



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, April 5, 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://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=m94fb751a946065b4359fb33baa08cab3>

Meeting number: 2550 538 6188

Password: 1234

More ways to join

Join by video system

Dial [25505386188@webex.com](tel:25505386188)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 2550 538 6188

Password: 1234

Emergency phone number if WebEx tech difficulties

951-846-2846

code: 3376#

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

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

Members of the public who wish to comment on any item on the agenda may speak during public comment or submit comments by emailing publiccomment@sgmh.org on or before 1:00 PM on Tuesday, April 5, 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. Sepsis: Protocols and Progress K. Singh, MD/ verbal
P. Brown

OLD BUSINESS

- IV. *Proposed Action - Approve Minutes S. DiBiasi
• March 1, 2022, Regular Meeting A

NEW BUSINESS

- V. Hospital Board Chair Monthly Report S. DiBiasi verbal
- VI. CEO Monthly Report S. Barron verbal
- VII. April, May, & June Board/Committee Meeting Calendars S. DiBiasi B
- VIII. Foundation monthly report R. Robbins/ C
V.Hunter
- IX. Committee Reports:
- Finance Committee S. DiBiasi/
○ March 29, 2022, regular meeting minutes D. Heckathorne D
 - * Proposed Action – Approve February 2022 Financial Statement (Unaudited)
(Approval recommended by Finance Committee 03/29/2022)
 - ROLL CALL

San Geronio Memorial Hospital
Board of Directors Regular Meeting
April 5, 2022

- Human Resources Committee
 - March 17, 2022, regular meeting minutes
 - Reports
- R.Rader/
A.Karam E
- X. Chief of Staff Report
*** Proposed Action - Approve Recommendations of the Medical Executive Committee**
 - **ROLL CALL**S. Khalil, MD F
Chief of Staff
- XI. *** Proposed Action - Approve Policies and Procedures**
 - **ROLL CALL**Staff G
- XII. Community Benefit events/Announcements/
and newspaper articles S. DiBiasi H
- XIII. 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 Environment of Care/Life Safety/Utility Management Report (*Health & Safety Code §32155*)

XIV. 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

XV. ADJOURN

S. DiBiasi

***Action Required**

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

San Geronio Memorial Hospital
Board of Directors Regular Meeting
April 5, 2022

I certify that on April 1, 2022, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Geronio Memorial Hospital, and on the San Geronio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors
(Government Code Section 54954.2).

Executed at Banning, California, on April 1, 2022

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

Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

March 1, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, March 1, 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), Gary Hicks (G.L. Hicks Financial)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi called the meeting to order at 4:04 pm.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
GENERAL TOPIC		
Leapfrog Presentation	Peter Kim, Director of Performance Improvement gave a brief presentation about Leapfrog and the letter grade he expects us to receive.	
OLD BUSINESS		
Proposed Action - Approve Minutes February 1, 2022,	Chair DiBiasi asked for any changes or corrections to the minutes of the February 1, 2022, regular meeting as included on the board tablets.	The minutes of the February 1, 2022, regular meeting will stand correct

AGENDA ITEM		ACTION / FOLLOW-UP
regular meeting.		as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Susan reported that Administration has been busy. She also mentioned that she was appreciated that we held the Community Planning Committee meeting.	
CEO Monthly Report	Steve reported that the COVID census dropped to one. Steve mentioned that drop in COVID patients was expected by the end of February. Steve reported that elective surgeries were canceled for a few weeks due to staffing shortages. However, we will be getting the da Vinci robot soon and will need to start building our surgical volume.	
March, April, & May Board/Committee meeting calendars	Calendars for March, April, and May were included on the board tablets.	
Foundation Monthly Report	The Foundation Director, Valerie Hunter, gave the Foundation Monthly Report as included on the board tablets.	
Patient Care Services Bi-Monthly Report	Chair DiBiasi noted that the Patient Care Services Bi-Monthly report was included as a handout for review.	
COMMITTEE REPORTS:		

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>Finance Committee</p> <p>Proposed Action – Recommend Approval of the January 2022 Financial Statement (Unaudited).</p>	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the January 2022 Financial report which was included on the board tablet. A copy of the Finance Committee’s February 22, 2022, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the January 2022 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 604 1250 795"> <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>M.S.C., (Rutledge/Tankersley), the SGMH Board of Directors approved the January 2022 Financial Statement as presented.</p>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p>2022 General Obligation Refunding Bonds Memorandum</p>	<p>Gary Hicks, with G.L. Financial, reviewed the 2022 General Obligation Refunding Bonds Memorandum, discussing details of the bond and Resolution No. 2022-03 as well as Resolution No. 2022-04.</p>																					
<p>Proposed Action – Recommend approval to the Healthcare District Board to adopt Resolution No. 2022-03 regarding authorizing the commencement of proceedings in connection with the proposed issuance of general obligation refunding bonds and designating a financial advisor, bond counsel and a placement agent in connection therewith.</p>	<p>Gary Hicks reviewed Resolution No. 2022-03, authorizing the commencement of proceedings in connection with the proposed issuance of general obligation refunding bonds and designating a financial advisor, bond counsel and a placement agent in connection therewith.</p> <p>It was noted that approval is recommended to the District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1390 1250 1581"> <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>M.S.C. (Rader/Welch), the SGMH Board of Directors voted to recommend approval to adopt Resolution No. 2022-03 regarding authorizing the commencement of proceedings in connection with the proposed issuance of general obligation refunding bonds and designating a financial advisor, bond counsel and a placement agent in connection therewith.</p>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>Proposed Action – Recommend approval to the Healthcare District Board to adopt Resolution No. 2022-04 regarding Approving the form and authorizing the execution of a deposit and transfer agreement (The deposit and transfer agreement, approved by this resolution, is attached as an exhibit to the Resolution).</p>	<p>Gary Hicks reviewed Resolution No. 2022-04, approving the form, and authorizing the execution of a deposit and transfer agreement (the deposit and transfer agreement, approved by this resolution, is attached as an attachment to the resolution).</p> <p>It was noted that approval is recommended to the District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 604 1250 793"> <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>M.S.C. (Welch/Stevens), the SGMH Board of Directors voted to recommend approval to adopt Resolution No. 2022-04 regarding Approving the form and authorizing the execution of a deposit and transfer agreement (The deposit and transfer agreement, approved by this resolution, is attached as an exhibit to the Resolution).</p>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p>2022 Revenue Bonds Memorandum</p>	<p>Gary Hicks, with G.L. Financial, reviewed the 2022 Revenue Bonds Memorandum, discussing details of the bond and Resolution No. 2022-05 as well as Ordinance No. 2022-01.</p>																					
<p>Proposed Action – Recommend approval to the Healthcare District Board to adopt Resolution No. 2022-05 regarding authorizing the commencement of proceedings in connection with the proposed issuance of revenue bonds and designating a financial advisor, bond counsel, district counsel and a placement agent in</p>	<p>Gary Hicks reviewed Resolution No. 2022-05, authorizing the commencement of proceedings in connection with the proposed issuance of revenue bonds and designating a financial advisor, bond counsel, district counsel, and a placement agent in connection therewith.</p> <p>It was noted that approval is recommended to the District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1591 1250 1780"> <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>M.S.C. (Rader/Welch), the SGMH Board of Directors voted to recommend approval to adopt Resolution No. 2022-05 regarding authorizing the commencement of proceedings in connection with the proposed issuance of revenue bonds and designating a financial advisor, bond counsel, district counsel and</p>
Capobianco	Yes	DiBiasi	Yes																			
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Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>connection therewith.</p>		<p>a placement agent in connection therewith.</p>																				
<p>Proposed Action – Recommend approval to the Healthcare District Board to adopt Ordinance No. 2022-01 regarding approving a formal agreement for the sale of San Gorgonio Memorial Healthcare District Revenue bonds series 2022A (Federally Taxable) and San Gorgonio Memorial Healthcare District revenue bonds series 2022B (The form of bond purchase agreement, approved by this resolution, is attached to this ordinance).</p>	<p>Gary Hicks reviewed Ordinance No. 2022-01, approving a formal agreement for the sale of San Gorgonio Memorial healthcare District Revenue Bonds series 2022A (Federally Taxable) and San Gorgonio Memorial Healthcare District revenue bonds series 2022B (the form of bond purchase agreement, approved by this resolution, is attached to this ordinance).</p> <p>It was noted that approval is recommended to the District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 827 1250 1016"> <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.		<p>M.S.C. (Welch/Ngo), the SGMH Board of Directors voted to recommend approval to adopt Ordinance No. 2022-01 regarding approving a formal agreement for the sale of San Gorgonio Memorial Healthcare District Revenue bonds series 2022A (Federally Taxable) and San Gorgonio Memorial Healthcare District revenue bonds series 2022B (The form of bond purchase agreement, approved by this resolution, is attached to this ordinance).</p>
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
<p>Bond Purchase Agreement – Informational</p>	<p>The Bond Purchase Agreement Document was included as informational. This document was also included as an exhibit in Ordinance No. 2022-01.</p>																					
<p>Chief of Staff Report</p> <p>Proposed Action – Approve Recommendations</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"> • 2022 Annual Approval of Policies and Procedures • 2022 Patient Safety Program 	<p>M.S.C., (Welch/Rader), the SGMH Board of Directors approved the Medical Executive</p>																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
of the Medical Executive Committee	<ul style="list-style-type: none"> 2022 Performance Improvement Plan 2022 PI Project Prioritization Grid <p>Informational:</p> <ul style="list-style-type: none"> New Surgery Chairman: Jeh Yung, MD New Peer Review Rep. for Surgery: Aron Depew, MD <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 615 1247 804"> <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.		Committee recommended approval items as submitted.
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
Proposed Action – Approve Policies and Procedures	<p>There were twenty-one (29) 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="383 993 1247 1182"> <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.		M.S.C., (Ngo/Welch), the SGMH Board of Directors approved the policies and procedures as submitted.
Capobianco	Yes	DiBiasi	Yes																			
Labha	Absent	Ngo	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Tankersley	Yes																			
Welch	Yes	Motion carried.																				
Community Benefit events/Announcements/and newspaper articles	<p>Miscellaneous information was included on the board tablets.</p>																					
Future Agenda Items	<p>None.</p>																					
Adjourn to Closed Session	<p>Chair DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> ➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing <p>The meeting adjourned to Closed Session at 5:32 pm.</p>																					
Reconvene to Open Session	<p>The meeting adjourned from closed session at 5:38 pm.</p> <p>At the request of Chair DiBiasi, Ariel Whitley reported on the</p>																					

AGENDA ITEM		ACTION / FOLLOW-UP
	actions taken/information received during the Closed Session as follows: <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing 	
Adjourn	The meeting was adjourned at 5:38 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

April 2022

Board of Directors Calendar

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

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

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

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 Administration Closed. Memorial Day!	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 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	8	9	10	11
12	13	14 	15	16	17	18
19 	20	21	22	23	24	25
26	27	28 9:00 am Finance Committee 10:00 am Executive Committee	29	30		

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

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

TAB C

SGMH Foundation March 2022 Report

Foundation Finances for March 2022 (as of March 30, 2022)

Bank of Hemet Checking Acct	\$278,723.37	(actual as of <u>3/30/2022</u>)
Bank of Hemet Money Market Acct	\$128,095.48	(actual as of <u>3/30/2022</u>)
I.E. Community Foundation Acct:	\$103,275.86	<u>Actual for Feb 2022.</u>
	Total	\$510,094.71

Foundation Report

- On behalf of myself and the entire Foundation board of directors, we'd like to thank everyone's support relating to the generous donation from Morongo to the Foundation to help bring a Stroke Center to the hospital.
 - The San Gorgonio Memorial Hospital Foundation Board will hold and oversee the restricted funds for the future "Stroke Center" at SGMH.
- The Foundation board members will start to meet with community groups to ask to support any programs relating to the Stroke center's equipment and programs.
- The San Gorgonio Memorial Hospital Foundation executive team and I will work diligently to find funders to support the capital needs of the hospital.
- The Foundation board will begin to meet and strategize to bring a memorable golf tournament in 2023.

TAB D

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, March 29, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, March 29, 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: Susan DiBiasi, Ron Rader, Steve Rutledge, Siri Welch

Members Absent: Ehren Ngo (Chair)

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
Call To Order	Susan DiBiasi called the meeting to order at 9:04 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes February 22, 2022, regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the February 22, 2022, regular meeting. There were none.	The minutes of the February 22, 2022, regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – February 2022</p>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited February 2022 finance report as included in the board packets.</p> <p>Mr. Heckathorne reported that February had \$374K negative EBIDA compared to budgeted EBIDA loss of \$1.098M. The Hospital began to see a gradual decrease in COVID related cases toward the middle of February. Although the average census has dropped to previous norms, surgery cases rebounded to 139 plus 19 G.I. procedures. Additional February adjustments included deductions from revenue had an extra expense of \$376K due to long-stay patient cases. Other income included \$383K of Cares Act Phase 4 reimbursement, \$73K COVID expense reimbursement from the SGMH Foundation, and a third-party settlement of \$360K. Salaries expense was credited \$237K for PTO accruals (KRONOS downtime reconciliation). Contract Labor was credited \$97K after staff diversion re: KRONOS downtime reconciliation.</p> <p>Mr. Heckathorne included two new dashboard items and new reports to the February Unaudited Financial Report.</p> <p>It was noted that approval is recommended to the Hospital Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 1171 1219 1285"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td></td> <td></td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Ngo	Absent	Rader	Yes	Rutledge	Yes	Welch	Yes			<p>M.S.C. (Rutledge/Rader), the SGMH Finance Committee voted to recommend approval of the Unaudited February 2022 Financial report to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Absent											
Rader	Yes	Rutledge	Yes											
Welch	Yes													
<p>Future Agenda Items</p>	<p>None.</p>													
<p>Next Meeting</p>	<p>The next regular Finance Committee meeting will be held on April 26, 2022.</p>													
<p>Adjournment</p>	<p>The meeting was adjourned 10:16 am.</p>													

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA

Unaudited Financial Statements

for

EIGHT MONTHS ENDING FEBRUARY 28, 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 February 28, 2022 and Eight Months Ended February 28, 2022 (Unaudited)

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

The month of February had \$374K negative Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$1.098M.

YTD – There was a \$3.1M loss in Earnings before Interest, Depreciation and Amortization (EBIDA) compared to a budgeted loss of \$4.3M (adjusted to \$3.4M to remove \$895K IGT Expense booked in 2021).

Month – Adjustments/unusual items: The Hospital started seeing a gradual decrease in covid related cases toward the middle of February. Although the average census has dropped to previous norms, surgery cases rebounded to 139 plus 19 G.I. procedures. Other February adjustments included:

- Deductions from Revenue had an extra expense of \$376K due to long-stay patient cases;
- Other Income included \$383K of Cares Act Phase 4 reimbursement, \$73K Covid expense reimbursement from the SGMH Foundation, and a third-party settlement of \$360K.
- Salaries expense was credited \$237K for PTO accruals (KRONOS downtime reconciliation)
- Contract Labor was credited \$97K after staff diversion re: KRONOS downtime reconciliation

February's inpatient average daily census dropped to 29.5, down from 42.1 in January. Adjusted Patient Days were slightly over budget due to the high outpatient surgery volumes, while Patient Days were 21% below budget (827 vs.1,048). Emergency Visits were 15% under budget (2,655 vs. 3,122), but overall Surgeries were significantly over budget by 53% (139 vs. 91).

YTD – Overall workloads are as follows: Adjusted Patient Days = 16,673 vs. 17,483 budgeted (-4.6%); Patient Days = 7,180 vs. 8,439 budgeted (-15%); Emergency Visits = 26,338 vs. 25,747 (+2.3%), and Surgeries were 848 vs. 709 (+20%). EBIDA results are now \$1.1M better than the unadjusted EBIDA target of \$4.26M for the first 8 months of the year. Overall Operating Revenues are \$294K better than budget, while Operating Expenses were \$855K under budget.

Patient Revenues (MTD) Negative & YTD Positive

Month - The Net Patient Revenue in February would have slightly exceeded budget except for the \$376K adjustment mentioned above. The estimated increased reimbursement due to managed care contracted rate increases was \$185K in February.

YTD – Net Patient Revenue through February was \$40.5M compared to the budgeted \$40.4M. The increase in managed care contracted revenue since September has been estimated at \$1.2M.

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

Month – Operating Revenue in February was \$341K over budget. This was favorably impacted by the key variances in Other Income described above.

YTD – Operating Revenue was \$294K over budget, impacted by the Net Patient Revenues being \$131K over budget and the Non-Patient Revenues were \$163K over budget.

Operating Expenses (MTD) Positive & (YTD) Positive

Month - Operating Expenses in February were \$6.43M and were under budget by \$382K. Notable items impacting the budget were as follows: 1) Salaries were \$362K under budget impacted by the reversal of the PTO accrual discussed above. 2) Benefits were over budget, which is consistent with the year's trend. 3) Contract Labor was \$143K under over budget, largely impacted by reversal of previously over-accrued expenses per the comment above; 4) Purchased Services were \$123K over budget impacted by Navigant collection fees and Allscripts fees being a combined \$207K over budget, while other I/T items were under budget by \$41K; 5)Supplies were over budget by \$83K, with a \$54K variance in Pharmacy supplies, \$27K in prosthesis, and \$25K in general Medical supplies. 6) Utilities

were over budget (\$66K) primarily due to the costs associated with the cold weather in February; 7) Other Expenses were \$143K below budget. Everyone is continuing to take a conservative approach on all costs including dues and subscriptions, outside travel, and education costs. 8) Rents and Leases were \$83K below budget, which includes the delay in the startup of the surgical robotics program (\$25K) and conversion of a portion of telemetry monitors to actual purchases (\$34K).

YTD – Variances include: 1) Salaries were \$554K under budget while Benefits were \$339K over budget; 2) Contract Labor was over budget by \$127K due to shortage of nurses and the covid surge; 3) Supplies were over budget by \$1.1M, largely due to the covid surges and much higher Surgery volumes than budgeted. Some of the major variances over budget include Surgery (\$154K), Lab (\$661K), Pharmaceuticals (\$479), Emergency (\$93K), Blood (\$67K), and ICU and Med Surg (\$213K). These were offset by several other departments whose supply costs were below budget 4) Repairs were over budget by \$126K, which included accelerated repairs made on emergency doors and negative pressure rooms; 5) Other Expenses were \$876K 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 \$260K), along with other expenditures which have been delayed; 6) IGT Expense was under budget by \$895K due to those costs being included in the previous year's audited statements; and 7) Leases and Rentals were \$457K below budget, of which \$377K was impacted by the exclusion of leasing telemetry monitors along with the delay in the surgical robotics lease, and Respiratory Therapy rentals are \$105K less than expected.

Balance Sheet/Cash Flow

Patient cash collections in February were \$6.7M, compared to \$4.2M in January, and \$6.0M in December. As far as we can tell, February's A/R cash collections were the largest ever in SGMH history, and this is especially remarkable for a 28 day month! The Gross A/R Days dropped from 74.4 in January to 71.4 in February. This drop is in spite of the fact that we were unable to relieve approximately \$2.38M of bad debt accounts over the last 2 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 February to \$5.4M compared to \$7.3M in January. The line of credit balance, however, was reduced from \$9M in January to \$6M at the end of the month, although we will need to make more draws in upcoming months. The Accounts Payable was \$9.1M, compared to the \$8.2M level on January 31st.

Concluding Summary

Positive takeaways:

- 1) Total Surgeries were over budget by 53%.
- 2) Non-Patient Revenue was an important key to February's performance.

Negative takeaways:

- 1) Supply expenses continue to be a challenge.

Dashboard Items and New Report:

Two new dashboards were included in the February 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. This illustrates just how dependent the Hospital is on Supplemental funding to cover all other costs and to provide for a positive EBIDA. The second new dashboard illustrates the "normalization" of the Supplemental funding recorded in December by allocating equal portions of December's amounts over the first 6 months of the fiscal year. This has the impact of "normalizing both the monthly Operating Revenues and the monthly EBIDA's for this 6 month period.

New to the reports this month is a comparative Month-to-Month Statement of Revenues and Expenses for the current fiscal year, along with comparisons to the monthly averages of FYE's 2018 – 2021.

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.

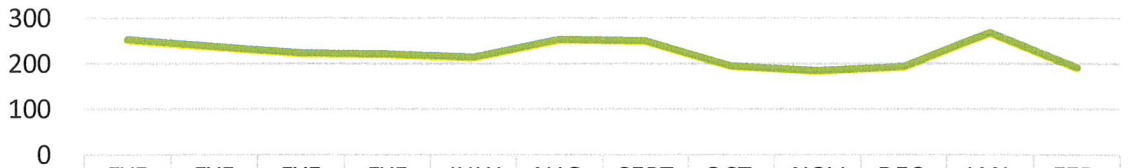
ADJUSTED PATIENT DAYS

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.

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SAN GORGONIO MEMORIAL HOSPITAL

INPATIENT DISCHARGES



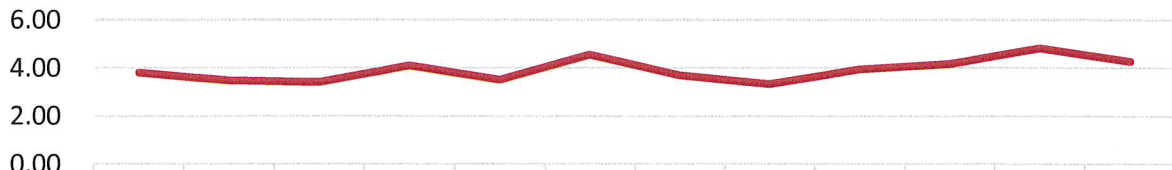
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG. 2021	SEPT 2021	OCT. 2021	NOV 2021	DEC. 2021	JAN. 2022	FEB. 2022
DSCHGS	253	238	224	222	214	253	251	196	185	194	269	192

INPATIENT DAYS



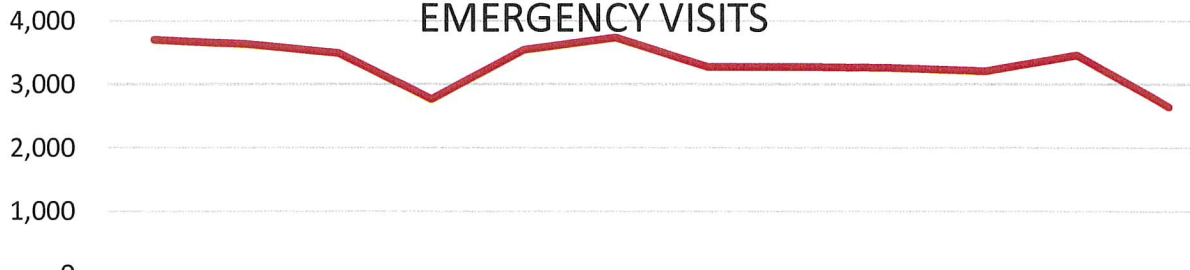
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG. 2021	SEPT 2021	OCT. 2021	NOV 2021	DEC. 2021	JAN. 2022	FEB. 2022
PAT. DAYS	969	833	767	917	755	1,157	935	658	732	814	1,306	827

AVERAGE LENGTH OF STAY



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG. 2021	SEPT 2021	OCT. 2021	NOV 2021	DEC. 2021	JAN. 2022	FEB. 2022
ALOS	3.83	3.50	3.43	4.13	3.53	4.57	3.73	3.36	3.96	4.20	4.86	4.31

EMERGENCY VISITS

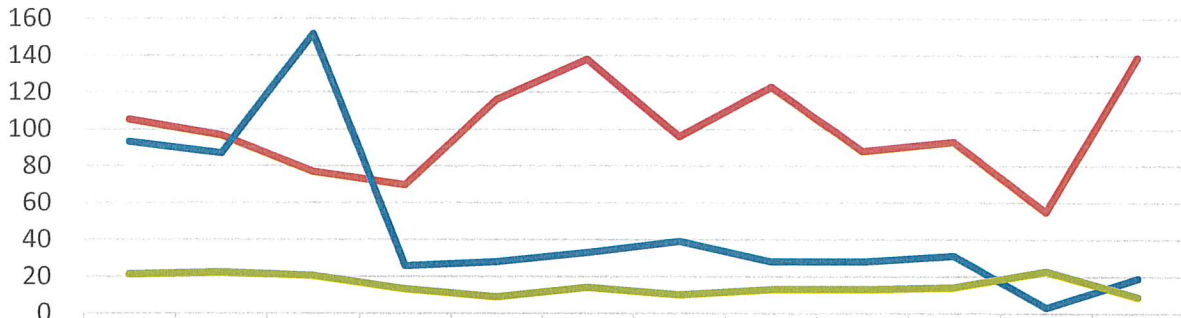


	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG. 2021	SEPT 2021	OCT. 2021	NOV 2021	DEC. 2021	JAN. 2022	FEB. 2022
VISITS	3,714	3,641	3,500	2,775	3,548	3,742	3,277	3,284	3,268	3,212	3,466	2,655

3-B

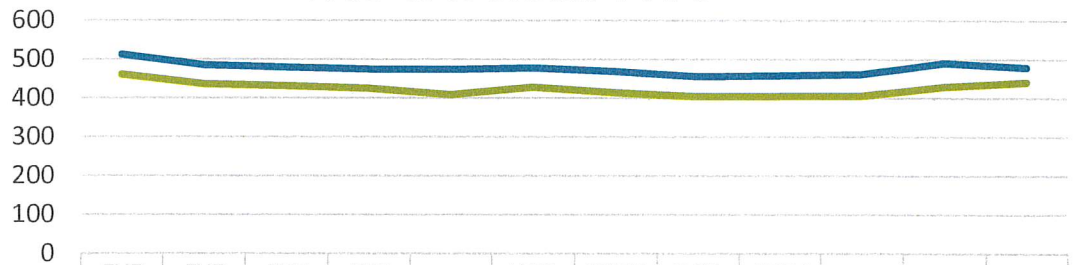
SAN GORGONIO MEMORIAL HOSPITAL

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



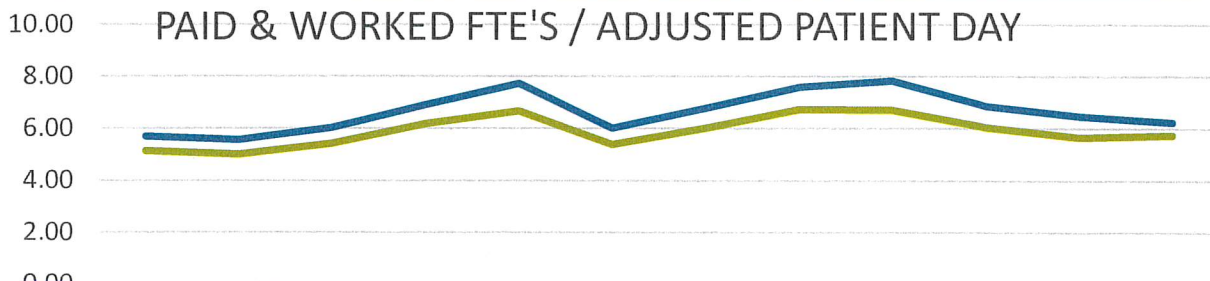
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG. 2021	SEPT 2021	OCT. 2021	NOV 2021	DEC. 2021	JAN. 2022	FEB. 2022
— SURG.	105	97	77	70	116	138	96	123	88	93	55	139
— G.I.CASES	93	87	152	26	28	33	39	28	28	31	3	19
— DELIV.	21	22	21	13	9	14	10	13	13	14	23	9

PAID & WORKED FTE'S



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY, 2021	AUG. 2021	SEPT 2021	OCT. 2021	NOV 2021	DEC, 2021	JAN, 2022	FEB, 2022
— PAID FTES	511	484	479	474	473	476	468	455	457	460	491	479
— WRKD FTES	461	436	431	425	408	428	414	404	405	406	429	442

PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY, 2021	AUG., 2021	SEPT., 2021	OCT., 2021	NOV, 2021	DEC, 2021	JAN, 2022	FEB, 2022
— PFTES/APD	5.69	5.55	6.01	6.89	7.72	6.00	6.79	7.59	7.84	6.88	6.47	6.23
— WFTES/APD	5.13	5.00	5.41	6.18	6.66	5.39	6.01	6.74	6.72	6.06	5.66	5.75

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.

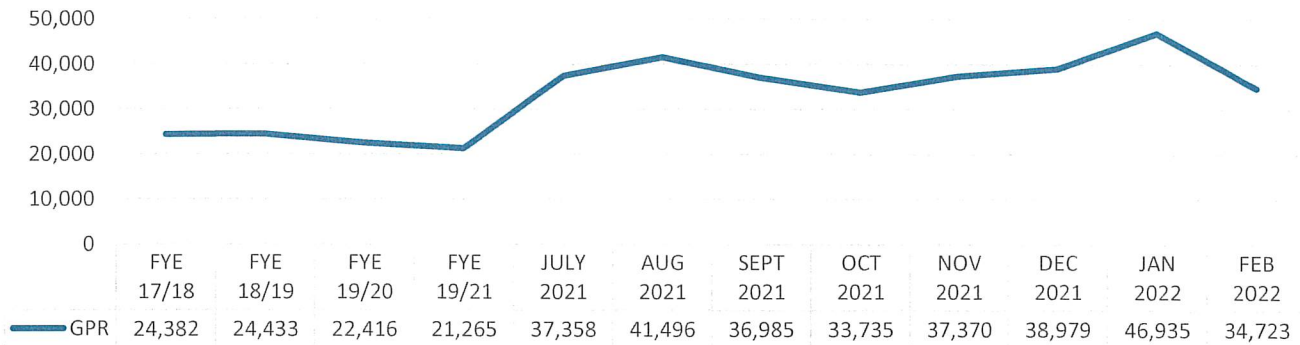
Operating Revenues (Normalized), Expenses, Staffing Expenses, and EBIDA (Normalized)
(new in February, 2022)

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.

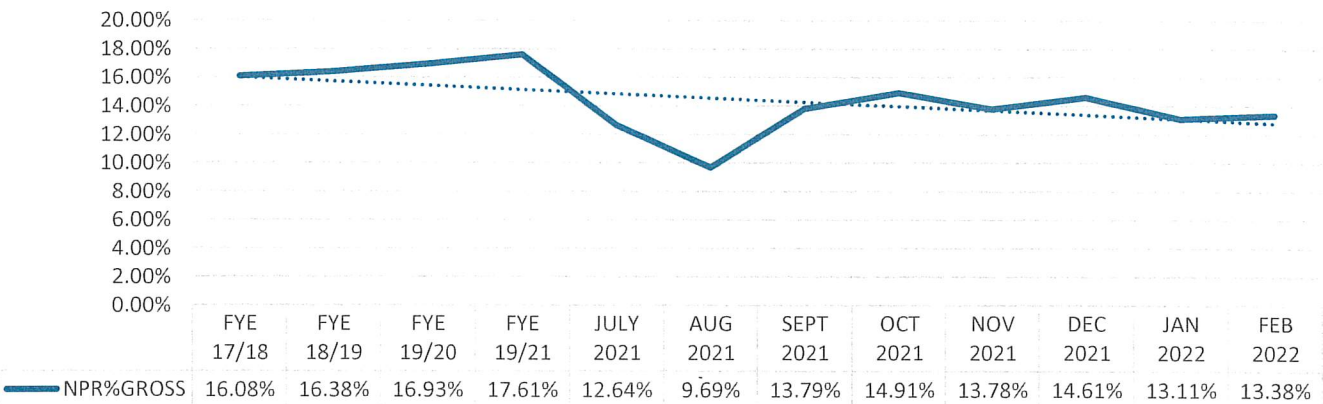
3-17

SAN GORGONIO MEMORIAL HOSPITAL

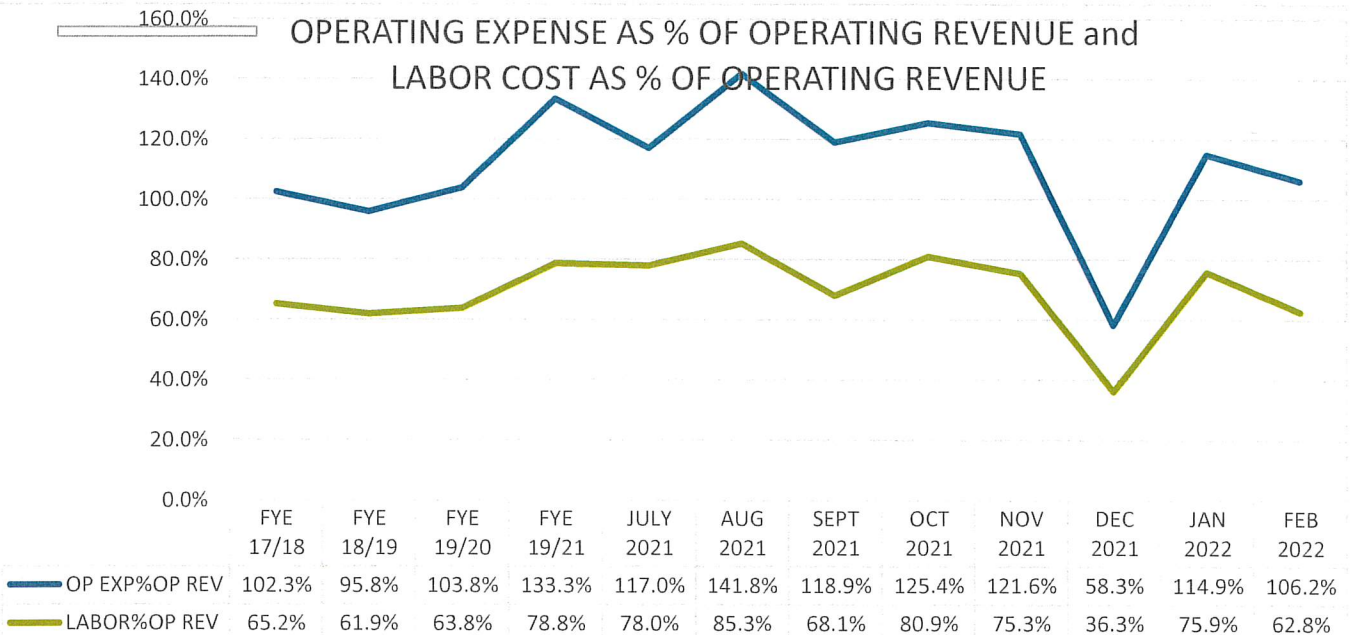
GROSS PATIENT REVENUE



NET PATIENT REVENUE AS % OF GROSS



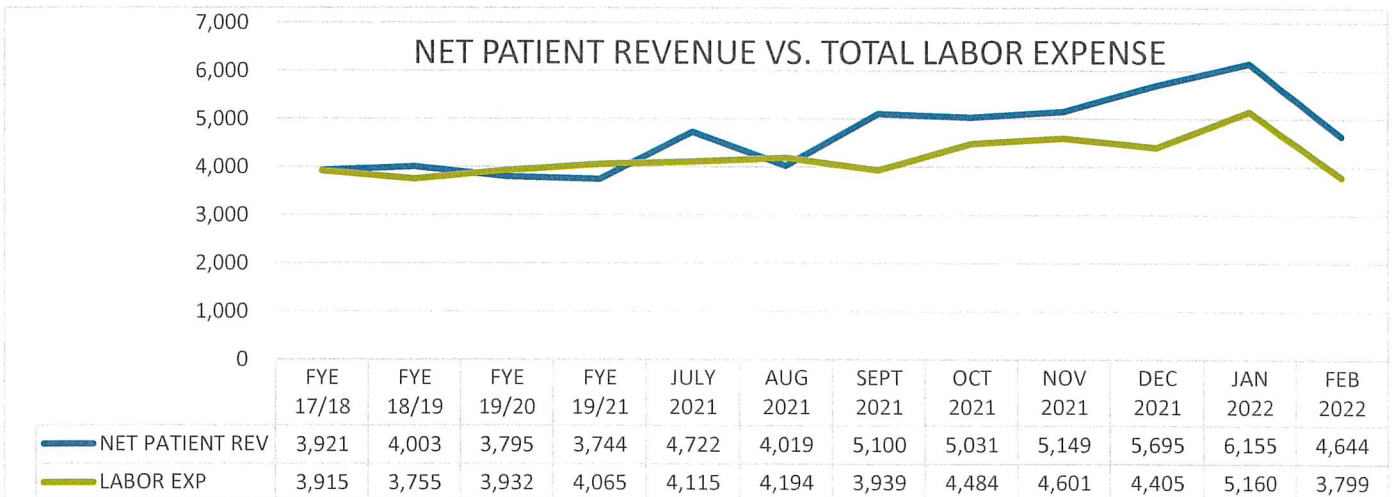
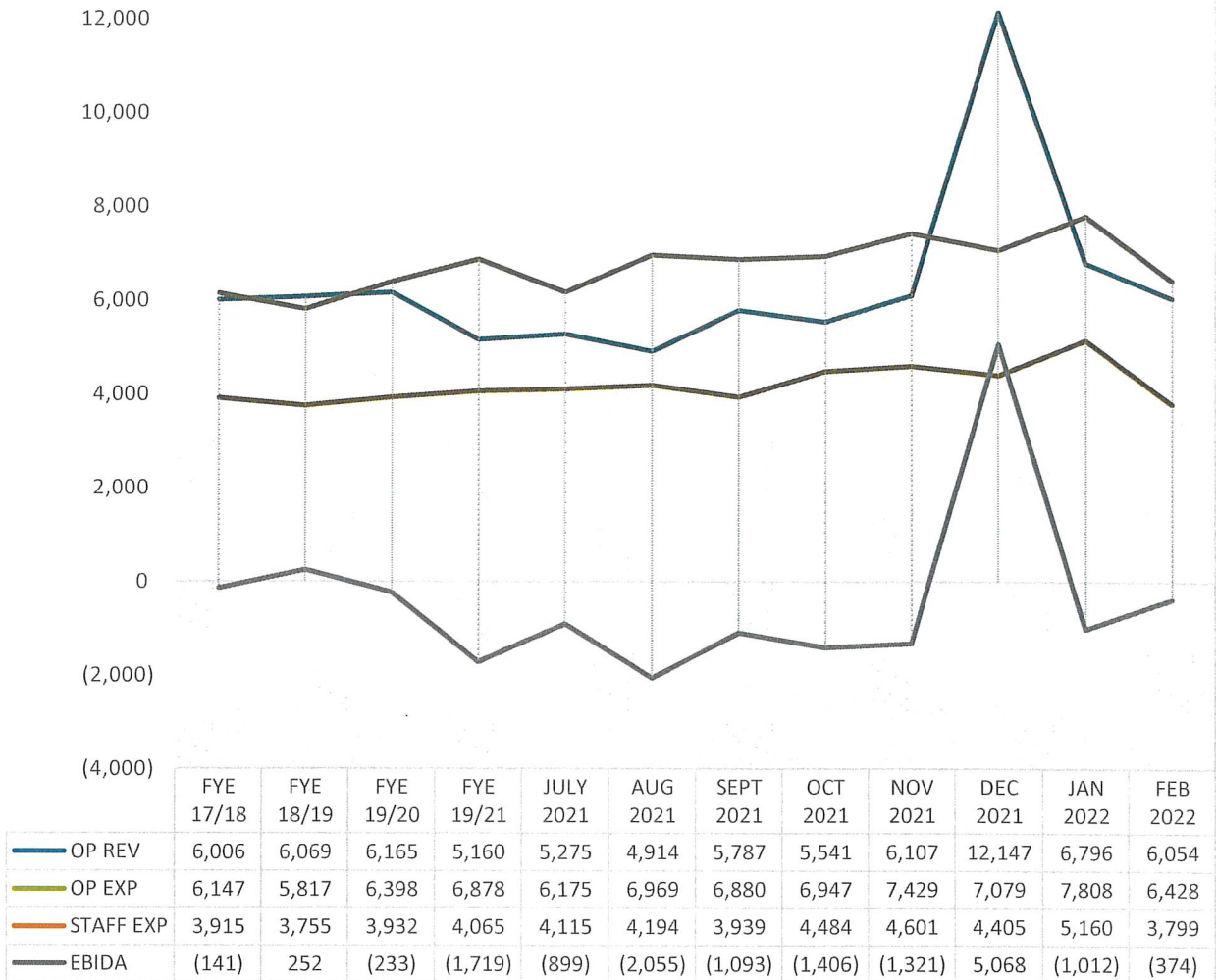
OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



3-E

SAN GORGONIO MEMORIAL HOSPITAL

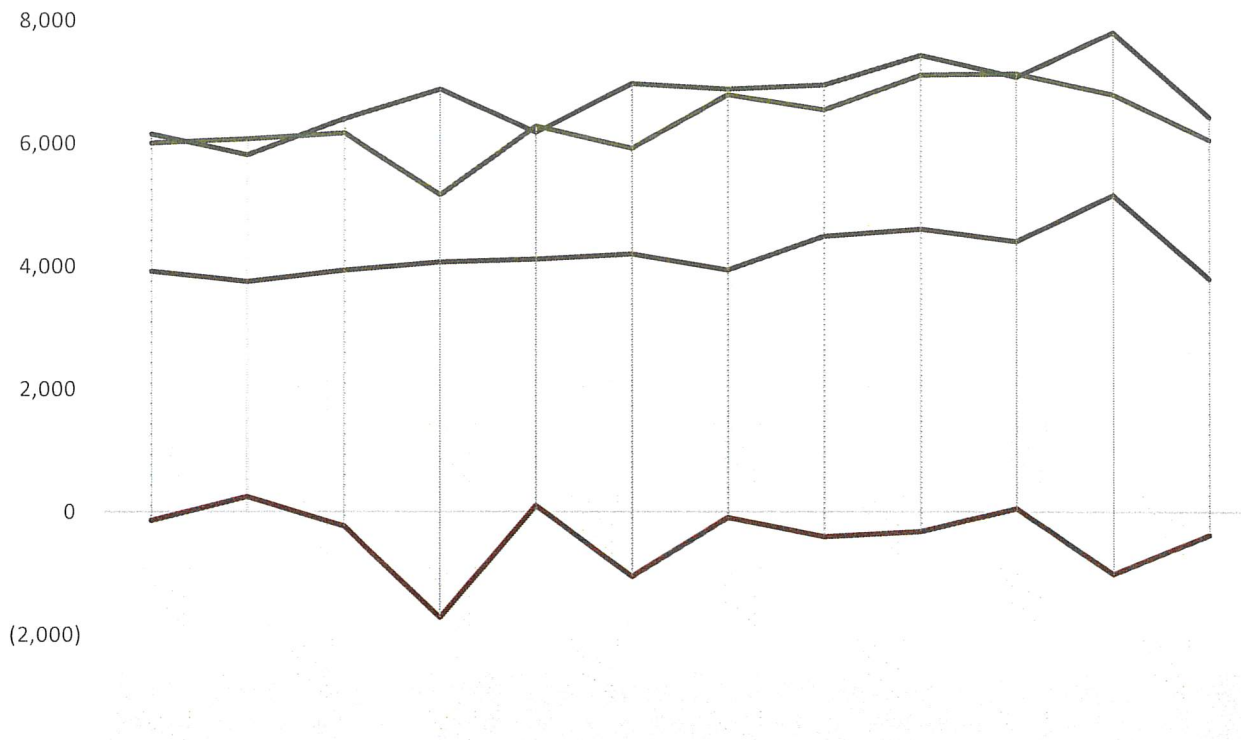
OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



3-F

SAN GORGONIO MEMORIAL HOSPITAL

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



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 19/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2022	FEB 2022
REV NORMAL	6,006	6,069	6,165	5,160	6,277	5,916	6,789	6,543	7,109	7,137	6,796	6,054
OP EXP	6,147	5,817	6,398	6,878	6,175	6,969	6,880	6,947	7,429	7,079	7,808	6,428
LABOR EXP	3,915	3,755	3,932	4,065	4,115	4,194	3,939	4,484	4,601	4,405	5,160	3,799
EBIDA NORMAL	(141)	252	(233)	(1,719)	103	(1,053)	(91)	(404)	(319)	58	(1,012)	(374)

3-G

SAN GORGONIO HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA
Month-to Month FYE June 30, 2022
Statement of Revenue and Expense

	FYE17/18	FYE18/19	FYE19/20	FYE 20/21	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22	FYE 21/22
	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.
Gross Patient Revenue													
Inpatient Revenue	\$ 8,652,325	\$ 7,667,883	\$ 7,401,282	\$ 9,331,371	\$ 18,290,836	\$ 15,366,746	\$ 20,315,097	\$ 18,658,896	\$ 11,148,784	\$ 18,051,448	\$ 17,581,450	\$ 29,180,538	\$ 16,023,727
Inpatient Psych/Rehab Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Revenue	15,730,069	16,765,365	15,067,104	11,933,682	20,156,821	21,991,078	21,181,242	18,326,106	22,586,269	19,318,269	21,397,485	17,754,388	18,699,730
Long Term Care Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Home Health Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Gross Patient Revenue	24,382,394	24,433,247	22,468,386	21,265,053	38,447,657	37,357,824	41,496,339	36,985,002	33,735,053	37,369,717	38,978,936	46,934,926	34,723,457
Deductions From Revenue													
Discounts and Allowances	(19,635,639)	(19,588,148)	(17,845,730)	(16,635,734)	(31,884,507)	(31,157,700)	(36,364,720)	(30,346,595)	(27,094,692)	(30,704,377)	(31,514,954)	(38,941,080)	(28,951,935)
Bad Debt Expense	(806,002)	(858,023)	(653,280)	(824,395)	(1,417,416)	(1,478,073)	(963,563)	(1,509,194)	(1,466,791)	(1,418,564)	(1,744,778)	(1,661,127)	(1,097,242)
GI HMO Discounts	0	0	0	0	0	0	0	0	0	0	0	0	0
Charity Care	(80,410)	(56,168)	(86,517)	(41,362)	(81,112)	0	(148,810)	(29,218)	(142,235)	(97,440)	(23,772)	(177,583)	(29,837)
Total Deductions From Revenue	(20,522,051)	(20,502,339)	(18,585,527)	(17,501,490)	(33,383,035)	(32,635,773)	(37,477,083)	(31,865,008)	(28,703,718)	(32,220,382)	(33,283,504)	(40,779,789)	(30,079,014)
Net Patient Revenue	3,860,343	3,930,908	3,882,859	3,763,563	5,064,622	4,722,051	4,019,246	5,099,995	5,031,335	5,149,335	5,695,431	6,155,137	4,644,443
Non-Patient Revenues													
IGT/DHS Revenues	1,530,975	1,485,337	1,157,326	869,707	752,111	0	0	0	0	0	0	0	0
Grants & Other Op Revenues	193,507	205,590	750,434	505,190	376,660	167,360	505,308	308,393	124,989	573,166	51,070	257,227	1,025,766
Clinic Net Revenues	20,106	22,362	15,743	15,743	0	0	0	0	0	0	0	0	0
Tax Subsidies Measure D	174,852	196,524	199,469	209,744	233,333	233,333	233,333	233,333	233,333	233,333	233,333	233,333	233,333
Tax Subsidies Prop 13	105,376	115,388	114,061	142,552	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000
Tax Subsidies County Supplml Funds	16,858	16,159	9,064	16,163	0	0	0	0	0	0	0	0	0
Non-Patient Revenues	2,041,675	2,041,381	2,246,097	1,743,355	1,512,104	888,641	888,641	691,726	508,322	956,499	6,451,291	640,560	1,409,099
Total Operating Revenue	5,902,018	5,972,289	6,128,956	5,506,919	6,576,725	5,272,745	4,907,888	5,791,721	5,539,656	6,105,833	12,146,722	6,795,697	6,053,542
Operating Expenses													
Salaries and Wages	3,000,485	2,941,226	3,104,224	3,125,159	3,416,370	3,189,198	3,247,078	3,119,355	3,609,281	3,731,115	3,541,554	3,869,331	3,024,051
Fringe Benefits	784,204	702,477	752,708	856,889	838,319	846,091	739,288	723,743	807,750	806,996	755,181	1,176,353	851,149
Contract Labor	130,625	106,628	95,516	114,886	82,379	79,279	207,937	95,749	66,995	62,832	108,418	114,375	(76,550)
Physicians Fees	211,630	246,631	331,858	350,783	323,911	360,075	224,167	532,291	316,536	343,587	198,313	296,243	(316,570)
Purchased Services	581,239	513,857	691,337	772,336	513,356	613,182	891,877	810,404	810,404	1,033,039	953,575	992,328	2,591,290
Supply Expense	699,167	685,518	751,025	903,883	969,345	644,984	1,273,837	1,133,627	784,949	1,044,298	931,808	877,171	992,847
Utilities	74,205	75,471	80,680	92,287	112,942	67,465	61,579	119,284	159,817	83,919	145,701	135,515	7,002,747
Repairs and Maintenance	53,574	58,325	58,592	139,712	71,464	107,979	71,453	89,547	89,547	48,900	48,900	47,901	903,539
Insurance Expense	86,537	85,267	103,277	110,683	120,629	115,997	115,997	115,997	115,997	129,887	130,590	130,590	571,709
All Other Operating Expenses	68,153	70,922	160,745	148,752	83,393	63,027	56,824	97,243	122,788	46,020	75,944	154,765	50,537
IGT Expense	217,249	58,743	109,484	172,366	0	0	0	0	0	0	0	0	0
Leases and Rentals	57,507	76,150	79,233	79,424	71,053	69,305	73,820	56,259	87,089	81,362	76,968	72,138	51,487
1206 (b) CLINIC	80,927	98,810	94,628	34,096	0	0	0	0	0	0	0	0	0
Total Operating Expenses	6,045,502	5,720,023	6,377,306	6,901,255	6,965,162	6,174,581	6,969,083	6,887,564	6,946,803	7,428,666	7,078,738	7,808,187	6,427,676
EBIDA	(143,485)	252,266	(248,351)	(1,394,337)	(388,437)	(901,836)	(2,061,196)	(1,095,843)	(1,407,147)	(1,322,832)	5,067,984	(1,012,491)	(374,133)
Interest, Depreciation, and Amortization													
Depreciation and Amortization	512,466	497,808	506,497	494,721	504,865	504,865	504,865	504,865	504,865	504,865	504,865	504,865	504,865
Interest Expense	432,490	418,193	422,094	447,994	414,996	386,425	413,384	335,467	404,425	421,092	374,425	393,735	591,013
Total Interest, Depr., & Amort.	944,956	916,000	928,591	942,715	919,861	891,290	918,249	840,332	909,290	925,957	879,290	898,600	1,095,878
Non-Operating Revenue:													
Contributions & Other	14,354	7,745	27,759	7,121	28,898	3,213	29,882	2,969	1,708	1,695	4,381	963	186,373
Tax Subsidies for GO Bonds - M-A	652,487	692,457	666,966	598,410	613,966	613,966	613,966	613,966	613,966	613,966	613,966	613,966	613,966
Total Non Operating Revenue/(Expense)	666,841	700,202	694,725	605,531	642,864	617,179	643,864	616,935	615,674	615,661	618,347	614,928	800,339
Total Net Surplus/(Loss)	(421,599)	36,467	(482,217)	(1,731,521)	(665,434)	(1,175,948)	(2,335,597)	(1,319,240)	(1,700,764)	(1,633,129)	4,807,040	(1,296,162)	(669,672)
Change in Interest in Foundation	0	0	0	0	0	0	0	0	0	0	0	0	0
Extra-ordinary Loss on Financing	0	0	(689,574)	(650)	0	0	0	0	0	0	0	0	0
Increase/(Decrease in Unrestricted Net / \$)	(421,599)	36,467	(1,171,791)	(1,732,171)	(665,434)	(1,175,948)	(2,335,597)	(1,319,240)	(1,700,764)	(1,633,129)	4,807,040	(1,296,162)	(669,672)
Total Profit Margin	-7.1%	0.6%	-7.9%	-31.4%	-10.1%	-22.3%	-47.6%	-22.8%	-30.7%	-26.7%	39.6%	-19.1%	-11.1%
EBIDA %	-2.4%	4.2%	-4.1%	-25.3%	-5.9%	-17.1%	-42.0%	-18.9%	-25.4%	-21.7%	41.7%	-14.9%	-6.2%

Note: Trend variances in the FYE 21/22 monthly columns are explained in the respective monthly financial reports - "Financial Report - Executive Summary".

3-H

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.

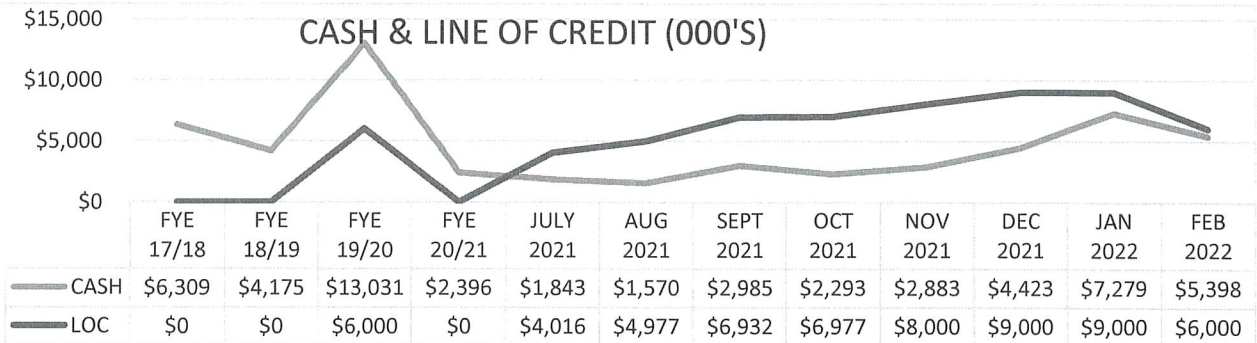
Line of Credit Balance (000's)

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

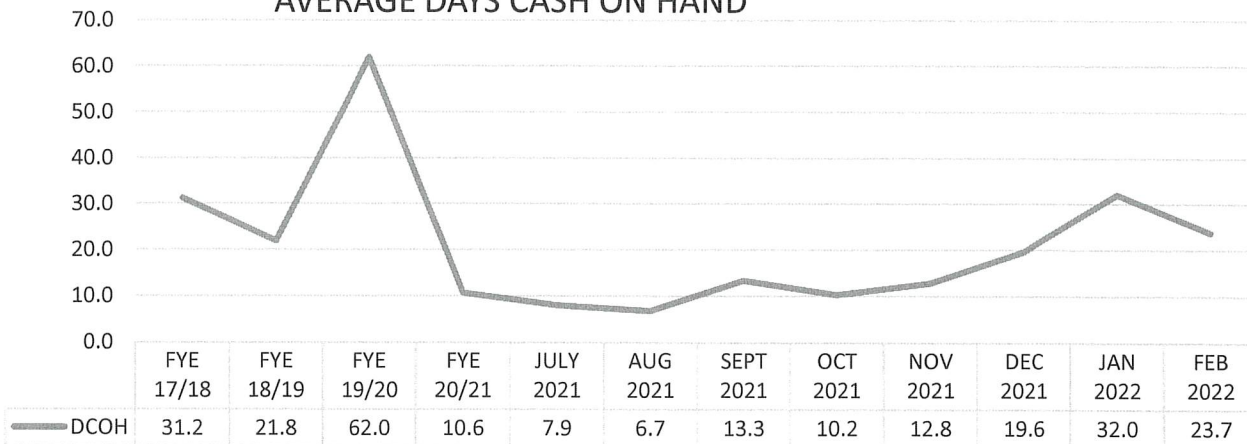
3-I

SAN GORGONIO MEMORIAL HOSPITAL

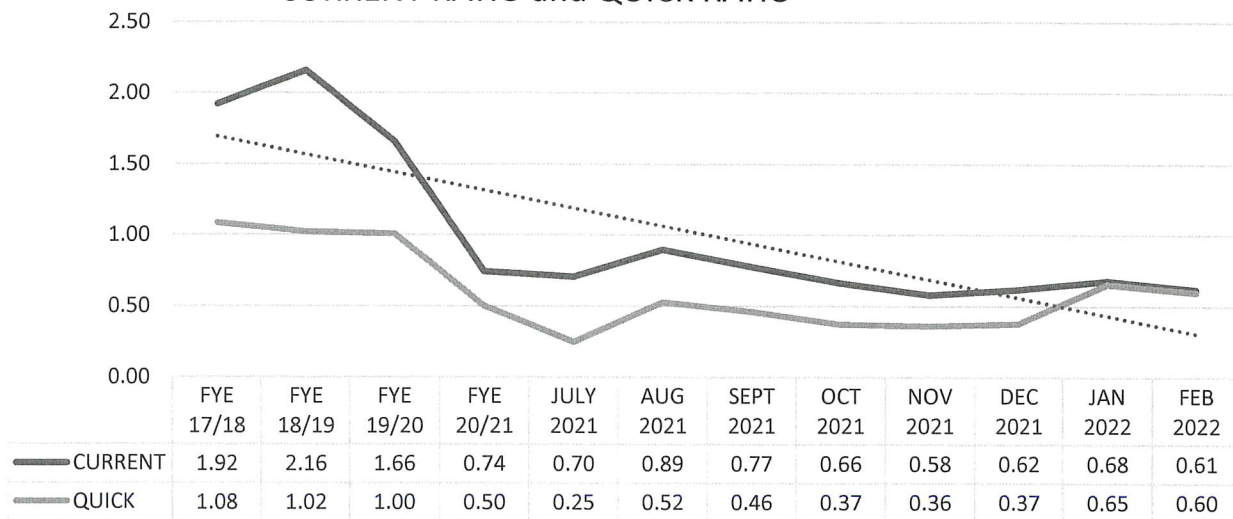
CASH & LINE OF CREDIT (000'S)



AVERAGE DAYS CASH ON HAND



CURRENT RATIO and QUICK RATIO



3-J

SAN GORGONIO MEMORIAL HOSPITAL

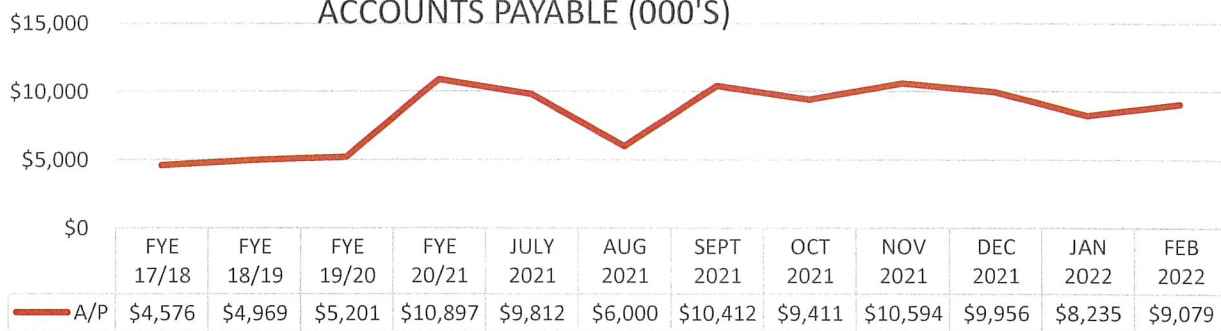
NET ACCOUNTS RECEIVABLE (000'S)



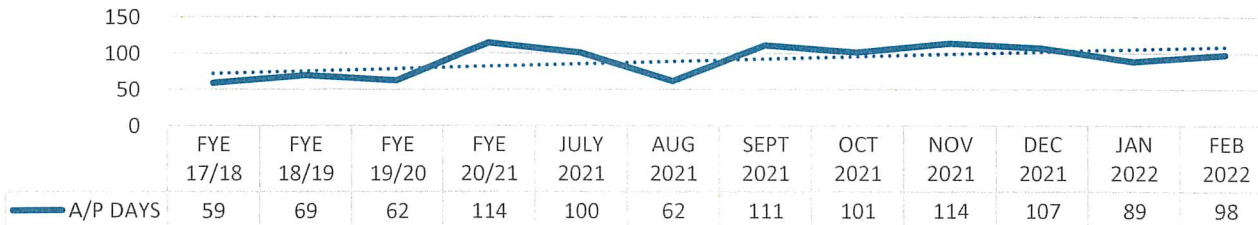
AVE. DAYS OF COLLECTIONS IN NET A/R



ACCOUNTS PAYABLE (000'S)



AVERAGE DAYS IN ACCOUNTS PAYABLE



3-K

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
EIGHT MONTHS ENDING FEBRUARY 28, 2022

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD						
REF LINE#	02/28/22 ACTUAL	02/28/22 BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE	
	Revenue:					
[1]	\$ 34,723,457	\$ 41,115,928	\$ 307,581,254	\$ 335,821,613	\$ (28,240,358)	
[2]	(30,079,014)	(36,110,154)	(267,064,281)	(295,435,331)	28,371,049	
[3]	4,644,443	5,005,774	40,516,973	40,386,282	130,691	
[4]	-	-	6,016,888	6,282,227	(265,339)	
[5]	1,409,099	706,441	6,079,943	5,651,528	428,414	
[6]	6,053,542	5,712,215	52,613,804	52,320,037	293,766	
	Total Operating Revenues					
	Expenses:					
[7]	3,875,200	4,146,840	34,037,514	34,252,626	215,112	
	(76,550)	66,405	659,033	531,718	(127,315)	
	318,078	340,810	2,591,290	2,703,638	112,348	
	992,328	868,853	7,002,847	6,945,243	(57,604)	
[8]	1,233,856	1,276,068	10,253,171	10,180,599	(72,571)	
[9]	907,500	824,070	7,754,758	6,605,678	(1,149,080)	
[10]	411,120	563,101	3,675,855	4,642,741	966,885	
[11]	-	-	-	895,056	895,056	
[12]	\$ 6,427,676	\$ 6,810,079	\$ 55,721,298	\$ 56,576,700	\$ 855,402	
	Total Expenses					
[13]	\$ (374,133)	\$ (1,097,863)	\$ (3,107,494)	\$ (4,256,662)	\$ 1,149,168	
	EBIDA					
[14]	1,095,878	926,118	7,358,887	7,388,283	29,396	
[15]	800,339	741,667	5,142,910	5,933,333	(790,424)	
[16]	\$ (669,672)	\$ (1,282,315)	\$ (5,323,472)	\$ (5,711,612)	\$ 388,141	
	TOTAL NET SURPLUS (LOSS)					

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
EIGHT MONTHS ENDING FEBRUARY 28, 2022

BALANCE SHEET

	YTD 2/28/2022	Prior FYE 6/30/2021
ASSETS		
[1] Current Assets	\$ 15,574,375	\$ 14,763,567
[2] Assets Whose Use is Limited	9,686,306	15,999,821
[3] Property, Plant & Equipment (Net)	74,197,125	77,860,175
[4] Other Assets	624,956	1,320,339
[5] Total Unrestricted Assets	100,082,762	109,943,902
[6] Restricted Assets	0	0
[7] Total Assets	\$ 100,082,762	\$ 109,943,902
LIABILITIES AND NET ASSETS		
[8] Current Liabilities	\$25,351,577	\$22,077,546
[9] Long-Term Debt	105,699,029	105,992,009
[10] Other Long-Term Liabilities	0	0
[11] Total Liabilities	\$ 131,050,606	\$ 128,069,555
[12] Net Assets	\$ (30,671,412)	\$ (18,125,653)
[13] Total Liabilities and Net Assets	\$ 100,379,194	\$ 109,943,902

SAN GORGONIO MEMORIAL HOSPITAL

EXECUTIVE FINANCIAL SUMMARY

EIGHT MONTHS ENDING FEBRUARY 28, 2022

KEY STATISTICS AND RATIOS					
	01/31/22 ACTUAL FY 22	02/28/22 ACTUAL FY 22	02/28/22 BUDGET FY 22	2022 YTD FY 22	2021 YR END TOTAL FY 21
[1] Total Acute Patient Days	1,306	827	1,048	7,180	11,008
[2] Average Daily Census	42.1	29.5	37.4	29.5	30.2
[3] Average Acute Length of Stay	4.9	4.3	4.1	4.1	4.1
[4] Patient Discharges	269	192	254	1,754	2,667
[5] Observation Days	197	177	240	1,875	2,512
[6] Total Emergency Room Visits	3,466	2,655	3,122	26,338	33,299
[7] Average ED Visits Per Day	112	95	112	108	91
[9] Total Surgeries	55	139	91	848	837
[10] Deliveries/Births	23	9	14	105	158

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
EIGHT MONTHS ENDING FEBRUARY 28, 2022

	DISTRICT ONLY	CURRENT MONTH				
		Actual 02/28/22	COMBINED		Positive (Negative) Variance	Percentage Variance
			Actual 02/28/22	Budget 02/28/22		
Gross Patient Revenue						
[1] Inpatient Revenue	\$ -	\$ 16,023,727	\$ 20,036,505	\$ (4,012,778)	-25.0%	
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-	
[3] Outpatient Revenue	-	18,699,730	\$ 21,079,423	(2,379,693)	-12.7%	
[4] Long Term Care Revenue	-	-	-	-	-	
[5] Home Health Revenue	-	-	-	-	-	
[6] Total Gross Patient Revenue	<u>\$ -</u>	<u>\$ 34,723,457</u>	<u>\$ 41,115,928</u>	<u>\$ (6,392,471)</u>	<u>-18.4%</u>	
Deductions From Revenue						
[7] Discounts and Allowances	-	(28,951,935)	\$ (35,201,821)	\$ 6,249,886	-21.6%	
[8] Bad Debt Expense	-	(1,097,242)	\$ (850,000)	(247,242)	22.5%	
[9] Prior Year Settlements	-	-	\$ -	-	-	
[10] Charity Care	-	(29,837)	\$ (58,333)	28,496	-95.5%	
[11] Total Deductions From Revenue	<u>-</u>	<u>(30,079,014)</u>	<u>(36,110,154)</u>	<u>\$ 6,031,140</u>	<u>-20.1%</u>	
[12]		-86.6%	-88%			
[13] Net Patient Revenue	<u>\$ -</u>	<u>\$ 4,644,443</u>	<u>\$ 5,005,774</u>	<u>\$ (361,331)</u>	<u>-7.8%</u>	
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	-	-	\$ -	\$ -	#DIV/0!	
[15] Grants & Other Op Revenues	-	1,025,766	\$ 300,191	725,575	70.7%	
[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>\$ 1,409,099</u>	<u>\$ 706,441</u>	<u>\$ 702,658</u>	<u>49.9%</u>	
Total Operating Revenue	<u>\$ 383,333</u>	<u>\$ 6,053,542</u>	<u>\$ 5,712,215</u>	<u>\$ 341,327</u>	<u>5.6%</u>	
Operating Expenses						
[20] Salaries and Wages	-	3,024,051	3,385,791	\$ 361,740	12.0%	
[21] Fringe Benefits	-	851,149	761,049	(90,100)	-10.6%	
[22] Contract Labor	-	(76,550)	66,405	142,955	-186.7%	
[23] Physicians Fees	-	318,078	340,810	22,732	7.1%	
[24] Purchased Services	1,600	992,328	868,853	(123,475)	-12.4%	
[25] Supply Expense	-	907,500	824,070	(83,430)	-9.2%	
[26] Utilities	4,975	130,260	63,967	(66,293)	-50.9%	
[27] Repairs and Maintenance	6,800	58,986	55,920	(3,066)	-5.2%	
[28] Insurance Expense	-	119,850	115,494	(4,356)	-3.6%	
[29] All Other Operating Expenses	-	50,537	193,338	142,801	282.6%	
[30] Supplemental and Grant Expense	-	-	-	-	0.0%	
[31] Leases and Rentals	-	51,487	134,381	82,894	161.0%	
[32] Clinic Expense	-	-	0	-	0.0%	
[33] Total Operating Expenses	<u>\$ 13,375</u>	<u>\$ 6,427,676</u>	<u>\$ 6,810,079</u>	<u>\$ 382,403</u>	<u>5.9%</u>	
[34] EBIDA	<u>\$ 369,958</u>	<u>\$ (374,133)</u>	<u>\$ (1,097,863)</u>	<u>\$ 723,730</u>	<u>-193.4%</u>	
Interest Expense and Depreciation						
[35] Depreciation	504,865	504,865	494,658	\$ (10,207)	-2.0%	
[36] Interest Expense and Amortization	360,065	591,013	431,460	(159,553)	-27.0%	
[37] Total Interest & depreciation	<u>864,930</u>	<u>1,095,878</u>	<u>926,118</u>	<u>(169,760)</u>	<u>-15.5%</u>	
Non-Operating Revenue:						
[38] Contributions & Other	5,646	186,373	75,000	111,373	59.8%	
[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>619,611</u>	<u>800,339</u>	<u>741,667</u>	<u>\$ 58,672</u>	<u>7.3%</u>	
[41] Total Net Surplus/(Loss)	<u>\$ 124,639</u>	<u>\$ (669,672)</u>	<u>\$ (1,282,315)</u>	<u>\$ 612,642</u>	<u>-91.5%</u>	
[42] Extra-ordinary loss on Financing	-	-	-	-	-	
[43] Increase/(Decrease in Unrestricted Net Assets	<u>\$ 124,639</u>	<u>\$ (669,672)</u>	<u>\$ (1,282,315)</u>	<u>\$ 612,642</u>	<u>-91.5%</u>	
[44] Total Profit Margin	<u>32.51%</u>	<u>-11.06%</u>	<u>-22.45%</u>			
[45] EBIDA %	<u>96.51%</u>	<u>-6.18%</u>	<u>-19.22%</u>			

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
EIGHT MONTHS ENDING FEBRUARY 28, 2022

		YEAR-TO-DATE				
		DISTRICT ONLY			Positive	Percentage
		Actual	Actual	Budget	(Negative)	Variance
		02/28/22	02/28/22	02/28/22	Variance	
Gross Patient Revenue						
[1]	Inpatient Revenue	\$ -	\$ 146,326,686	\$ 162,358,499	\$ (16,031,813)	-11.0%
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	
[3]	Outpatient Revenue	-	161,254,568	\$ 173,463,113	(12,208,545)	-7.6%
[4]	Long Term Care Revenue	-	-	-	-	
[5]	Home Health Revenue	-	-	-	-	
[6]	Total Gross Patient Revenue	\$ -	\$ 307,581,254	\$ 335,821,613	\$ (28,240,358)	-9.2%
Deductions From Revenue						
[7]	Discounts and Allowances	-	(255,076,053)	\$ (288,168,664)	\$ 33,092,611	13.0%
[8]	Bad Debt Expense	-	(11,339,332)	\$ (6,800,000)	(4,539,332)	-40.0%
[9]	Prior Year Settlements	-	-	\$ -	-	
[10]	Charity Care	-	(648,896)	\$ (466,667)	(182,229)	-28.1%
[11]	Total Deductions From Revenue	-	(267,064,281)	(295,435,331)	\$ 28,371,049	10.6%
[12]			86.8%	-88.0%		
[13]	Net Patient Revenue	\$ -	\$ 40,516,973	\$ 40,386,282	\$ 130,691	0.3%
Non Patient Operating Revenues						
[14]	IGT/DSH Revenues	-	6,016,888	\$ 6,282,227	\$ (265,339)	-4.4%
[15]	Grants & Other Op Revenues	-	3,013,279	\$ 2,401,528	611,750	20.3%
[16]	Clinic Net Revenues	-	-	\$ -	-	
[17]	Tax Subsidies Measure D	1,866,664	1,866,664	\$ 1,916,667	(50,003)	-2.7%
[18]	Tax Subsidies Prop 13	1,200,000	1,200,000	\$ 1,333,333	(133,333)	-11.1%
[19]	Tax Subsidies County Supplemental Funds	-	-	\$ -	-	#DIV/0!
	Non- Patient Revenue	\$ 3,066,664	\$ 12,096,831	\$ 11,933,755	\$ 163,075	1.3%
	Total Operating Revenue	\$ 3,066,664	\$ 52,613,804	\$ 52,320,037	\$ 293,766	0.6%
Operating Expenses						
[20]	Salaries and Wages	-	27,330,963	\$ 27,885,030	\$ 554,067	2.0%
[21]	Fringe Benefits	-	6,706,551	\$ 6,367,596	(338,955)	-5.1%
[22]	Contract Labor	-	659,033	\$ 531,718	(127,315)	-19.3%
[23]	Physicians Fees	-	2,591,290	\$ 2,703,638	112,348	4.3%
[24]	Purchased Services	209,158	7,002,847	\$ 6,945,243	(57,604)	-0.8%
[25]	Supply Expense	-	7,754,758	\$ 6,605,678	(1,149,080)	-14.8%
[26]	Utilities	18,133	903,539	\$ 705,142	(198,397)	-22.0%
[27]	Repairs and Maintenance	71,045	571,709	\$ 445,862	(125,847)	-22.0%
[28]	Insurance Expense	-	965,033	\$ 923,954	(41,079)	-4.3%
[29]	All Other Operating Expenses	-	667,147	\$ 1,542,732	875,586	131.2%
[30]	Supplimental and Grant Expense	-	-	\$ 895,056	895,056	0.0%
[31]	Leases and Rentals	-	568,428	\$ 1,025,051	456,622	80.3%
[32]	Clinic Expense	-	-	\$ -	-	0.0%
[33]	Total Operating Expenses	\$ 298,337	\$ 55,721,298	\$ 56,576,700	\$ 855,402	1.5%
[34]	EBIDA	\$ 2,768,327	\$ (3,107,494)	\$ (4,256,662)	\$ 1,149,168	-37.0%
Interest Expense and Depreciation						
[35]	Depreciation	4,038,920	4,038,920	\$ 3,957,265	\$ (81,655)	-2.0%
[36]	Interest Expense and Amortization	2,920,632	3,319,967	\$ 3,431,018	111,051	3.3%
[37]	Total Interest & depreciation	6,959,552	7,358,887	7,388,283	29,396	0.4%
Non-Operating Revenue:						
[38]	Contributions & Other	46,236	231,185	\$ 600,000	(368,815)	-159.5%
[39]	Tax Subsidies for GO Bonds - M-A	4,911,725	4,911,725	\$ 5,333,333	(421,608)	-8.6%
[40]	Total Non Operating Revenue/(Expense)	4,957,961	5,142,910	5,933,333	(790,424)	-15.4%
[41]	Total Net Surplus/(Loss)	\$ 766,736	\$ (5,323,472)	\$ (5,711,612)	\$ 388,141	-7.3%
[42]	Extra-ordinary loss on Financing	-	-	-	-	
[43]	Increase/(Decrease in Unrestricted Net Assets	\$ 766,736	\$ (5,323,472)	\$ (5,711,612)	\$ 388,141	-7.3%
[44]	Total Profit Margin	25.00%	-10.12%	-10.92%		
[45]	EBIDA %	90.27%	-5.91%	-8.14%		

Balance Sheet - Assets

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

EIGHT MONTHS ENDING FEBRUARY 28, 2022

	DISTRICT ONLY		
	Current Month 2/28/2022	Current Month 2/28/2022	Prior Year End 6/30/2021
Current Assets			
[1] Cash and Cash Equivalents	\$1,528,927	\$5,397,658	\$ 1,763,843
[2] Gross Patient Accounts Receivable	\$0	\$93,723,702	58,800,003
[3] Less: Bad Debt and Allowance Reserves	\$0	(\$84,017,676)	(50,860,772)
[4] Net Patient Accounts Receivable	\$0	\$9,706,026	7,939,231
[5] Taxes Receivable	\$946,262	\$2,049,768	99,170
[6] Other Receivables (includes advances)	\$0	(\$2,360,363)	1,609,566
[7] Inventories	\$0	\$2,568,665	1,830,192
[8] Prepaid Expenses	\$126,169	\$714,570	21,540
[9] Due From Third Party Payers	\$0	(\$2,205,478)	598,026
[10] Malpractice Receivable	\$0	\$0	-
[11] Supplemental Receivables	\$0	(\$40)	902,000
Total Current Assets	2,601,359	15,574,375	\$ 14,763,567
Assets Whose Use is Limited			
[12] Cash			
[13] Investments			
[14] Bond Reserve/Debt Retirement Fund	\$6,854,696	\$9,686,306	15,999,821
[15] Trustee Held Funds			
[16] Funded Depreciation			
[17] Board Designated Funds			
[18] Other Limited Use Assets			
Total Limited Use Assets	6,854,696	9,686,306	\$ 15,999,821
Property, Plant, and Equipment			
[19] Land and Land Improvements	\$4,828,182	\$4,828,182	\$ 4,828,182
[20] Building and Building Improvements	\$129,281,491	\$129,281,491	129,257,409
[21] Equipment	\$26,853,549	\$26,853,549	26,562,627
[22] Construction In Progress	\$313,256	\$360,111	299,244
[23] Capitalized Interest			
[24] Gross Property, Plant, and Equipment	161,276,478	161,323,333	160,947,462
[25] Less: Accumulated Depreciation	(\$86,133,357)	(\$87,126,207)	(83,087,287)
[26] Net Property, Plant, and Equipment	75,143,121	74,197,125	\$ 77,860,175
Other Assets			
[27] Unamortized Loan Costs	\$627,385	\$624,796	\$ 728,520
[28] Assets Held for Future Use		\$160	
[29] Investments in Subsidiary/Affiliated Org.	\$22,716,652	\$0	591,819
[30] Other			
[31] Total Other Assets	23,344,036	624,956	\$ 1,320,339
[32] TOTAL UNRESTRICTED ASSETS	107,943,212	100,379,194	\$ 109,943,902
Restricted Assets			
	0	0	0
[33] TOTAL ASSETS	\$107,943,212	\$100,379,194	\$ 109,943,902

Balance Sheet - Liabilities and Net Assets

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

EIGHT MONTHS ENDING FEBRUARY 28, 2022

	DISTRICT ONLY		
	Current Month 2/28/2022	Current Month 2/28/2022	Prior Year End 6/30/2021
Current Liabilities			
[1] Accounts Payable	\$ 308,095	\$ 9,078,718	\$ 9,285,913
[2] Notes and Loans Payable (Line of Credit)	-	6,000,000	16,391
[3] Accounts Payable- Construction	-	-	-
[4] Accrued Payroll Taxes	-	5,829,632	5,565,216
[5] Accrued Benefits	-	-	-
[6] Accrued Benefits Current Portion	-	-	-
[7] Other Accrued Expenses	-	-	-
[8] Accrued GO Bond Interest Payable	(51,168)	1,141,440	2,484,778
[9] Stimulus Advance	-	370,062	2,336,777
[10] Due to Third Party Payers (Settlements)	-	-	-
[11] Advances From Third Party Payers	-	-	-
[12] Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	2,335,000
[13] Current Portion of LTD (Leases)	-	-	-
[14] Other Current Liabilities	-	596,724	53,471
Total Current Liabilities	2,591,926	25,351,577	22,077,546
Long Term Debt			
[15] Bonds/Mortgages Payable (net of Cur Portion)	103,097,387	\$103,084,029	\$ 105,677,009
[16] Leases Payable (net of current portion)	\$2,615,000	\$2,615,000	\$315,000
[17] Total Long Term Debt (Net of Current)	105,712,387	105,699,029	105,992,009
Other Long Term Liabilities			
[18] Deferred Revenue			
[19] Accrued Pension Expense (Net of Current)			
[20] Other			
[21] Total Other Long Term Liabilities	0	0	0
TOTAL LIABILITIES	\$ 108,304,314	\$ 131,050,606	\$ 128,069,555
Net Assets:			
[22] Unrestricted Fund Balance	(1,127,838)	(25,347,940)	\$ (3,774,444)
[23] Temporarily Restricted Fund Balance	-	-	-
[24] Restricted Fund Balance	-	-	-
[25] Net Revenue/(Expenses)	766,736	(5,323,472)	(14,351,209)
[26] TOTAL NET ASSETS	(361,102)	(30,671,412)	\$ (18,125,653)
[27] TOTAL LIABILITIES AND NET ASSETS	\$ 107,943,212	\$ 100,379,194	\$ 109,943,902
	\$ (0)	\$ 0	\$ -

Statement of Cash Flows

SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA EIGHT MONTHS ENDING FEBRUARY 28, 2022

		CASH FLOW	
		Current	
HEALTHCARE SYSTEM CASH FLOW		Month	
		2/28/2022	
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$	5,687,519
[2]	Cash: Beginning Balances- DISTRICT		1,591,018
[3]	Cash: Beginning Balances TOTALS	\$	7,278,537
Receipts			
[4]	Pt Collections	\$	6,682,400
[5]	Tax Subsidies Measure D		-
[6]	Tax Subsidies Prop 13		-
[7]	Tax Subsidies County Supplemental Funds		-
[8]	IGT & other Supplemental (Net)		98,046
[9]	Draws/(Paydown) of LOC Balances		(3,000,000)
[10]	Other Misc Receipts/Transfers		798,697
	TOTAL RECEIPTS	\$	4,579,144
Disbursements			
[11]	Payroll/ Benefits	\$	3,875,200
[12]	Other Operating Costs		3,125,028
[13]	Capital Spending		0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		-
[15]	Other (increase) in AP /other bal sheet		(540,206)
[16]	TOTAL DISBURSEMENTS	\$	6,460,022
[17]	TOTAL CHANGE in CASH	\$	(1,880,878)
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$	3,868,731
[19]	Ending Balances- DISTRICT		1,528,927
[20]	Ending Balances- TOTALS	\$	5,397,659
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$	6,000,000

TAB E

REGULAR MEETING OF THE
 SAN GORGONIO MEMORIAL HOSPITAL
 BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
 March 17, 2022

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Thursday, March 17, 2022. In an effort to prevent the spread of COVID-19 (coronavirus), there was no public location for attending this board meeting in person. Committee members and members of the public participated via WebEx.

Members Present: Susan DiBiasi, Ron Rader (C), Steve Rutledge, Siri Welch

Excused Absence: Joel Labha

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

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair Ron Rader called the meeting to order at 11:05 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes: November 17, 2021, Regular Meeting	Chair Rader asked for any changes or corrections to the minutes of the November 17, 2021, regular meeting. There were none.	The minutes of the November 17, 2021, regular meeting was reviewed and will stand as presented.
NEW BUSINESS		
Reports		
A. Employment Activity/Turnover Reports		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
1. Employee Activity by Job Class/Turnover Report (11/12/2021 through 03/13/2022)	Annah Karam, Chief Human Resources Officer, reviewed the report “Employee Activity by Job Class/Turnover Report” for the period of 11/12/2021 through 03/13/2022 as included in the Committee packet.	
2. Separation Reasons Analysis All Associates (11/12/2021 through 03/13/2022)	Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 11/12/2021 through 03/13/2022 as included in the Committee packet. For this period, there were 46 Voluntary Separations and 1 Involuntary Separations for a total of 47.	
3. Separation Reason Analysis Full and Part Time Associates (11/12/2021 through 03/13/2022)	Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 11/12/2021 through 03/13/2022 as included in the Committee packet. For this period, there were 25 Voluntary Separations and 1 Involuntary Separations for a total of 26.	
4. Separation Reason Analysis Per Diem Associates (11/12/2021 through 03/13/2022)	Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 11/12/2021 through 03/13/2022 as included in the Committee packet. For this period, there were 21 Voluntary Separations and 0 Involuntary Separations for a total of 21.	
5. FTE Vacancy Summary (11/12/2021 through 03/13/2022)	Annah reviewed the “FTE Vacancy Summary” for the period of 11/12/2021 through 03/13/2022 as included in the Committee packet. Annah reported that the Facility Wide vacancy rate as of 03/13/2022 was 18.97%.	
6. RN Vacancy Summary	Annah reviewed the “RN Vacancy Summary” for the period of 11/12/2021 through 03/13/2022 as included in the	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
(11/12/2021 through 03/13/2022)	Committee packet. Annah reported that the Overall All RN Vacancy rate as of 03/13/2022 was 22.03%.	
B. Workers Compensation Report		
Workers Compensation Report (02/1/2022 through 02/28/2022)	Annah reviewed the Workers Compensation Reports covering the period of 02/1/2022 through 02/28/2022 as included in the Committee packet.	
Education – • BETA Score Survey Introduction	Annah briefly reviewed the BETA Score Survey Introduction slides.	
Future Agenda items	None	
Next regular meeting	The next regular Human Resources Committee meeting is scheduled for May 18, 2022.	
Adjournment	The meeting was adjourned at 11:32 am.	

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

A B C D E F G H I J K

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

11/12/2021 THROUGH 03/13/2022

JOB CLASS/FAMILY	CURRENT NEW HIRES	2021 NEW HIRES	YTD NEW HIRES	CURRENT SEPARATIONS	2021 SEPARATIONS	YTD TERMS	ACTIVE ASSOCIATE COUNT	LOA ASSOCIATE COUNT	CURRENT TURNOVER	ANNUALIZED TURNOVER	
	11/12/2021 THROUGH 03/13/2022		01/01/2022 THROUGH 03/13/2022	11/12/2021 THROUGH 03/13/2022		01/01/2022 THROUGH 03/13/2022	AS OF 03/13/2022	AS OF 03/14/2022	AS OF 03/13/2022		
ADMIN/CLERICAL	5	17	2	3	22	2	78	3	3.85%	2.56%	5
ANCILLARY	4	28	2	7	24	4	62	1	11.29%	6.45%	6
CLS	3	7	2	2	8	0	22	0	9.09%	0.00%	7
DIRECTORS/MGRS	2	2	2	1	3	1	29	0	3.45%	3.45%	8
LVN	0	5	0	2	8	1	23	0	8.70%	4.35%	9
OTHER NURSING	17	30	9	3	27	3	80	3	3.75%	3.75%	10
PT	1	3	0	0	3	0	11	0	0.00%	0.00%	11
RAD TECH	2	6	1	1	7	1	34	0	2.94%	2.94%	12
RN	29	59	16	20	51	15	168	8	11.90%	8.93%	13
RT	0	4	0	0	2	0	22	1	0.00%	0.00%	14
SUPPORT SERVICES	8	34	6	8	32	3	83	3	9.64%	3.61%	15
FACILITY TOTAL	71	195	40	47	187	30	612	19	7.68%	4.90%	17
											18
Full Time	45	113	29	25	97	17	413	14	6.05%	4.12%	19
Part Time	6	15	3	1	17	0	50	3	2.00%	0.00%	20
Per Diem	20	67	8	21	73	13	149	2	14.09%	8.72%	21
TOTAL	71	195	40	47	187	30	612	19	7.68%		22

Current Turnover: J22
Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:
Turnover for all Associates = 4.10%
Turnover for all RNs = 4.50%

SEPARATION ANALYSIS
ALL ASSOCIATES
11/12/2021 THROUGH 03/13/2022

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Full-Time	51.1%	6	7	4	3	4		24
Part-Time	2.1%		1					1
Per Diem	44.7%	5	3	7	3	2	1	21
Subtotal, Voluntary Separations	97.9%	11	11	11	6	6	1	46
Involuntary Separations								
Full-Time	2.1%	1						1
Part-Time	0.0%							0
Per Diem	0.0%							0
Subtotal, Involuntary Separations	2.1%	1	0	0	0	0	0	1
Total Separations	100.0%	12	11	11	6	6	1	47

Separation Reason Analysis
FULL AND PART TIME ASSOCIATES
11/12/2021 THROUGH 03/13/2022

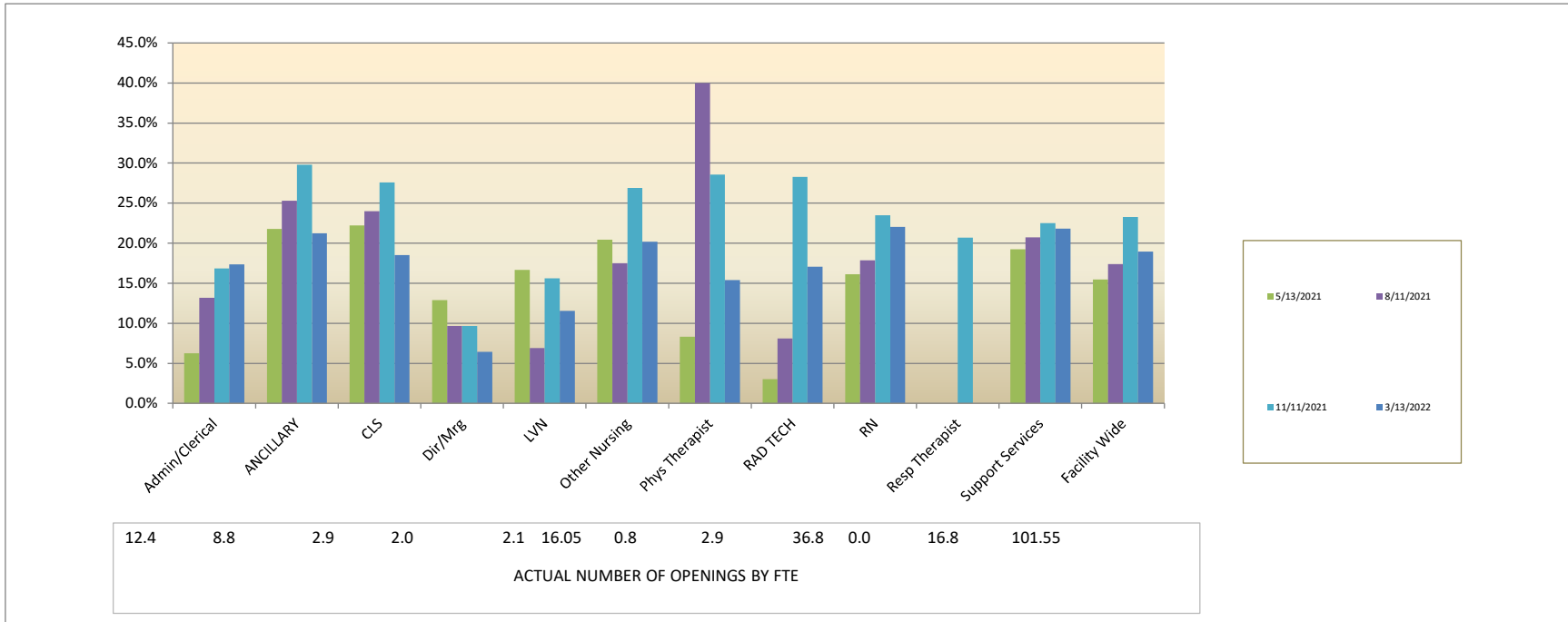
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Family/Personal Reasons	7.7%	2						2
New Job Opportunity	46.2%	3	5	2	1	1		12
Job Dissatisfaction	15.4%	1	1	1	1			4
Relocation	11.5%			1	1	1		3
Medical Reasons	0.0%							0
Did not Return from LOA	3.8%					1		1
Job Abandonment	11.5%		2				1	3
Return to School	0.0%							0
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	0.0%							0
Unknown	0.0%							0
Retirement	0.0%							0
Subtotal, Voluntary Separations	96.2%	6	8	4	3	4	0	25
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	3.8%	1						1
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
Subtotal, Involuntary Separations	3.8%	1	0	0	0	0	0	1
Total Separations	100.0%	7	8	4	3	4	0	26

Separation Reason Analysis
Per Diem Associates Only
11/12/2021 THROUGH 03/13/2022

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days - 90 days	1-2 1 year	2-5 years	5-10 years	10+ years		
Voluntary Separations								
Family/Personal Reasons	33.3%	4		1	1	1		7
New Job Opportunity	38.1%	1	5	1	1			8
Job Dissatisfaction	0.0%							0
Relocation	0.0%							0
Medical Reasons	0.0%							0
Did not Return from LOA	0.0%							0
Job Abandonment	14.3%		1	1	1			3
Return to School	9.5%		1	1				2
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	4.8%		1					1
Unknown	0.0%							0
Retirement	0.0%							0
Subtotal, Voluntary Separations	100.0%	5	3	7	3	2	1	21
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	0.0%							0
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
Subtotal, Involuntary Separations	0.0%	0	0	0	0	0	0	0
Total Separations	100.0%	5	3	7	3	2	1	21

FTE Vacancy Summary: 11/12/2021 THROUGH 03/13/2022

	<u>Admin/Clerical</u>	<u>ANCILLARY</u>	<u>CLS</u>	<u>Dir/Mrg</u>	<u>LVN</u>	<u>Other Nursing</u>	<u>Phys Therapist</u>	<u>RAD TECH</u>	<u>RN</u>	<u>Resp Therapist</u>	<u>Support Services</u>	<u>Facility Wide</u>
5/13/2021	6.25%	21.79%	22.22%	12.90%	16.67%	20.45%	8.33%	3.03%	16.13%	0.00%	19.23%	15.46%
8/11/2021	13.19%	25.29%	24.00%	9.68%	6.90%	17.50%	40.00%	8.11%	17.87%	0.00%	20.72%	17.39%
11/11/2021	16.84%	29.79%	27.59%	9.68%	15.63%	26.88%	28.57%	28.26%	23.50%	20.69%	22.52%	23.26%
3/13/2022	17.35%	21.25%	18.52%	6.45%	11.54%	20.19%	15.38%	17.07%	22.03%	0.00%	21.82%	18.97%

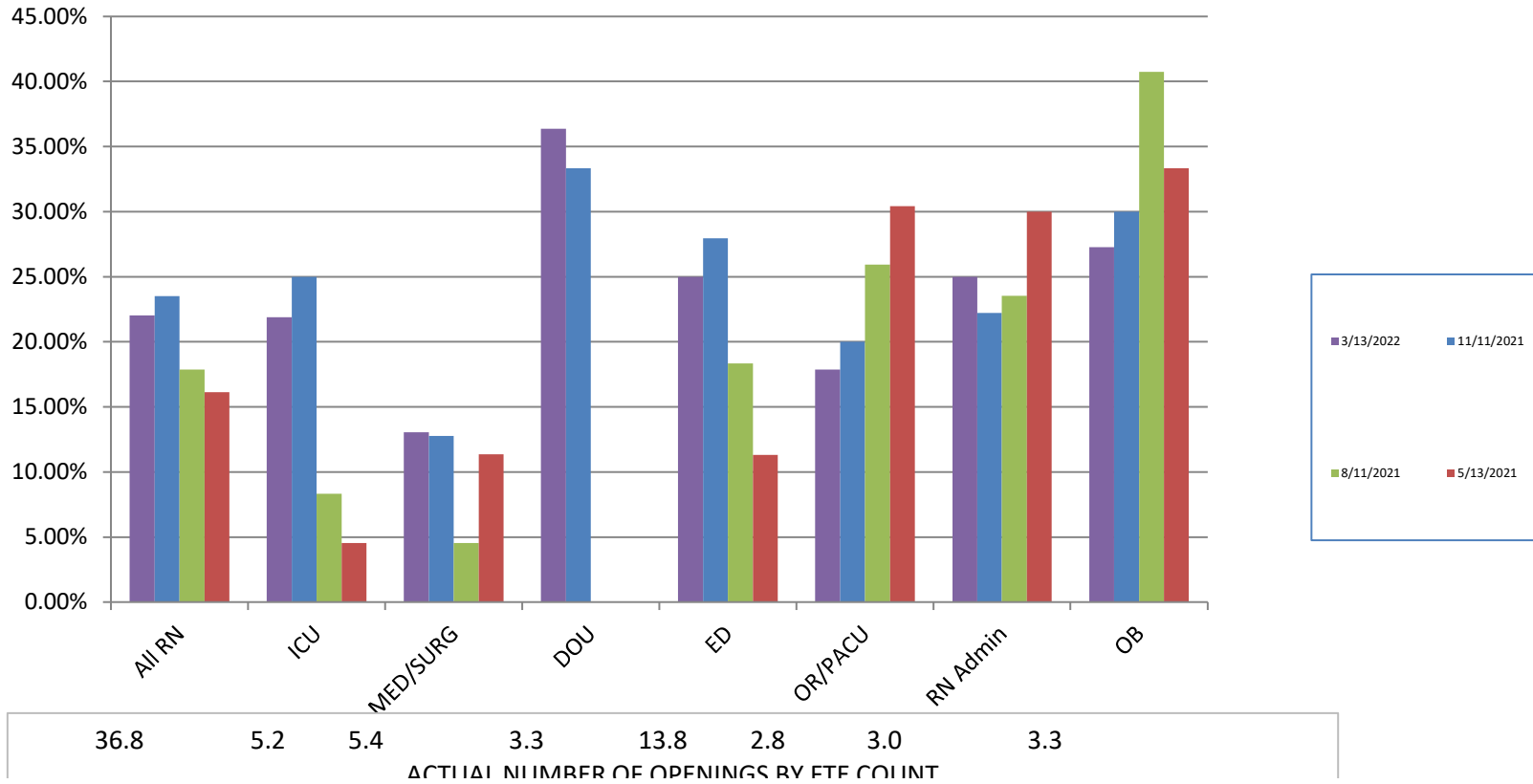


RN FTE Vacancy Summary: 11/12/2021 through 03/13/2022

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

	3/13/2022	11/11/2021	8/11/2021	5/13/2021
All RN	22.03%	23.50%	17.87%	16.13%
ICU	21.88%	25.00%	8.33%	4.55%
MED/SURG	13.04%	12.77%	4.55%	11.36%
DOU	36.36%	33.33%	0.00%	0.00%
ED	25.00%	27.94%	18.33%	11.32%
OR/PACU	17.86%	20.00%	25.93%	30.43%
RN Admin	25.00%	22.22%	23.53%	30.00%
OB	27.27%	30.00%	40.74%	33.33%

	OPEN POSITIONS	TOTAL STAFF	VACANCY RATE
All RN	50	177	22.03%
ICU	7	25	21.88%
Med Surg	6	40	13.04%
DOU	4	7	36.36%
ER	18	54	25.00%
OR/PACU	5	23	17.86%
RN Adm.	4	12	25.00%
OB	6	16	27.27%





DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 2/28/2022

Reporting Period 2/1/2022 - 2/28/2022

Slicers impact pivots tables throughout document

SUMMARY DATA

FiscalYear	ValuationDate	Values			Open Count
		Total Paid	Total Reserves	Total Incurred	
2017-2018	2022-02-28	1,277	-	1,277	2
2019-2020	2022-02-28	10	-	10	1
2020-2021	2022-02-28	26,026	-	26,026	2
Grand Total		27,313	-	27,313	5

FiscalYear
2017-2018
2019-2020
2020-2021
2015-2016
2016-2017
2018-2019
2021-2022

DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 2/28/2022

Reporting Period 2/1/2022 - 2/28/2022

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
16000811		Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	169,116	22,800	191,915
16000026		Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	125,600	16,846	142,446
16001005		Medical Surgical	Burn or Scald - Heat or Cold Exposure	2016-07-21	Closed	98,814	-	98,814
16000233		Environmental Services	Strain or Injury By	2016-02-20	Closed	93,934	-	93,934
16000357		Medical Surgical	Struck or Injured By	2016-03-16	Open	82,643	10,906	93,549
16000185		Medical Surgical	Fall, Slip or Trip Injury	2016-02-13	Closed	77,289	-	77,289
20805905		Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	51,907	20,287	72,194
15000959		Environmental Services	Miscellaneous Causes	2015-07-06	Closed	61,315	-	61,315
15001966		Emergency Department	Cut, Puncture, Scrape Injured by	2015-12-05	Closed	55,952	-	55,952
21001795		Medical Surgical	Strain or Injury By	2021-08-13	Open	17,061	36,654	53,715

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	33	22.00%	545,498	33.91%
Medical Surgical	30	20.00%	439,941	27.35%
Dietary	17	11.33%	19,265	1.20%
Emergency Department	17	11.33%	83,675	5.20%
Surgical Services	7	4.67%	107,578	6.69%
Intensive Care Unit (ICU)	6	4.00%	10,941	0.68%
Obstetrics	5	3.33%	199,744	12.42%
Laboratory	5	3.33%	8,076	0.50%
Medical Staff	4	2.67%	14,706	0.91%
Business Office	4	2.67%	26,418	1.64%

SEVERITY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	33	22.00%	545,498	33.91%
Medical Surgical	30	20.00%	439,941	27.35%
Obstetrics	5	3.33%	199,744	12.42%
Surgical Services	7	4.67%	107,578	6.69%
Emergency Department	17	11.33%	83,675	5.20%
Security Department	3	2.00%	47,323	2.94%
CT/Echotechnology	1	0.67%	37,364	2.32%
Nursing Administration	2	1.33%	36,846	2.29%
Business Office	4	2.67%	26,418	1.64%
Dietary	17	11.33%	19,265	1.20%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	44	29.33%	394,083	24.50%
Fall, Slip or Trip Injury	24	16.00%	639,463	39.75%
Struck or Injured By	18	12.00%	163,287	10.15%
Burn or Scald - Heat or Cold Exposures - Con	15	10.00%	130,840	8.13%
Cut, Puncture, Scrape Injured by Exposure	13	8.67%	73,001	4.54%
Exposure	12	8.00%	61,780	3.84%
Caught In, Under or Between	10	6.67%	13,411	0.83%
Miscellaneous Causes	7	4.67%	87,774	5.46%
Rubbed or Abraded By	7	4.67%	45,014	2.80%

SEVERITY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Fall, Slip or Trip Injury	24	16.00%	639,463	39.75%
Strain or Injury By	44	29.33%	394,083	24.50%
Struck or Injured By	18	12.00%	163,287	10.15%
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Improve your clinical outcomes by transforming unit culture.

Employee burnout in healthcare undermines the safety and care of every patient. When good, well-intentioned people, who are trying to do their best work, are frustrated and exhausted, it can lead to errors and mismanagement of healthcare's complex environments.

Our mission is to transform culture, create resilience, and promote wellness by creating an environment where everyone has a voice and feels that they make a difference; where patient care is truly *Safe and Reliable*.



SCORE: the integrated, outcomes-predictive, culture and engagement survey for everyone.

We've developed the most outcomes-predictive and validated survey in healthcare. SCORE™ is the only survey that is both Tier-1 Leapfrog and Magnet/ANCC accredited.

Rapidly changing landscape with powerful new insights

Two decades ago, we co-developed the SAQ survey using insights from aviation and nuclear power because little was known about healthcare improvement.

Dramatic and ongoing changes in healthcare are increasing risk of medical error, burnout, turnover, injury, and dissatisfaction. These modern issues must be understood using the latest evidence base.



Burnout: protect the frontline to protect patients

Burnout affects more than half of all healthcare workers and contributes to a staggering number of avoidable injuries and deaths, costing an annual \$110 billion a year.

Current burnout surveys from vendors are inadequate and don't offer published or proven strategies on how to address burnout in your organization.

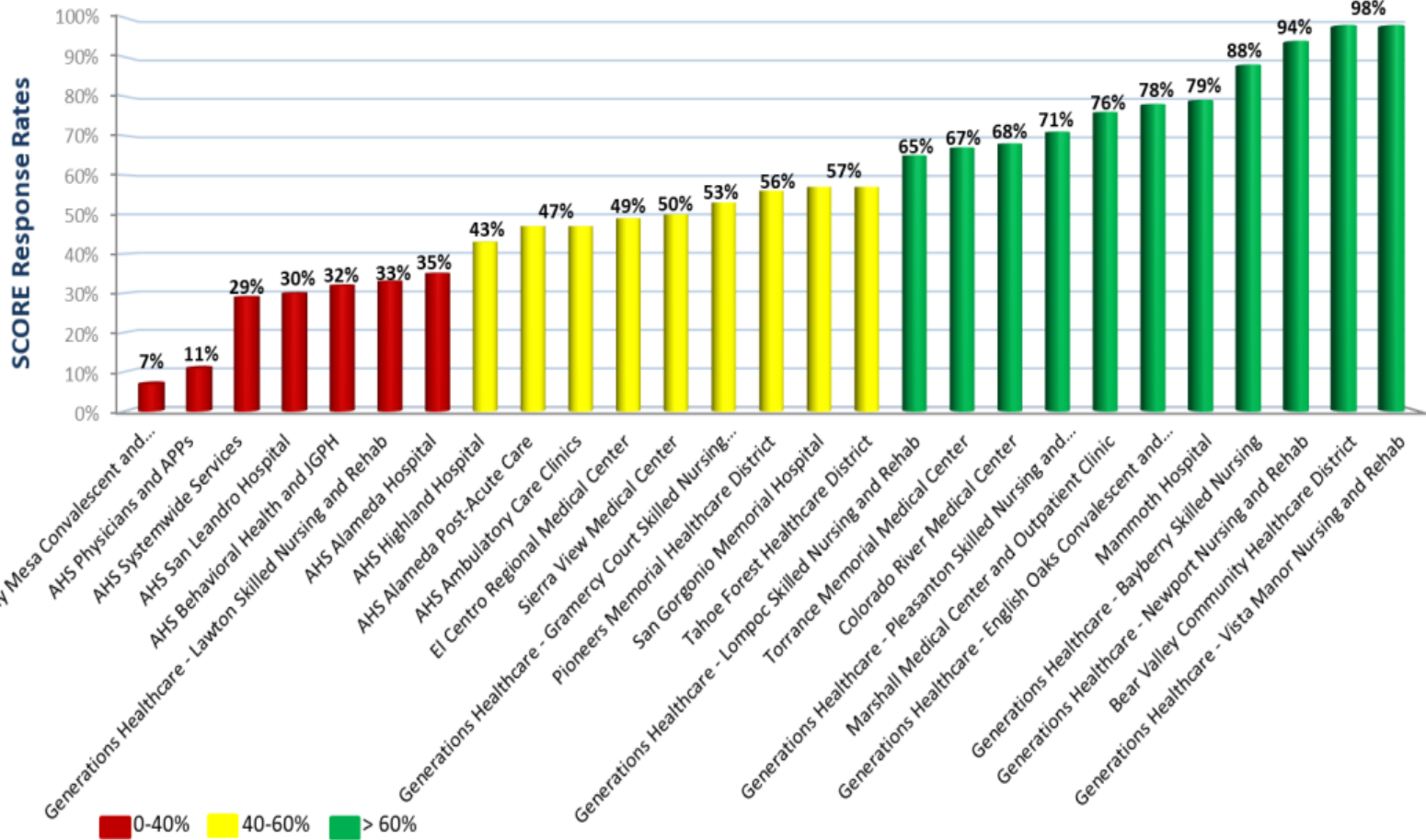


Integrated survey with the latest science

Includes Culture, Engagement, Burnout, Physician Satisfaction and Magnet.

Reduces survey fatigue, cost and data silos that limit coordinated strategic planning.

2022 BETA SCORE Response Rates Week Two



TAB F

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: March 23, 2022

TO: Susan DiBiasi, Chair
Governing Board

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

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

2022 Annual Approval of Policies & Procedures

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

Informed Consent for Midline Catheter Placement & PICC Line

Discontinue the process of obtaining an Informed Consent for Midline and PICC Line placement.

Theophylline and Pre-Albumin Testing

Discontinue ordering Theophylline and Pre-Albumin Tests. They are no longer in use.

SAN GORGONIO MEMORIAL HOSPITAL
ANNUAL APPROVAL OF 2022 POLICIES & PROCEDURES

Title	Policy Area	Revised?
Adverse Drug Reaction Reporting	Pharmacy	Revised
Aminoglycoside Adult Dosing and Monitoring Protocol	Pharmacy	Revised
Analyzer Operator ID and Lab Information System (LIS) Security	Clinical Laboratory	Unchanged
Back-Up Testing During Equipment Failure	Clinical Laboratory	Revised
Blood Bank Armbanding	Clinical Laboratory	Revised
Clinical Duties of the Medical Director	Clinical Laboratory	Unchanged
Clinical Responsibilities Of The Testing Personnel	Clinical Laboratory	Unchanged
Critical Test Results Reporting for Clinical Departments	Administration	Revised
Herbal/Natural Remedies	Pharmacy	Revised
Impaired Pharmacy Personnel	Pharmacy	Revised
Laboratory Critical Test Result List	Clinical Laboratory	Revised
Mammogram Dictation/Reporting Requirements	Diagnostic Imaging	Unchanged
Mammography Consumer Complaint Mechanism	Diagnostic Imaging	Unchanged
Management of Contract Services	Administration	Revised
Medicare and Senior (Advantage) Plan Discharge Appeals Rights	Case Management	Revised
Medication Titration and Tapering	Pharmacy	Unchanged
PACU - Admission of Post Procedure/Post Operative Patient for Recovery	Surgical Services	Revised
Pediatric Dosing-General Guidelines	Pharmacy	Unchanged
Recording Log for Homeless Patients	Case Management	Revised
Registry Requirements for Nursing	Nursing	Revised
Utilization Management Plan Calendar Year 2022	Case Management	Revised

TAB G

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting of April 5, 2022

	Title	Policy Area	Owner	Workflow Approval
1	Adverse Drug Reaction Reporting	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
2	Aminoglycoside Adult Dosing and Monitoring Protocol	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
3	Analyzer Operator ID and Lab Information System (LIS) Security	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
4	Associate and Providers Disaster Procedures	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
5	Back-Up Testing During Equipment Failure	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
6	Blood Bank Armbanding	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
7	Clinical Duties of the Medical Director	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
8	Clinical Responsibilities Of The Testing Personnel	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
9	Compliance Program / Associate Participation	Compliance	Karam, Annah: Director Human Resources	Ariel Whitley for Hospital Board of Directors
10	Copy & Paste of Clinical Documentation	Medical Records	Palmer, Linda: Director, Health Information Management	Ariel Whitley for Hospital Board of Directors
11	Critical Test Results Reporting for Clinical Departments	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
12	Extended Sick Leave (ESL)	Human Resources	Karam, Annah: Director Human Resources	Ariel Whitley for Hospital Board of Directors
13	Herbal/Natural Remedies	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
14	Hospital Lockdown	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting of April 5, 2022

	Title	Policy Area	Owner	Workflow Approval
15	Identifying Protected Health Information (PHI)	HIPAA Privacy	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
16	Impaired Pharmacy Personnel	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
17	Laboratory Critical Test Result List	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
18	Legionella / Water-Borne Pathogen Management Program	Engineering	Sanchez, Salvador: Director of Engineering	Ariel Whitley for Hospital Board of Directors
19	Mammogram Dictation/Reporting Requirements	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
20	Mammography Consumer Complaint Mechanism	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
21	Management of Contract Services	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
22	Medicare and Senior (Advantage) Plan Discharge Appeals Rights	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
23	Medication Titration and Tapering	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors
24	Mitigation of Compromised Protected Health Information (PHI)	HIPAA Privacy	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
25	PACU - Admission of Post Procedure/Post Operative Patient for Recovery	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
26	Patient Request for Access To & Copying of Protected Health Information	HIPAA Privacy	Palmer, Linda: Director, Health Information Management	Ariel Whitley for Hospital Board of Directors
27	Pediatric Dosing-General Guidelines	Pharmacy	Lopez, Jose: Director Pharmacy	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting of April 5, 2022

	Title	Policy Area	Owner	Workflow Approval
28	Pharmacy Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
29	Prohibition of Intimidating or Retaliatory Acts	HIPAA Privacy	Palmer, Linda: Director, Health Information Management	Ariel Whitley for Hospital Board of Directors
30	Recording Log for Homeless Patients	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
31	Registry Requirements for Nursing	Nursing	Hudson, Tracie: Director Nursing Resources	Ariel Whitley for Hospital Board of Directors
32	Security Department - Disaster Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
33	Utilization Management Plan Calendar Year 2022	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors

TAB H

CHOOSE YOUR HOSPITAL LIKE YOUR LIFE DEPENDS ON IT.



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



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



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Hospital foundation receives unprecedented \$5.6 million from Morongo

BY DAVID JAMES HEISS
Record Gazette

The Morongo Band of Mission Indians has just donated one of the largest monetary gifts given to a regional nonprofit in recent memory.

During a special ceremony attended by a crowd of dignitaries, Tribal Chairman Charles Martin announced Morongo's gift of \$5.6 million to the nonprofit San Gorgonio Memorial Hospital Foundation to help the organization fund a highly needed stroke center at the hospital.

His announcement received a standing ovation.

"For the past few years the foundation has overcome monumental challenges," Martin said. "The hospital has done an amazing job navigating these difficult times."

He commended the efforts of his predecessor Robert Martin in getting the tribe on track to make such a contribution, and lauded the fact that patients will no longer have to risk the crucial time necessary for critical treatment of strokes by driving at least a half-hour outside the Pass area to seek help.

"The tribe is grateful to build this partnership with the foundation, and grateful to be giving back to this community," Martin said.

Hospital foundation President Randy Robbins told guests "This is an exciting day for us at the hospital, cel-



Photo courtesy of Carlos Puma
Tribal Chairman Charles Martin

brating the generosity of the Morongo Band of Mission Indians. This will change the face of healthcare, and our capabilities."

The foundation was incorporated in 1983. In that time, the foundation has funded over \$8 million for hospital programs and equipment.

"I can't think of a better way to celebrate the foundation's 40th anniversary," Robbins said.

According to Robbins, the foundation's largest donation prior to the ceremony held the morning of March 16 in a large tent set up in the parking lot closest to the main

entrance of the hospital, was \$197,000.

Morongo's \$5.6 million gift far surpassed that, making it the single largest gift ever from any donor to the foundation.

At the event, County Supervisor Jeff Hewitt, Banning Mayor Kyle Pingree

and Beaumont Mayor Lloyd White made remarks.

Hospital board Chairwoman Susan DiBiasi remarked "I'm excited to see our stroke center taking place," explaining that doing so fulfills a top priority

(See MORONGO, page 8)

MORONGO

(continued from page 1)

expressed by stakeholders participating in a recent survey of the hospital's needs.

DiBiasi thanked the tribe for its ongoing support of the hospital.

San Gorgonio Memorial Hospital Healthcare District Chairman Dennis Tankersly said "Thank you for this amazing gift," and reiterated the relief Pass area stroke victims will soon have knowing they will no longer need to drive too far for lifesaving care.

Hospital CEO Steve Barron declared "This would not be happening without this gift," since the hospital and its supporting foundation simply did not have those kinds of funds, despite their realization that a stroke center was a high priority for the Pass area.

Barron pointed out "This isn't the first gift" Morongo has provided to the hospital, acknowledging the tribe's support of the property tax Measure H, and funding for the construction of the hospital's helipad, among other ventures.

"In supporting us, they're really supporting our community," Barron said. "This allows us to build a room for an MRI and have a back-up CT scanner. These pieces of equipment benefit patients beyond a stroke center."

Morongo's contribution will enable the foundation to pay for two computerized tomography scanners, a new magnetic resonance imaging machine, as well as a new building to house it, and the foundation will be able to purchase a new gamma camera, and upgrade the hospital's stroke facility's digital radiography rooms and older pieces of equipment, helping

the hospital become a certified stroke center.

Dr. Karan Singh, the hospital's chief medical officer, explained that when it comes to a patient experiencing a stroke, "Time is of the essence."

"This gift definitely touched my heart. When I started here five years ago, I struck gold with the people who work here, and with the people in this community. These past few years have been tough," Singh said. "There's been a lot of loss and personal sacrifice. Your gift is a beacon of hope, and will allow us to recruit new physicians and the next generation of nurses who want to take care of our community. Your gift gives us strength."

Staff Writer David James Heiss may be reached at dheiss@recordgazette.net and messages may be left at (951) 849-4586 x114.

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Donation

The Morongo Band of Mission Indians presented a record \$5.6 million donation to the San Geronio Memorial Hospital Foundation on last Wednesday.

There was one person who was slighted in my opinion. A big congratulations to Valerie Rose Hunter.

Valerie, along with George Moyer, went to Morongo and secured the gift.

Valerie is a team player and would never toot her own horn, but had it not been for Valerie, this generous gift from the Morongo Band of Mission Indians would not have happened.

*Deborah Dukes
Banning*