



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, May 7, 2024 – 4:00 PM

Modular C Classroom

600 N. Highland Springs Avenue, Banning, CA 92220

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

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

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

OLD BUSINESS

III. ***Proposed Action - Approve Minutes**

S. DiBiasi

- April 2, 2024, Regular Meeting
- April 20, 2024, Special Meeting

A
B

NEW BUSINESS

IV.	Hospital Board Chair Monthly Report	S. DiBiasi	verbal
V.	CEO Monthly Report	S. Barron	C
VI.	May, June, & July Board/Committee Meeting Calendars	S. DiBiasi	D
VII.	Bi-Monthly Patient Care Services Report	A. Brady	E
VIII.	CIHQ Conditional Finding – Informational	A. Brady	F
IX.	<p>* Proposed Action – Recommend Approval to the Healthcare District Board of declaration of surplus property and acquisition of replacement van</p> <ul style="list-style-type: none"> ▪ ROLL CALL 	J. Peleuses	G
X.	<p>Committee Reports:</p> <ul style="list-style-type: none"> • Human Resources Committee <ul style="list-style-type: none"> ○ April 17, 2024, regular meeting minutes ○ Reports • Community Planning Committee <ul style="list-style-type: none"> ○ April 20, 2024, regular meeting minutes • Finance Committee <ul style="list-style-type: none"> ○ April 30, 2024, regular meeting minutes * Proposed Action – Approve March 2024 Financial Statement (Unaudited <ul style="list-style-type: none"> ▪ ROLL CALL ○ Non-Profit Federal Tax Return (Form 990) Review – Informational 	<p>S. Rutledge/ A. Karam</p> <p>S. Rutledge/ S. Barron</p> <p>S. DiBiasi/ D. Heckathorne</p>	<p>H</p> <p>I</p> <p>J</p> <p>handout</p>
XI.	<p>* Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures</p> <ul style="list-style-type: none"> ▪ ROLL CALL 	Staff	K
XII.	Chief of Staff Report – Recommendations of the Medical Executive Committee – Informational	R. Sahagian, MD Chief of Staff	
XIII.	Community Benefit events/Announcements/ and newspaper articles	S. DiBiasi	M

***** ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION**

S. DiBiasi

- Proposed Action - Recommend approval to Healthcare District Board - Medical Staff Credentialing
(*Health & Safety Code §32155; and Evidence Code §1157*)
- Telephone conference with legal counsel – Pending litigation
(Government Code § 54956.9(d)(1))
Timothy Ware et. al. v San Gorgonio Memorial Hospital (Case No. CVRI2301216)
- Telephone conference with legal counsel – Pending litigation
(Government Code § 54956.9(d)(1))
Desert Anesthesia Consultants, LP v. San Gorgonio Memorial Hospital, et al. (Case No. RIC2000609)
- Receive Quarterly Performance Improvement/Risk Management Report
(*Health & Safety Code §32155*)
- Receive Quarterly Emergency Preparedness/Environment Safety Report
(*Health & Safety Code §32155*)
- Receive Quarterly Corporate Compliance Committee 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. Future Agenda Items

XVI. **ADJOURN**

S. DiBiasi

***Action Required**

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

I certify that on May 3, 2024, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors
(*Government Code Section 54954.2*).

Executed at Banning, California, on May 3, 2024



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

April 2, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, April 2, 2024, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi (Chair), Perry Goldstein, Shannon McDougall, Darrell Petersen, Ron Rader, Steve Rutledge, Randal Stevens, Lanny Swerdlow, Dennis Tankersley

Members Absent: None

Required Staff: Steve Barron (CEO), Raffi Sahagian, MD (Chief of Staff), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), Angie Brady (CNE), John Peleuses (VP Ancillary and Support Services), Allen Koblin (Foundation President), Valerie Hunter (Foundation Director)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:00 pm.	
Public Comment	<ul style="list-style-type: none"> • Diego Rose – Topic: Corporate Capture • Bakhtiar Ahmad, MD – Topic: Local ED Group • Patricia Brown – Topic: ED Contract • Kathryn Phillippi – Topic: ED Provider Group • Steven Hildebrand, MD – Topic: ER Care 	
OLD BUSINESS		
Proposed Action - Approve Minutes	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the March 5, 2024, regular meeting.	The minutes of the March 5, 2024, regular meeting will stand correct as presented.
March 5, 2024, regular meeting.	There we none.	
NEW BUSINESS		
Hospital Board Chair Monthly Report	Chair DiBiasi briefly reported that March was a busy month. She also thanked the Foundation for their support in securing the large donation from the Morongo Band of Mission Indians for the Women’s and Family Clinic.	
CEO Monthly Report	Steve Barron, CEO, briefly reported that our Leapfrog Patient Safety Score will be released in Spring.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
<p>Proposed Action - Recommend Approval of the SEVA Professional Services Agreement to the Healthcare District Board</p>	<p>Steve Barron reported that our current Emergency Medicine Medical Group will be leaving the state come June 2024. An RFP was sent to interested Emergency Medicine Groups and a thorough process was followed. Seva Medical Group leadership gave a detailed presentation about their commitment and abilities to serve as the new Emergency Medicine Medical Group at SGMH.</p> <p>Dennis Tankersley recused himself from the vote.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 638 1253 814"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</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>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Recused</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Recused	Motion carried.		<p>M.S.C., (Swerdlow/Petersen), the SGMH Board of Directors voted to recommend approval of the SEVA Professional Services Agreement to the Healthcare District Board as presented.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Recused	Motion carried.																				
<p>April, May, & June Board/Committee meeting calendars</p>	<p>Calendars for April, May, and June, were included on the board tablets.</p>																					
<p>Quarterly Foundation Report</p>	<p>Foundation President, Allen Koblin, gave the Quarterly Foundation Report as included on the board tablets.</p>																					
<p>COMMITTEE REPORTS:</p>																						
<p>Finance Committee Proposed Action – Approve February 2024 Financial Statement (Unaudited).</p>	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the February 2024 Financial report which was included on the board tablet. A copy of the Finance Committee’s March 26, 2024, meeting minutes were also included on the board tablet.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1360 1253 1537"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</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>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	Motion carried.		<p>M.S.C., (Rader/Swerdlow), the SGMH Board of Directors approved the February 2024 Financial Statement as presented.</p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Yes	Motion carried.																				

AGENDA ITEM		ACTION / FOLLOW-UP																				
Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures	<p>There were thirty-nine (39) policies and procedures presented for recommended approval to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 436 1253 613"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</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>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	Motion carried.		M.S.C., (Stevens/Rutledge), the SGMH Board of Directors voted to recommend approval to the Healthcare District board of the policies and procedures as submitted.
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Yes	Motion carried.																				
Chief of Staff Report Recommendations of the Medical Executive Committee – Informational	A discussion was held regarding the recommendations of the Medical Executive Committee. The report was provided as informational.																					
Community Benefit events/Announcements and newspaper articles	Ron Rader announced the Beaumont Chamber Breakfast and reminded the board members that the Hospital is a member of the chamber and tickets can be purchased at a discounted price.																					
Future Agenda Items	<ul style="list-style-type: none"> • None 																					
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 ➤ Receive Quarterly EOC/Life Safety/Utility Management Report <p>The meeting adjourned to Closed Session at 5:37 pm.</p>																					
Reconvene to Open Session	<p>The meeting adjourned from closed session at 6:09 pm.</p> <p>Chair DiBiasi reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing with the exception of Dr. McDowell ➤ Received Quarterly EOC/Life Safety/Utility Management Report 																					
Adjourn	The meeting was adjourned at 6:10 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

SPECIAL MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

April 20, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Saturday, April 20, 2024, in Classroom B, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi (Chair), Perry Goldstein, Shannon McDougall, Ron Rader, Steve Rutledge, Randal Stevens, Lanny Swerdlow

Members Absent: Darrell Petersen, Dennis Tankersley

Required Staff: Steve Barron (CEO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), Angie Brady (CNE), John Peleuses (VP Ancillary and Support Services), Annah Karam (CHRO), Ali Webb (Administrative Assistant)

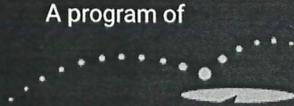
AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 8:00 am.	
Public Comment	No public comment.	
NEW BUSINESS		
Report on Past Initiatives	<p>There were three presentations given on the following topics:</p> <ul style="list-style-type: none"> • Stroke Program – G. Soriano Fregoso • Community Support (Grants and Donations) – J. Peleuses, V. Hunter, and S. Barron • Quality Improvement – A. Brady 	
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"> ➤ Strategic Planning Discussion <p>The meeting adjourned to Closed Session at 9:15 am.</p>	
Reconvene to Open Session	<p>The meeting adjourned from closed session at 12:27 pm.</p> <p>Chair DiBiasi reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Participated in a Strategic Planning Discussion 	
Adjourn	The meeting was adjourned at 12:30 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 C

LEAPFROG
HOSPITAL
SAFETY GRADE

A program of

THELEAPFROGGROUP

Hospital Matches

23 hospitals matching banning, CA

San Geronio Memorial Hospital

600 N. Highland Springs Avenue
Banning, CA 92220-3046

This Hospital's Grade



Hemet Global Medical Center

1117 E. Devonshire Avenue
Hemet, CA 92543-3083

This Hospital's Grade



Desert Regional Medical Center

1150 N. Indian Canyon Drive
Palm Springs, CA 92262-4872

This Hospital's Grade



Kaiser Permanente Moreno Valley Medical Center

27300 Iris Avenue
Moreno Valley, CA 92555-4800

This Hospital's Grade



Riverside University Health System - Medical Center

26520 Cactus Avenue
Moreno Valley, CA 92555-3911

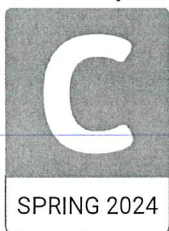
This Hospital's Grade



Redlands Community Hospital

350 Terracina Boulevard
Redlands, CA 92373-4897

This Hospital's Grade



Menifee Global Medical Center

28400 McCall Boulevard
Sun City, CA 92585-9537

This Hospital's Grade



Loma Linda University Medical Center East Campus

25333 Barton Road
Loma Linda, CA 92354

This Hospital's Grade



Loma Linda University Medical Center

11234 Anderson Street
Loma Linda, CA 92354

This Hospital's Grade



Eisenhower Medical Center

39000 Bob Hope Drive
Rancho Mirage, CA 92270-3221

This Hospital's Grade



LOMA LINDA UNIVERSITY MEDICAL CENTER-MURRIETA

28062 Baxter Road
Murrieta, CA 92563

This Hospital's Grade



St. Bernardine Medical Center

2101 N. Waterman Avenue
San Bernardino, CA 92404-4836

This Hospital's Grade



Arrowhead Regional Medical Center

400 N. Pepper Avenue
Colton, CA 92324-1819

This Hospital's Grade



COMMUNITY HOSPITAL OF SAN BERNARDINO

1805 MEDICAL CENTER DRIVE
SAN BERNARDINO, CA 92411-1214

This Hospital's Grade



Riverside Community Hospital

4445 Magnolia Avenue
Riverside, CA 92501-4199

This Hospital's Grade



Southwest Healthcare Rancho Springs Hospital

25500 Medical Center Drive
Murrieta, CA 92562-5965

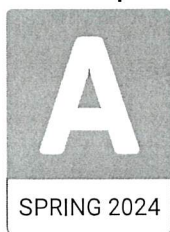
This Hospital's Grade



Southwest Healthcare Inland Valley Hospital

36485 Inland Valley Drive
Wildomar, CA 92595-9700

This Hospital's Grade



TAB D

May 2024

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5 	6 National Nurses Day!	7 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting Stroke Education at Sun Lakes	8	9	10 *SGMH Mother's Day Boutique Beaumont Chamber Breakfast @7:30 AM	11
12 	13	14	15 5:00 Measure H Mtg 5:15 Measure A Mtg Banning Chamber Breakfast @7am	16 Banning Chambers Harmony in the Neighborhood fundraising event for mural downtown	17	18 Family Fun Color Run—Banning
19	20	21 Stroke Education at Medical Literacy Program	22	23	24	25
26	27 Memorial Day! Administration is Closed!	28 9:00 am Finance Committee	29 Will have a table at the National Senior Health Fair at Chatigny Center	30 Cherry Festival	31 Cherry Festival	



June 2024

Board of Directors Calendar

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

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

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



July 2024

Board of Directors Calendar

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

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

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

TAB E



Bi-Monthly Patient Care Services Report

The bimonthly patient services report aims to provide a comprehensive overview of the nursing services rendered to patients at SGMH during the months of March & April 2024.

1. Key Metrics:

- Total number of patients served in ED up until April 22, 2024: 5,994
- Ambulance Traffic: 17%
- Admitted: 416 (6.9%)

2. Patient Satisfaction:

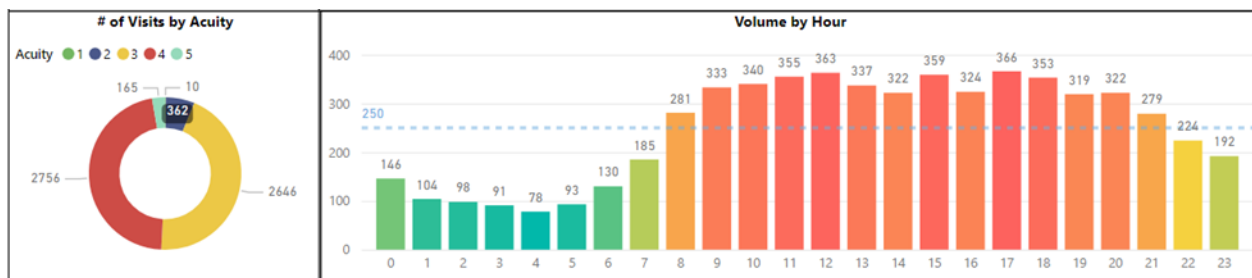
- “Quiet Time” started April 1st with hours of operation 2300-0300.

3. Clinical Outcomes:

- Mortality rate: 1.6% -----Benchmark 5%
- Adverse events: 0, RCA-1
- 1 unfounded CDPH investigations

4. Operational Efficiency:

- Acuity & Volume per hour in ED



- Resource utilization:
 - Staffing levels: Minimal staffing shortage, mostly EMTs in the ED.

- Equipment usage: INR machine in lab has gone down several times recently. Looking at options for point of care testing.

5. Financial Performance:

- Have eliminated Traveler contracts in all nursing departments. Using minimal registry in OB, ED.

6. Quality and Compliance:

- Quality improvement initiatives:
 - Leapfrog A grade.
 - P4P and QIP efforts continue.
 - Bi-annual department PI meeting to be held May 16th.

7. Challenges and Opportunities:

- Challenges faced: Increased holding of case management patients waiting for SNF in ED.
- Opportunities for improvement: Associate Retention Strategies, Bed availability in units due to nursing shortage.

8. Growth Development/Regulatory:

- TJC scheduled on-site for survey on 3/25/24. A secondary survey will be completed by REMSA (Riverside County EMS agency).
- CIHQ re-accreditation survey took place on 4/9-4/11. We had a total of 3 conditional and 12 standard level deficiencies. All of which an action plan has already been completed.
- Hired an interim Surgical Services Nursing Director.

9. Conclusion:

- Overall, nursing services have maintained a high standard of quality and patient satisfaction during the reporting period. Efforts will continue to address challenges and capitalize on opportunities for improvement.

Angela Brady, CNE/VP

4/22/24

TAB F

Whitley, Ariel

From: Valdez, Ana
Sent: Thursday, May 2, 2024 4:32 PM
To: Whitley, Ariel
Subject: RE: CIHQ Conditional Deficiencies

Follow Up Flag: Follow up
Flag Status: Flagged

- **Deficiency #: 01 GL-4 Leadership Responsibilities**

The governing body could not substantiate that it consistently assures compliance to the CMS Conditions of Participation and standards, and accreditation policies of the Center for Improvement in Healthcare Quality as evidenced by the following **condition level** deficiencies:

CE-2; IC-7: QS-8. The governing body must establish and implement processes to assure that it provides active oversight and resources to support quality and patient safety.

Note: A condition level deficiency is assigned to the governing body

- **Deficiency #: 04 CE-2 Construction and Renovation**

It was noted that continuous negative pressure was not being maintained at 2 construction sites (Observed during building tour of the Old Gym and ADA restroom upgrades).

Actual and potential outcome: Improper air flow could result in potential hazardous exposure to occupants in the area where the air flow is not going into the proper direction.

Corrective Action Plan: During the survey, the entrance door into the construction site was sealed to establish proper air flow. Collaboration between contractors and engineering to ensure air flow from the construction sites is not blowing into the hallways. Daily air flow testing for proper air flow will be done and signed off by the construction supervisor and engineering staff daily. Any failed test will be corrected as soon as possible.

Monitoring Plan: Monitoring will continue throughout construction by the Director of Engineering Services and data will be reported to Performance Improvement (Continuous Survey Readiness Committee) and the Hospital Board.

- **Deficiency #: 19 IC-7 Disinfection and Sterilization Practices**

The organization could not substantiate that the dialysis machines and RO's are disinfected according to policy.

Corrective Action Plan: Davita Dialysis will disinfect the machine after each use and log its completion. An in-service will be provided to all dialysis nurses and an audit will be done by both the dialysis nurse and infection preventionist.

Monitoring Plan: The Director of Infection Prevention will monitor implementation of the action plan and submit data to Performance Improvement (Continuous Survey Readiness Committee) and the Hospital Board.

- **Deficiency # 34 QS-8 Critical Test Results**

This was appealed and approved by Traci Curtis (CIHQ) on 04/29/2024.

Ana Valdez RN, BSN
Director of Risk Management
And Quality Assurance

TAB G

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

To: Finance Committee, Board of Directors, and District Board

Agenda Item for April 30, 2024, Finance Committee and May 7, 2024, Board Meetings

Subject:

Approval for Declaration of surplus property and acquisition of replacement van.

Background:

The Behavioral Health Clinic has a 2018 Ford Transit 350 van with over 62,000 miles. This vehicle is not fuel efficient. Through the efforts of the BHC Director to cut costs, he has been able to obtain a deal to trade this van in and replace it with a 2022 Kia Carnival Van. The proposed van is more fuel efficient and has less than half the miles currently. The value of the Ford van through Kelly Blue Book is \$31,739 to \$35,470. The dealer is offering \$32,500 to trade in. The new van is currently listed at \$33,900 however they will sell us the van for \$32,500.

Funding:

The cost to the district would be \$2,525.34 for sales tax and \$629 for license and doc fees for a total of \$3,154.34.

Recommended Action:

1. **That the board approve the declaration of the Ford 350 Transit Van as obsolete, and it is not in the best interest of the District to retain this equipment.**
2. **That the board approve the trade-in of the Ford 350 Transit Van in exchange for:**
 - a. **Acquisition of 2022 Kia Carnival van for the cost of \$3,154.34 for tax and doc fees.**

Exhibit: Proposal from 110- Fiesta Kia



110-FIESTA KIA 78550 VARNER RD INDIO CA 92203

To: San Gorgonio Memorial Hospital

Thank you for your interested in our 2022 Kia Carnival Vin #KNDNB4H37N6067947. Per our conversation I am authorized to sell the vehicle for \$32,500.00 plus tax and license. We are taking in your 2018 Ford Transit Connect for \$32,500.00. the break down will be provided below.

Purchase price

\$32,500.00

\$2,525.34 Tax

\$629.00 License, doc fees

\$35,654.34 Total purchase price

-\$32,500.00 Trade price

\$3,154.34 Balanced owed to dealer

Sincerely,

Christian Ortega

Used Car Manager

A handwritten signature in black ink, appearing to read 'Christian Ortega', with a long horizontal line extending to the right.

TAB H

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
April 17, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, April 17, 2024, in Classroom A, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Perry Goldstein, Ron Rader

Excused Absence: Steve Rutledge (C)

Staff Present: Steve Barron (CEO), Angela Brady (CNE), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), John Peleuses (VP, Ancillary and Support Services)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Susan DiBiasi called the meeting to order at 9:05 am.	
Public Comment	No public was present.	
OLD BUSINESS		
Proposed Action - Approve Minutes: January 17, 2024, Regular Meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the January 17, 2024, regular meeting. There were none.	The minutes of the January 17, 2024, Regular Meeting were reviewed and will stand as presented.
NEW BUSINESS		
Reports		
A. Employment Activity/Turnover Reports		
1. Employee Activity by Job Class/Turnover Report	Annah Karam, Chief Human Resources Officer, reviewed the report “Employee Activity by Job Class/Turnover Report” for the period of 01/01/2024 through 03/31/2024 as included in the Committee packet.	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
(01/01/2024 through 03/31/2024)		
2. Separation Reasons Analysis All Associates (01/01/2024 through 03/31/2024)	<p>Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 01/01/2024 through 03/31/2024 as included in the Committee packet.</p> <p>For this period, there were 24 Voluntary Separations and 7 Involuntary Separations for a total of 31.</p>	
3. Separation Reason Analysis Full and Part Time Associates (01/01/2024 through 03/31/2024)	<p>Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 01/01/2024 through 03/31/2024 as included in the Committee packet.</p> <p>For this period, there were 11 Voluntary Separations and 5 Involuntary Separations for a total of 16.</p>	
4. Separation Reason Analysis Per Diem Associates (01/01/2024 through 03/31/2024)	<p>Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 01/01/2024 through 03/31/2024 as included in the Committee packet.</p> <p>For this period, there were 13 Voluntary Separations and 2 Involuntary Separations for a total of 15.</p>	
5. FTE Vacancy Summary (01/01/2024 through 03/31/2024)	<p>Annah reviewed the “FTE Vacancy Summary” for the period of 01/01/2024 through 03/31/2024 as included in the Committee packet.</p> <p>Annah reported that the Facility Wide vacancy rate as of 03/31/2024 was 13.44%.</p>	
6. RN Vacancy Summary (01/01/2024 through 03/31/2024)	<p>Annah reviewed the “RN Vacancy Summary” for the period of 01/01/2024 through 03/31/2024 as included in the Committee packet.</p> <p>Annah reported that the Overall All RN Vacancy rate as of 03/31/2024 was 13.48%.</p>	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
B. Workers Compensation Report		
Workers Compensation Report (01/01/2024 through 03/31/2024)	Annah reviewed the Workers Compensation Reports covering the period of 03/01/2024 through 03/31/2024 as included in the Committee packet.	
Education	Annah reviewed each education article as included in the committee packets: <ul style="list-style-type: none"> • Reproductive Loss-Leave Policy • New Legislation 	
Future Agenda items	None.	
Next regular meeting	The next regular Human Resources Committee meeting is scheduled for September 18, 2024, @ 9 am.	
Adjournment	The meeting was adjourned at 9:50 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

EMPLOYEE ACTIVITY BY JOB CLASS / TURN OVER REPORT

01/01/2024 THROUGH 03/31/2024

JOB CLASS/FAMILY	CURRENT	2023	YTD	CURRENT	2023	YTD	ACTIVE	LOA	CURRENT	ANNUALIZED	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
	NEW HIRES	NEW HIRES	NEW HIRES	SEPARATIONS	SEPARATIONS	TERMS	ASSOCIATE	ASSOCIATE	TURNOVER	TURNOVER	
	01/01/2024 THROUGH 03/31/2024		01/01/2024 THROUGH 03/31/2024	01/01/2024 THROUGH 03/31/2024		01/01/2024 THROUGH 03/31/2024	AS OF 03/31/2024	AS OF 03/31/2024	AS OF 03/31/2024		
ADMIN/CLERICAL	1	9	1	3	11	3	80	2	3.75%	3.75%	
ANCILLARY	3	24	3	7	17	7	59	2	11.86%	11.86%	
CLS	1	5	1	0	4	0	20	1	0.00%	0.00%	
DIRECTORS/MGRS	0	3	0	2	6	2	33	0	6.06%	6.06%	
LVN	0	2	0	2	2	2	17	0	11.76%	11.76%	
OTHER NURSING	6	27	6	3	31	3	77	2	3.90%	3.90%	
PT	0	5	0	0	2	0	8	1	0.00%	0.00%	
RAD TECH	0	5	0	2	6	2	27	1	7.41%	7.41%	
RN	14	54	14	6	64	6	145	9	4.14%	4.14%	
RT	2	3	2	1	3	1	23	0	4.35%	4.35%	
SUPPORT SERVICES	8	59	8	5	51	5	85	7	5.88%	5.88%	
FACILITY TOTAL	35	196	35	31	197	31	574	25	5.40%	5.40%	
<i>Full Time</i>	19	115	19	14	104	14	401	20	3.49%	3.49%	
<i>Part Time</i>	5	22	5	2	20	2	58	4	3.45%	3.45%	
<i>Per Diem</i>	11	59	11	15	73	15	115	1	13.04%	13.04%	
TOTAL	35	196	35	31	197	31	574	25	5.40%		

Current Turnover: J22
Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:
 Turnover for all Associates = 2.80%
 Turnover for all RNs = 3.00%
 TOTAL ASSOCIATES ON PAYROLL = 599

Southern California Hospital Association (HASC) Benchmark:
 Turnover for all PER DIEM Associates = 8.00%
 Turnover for all PER DIEM RNs = 7.80%

SEPARATION ANALYSIS
ALL ASSOCIATES
01/01/2024 THROUGH 03/31/2024

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
Voluntary Separations								
Full-Time	29.0%	2	0	4	3	0	0	9
Part-Time	6.5%				2			2
Per Diem	41.9%	0	4	6	0	1	2	13
Subtotal, Voluntary Separations	77.4%	2	4	10	5	1	2	24
Involuntary Separations								
Full-Time	16.1%	1	2	1	0	0	1	5
Part-Time	0.0%							0
Per Diem	0.0%	1	1	0	0	0	0	2
Subtotal, Involuntary Separation	22.6%	2	3	1	0	0	1	7

Total Separations	100.0%	4	7	11	5	1	3	31
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SEPARATIONS BY DEPARTMENT	LT 90 DAYS	90 DAYS TO 1 YR	1 YR TO 2.9 YRS	3 TO 5.9 YRS	6 TO 10 YRS	10 PLUS YRS	TOTAL SEPARATIONS
≡ Involuntary	2	3	1			1	7
Diagnostic Imaging						1	1
ED		1					1
ICU		1					1
MS	1						1
OR		1					1
Security	1		1				2
≡ Voluntary	2	4	10	5	1	2	24
Administration				1			1
BHC			1				1
Case Management						1	1
Diagnostic Imaging			1				1
ED			1	1			2
EKG			1				1
ICU			1				1
MS	1		2	1			4
OB		1					1
OR		1		1			2
Pharmacy		1	1			1	3
Plant Operations			1				1
Registration			1				1
Respiratory Therapy		1					1
Security	1						1
Social Services				1	1		2
Grand Total	4	7	11	5	1	3	31

FULL AND PART TIME ASSOCIATES
01/01/2024 THROUGH 03/31/2024

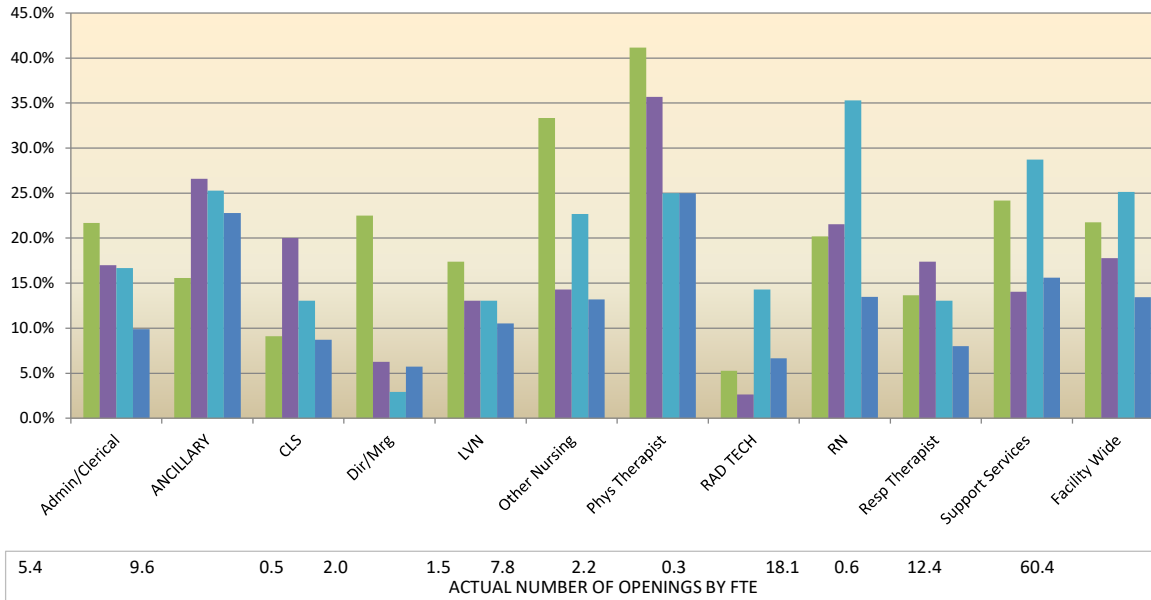
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
Voluntary Separations								
Did not Return from LOA	6.3%			1				1
Employee Death	0.0%							0
Family/Personal Reasons	6.3%	1						1
Job Abandonment	0.0%							0
Job Dissatisfaction	0.0%							0
Medical Reasons	0.0%							0
New Job Opportunity	56.3%	1		3	5			9
Not Available to Work	0.0%							0
Pay	0.0%							0
Relocation	0.0%							0
Retirement	0.0%							0
Return to School	0.0%							0
Unknown	0.0%							0
Subtotal, Voluntary Separations	68.8%	2	0	4	5	0	0	11
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Conduct	12.5%			1		1		2
Death	0.0%							0
Expired Credentials	6.3%		1					1
Didn't meet scheduling needs	6.3%							0
Poor Performance	6.3%	1						1
Position Eliminations	0.0%							0
Temporary Position	6.3%		1					1
Subtotal, Involuntary Separations	31.3%	1	2	1	0	1	0	5
Total Separations	100.0%	3	2	5	5	1	0	16

Separation Reason Analysis
Per Diem Associates Only
01/01/2024 THROUGH 03/31/2024

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	3-5 years	6-10 years	10+ years	
<i>Voluntary Separations</i>								
Did not Return from LOA	0.0%							0
Employee Death	0.0%							0
Family/Personal Reasons	6.7%			1				1
Job Abandonment	20.0%		1	2				3
Job Dissatisfaction	6.7%			1				1
Medical Reasons	0.0%							0
New Job Opportunity	40.0%		3	1		1	1	6
Not Available to Work	6.7%			1				1
Pay	0.0%							0
Relocation	0.0%							0
Retirement	6.7%					1		1
Return to School	0.0%							0
Unknown	0.0%							0
<i>Subtotal, Voluntary Separations</i>	86.7%	0	4	6	0	2	1	13
<i>Involuntary Separations</i>								
Attendance/Tardiness	0.0%							0
Conduct	6.7%		1					1
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Poor Performance	6.7%	1						1
Position Eliminations	0.0%							0
Temporary Position	0.0%							0
<i>Subtotal, Involuntary Separations</i>	13.3%	1	1	0	0	0	0	2
Total Separations	100.0%	1	5	6	0	2	1	15

FTE Vacancy Summary: 01/01/2024 THROUGH 03/31/2024

	<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>
3/31/2023	21.70%	15.58%	9.09%	22.50%	17.39%	33.33%	41.14%	5.26%	20.20%	13.64%	24.17%	21.75%
6/30/2023	17.00%	26.60%	20.00%	6.25%	13.04%	14.29%	35.71%	2.63%	21.54%	17.39%	14.02%	17.79%
12/31/2023	16.67%	25.27%	13.04%	2.94%	13.04%	22.68%	25.00%	14.29%	35.29%	13.04%	28.75%	25.13%
3/31/2024	9.89%	22.78%	8.70%	5.71%	10.53%	13.19%	25.00%	6.67%	13.48%	8.00%	15.60%	13.44%



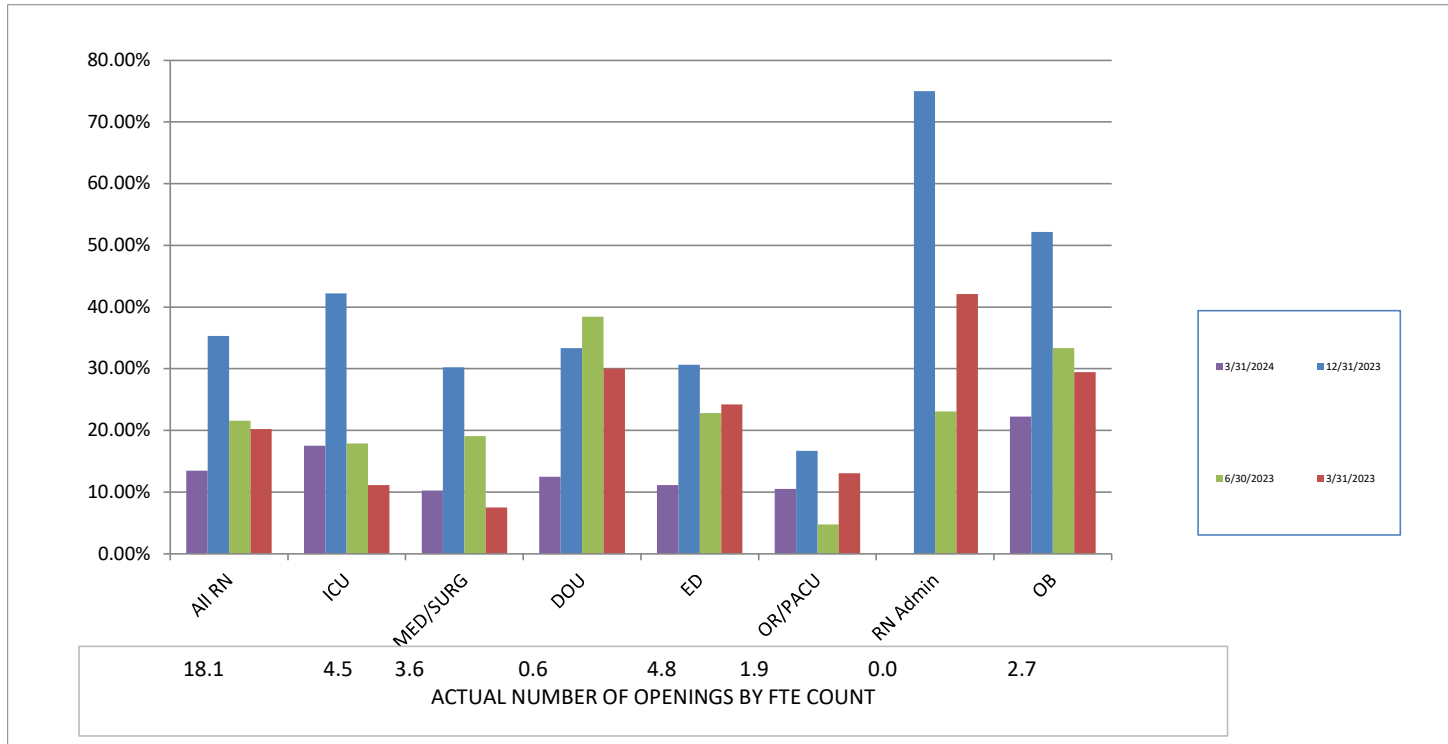
VACANCY RATE = Number of openings/(total staff + openings)

	3/31/2024	12/31/2023	6/30/2023	3/31/2023
All RN	13.48%	35.29%	21.54%	20.20%
ICU	17.50%	42.22%	17.86%	11.11%
MED/SURG	10.26%	30.23%	19.05%	7.50%
DOU	12.50%	33.33%	38.46%	30.00%
ED	11.11%	30.65%	22.81%	24.19%
OR/PACU	10.53%	16.67%	4.76%	13.04%
RN Admin	0.00%	75.00%	23.08%	42.11%
OB	22.22%	52.17%	33.33%	29.41%

	OPEN POSITIONS	TOTAL STAFF
All RN	24	154
ICU	7	33
Med Surg	4	35
DOU	1	7
ED	6	48
OR/PACU	2	17
RN Adm.	0	0
OB	4	14

VACANCY RATE
13.48%
17.50%
10.26%
12.50%
11.11%
10.53%
#DIV/0!
22.22%

FTE
18.1
4.5
3.6
0.6
4.8
1.9
0
2.7





DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 3/31/2024

Reporting Period 3/1/2024 - 3/31/2024

SUMMARY DATA

FiscalYear	ValuationDate	Values			Count	Open Count
		Total Paid	Total Reserves	Total Incurred		
2015-2016	2024-03-31	845,278	148,060	993,338	40	3
2016-2017	2024-03-31	205,546	-	205,546	27	-
2017-2018	2024-03-31	72,312	-	72,312	18	-
2018-2019	2024-03-31	87,665	48,632	136,297	15	1
2019-2020	2024-03-31	68,021	-	68,021	15	-
2020-2021	2024-03-31	368,609	133,310	501,919	22	3
2021-2022	2024-03-31	101,844	74,739	176,584	18	2
2022-2023	2024-03-31	142,172	154,014	296,186	13	4
2023-2024	2024-03-31	277,824	147,846	425,670	18	8
Grand Total		2,169,271	706,602	2,875,873	186	21

DASHBOARD REPORT

Fiscal Year Basis: July

San Gorgonio Memorial Hospital

Data as of 3/31/2024

Reporting Period 3/1/2024 - 3/31/2024

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
20805905		Surgical Services	Fall, Slip or Trip Injury	2020-08-04	Open	250,474	43,891	294,364
16000811		Environmental Services	Fall, Slip or Trip Injury	2016-05-31	Open	173,385	47,840	221,225
16000026		Obstetrics	Fall, Slip or Trip Injury	2016-01-05	Open	138,013	62,541	200,553
23001495		Laboratory	Fall, Slip or Trip Injury	2023-07-11	Open	138,040	16,214	154,254
23001964		Obstetrics	Fall, Slip or Trip Injury	2023-09-03	Open	61,049	48,056	109,105
22002677		Medical Surgical	Strain or Injury By	2022-11-20	Open	59,727	42,340	102,067
16001005		Medical Surgical	Burn or Scald - Heat or Cold Exposures - C	2016-07-21	Closed	98,814	-	98,814
16000233		Environmental Services	Strain or Injury By	2016-02-20	Closed	93,934	-	93,934
16000357		Medical Surgical	Struck or Injured By	2016-03-16	Closed	82,643	-	82,643
21000657		Environmental Services	Fall, Slip or Trip Injury	2021-03-16	Re-Open	25,791	52,873	78,664

FREQUENCY BY DEPARTMENT					SEVERITY BY DEPARTMENT				
Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred	Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Medical Surgical	37	19.89%	698,234	24.28%	Medical Surgical	37	19.89%	698,234	24.28%
Environmental Services	34	18.28%	659,573	22.93%	Environmental Services	34	18.28%	659,573	22.93%
Emergency Department	24	12.90%	123,809	4.31%	Obstetrics	6	3.23%	366,956	12.76%
Dietary	19	10.22%	19,006	0.66%	Surgical Services	7	3.76%	329,749	11.47%
Laboratory	10	5.38%	198,684	6.91%	Laboratory	10	5.38%	198,684	6.91%
Surgical Services	7	3.76%	329,749	11.47%	Nursing Administration	4	2.15%	134,473	4.68%
Intensive Care Unit (ICU)	7	3.76%	59,995	2.09%	Emergency Department	24	12.90%	123,809	4.31%
Obstetrics	6	3.23%	366,956	12.76%	Engineering	4	2.15%	68,529	2.38%
Medical Staff	5	2.69%	14,756	0.51%	CT/Echotechnology	2	1.08%	64,766	2.25%
Business Office	5	2.69%	27,225	0.95%	Intensive Care Unit (ICU)	7	3.76%	59,995	2.09%
FREQUENCY BY CAUSE					SEVERITY BY CAUSE				
Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred	Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Strain or Injury By	64	34.41%	770,429	26.79%	Fall, Slip or Trip Injury	31	16.67%	1,484,259	51.61%
Fall, Slip or Trip Injury	31	16.67%	1,484,259	51.61%	Strain or Injury By	64	34.41%	770,429	26.79%
Struck or Injured By	22	11.83%	178,826	6.22%	Struck or Injured By	22	11.83%	178,826	6.22%
Burn or Scald - Heat or Cold Exposures - Contact V	18	9.68%	131,594	4.58%	Miscellaneous Causes	8	4.30%	134,079	4.66%
Cut, Puncture, Scrape Injured by	15	8.06%	73,387	2.55%	Burn or Scald - Heat or Cold Exposures	18	9.68%	131,594	4.58%
Exposure	13	6.99%	62,364	2.17%	Cut, Puncture, Scrape Injured by	15	8.06%	73,387	2.55%
Caught In, Under or Between	12	6.45%	9,997	0.35%	Exposure	13	6.99%	62,364	2.17%
Miscellaneous Causes	8	4.30%	134,079	4.66%	Motor Vehicle	1	0.54%	30,461	1.06%
Striking Against or Stepping on	2	1.08%	475	0.02%	Caught In, Under or Between	12	6.45%	9,997	0.35%
Motor Vehicle	1	0.54%	30,461	1.06%	Striking Against or Stepping on	2	1.08%	475	0.02%

Policy:

Beginning January 1, 2024, all Associates who have worked for SGMH 30 days or more may take up to five days leave for a “reproductive loss,” which includes a failed adoption, failed surrogacy, miscarriage, stillbirth, or an unsuccessful “assisted reproduction,” such as an artificial insemination or embryo transfer. This leave may be taken by an Associate who would have been the parent had the reproductive event been completed.

The days of reproductive loss leave do not need to be taken consecutively. Associates must complete the leave within three months of the “reproductive loss event,” which is defined as the day, or, in cases of a multiple day event, the final day of a failed adoption, failed surrogacy, miscarriage, stillbirth or an unsuccessful assisted reproduction. If an Associate experiences more than one reproductive loss in a 12-month period, the Associate may take no more than 20 days of leave under this policy.

Reproductive loss leave is unpaid. However, Associates may use accrued Paid Time Off (PTO), sick leave, or other paid time off that is otherwise available to the Associate.

SGMH will maintain the confidentiality of requests for reproductive leave. We prohibit retaliation, discrimination, interference, restraint, or the denial of an Associate’s exercise of the right to a leave under this policy.

Procedure:

Timely reporting of your leave is critical for the continuation of your payments issued through payroll. If you expect to be out of work for more than three days, you must take the following steps:

1. Notify your supervisor and/or Director and Human Resources (specifically the Leaves/Benefits Specialist) of your need for a leave of absence. You do not need to discuss private health issues when providing this information. Fill out the Leave of Absence Request form at least 30 days in advance. (see attached).
2. Once the Leaves/Benefits Specialist has received information regarding the request, they will mail out a Leave of Absence packet containing documents pertaining to your leave. Information in these packets varies depending on the reason for the leave. A letter detailing what your rights under Federal and California laws are will be included in the packet. Please be sure to read this information as there are deadlines noted in this letter.
3. Some documents in the packet will need to be filled out by a medical provider and returned to the Leaves/Benefits Specialist. Failure to meet required deadlines may result in a denial of your request for leave.
4. You will need to contact the Leaves/Benefits Specialist and/or Employee Health when you are ready to return to work.
5. You may not be scheduled to work unless you have been cleared by Employee Health and the Leaves/Benefits Specialist.
6. If you need assistance, you may contact the Leaves/Benefits Specialist at Ext. 2192 (951-769-2192; Monday through Friday from 6:30am to 3:00pm). You may also contact Human Resources at Ext. 2169 (951-769-2169) ; Monday through Friday; 8:00am through 5:00pm or the Chief Human Resources Officer at 951.392.7573,

Reference(s):

Government Code section 12945.6.

New legislation to be covered includes:

- **SB 616** – Paid Sick Days – Increases paid sick days and increased accrual caps.
- **SB 848** – Leave for Reproductive Loss – Allows employees to take up to 5 days of leave for a “reproductive loss event”.
- **SB 553** – Workplace Violence – Requires employers to adopt workplace violence prevention plans and comply with recordkeeping and training requirements.
- **AB 1228** – Fast Food Workers – Establishes minimum work wage and watered-down Fast-Food Council.
- **SB 476** – Food Handler Cards – Establishes guidelines for employers regarding food handling cards.
- **SB 525** – Healthcare Worker Minimum Wage – Enacts different minimum wage increases depending on the type of health care facility.
- **SB 497** – Retaliation Presumption – Establishes a 90-day rebuttable presumption for retaliation claims.
- **AB 594** – Local Enforcement of Employment Laws – Expands the ability of local “public prosecutors” to prosecute civil or criminal actions for violations of the Labor Code.
- **SB 700** – Cannabis Use – Makes it unlawful for employers to request information from applicants regarding prior use of cannabis.
- **SB 365** – Arbitration – Courts are no longer automatically required to stay the underlying litigation during an appeal.
- **AB 1076** – Non-Compete Agreements – Provides it is unlawful to include a non-compete in an employment contract.
- **SB 699** – Non-Compete Agreements – Establishes that non-competes are unenforceable regardless of where or when signed.
- **SB 723** – COVID-19 Rehire Rights – Extends existing law SB 723 until December 31, 2025.
- **AB 647** – Grocery Workers – Updates existing grocery retention law including expanding to include distribution center employees and adds a new right of action for enforcement.
- **AB 636** – Agricultural Employees – Requires notice of federal or state disaster declaration and requires visa employers to provide notice of employment-based information.
- **SB 362** – “Delete Act” – Amends existing data broker registration law and creates a single request for deletion of data by registered brokers.

- **SB 770** – Single Payer Healthcare – A step towards a single payer healthcare system and establishes a working group for recommendations.

TAB I

**REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS**

**COMMUNITY PLANNING COMMITTEE
April 20, 2024**

The Regular Meeting of the Community Planning Committee of the San Gorgonio Memorial Hospital Board of Directors was held on Saturday, April 20, 2024, in Classroom B, in Banning, California

Members Present: Susan DiBiasi, Perry Goldstein, Shannon McDougall, Ron Rader, Steve Rutledge (C), Randal Stevens, Lanny Swerdlow

Absent: Darrell Petersen, Dennis Tankersley

Staff Present: Steve Barron (CEO), Daniel Heckathorne (CFO), Ariel Whitley (Executive Assistant), Angie Brady (CNE), John Peleuses (VP Ancillary and Support Services), Annah Karam (CHRO), Ali Webb (Administrative Assistant)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Susan DiBiasi called the meeting to order at 8:00 am.	
Public Comment	No public comment.	
OLD BUSINESS		
Proposed Action – Approve Minutes January 17, 2024, Regular Meeting	Chair Rutledge asked for any changes or corrections to the minutes of the January 17, 2024, regular meeting. There were none.	The minutes of the January 17, 2024, Regular Meeting were reviewed and will stand as presented.
NEW BUSINESS		
Report on Past Initiatives	There were three presentations given on the following topics: <ul style="list-style-type: none"> • Stroke Program – G. Soriano Fregoso • Community Support (Grants and Donations) – J. Peleuses, V. Hunter, and S. Barron • Quality Improvement – A. Brady 	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Adjourn to Closed Session	Chair, DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be: <ul style="list-style-type: none"> ➤ Strategic Planning Discussion The meeting adjourned to Closed Session at 9:15 am.	
Reconvene to Open Session	The meeting adjourned from closed session at 12:27 pm. Chair DiBiasi reported on the actions taken/information received during the Closed Session as follows: Participated in a Strategic Planning Discussion	
Future Agenda Items	<ul style="list-style-type: none"> • Annexation and Additional Revenues for the District. 	
Next Meeting	The next Community Planning Committee meeting will be held on Wednesday, July 17, 2024, at 10:00 am.	
Adjournment	The meeting was adjourned at 12:30 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.

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

TAB J

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
April 30, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, April 30, 2024, in the Administration Boardroom, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi (Chair), Steve Rutledge

Members Absent: Darrell Petersen, Ron Rader

Required Staff: Steve Barron (CEO), Daniel Heckathorne (CFO), John Peleuses (VP, Ancillary & Support Services), Ariel Whitley (Executive Assistant), Angela Brady (CNE)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Steve Rutledge called the meeting to order at 9:01 am.	
Public Comment	No public present.	
OLD BUSINESS		
Proposed Action - Approve Minutes March 26, 2024, regular meeting	Steve Rutledge asked for any changes or corrections to the minutes of the March 26, 2024, regular meeting. There were none.	The minutes of the March 26, 2024, regular meeting will stand correct as presented.
NEW BUSINESS		
Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – March 2024	Daniel Heckathorne, CFO, reviewed the Unaudited March 2024 finance report as informational. As there was no quorum, no action was taken.	
Non-profit Federal Tax Return (Form 990) Review – Informational	Dan Heckathorne reported that the Form 990 will be presented to the board as an informational item. The Board will have a chance to review the Form 990 and suggest any changes by May 10.	
Future Agenda Items	<ul style="list-style-type: none"> • Capital and Operating Budgets • Annual Insurance Renewals 	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Next Meeting	The next regular Finance Committee meeting will be held on May 28, 2024 @ 9:00 am.	
Adjournment	The meeting was adjourned at 10:11 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.



**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA**

Unaudited Financial Statements

for

NINE MONTHS ENDING MARCH 31, 2024

FY 2024

Certification Statement:

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

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

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

CFO

San Geronio Memorial Hospital

Financial Report - Executive Summary

For the Month of March, 2024 and Nine Months Ended March 31, 2024 (Unaudited)

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

Month - The month of March resulted in positive \$12.85 Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA of \$10.83M and a Flex Budget of \$8.44M.

YTD – Nine months ending in March resulted in negative \$7.49M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted positive EBIDA of \$1.20M and a Flex Budget EBIDA amount of a negative \$7.59M.

Note: If the unaccrued Supplemental funds, projected DSH and P4P funds, along with provision for lease principal payments were booked, the YTD EBIDA would be a negative \$9.87M compared to the actual negative booked \$7.49M.

Month – Adjustments and Items of Note:

- Patient Days, Emergency, Surgery and Adjusted Patient Days volumes were all below budget.
- Supplemental Revenues, including Rate Range, Other Supplemental and P4P, net of IGT payments and State Fees totaling \$16.37M were booked in March.
- Several Balance Sheet items were impacted, including the second repayment for year one of the QIP Bridge loan in the amount of \$1,113,169.
- Previously un-booked physician emergency on-call fees of \$722K were booked in March.
- Legal fees totaling \$475K were booked in March.
- Capital donations totaled \$1.75M from the Foundation/Morongo Band of Mission Indians.
- Estimated excess reserves (\$378K) previously set aside for legal settlements were recorded as Non-Operating Income in March.

Month – The March inpatient average daily census was 19.0, and under the budgeted 25.2. Adjusted Patient Days were 9.4% under budget (1,798 vs. 1,984), while Patient Days were 25% under budget (589 vs. 782). Emergency Visits were 5.8% under budget (3,542 vs. 3,761), and Surgeries were 32% under budget (85 vs. 125).

YTD - Inpatient average daily census was 21.6 compared to the budgeted 23.5, and Patient Days were 7.8% below budget (5,946 vs. 6,450). Adjusted Patient Days were 1.1% below budget (17,058 vs. 17,251), Emergency Visits were 6.1% under budget (31,724 vs. 33,794) and Surgeries were 22% under budget (895 vs. 1,143) which was 16% below the previous YTD's 1,068 cases.

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

Month - Net Patient Revenues in March were \$4.88M, or \$468K under budget. Other items of note included the fact that gross Inpatient Revenues were 20% (\$3.44M) under budget, while gross Outpatient Revenues were 5.4% (\$1.43M) over budget. As discussed in the past, Inpatient Revenues pay about 16% of charges, compared to Outpatient Revenues which pay under 9% of charges.

YTD – Net Patient Revenues through March were \$40.2M compared to budgeted \$48.8M (-18%) In November there was a \$504K favorable adjustment to Deductions from Revenues Expense to reverse estimated Medicare Outlier Repayments payable, and there was a one-time \$3.52M negative adjustment for Contractual Allowance Reserves, which was based on the latest reconciliation of cash collections compared to previously estimated collections. Finally, the impact of Surgeries being 22% below budget also has impacted the Net Patient Revenues variance.

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

Month – Operating Revenue in March was \$3.70M over budget. This is impacted by the Net Patient Revenues being \$468K under budget and the Non-Patient Revenues being \$4.17M over budget.

YTD - Operating Revenue through March was \$5.06M under budget, impacted by the Net Patient

Revenues being \$8.63M under budget and the Non-Patient Revenues being \$3.57M over budget.

Operating Expenses (MTD) Negative & (YTD) Negative Variance

Month - Operating Expenses in March were \$10.39M, which was over budget by \$1.68M and over the Flex Budget by \$1.64M. Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively \$39K over budget and \$181K over the Flex budget. This was impacted by a) Wages being \$82K over budget and Benefits being \$42K under budget; 2) Physician Fees were \$959K over budget driven by variances of \$213K in Anesthesia expense, \$22K for Radiology services, \$402K retroactive E.R. on-call fees from Beaver and \$320K retroactive E.R. on-call fees from Loma Linda; 3) Purchased Services were \$315K over budget, which included Legal fees being \$349K over budget; 4) Supplies were \$129K below budget due to low service volumes; 5) Other Expenses were \$435K over budget, due largely to the 20% State IGT Fee being \$348K over budget along with freight sales tax and dues/subscriptions being over budget.

Year-to Date – Operating Expenses through March were \$71.38M and were over budget by \$3.63M and over the Flex Budget by \$4.13M. Key items that impacted Expenses were: 1) Salaries and Wages, Benefits, and Contract Labor were collectively \$2.24M over budget and \$2.32M over the Flex budget. This was driven by the following: a) The \$527K State Mandated California Paid Sick Leave program that was accrued in July plus the additional \$985K additional accrual in January; b) Contract Labor was over budget by \$565K due to several nurse staffing vacancies in OB and ER along with orientation of 2 new grads in the ER; and c) an additional \$153K increase for re-valuing the PTO bank to reflect the 3.0% Wage increase in late October; 2) Physician Fees are \$1.53M over budget largely impacted by the \$510K anesthesia expense reconciliation in December plus additional variance of \$364K, a \$47K Radiology fee variance, along with the \$722K retroactive E.R. on-call fees in March; 3) Purchased Services are \$814K over budget which included Legal Fees exceeding budget by \$996K while several other areas were under budget; 4) Supplies were under budget by \$1.38M, reflective of lower than anticipated service volumes; and 5) Repairs and Maintenance were over budget by \$142K largely to significant maintenance work occurring in September, October, and January; and 6) Other Expenses were \$457K over budget, mostly due to the IGT variance of \$351K variance along with various dues and subscriptions being over budget throughout the year, particularly in performance improvement areas.

Balance Sheet/Cash Flow

Note: The monthly Balance Sheets for the current year have been updated to adjust for certain FY 2023 year-end audit entries that were not properly updated in the General Ledger Trial Balance. These new amounts are now reflected in the Balance Sheet that is included in this Financial Statement.

Patient cash collections in March totaled \$4.96M, compared to \$5.82M in February and \$4.75M in December. Gross Accounts Receivable Days in March were 61.3 compared to 61.6 in February and 66.1 in January. Net Accounts Receivable decreased to \$8.22M from \$8.73M in February. Other changes of note included receipt of \$1.52M from the Foundation/Morongo for payments toward the Stroke Program. Accounts Payable increased to \$9.62M compared to \$8.87M in February. Rate Range and QIP Payments received in early April were booked as "Receivables" on the March Balance Sheet. The second repayment (\$1.11M) for the Year 1 QIP Bridge loan was made in March. Subsequent event: The \$12M Line of credit was fully paid down to -0- as of April 15 and should remain so for at least the 30-day mandated requirement.

Summary

Positive takeaways:

- 1) Receipt of a significant portion of the Supplemental funding for the year was a welcome event.
- 2) Cash balances have been sufficient to meet IGT and Loan repayment requirements.

Negative takeaways:

- 1) Retroactive Physician on-call fees and excessive legal fees significantly impacted EBIDA.
- 2) Surgeries continue to lag behind budget and prior year levels.
- 3) March's EBIDA, adjusted for pending Supplemental Income, DSH & P4P offset by reserving for Cash Payments required for Leases was a negative \$3.18M, and the YTD is a negative \$9.87M.

SGMH MARCH 2024 SIGNIFICANT EXTRAORDINARY ITEMS IMPACTING EBIDA

4/22/2024

EXPENSE		INCOME		GAIN/(LOSS)
SALARIES / BENEFITS/ CONTRACT LABOR		REVENUES		
TOTAL LABOR OVER BUDGET	39,212	NET PATIENT REVENUES UNDER BUDGET	(468,179)	
OTHER EXPENSE		OTHER REVENUES		
RADIOLOGY FEES OVER BUDGET	22,000	RATE RANGE INCOME (NET GAIN AFTER IGT, BEFORE 20 % FEE)	15,552,501	
ANESTHESIA FEES OVER BUDGET	212,656	QIP 5 (NET GAIN AFTER IGT)	1,446,880	
EMERGENCY ON CALL PHYSICIAN FEES HISTORICAL - BEAVER	401,867	OTHER SUPPLEMENTAL INCOME - HQAF DIRECT GRANT	456,322	
EMERGENCY ON CALL PHYSICIAN FEES HISTORICAL - LOMA LINDA	319,764	PAY FOR PERFORMANCE (FROM DECEMBER)	366,733	
LEGAL FEES OVER BUDGET (ACTUAL = \$475K)	348,983			
SUPPLIES UNDER BUDGET	(128,576)			
OTHER EXPENSE - RATE RANGE 20% FEE FOR STATE	<u>1,449,227</u>			
EXTRAORDINARY NEGATIVE EXPENSES	<u>2,665,133</u>	EXTRAORDINARY POSITIVE (NEGATIVE) REVENUES	<u>17,354,257</u>	<u>14,689,124</u>
<p>Note: These variances are not intended to account for all variances, but are meant to highlight key or unusual variations.</p>				
OTHER ITEMS OF NOTE:				
NON OPERATING INCOME		FOUNDATION (MORONGO) DONATION FOR STROKE CTR	1,518,641	
		LESS: PREVIOUSLY ACCRUED IN PRIOR MONTHS	(1,064,913)	
NON OPERATING INCOME		FOUNDATION (MORONGO) DONATION FOR MONITORS	1,297,715	
EXTRAORDINARY INCOME		EXCESS RESERVES RECOVERY FOR LAWSUIT	<u>377,937</u>	
TOTAL NON-OPERATING & EXTRAORDINARY INCOME IN MARCH			<u>2,129,380</u>	<u>2,129,380</u>
DEBT REPAYMENT		REPAY QIP LOAN (PART 2 OF ORIGINAL LOAN)	<u>(1,113,169)</u>	

7

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

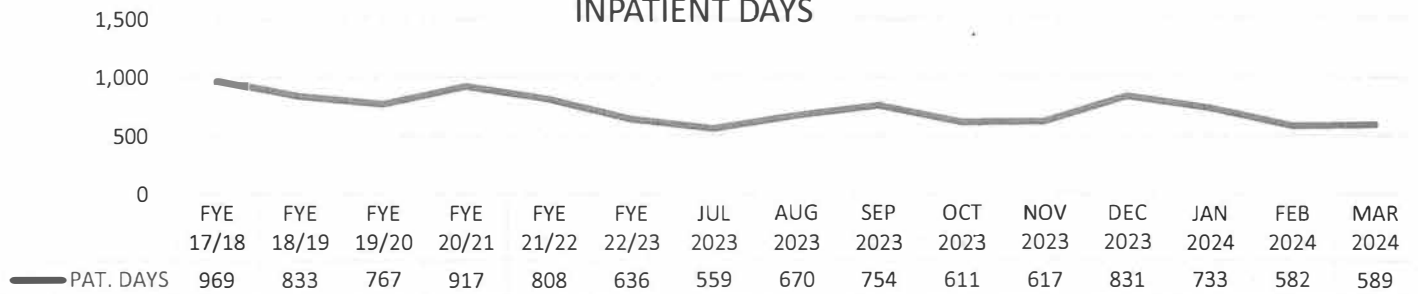
Worked FTEs (includes Registry FTEs)	Represents an equivalency of full-time staff worked. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours worked by the number of hours 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.

SAN GORGONIO MEMORIAL HOSPITAL

INPATIENT DISCHARGES



INPATIENT DAYS



AVERAGE LENGTH OF STAY

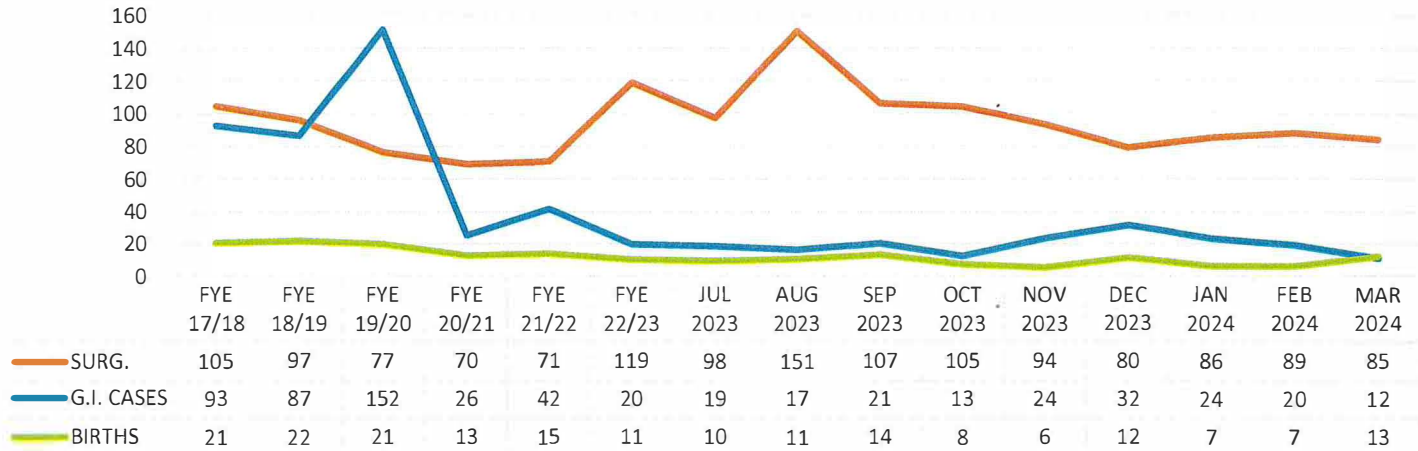


EMERGENCY VISITS

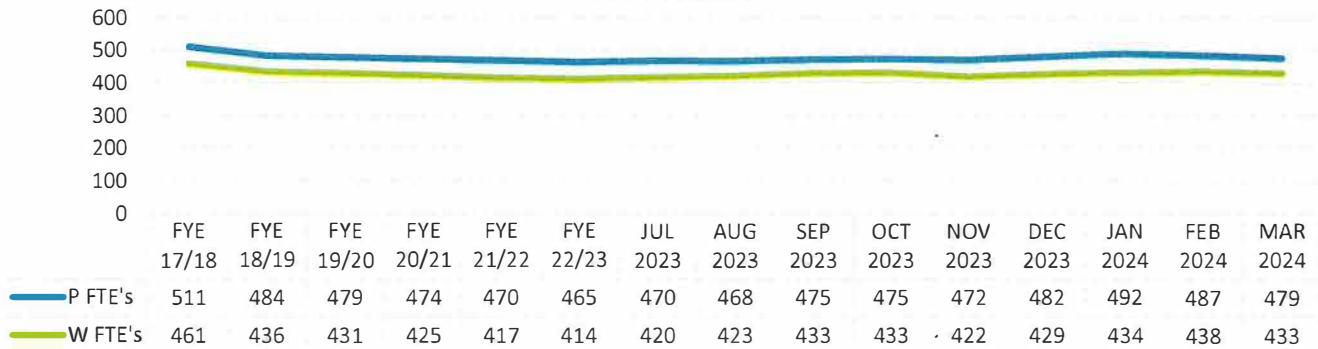


SAN GORGONIO MEMORIAL HOSPITAL

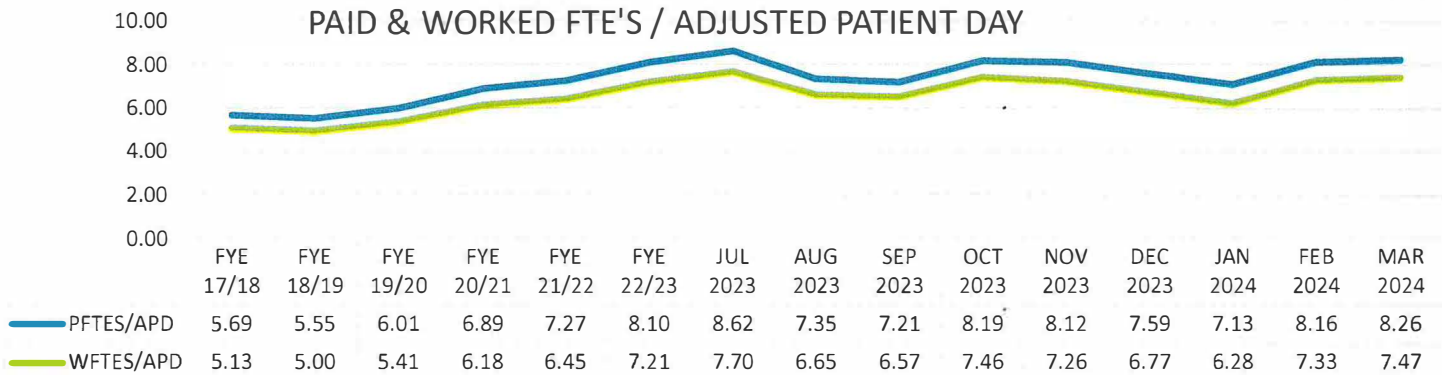
SURGERY CASES, G.I. CASES, N/B DELIVERIES




PAID & WORKED FTE'S



PAID & WORKED FTE'S / ADJUSTED PATIENT DAY

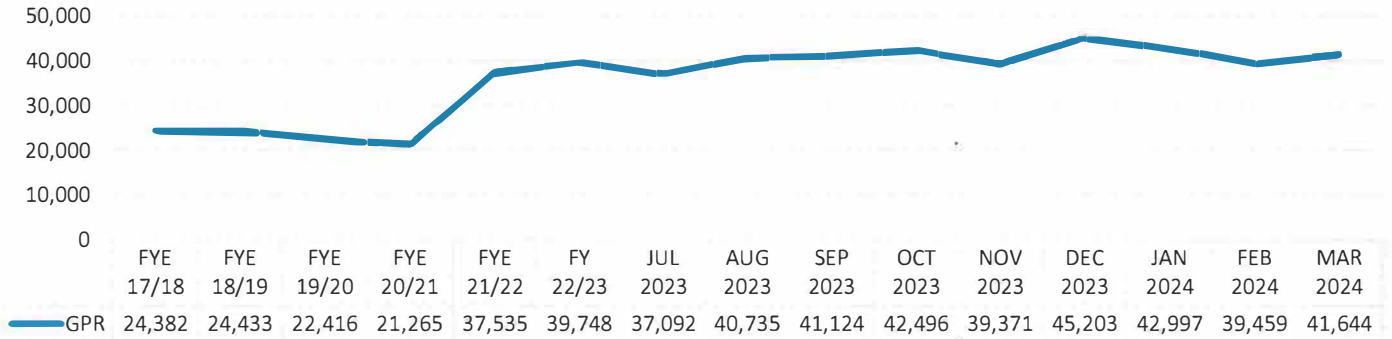


INCOME STATEMENT

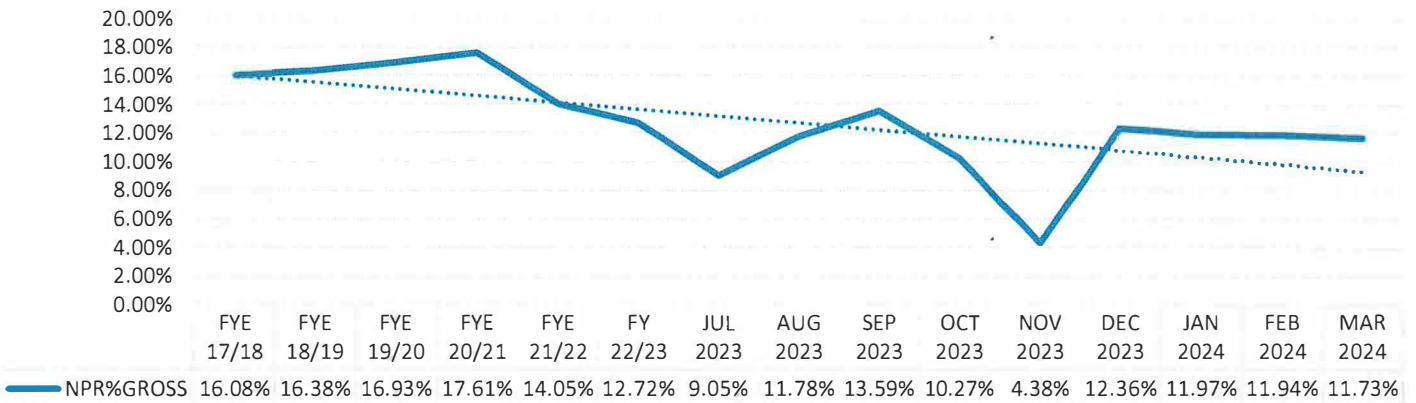
Gross Patient Revenue (000's) (Monthly Ave.)	Represents total charges (before discounts and allowances) made for all patient services provided.
Net Patient Revenue (NPR) (000's) (Monthly Ave.)	Equals the sum of all (patient) charges for services provided that are due to the hospital, less estimated adjustments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

SAN GORGONIO MEMORIAL HOSPITAL

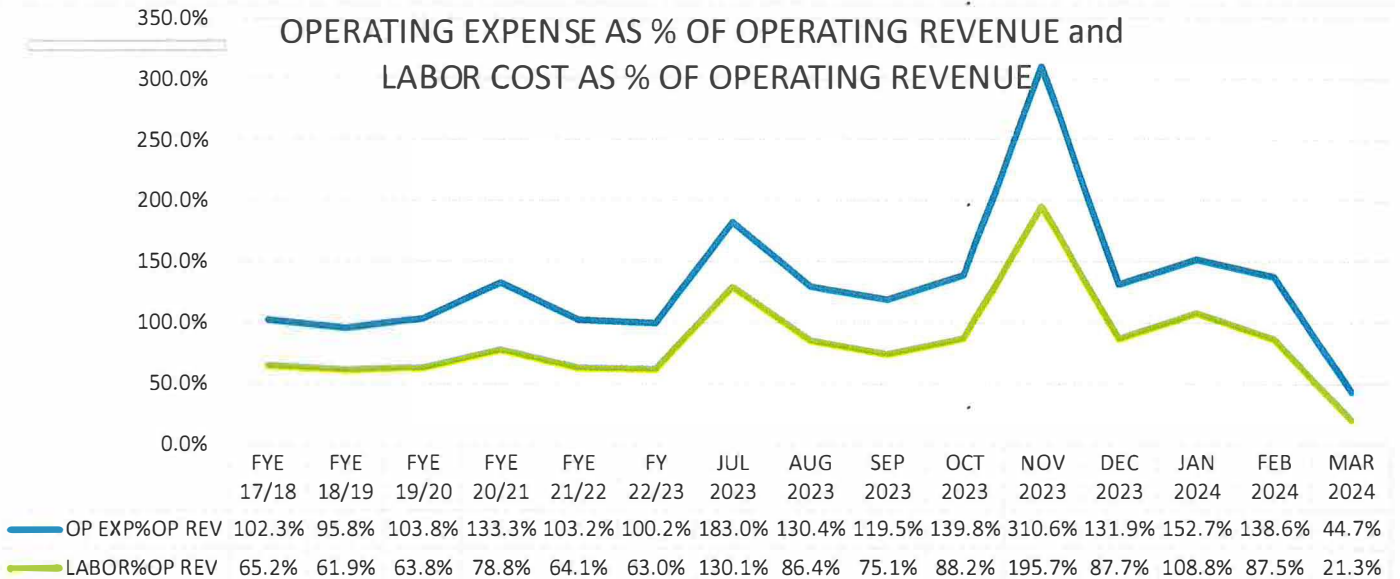
GROSS PATIENT REVENUE (000's)



NET PATIENT REVENUE AS % OF GROSS

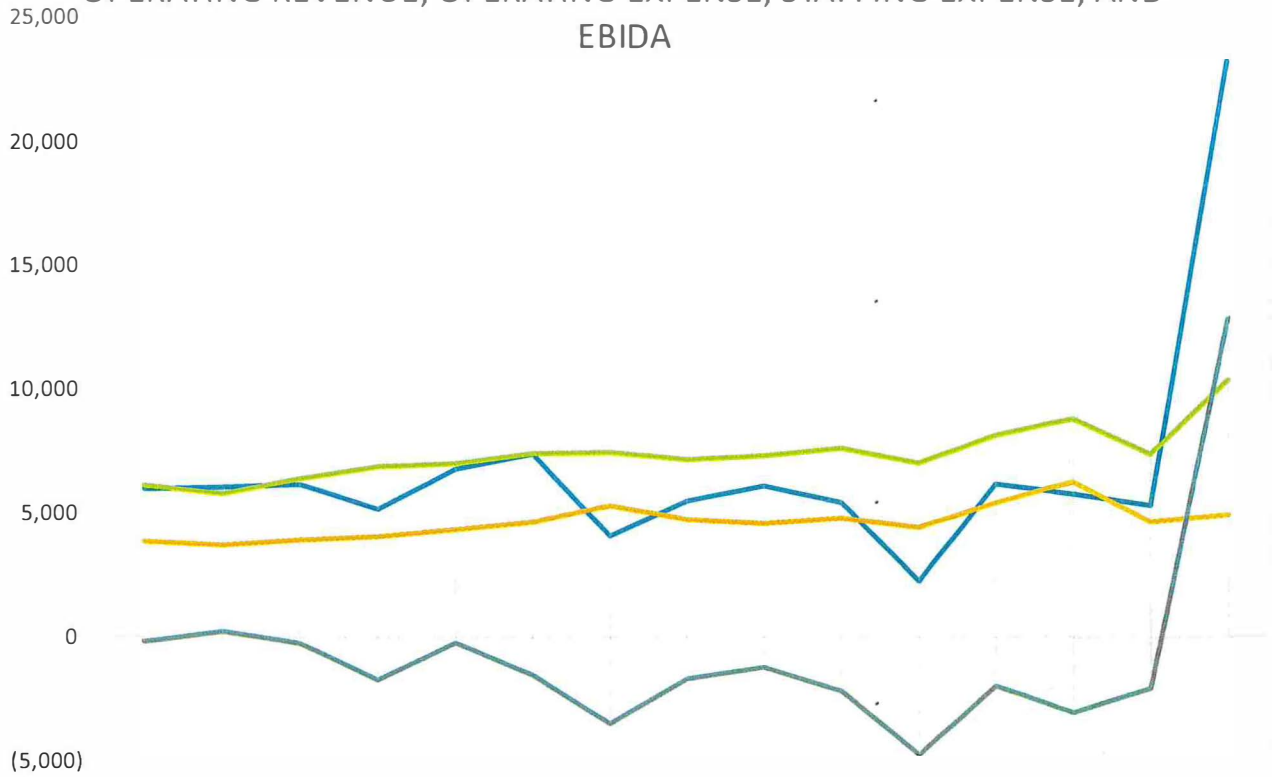


OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



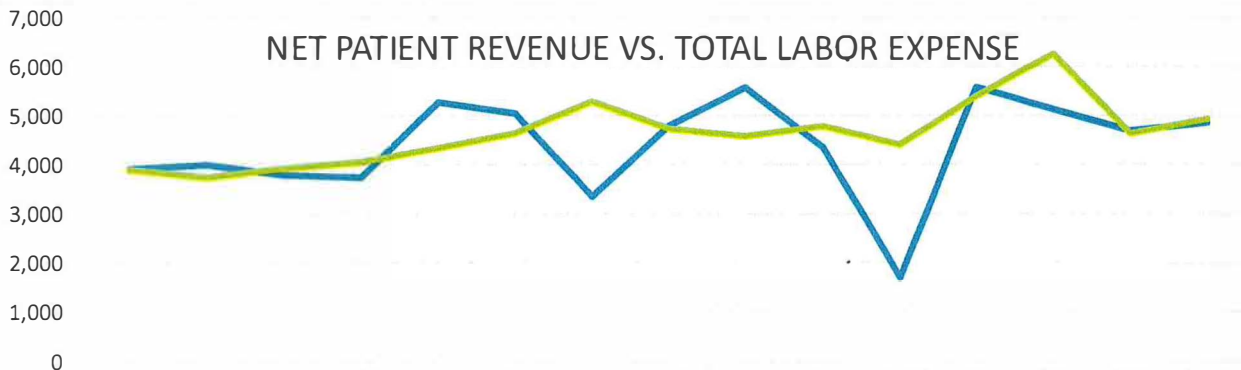
SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024
OP REV	6,006	6,069	6,165	5,160	6,791	7,391	4,078	5,495	6,118	5,442	2,256	6,167	5,772	5,325	23,236
OP EXP	6,147	5,817	6,398	6,878	7,007	7,403	7,461	7,164	7,310	7,610	7,006	8,132	8,811	7,378	10,386
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,654	5,303	4,746	4,593	4,802	4,416	5,411	6,277	4,662	4,956
EBIDA	(141)	252	(233)	(1,719)	(216)	(1,512)	(3,483)	(1,668)	(1,192)	(2,168)	(4,750)	(1,965)	(3,029)	(2,053)	12,851

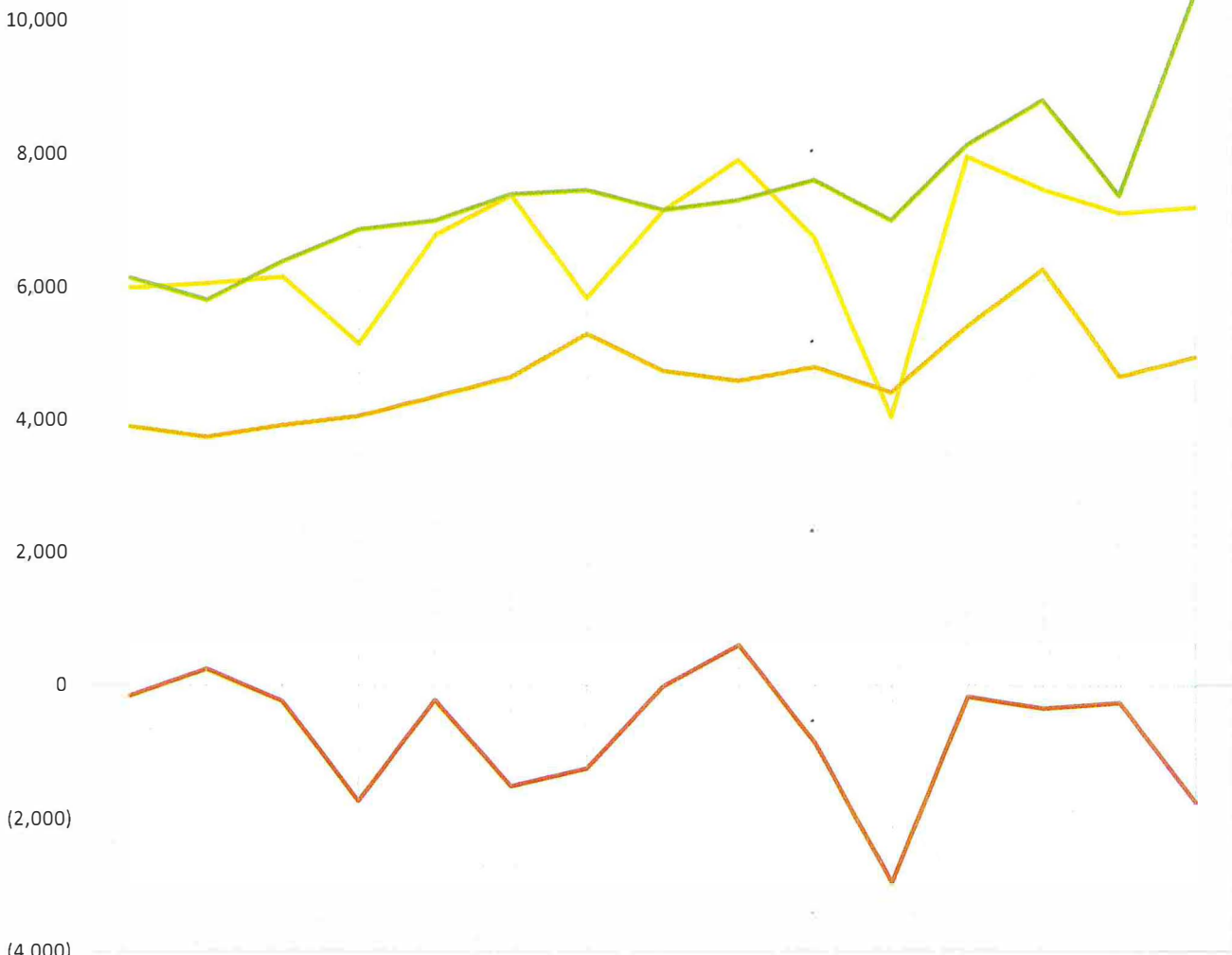
NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	JUL 2023	AUG 2023	SEP 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,057	3,358	4,799	5,587	4,366	1,723	5,588	5,145	4,712	4,884
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,654	5,303	4,746	4,593	4,802	4,416	5,411	6,277	4,662	4,956

SAN GORGONIO MEMORIAL HOSPITAL

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



SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA

Month-to- Month FYE June 30, 2024

Statement of Revenue and Expense

	FYE18/19	FYE19/20	FYE 20/21	FYE 21/22	FYE 22/23	FYE 23/24	FYE 23/24	FYE 23/24	FYE 23/24	FYE 23/24	FYE 23/24	FYE 23/24	FYE 23/24	FYE 23/24
	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	MONTHLY AVE.	7/31/2023	8/31/2023	9/30/2023	10/31/2023	11/30/2023	12/31/2023	1/31/2024	2/29/2024	3/31/2024
Gross Patient Revenue														
Inpatient Revenue	\$ 7,667,883	\$ 7,401,282	\$ 9,331,371	\$ 16,603,390	\$ 14,171,780	\$ 12,272,477	\$ 13,826,953	\$ 15,201,247	\$ 14,429,560	\$ 13,489,069	\$ 19,103,480	\$ 14,920,563	\$ 12,466,980	\$ 13,641,797
Inpatient Psych/Rehab Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Revenue	16,765,365	15,067,104	11,933,682	20,932,075	25,575,741	24,819,128	26,907,760	25,923,098	28,065,983	25,881,729	26,099,576	28,076,461	26,992,400	28,001,946
Long Term Care Revenue	0	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	0
Total Gross Patient Revenue	24,433,247	22,468,386	21,265,053	37,535,465	39,747,521	37,091,605	40,734,713	41,124,345	42,495,543	39,370,798	45,203,056	42,997,024	39,459,380	41,643,743
Deductions From Revenue														
Discounts and Allowances	(19,588,148)	(17,845,730)	(16,635,734)	(31,267,149)	(33,545,205)	(32,843,917)	(34,825,978)	(34,572,937)	(37,124,786)	(36,796,629)	(38,595,300)	(36,989,290)	(33,921,141)	(35,893,244)
Bad Debt Expense	(858,023)	(653,280)	(824,395)	(1,045,570)	(1,047,941)	(864,969)	(964,980)	(950,573)	(901,941)	(808,712)	(924,718)	(847,519)	(776,660)	(838,843)
GI HMO Discounts	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Charity Care	(56,168)	(86,517)	(41,362)	(136,947)	(97,443)	(24,281)	(144,312)	(13,958)	(103,164)	(42,458)	(94,878)	(15,178)	(49,310)	(27,240)
Total Deductions From Revenue	(20,502,339)	(18,585,527)	(17,501,490)	(32,449,666)	(34,690,589)	(33,733,167)	(35,935,270)	(35,537,468)	(38,129,891)	(37,647,799)	(39,614,896)	(37,851,987)	(34,747,111)	(36,759,327)
	-83.9%	-82.7%	-82.3%	-86.5%	-87.3%	-90.9%	-88.2%	-86.4%	-89.7%	-95.6%	-87.6%	-88.0%	-88.1%	-88.3%
Net Patient Revenue	3,930,908	3,882,859	3,763,563	5,085,799	5,056,932	3,358,438	4,799,443	5,586,877	4,365,652	1,722,999	5,588,160	5,145,037	4,712,269	4,884,416
Non- Patient Revenues														OK TO HERE
Supplemental Revenues	1,485,337	1,157,326	869,707	501,407	941,881	35,377	136,446	0	481,713	0	93,504	0	0	17,822,921
Grants & Other Op Revenues	205,590	750,434	905,190	725,066	986,421	115,377	158,046	129,370	193,230	131,437	177,703	131,682	211,609	127,449
Clinic Net Revenues	22,382	15,743	0	0	0	0	0	0	0	0	0	0	0	0
Tax Subsidies Measure D	196,524	199,469	209,744	229,405	213,402	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994	246,994
Tax Subsidies Prop 13	115,388	114,061	142,552	146,104	189,707	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500	154,500
Tax Subsidies County Suplmtl Funds	16,159	9,064	16,163	25,561	2,308	167,258	0	0	0	0	0	0	0	0
Charity Care	2,041,381	2,246,097	1,743,355	1,627,542	2,333,719	719,506	695,986	530,864	1,076,437	532,931	579,197	626,680	613,103	18,351,864
Total Operating Revenue	5,972,289	6,128,956	5,506,919	6,713,341	7,390,651	4,077,944	5,495,429	6,117,741	5,442,089	2,255,930	6,167,357	5,771,717	5,325,372	23,236,280
Operating Expenses														
Salaries and Wages	2,941,226	3,104,224	3,125,159	3,420,974	3,634,721	4,119,595	3,674,360	3,550,566	3,776,105	3,194,719	4,333,628	5,126,248	3,539,249	3,892,288
Fringe Benefits	702,477	752,708	856,889	830,599	938,301	1,013,089	970,221	848,892	1,033,920	978,795	955,047	1,005,066	994,090	966,831
Contract Labor	106,628	59,516	114,886	99,977	81,255	170,728	101,775	193,746	176,561	242,190	122,459	145,922	129,020	96,990
Physicians Fees	246,631	331,858	350,783	330,533	299,739	280,402	260,382	307,954	290,783	282,650	798,595	462,618	382,672	1,271,230
Purchased Services	513,857	691,337	772,336	892,521	863,657	840,396	941,985	1,007,492	1,002,184	1,078,252	802,077	936,912	929,948	1,262,930
Supply Expense	685,518	751,025	903,883	995,446	953,253	700,018	814,829	906,328	861,780	762,898	650,227	648,726	832,331	827,980
Utilities	75,471	80,680	92,287	111,192	93,037	104,939	107,960	76,274	88,098	97,211	115,692	103,927	91,014	103,751
Repairs and Maintenance	58,325	58,592	139,712	77,524	76,806	61,860	69,232	147,878	136,677	92,822	44,993	141,551	102,566	88,216
Insurance Expense	85,267	103,277	110,683	112,745	119,548	185,434	133,116	147,115	138,116	128,116	146,380	38,130	130,918	134,015
All Other Operating Expenses	70,922	160,745	148,752	101,142	151,928	59,602	47,639	68,331	55,072	93,494	117,737	173,637	218,160	167,776
IGT Expense	58,743	109,484	172,366	0	91,499	0	0	0	0	0	0	0	0	1,449,227
Leases and Rentals	76,150	79,233	79,424	37,952	99,514	25,370	42,245	55,457	50,740	54,691	45,049	28,370	28,370	124,484
1206 (b) CLINIC	98,810	94,628	34,096	0	0	0	0	0	0	0	0	0	0	0
Total Operating Expenses	5,720,023	6,377,306	6,901,255	7,010,605	7,403,258	7,561,433	7,163,744	7,310,033	7,610,036	7,005,838	8,131,884	8,811,107	7,378,338	10,385,718
EBIDA	252,266	(248,351)	(1,394,337)	(297,264)	(12,606)	(3,483,489)	(1,668,315)	(1,192,292)	(2,167,947)	(4,749,908)	(1,964,527)	(3,039,390)	(2,052,966)	12,850,562
Interest, Depreciation, and Amortization														
Depreciation Expense	497,808	506,497	494,721	472,317	495,039	514,671	515,528	605,920	571,451	569,523	577,088	640,273	626,702	595,976
Interest & Amortization Expense	418,193	422,094	447,994	391,606	484,663	434,111	445,099	383,794	405,597	370,607	369,556	442,597	453,676	393,597
Total Interest, Depr, & Amort.	916,000	928,591	942,715	863,923	979,702	948,782	960,627	989,714	977,048	940,130	946,644	1,082,870	1,080,378	989,573
Non-Operating Revenue:														
Contributions & Other	7,745	27,759	7,121	25,068	132,587	13,926	1,225,118	21,774	13,626	415,400	13,626	465,626	224,765	1,765,982
Tax Subsidies for GO Bonds - M-A	692,457	666,966	598,410	616,059	660,979	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353	627,353
Total Non Operating Revenue/(Expense)	700,202	694,725	605,531	641,127	793,566	641,279	1,852,471	649,127	640,979	1,042,753	640,979	1,092,979	852,118	2,393,335
Total Net Surplus/(Loss)	36,467	(482,217)	(1,731,521)	(520,060)	(198,742)	(3,790,992)	(776,471)	(1,532,879)	(2,504,016)	(4,647,285)	(2,270,192)	(3,029,281)	(2,281,226)	14,254,324
Change in Interest in Foundation	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extra-Ordinary Income (Loss)	0	(689,574)	(650)	(284,792)	0	0	0	0	0	0	0	0	0	377,937
Increase/(Decrease in Unrestricted Net Assets	\$ 36,467	\$ (1,171,791)	\$ (1,732,171)	\$ (804,852)	\$ (198,742)	\$ (3,790,992)	\$ (776,471)	\$ (1,532,879)	\$ (2,504,016)	\$ (4,647,285)	\$ (2,270,192)	\$ (3,029,281)	\$ (2,281,226)	\$ 14,632,261
Total Profit Margin	0.6%	-7.9%	-31.4%	-7.7%	-2.7%	-93.0%	-14.1%	-25.1%	-46.0%	-206.0%	-36.8%	-52.5%	-42.8%	61.3%
EBIDA %	4.2%	-4.1%	-25.3%	-4.4%	-0.2%	-85.4%	-30.4%	-19.5%	-39.8%	-210.6%	-31.9%	-52.7%	-38.6%	55.3%
Actual EBIDA for Month						(3,483,489)	(1,668,315)	(1,192,292)	(2,167,947)	(4,749,908)	(1,964,527)	(3,039,390)	(2,052,966)	12,850,562
Adjustments to EBIDA to account for Cash Impact of GASB Lease Reclassification						(55,132)	(55,132)	(55,132)	(55,132)	(55,132)	(55,132)	(55,132)	(55,132)	(55,132)
Adjustment for Normalization of Supplemental Income Incl DSH & P4P (Net of Current Month Receipts)						1,816,546	1,715,477	1,851,923	1,370,210	1,851,923	1,851,923	1,758,419	1,851,923	(15,970,998)
Effective EBIDA after Normalization of Supplementals & Adjustments for Cash Outlays for Leases						(1,722,075)	(7,970)	604,499	(852,869)	(2,953,117)	(167,736)	(1,336,103)	(256,175)	(3,175,568)
YTD	(1,722,075)	(7,970)	604,499	(852,869)	(2,953,117)	(167,736)	(1,336,103)	(256,175)	(3,175,568)					

	A	B	C	D	E	F	G	H	I	J
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL									
2	INCOME STATEMENT	MARCH 2024 BUDGET	MARCH 2024 ACTUAL	VARIANCE MARCH ACTUAL TO BUDGET	VARIANCE PER CENTAGE		MARCH 2024 YTD BUDGET	MARCH 2024 YTD ACTUAL	VARIANCE MARCH YTD ACTUAL TO BUDGET	YTD VARIANCE PER CENTAGE
3	NET INCOME	10,478,909	14,632,261	4,153,352	-39.6%		2,323,287	(6,200,081)	(8,523,368)	366.9%
4	EBIDA	10,834,091	12,850,562	2,016,471	-18.6%		1,195,147	(7,493,593)	(8,688,740)	727.0%
5										
6	TOTAL OPERATING REVENUE	19,535,326	23,236,280	3,700,954	18.9%		68,947,830	63,889,859	(5,057,971)	-7.3%
7	NET PATIENT REVENUE	5,352,595	4,884,416	(468,179)	-8.7%		48,789,423	40,163,291	(8,626,132)	-17.7%
13	OTHER OPERATING REVENUE	14,182,731	18,351,864	4,169,133	29.4%		20,158,407	23,726,568	3,568,161	17.7%
20										
21	TOTAL OPERATING EXPENSE	8,701,235	10,385,718	1,684,483	19.4%		67,752,683	71,383,452	(3,630,769)	-5.4%
34										
35	NON-OPERATING REVENUE & EXPENSE	655,777	2,771,272	2,115,495	322.6%		9,877,248	10,183,957	306,709	3.1%
39	TOTAL INTEREST & DEPRECIATION	1,010,959	989,573	(21,386)	-2.1%		8,749,108	8,890,445	(141,337)	-1.6%
42										
43	Page 1 of 1	Monday, April 22, 2024 8:30:22 PM								

13

	A	B	C	D	E	F	G
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL						
2		JUNE 2022	JUNE 2023	FEBRUARY 2024	MARCH 2024	VARIANCE FEBRUARY TO MARCH	VARIANCE PERCENTAGE
3	TOTAL ASSETS	112,302,165	112,558,570	113,409,060	120,893,407	7,484,347	6.2%
4	CURRENT ASSETS	22,630,675	29,638,354	16,701,403	22,461,911	5,760,508	25.6%
16	ASSETS WHICH USE IS LIMITED	12,734,281	9,102,770	25,669,999	26,092,053	422,054	1.6%
17	NET PROPERTY, PLANT, AND EQUIPMENT	76,582,823	73,452,527	71,198,508	72,297,310	1,098,802	1.5%
24	OTHER ASSETS	354,386	364,919	(160,850)	42,133	202,983	481.8%
25							
26	TOTAL LIABILITIES & FUND BALANCE	112,302,176	112,558,570	113,408,986	120,893,320	(7,484,334)	-6.2%
27	TOTAL LIABILITIES	146,026,043	148,421,077	170,103,838	162,955,911	7,147,927	4.4%
28	CURRENT LIABILITES	34,918,239	28,682,871	41,847,393	35,829,759	6,017,634	16.8%
38	LONG TERM LIABILITIES	111,107,804	119,738,206	128,256,445	127,126,152	1,130,293	0.9%
40	NET ASSETS	(33,723,867)	(35,862,507)	(56,694,852)	(42,062,591)	(14,632,261)	34.8%
44							
45	Page 1 of 1	Tuesday, April 23, 2024 6:09:28 PM					

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SAN GORGONIO MEMORIAL HOSPITAL

		FY23	FY 24	FY 24		FY 23	FY 24	FY 24		FY 23
		03/31/23	03/31/24	03/31/24		2023	2024	2024		2023
		ACTUAL	ACTUAL	BUDGET		9 MOS YTD ACTUAL	9 MOS YTD ACTUAL	9 MOS.YTD BUDGET		YR END TOTAL
[1]	Total Acute Patient Days	553	589	782		5,984	5,946	6,450		7,636
[2]	Average Daily Census	17.8	19.0	25.2		21.8	21.6	23.5		20.9
[3]	Average Acute Length of Stay	3.4	3.8	3.8		3.6	3.8	3.5		3.5
[4]	Patient Discharges	165	156	208		1,677	1,571	1,820		2,186
[5]	Adjusted Patient Days	1,789	1,798	1,984		16,302	17,058	17,251		21,460
[6]	Observation Days	274	395	284		2,358	2,914	2,553		3,160
[7]	Total Emergency Room Visits	3,503	3,542	3,761		31,618	31,724	33,794		41,821
[8]	Average ED Visits Per Day	113	114	121		115	115	123		115
[9]	Total Surgeries (Excluding G.I.'s)	122	85	125		1,068	895	1,143		1,433
[10]	Deliveries/Births	12	13	11		108	88	112		131

15

	A	B	C	D	E	F	G	H	I	J
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL									
2	INCOME STATEMENT	MARCH 2024 BUDGET	MARCH 2024 ACTUAL	VARIANCE MARCH ACTUAL TO BUDGET	VARIANCE PER CENTAGE		MARCH 2024 YTD BUDGET	MARCH 2024 YTD ACTUAL	VARIANCE MARCH YTD ACTUAL TO BUDGET	YTD VARIANCE PER CENTAGE
3	NET INCOME	10,478,909	14,632,261	4,153,352	-39.6%		2,323,287	(6,200,081)	(8,523,368)	366.9%
4	EBIDA	10,834,091	12,850,562	2,016,471	-18.6%		1,195,147	(7,493,593)	(8,688,740)	727.0%
5										
6	TOTAL OPERATING REVENUE	19,535,326	23,236,280	3,700,954	18.9%		68,947,830	63,889,859	(5,057,971)	-7.3%
7	NET PATIENT REVENUE	5,352,595	4,884,416	(468,179)	-8.7%		48,789,423	40,163,291	(8,626,132)	-17.7%
8	GROSS REVENUE FROM PATIENT SERVICES	43,647,612	41,643,743	(2,003,869)	-4.6%		381,766,910	370,120,207	(11,646,703)	-3.1%
9	TOTAL INPATIENT REVENUE	17,079,597	13,641,797	(3,437,800)	-20.1%		142,952,996	129,352,126	(13,600,870)	-9.5%
10	ROUTINE REVENUE-INPATIENT	17,079,597	13,641,797	(3,437,800)	-20.1%		142,952,996	129,352,126	(13,600,870)	-9.5%
11	TOTAL OUTPATIENT REVENUE	26,568,015	28,001,946	1,433,931	5.4%		238,813,914	240,768,081	1,954,167	0.8%
12	DEDUCTIONS FROM REVENUE	(38,295,017)	(36,759,327)				(332,977,487)	(329,956,916)	3,020,571	-0.9%
13										
14	OTHER OPERATING REVENUE	14,182,731	18,351,864	4,169,133	29.4%		20,158,407	23,726,568	3,568,161	17.7%
15	OTHER REVENUE - RATE RANGE	11,273,599	15,552,501	4,278,902	38.0%		11,273,599	15,552,501	4,278,902	38.0%
16	OTHER REVENUE - OTHER SUPPLEMENTALS	1,903,202	1,903,202	0	0.0%		2,337,202	2,384,915	47,713	2.0%
17	OTHER REVENUE - DSH	0	405	405	0.0%		56,236	99,941	43,705	77.7%
18	OTHER REVENUE - P4P	337,500	366,813	29,313	8.7%		475,500	581,421	105,921	22.3%
19	OTHER REVENUE - OTHER	258,603	127,449	(131,154)	-50.7%		2,327,427	1,327,086	(1,000,341)	-43.0%
20	OPERATING TAX REVENUES	409,827	401,494	(8,333)	-2.0%		3,688,443	3,780,704	92,261	2.5%
21										
22	TOTAL OPERATING EXPENSE	8,701,235	10,385,718	1,684,483	19.4%		67,752,683	71,383,452	(3,630,769)	-5.4%
23	TOTAL LABOR EXPENSE	4,916,897	4,956,109	39,212	0.8%		43,108,285	45,352,100	(2,243,815)	-5.2%
24	WAGES	3,810,555	3,892,288	81,733	2.1%		33,292,241	35,206,758	(1,914,517)	-5.8%
25	EMPLOYEE BENEFITS	1,008,544	966,831	(41,713)	-4.1%		9,001,825	8,765,951	235,874	2.6%
26	CONTRACT LABOR	97,798	96,990	(808)	-0.8%		814,219	1,379,391	(565,172)	-69.4%
27	PHYSICIAN FEES	312,187	1,271,230	959,043	307.2%		2,809,683	4,337,286	(1,527,603)	-54.4%
28	PURCHASED SERVICES	948,279	1,262,930	314,651	33.2%		7,987,837	8,802,176	(814,339)	-10.2%
29	SUPPLY EXPENSE	956,556	827,980	(128,576)	-13.4%		8,383,203	7,005,117	1,378,086	16.4%
30	UTILITIES	109,406	103,751	(5,655)	-5.2%		961,363	888,866	72,497	7.5%
31	REPAIRS AND MAINTENANCE	84,112	88,216	4,104	4.9%		744,194	885,795	(141,601)	-19.0%
32	INSURANCE	146,289	134,015	(12,274)	-8.4%		1,316,601	1,181,341	135,260	10.3%
33	OTHER EXPENSES	1,182,135	1,617,003	434,868	36.8%		2,033,151	2,450,675	(417,524)	-20.5%
34	LEASE AND RENTALS	45,374	124,484	79,110	174.4%		408,366	480,096	(71,730)	-17.6%
35										
36	NON-OPERATING REVENUE & EXPENSE	655,777	2,771,272	2,115,495	322.6%		9,877,248	10,183,957	306,709	3.1%
37	OTHER NON-OPERATING REVENUE	28,424	1,765,982	1,737,558	6113.0%		4,231,071	4,159,843	(71,228)	-1.7%
38	NON-OPERATING TAX REVENUE	627,353	627,353	0	0.0%		5,646,177	5,646,177	0	0.0%
39	EXTRAORDINARY REVENUE	0	377,937	377,937	0.0%		0	377,937	377,937	0.0%
40	TOTAL INTEREST & DEPRECIATION	1,010,959	989,573	(21,386)	-2.1%		8,749,108	8,890,445	(141,337)	-1.6%
41	DEPRECIATION	572,172	595,976	23,804	4.2%		4,800,025	5,191,811	(391,786)	-8.2%
42	INTEREST & AMORTIZATION	438,787	393,597	(45,190)	-10.3%		3,949,083	3,698,634	250,449	6.3%
43										
44	Page 1 of 1	Monday, April 22, 2024 8:30:22 PM								

16

	A	B	C	D	E	F	G	H	I	J
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL									
2	INCOME STATEMENT	MARCH 2024 FLEX BUDGET	MARCH 2024 ACTUAL	VARIANCE MARCH ACTUAL TO FLEX BUDGET	VARIANCE PER CENTAGE		MARCH 2024 YTD FLEX BUDGET	MARCH 2024 YTD ACTUAL	VARIANCE MARCH YTD ACTUAL TO FLEX BUDGET	YTD VARIANCE PER CENTAGE
3	NET INCOME	9,743,708	14,632,261	4,888,553	-50.2%		2,938,835	2,690,364	(248,471)	8.5%
4	EBIDA	8,438,386	12,850,562	4,412,176	-52.3%		(7,587,958)	(7,493,593)	94,365	1.2%
5										
6	TOTAL OPERATING REVENUES	17,182,022	23,236,280	6,054,258	-35.2%		59,666,670	63,889,859	4,223,189	-7.1%
7	NET PATIENT REVENUE	2,999,291	4,884,416	1,885,125	-62.9%		39,620,763	40,163,291	542,528	-1.4%
8	GROSS REVENUE FROM PATIENT SERVICES	39,498,711	41,643,743	2,145,032	-5.4%		362,802,343	370,120,207	7,317,864	-2.0%
9	TOTAL INPATIENT REVENUE	13,916,464	13,641,797	(274,667)	2.0%		133,458,667	129,352,126	(4,106,541)	3.1%
10	TOTAL OUTPATIENT REVENUE	25,582,247	28,001,946	2,419,699	-9.5%		229,343,676	240,768,081	11,424,405	-5.0%
11	DEDUCTIONS FROM REVENUE	(36,499,420)	(36,759,327)	(259,907)	-0.7%		(323,181,580)	(329,956,916)	(6,775,336)	-2.1%
12										
13	OTHER OPERATING REVENUE	14,182,731	18,351,864	4,169,133	-29.4%		20,045,907	23,726,568	3,680,661	-18.4%
14	OTHER REVENUE - RATE RANGE	11,273,599	15,552,501	4,278,902	-38.0%		11,273,599	15,552,501	4,278,902	0.0%
15	OTHER REVENUE - OTHER SUPPLEMENTALS	1,903,202	1,903,202	0	0.0%		2,337,202	2,384,915	47,713	-2.0%
16	OTHER REVENUE - DSH	0	405	405			56,236	99,941	43,705	-77.7%
17	OTHER REVENUE - P4P	337,500	366,813	29,313	-8.7%		475,500	581,421	105,921	-22.3%
18	OTHER REVENUE - OTHER	258,603	127,449	(131,154)	50.7%		2,214,927	1,327,086	(887,841)	40.1%
19	OPERATING TAX REVENUES	409,827	401,494	(8,333)	2.0%		3,688,443	3,780,704	92,261	-2.5%
20										
21	TOTAL OPERATING EXPENSE	8,743,636	10,385,718	1,642,082	-18.8%		67,254,628	71,383,452	4,128,824	-6.1%
22	TOTAL LABOR EXPENSE	4,774,925	4,956,109	181,184	-3.8%		43,035,690	45,352,100	2,316,410	-5.4%
23	WAGES	3,694,266	3,892,288	198,022	-5.4%		33,467,626	35,206,758	1,739,132	-5.2%
24	EMPLOYEE BENEFITS	981,051	966,831	(14,220)	1.4%		8,851,473	8,765,951	(85,522)	1.0%
25	CONTRACT LABOR	99,608	96,990	(2,618)	2.6%		716,591	1,379,391	662,800	-92.5%
26	PHYSICIAN FEES	345,520	1,271,230	925,710	-267.9%		2,943,015	4,337,286	1,394,271	-47.4%
27	PURCHASED SERVICES	900,169	1,262,930	362,761	-40.3%		7,820,012	8,802,176	982,164	-12.6%
28	SUPPLY EXPENSE	805,371	827,980	22,609	-2.8%		7,647,305	7,005,117	(642,188)	8.4%
29	UTILITIES	109,406	103,751	(5,655)	5.2%		961,363	888,866	(72,497)	7.5%
30	REPAIRS & MAINTENANCE	83,759	88,216	4,457	-5.3%		742,613	885,795	143,182	-19.3%
31	INSURANCE	146,289	134,015	(12,274)	8.4%		1,316,601	1,181,341	(135,260)	10.3%
32	OTHER EXPENSES	1,532,829	1,617,003	84,174	-5.5%		2,379,709	2,450,675	70,966	-3.0%
33	LEASES AND RENTALS	45,368	124,484	79,116	-174.4%		408,320	480,096	71,776	-17.6%
34										
35	NON-OPERATING REVENUE & EXPENSE	1,305,322	2,771,272	1,465,950	-112.3%		10,526,793	10,183,957	(342,836)	3.3%
36	OTHER NON-OPERATING REVENUE	649,545	1,752,356	1,102,811	-169.8%		4,624,800	4,029,026	(595,774)	12.9%
37	NON-OPERATING TAX REVENUE	627,353	627,353	0	0.0%		5,646,177	5,646,177	0	0.0%
38	EXTRAORDINARY REVENUE	0	377,937	377,937	0.0%		0	377,937	377,937	0.0%
39	TOTAL INTEREST & DEPRECIATION	1,008,672	989,573	(19,099)	1.9%		8,736,926	8,890,445	153,519	-1.8%
40	DEPRECIATION	569,885	595,976	26,091	-4.6%		4,787,843	5,191,811	403,968	-8.4%
41	INTEREST AND AMORTIZATION	438,787	393,597	(45,190)	10.3%		3,949,083	3,698,634	(250,449)	6.3%
42										
43		Page 1 of 1	Monday, April 22, 2024 8:36:48 PM							

	A	B	C	D	E	F	G	
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL							
2		JUNE 2022	JUNE 2023	FEBRUARY 2024	MARCH 2024	VARIANCE FEBRUARY TO MARCH	VARIANCE PERCENTAGE	
3	TOTAL ASSETS	112,302,165	112,558,570	113,409,060	120,893,407	7,484,347	6.2%	
4	CURRENT ASSETS	22,630,675	29,638,354	16,701,403	22,461,911	5,760,508	25.6%	
5	CASH & EQUIVALENTS	11,073,544	14,521,085	12,475,605	11,838,673	(636,932)	-5.4%	
6	NET PATIENT ACCOUNTS RECEIVABLE	8,746,991	12,177,379	8,727,661	8,619,154	(108,507)	-1.3%	
7	HOSPITAL ACCOUNTS RECEIVABLE	77,594,807	86,192,181	86,742,095	85,812,695	(929,400)	-1.1%	
8	LESS: ALLOWANCE FOR BAD DEBTS	(68,847,816)	(74,014,802)	(78,014,434)	(77,193,541)	820,893	-1.1%	
9	OTHER CURRENT ASSETS	2,810,140	2,939,890	(4,501,863)	2,004,084	6,505,947	324.6%	
10	TAXES RECEIVABLE	1,375,017	2,263,620	(5,425,851)	1,746,526	7,172,377	410.7%	
11	MISC RECEIVABLE	7,502	64,052	(905,410)	(810,823)	94,587	-11.7%	
12	DUE FROM 3RD PARTIES	(748,043)	(1,097,349)	(1,139,145)	(1,808,856)	(669,711)	37.0%	
13	INVENTORIES	1,829,462	1,311,782	2,055,785	2,002,493	(53,292)	-2.7%	
14	PREPAID EXPENSES	346,202	397,785	912,758	874,744	(38,014)	-4.3%	
15								
16	ASSETS WHICH USE IS LIMITED	12,734,281	9,102,770	25,669,999	26,092,053	422,054	1.6%	
17	NET PROPERTY, PLANT, AND EQUIPMENT	76,582,823	73,452,527	71,198,508	72,297,310	1,098,802	1.5%	
18	PROPERTY, PLANT, AND EQUIPMENT	164,801,341	166,692,035	168,379,784	169,971,307	1,591,523	0.9%	
19	LAND & LAND IMPROVEMENTS	4,828,182	4,828,182	4,828,182	4,828,182	0	0.0%	
20	BUILDINGS & BUILDING IMPROVEMENTS	129,281,491	129,281,491	129,281,491	129,281,491	0	0.0%	
21	FIXED EQUIPMENT	28,997,660	29,262,127	29,539,960	30,808,539	1,268,579	4.1%	
22	CONSTRUCTION IN PROGRESS	1,694,008	3,320,235	4,730,151	5,053,095	322,944	6.4%	
23	LESS: ACCUMULATED DEPRECIATION	(88,218,518)	(93,239,508)	(97,181,276)	(97,673,997)	(492,721)	0.5%	
24	OTHER ASSETS	354,386	364,919	(160,850)	42,133	202,983	481.8%	
25								
26	TOTAL LIABILITIES & FUND BALANCE	112,302,176	112,558,570	113,408,986	120,893,320	(7,484,334)	-6.2%	
27	TOTAL LIABILITIES	146,026,043	148,421,077	170,103,838	162,955,911	7,147,927	4.4%	
28	CURRENT LIABILITIES	34,918,239	28,682,871	41,847,393	35,829,759	6,017,634	16.8%	
29	ACCOUNTS PAYABLE	10,378,212	11,278,786	8,873,237	9,621,266	(748,029)	-7.8%	
30	PAYROLL PAYABLES	6,421,579	6,484,769	7,575,119	6,986,611	588,508	8.4%	
31	SALARIES & WAGES PAYABLE	2,057,716	579,682	161,843	(810,177)	972,020	-120.0%	
32	PAYROLL TAXES & DEDUCTIONS PAYABLE	1,905,118	3,235,802	3,715,058	4,226,333	(511,275)	-12.1%	
33	ACCRUED PTO & SICK DAYS PAYABLE	2,458,745	2,669,285	3,698,218	3,570,455	127,763	3.6%	
34	LINE OF CREDIT	12,000,000	4,043,719	12,058,140	12,059,943	(1,803)	0.0%	
35	ACCRUED INTEREST PAYABLE	1,925,911	1,609,780	4,497,272	2,730,789	1,766,483	64.7%	
36	OTHER CURRENT LIABILITIES	4,192,537	5,265,817	8,843,625	4,431,150	(4,412,475)	-99.6%	
37								
38	LONG TERM LIABILITIES	111,107,804	119,738,206	128,256,445	127,126,152	1,130,293	0.9%	
39								
40	NET ASSETS	(33,723,867)	(35,862,507)	(56,694,852)	(42,062,591)	(14,632,261)	34.8%	
41	NET ASSETS - UNRESTRICTED	(33,723,867)	(35,862,507)	(56,694,852)	(42,062,591)	(14,632,261)	34.8%	
42	NET ASSETS - BEGINNING OF PERIOD	(24,065,660)	(33,723,881)	(35,862,510)	(35,862,510)	0	0.0%	
43	CURRENT YEAR NET GAIN/(LOSS)	(9,658,207)	(2,138,626)	(20,832,342)	(6,200,081)	14,632,261	-236.0%	
44								
45	Page 1 of 1	Tuesday, April 23, 2024 6:09:28 PM						

18

	B	C	D	E	F	G	J
1	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL					CASH FLOW	
2							
3						Current Month	Y-T-D
4						3/31/2024	3/31/2024
5	BEGINNING CASH BALANCES						
6		Cash: Beginning Balances- Hospital				\$ 4,982,529	\$ 11,583,441
7		Cash: Beginning Balances- District				7,493,076	2,937,644
8		Cash: Beginning Balances Totals				\$ 12,475,605	\$ 14,521,085
9							
10	Receipts						
11		Patient Collections				\$ 4,955,717	\$ 43,677,231
12		Tax Subsidies/Measure D/Prop 13				401,494	\$ 3,613,446
13		Misc Tax Subsidies				-	\$ 167,258
14		Donations/Grants/Loans				1,751,443	\$ 13,279,312
15		Supplemental Funding (Rate Range, Etc.)				2,891,314	\$ 7,544,850
16		Draws/(Paydown) of LOC Balances				-	\$ 4,000,000
17		Other Revenues/Receipts/Transfers				127,854	\$ 6,575,297
18	TOTAL RECEIPTS					\$ 10,127,822	\$ 78,857,394
19							
20	Disbursements						
21		Wages, Benefits, & Contract Labor				\$ 4,956,109	\$ 44,267,383
22		Other Operating Costs				5,429,609	\$ 26,435,307
23		Capital Spending				322,944	\$ 1,994,728
24		Debt Service Payments				3,155,023	\$ 5,953,801
25		Other - Changes in Accounts Payable, Other				(3,098,931)	\$ 2,888,583
26	TOTAL DISBURSEMENTS					\$ 10,764,754	\$ 81,539,802
27							
28	TOTAL CHANGE in CASH					\$ (636,932)	\$ (2,682,408)
29							
30	ENDING CASH BALANCES						
31		Ending Balances- Hospital				\$ 3,812,754	\$ 3,812,758
32		Ending Balances- District				8,025,919	8,025,919
33		Ending Balances- Totals				\$ 11,838,673	\$ 11,838,677
34							
35							
36							
37		LOC Current Balances				\$ 12,000,000	\$ 12,000,000
38		LOC Interest Expense Incurred				29,802	\$ 151,019
39							
40							

TAB K

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting May 7, 2024

	Title	Policy Area	Owner	Workflow Approval
1	Admission to the Women's Center	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
2	Amnioinfusion	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
3	Amnisure, Rupture of Membranes (ROM) Test	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
4	Associate HIV Antibody Testing	Employee Health	Lagrimas, Nina: Employee Health Coordinator	Ariel Whitley for Hospital Board of Directors
5	Authorization of Elective Surgical Patients	Patient Access	Omens, Dylan: Director Of Patient Access	Ariel Whitley for Hospital Board of Directors
6	Authorization of Obstetrical Patients	Patient Access	Omens, Dylan: Director Of Patient Access	Ariel Whitley for Hospital Board of Directors
7	Centrifuges, Refrigerators, Freezers and Safety Eyewash	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
8	Clinical Duties of the Technical Consultant Include	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
9	Clinical Lab Medical Director's Delegation of Duties	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
10	CT Code Stroke - Canon Scanner	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
11	CT Code Stroke - GE Scanner	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
12	CT Daily QC Canon Scanner	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
13	Electronic Fetal Monitoring	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
14	Environment Control of the Nursery	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
15	Equipment Management Plan	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting May 7, 2024

	Title	Policy Area	Owner	Workflow Approval
16	Exposure to Blood Borne Pathogens	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
17	Formula Usage and Storage	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
18	Mammography Enhancing Quality Using the Inspection Program (EQUIP) Procedure	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
19	Parking Policy - Security	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
20	Perioperative Services - Disaster Response Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
21	Sterile Processing - Early Release Of Sterilized Implants And Trays	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
22	Surgical Services - Fire Prevention & Response Plan	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
23	Surgical Services - Maintaining Normothermia of the Surgical Patient	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
24	The Women's Center Charges	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
25	The Women's Center Drug Screening	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors
26	Therapy Dog: "Paws for Wellness"	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Hospital Board of Directors
27	Ultrasound Pelvic Obstetric (OB) Complete	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
28	Undergraduate Medical Education Program	Medical Staff	Stafford, Susan: Medical Education Coordinator	Ariel Whitley for Hospital Board of Directors
29	Women's Center Bassinets	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Hospital Board of Directors

TAB L

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: April 17, 2024

TO: Chair
Governing Board

FROM: Raffi Sahagian, 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):

2024 Annual Approval of Policies & Procedures

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

SAN GORGONIO MEMORIAL HOSPITAL
2024 POLICIES & PROCEDURES – APPROVAL

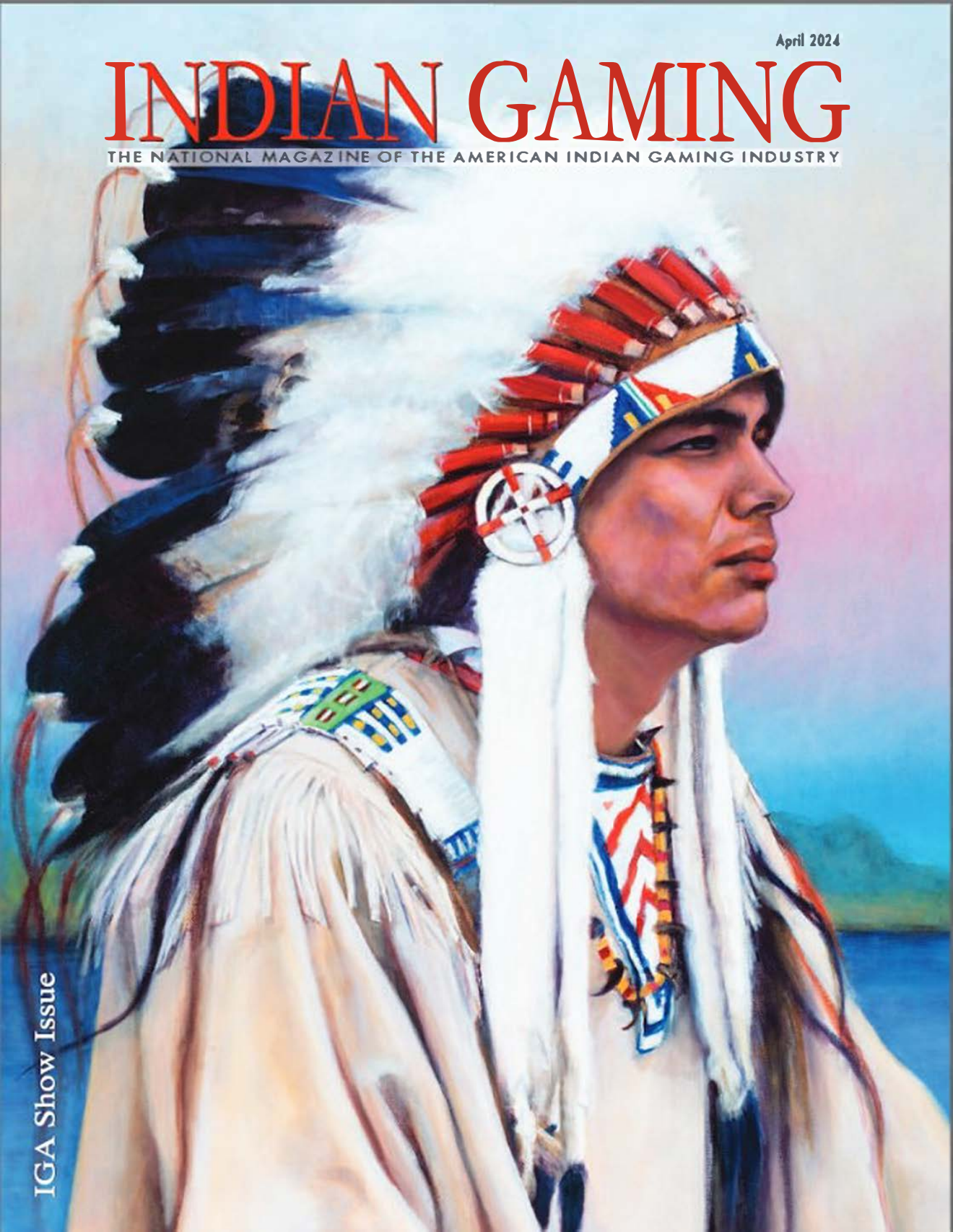
	Title	Policy Area	Revised?
1.	Admission to the Women's Center	Obstetrics	Revised
2.	Amnioinfusion	Obstetrics	Revised
3.	Amnisure, Rupture of Membranes (ROM) Test	Obstetrics	Revised
4.	Centrifuges, Refrigerators, Freezers and Safety Eyewash	Clinical Laboratory	Revised
5.	Clinical Lab Medical Director's Delegation of Duties	Clinical Laboratory	New
6.	CT Code Stroke - Canon Scanner	Diagnostic Imaging	Revised
7.	CT Code Stroke - GE Scanner	Diagnostic Imaging	Revised
8.	CT Daily QC Canon Scanner	Diagnostic Imaging	Unchanged
9.	Electronic Fetal Monitoring	Obstetrics	Revised
10.	Environment Control of the Nursery	Obstetrics	Revised
11.	Equipment Management Plan	Clinical Laboratory	Unchanged
12.	Exposure to Blood Borne Pathogens	Clinical Laboratory	Revised
13.	Formula Usage and Storage	Obstetrics	Revised
14.	Mammography Enhancing Quality Using the Inspection Program (EQUIP) Procedure	Diagnostic Imaging	Revised
15.	Surgical Services - Fire Prevention & Response Plan	Surgical Services	Revised
16.	Surgical Services - Maintaining Normothermia of the Surgical Patient	Surgical Services	Revised
17.	The Women's Center Charges	Obstetrics	Revised
18.	The Women's Center Drug Screening	Obstetrics	Revised
19.	Therapy Dog: "Paws for Wellness"	Administration	New
20.	Ultrasound Pelvic Obstetric (OB) Complete	Diagnostic Imaging	Revised
21.	Women's Center Bassinets	Obstetrics	Revised

TAB M

April 2024

INDIAN GAMING

THE NATIONAL MAGAZINE OF THE AMERICAN INDIAN GAMING INDUSTRY



IGA Show Issue

Morongo Donates \$5 Million to San Geronio Memorial Hospital



The Morongo Band of Mission Indians presented a \$5 million donation to the San Geronio Memorial Hospital Foundation to help the hospital establish a comprehensive Women's Health Program and enhance its obstetrics, gynecology, breast health, and women's wellness programs. The donation will also upgrade critical patient monitoring systems, with \$1.4 million dedicated to enhancing technological capabilities and patient care efficiency.

The \$5 million donation is the second largest donation ever received by the foundation, following Morongo's record-breaking \$5.6 million contribution to the foundation in 2022.

"San Geronio Memorial Hospital is profoundly grateful for Morongo's generous \$5 million donation," said Allen Koblin, Foundation President. "This \$5 million donation is a testament to Morongo's commitment to the health and wellness of our community and will bring transformative change to the well-being of women and families across the San Geronio Pass."

"Morongo is delighted to be building on our partnership with the San Geronio Memorial Hospital Foundation to advance healthcare in the Pass," said Morongo Tribal Chairman Charles Martin. "It is crucial that we continue to support new advancements at our community hospital to ensure women, mothers and families have access to high-quality care that addresses their unique healthcare needs."

"Today's gift by the Morongo Band of Mission Indians will bring profound and positive changes to local healthcare, allowing us to expand our services and improve the well-being of women of all ages in our community," said Dr. Karan Singh of San Geronio Memorial Hospital. "Morongo is helping us set a new standard for healthcare excellence across the San Geronio Pass."

This latest donation aligns with Morongo's long-standing tradition of supporting vital community resources and services. Over the past decade, Morongo has given over \$20 million to support local and regional non-profit organizations that help seniors, families, veterans, youth and those in need.

"Words can't express our thanks to Morongo and for the incredible support you continue to offer to our foundation and our hospital," said Susan DiBiasi, San Geronio Memorial Hospital Board Chair. "This donation will improve the lives of women and children across the Pass communities and puts our hospital in a position to provide innovative new healthcare services to our patients."

San Manuel Honors Non-Profits at Forging Hope Awards



L-R: San Manuel Band of Mission Indians Chairwoman Lynn Valbuena; San Manuel Band of Mission Indians Second Governing Council Member Laurena Bolden; California Indian Nations College President Celeste R. Townsend; Keres Children's Learning Center Co-Founder & CEO Trisha Moquino; The Salvation Army Business Administrator Steven Finckley; National Indian Child Welfare Association Executive Director Dr. Sarah Kostelic; San Manuel Band of Mission Indians Culture Sear Member Joseph Macarongo; and San Manuel Band of Mission Indians Vice Chairman Johnny Hernandez, Jr.

The 2024 Forging Hope Awards hosted by the San Manuel Band of Mission Indians recognized four outstanding non-profit organizations for their exemplary contributions to the quality of life in the Inland Empire. Recipients of the 2024 Yawa' Award, the tribe's highest honors, included California Indian Nations College; Keres Children's Learning Center; National Indian Child Welfare Association; and The Salvation Army.

"Each Yawa' Award recipient embodies extraordinary dedication to their communities," said Lynn Valbuena, Chairwoman of the San Manuel Band of Mission Indians. "In our Serrano language, *Yawa'* means to 'act on one's beliefs.' We will never forget the kindness extended to our tribal family before we had the means to envision a brighter future. It is an honor to stand with these community heroes."

San Manuel partners with hundreds of organizations each year, giving nearly \$400 million since 2002 to organizations serving Inland Empire and Indian Country communities to reinforce the spirit of Yawa' and empower positive change. 2024 Forging Hope Honorees:

California Indian Nations College – The College (CINC) offers a culturally responsive academic curriculum rooted in



Health & Fitness

San Gorgonio Memorial Hospital In Banning Praised For Patient Safety

A nonprofit watchdog group has released safety grades. San Gorgonio Memorial Hospital received an A.

Toni McAllister, Patch Staff

Posted Thu, May 2, 2024 at 1:02 pm PT



The Leapfrog Group released its spring 2024 Hospital Safety Grades on May 1, assigning an "A," "B," "C," "D" or "F" to nearly 3,000 general hospitals. The grades are based on how well the hospitals prevent medical errors, accidents and infections. (Shutterstock)

BANNING, CA — San Gorgonio Memorial Hospital has earned the highest mark possible in regard to patient safety, a national nonprofit watchdog announced Wednesday.

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The hospital at 600 N. Highland Springs Avenue in Banning received an "A" grade from The Leapfrog Group as part of the watchdog's [spring 2024 Hospital Safety Grades](#). Leapfrog assigns an "A," "B," "C," "D," or "F" grade to more than 3,000 general hospitals nationwide. The grades are based on how well the hospitals prevent medical errors, accidents and infections.

SGMH's achievement was remarkable, given that one year ago the hospital was graded a "C" by Leapfrog.

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"At San Gorgonio Memorial Hospital we constantly strive to maintain the highest standards for patient safety, and it is gratifying to be recognized for those efforts," SGMH CEO Steven Barron said Wednesday. "I would like to thank all our associates and providers for their commitment to providing a safe environment and compassionate care to all of our patients and their families."

Since 1951, SGMH has provided healthcare services in the Pass Area, and today offers emergency care, surgical services, cardiology, maternity care, diagnostic imaging, laboratory services, and inpatient/outpatient specialty services in behavioral health, physical therapy, occupational therapy and speech therapy.

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While SGMH's services have improved greatly over the last several years, Leah Binder, president, and CEO of The Leapfrog Group, said patient safety remains a "crisis-level hazard" in U.S. healthcare.

"Some hospitals are much better than others at protecting patients from harm, and that's why we make the Hospital Safety Grade available to the public and why we encourage all hospitals to focus more attention on safety," Binder said.

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Leapfrog reports that, based on peer-reviewed research, an estimated 250,000 people a year die of preventable errors and infections in hospitals, which makes patient safety problems the third leading cause of death in the United States.

New!

Leapfrog grades are updated biannually in the spring and fall. To see the full spring 2024 grade details on all hospitals, including those across Riverside and San Bernardino counties, visit HospitalSafetyGrade.org.

Get more local news delivered straight to your inbox. [Sign up for free Patch newsletters and alerts.](#)

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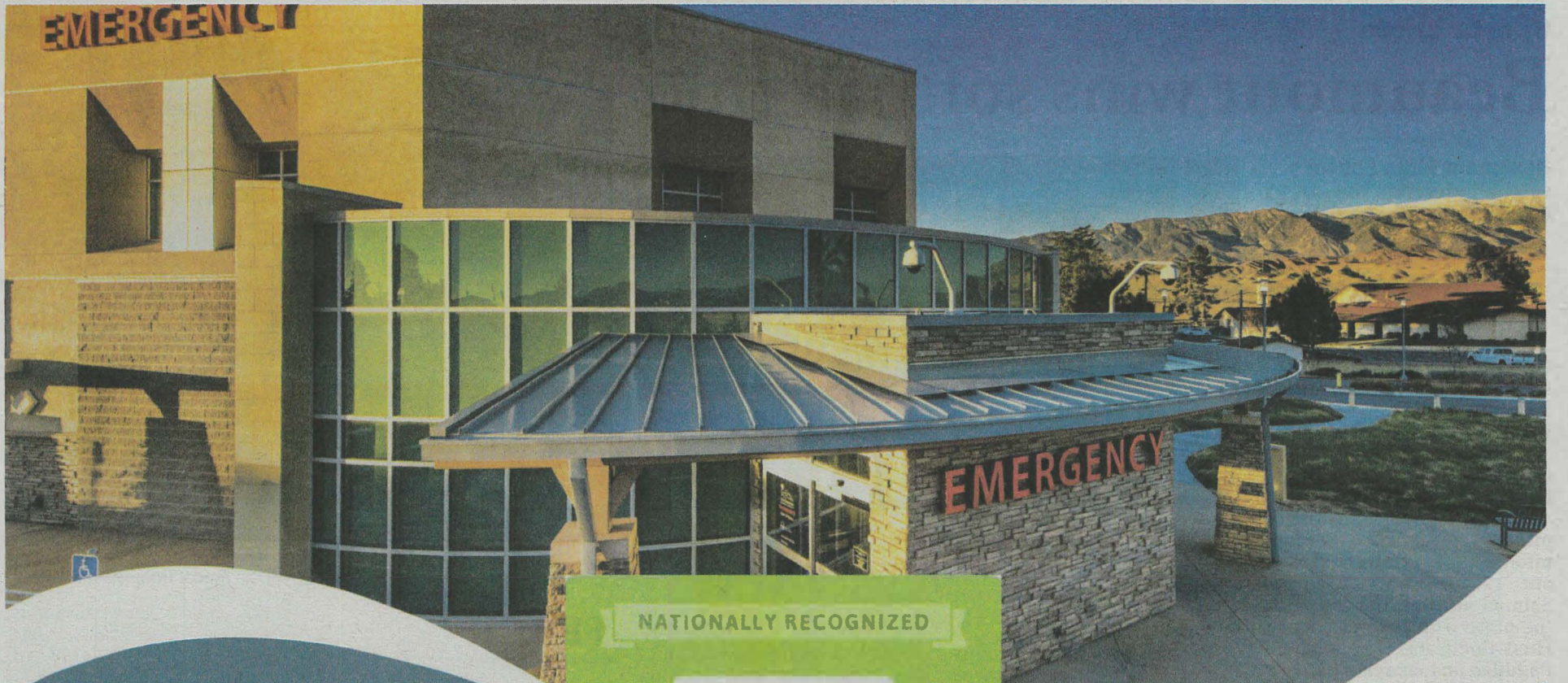
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