2,693,773	\$2,675,975	\$ 17,797	2,297,204
[8]	Prepaid Expenses	426,169	\$1,396,657	\$1,440,774	\$ (44,117)	1,197,395
[9]	Due From Third Party Payers-DSH	\$0	(\$1,332,477)	(\$1,332,477)	\$ (0)	(1,845,477)
[10]	Malpractice Receivable	\$0	\$0	\$0	\$ -	-
[11]	Supplimental Receivables	\$0	\$0	\$0	\$ -	-
	<b>Total Current Assets</b>	<b>7,408,047</b>	<b>19,149,408</b>	<b>24,047,817</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	\$8,395,962	\$8,395,962	\$7,935,378	\$ 460,584	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>8,395,962</b>	<b>8,395,962</b>	<b>7,935,378</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	27,045,243	27,045,243	27,012,768	\$ 32,475	26,856,789
[22]	Construction In Progress	1,754,216	1,754,216	1,789,742	\$ (35,526)	1,694,007
[23]	Capitalized Interest					
[24]	Gross Property, Plant, and Equipment	162,909,132	162,909,132	162,912,183	\$ (3,051)	162,660,469
[25]	Less: Accumulated Depreciation	(\$89,581,461)	(\$89,581,461)	(\$89,175,011)	\$ (406,450)	(89,145,667)
[26]	<b>Net Property, Plant, and Equipment</b>	<b>73,327,671</b>	<b>73,327,671</b>	<b>73,737,172</b>	<b>\$ (475,050)</b>	<b>\$ 73,514,801</b>
<b>Other Assets</b>						
[27]	Unamortized Loan Costs	\$627,385	\$606,673	\$609,262	\$ (2,589)	\$ 614,440
[28]	Assets Held for Future Use		\$0	\$0	\$ -	485
[29]	Investments in Subsidiary/Affiliated Org.	\$29,543,924	\$0	\$0	\$ -	(111,925)
[30]	Other					
[31]	<b>Total Other Assets</b>	<b>30,171,308</b>	<b>606,673</b>	<b>609,262</b>	<b>\$ (2,589)</b>	<b>\$ 503,000</b>
[32]	<b>TOTAL UNRESTRICTED ASSETS</b>	<b>119,302,989</b>	<b>101,479,714</b>	<b>106,329,628</b>	<b>\$ (4,849,915)</b>	<b>\$ 110,123,381</b>
<b>Restricted Assets</b>						
		0	0	0	0	0
[33]	<b>TOTAL ASSETS</b>	<b>\$119,302,989</b>	<b>\$101,479,714</b>	<b>\$106,329,628</b>	<b>\$ (4,849,915)</b>	<b>\$ 110,123,381</b>

Note: Certain Balance Sheet items, including "Total Net Assets" do not include or reflect all of the final audit entries from the FYE June 30, 2022. Because these reports are prepared for internal users only, they do not purport to conform to the principles contained in U.S. GAAP.



**Balance Sheet - Liabilities and Net Assets**  
**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**THREE MONTHS ENDING SEPTEMBER 30, 2022**

	DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
	Current Month 9/30/2022	Current Month 9/30/2022	Prior Month 8/31/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2022
<b>Current Liabilities</b>					
[1] Accounts Payable	\$ 1,263,505	\$ 10,135,826	\$ 11,469,121	\$ 1,333,295	\$ 10,600,622
[2] Notes and Loans Payable (Line of Credit)	-	0	12,000,000	\$ 12,000,000	12,000,000
[3] Accounts Payable- Tax advance	-	-	-	\$ -	-
[4] Accrued Payroll Taxes	-	6,422,302	6,368,036	\$ (54,266)	5,597,527
[5] Accrued Benefits	-	-	-	\$ -	-
[6] Accrued Benefits Current Portion	-	-	-	\$ -	-
[7] Other Accrued Expenses	-	-	-	\$ -	-
[8] Accrued GO Bond Interest Payable	1,376,337	1,376,337	889,401	\$ (486,936)	2,526,756
[9] Stimulus Advance	-	4,779	-	\$ (4,779)	4,259
[10] Due to Third Party Payers (Settlements)	-	-	-	\$ -	-
[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	-	593,374	622,641	-	585,411
<b>Total Current Liabilities</b>	<b>4,974,842</b>	<b>20,867,618</b>	<b>33,684,198</b>	<b>\$ 791,861</b>	<b>33,649,575</b>
<b>Long Term Debt</b>					
[15] Bonds/Mortgages Payable (net of Cur Portion)	103,043,956	\$100,055,312	\$ 100,173,882	\$ 118,570	\$ 103,030,598
[16] Leases Payable (net of current portion)	\$11,804,064	\$11,804,064	\$2,293,348	\$ (9,510,716)	\$2,293,348
[17] <b>Total Long Term Debt (Net of Current)</b>	<b>114,848,020</b>	<b>111,859,376</b>	<b>102,467,230</b>	<b>\$ 313,358</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	2,231,628	2,231,628	\$ -	2,231,628
[21] <b>Total Other Long Term Liabilities</b>	<b>0</b>	<b>2,231,628</b>	<b>2,231,628</b>	<b>0</b>	<b>2,231,628</b>
<b>TOTAL LIABILITIES</b>	<b>\$ 119,822,862</b>	<b>\$ 134,958,622</b>	<b>\$ 138,383,056</b>	<b>\$ 3,424,434</b>	<b>\$ 141,205,148</b>
<b>Net Assets:</b>					
[22] Unrestricted Fund Balance	(2,906,037)	(31,081,767)	\$ (31,081,767)	\$ -	\$ (25,347,940)
[23] Temporarily Restricted Fund Balance	-	-	-	-	-
[24] Restricted Fund Balance	-	-	-	-	-
[25] Net Revenue/(Expenses)	2,386,163	(2,397,141)	(971,661)	1,425,480	(5,733,827)
[26] <b>TOTAL NET ASSETS</b>	<b>(519,874)</b>	<b>(33,478,908)</b>	<b>\$ (32,053,428)</b>	<b>\$ 1,425,480</b>	<b>\$ (31,081,767)</b>
[27] <b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 119,302,988</b>	<b>\$ 101,479,714</b>	<b>\$ 106,329,628</b>	<b>\$ 4,849,914</b>	<b>\$ 110,123,381</b>
	\$ (0)	\$ 0	\$ (0)	(\$0) 0	\$ -

Note: Certain Balance Sheet items, including "Total Net Assets" do not include or reflect all of the final audit entries from the FYE June 30, 2022. Because these reports are prepared for internal users only, they do not purport to conform to the principles contained in U.S. GAAP.

## Statement of Cash Flows

### SAN GORGONIO MEMORIAL HOSPITAL

### BANNING, CALIFORNIA

### THREE MONTHS ENDING SEPTEMBER 30, 2022

		CASH FLOW	
		Current	
		Month	
		9/30/2022	
		<hr/>	
<b>HEALTHCARE SYSTEM CASH FLOW</b>			
<b>BEGINNING CASH BALANCES</b>			
[1]	Cash: Beginning Balances- HOSPITAL	\$	7,010,213
[2]	Cash: Beginning Balances- DISTRICT		1,819,564
[3]	Cash: Beginning Balances TOTALS	\$	<hr/> 8,829,777
<b>Receipts</b>			
[4]	Pt Collections	\$	5,121,038
[5]	Tax Subsidies Measure D/Prop 13		-
[6]	Misc Tax Subsidies		-
[7]	Donations/Grants		-
[8]	IGT & other Supplemental (Net)		-
[9]	Draws/(Paydown) of LOC Balances		(12,000,000)
[10]	Other Misc Receipts/Transfers		8,517,896
	<b>TOTAL RECEIPTS</b>	<b>\$</b>	<b><hr/>1,638,934</b>
<b>Disbursements</b>			
[11]	Payroll/ Benefits	\$	4,249,107
[12]	Other Operating Costs		1,959,323
[13]	Capital Spending		0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		
[15]	Other (increase) in AP /other bal sheet		1,333,295
[16]	<b>TOTAL DISBURSEMENTS</b>	<b>\$</b>	<b><hr/>7,541,725</b>
[17]	<b>TOTAL CHANGE in CASH</b>	<b>\$</b>	<b><hr/>(5,902,791)</b>
<b>ENDING CASH BALANCES</b>			
[18]	Ending Balances- HOSPITAL	\$	591,871
[19]	Ending Balances- DISTRICT		2,335,115
[20]	Ending Balances- TOTALS	\$	<hr/> 2,926,986
<b>ADDITIONAL INFO</b>			
[21]	LOC CURRENT BALANCES	\$	-
			<hr/> <b>\$80,000</b>

TAB H



**Resolution No.** 2022-01

**BE IT RESOLVED BY THE** San Gorgonio Memorial Hospital Board of Directors  
(Governing Body)

**OF THE** San Gorgonio Memorial Hospital **THAT**  
(Name of Applicant)

Mr. Joey Hunter Sr.  
(Name or Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the named Applicant, a public entity established under the laws of the State of California, any actions necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and subgranted through the State of California for the following Grant Award:

FY 2022 Nonprofit Security Grant Program  
(List Grant Year and Program)

Passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

***Certification***

I, \_\_\_\_\_, duly appointed and (Name)

\_\_\_\_\_ Of the \_\_\_\_\_  
(Title) (Governing Body)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Official Position)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



October 10, 2022

Joey Hunter Sr.  
Director of Security  
San Geronio Memorial Hospital  
600 N. Highland Springs Avenue  
Banning, CA 92220

SUBJECT: **NOTIFICATION OF SUBRECIPIENT SUBAWARD APPROVAL**  
Fiscal Year (FY) 2022 Nonprofit Security Grant Program (NSGP)  
Subaward #2022-0052, Cal OES ID#TBD  
Subaward Period of Performance: September 1, 2022 to May 31, 2025

Dear Joey Hunter Sr.:

We are pleased to announce the approval of your FY 2022 NSGP subaward in the amount of \$93,630.

Once the completed application is received and approved, reimbursement of eligible subaward expenditures may be requested using the California Governor's Office of Emergency Services (Cal OES) Financial Management Forms Workbook. Failure to provide documentation in a timely manner could result in a hold on funding, pursuant to Title 2, Code of Federal Regulations (CFR), Sections 200.338(a) and 200.207(b)(1)-(2).

This subaward is subject to requirements in 2 CFR, Part 200, including the Notice of Funding Opportunity (NOFO), the Preparedness Grants Manual, the California Supplement to the NOFO, and all applicable federal, state, and local requirements. All activities funded with this subaward must be completed within the subaward period of performance.

Subrecipients must obtain additional written approval **prior** to incurring costs for activities such as aviation, watercraft, allowability request logs, non-competitive procurement, and projects requiring Environmental Planning and Historic Preservation review.



Joey Hunter Sr.  
October 10, 2022  
Page 2 of 2

Your organization will be required to prepare and submit the Biannual Strategy Implementation Report to Cal OES via the Federal Emergency Management Agency Grants Reporting Tool (GRT) semi-annually for the duration of the subaward period of performance or until all activities are completed and the subaward is formally closed. Failure to submit required reports could result in subaward reduction, suspension, or termination. Throughout the subaward cycle, milestones set in the GRT will be used as indicators of project feasibility, performance, and grant management capacity. This information may also be used in assessing proposals for future grant opportunities.

Your dated signature is required on this letter. Please sign and return the original to your Cal OES Program Representative within 20 calendar days upon receipt and keep a copy for your records. For further assistance, please contact your Cal OES Program Representative.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark S. Ghilarducci", with a long horizontal flourish extending to the right.

MARK S. GHILARDUCCI  
Director

**TAB I**

**SAN GORGONIO MEMORIAL HOSPITAL**

**Medical Staff Services Department**

**M E M O R A N D U M**

**DATE:** October 19, 2022

**TO:** Susan DiBiasi, Chair  
Governing Board

**FROM:** Sherif Khalil, M.D., Chairman  
Medical Executive Committee

**SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT**

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

**Approval Item(s):**

**2022 Annual Approval of Policies & Procedures**

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

**Medical Staff Bylaws – Recommended Addition**

CIHQ recommends adding the following paragraph to Article IV, Section 42 (b) of the Medical Staff Bylaws:

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

Voting ballots will be mailed to the Active & Associate Medical Staff.

**Kidney Transplant Patients**

It was the consensus of the Committee that kidney transplant patients be transferred to LLUMC for appropriate care.

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**REMINDER: SEMI-ANNUAL GENERAL MEDICAL STAFF MEETING/HOLIDAY EVENT**

**DATE: SATURDAY, DECEMBER 10, 2022 – MORONGO TUKWET GOLF CLUB**

**TIME: 5:30 P.M. – 10:30 P.M.**

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**SAN GORGONIO MEMORIAL HOSPITAL**  
**ANNUAL APPROVAL OF POLICIES AND PROCEDURES**

Title	Policy Area	Revised?
Acuity and Staffing Plan for Nursing	Nursing	Revised
Critical Test Results	Diagnostic Imaging	New
CT Angiography (CTA) Brain	Diagnostic Imaging	Revised
Expanded Scope of Practice (Standardized Procedure)	Nursing	Revised
Pre-operative - Surgical Screening Requirements	Surgical Services	Revised
Rapid Response Team (RRT) - Standardized Procedure	Nursing	Revised

**TAB J**

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting November 1, 2022

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
1	2023 Environmental Safety and Security Management Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
2	Activase/Alteplase (t-PA) Protocol -- Use in Acute Ischemic Stroke	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
3	Civil Disturbance or Unrest	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
4	Code Red, Fire	Environment of Care	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
5	Code Stroke	Nursing	Peleuses, John: Project Manager Stroke Program	Ariel Whitley for Hospital Board of Directors
6	CT ABDOMEN/PELVIS Multiphase	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
7	CT Head With and Without Intravenous Contrast	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
8	CT Head with Intravenous Contrast	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
9	CT of Extremities	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
10	CT Pelvis with Intravenous Contrast	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
11	Diagnostic Imaging - Image and Report Release Documentation	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
12	Diagnostic Imaging CT Rectal Contrast Dosing - Gastrografin Per Protocol	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
13	Diagnostic Imaging Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
14	Dietary Ice Safety	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting November 1, 2022

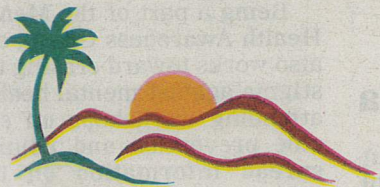
	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
15	Documentation of Initial Instruction (Training) To Associates	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
16	Emergency Red Lock	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
17	Environment of Care/Safety Committee Life Safety (Fire Safety) Plan 2022	Environment of Care	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
18	Fire Drills	Environment of Care	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
19	Injuries (Visitors and Volunteers)	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
20	Inpatient Admission Changed to Outpatient Status	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
21	Intensive Care Unit/Definitive Observation Unit Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
22	Materials Management Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
23	MRI Uncontrolled Quench Procedure	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
24	Parking Policy	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
25	Pelvic Ultrasound	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
26	Surge Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
27	Ultrasound Amniotic Fluid Index	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting November 1, 2022

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
28	Ultrasound Special Procedures	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
29	Volunteer Credentialing Process & Labor Pool	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors

**TAB K**

# Every life, every moment, every day.



**SAN GORGONIO**  
MEMORIAL HOSPITAL

Since 1951 we've provided the best possible healthcare to our community.

Whether you're new to the area, or have lived here for generations, San Geronio Memorial Hospital is here to care for you.

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# WE ARE EXCEPTIONALLY HONORED TO BE YOUR HEALING PLACE

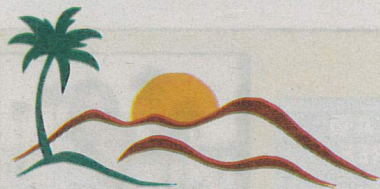


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