



## AGENDA

### REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, May 3, 2022

4:00 PM

IN AN EFFORT TO PREVENT THE SPREAD OF COVID-19 (CORONAVIRUS), AND IN ACCORDANCE WITH THE GOVERNOR'S EXECUTIVE ORDER N-29-20 (PENDING AB 361 IMPLEMENTATION), THERE WILL BE NO PUBLIC LOCATION FOR ATTENDING THIS BOARD MEETING IN PERSON. MEMBERS OF THE PUBLIC MAY JOIN THE MEETING BY FOLLOWING THE INSTRUCTIONS BELOW:

#### Meeting Information

Meeting link:

<https://link.edgепilot.com/s/2790e0b9/YCGnt8r5tUqyCCSWvfMWxQ?u=https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=m666c2cc4247cbb8d6d14f9132efb376a>

Meeting number: 2558 231 4099

Password: 1234

#### More ways to join

Join by video system

Dial [25582314099@webex.com](tel:25582314099)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 2558 231 4099

Password: 1234

#### Emergency phone number if WebEx tech difficulties

951-846-2846

code: 3376#

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

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

Members of the public who wish to comment on any item on the agenda may speak during public comment or submit comments by emailing [publiccomment@sgmh.org](mailto:publiccomment@sgmh.org) on or before 1:00 PM on Tuesday, May 3, 2022, which will become part of the board meeting record.

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

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

**GENERAL TOPIC**

- III. da Vinci Robot Presentation K. Singh, MD/ verbal  
P. Brown

**OLD BUSINESS**

- IV. **\*Proposed Action - Approve Minutes** S. DiBiasi  
• April 5, 2022, Regular Meeting A

**NEW BUSINESS**

- V. Hospital Board Chair Monthly Report S. DiBiasi verbal
- VI. CEO Monthly Report S. Barron verbal
- VII. May, June, & July Board/Committee Meeting Calendars S. DiBiasi B
- VIII. Foundation monthly report R. Robbins/ C  
V.Hunter
- IX. Bi-Monthly CNO Report Pat Brown D
- X. Format of Future Meetings – Discussion D. Tankersley verbal

XI. 990 Filing (to be emailed) – Discussion D. Heckathorne verbal

XII. Committee Reports:

- Finance Committee S. DiBiasi/  
○ April 27, 2022, regular meeting minutes D. Heckathorne E  
\* **Proposed Action – Approve March 2022 Financial Statement (Unaudited)**  
(Approval recommended by Finance Committee 04/27/2022)
  - **ROLL CALL**

XIII. Chief of Staff Report S. Khalil, MD F  
\* **Proposed Action - Approve Recommendations of the**  
**Medical Executive Committee**  
▪ **ROLL CALL**

XIV. \* **Proposed Action - Approve Policies and Procedures** Staff G  
▪ **ROLL CALL**

XV. Community Benefit events/Announcements/  
and newspaper articles S. DiBiasi H

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 Infection Control/Risk Management Report  
(*Health & Safety Code §32155*)
- Receive Quarterly Emergency Preparedness/Environment Safety 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

San Gorgonio Memorial Hospital  
Board of Directors Regular Meeting  
May 3, 2022

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 April 29, 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 April 29, 2022



Ariel Whitley, Executive Assistant



**TAB A**

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

April 5, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, April 5, 2022. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20 (pending AB 361 implementation), there was no public location for attending this board meeting in person. Board members and members of the public participated via WebEx.

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

Members Absent: Joel Labha

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Sherif Khalil, MD (Chief of Staff), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Karan Singh, MD (CMO), Angie Brady (ED Director), Margaret Kammer (Controller), 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>	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing <a href="mailto:publiccomment@sgmh.org">publiccomment@sgmh.org</a> prior to this meeting.  No public comment emails were received.	
<b>GENERAL TOPIC</b>		
<b>Sepsis: Protocols and Progress</b>	Dr. Karan P. Singh gave a detailed presentation about Sepsis compliance and how SGMH has improved from Quarter Two 2017 (5%) to Quarter One 2022 (90%).	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes March 1, 2022,</b>	Chair DiBiasi asked for any changes or corrections to the minutes of the March 1, 2022, regular meeting as included on the board tablets.	<b>The minutes of the March 1, 2022, regular meeting will stand correct</b>

AGENDA ITEM		ACTION / FOLLOW-UP																				
<b>regular meeting.</b>		<b>as presented.</b>																				
<b>NEW BUSINESS</b>																						
<b>Hospital Board Chair Monthly Report</b>	Chair DiBiasi briefly reported that the Hospital is currently exploring different options for additional funding.																					
<b>CEO Monthly Report</b>	Steve Barron, CEO, reported that we are performing our first robotics procedure tomorrow morning at 8:15 am. He also reported that we are working with various institutions for additional funding due to the IGT transfer issues.																					
<b>April, May, &amp; June Board/Committee meeting calendars</b>	Calendars for April, May, and June were included on the board tablets.																					
<b>Foundation Monthly Report</b>	The Foundation Director, Valerie Hunter, gave the Foundation Monthly Report as included on the board tablets.																					
<b>COMMITTEE REPORTS:</b>																						
<b>Finance Committee</b>  <b>Proposed Action – Recommend Approval of the February 2022 Financial Statement (Unaudited).</b>	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the February 2022 Financial report which was included on the board tablet. A copy of the Finance Committee’s March 29, 2022, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the February 2022 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1423 1250 1617"> <tbody> <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>Yes</td> <td colspan="2">Motion carried.</td> </tr> </tbody> </table>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Tankersley	Yes	Welch	Yes	Motion carried.		<b>M.S.C., (Rader/Welch), the SGMH Board of Directors approved the February 2022 Financial Statement as presented.</b>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<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 March 17, 2022, meeting minutes were also included on the board tablets.																					

AGENDA ITEM		ACTION / FOLLOW-UP																				
<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>• Informed Consent for Midline Catheter Placement and PICC Line</li> <li>• Theophylline and Pre-Albumin Testing</li> </ul> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 684 1247 877"> <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>Yes</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	Yes	Motion carried.		<p><b>M.S.C., (Rutledge/Rader), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</b></p>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p><b>Proposed Action – Approve Policies and Procedures</b></p>	<p>There were thirty-three (33) 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="383 1104 1247 1297"> <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>Yes</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	Yes	Motion carried.		<p><b>M.S.C., (Rader/Tankersley), 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																			
Welch	Yes	Motion carried.																				
<p><b>Community Benefit events/Announcements/and newspaper articles</b></p>	<p>Miscellaneous information was included on the board tablets.</p> <p>Ron Rader announced that the Beaumont Chamber of Commerce will be holding their Good Morning Beaumont Breakfast event on April 8<sup>th</sup> at 7:30am. The featured speakers will be Hunter Taylor, Deputy District Attorney, and Kyle Warsinski, Economic Development Manager.</p> <p>The topic of returning to in-person meetings came up at this time. It was decided to consider returning to in-person meetings beginning May 3.</p>																					
<p><b>Future Agenda Items</b></p>	<ul style="list-style-type: none"> <li>• Review Board Members progress in Board Education.</li> </ul>																					

AGENDA ITEM		ACTION / FOLLOW-UP
<b>Adjourn to Closed Session</b>	Chair DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be: <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> </ul> The meeting adjourned to Closed Session at 5:06 pm.	
<b>Reconvene to Open Session</b>	The meeting adjourned from closed session at 5:19 pm.  At the request of Chair DiBiasi, Ariel Whitley reported on the actions taken/information received during the Closed Session as follows: <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> </ul>	
<b>Adjourn</b>	The meeting was adjourned at 5:19 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**

# May 2022

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	4	5 	6 	7
8 	9	10	11	12	13	14
15	16	17 9:00 am Community Planning Committee	18 9:00 am HR Committee 5:00 Measure D Mtg. 5:15 Measure A Mtg.	19	20	21
22	23	24	25	26	27	28
29	30 <b>Administration Closed.</b>  <b>Memorial Day!</b>	31 9:00 am Finance Committee				



# June 2022

## Board of Directors Calendar

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

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

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





# July 2022

## Board of Directors Calendar

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

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

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

**TAB C**

## SGMH Foundation April 2022 Report

### Foundation Finances for April 2022 (as of April 27, 2022)

Bank of Hemet Checking Acct	\$292,595.38	(actual as of <u>4/27/2022</u> )
Bank of Hemet Money Market Acct	\$128,111.80	(actual as of <u>4/27/2022</u> )
I.E. Community Foundation Acct:	\$103,275.86	<u>Actual for Feb 2022/March 2022 not available</u>
	<b>Total</b>	<b>\$523,983.04</b>

### Foundation Report

- A new banner will soon go up in front of the hospital announcing the stroke center designation coming to the hospital – Fall of 2023.
- The Foundation Board is creating its strategic plan to bring in revenue to support the hospital.
- The Foundation Director and the Foundation Executive Team will be on an on-going search for grant funders to support the capital needs of the hospital.
- The Foundation Board has grown with three new board members: Larry James, Jean Kielhold and Robert Pavlik.

**TAB D**



## **CNO REPORT TO THE BOARD**

**MAY 2022**

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

The Patient Experience Committee met on March 9th and April 13<sup>th</sup>. The membership of the committee has been reorganized so that approximately 80% of the members are direct care givers and line staff. We are working toward having at least one representative from each department. We think this make-up will be conducive to more open communication and problem solving by the people “in the trenches”. Some of the topics of discussion were: introduction to the Patient Portal; ways to improve the cleanliness of the grounds; missing patient room phones and keeping them in reach of the patient with volume on high; use of white boards for communication in patient rooms (M/S and ICU have them, ED just had them installed, and OB is ordering them). This is an enthusiastic group dedicated to improving the patient experience.

Several members of the leadership team attended the BETA HEART workshop on April 19<sup>th</sup> and 20<sup>th</sup>. BETA is our liability carrier and they have partnered with IEHP for some new quality and transparency initiatives for 2022. Meeting the established milestones will be financially incentivized by IEHP. We have elected to participate in these initiatives.

We celebrated Doctors’ Day on March 25<sup>th</sup>. The celebration was well attended.

The annual nursing skills fair is scheduled for May 23 thru May 26.

The first robotic case at SGMH was done on April 6<sup>th</sup> by Dr. Arnold, a Beaver general surgeon. We are very excited to offer this new service to our patients.

Starting May 1<sup>st</sup>, tele-neurology services will be provided by LLUMC physicians. The plan is to increase the scope of their services as the stroke center progresses.

### **Regulatory Issues:**

Our Corrective Action Plan for the TJC lab survey was accepted and we received full accreditation status on March 8<sup>th</sup>. This accreditation is for a period of 2 years.

On April 6<sup>th</sup> we had a Riverside County Department of Environmental Health hazardous materials inspection. There were a few opportunities for improvement identified and we are currently working on the correction plan.

# TAB E

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

FINANCE COMMITTEE  
Tuesday, April 26, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, April 26, 2022. To prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this committee meeting in person. Committee members, staff members, and members of the public participated telephonically.

Members Present: Ehren Ngo (Chair), Ron Rader, Steve Rutledge, Siri Welch

Members Absent: Susan DiBiasi

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), Margaret Kammer (Controller), Angela Brady (ED Director)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
<b>Call To Order</b>	Chair Ngo called the meeting to order at 9:03 am.	
<b>Public Comment</b>	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing <a href="mailto:publiccomment@sgmh.org">publiccomment@sgmh.org</a> prior to this meeting.  No public comment emails were received.	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes  March 29, 2022, regular meeting</b>	Chair Ngo asked for any changes or corrections to the minutes of the March 29, 2022, regular meeting. There were none.	<b>The minutes of the March 29, 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) – March 2022</b></p>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited March 2022 finance report as included in the board packets.</p> <p>Mr. Heckathorne reported that March had \$310K positive EBIDA compared to budgeted EBIDA loss of \$990K. The average census dropped below previous norms; however, surgery cases continue to stay high at 142 plus 38 G.I procedures. A YTD reconciliation and adjustment was made to increase Gross Patient Revenues and Deductions from Revenues by \$1.712M each. We received a \$336K QAF Quarterly grant, \$761K HQAF Supplemental Funding, along with a third-party settlement of \$458K, and a \$136K reduction in recording of previous accruals. Overall Expenses were \$79K over budget, with all of the above items resulting in the favorable EBIDA outcome for the month.</p> <p>It was noted that approval is recommended to the Hospital Board.</p> <p><b>ROLL CALL:</b></p> <table border="1" data-bbox="394 951 1219 1066"> <tr> <td>DiBiasi</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>Welch</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Welch	Yes	Motion carried.		<p><b>M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the Unaudited March 2022 Financial report to the Hospital Board of Directors.</b></p>
DiBiasi	Absent	Ngo	Yes											
Rader	Yes	Rutledge	Yes											
Welch	Yes	Motion carried.												
<p><b>Future Agenda Items</b></p>	<p>None.</p>													
<p><b>Next Meeting</b></p>	<p>The next regular Finance Committee meeting will be held on May 31, 2022.</p>													
<p><b>Adjournment</b></p>	<p>The meeting was adjourned 10:21 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**

**NINE MONTHS ENDING MARCH 31, 2022**

**Certification Statement:**

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

Certified by:

*Daniel R. Heckathorne*

**Daniel R. Heckathorne**

CFO

# San Gorgonio Memorial Hospital

## Financial Report - Executive Summary

For the Month of March 31, 2022 and Nine Months Ended March 31, 2022 (Unaudited)

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

The month of March had \$310K positive Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$990K.

**YTD** – There was a \$2.8M loss in Earnings before Interest, Depreciation and Amortization (EBIDA) compared to a budgeted loss of \$5.2M (adjusted to \$4.4M to remove \$895K IGT Expense booked in 2021).

**Month** – Adjustments/unusual items: The average census has dropped below previous norms, but surgery cases continued to stay high at 142 plus 38 G.I. procedures. Other March adjustments included:

- Gross Patient Revenues and Deductions from Revenues were increased by \$1.712M respectively to match the latest YTD Allscripts Patient Revenue report.
- Other Income included: \$336K QAF Quarterly grant, \$761K HQAF Supplemental Funding (which has been accelerated by the State from 2023), along with a third-party settlement of \$458K, and a \$136K reduction in recording previous accruals.

March's inpatient average daily census dropped to 20.7, down from 29.5 in February and 42.1 in January. Adjusted Patient Days were under budget (1,693 vs. 2,375) and Patient Days were 48% below budget (641 vs. 1,234). Emergency Visits were 6% under budget (3,016 vs. 3,228), but overall Surgeries were significantly over budget by 53% (142 vs. 99).

**YTD** – Overall workloads are as follows: Adjusted Patient Days = 18,366 vs. 19,858 budgeted (-7.5%); Patient Days = 7,821 vs. 9,672 budgeted (-19%); Emergency Visits = 29,198 vs. 28,975 (+0.8%), and Surgeries were 990 vs. 808 (+22%). EBIDA results are now \$2.4M better than the unadjusted EBIDA target of \$5.2M for the first 9 months of the year. Overall Operating Revenues are \$1.67M better than budget, while Operating Expenses were \$776K under budget.

### **Patient Revenues (MTD) Positive & YTD Positive**

**Month** - The Net Patient Revenue in March reflects improved A/R collections ratios and higher than expected payments on some long-term patient stays. Also, the estimated increased reimbursement due to managed care contracted rate increases was \$172K in March.

**YTD** – Net Patient Revenue through March was \$46.4M compared to the budgeted \$45.99M. Of note, the increase in managed care contracted revenue since September has been estimated at \$1.38M.

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

**Month** – Operating Revenue in March was \$1.4M over budget. This was favorably impacted by the key variances in Other Income described above.

**YTD** – Operating Revenue was \$1.67M over budget, impacted by the Net Patient Revenues being \$429K over budget and the Non-Patient Revenues were \$1.24M over budget.

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

**Month** - Operating Expenses in March were \$7.38M and were over budget by \$79K. Notable items impacting the budget were as follows: 1) Salaries were \$246K under budget due to lower than expected patient volumes, although this was somewhat offset by Contract Labor costs being \$73K over budget; 2) Benefits were 5% (\$42K) over budget, which is where the actual costs seem to be settling in for the current year; 3) Physician Fees were \$97K over budget impacted by Anesthesia fees and Residency costs; 4) Purchased Services were \$167K over budget impacted by Navigant collection fees and Allscripts fees being a combined \$277K over budget (based on a percentage of the high collections), Legal fees being \$72K over budget, with large favorable offsets in I/T, Lab, Plant Maintenance and Administration; 5) Supplies were over budget by \$142K, with a \$218K variance in Pharmacy supplies,

\$64K variance in Surgical supplies, and a \$39K variance in Non-Medical supplies - on the other hand, Lab supplies were \$72K under budget this month; 5) Other Expenses were \$126K below budget. Everyone is continuing to take a conservative approach on all costs including dues and subscriptions, outside travel, and educations costs. 6) Rents and Leases were \$65K below budget, which includes the delay in the startup of the surgical robotics program (\$25K), conversion of a portion of telemetry monitors to actual purchases (\$31K), and lower than anticipated Respiratory Therapy rentals (\$14K) due to the drop in covid patients.

**YTD** – Variances include: 1) Salaries were \$867K under budget while Benefits were \$381K (5.1%) over budget; 2) Contract Labor was over budget by \$275K due to shortage of nurses and the covid surge; 3) Supplies were over budget by \$1.25M, largely due to the covid surges and much higher Surgery volumes than budgeted. Some of the major variances over budget include Surgery (\$232K), Lab (\$590K), Pharmaceuticals (\$400K), Emergency (\$104K), Blood (\$78K), and ICU and Med Surg (\$238K). These were offset by several other departments whose supply costs were below budget 4) Utilities are over budget by \$202K (20%) – it appears that the warmer than usual summer and the cooler than usual winter are having an impact on these costs; 5) Repairs were over budget by \$65K, which included accelerated repairs made on emergency doors and negative pressure rooms; 6) Other Expenses were \$958K below budget as generally everyone is taking a conservative approach toward many projects during this year, including dues and subscriptions, outside education, and travel (combined \$297K), along with other expenditures which have been delayed; 7) IGT Expense was under budget by \$895K due to those costs being included in the previous year's audited statements; and 8) Leases and Rentals were \$529K below budget, of which \$433K was impacted by the exclusion of leasing telemetry monitors along with the delay in the surgical robotics lease, and Respiratory Therapy rentals are \$120K less than expected.

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

Patient cash collections in March were slightly over \$6.7M compared to February's \$6.68M. This topped last month's previous record. The Gross A/R Days dropped from 71.4 in February to 65.6 in March. Again, this drop is in spite of the fact that we have been unable to relieve approximately \$3.46M of bad debt accounts over the last 3 months due to complications surrounding implementation of the new California AB1020 rule which changed the "150 day" self-pay billing process to a mandated "180 day" billing process, along with changes needed to the Allscripts system.

Cash balances decreased in March to \$4.35M compared to \$5.4M in February. This was reflected in a drop in Accounts Payable of \$1.35M from February to March, and the line of credit balance was able to be maintained at \$6M at the end of the March, as it was in February. The first portion of the QIP loan for \$1.13M was received in March and recorded as a Long-Term Liability.

### **Concluding Summary**

#### **Positive takeaways:**

- 1) Total Surgeries were over budget, again (as in February) by 53%.
- 2) Non-Patient Revenue was an important key to March's performance.
- 3) Cash collections for patient services was very strong.
- 4) It is encouraging to see a month of positive EBIDA.

#### **Negative takeaways:**

- 1) Supply expenses continue to be a challenge.

### **Dashboard Items and New Report:**

(As reported in February's Financials) Two new dashboards continue to be included in the March Financial Reports. The first compares Net Patient Revenues to overall Labor costs, and illustrates that for the most part, Net Revenues barely cover the cost of Labor. The second new dashboard illustrates the "normalization" of the larger Supplemental fundings received during the year. Finally, the Month-to Month Statement of Revenue and Expense will continue to be a part of the packet.

**STATISTICS**

**Inpatient Admissions/Discharges (Monthly Average)**

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

**Patient Days (Monthly Average)**

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

**Average Daily Census (Inpatient)**

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

**Average Length of Stay (Inpatient)**

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

**Emergency Visits (Monthly Average)**

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

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

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

**G.I. Cases (Monthly)**

Number of patients who had a gastrointestinal exam performed.

**Newborn Deliveries (Monthly)**

Number of babies delivered.

**PRODUCTIVITY**

**Worked FTEs ( includes Registry FTEs)**

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

**Worked FTEs per APD**

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

**Paid FTEs ( includes Registry FTEs)**

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

**Paid FTEs per APD**

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

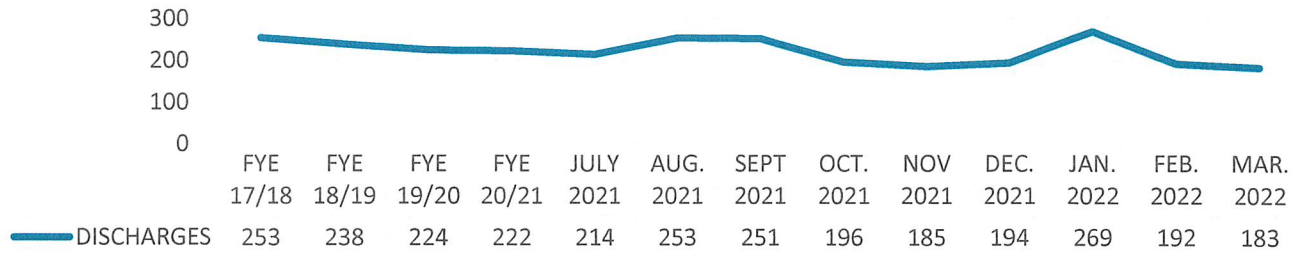
**ADJUSTED PATIENT DAYS**

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

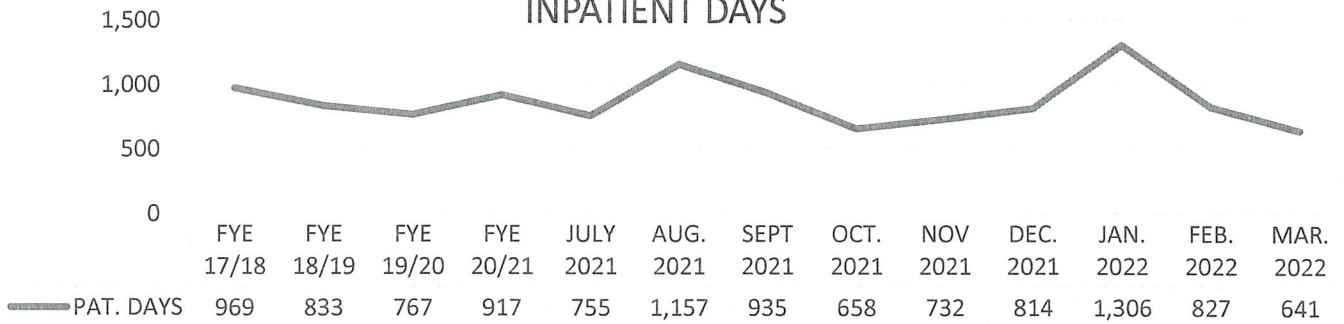
3-A

# SAN GORGONIO MEMORIAL HOSPITAL

## INPATIENT DISCHARGES



## INPATIENT DAYS



## AVERAGE LENGTH OF STAY



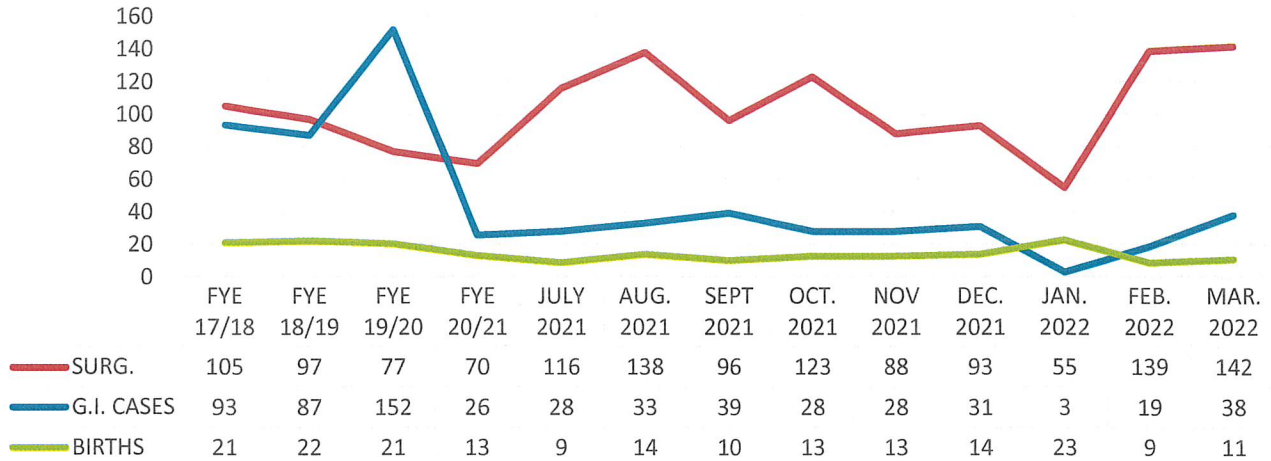
## EMERGENCY VISITS



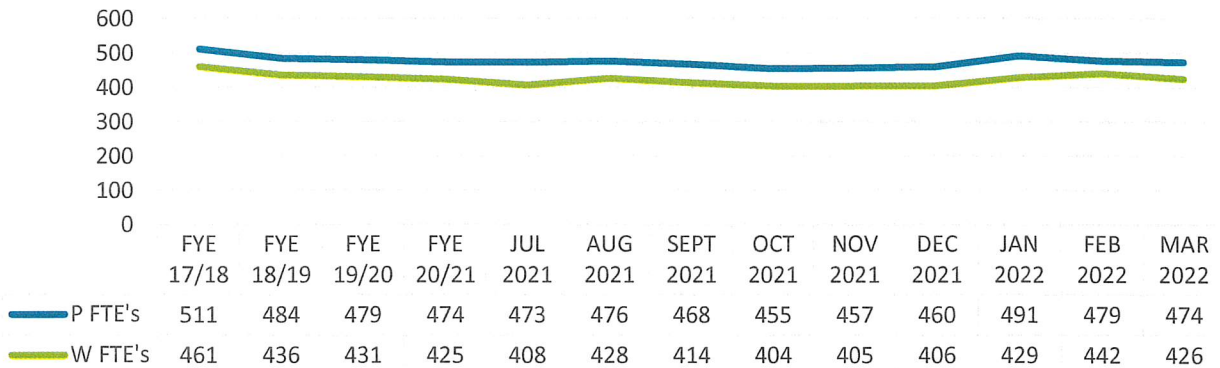
3-B

# SAN GORGONIO MEMORIAL HOSPITAL

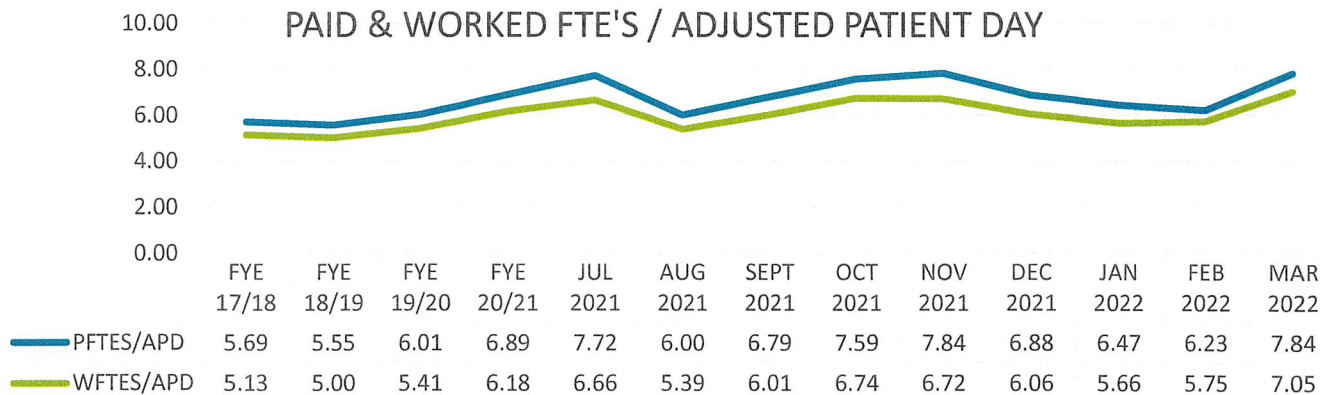
## SURGERY CASES, G.I. CASES, N/B DELIVERIES



## PAID & WORKED FTE'S



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



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  
(new in February, 2022)

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.

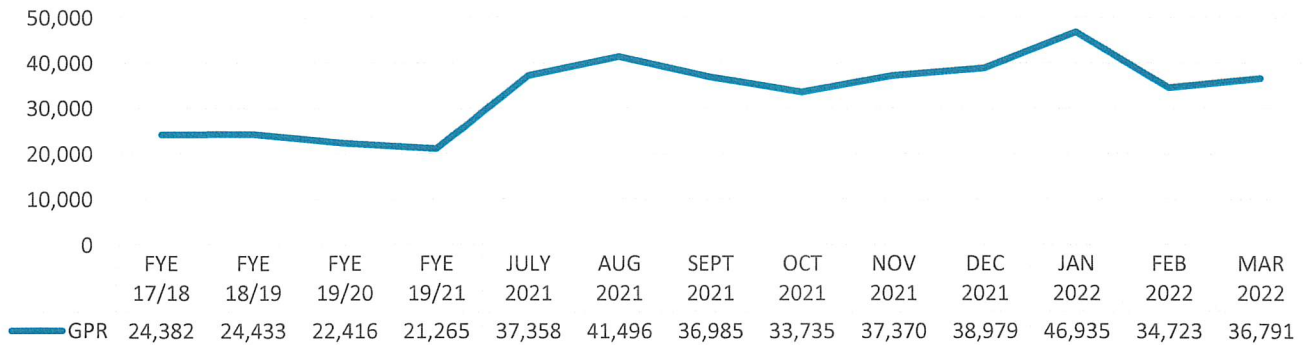
Operating Revenues (Normalized), Expenses, Staffing Expenses, and EBIDA (Normalized)  
(new in February, 2022)

This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating the Rate Range Income booked in December, 2021 over the all 6 months of the FYE December 31, 2021.

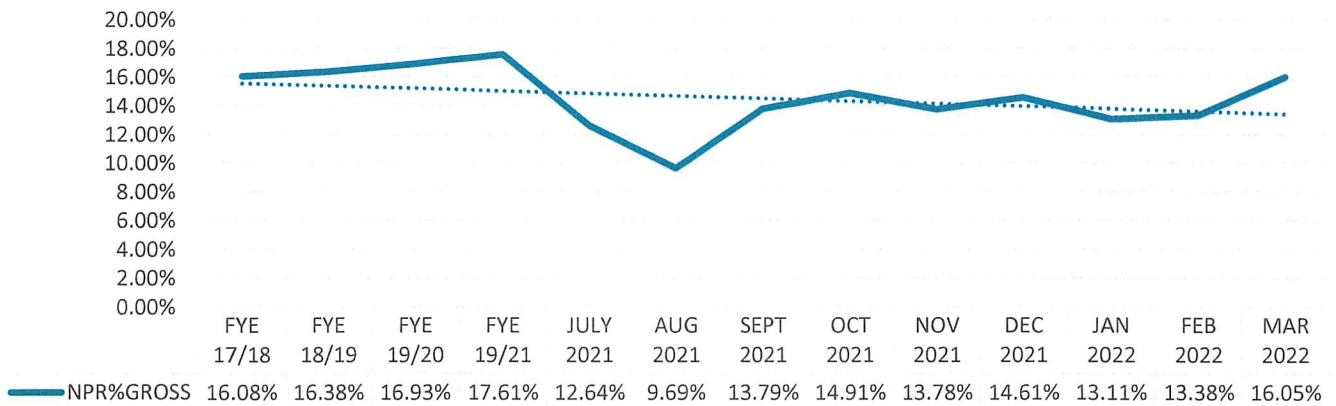
Handwritten initials: M, P

# SAN GORGONIO MEMORIAL HOSPITAL

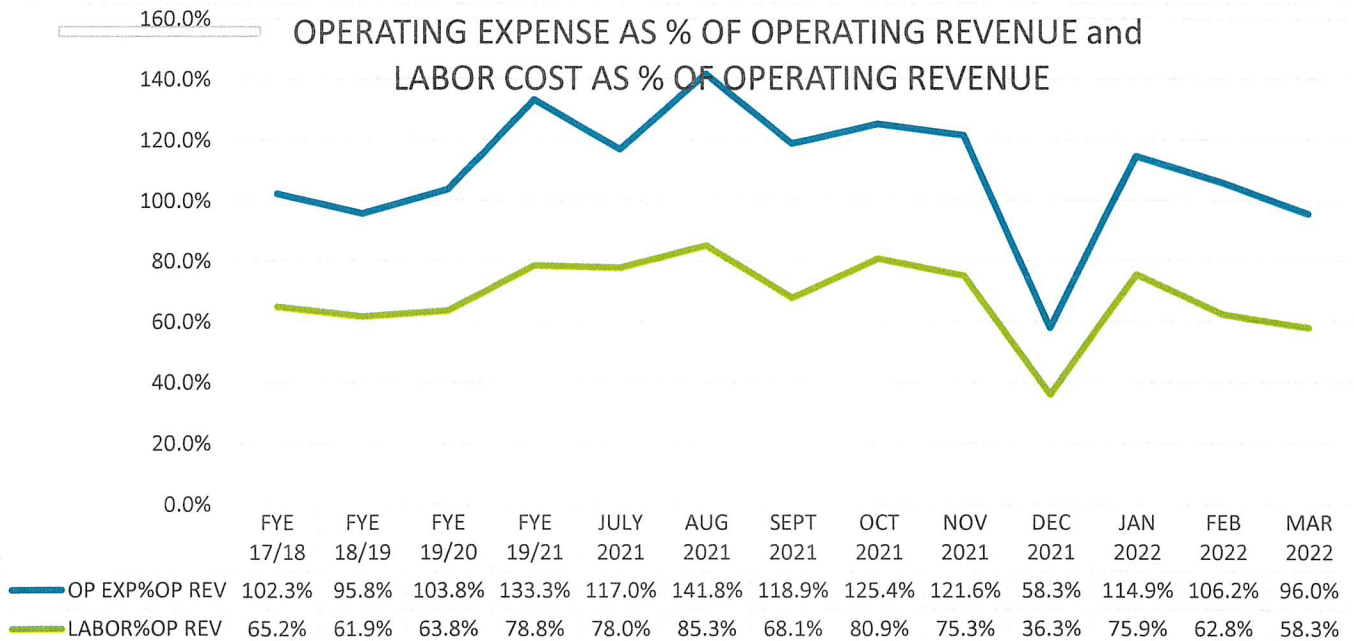
## GROSS PATIENT REVENUE



## NET PATIENT REVENUE AS % OF GROSS



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

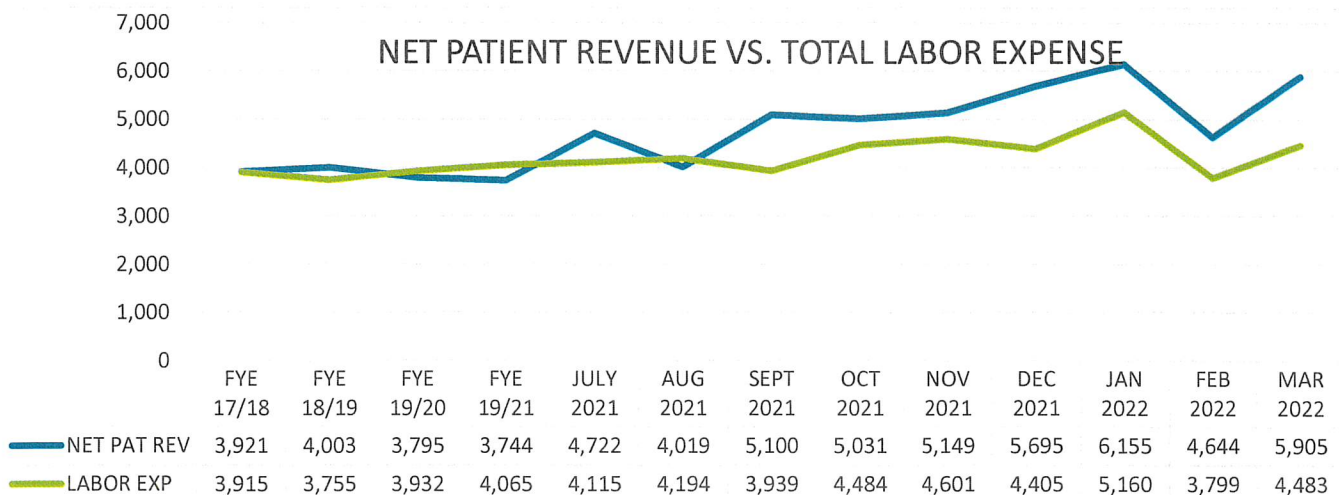
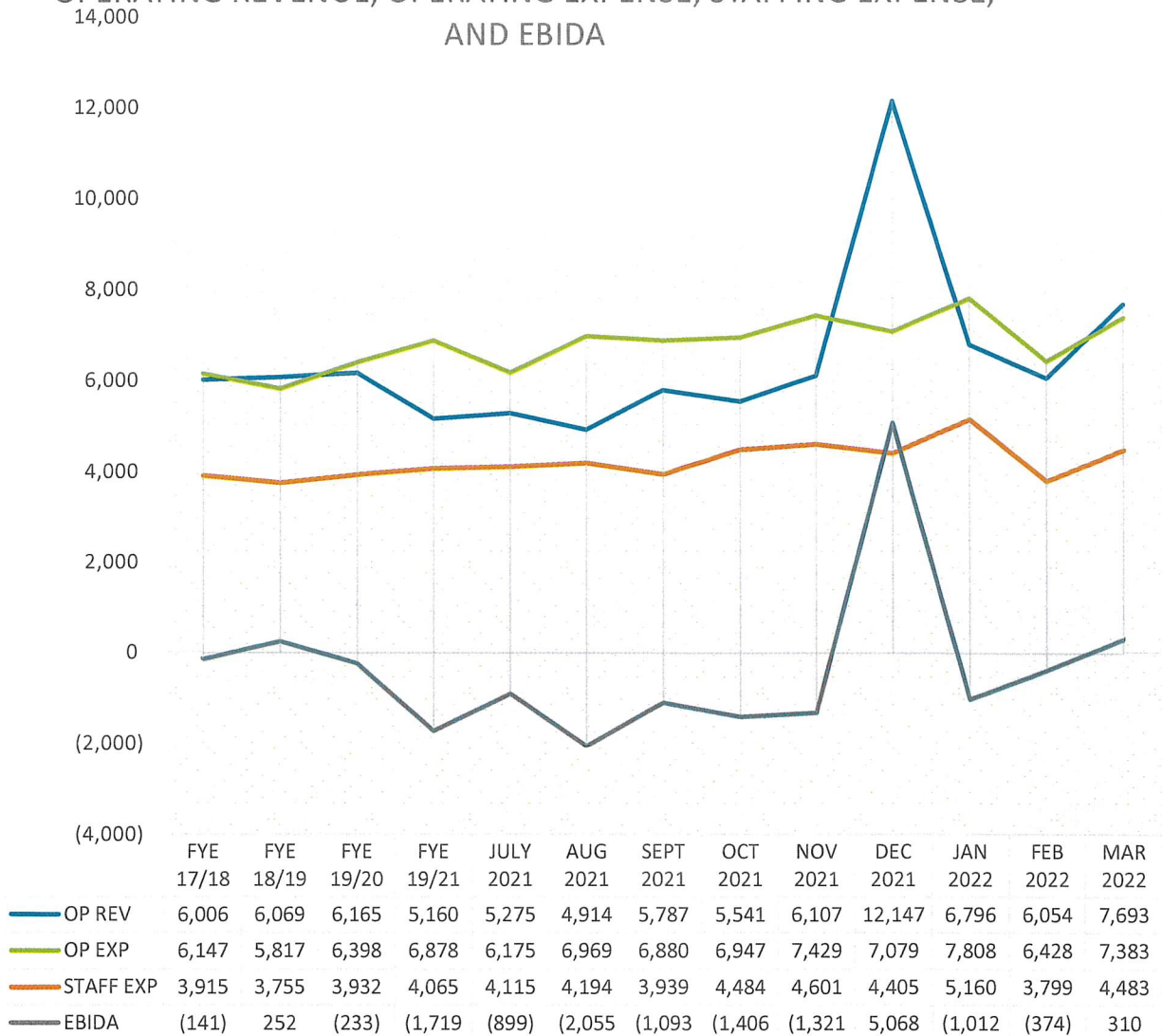


3-E



# SAN GORGONIO MEMORIAL HOSPITAL

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



3-F

# SAN GORGONIO MEMORIAL HOSPITAL

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

10,000

8,000

6,000

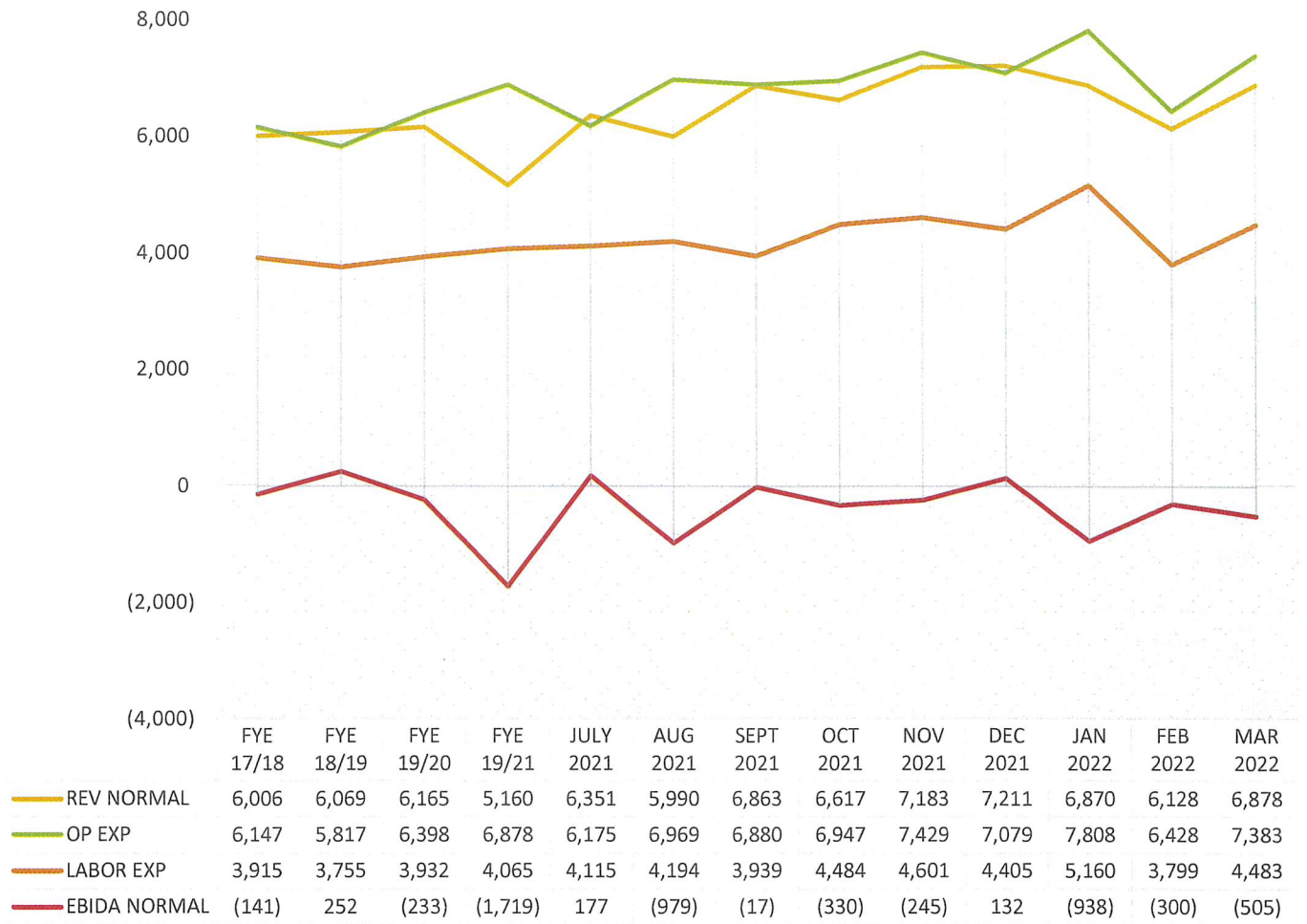
4,000

2,000

0

(2,000)

(4,000)



3-G





**BALANCE SHEET (Period End)**

Cash (000's)

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

Days Cash on Hand

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

Accounts Receivable - Net (000's)

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

A/R Days - Net

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

Current Ratio (Current Assets/Current Liabilities)

A measure that illustrates the ability for the hospital to pay its obligations that come due over the course of the next year. The greater the Current Assets as compared to the Current Liabilities, the stronger position the organization is in to pay its upcoming obligations. Desired position is greater than 1:00 to 1:00, preferably at least 1.25 to 1:00 or greater.

Quick Ratio

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

Accounts Payable (000's)

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

Accounts Payable Days

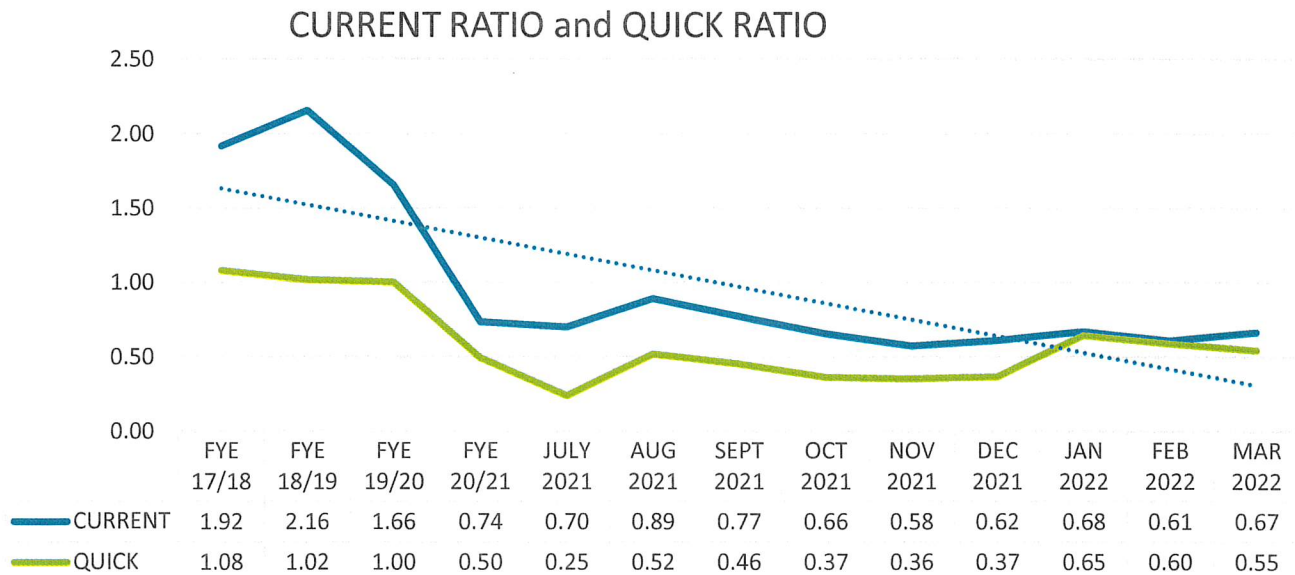
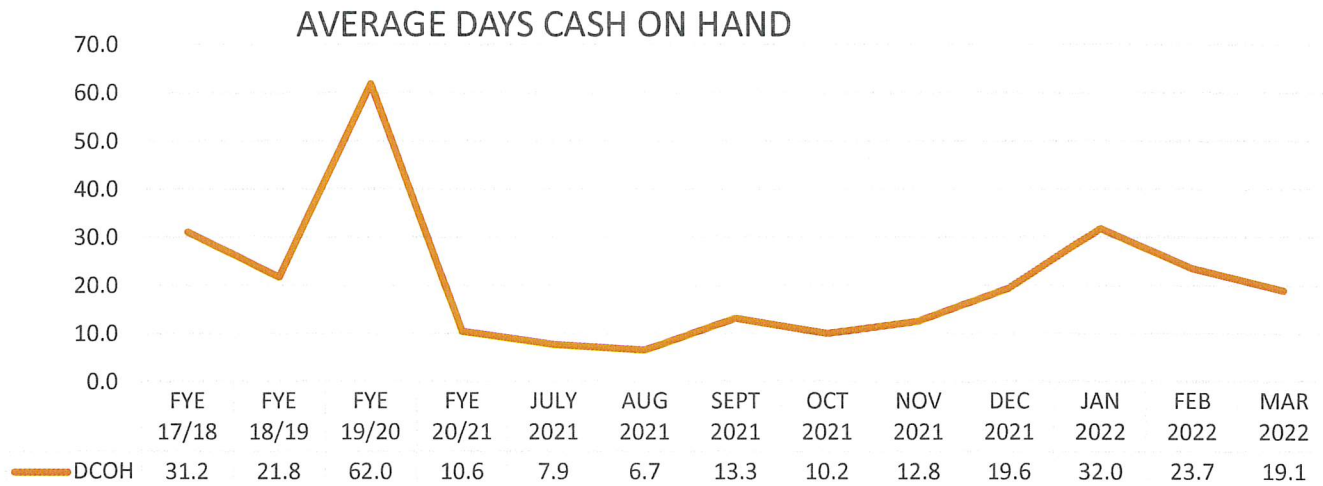
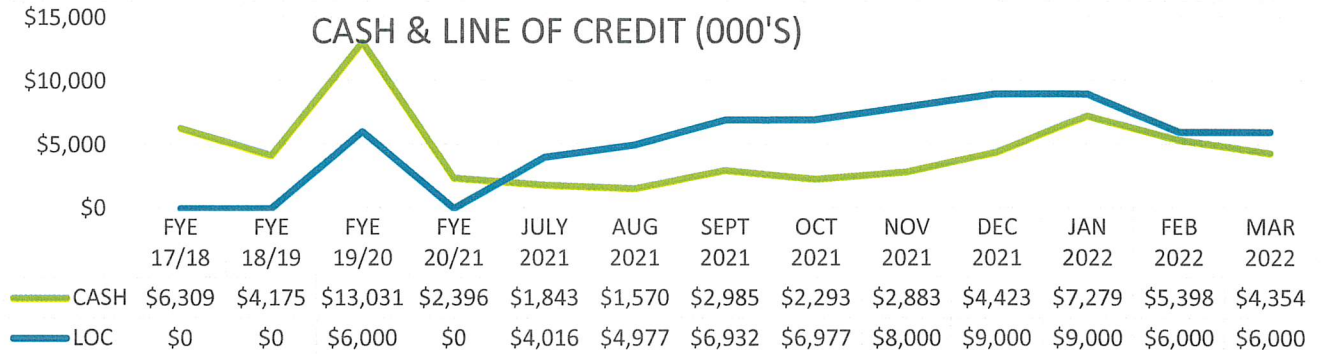
Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.

Line of Credit Balance (000's)

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

3-1

# SAN GORGONIO MEMORIAL HOSPITAL



3-J

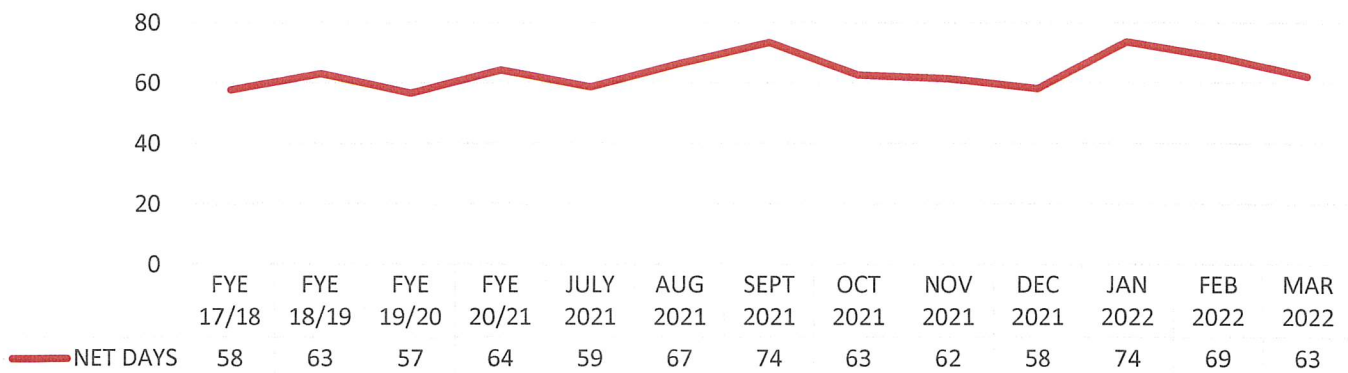


# SAN GORGONIO MEMORIAL HOSPITAL

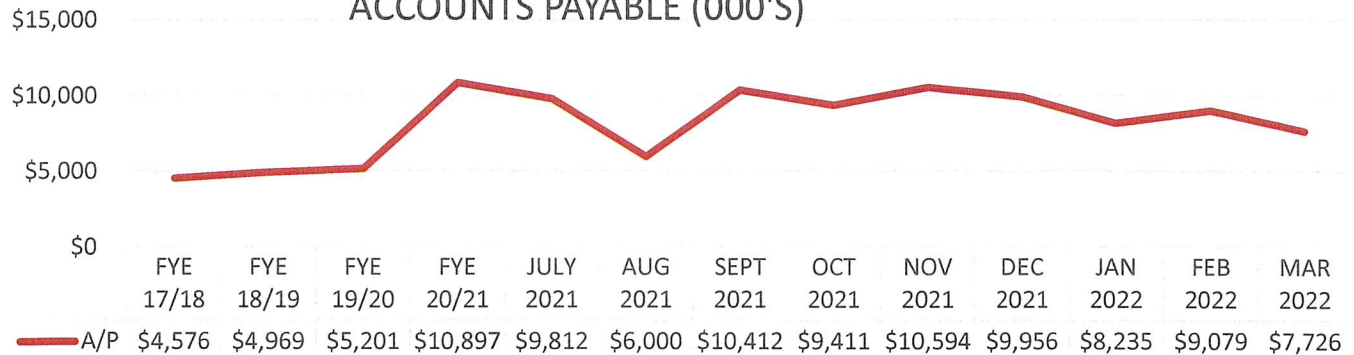
## NET ACCOUNTS RECEIVABLE (000'S)



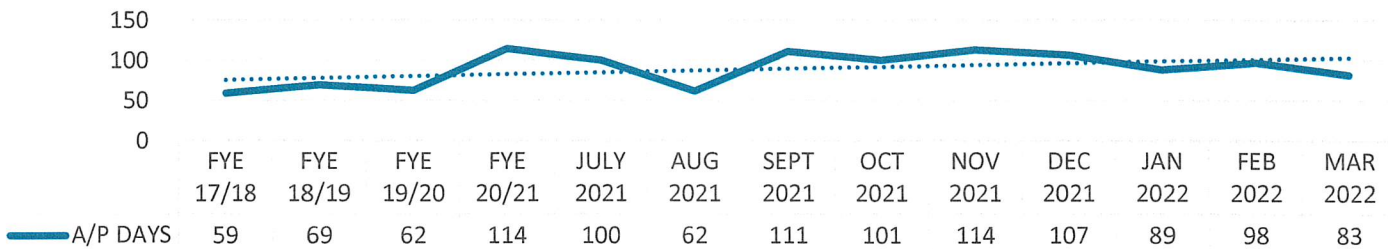
## AVE. DAYS OF COLLECTIONS IN NET A/R



## ACCOUNTS PAYABLE (000'S)



## AVERAGE DAYS IN ACCOUNTS PAYABLE



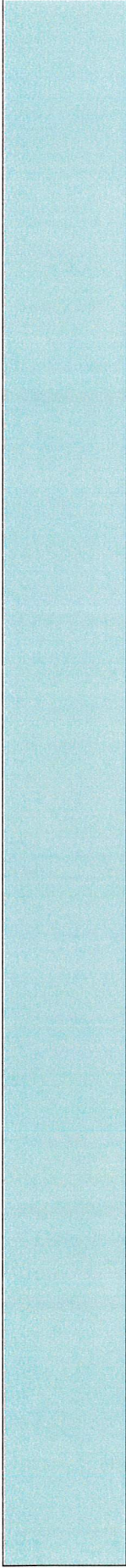
3-K











KEY STATISTICS AND RATIOS						
	02/28/22 ACTUAL FY 22	03/31/22 ACTUAL FY 22	03/31/22 BUDGET FY 22	2022 YTD FY 22	2021 YR END TOTAL FY 21	
[1] Total Acute Patient Days	827	641	1,234	7,821	11,008	
[2] Average Daily Census	29.5	20.7	39.8	28.5	30.2	
[3] Average Acute Length of Stay	4.3	3.5	4.1	4.0	4.1	
[4] Patient Discharges	192	183	299	1,937	2,667	
[5] Observation Days	177	223	248	2,098	2,512	
[6] Total Emergency Room Visits	2,499	3,016	3,228	29,198	33,299	
[7] Average ED Visits Per Day	89	97	104	107	91	
[9] Total Surgeries	139	142	99	990	837	
[10] Deliveries/Births	9	11	15	116	158	

**Statement of Revenue and Expense**  
**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**NINE MONTHS ENDING MARCH 31, 2022**

	CURRENT MONTH				
	DISTRICT ONLY	COMBINED		Positive (Negative) Variance	Percentage Variance
	Actual 03/31/22	Actual 03/31/22	Budget 03/31/22		
<b>Gross Patient Revenue</b>					
[1] Inpatient Revenue	\$ -	\$ 14,009,575	\$ 23,539,895	\$ (9,530,320)	-68.0%
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-
[3] Outpatient Revenue	-	22,781,003	\$ 21,786,489	994,514	4.4%
[4] Long Term Care Revenue	-	-	-	-	-
[5] Home Health Revenue	-	-	-	-	-
[6] Total Gross Patient Revenue	<u>\$ -</u>	<u>\$ 36,790,578</u>	<u>\$ 45,326,384</u>	<u>\$ (8,535,806)</u>	<u>-23.2%</u>
<b>Deductions From Revenue</b>					
[7] Discounts and Allowances	-	(29,655,536)	\$ (38,811,055)	\$ 9,155,519	-30.9%
[8] Bad Debt Expense	-	(1,207,381)	\$ (850,000)	(357,381)	29.6%
[9] Prior Year Settlements	-	-	\$ -	-	-
[10] Charity Care	-	(22,283)	\$ (58,333)	36,051	-161.8%
[11] Total Deductions From Revenue	<u>-</u>	<u>(30,885,200)</u>	<u>(39,719,388)</u>	<u>\$ 8,834,188</u>	<u>-28.6%</u>
[12]		-83.9%	-88%		
[13] Net Patient Revenue	<u>\$ -</u>	<u>\$ 5,905,378</u>	<u>\$ 5,606,996</u>	<u>\$ 298,382</u>	<u>5.1%</u>
<b>Non Patient Operating Revenues</b>					
[14] IGT/DSH Revenues	-	-	\$ -	\$ -	#DIV/0!
[15] Grants & Other Op Revenues	-	1,404,234	\$ 300,191	1,104,043	78.6%
[16] Clinic Net Revenues	-	-	\$ -	-	-
[17] Tax Subsidies Measure D	233,333	233,333	\$ 239,583	(6,250)	-2.7%
[18] Tax Subsidies Prop 13	150,000	150,000	\$ 166,667	(16,667)	-11.1%
[19] Tax Subsidies County Supplemental Funds	-	-	\$ -	-	#DIV/0!
Non- Patient Revenue	<u>\$ 383,333</u>	<u>\$ 1,787,567</u>	<u>\$ 706,441</u>	<u>\$ 1,081,126</u>	<u>60.5%</u>
<b>Total Operating Revenue</b>	<u>\$ 383,333</u>	<u>\$ 7,692,944</u>	<u>\$ 6,313,437</u>	<u>\$ 1,379,508</u>	<u>17.9%</u>
<b>Operating Expenses</b>					
[20] Salaries and Wages	-	3,508,794	3,754,825	\$ 246,031	7.0%
[21] Fringe Benefits	-	828,985	786,531	(42,454)	-5.1%
[22] Contract Labor	-	145,598	72,856	(72,742)	-50.0%
[23] Physicians Fees	-	437,958	340,810	(97,148)	-22.2%
[24] Purchased Services	82,611	1,036,315	868,853	(167,463)	-16.2%
[25] Supply Expense	-	1,024,948	882,450	(142,499)	-13.9%
[26] Utilities	1,119	102,218	98,324	(3,894)	-3.8%
[27] Repairs and Maintenance	16,698	37,984	55,920	17,936	47.2%
[28] Insurance Expense	-	122,460	115,494	(6,965)	-5.7%
[29] All Other Operating Expenses	-	67,757	193,338	125,581	185.3%
[30] Supplemental and Grant Expense	-	-	0	-	0.0%
[31] Leases and Rentals	-	69,694	134,381	64,687	92.8%
[32] Clinic Expense	-	-	0	-	0.0%
[33] Total Operating Expenses	<u>\$ 100,427</u>	<u>\$ 7,382,712</u>	<u>\$ 7,303,783</u>	<u>\$ (78,929)</u>	<u>-1.1%</u>
[34] <b>EBIDA</b>	<u>\$ 282,906</u>	<u>\$ 310,232</u>	<u>\$ (990,347)</u>	<u>\$ 1,300,579</u>	<u>419.2%</u>
<b>Interest Expense and Depreciation</b>					
[35] Depreciation	504,865	504,865	494,658	\$ (10,207)	-2.0%
[36] Interest Expense and Amortization	359,993	393,056	431,460	38,403	9.8%
[37] Total Interest & depreciation	<u>864,858</u>	<u>897,921</u>	<u>926,118</u>	<u>28,197</u>	<u>3.1%</u>
<b>Non-Operating Revenue:</b>					
[38] Contributions & Other	8,638	9,437	75,000	(65,563)	-694.7%
[39] Tax Subsidies for GO Bonds - M-A	613,966	613,966	666,667	(52,701)	-8.6%
[40] Total Non Operating Revenue/(Expense)	<u>622,604</u>	<u>623,403</u>	<u>741,667</u>	<u>\$ (118,264)</u>	<u>-19.0%</u>
[41] Total Net Surplus/(Loss)	<u>\$ 40,651</u>	<u>\$ 35,714</u>	<u>\$ (1,174,798)</u>	<u>\$ 1,210,512</u>	<u>3389.5%</u>
[42] Extra-ordinary loss on Financing	-	-	-	-	-
[43] Increase/(Decrease in Unrestricted Net Assets	<u>\$ 40,651</u>	<u>\$ 35,714</u>	<u>\$ (1,174,798)</u>	<u>\$ 1,210,512</u>	<u>3389.5%</u>
[44] Total Profit Margin	10.60%	0.46%	-18.61%		
[45] EBIDA %	73.80%	4.03%	-15.69%		



**Statement of Revenue and Expense**  
**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**NINE MONTHS ENDING MARCH 31, 2022**

		YEAR-TO-DATE				
		DISTRICT ONLY			Positive	Percentage
		Actual	Actual	Budget	(Negative)	Variance
		03/31/22	03/31/22	03/31/22	Variance	
<b>Gross Patient Revenue</b>						
[1]	Inpatient Revenue	\$ -	\$ 160,336,261	\$ 185,898,394	\$ (25,562,133)	-15.9%
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	
[3]	Outpatient Revenue	-	184,035,571	\$ 195,249,602	(11,214,031)	-6.1%
[4]	Long Term Care Revenue	-	-	-	-	
[5]	Home Health Revenue	-	-	-	-	
[6]	Total Gross Patient Revenue	\$ -	\$ 344,371,832	\$ 381,147,997	\$ (36,776,164)	-10.7%
<b>Deductions From Revenue</b>						
[7]	Discounts and Allowances	-	(284,731,590)	\$ (326,979,719)	\$ 42,248,129	14.8%
[8]	Bad Debt Expense	-	(12,546,713)	\$ (7,650,000)	(4,896,713)	-39.0%
[9]	Prior Year Settlements	-	-	\$ -	-	
[10]	Charity Care	-	(671,179)	\$ (525,000)	(146,179)	-21.8%
[11]	Total Deductions From Revenue	-	(297,949,481)	(335,154,719)	\$ 37,205,238	12.5%
[12]			86.5%	-87.9%		
[13]	Net Patient Revenue	\$ -	\$ 46,422,351	\$ 45,993,278	\$ 429,073	0.9%
<b>Non Patient Operating Revenues</b>						
[14]	IGT/DSH Revenues	-	6,016,888	\$ 6,282,227	\$ (265,339)	-4.4%
[15]	Grants & Other Op Revenues	-	4,417,512	\$ 2,701,719	1,715,793	38.8%
[16]	Clinic Net Revenues	-	-	\$ -	-	
[17]	Tax Subsidies Measure D	1,866,664	2,099,997	\$ 2,156,250	(56,253)	-2.7%
[18]	Tax Subsidies Prop 13	1,200,000	1,350,000	\$ 1,500,000	(150,000)	-11.1%
[19]	Tax Subsidies County Supplemental Funds	-	-	\$ -	-	#DIV/0!
	Non- Patient Revenue	\$ 3,066,664	\$ 13,884,397	\$ 12,640,196	\$ 1,244,201	9.0%
	<b>Total Operating Revenue</b>	\$ 3,066,664	\$ 60,306,748	\$ 58,633,474	\$ 1,673,274	2.8%
<b>Operating Expenses</b>						
[20]	Salaries and Wages	-	30,772,441	\$ 31,639,855	\$ 867,414	2.8%
[21]	Fringe Benefits	-	7,535,536	\$ 7,154,127	(381,409)	-5.1%
[22]	Contract Labor	-	879,631	\$ 604,574	(275,057)	-31.3%
[23]	Physicians Fees	-	2,954,248	\$ 3,044,448	90,200	3.1%
[24]	Purchased Services	209,158	8,084,702	\$ 7,814,095	(270,607)	-3.3%
[25]	Supply Expense	-	8,733,373	\$ 7,488,128	(1,245,245)	-14.3%
[26]	Utilities	18,133	1,005,758	\$ 803,467	(202,291)	-20.1%
[27]	Repairs and Maintenance	71,045	567,735	\$ 501,782	(65,953)	-11.6%
[28]	Insurance Expense	-	1,162,493	\$ 1,039,448	(123,045)	-10.6%
[29]	All Other Operating Expenses	-	778,157	\$ 1,736,071	957,914	123.1%
[30]	Supplemental and Grant Expense	-	-	\$ 895,056	895,056	0.0%
[31]	Leases and Rentals	-	629,937	\$ 1,159,432	529,495	84.1%
[32]	Clinic Expense	-	-	\$ -	-	0.0%
[33]	Total Operating Expenses	\$ 298,337	\$ 63,104,010	\$ 63,880,483	\$ 776,473	1.2%
[34]	<b>EBIDA</b>	\$ 2,768,327	\$ (2,797,262)	\$ (5,247,009)	\$ 2,449,747	-87.6%
<b>Interest Expense and Depreciation</b>						
[35]	Depreciation	4,038,920	4,543,785	\$ 4,451,923	\$ (91,862)	-2.0%
[36]	Interest Expense and Amortization	2,920,632	3,713,023	\$ 3,862,478	149,454	4.0%
[37]	Total Interest & depreciation	6,959,552	8,256,808	8,314,401	57,593	0.7%
<b>Non-Operating Revenue:</b>						
[38]	Contributions & Other	57,374	240,622	\$ 675,000	(434,378)	-180.5%
[39]	Tax Subsidies for GO Bonds - M-A	5,525,691	5,525,691	\$ 6,000,000	(474,309)	-8.6%
[40]	Total Non Operating Revenue/(Expense)	5,583,064	5,766,313	6,675,000	(908,687)	-15.8%
[41]	Total Net Surplus/(Loss)	\$ 1,391,840	\$ (5,287,758)	\$ (6,886,410)	\$ 1,598,652	-30.2%
[42]	Extra-ordinary loss on Financing	-	-	-	-	
[43]	Increase/(Decrease in Unrestricted Net Assets)	\$ 1,391,840	\$ (5,287,758)	\$ (6,886,410)	\$ 1,598,652	-30.2%
[44]	Total Profit Margin	45.39%	-8.77%	-11.74%		
[45]	EBIDA %	90.27%	-4.64%	-8.95%		

Balance Sheet - Assets

**SAN GORGONIO MEMORIAL HOSPITAL**  
**BANNING, CALIFORNIA**  
**NINE MONTHS ENDING MARCH 31, 2022**

		ASSETS				
		DISTRICT ONLY				
		Current Month 3/31/2022	Current Month 3/31/2022	Prior Month 2/28/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2021
<b>Current Assets</b>						
[1]	Cash and Cash Equivalents	\$1,310,721	\$4,353,545	\$5,397,658	\$ (1,044,113)	\$ 1,763,843
[2]	Gross Patient Accounts Receivable	\$0	\$85,336,601	\$93,723,702	(8,387,101)	58,800,003
[3]	Less: Bad Debt and Allowance Reserves	\$0	(\$76,396,979)	(\$84,017,676)	7,620,697	(50,860,772)
[4]	Net Patient Accounts Receivable	\$0	\$8,939,622	\$9,706,026	(766,404)	7,939,231
[5]	Taxes Receivable	\$2,318,639	\$2,318,639	\$2,435,184	(116,546)	99,170
[6]	Other Receivables (includes advances)	\$660,465	(\$1,343,740)	(\$2,059,899)	716,159	1,609,566
[7]	Inventories	\$0	\$2,318,921	\$2,568,665	(249,744)	1,830,192
[8]	Prepaid Expenses	\$126,169	\$1,097,318	\$714,570	382,748	21,540
[9]	Due From Third Party Payers-DSH	\$0	(\$1,845,477)	(\$1,845,477)	-	598,026
[10]	Malpractice Receivable	\$0	\$0	\$0	-	-
[11]	Supplemental Receivables	\$0	\$341,379	(\$40)	341,419	902,000
	<b>Total Current Assets</b>	<b>4,415,993</b>	<b>16,180,207</b>	<b>16,916,688</b>	<b>\$ (736,481)</b>	<b>\$ 14,763,567</b>
<b>Assets Whose Use is Limited</b>						
[12]	Cash					
[13]	Investments					
[14]	Bond Reserve/Debt Retirement Fund	\$9,462,982	\$9,462,982	\$9,686,306	(223,324)	15,999,821
[15]	Trustee Held Funds					
[16]	Funded Depreciation					
[17]	Board Designated Funds					
[18]	Other Limited Use Assets					
	<b>Total Limited Use Assets</b>	<b>9,462,982</b>	<b>9,462,982</b>	<b>9,686,306</b>	<b>\$ (223,324)</b>	<b>\$ 15,999,821</b>
<b>Property, Plant, and Equipment</b>						
[19]	Land and Land Improvements	\$4,828,182	\$4,828,091	\$4,828,182	\$ (91)	\$ 4,828,182
[20]	Building and Building Improvements	\$129,281,491	\$129,281,491	\$129,281,491	-	129,257,409
[21]	Equipment	\$26,853,549	\$26,853,549	\$26,853,549	-	26,562,627
[22]	Construction In Progress	\$313,256	\$390,017	\$360,111	29,906	299,244
[23]	Capitalized Interest					
[24]	Gross Property, Plant, and Equipment	161,276,478	161,353,148	161,323,333	29,815	160,947,462
[25]	Less: Accumulated Depreciation	(\$87,631,072)	(\$87,631,072)	(\$87,126,207)	(504,865)	(83,087,287)
[26]	<b>Net Property, Plant, and Equipment</b>	<b>73,645,406</b>	<b>73,722,075</b>	<b>74,197,125</b>	<b>\$ (475,050)</b>	<b>\$ 77,860,175</b>
<b>Other Assets</b>						
[27]	Unamortized Loan Costs	\$627,385	\$622,207	\$624,796	\$ (2,589)	\$ 728,520
[28]	Assets Held for Future Use		\$160	\$160		
[29]	Investments in Subsidiary/Affiliated Org.	\$22,216,652	\$0	\$0	# 0	591,819
[30]	Other					
[31]	<b>Total Other Assets</b>	<b>22,844,036</b>	<b>622,367</b>	<b>624,956</b>	<b>\$ (2,588)</b>	<b>\$ 1,320,339</b>
[32]	<b>TOTAL UNRESTRICTED ASSETS</b>	<b>110,368,418</b>	<b>99,987,631</b>	<b>101,425,075</b>	<b>\$ (1,437,444)</b>	<b>\$ 109,943,902</b>
<b>Restricted Assets</b>						
		0	0	0	0	0
[33]	<b>TOTAL ASSETS</b>	<b>\$110,368,418</b>	<b>\$99,987,631</b>	<b>\$101,425,075</b>	<b>\$ (1,437,444)</b>	<b>\$ 109,943,902</b>

**Balance Sheet - Liabilities and Net Assets**

**SAN GORGONIO MEMORIAL HOSPITAL**

**BANNING, CALIFORNIA**

**NINE MONTHS ENDING MARCH 31, 2022**

	DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
	Current Month 3/31/2022	Current Month 3/31/2022	Prior Month 2/28/2022	Positive/ (Negative) Variance	Prior Year End 6/30/2021
<b>Current Liabilities</b>					
[1] Accounts Payable	\$ 308,095	\$ 7,725,973	\$ 9,078,718	\$ 1,352,745	\$ 9,285,913
[2] Notes and Loans Payable (Line of Credit)	-	6,000,000	6,000,000	-	16,391
[3] Accounts Payable- Tax advance	-	-	-	-	-
[4] Accrued Payroll Taxes	-	5,757,499	5,377,984	(379,515)	5,565,216
[5] Accrued Benefits	-	-	-	-	-
[6] Accrued Benefits Current Portion	-	-	-	-	-
[7] Other Accrued Expenses	-	-	-	-	-
[8] Accrued GO Bond Interest Payable	2,048,934	691,969	1,141,440	449,472	2,484,778
[9] Stimulus Advance	-	375,675	370,062	(5,613)	2,336,777
[10] Due to Third Party Payers (Settlements)	-	-	-	-	-
[11] Advances From Third Party Payers	-	625,228	-	(625,228)	-
[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	-	596,724	596,724	-	53,471
<b>Total Current Liabilities</b>	<b>4,692,028</b>	<b>24,108,067</b>	<b>24,899,929</b>	<b>\$ 791,861</b>	<b>22,077,546</b>
<b>Long Term Debt</b>					
[15] Bonds/Mortgages Payable (net of Cur Portion)	103,097,387	\$103,070,672	\$ 103,084,029	13,358	\$ 105,677,009
[16] Leases Payable (net of current portion)	\$2,315,000	\$2,315,000	\$2,615,000	300,000	\$315,000
[17] <b>Total Long Term Debt (Net of Current)</b>	<b>105,412,387</b>	<b>105,385,672</b>	<b>105,699,029</b>	<b>\$ 313,358</b>	<b>105,992,009</b>
<b>Other Long Term Liabilities</b>					
[18] Deferred Revenue	-	-	-	-	-
[19] Accrued Pension Expense (Net of Current)	-	-	-	-	-
[20] Other-Bridge Loan	0	1,129,590	0	(1,129,590) #	-
[21] <b>Total Other Long Term Liabilities</b>	<b>0</b>	<b>1,129,590</b>	<b>0</b>	<b>(1,129,590) #</b>	<b>0</b>
<b>TOTAL LIABILITIES</b>	<b>\$ 110,104,416</b>	<b>\$ 130,623,329</b>	<b>\$ 130,598,958</b>	<b>\$ 24,371</b>	<b>\$ 128,069,555</b>
<b>Net Assets:</b>					
[22] Unrestricted Fund Balance	(1,127,838)	(25,347,940)	(25,347,940)	-	(3,774,444)
[23] Temporarily Restricted Fund Balance	-	-	-	-	-
[24] Restricted Fund Balance	-	-	-	-	-
[25] Net Revenue/(Expenses)	1,391,840	(5,287,758)	(3,825,943)	(1,461,815)	(14,351,209)
[26] <b>TOTAL NET ASSETS</b>	<b>264,002</b>	<b>(30,635,698)</b>	<b>(29,173,883)</b>	<b>(1,461,815)</b>	<b>(18,125,653)</b>
[27] <b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 110,368,417</b>	<b>\$ 99,987,631</b>	<b>\$ 101,425,075</b>	<b>\$ (1,437,444)</b>	<b>\$ 109,943,902</b>
	\$ (0)	\$ 0	\$ (0)	(\$0) 0	\$ -



## Statement of Cash Flows

### SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA NINE MONTHS ENDING MARCH 31, 2022

		<b>CASH FLOW</b>	
		<b>Current Month 3/31/2022</b>	
<b>HEALTHCARE SYSTEM CASH FLOW</b>			
<b>BEGINNING CASH BALANCES</b>			
[1]	Cash: Beginning Balances- HOSPITAL	\$	3,868,731
[2]	Cash: Beginning Balances- DISTRICT		1,528,927
[3]	Cash: Beginning Balances TOTALS	\$	5,397,658
<b>Receipts</b>			
[4]	Pt Collections	\$	6,711,957
[5]	Tax Subsidies Measure D		-
[6]	Tax Subsidies Prop 13		55,172
[7]	Tax Subsidies County Supplemental Funds		-
[8]	IGT & other Supplemental (Net)		2,746,470
[9]	Draws/(Paydown) of LOC Balances		-
[10]	Other Misc Receipts/Transfers		793,526
	<b>TOTAL RECEIPTS</b>	<b>\$</b>	<b>10,307,125</b>
<b>Disbursements</b>			
[11]	Payroll/ Benefits	\$	4,046,804
[12]	Other Operating Costs		5,589,590
[13]	Capital Spending		300,000
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		-
[15]	Other (increase) in AP /other bal sheet		1,414,845
[16]	<b>TOTAL DISBURSEMENTS</b>	<b>\$</b>	<b>11,351,238</b>
[17]	<b>TOTAL CHANGE in CASH</b>	<b>\$</b>	<b>(1,044,113)</b>
<b>ENDING CASH BALANCES</b>			
[18]	Ending Balances- HOSPITAL	\$	3,042,824
[19]	Ending Balances- DISTRICT		1,310,721
[20]	Ending Balances- TOTALS	\$	4,353,545
<b>ADDITIONAL INFO</b>			
[21]	LOC CURRENT BALANCES	\$	6,000,000
[22]	Interest		93,397

**TAB F**

**SAN GORGONIO MEMORIAL HOSPITAL**

**Medical Staff Services Department**

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

**DATE:** April 29, 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, including the Preparedness Plan for Influenza Pandemic 2021-2022 & Evaluation of the Infection Prevention & Control Plan for 2021 and Infection Control Risk Assessment.

**Approval of tPA Policy**

This policy was established to ensure Ativase (Alteplase) is safely administered to eligible ischemic stroke patients and to monitor and reduce the risk of adverse effects (See attached).

**Approval of Robotic-Assisted Privileges**

The established privileges are guidelines to assist the hospital in evaluating the qualifications of an applicant who wishes to perform robotic-assisted procedures (See attached).



**SAN GORGONIO MEMORIAL HOSPITAL**  
**APPROVAL OF 2022 POLICIES & PROCEDURES**

<b>Title</b>	<b>Policy Area</b>	<b>Summary of Changes</b>	<b>Revised?</b>
Clean Linen Handling	Environmental Services	clarified procedure and updated policy statement	Revised
Elevator Cleaning Procedure	Environmental Services	Reformatted, grammar correction and revised to meet current practice	Revised
HEPA Portable Air Filters	Environmental Services	Added information about air scrubbers	Revised
Infection Control - Environmental Services (EVS)	Environmental Services	deleted a few words to add right process	Revised
Infection Control Plan 2022	Infection Control	updated for 2022 and changes per P&P	Revised
PACU - Care of Patient with Endotracheal Tube	Surgical Services	added Procedure Heading	Revised
PACU - Discharge Criteria Following Moderate/Deep Sedation or Monitored Anesthesia Care	Surgical Services	revised PACU discharge scores, replaced with PADSS	Revised
Preparation of Cleaning or Disinfecting Solutions	Environmental Services	No Comment Provided	Unchanged
Preparedness Plan For Influenza Pandemic- 2021-2022	Infection Control	Updated to meet current practice and P&P recommendations	Revised
Special Procedures - Use and Disposal of Cidex OPA Solution	Surgical Services	revision of policy statement	Revised
Sterile Processing - Storing Handling and Monitoring Sterile Supplies	Surgical Services	Revised policy statement	Revised
Sterile Processing - Transport of Sterilized Immediate Use Instruments	Surgical Services	revised policy statement	Revised
Surgery Services - Attire	Surgical Services	Updated policy statement added additional PPE	Revised
Surgical Services - Standard & Isolation Precautions	Surgical Services	Changes per P&P	Revised

SAN GORGONIO MEMORIAL HOSPITAL  
PREPAREDNESS PLAN FOR INFLUENZA PANDEMIC 2021-2022

**Purpose:**

The purpose of the San Gorgonio Memorial Hospital Pandemic Influenza Preparedness Plan is to lessen the impact of an influenza pandemic on the patients, staff, contracted services and visitors of the hospital. This plan focuses on any pandemic influenza and is not intended to be a standalone response. Rather this plan can be used in conjunction with the hospital Plan to Manage the Influx of Potentially Infectious Patients and the Disaster Plan.

**Assumptions:**

Influenza is a contagious disease with the potential to cause widespread infection in all age groups across the globe. Pandemics occur intermittently because the influenza virus can change into new sub-types to which most people have little or no immunity. Influenza pandemics have occurred three times in the 20<sup>th</sup> century, (1918, 1957, and 1968). An estimated 20 million deaths occurred worldwide in the 1918 pandemic with around 675,000 dying in the U.S. In 1957 the "Asian flu" killed about 2 million people worldwide, including 70,000 in the U.S. In 1968, the "Hong Kong flu" killed about 34,000 people in the U.S., most of who were over the age of 65. Experts believe the next pandemic could be very serious and cause mass casualties. It has been estimated that a modern pandemic could kill up to 90,000 people in the U.S. if it is mild and almost 2 million people in the U.S. if it is severe. This is in comparison to the seasonal flu which leads to about 36,000 deaths in the U.S. each year. An influenza pandemic could have a devastating impact around the world; and at a local level community resources such as hospitals may be overburdened and supplies scarce. The latest large scale influenza outbreak was seen in California beginning approximately January 2020 (novel coronavirus COVID 19) and continues worldwide.

**Hospital Preparation:** The Department of Health & Human Services in their influenza plan has determined that hospitals need to describe how they will perform the following tasks:

1. Implement decision making structure. This is done by implementing the Hospital Incident Command System (HICS).
2. Handle surge capacity and business continuity. This is done by implementing Code Purple and HICS if necessary. The Respiratory Hygiene Cough Etiquette Program should be instituted.
3. Fulfill proposed disease reporting requirements. Currently required reports on Influenza deaths in laboratory-confirmed cases for ages 0-64 years.

**Plan for Influenza Pandemic**

Mandatory reporting of influenza deaths in laboratory-confirmed cases for ages 0-17 years are to be faxed to Riverside County Disease Control (RCDC), using the Severe Influenza Case History form. Reporting of influenza deaths in laboratory-confirmed cases for ages 18-64 years is also requested by RCDC.

Reporting of laboratory-confirmed influenza cases for ages 0-64years requiring intensive care is requested by RCDC.

For COVID 19 patients, mandatory reporting of all cases and all deaths to the RCDC is required.

4. Request assistance from government agencies when necessary. The hospital would obtain needed assistance from both County of Riverside Public Health Department (CRPHD) and California Department of Public Health (CDPH).
5. Deliver state-controlled antiviral drugs to hospitalized influenza patients. When

available the State may release any antiviral drug for hospitalized patients. For the 2020-2021 season treatment with Tamiflu is recommended for:

- Persons with suspected or confirmed influenza with severe illness (e.g. hospitalized patients).
- Persons with suspected or confirmed influenza who have risk factors for severe illness
- Any otherwise healthy child with influenza if treatment can be initiated within 48 hours of illness onset.

6. Ensure antiviral treatment of ill healthcare workers who have direct patient care responsibility. The hospital will ensure antiviral treatment for any healthcare worker ill with influenza like illness (ILI) who is determined to have had direct patient contact with an infected patient during the infectious period.

7. Ensure that employees in high priority groups receive vaccine or antiviral drugs as available. A prioritized vaccination of a limited supply is needed this season and all age groups from 6 months up are recommended for vaccination.

8. For those with COVID 19, the current treatment options are remdisivir and decadron.

### **Disease Specific Information**

Testing for influenza virus is recommended only for hospitalized patients, ICU patients and influenza-suspected deaths. Based on a planning scenario developed by the President's Council of Advisors on Science and Technology (PCAST) the predicted burden of disease in the United States is 90 million ill and 1.8 million hospitalized. In Riverside County 630,000 ill and 12,600 hospitalized.

### **Plan for Influenza Pandemic**

Case Definition for influenza for the influenza season 2020-2021 would be determined by the California Department of Public Health (CDPH) and other agencies such as Centers for Disease Control (CDC) and the World Health Organization (WHO).

For hospital employee and direct care givers, the influenza vaccine is not mandated by the State of California. Employees must accept the vaccine or sign a declination form. Here at San Gorgonio Memorial Hospital, staff who decline to be vaccinated must wear a mask while on the hospital premises. The intent is to protect the vulnerable patient population in hospitals.

**Composition of the 2021-2022 Influenza Vaccine:** The Food and Drug Administration (FDA) has recommended that regular Fluzone and High Dose Fluzone be used for 2021-2022 season. ACIP continues to recommend annual flu vaccination for everyone 6 months and older. If an employee shows signs of influenza the employee health nurse/designee can send the employee home. Follow up is performed on any staff member known to have or suspected to have contacted influenza and they are required to remain off work for a minimum of seven days until released to work by a physician.

**Composition of the 2021 COVID 19 vaccine:** There are three current brands of vaccine available. San Gorgonio Memorial Hospital is using the Moderna COVID 19 Vaccine for the associates. A declination is required for those not consenting to the administration of the vaccine. The vaccine is recommended for anyone 5 years of age and older.

### **Treatment of Patients:**

Antiviral medication may be prescribed for outpatients who meet the case definition of influenza as well as for treatment of hospitalized patients.

Patients with influenza are placed in isolation precautions as defined by the CDC with staff

members wearing the appropriate personal protective equipment (PPE) when giving direct care. Staff are reminded to practice good hand hygiene and other basic infection control measures to protect themselves and patients.

The availability of supplies including NIOSH 95 masks are updated by the disaster coordinator to the Riverside County Emergency Preparedness and Response team. The state does have additional NIOSH 95 masks available for hospitals as requested. These masks may be worn until they become wet then need to be changed. During high risk procedures NIOSH 95 masks, Controlled Air-Purifying Respirator (CAPRS) or Powered Air Purifying Respirator (PAPRs) may be worn.

This plan is not intended to be static but will be updated when new information is available.

**References:**

Department of Public Health, County of Riverside Public Health Influenza Advisory-TBA  
The Center for Disease Control- influenza web site  
California Department of Public Health -influenza web Site

SAN GORGONIO MEMORIAL HOSPITAL  
Evaluation of the Infection Prevention & Control Plan for 2021

**PURPOSE**

To evaluate the effectiveness of the infection control program, identify those activities needing improvement, as well as those activities which require modification to improve care and services provided.

**PROGRAM GOALS**

The goals listed in the annual infection control plan for 2021 were:

1. To reduce the risk of acquiring Clostridium difficile.
2. To reduce the risk of dialysis related infections.
3. To continue to increase staff compliance with hand hygiene in all areas.
4. To ensure that surgical equipment is properly cleaned and sterilized.
5. To continue collecting and analyzing data for NHSN and CDPH
6. Ongoing survey readiness.

**Requirements.**

The goals of the infection control program remain appropriate to the needs of the organization and comply with the State of California and Federal infection reporting requirements.

**INFECTION CONTROL RISK ASSESMENT**

As part of its commitment to quality care and service, San Gorgonio Memorial Hospital conducted a periodic assessment of the risk(s) for transmission and acquisition of infectious agents. This risk assessment incorporates an analysis of the following:

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
2. Analysis of surveillance activities and the results of the organization's infection prevention and control data.
3. Information on public health infections that impact care.
4. The care, treatment, and services provided.

The risk analysis was conducted December 1, 2021. The assessment was facilitated by the Infection Control Director and presented to the Infection Control Committee for review and approval.

Once risks were identified, the organization prioritized those risks that are of epidemiological significance. Certain risks are automatically prioritized based on their nature, scope, and impact on the care, treatment, and services provided. Specific strategies were developed and implemented to address the prioritized risks. These strategies took the form of policy and procedure establishment, surveillance and monitoring activities, education and training programs, environmental and engineering controls, or combinations thereof.

In summary the highest risk for the hospital population are:

Community acquired Clostridium difficile a multiple drug resistant organism (MDRO)  
Healthcare acquired Clostridium difficile infections  
Hand Hygiene compliance  
Improper cleaning of surgical equipment  
Dialysis related infections  
COVID 19 Pandemic

#### EMERGING/REEMERGING PROBLEMS IN THE HEALTHCARE COMMUNITY

The hospital staff keeps abreast of infection control related issues occurring in the healthcare community. This is accomplished by reviewing the following:

1. Notices from the Riverside Public Health department, including input on the Infection Control Committee.
2. Notices and recommendations from the Center for Disease Control and Prevention.
3. Current literature and recommendations from professional organizations as well as accrediting and regulatory agencies including the California State Department of Public Health.
4. Membership in and attendance at seminars of the Association of Professionals in Infection Control and Epidemiology (APIC).

Based on this review, the following issues were identified in the healthcare community.

1. Screening and treating seasonal diseases, such as Hepatitis A, Influenza and Covid 19 outbreaks.
2. Preparing for an influx of infectious patients by attending training programs to assist in the hospital's response plan.
3. A need to continue monitoring for an increase in drug resistance diseases and report through the National Health Safety Network (NHSN) of the Center for Disease Control and Prevention.

#### **Measurement of Infection Control Indicators for included:**

1. CLABSI (Central Line Associated Blood Stream infections) SIR
2. SSI (Surgical Site Infections)
3. CAUTI (Catheter Associated Urinary Tract Infections)
4. MRSA Bacteremia  
VRE Bacteremia
5. CDIF
6. Compliance with CDC Hand Hygiene Guidelines  
Goal for 2021 was 90%  
SGMH results for 2021 were at 91% compliance of the active departments.

#### DETERMINATION OF EFFECTIVENESS

Based on the above, the Infection Control Program was determined to be effective in implementing most of its activities during 2021.

**San Geronio Memorial Hospital**  
**Infection Control Risk Assessment**  
**December 1, 2021**

**BACKGROUND**

As part of its commitment to quality care and service, *Enter Name of Organization*, conducts a periodic assessment of the risk(s) for transmission and acquisition of infectious agents. This risk assessment incorporates an analysis of the following:

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
2. Analysis of surveillance activities and the results of the organization's infection prevention and control data.
3. The care, treatment, and services provided.

**SCOPE OF ASSESSMENT**

This risk assessment is organization-wide in scope. It covers inpatient and ambulatory care settings as well as general outpatient care settings. If the organization offers home health and long-term care services, then these settings are also included.

**PROCESS**

The risk analysis is conducted / reviewed at least annually and whenever there is a significant change in any of the above factors. The assessment is facilitated by S. Sommers RN and M. Simms Bullock CIC and presented to the ICC, Med EX and the Governing Board for review and approval.

Once risks are identified, the organization prioritizes those risks that are of epidemiological significance. Certain risks are automatically prioritized based on their nature, scope, and impact on the care, treatment, and services provided. These risks are outlined on this document as well.

Specific strategies are developed and implemented to address the prioritized risks. These strategies may take the form of policy and procedure establishment, surveillance and monitoring activities, education and training programs, environmental and engineering controls, or combinations thereof. Strategies may differ in approach, form, scope, application, and/or duration depending on the specific risk issue, the care setting(s), and environment involved,

**ASSESSMENT FINDINGS / MITIGATION STRATEGIES**

The table below outlines the prioritized risks identified as the result of the assessment; provides a brief description of those risks, assigns a risk level (low, medium, or high) based on the care setting, outlines – in summary form – actions that have been or will be taken by the organization to address the risks, and how the organization will evaluate the effectiveness of actions taken:

Prioritized Risk Description	Care Setting / Risk Level (See legend)					Summary of Risk Mitigation Strategies	How Effectiveness of Strategies is Evaluated
	I	A	O	H	L		
Transmission of infection through potential non-compliance to CDC and/or WHO guidelines and recommendations for hand hygiene	L	L	L			Biovigil electronic monitoring system for hand hygiene Return demonstration at Hand Hygiene Safety Fairs	Compliance rates Infection rates
Unprotected exposure to pathogens throughout the organization through potential non-compliance with policies addressing category / disease specific isolation and other precautions.	L	L	L			Infection Control Rounds Direct observation Just in Time education Orientation and Annual Update Screening at every entry point	Infection rates Exposures
Potential for transmission of infection related to procedures, medical equipment, and medical devices related to appropriate storage, cleaning, disinfection, sterilization, reuse and/or disposal of supplies and equipment, as well as use of personal protective equipment.	L	L	L			Monitoring of hi level disinfection processes. ECO-Lab monthly audits Scope testing after each case with REFI system. Immediate reprocessing and culture of fallouts Infection control rounds quarterly using APiC and	Rounding results Audit results Direct Observation

Prioritized Risk Description	Care Setting / Risk Level (See legend)					Summary of Risk Mitigation Strategies	How Effectiveness of Strategies is Evaluated
	I	A	O	H	L		
	Potential for infection in ambulatory care and outpatient settings due to potential prolonged wait times in common areas and potential exposure to infectious individuals.	L	L				
Community-wide outbreaks of communicable diseases (such as SARS and influenza) that carry the potential of adversely impacting operations and service capabilities	H	H				Screening at entry point Communication from outside agencies Monitoring of outside communications	Containment of any event
Potential for a bioterrorism event that would require specific responses from the organization to successfully meet the threat.	H	H				Emergency preparedness with drills	Competencies of staff Proper containment of event
Evidence-based use of antibiotics in all departments and services (antimicrobial stewardship)	L	L	L			Pharmacist renal dose adjustment, pharmacist review of antibiotic therapy for duplicate therapy, standardized antibiotic order sets.	Antibiogram evaluation, pharmacists interventions, HAI CDI evaluation
Acquisition and transmission of multi-drug resistant organisms that carry the potential for increased transmission among patients and staff.							
• MRSA	L	L	L			BB pathogen education at orientation, annually and just in time	MRSA rates
• VRE	L	L	L			Education at Orientation, annually and just in time	VRE rates
• CDI	M	M	M			C-Diff task force, type, timing and testing of specimens	Monitoring of c-Diff rates monthly
• Other:							
Potential for the following based on the results of surveillance and other data, review of the literature, patient population, and scope of services provided.							
• Central Line Infections	L	L				Standardized insertion practices with dedicated team	CLABSI rates
• Ventilator Assisted Pneumonia	L	L				VAP protocol	Compliance with VAP protocols
• Catheter Associated UTI's	L	L				Standardized insertion practices and pericare	CAUTI rates
• Surgical Site Infections	L	L				Monthly monitoring	SSI rates
COVID 19	H	H				Daily monitoring, screening at entry points	Exposure rates
OTHER							
OTHER							

**Legend\***

I = Inpatient services such as medical surgical, critical care, maternal / child, surgery, behavioral health, and other care units  
A = Ambulatory care services such as outpatient surgery, procedural and diagnostic services, and the Emergency Department



O = Outpatient services such as primary and specialty care clinics, wellness centers, infusion centers, rehabilitation clinics, and other services  
H = Home health, hospice, home pharmacy, DME, and other home health services  
L = Long-term care, sub-acute care, skilled nursing, and other long term care services.

\* For each setting, the risk assessment also takes into account - as applicable - support services such as facilities, environmental services, materials management, sterile supply and processing, dietary, clinical laboratory, and all other departments and services of the organization.

Allocation – Enter the Level of Assessed Risk for Each Care Setting:

L = Low risk

M = Medium Risk

H = High Risk

--- END ---



Origination N/A  
Approved N/A  
Last Revised N/A

Policy Area **Emergency  
Department**

## tPA Protocol -- Use in Acute Ischemic Stroke

### **Policy:**

To ensure Ativase(Alteplase) is safely administered to eligible ischemic stroke patients and to monitor and reduce the risk of adverse effects.

### **Procedure:**

Acute Ischemic Stroke is a medical emergency. The Stroke Council of The American Heart Association and the United States Food and Drug Administration (FDA) have made recommendations based on the National Institute of Neurological Disorders and Stroke (NINDS) Study. These recommendations are summarized as follows:

The administration of recombinant tissue plasminogen activator Activase/Alteplase improves the outcome after ischemic stroke when given very early, and within 3 hours of onset of stroke in carefully selected persons. The benefit of intravenous Activase/Alteplase for acute ischemic stroke beyond 3 hours from the onset of symptoms is not established and is not recommended by the FDA. Intravenous Activase/Alteplase is not recommended when the time of onset of stroke cannot be ascertained reliably, including strokes recognized upon awakening. If the 3 hour time window CANNOT be met, a neurology consult must determine if treatment will be beneficial beyond the 3-hour window.

The administration of thrombolytic drugs to persons with acute ischemic stroke can be complicated by bleeding even if the drug is given within 3 hours. The risk of intracranial hemorrhage in persons with acute ischemic stroke is much greater than the risk of bleeding in persons who receive thrombolytic drugs for the management of myocardial ischemia.

### **INCLUSION CRITERIA:**

- An adult >18 years of age unless otherwise indicated and ordered by a Neurologist with written consent obtained.
- Exclusion of intracranial hemorrhage by an imaging technique sensitive for the presence of hemorrhage.

- Patient arrives at the emergency department in time to be treated within 3 hours of symptom onset.
  - If onset of symptoms is between 3 to 4.5 hours consult Neurology for consideration of Activase/Alteplase administration, higher level of care for CT Angio or IA Activase/Alteplase administration.

#### EXCLUSION CRITERIA:

Do not administer Activase to treat acute ischemic stroke in the following situations in which the risk of bleeding is greater than the potential benefit. Examples include:

- Current intracranial hemorrhage
- Subarachnoid hemorrhage
- Active internal bleeding.
- Recent (within 3 months) intracranial or intraspinal surgery or serious head trauma
- Presence of intracranial conditions that may increase the risk of bleeding (e.g., some neoplasms, arteriovenous malformations, or aneurysms)
- Bleeding diathesis
- Current severe uncontrolled hypertension.

#### **EMERGENCY DEPARTMENT MANAGEMENT FOR PATIENTS PRESENTING WITH NEW ONSET STROKE SYMPTOMS:**

- Code Stroke will be paged overhead at which point the pharmacist will respond to the ED, alert staff that they are present and will await further orders at the Patient Bedside.
- If the patient qualifies for Activase/Alteplase treatment, and upon an order from ED physician, the Pharmacist will mix Activase/Alteplase at the patient's bedside in the Emergency Department.
- The patient should be returned from CT Scan to the ED for administration of Activase/Alteplase and later transferred to ICU bed for monitoring or transferred to a higher level of care determined by responding Neurologist.

#### **MANAGEMENT FOR IN-PATIENTS PRESENTING WITH NEW ONSET STROKE SYMPTOMS:**

- Code Stroke will be paged overhead at which point the pharmacist will respond or call up to the patient's room. The pharmacist will supply the rapid response nurse with a phone number and return to the pharmacy awaiting patient evaluation by the physician and the need for Activase.
- If the patient qualifies for Activase/Alteplase treatment and upon a qualified physician's order, the pharmacist will mix Activase/Alteplase at the patient's bedside in ICU or at unit of origination.
- Patient will be transferred directly to the ICU, immediately following CT scan for administration of Activase/Alteplase. If the ICU bed is not available, the patient should be returned from CT scan to their unit of origination for administration of Activase/Alteplase by a Critical Care RN with continuous cardiac monitoring and resuscitation equipment immediately available. Patient to be transferred to ICU bed for monitoring as soon as possible post Activase/Alteplase administration.

#### **Procedure**

#### **ADMINISTRATION OF ACTIVACE/ALTEPLASE;**



- If Activase/Alteplase is ordered by a Physician who is not a Neurologist without the consultation and recommendation of a Neurologist, the physician will check off all Inclusion and Exclusion Criteria on the Thrombolytic Checklist for Ischemic Stroke on Forms On Demand, sign it and place in medical record, and obtain a written consent if necessary.
- Because of the risk of major bleeding, the risks and benefits of treatment shall be discussed with the patient and/or family prior to administration of Activase/Alteplase. The discussions must be documented. The pharmacist will mix Activase/Alteplase at the patient's bedside.
- Total Activase/Alteplase dose = 0.9 mg/ kg (max 90 mg). 10% will be given as a bolus by the physician or his designee over 60 seconds. The remaining amount is to be infused over one hour. Example: A 100 kg patient would receive a 9 mg bolus in the first minute followed by 81 mg infusion over the next hour.

#### DOSING AND PREPARATION OF ACTIVASE/ALTEPLASE BOLUS AND INFUSION:

Patient > 122 lbs (greater than 55.5kg): Use Activase/Alteplase 100 mg vial

- The pharmacist may round Activase/Alteplase dose by 10%\*
- The pharmacist will add 100ml diluent into Activase/Alteplase vial (100mg/vial) for total 100mg/100ml, or a 1:1 concentration. Swirl vial to mix, do not shake.
- Pharmacist will withdraw and discard any unneeded amount of ACTIVASE/ALTEPLASE first.
- The bolus will then be drawn up from the vial and injected over one minute by physician or designee.
- The remaining dose will be hung directly and administered over one hour, via pump.
- Follow Activase/Alteplase infusion with normal saline via pump to infuse entire prescribed dose.
- If Activase/Alteplase is mixed and not used, return it to Pharmacy.\* Discard partially used vial of Activase/Alteplase appropriately.

Patient < 122 lbs (less than 55.5Kg): Use Activase/Alteplase 50 mg vial

- The pharmacist may round Activase/Alteplase dose by 10%\*
- The pharmacist will add 50ml diluent into Activase/Alteplase vial (50mg/vial) for total 50mg/50ml, or a 1:1 concentration. Swirl vial to mix, do not shake.
- The bolus will be drawn up from the vial and administered over one minute by physician or designee.
- The pharmacist will fill an empty 100ml evacuated bag with the remaining dose to be administered over one hour, via pump.
- Follow Activase/Alteplase infusion with normal saline via pump to infuse entire prescribed dose.
- If Activase/Alteplase is mixed and not used, return it to Pharmacy.\* Discard partially used vial of Activase/Alteplase appropriately.

\*If Activase is mixed and then not used, return to Pharmacy as there may be a buy back policy and the drug will be replaced free of charge.

For questions about the drug or buy back program, contact manufacturer Genentech, Inc. at 800-821-8590.

#### MONITORING AND CARE DURING AND AFTER ACTIVASE/ALTEPLASE INFUSION :

- Vital signs and neuro checks:
  - Every 15 minutes for 2 hours after starting infusion.
  - Then every 30 minutes for 6 hours.
  - Then every 60 minutes until 24 hours after starting infusion.
- BP must be  $\leq$  185/110 prior to administration of Activase/Alteplase and must be maintained  $\leq$  180/105 during and following administration.. BP should not be lowered more than 15% during first 24 hours.
- Insertion of indwelling Foley catheter should be avoided during the infusion and for at least 30 minutes after infusion ends.
- Insertion of a nasogastric tube should be avoided, if possible, during the first 24 hours.
- Avoid intramuscular injections and trauma to the patient while on Activase.
- Perform venipunctures carefully and only as required. To minimize bleeding from non-compressible sites, avoid internal jugular and subclavian venous punctures. If an arterial puncture is necessary during Activase infusion, use an upper extremity vessel that is accessible to manual compression, apply pressure for at least 30 minutes, and monitor the puncture site closely.
- Fatal cases of hemorrhage associated with traumatic intubation in patients administered Activase have been reported.
- Concomitant administration of heparin and aspirin with and following infusions of Activase for the treatment of acute ischemic stroke during the first 24 hours after symptom onset has not been investigated. Because heparin, aspirin, or Activase may cause bleeding complications, carefully monitor for bleeding, especially at arterial puncture sites. Hemorrhage can occur 1 or more days after administration of Activase, while patients are still receiving anticoagulant therapy.
- If serious bleeding occurs, terminate the Activase infusion.
- In the following conditions, the risks of bleeding with Activase therapy for all approved indications are increased and should be weighed against the anticipated benefits:
  - Recent major surgery or procedure, (e.g., coronary artery bypass graft, obstetrical delivery, organ biopsy, previous puncture of non-compressible vessels)
  - Cerebrovascular disease
  - Recent intracranial hemorrhage
  - Recent gastrointestinal or genitourinary bleeding
  - Recent trauma
  - Hypertension: systolic BP above 185 mm Hg or diastolic BP above 110 mm Hg
  - High likelihood of left heart thrombus, e.g., mitral stenosis with atrial fibrillation
  - Acute pericarditis
  - Subacute bacterial endocarditis
  - Hemostatic defects including those secondary to severe hepatic or renal disease
  - Significant hepatic dysfunction
  - Pregnancy
  - Diabetic hemorrhagic retinopathy, or other hemorrhagic ophthalmic conditions



- Septic thrombophlebitis or occluded AV cannula at seriously infected site
- Advanced age >80 yo.
- Patients currently receiving anticoagulants (e.g., warfarin sodium)
- Any other condition in which bleeding constitutes a significant hazard or would be particularly difficult to manage because of its location. NPO, except meds for 24 hours as ordered by the Physician.
- Very early mobilization is encouraged.
- Strict I's and O's monitored during the first 24 hours.
- Test all urine, stool, and emesis for occult blood per MD order.
- Prophylactic H2 blocker (e.g. Pepcid) strongly recommended.
- No anticoagulants should be administered for 24 hours (including ASA, NSAIDs).
- After 24 hours, if anticoagulant or antiplatelet therapy is to be given, a follow up CT scan or MRI should be free of hemorrhage.
- Obtain a STAT Head CT scan for any worsening of neurologic condition
- Patient may not be transported via EMS if SGMH IV tubing has been primed until the infusion is complete.
- **If hemorrhage is suspected or reversal of thrombolytic is needed, discontinue thrombolytics immediately.**
  - Call treating physicians.
  - Obtain STAT Head CT scan, if Intracranial Hemorrhage is suspected.
  - At the discretion of the treating physicians, the following may be ordered:
    - Blood products
      - a. Cryoprecipitate: 10 units IV as a single dose
      - b. Fresh Frozen Plasma (FFP): 6 units as a single dose
      - c. Platelets: 6 units as a single dose
    - Medications (Only if Cryoprecipitate is contraindicated)
      - a. Tranexamic Acid: 10 to 15mg/kg IV over 20 minutes
      - b. Aminocaproic Acid: 4 to 5 grams IV as a single dose
    - Labs
      - a. Check fibrinogen levels after administration of reversal agents. If fibrinogen is less than 150mg/dL, administer an additional 10 units of cryoprecipitate.
      - b. Send repeat CBC, platelet, INR, PT, PTT, and D-dimer if requested by physician.

#### TREATMENT OF HYPERTENSION:

**Rationale:** Careful management of arterial blood pressure is critical during administration of Activase/Alteplase and the ensuing 24 hours. An excessively high blood pressure might predispose the patient to bleeding, while excessive lowering of blood pressure may worsen ischemic symptoms. **DO NOT ADMINISTER Activase/Alteplase if BP is > 185/110. During and after administration, BP must be**

maintained at or below SBP 180 over DBP 105 mm Hg.

- The following are BP management options:

If SBP is >185 or if DBP is >110, for two or more readings at 5-10 minutes apart:

- Give IV labetalol 10 mg over 2 minutes. The dose may be repeated every 20 minutes, up to a total dose of 150 mg OR
- IV labetalol drip may be initiated at 2 mg/min. Titrate to keep SBP less than 180 and DBP less than 105 to a maximum dosage of 300mg over 24 hours.
- Hold labetalol if HR < 50 BPM or MAP < 130.
- Monitor BP every 15 minutes during labetalol treatment and observe for hypotension.

If no satisfactory response with Labetalol or if ordered by the Provider:

- Infuse Cardene (nicardipine) 5 mg/hr, increasing by 2.5 mg/hr Q15 minutes, until desired blood pressure is achieved; up to a maximum dose of 15mg/hr.

#### Reference(s):

- Micromedex
- National Institutes of Health
- Activase.com/iscstroke/patient-selection-for-activase.jsp
- Activase/Alteplase Full Prescribing Information (02/2015) [http://www.gene.com/download/pdf/activase\\_prescribing.pdf](http://www.gene.com/download/pdf/activase_prescribing.pdf)
- American Heart/American Stroke Association: Guidelines for the early management of patients with acute ischemic stroke: 2019 update to the 2018 guidelines for the early management of acute ischemic stroke.

## Approval Signatures

Step Description

Approver

Date



**SAN GORGONIO MEMORIAL HOSPITAL  
ROBOTIC ASSISTED PRIVILEGES**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Robotic-Assisted Procedures**

Must hold privileges for equivalent procedure(s) via other means; e.g. open or laparoscopic.

Route 1: Successful completion of an ACGME or AOA post graduate training program that included minimal access procedures and therapeutic robotic devices and their use — within past 12 months must have performed twenty (20) procedures as the primary operator. Surgeon may request both BASIC and ADVANCED privileges at the time of initial request.

Route 2: (a) Completion of daVinci Surgical System training as provided by daVinci Intuitive Surgical *Inc*; (b) training in the utilization of daVinci surgical platform (a minimum of eight (8) hours duration) with didactic and practical experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during training; (c) training should include observation of live cases; (d) live tissue practice in porcine lab; (e) four (4) basic simulation exercises with a passing score of >85% on each, with specific exercises in the specialty associated with the robotic privileges requested; (f) observation of two (2) specialty-specific robotic cases; and (g) first robotic case as the primary surgeon must be completed within 60 days of training, otherwise training will need to be repeated.

Surgeon will initially be eligible to apply for *BASIC* privileges only.

For *ADVANCED* robotic privileges, the surgeon must complete *BASIC* proctoring requirements and twenty (20) *BASIC* cases of which complications and outcomes will be assessed. Observation of at least two (2) *ADVANCED* cases within the relevant specialty or subspecialty (Primary operator must be certified by the Robotic vendor and/or fully credentialed physician, who currently holds full *ADVANCED* robotic privileges).

Route 3: Prior training and experience at another institution applicant must have held unrestricted robotic privileges at another CMS accredited facility and must have performed a minimum of twenty (20) procedures as the primary operator within past 12 months.

Surgeon will initially be eligible to apply for granted *BASIC* privileges only.

For *ADVANCED* robotic privileges, the surgeon must complete *BASIC* proctoring requirements and demonstrate training and experience.

Practitioner agrees to limit practice to only the specific robotic system for which he or she has provided documentation of training and experience.

**Basic robotic procedures:**

<b>Applicant:</b>	<b>Section Chair:</b>	
<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved

Basic: use of robotic-assisted system for gynecologic procedures (hysterectomy, salpingo-oophorectomy, and microsurgical fallopian tube reanastomosis) myomectomies, resection endometriosis  
*Initial Appt and Reappt: 20 cases performed in the past two years. Proctoring Requirement: Minimum of first 4 cases*

**Advanced: use of robotic-assisted system for retroperitoneal procedures, including presacral neurectomy, ureter dissection and biopsy of masses**

<b>Applicant:</b>	<b>Section Chair:</b>	
<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved

*Initial Appt: 10 cases in the past 12 months Proctoring Requirement: Minimum of first 2 cases*  
*Reappt: 10 cases performed in the past two years.*

**Advanced: use of robotic-assisted system for sacrocolpopexy, Burch procedures and other pelvic reconstruction operations**

<b>Applicant:</b>	<b>Section Chair:</b>	
<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved

*Initial Appt: 10 cases in the past 12 months Proctoring Requirement: Minimum of first 2 cases*  
*Reappt: 10 cases performed in the past two years.*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Advanced: use of robotic-assisted pelvic lymphadenectomy, including para-aortic lymphadenectomy**

Applicant:	Section Chair:
<input type="checkbox"/> Requested	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Initial Appt: 10 cases in the past 12 months

Proctoring Requirements: Minimum of first 2 cases

Reappt: 10 cases performed in the past two years

**ACKNOWLEDGEMENT OF PRACTITIONER:**

I certify that I meet the minimum required experience for cognitive/core privileges and the minimum threshold criteria to request the above advanced procedures. I have performed the required number of procedures and can provide documentation to support my eligibility to request each group of privileges/procedures requested. I understand that in making this request, I am bound by the applicable bylaws and/or policies of the hospital and medical staff

\_\_\_\_\_  
Name Signature Date

**SECTION AND DEPARTMENT CHAIRMEN:**

I certify that I have reviewed and evaluated this individual's request for clinical privileges. The privileges have been recommended based upon the applicant's specialty, licensure, specific training, experience, health status, current competence and peer recommendations. Based on the information available and/or personal knowledge, I recommend the practitioner be granted the privilege as noted above:

- Privileges recommended as requested.
- Privileges recommended as requested with the following exceptions:

<u>PRIVILEGE(S)</u>	<u>CONDITIONAL/MODIFICATION/EXPLANATION</u>

**Since this is a new procedure, the Active physician (only) may provide evidence of proctoring (#cases as stated on this form) from another hospital, provided that the proctor from the institution is someone who would be eligible to serve as a proctor at San Gorgonio Memorial Hospital based on his credentials.**

\_\_\_\_\_  
Chairman, Surgical Services Date

\_\_\_\_\_  
Chairman, Credentials Committee Date

\_\_\_\_\_  
Chairman, Medical Executive Committee Date

\_\_\_\_\_  
Steve Barron, CEO – on behalf of the Governing Board Date

**SAN GORGONIO MEMORIAL HOSPITAL  
ROBOTIC ASSISTED PRIVILEGES**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Robotic-Assisted Procedures**

Must hold privileges for equivalent procedure(s) via other means; e.g. open or laparoscopic.

Route 1: Successful completion of an ACGME or AOA post graduate training program that included minimal access procedures and therapeutic robotic devices and their use — within past 12 months must have performed twenty (20) procedures as the primary operator. Surgeon may request both BASIC and ADVANCED privileges at the time of initial request.

Route 2: (a) Completion of daVinci Surgical System training as provided by daVinci Intuitive Surgical *Inc*; (b) training in the utilization of daVinci surgical platform (a minimum of eight (8) hours duration) with didactic and practical experience in a laboratory setting, which includes a minimum of three (3) hours of personal time on the system during training; (c) training should include observation of live cases; (d) live tissue practice in porcine lab; (e) four (4) basic simulation exercises with a passing score of >85% on each, with specific exercises in the specialty associated with the robotic privileges requested; (f) observation of two (2) specialty-specific robotic cases; and (g) first robotic case as the primary surgeon must be completed within 60 days of training, otherwise training will need to be repeated.

Surgeon will initially be eligible to apply for *BASIC* privileges only.

For *ADVANCED* robotic privileges, the surgeon must complete *BASIC* proctoring requirements and twenty (20) BASIC cases of which complications and outcomes will be assessed. Observation of at least two (2) *ADVANCED* cases within the relevant specialty or subspecialty (Primary operator must be certified by the Robotic vendor and/or fully credentialed physician, who currently holds full *ADVANCED* robotic privileges).

Route 3: Prior training and experience at another institution applicant must have held unrestricted robotic privileges at another CMS accredited facility and must have performed a minimum of twenty (20) procedures as the primary operator within past 12 months.

Surgeon will initially be eligible to apply for granted *BASIC* privileges only.

For *ADVANCED* robotic privileges, the surgeon must complete *BASIC* proctoring requirements and demonstrate training and experience.

Practitioner agrees to limit practice to only the specific robotic system for which he or she has provided documentation of training and experience.

**Basic: appendectomy, cholecystectomy, hernia repairs (excludes antireflux fundoplication)**

*Initial Appt: 20 cases in the past 12 months      Proctoring Requirement: Minimum of first 3 cases*

*Reappt: 20 cases performed in the past two years.*

<b>Applicant:</b> <input type="checkbox"/> Requested	<b>Chairman:</b> <input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
---	---	---------------------------------------

**Advanced: antireflux fundoplication, bowel resections, gastrojejunostomy, Heller's myotomy, and splenectomy**

*Initial Appt: 10 cases in the past 12 months      Proctoring Requirement: Minimum of first 2 cases*

*Reappt: 10 cases performed in the past two years.*

<b>Applicant:</b> <input type="checkbox"/> Requested	<b>Chairman:</b> <input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
---	---	---------------------------------------

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advanced Lung and Chest: must successfully complete alternate pathway training requirements – pulmonary wedge resection, mediastinal mass resection, chest wall mass**

*Initial Appt:*

*5 cases in the past 12 months or completed alternate pathway training*

*Reappt: 10 cases performed in the past two years.*

*Proctoring Requirement: Minimum of first 2 cases*

<b>Applicant:</b> <input type="checkbox"/> Requested	<b>Chairman:</b> <input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
---	---	---------------------------------------

**ACKNOWLEDGEMENT OF PRACTITIONER:**

I certify that I meet the minimum required experience for cognitive/core privileges and the minimum threshold criteria to request the above advanced procedures. I have performed the required number of procedures and can provide documentation to support my eligibility to request each group of privileges/procedures requested. I understand that in making this request, I am bound by the applicable bylaws and/or policies of the hospital and medical staff

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION AND DEPARTMENT CHAIRMEN:**

I certify that I have reviewed and evaluated this individual's request for clinical privileges. The privileges have been recommended based upon the applicant's specialty, licensure, specific training, experience, health status, current competence and peer recommendations. Based on the information available and/or personal knowledge, I recommend the practitioner be granted the privilege as noted above:

[ ] Privileges recommended as requested.

[ ] Privileges recommended as requested with the following exceptions:

<b><u>PRIVILEGE(S)</u></b>	<b><u>CONDITIONAL/MODIFICATION/EXPLANATION</u></b>

**However, since this is a new procedure, the Active physician (only) may provide evidence of proctoring (#cases as stated on this form) from another hospital, provided that the proctor from the institution is someone who would be eligible to serve as a proctor at San Geronio Memorial Hospital based on his credentials.**

\_\_\_\_\_  
Chairman, Surgical Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Steve Barron, CEO – on behalf of the Governing Board

\_\_\_\_\_  
Date

**TAB G**

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting of May 3, 2022

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
1	Consents	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors

TAB H



# WE'RE READY WHEN YOU NEED US



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.

600 N. Highland Springs Ave., Banning, CA  
951-845-1121 | [www.sgmh.org](http://www.sgmh.org)

# WHEN YOU CARE WITH PASSION, YOU HEAL WITH COMPASSION



**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 Gorgonio Memorial Hospital is here to care for you.

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**We'll make  
sure you  
and your  
family  
get off to  
a beautiful  
start**



**SAN GORONIO**  
MEMORIAL HOSPITAL  
**WOMEN'S CENTER**

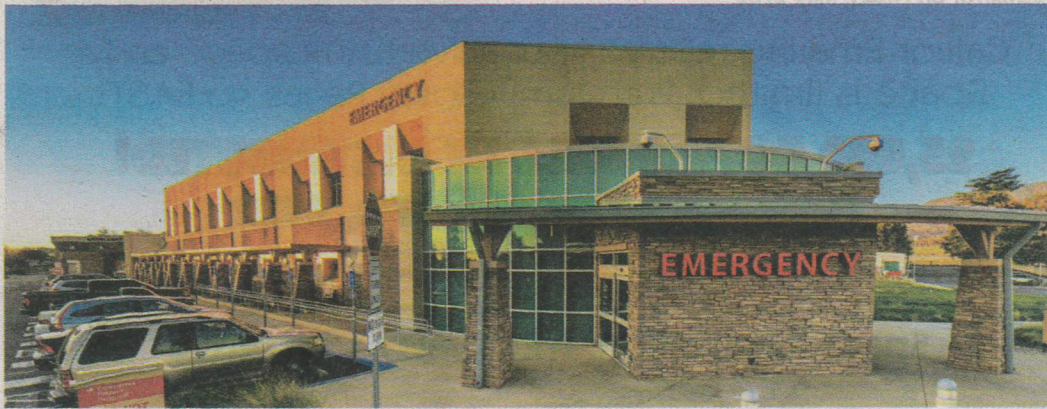
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