



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, January 4, 2022

4:00 PM

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

Meeting Information

Meeting link: <https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=mab26eb54e2db77b9adbd3665aacc0dc78>

Meeting number: 2551 883 6208

Password: 1234

More ways to join

Join by video system

Dial 25518836208@webex.com

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 2551 883 6208

Password: 1234

Emergency phone number if WebEx tech difficulties

951-846-2846

code: 3376#

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

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

Members of the public who wish to comment on any item on the agenda may speak during public comment or submit comments by emailing publiccomment@sgmh.org on or before 1:00 PM on Tuesday, January 4, 2022, which will become part of the board meeting record.

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

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

OLD BUSINESS

- | | | | |
|------|--|------------|---|
| III. | *Proposed Action - Approve Minutes
<ul style="list-style-type: none"> • December 7, 2021, Regular Meeting | S. DiBiasi | A |
|------|--|------------|---|

NEW BUSINESS

- | | | | |
|-------|---|-----------------------|--------|
| IV. | Hospital Board Chair Monthly Report | S. DiBiasi | verbal |
| V. | CEO Monthly Report | S. Barron | verbal |
| VI. | January, February, and March Board/Committee Meeting Calendars | S. DiBiasi | B |
| VII. | Foundation monthly report | G. Moyer/
V.Hunter | C |
| VIII. | Reminder – All Hospital Board Members Annual Execution of Confidentiality and Nondisclosure Agreement | S. DiBiasi | D |
| IX. | * Proposed Action – Annual Approval of Hospital Bylaws
(per bylaws Section 4.05, (i))
<ul style="list-style-type: none"> ▪ ROLL CALL | S. DiBiasi | E |
| X. | Patient Care Services bi-monthly report | P. Brown | F |

XI. **Hospital Board Chair – Appoint 2022 Committee Members** S. DiBiasi G
(Copy of 2021 Committee Members included as informational)

XII. Committee Reports:

- Finance Committee S. DiBiasi/
o December 28, 2021, regular meeting minutes D. Heckathorne H
* **Proposed Action – Approve November 2021 Financial Statement (Unaudited)**
(Approval recommended by Finance Committee 12/28/2021)
 - **ROLL CALL**
- o Updated Self Pay and Charity Care Policy I
(Approval of updated policy recommended by Finance Committee 12/28/2021)
 - See agenda item XIV, Tab J

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

- **ROLL CALL**

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

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

XVI. Future Agenda Items

*** **ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION** S. DiBiasi

- Proposed Action - Recommend approval to Healthcare District Board - Medical Staff Credentialing
(*Health & Safety Code §32155; and Evidence Code §1157*)
- Receive Quarterly Environment of Care/Life Safety/Utility Management report
(*Health & Safety Code §32155*)

XVII. **ADJOURN TO CLOSED SESSION**

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

RECONVENE TO OPEN SESSION

*** **REPORT ON ACTIONS TAKEN DURING CLOSED SESSION** S. DiBiasi

San Gorgonio Memorial Hospital
Board of Directors Regular Meeting
January 4, 2022

XVIII. **ADJOURN**

S. DiBiasi

***Action Required**

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

I certify that on December 30, 2021, 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 December 30, 2021



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

December 7, 2021

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, December 7, 2021. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20 (pending AB 361 implementation), there was no public location for attending this board meeting in person. Board members and members of the public participated via WebEx.

Members Present: Phillip Capobianco III, Susan DiBiasi (Chair), Howard Katz, Joel, D.O., Ehren Ngo, Ron Rader, Steve Rutledge, Dennis Tankersley, Siri Welch

Members Absent: Joel Labha

Required Staff: Steve Barron (CEO), Pat Brown (CNO/COO), Daniel Heckathorne (CFO), Sherif Khalil, MD (Chief of Staff), Annah Karam (CHRO), Ariel Whitley (Executive Assistant), Karan Singh, MD (CMO), Angie Brady (ED Director), Margaret Kammer (Controller), Valerie Hunter (Foundation Director)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi called the meeting to order at 4:03 pm.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes November 2, 2021, regular meeting.	Chair DiBiasi asked for any changes or corrections to the minutes of the November 2, 2021, regular meeting as included on the board tablets.	The minutes of the November 2, 2021, regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM		ACTION / FOLLOW-UP																
Hospital Board Chair Monthly Report	Chair DiBiasi briefly reported that there has been a lot of activities within financial planning and the IT department. Susan also mentioned that she and others have been voluntarily assisting the Measure H Campaign Committee.																	
CEO Monthly Report	Steve Barron reported that the General Surgeons are very excited about the da Vinci robot that is to come in January of 2022. Steve mentioned that he believes surgeries might begin to pick up. During the CEO report, Steve asked Pat Brown, CNO/COO, to discuss the Joint Commission Lab CLIA survey. Pat announced that the surveyor is onsite and will be for the next three days.																	
December, January, & February, Board/Committee meeting calendars	Calendars for December, January, and February were included on the board tablets.																	
Foundation Monthly Report	The Foundation President, George Moyer, gave the Foundation Monthly Report as included on the board tablets.																	
Proposed Action – Approve Mission/Vision/ Values Statement	<p>Steve Barron noted that the current Mission, Vision, and Values Statement is reviewed and re-approved annually by the Hospital Board. It was included on board tablets last month for review.</p> <p>There were no suggested changes.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1304 1170 1457"> <tbody> <tr> <td>Capobianco</td> <td>No</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </tbody> </table> <p>Motion carried.</p>	Capobianco	No	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Welch	Yes	M.S.C., (Rader/Ngo), the SGMH Board of Directors approved the Mission/Vision/Values Statement as presented.
Capobianco	No	DiBiasi	Yes															
Labha	Absent	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															
For Review – Hospital Bylaws	Chair DiBiasi noted that the Hospital Bylaws are slated for their annual approval at the January 2022 meeting. Any suggested changes and/or additions should be directed to staff.																	

AGENDA ITEM		ACTION / FOLLOW-UP																
For Review – Committee Assignments	Chair DiBiasi noted that the committee assignments are included for review. Assignments will be announced at the January 2022 board meeting.																	
2022 Slate of Officers	Chair DiBiasi noted that a copy of the 2021 Slate of Officers was included on the board tablet.																	
Proposed Action – Nominate/Approve 2022 Hospital Board Chair	<p>Susan DiBiasi was nominated as Hospital Board Chair.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 726 1170 879"> <tr> <td>Capobianco</td> <td>No</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	No	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Welch	Yes	M.S.C., (Rutledge/Rader), the SGMH Board of Directors approved Susan DiBiasi as the 2022 Hospital Board Chair.
Capobianco	No	DiBiasi	Yes															
Labha	Absent	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															
Proposed Action – Nominate/Approve 2022 Hospital Board Vice Chair	<p>Steve Rutledge was nominated as Hospital Board Vice Chair.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1100 1170 1253"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Welch	Yes	M.S.C., (Tankersley/Rader), the SGMH Board of Directors approved Steve Rutledge as the 2022 Hospital Board Vice Chair.
Capobianco	Yes	DiBiasi	Yes															
Labha	Absent	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															
Proposed Action – Nominate/Approve 2022 Hospital Board Secretary	<p>Ron Rader was nominated as Hospital Board Secretary.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1478 1170 1631"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Abstain</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Abstain	Rutledge	Yes	Tankersley	Yes	Welch	Yes	M.S.C., (Rutledge/Welch), the SGMH Board of Directors approved Ron Rader as the 2022 Hospital Board Secretary.
Capobianco	Yes	DiBiasi	Yes															
Labha	Absent	Ngo	Yes															
Rader	Abstain	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Proposed Action – Nominate/Approve 2022 Hospital Board Treasurer</p>	<p>Ehren Ngo was nominated as Hospital Board Treasurer.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 422 1170 575"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Abstain</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Abstain	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Welch	Yes	<p>M.S.C., (DiBiasi/Rader), the SGMH Board of Directors approved Ehren Ngo as the 2022 Hospital Board Treasurer.</p>
Capobianco	Yes	DiBiasi	Yes															
Labha	Absent	Ngo	Abstain															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															
<p>Proposed Action – Approve 2022 Corporate Compliance Plan</p>	<p>Compliance Officer, Annah Karam, briefly reviewed the corporate Compliance Plan for 2022 being submitted for annual board approval.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 875 1170 1029"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Welch	Yes	<p>M.S.C. (Rader/Ngo), the SGMH Board of Directors approved the 2022 Compliance Plan as presented.</p>
Capobianco	Yes	DiBiasi	Yes															
Labha	Absent	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															
<p>COMMITTEE REPORTS:</p>																		
<p>Human Resources Committee</p>	<p>At the request of Committee Chair, Ron Rader, Annah Karam, Chief Human Resources Officer, briefly reviewed the reports that were reviewed at the committee meeting and the reports discussed as included on the board tablets. A copy of the Human Resources Committee’s November 16, 2021, meeting minutes were also included on the board tablets.</p>																	
<p>Community Planning Committee</p>	<p>A copy of the Community Planning Committee’s November 16, 2021, meeting minutes were included on the board tablets. Committee Chair Ron Rader gave a brief overview of that meeting.</p>																	

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Finance Committee</p> <p>Proposed Action – Recommend Approval of the October 2021 Financial Statement (Unaudited).</p>	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the October 2021 Financial report which was included on the board tablet. A copy of the Finance Committee’s November 30, 2021, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the October 2021 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 604 1170 758"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Welch	Yes	<p>M.S.C., (Rader/Welch), the SGMH Board of Directors approved the October 2021 Financial Statement as presented.</p>
Capobianco	Yes	DiBiasi	Yes															
Labha	Absent	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															
<p>Proposed Action – Recommend Approval to Healthcare District Board – FY21 Financial Audit</p>	<p>Dan Heckathorne, CFO, introduced David Imus of Wipfli, LLP. He presented a draft copy of the FY21 Financial Audit ending June 30, 2021.</p> <p>It is noted that the Hospital Board recommends approval of the FY21 Financial Audit to the Healthcare District Board contingent upon the final sign off from Partner, Jeff Johnson, with Wipfli LLP.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1205 1170 1358"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Welch	Yes	<p>M.S.C., (Rutledge/Welch), the SGMH Board of Directors voted to recommend approval of the FY21 Financial Audit to the Healthcare District Board of Directors contingent upon the final sign off from Partner, Jeff Johnson, with Wipfli LLP.</p>
Capobianco	Yes	DiBiasi	Yes															
Labha	Absent	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Chief of Staff Report</p> <p>Proposed Action – Approve Recommendations of the Medical Executive Committee</p>	<p>Sherif Khalil, MD, Chief of Staff briefly reviewed the Medical Executive Committee report as included on the Board Tablets.</p> <p>Approval Items:</p> <ul style="list-style-type: none"> • Infection Control - 2021 Annual Approval of Policies and Procedures • Pharmacy and Therapeutics – 2021 Annual Approval of Policies and Procedures • 2021 Annual Approval of Patient Care Contracts <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 722 1170 873"> <tr> <td>Capobianco</td> <td>No</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	No	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Welch	Yes	<p>M.S.C., (Rader/Rutledge), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</p>
Capobianco	No	DiBiasi	Yes															
Labha	Absent	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															
<p>Proposed Action – Approve Policies and Procedures</p>	<p>There were eight (8) policies and procedures included on the board tablets presented for approval by the Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 1146 1170 1297"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Labha</td> <td>Absent</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Yes</td> <td>Welch</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Capobianco	Yes	DiBiasi	Yes	Labha	Absent	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Welch	Yes	<p>M.S.C., (Ngo/Welch), the SGMH Board of Directors approved the policies and procedures as submitted.</p>
Capobianco	Yes	DiBiasi	Yes															
Labha	Absent	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Welch	Yes															
<p>Community Benefit events/Announcements/and newspaper articles</p>	<p>Miscellaneous information was included on the board tablets.</p>																	
<p>Future Agenda Items</p>	<p>None.</p>																	
<p>Adjourn to Closed Session</p>	<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 Infection Control/Risk Management 																	

AGENDA ITEM		ACTION / FOLLOW-UP
	<p>Report</p> <p>The meeting adjourned to Closed Session at 5:14 pm.</p>	
Reconvene to Open Session	<p>The meeting adjourned from closed session at 5:31 pm.</p> <p>At the request of Chair DiBiasi, Ariel Whitley reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing ➤ Received Quarterly Infection Control/Risk Management Report 	
Adjourn	<p>The meeting was adjourned at 5:31 pm.</p>	

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

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B



January 2022

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 New Year's Day
2	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	15
16	17	18	19	20	21	22
23	24	25 9:00 am Finance Committee	26	27	28	29
30	31					

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

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



February 2022

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	2	3	4	5
6	7	8	9	10	11	12
13	14	15 9:00 am Community Planning Committee	16 9:00 am HR Committee	17	18	19
20	21 Administration Closed. Presidents Day!	22 9:00 am Finance Committee	23	24	25	26
27	28					

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

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



March 2022

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	2	3	4	5
6	7	8	9	10	11	12
13 Daylight Saving!	14	15	16	17 	18	19
20	21	22	23	24	25	26
27	28	29 9:00 am Finance Committee 10:00 am Executive Committee	30	31		

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

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

TAB C

SGMH Foundation January 2022 Report

Foundation Finances for December 2021 (as of December 28, 2021)

Bank of Hemet Checking Acct	\$322,822.98	(actual as of December 28, 2021)
Bank of Hemet Money Market Acct	\$128,048.11	(actual as of December 28, 2021)
I.E. Community Foundation Acct:	\$109,294.13	<u>Actual for October 2021.</u> (November & December 2021 not available)
Total	\$560,165.22	

Foundation Report

- The Foundation 2022 Executive committee
 - President – George Moyer
 - Vice President – Allen Koblin
 - Treasurer – Randy Robbins
 - Secretary – Kathy Faber
- Barring any Covid restrictions, The Foundation’s strategic plan for 2022 will focus on the following:
 - Grants
 - Fall Celebrity Golf tournament
 - 1 or 2 annual direct mail pieces
 - A Veterans event
 - Tree of Life in OB lobby
 - Researching support for capital equipment for SGMH
- The Foundation supported the EVS department during the holidays and it was very successful. The associates were very grateful for the Foundations support.
- The Foundation Board ended the year with support of Measure H by continuing to make phone calls, attending HOA meetings, and posting yard signs.

TAB D

CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

HOSPITAL BOARD

This Confidentiality and Nondisclosure Agreement (“Agreement”) is entered into on _____ between San Geronio Memorial Hospital, a California nonprofit public benefit corporation (“Hospital”) and _____, an individual (“Board/Committee Member”). The Hospital and Board/Committee Member are each a “Party” and sometimes collectively referred to herein as the “Parties”.

RECITALS

A. Board/Committee Member has been appointed as a member of Hospital’s Board of Directors and its Committees wherein Board/Committee Member will have access to certain business information, including, but not limited to, financial information exchanged in closed door sessions of the Board of Directors (“Confidential Information”).

B. Board/Committee Member desires to assure Hospital that the Confidential Information will not be disclosed to other individuals or entities, except as expressly authorized by this Agreement.

NOW, THEREFORE, the Parties hereby agree as follows:

OPERATIVE PROVISIONS

1. Acknowledgment. The Parties acknowledge and understand that the Confidential Information contains sensitive and private information, some of which may constitute trade secrets of Hospital.

2. Restriction on Use. The Parties agree that only individuals authorized by Hospital (“Authorized Persons”), shall have access to the Confidential Information and that Hospital shall cause any such Authorized Persons having access to the Confidential Information to sign an agreement substantially in the form of this Agreement, in which said Authorized Person agrees to be bound by terms and provisions substantially identical to those set forth in this Agreement.

3. Restriction on Disclosure. Each Party further agrees on behalf of itself and any Authorized Persons, that it shall hold, maintain, and protect the confidential nature of the Confidential Information and shall not disclose the existence or contents of the Confidential Information to any person or entity, except as expressly authorized by this Agreement.

4. Exceptions to Restriction on Disclosure. Nothing contained in this Agreement shall prevent or be interpreted as preventing either Party or the Authorized Persons from disclosing the Confidential Information under the following circumstances:

- (a) Where written consent is provided by the non-disclosing Party; and
- (b) Where disclosure of the Confidential Information is required by subpoena

or other process of law; provided the subpoenaed Party or the Authorized Persons, as the case may be, shall promptly notify the non-subpoenaed Party of the receipt of said process so as to allow the non-subpoenaed Party every opportunity to resist the subpoena, service of process or court order.

5. No Rights in Confidential Information. No rights or licenses in the Confidential Information, expressed or implied, are granted to Board/Committee Member as a result of this Agreement.

6. Survival. Board/Committee Member's obligations with respect to the Confidential Information shall survive any expiration, termination or cancellation of this Agreement and continue to bind Committee Member.

7. Governing Law. This Agreement shall be governed by the laws of the State of California.

8. Remedies. Board/Committee Member acknowledges that money damages alone would not be a sufficient remedy for its breach of this Agreement. In addition to all other remedies, Hospital shall be entitled to specific performance and injunctive or equitable relief to remedy a breach. Board/Committee Member agrees to waive any requirement for the securing or posting of a bond in connection with such remedy. Board/Committee Member agrees to be fully responsible for its breach of any provision of this Agreement.

9. Entire Agreement. This Agreement constitutes the entire agreement and understanding of the Parties with respect to the subject matter herein and supersede all prior agreements and understandings, whether oral or written.

10. Severability. Whenever possible, each provision of this Agreement will be interpreted in such manner as to be effective and valid under applicable law, but if any provision of this Agreement is held to be invalid, illegal or unenforceable in any respect under any applicable law or rule in any jurisdiction, such invalidity, illegality or unenforceability will not affect any other provision or any other jurisdiction but this Agreement will be reformed, construed and enforced in such jurisdiction as if such invalid, illegal or unenforceable provision had never been contained herein.

IN WITNESS WHEREOF, this Agreement has been executed as of the day and year first above written.

BOARD/COMMITTEE MEMBER:

By: _____
(signature)

Name: _____
(printed)

TAB E

**AMENDED AND RESTATED BYLAWS
OF
SAN GORGONIO MEMORIAL HOSPITAL
HOSPITAL BOARD**

A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION

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AMENDED AND RESTATED BYLAWS

OF

SAN GORGONIO MEMORIAL HOSPITAL

A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION

**ARTICLE 1
OFFICES**

Section 1.01 Principal Office

The principal office of the Corporation for the transaction of its business shall be located at San Gorgonio Memorial Hospital, which is located at the southeastern corner of Highland Springs Avenue and West Wilson Street in the City of Banning, in the County of Riverside, State of California, or such other place or places within the boundaries of the San Gorgonio Memorial Healthcare District (“District”) as the Board of Directors may from time to time designate.

**ARTICLE 2
NONPROFIT NATURE**

Section 2.01 Goals and Purposes

The Corporation manages the San Gorgonio Memorial Hospital for the San Gorgonio Memorial Healthcare District, a local healthcare district under California Health & Safety Code Section 32000. Under the management services agreement between the District and the Corporation, the Corporation is charged with providing management and pharmacy services to the Hospital for the benefit of the communities served by the District. The goals and purposes of this Corporation are to:

- a. operate and maintain the Hospital and provide hospital services for the benefit of the communities served by the San Gorgonio Memorial Healthcare District.
- b. maintain a hospital for the care of persons suffering from illnesses or disabilities which require that the patients receive hospital care.
- c. carry on any activities related to healthcare services which, in the opinion of the Board of Directors, may be justified by the facilities, personnel, funds or other assets that are or can be made available.
- d. participate, so far as circumstances may warrant, in any activity designed and carried on to promote the general health of the community.
- e. provide health education to the Hospital’s patients and members of the community regarding wellness and prevention.

- f. attract and retain a diverse staff of qualified well trained and competent healthcare practitioners and support personnel who will provide care in a competent manner.

Section 2.02 Exempt Purposes

The purposes for which this Corporation is organized are exclusively charitable and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended from time to time (or any successor statute). Notwithstanding any other provisions of these Bylaws, the Corporation shall not, except to an insubstantial degree, engage in or carry on any activities or exercise any power that is not in furtherance with the goals and purposes of this Corporation, or which are not permitted to be carried on (i) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended from time to time (or any successor statute) or Section 23701d of the California Revenue and Taxation Code, as amended from time to time (or any successor statute) or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986, as amended from time to time (or any successor statute) or under Section 17201 and related Sections of the California Revenue and Taxation Code, as amended from time to time (or any successor statute).

Section 2.03 Dedication of Assets

The property of this Corporation is irrevocably dedicated to the charitable and educational purposes set forth in these Bylaws, and no part of the net income or assets of this Corporation shall inure to the personal benefit of any Director, Officer, or Member of this Corporation or to the benefit of any other private person. Upon the winding up and dissolution of this Corporation, its assets remaining after payment of, or provision for payment of, all the Corporation's debts and liabilities shall be distributed to the San Geronio Memorial Healthcare District, or any successor public agency charged with carrying out the purposes of the District, to continue to promote and accomplish the public purpose of this Corporation as set forth in these Bylaws. If the District, or the successor entity referred to in the preceding sentence, shall no longer exist at such time, then upon the winding up and dissolution of this Corporation, its assets remaining after payment of, or provision for payment of, all the Corporation's debts and liabilities shall be distributed to another non-profit corporation, trust or fund which is organized and operated exclusively for charitable purposes and which has established its tax exempt status within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended from time to time (or any successor statute), and Section 23701(d) of the California Revenue and Taxation Code, as amended from time to time (or any successor statute), such assets to be used exclusively for the purpose of continuing to promote and accomplish the charitable purpose of this Corporation as set forth in the Articles and in the Bylaws of the Corporation.

ARTICLE 3 MEMBERS

Section 3.01 No Members

The Corporation shall have no members, within the meaning of California Corporations Code Section 5056.

ARTICLE 4 DIRECTORS

Section 4.01 Number

This Corporation shall have nine (9) regular Directors, who shall be known collectively as the Board of Directors. Members of the Board of Directors shall be elected, as set forth in Article 5, provided that each individual who takes office as a Director of the District shall be an *ex officio* Director of the Corporation, with full voting rights and shall count for purposes of establishing a quorum. All of the Directors, including *ex officio* Directors, shall be subject to the same terms and provisions of these Bylaws and applicable law except as expressly provided to the contrary by these Bylaws. Subject to the discretion of the Board, two members of the Board of Directors may be members of the Medical Staff of San Gorgonio Memorial Hospital.

The Chief of Staff shall be an invited guest at all meetings of the Board of Directors, but shall excuse himself or herself from Board meetings when requested to do so by the Chair, and may not attend closed session meetings of the Board unless his or her experience and expertise is required by the Board and he or she is asked to attend by the Board. As the Chief of Staff is not a Director, the Chief of Staff shall have no voting rights and shall not count for purposes of establishing a quorum. The Chief of Staff shall abide by all policies of the Corporation applicable to Directors with respect to conflicts of interests and maintaining the confidentiality of trade secret, competitively sensitive information and closed session information.

Section 4.02 Use of Terms “Directors” and “Board”

The words “Directors” and “Board”, as used in the Articles of Incorporation of this Corporation, or in these Bylaws, in relation to any power or duty requiring collective action, mean “Board of Directors”.

Section 4.03 Restriction on Interested Persons and Employees as Directors

Subject to the additional restrictions in Section 4.18 of these Bylaws, no more than forty-nine percent (49%) of the persons serving on the Board may be interested persons. An interested person is (a) any person compensated by the Corporation for services rendered to it within the previous twelve (12) months, such as an independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as Director; and (b) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of such person. Employees of the Corporation or District may not serve on the Board. However, except as provided to the contrary by Government Code Section 1090, any violation of the provisions of this paragraph shall not affect the validity or enforceability of any transaction entered into by the Corporation.

Section 4.04 Powers

The Directors shall exercise the powers of the Corporation, control its property, and conduct its affairs, except as otherwise provided by law, by the Articles of Incorporation, or by these Bylaws. The Directors shall not be personally liable for the debts, liabilities, or other obligations of the Corporation.

Section 4.05 Duties

The Board of Directors has responsibility to establish policy for the Hospital and its business including, but not limited to, all matters pertaining to quality of care rendered within the Hospital. The Board of Directors shall exercise this authority in conformity with applicable laws, regulations and accreditation requirements. In furtherance of the foregoing, the role of the Directors shall be as follows:

- a. establish policy for the operation, maintenance and development of the Hospital and its business including, but not limited to, assuring the quality of care within the Hospital.
- b. appoint a competent and experienced Chief Executive Officer who shall be its direct representative in the management of the Hospital.
- c. review the performance of the Chief Executive Officer on an annual basis.
- d. approve the annual operating budget and capital expenditures.
- e. approve the strategic plan on an annual basis.
- f. review and approve periodic financial statements and other financial matters of the Corporation.
- g. assure that adequate revenues are retained by the Corporation and expended in accordance with its charitable purposes.
- h. review and act on financing arrangements recommended by the Chief Executive Officer for the Corporation.
- i. review these Bylaws, the Bylaws of the Medical Staff and all committees on an annual basis, and approve needed changes.
- j. review and approve written personnel policies and establish a procedure for notifying employees of changes in such personnel policies.
- k. review and, where appropriate, approve policies and procedures to promote care, treatment and rehabilitation of patients.
- l. review and revise, as appropriate, all department and service policies and procedures when warranted and ensure that the Medical Staff participates, as appropriate.
- m. act as the final decision-making authority with respect to all matters pertaining to credentialing and privileges. Upon the recommendation and advice of the Medical Staff, the Board shall appoint members of the Medical Staff and grant such privileges as may, in their judgments, be warranted by the experience and training of the applicant.

Section 4.06 Compensation

The members of the Board of Directors shall be entitled to receive compensation equivalent in amount to that which is payable to the members of the Board of Directors of a California Healthcare District pursuant to the terms of Health & Safety Code Sections 32103. Such amounts shall not be mandatory and Board Members choosing not to accept compensation may do so. Additionally, each Board member shall also be entitled to receive reimbursement for expenses reasonably incurred in conjunction with educational seminars directly related to their function as a hospital board member, subject to such annual budgetary limitations as may be determined from time to time by the Board of Directors.

Section 4.07 Meetings Generally: Organizational Meeting

The meetings of the Board of Directors of the Corporation are subject to the Ralph M. Brown Act, as provided in California Government Code Section 54952(c). The Board of Directors shall hold its meetings in accordance with the agenda, open meeting and other requirements of the Ralph M. Brown Act, Government Code Section 54950 et seq. The Board of Directors shall annually hold organizational meeting where it shall organize by electing from its number the officers provided in Article 6 hereof to hold office until their successors are appointed as herein provided.

Section 4.08 Place

Meetings of the Board of Directors shall be held on the campus of the San Geronio Memorial Hospital or at such other place within the boundaries of the District as may be designated from time to time by the Board of Directors.

Section 4.09 Regular Meetings

Regular meetings of the Board of Directors shall be held at such times as may be prescribed from time to time by resolution of the Board of Directors, but not less than ten times annually. Upon adoption of such a resolution, a copy of the resolution shall be delivered to each member of the Board of Directors. Thereafter, no notice of any meeting held pursuant to the schedule described in the resolution shall be required, other than as may be required by law.

Section 4.10 Special Meetings

Special meetings of the Board of Directors shall be held whenever called by the Chair, or not less than four (4) of the Directors.

Section 4.11 Meeting by Telephone

Members of the Board may participate in a meeting through use of conference telephone, electronic video screen communication, or other communications equipment so long as (i) each member participating in the meeting can communicate with all of the other members concurrently, and (ii) each member is provided the means of participating in all matters before the Board, including the capacity to propose, or to interpose an objection, to a specific action to be taken by this Corporation, provided that it complies with California Government Code Section 54953(b).

Section 4.12 Notice and Agenda

At least 72 hours before a regular meeting and at least 24 hours before a special meeting, the Corporation shall post an agenda containing a brief but descriptive general description of each item of business to be transacted or discussed at the meeting, including items to be discussed in closed session in accordance with the Ralph M. Brown Act.

Notice of the time and place of all special meetings of the Board of Directors shall be given to each Director by one of the following methods: (a) by personal delivery of written notice; (b) by first-class mail, postage prepaid; (c) by telephone, including a voice messaging system or technology designed to record and communicate messages, or electronic transmission by the corporation (as defined in California Corporations Code Section 20). All such notices shall be given or sent to the Director's address or telephone number as shown on the records of the Corporation.

Notices sent by first-class mail shall be deposited in the United States mails at least four (4) days before the time set for the meeting. Notices given by personal delivery, telephone, telegraph, facsimile, electronic mail, or other electronic means shall be delivered, telephoned or given to the telegraph company at least forty-eight (48) hours before the time set for the meeting.

The notice shall state the time of the meeting, and the place if the place is other than the principal office of the Corporation. It need not specify the purpose of the meeting.

Notice of the time and place of holding an adjourned meeting need not be given to absent Directors if the time and place are fixed at the meeting adjourned.

Section 4.13 Quorum

A quorum shall consist of a majority of the members of the Board of Directors, unless a greater number is expressly required by statute, by the Articles of Incorporation of this Corporation, or by these Bylaws. Every act or decision done or made by a majority of the Directors present at a meeting duly held at which a quorum is present shall be the act of the Board of Directors, except where any law, regulation, or policy of any governmental agency requires a larger minimum vote in favor of any resolution.

Section 4.14 Conduct of Meetings

The Chair, or in his absence, the Vice Chair or, in the absence of both, a chair chosen by a majority of the Directors present, shall preside at all meetings of the Board of Directors. Meetings shall be governed by such rules of procedure as may be reasonably appropriate under the circumstances, insofar as such rules are not inconsistent or in conflict with these Bylaws, with the Articles of Incorporation of this Corporation, or with law. Each Director present shall have an affirmative duty to vote for or against each matter presented for a vote unless the Director has a conflict of interest that requires the Director to recuse himself. If a Board Member abstains from voting the abstention shall be counted on the side of the matter receiving the highest number of votes. Recusal for these purposes means (i) not voting, and (ii) leaving the meeting after answering any questions posed by the other Directors.

Section 4.15 Meetings Public

All meetings of the Board of Directors shall be open to the public in accordance with the Ralph M. Brown Act, Government Code Section 54950, et seq. and subject to the other terms of said Act. However, certain items, including but not limited to personnel matters, labor negotiations, quality improvement and other protected Medical Staff matters and litigation matters, are not appropriate for public discussion. Accordingly, where an exception to the open meeting requirement exists under the Brown Act, the Health & Safety Code or other applicable law and where the matter is properly agendaized the Board of Directors may meet in closed session.

Section 4.16 Adjournment

The Board may adjourn any regular, adjourned, special or adjourned special meeting to a time and place specified in the order of adjournment. A copy of the notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within 24 hours after the time of adjournment in accordance with Government Code Section 54955.

Section 4.17 Ethics Training and Sexual Harassment Avoidance Training Requirements

All members of the Board of Directors shall complete a course with a minimum of two hours of training in ethics pursuant to Government Code 54235 (AB 1234), similar to that as is required of the District Board of Directors. Such training will be required of newly appointed Directors within one year of assuming office and shall be renewed each two years thereafter. A certificate of completion showing at least two hours of training must be submitted and placed in each board member's file.

In addition to ethics training, all members of the Board of Directors shall complete a course with a minimum of two hours of training in sexual harassment avoidance pursuant to Government Code 12950.1 (AB 1825 & AB 1661) and 2 CCR 11024. Such training will be required of newly appointed Directors within six months of assuming office and shall be renewed each two years thereafter. A certificate of completion showing at least two hours of training must be submitted and placed in each board member's file.

Section 4.18 Conflicts of Interest and Other Policies

Members of the Board of Directors shall comply with the District's Conflict of Interest Code, as it may be amended or supplemented from time to time, applicable provisions of the Political Reform Act, Government Code Section 81000, et seq., Government Code Section 1090, et seq. and other policies adopted by the Board, including but not limited to its confidentiality policies. As required by the forgoing laws, Board members shall file an FPPC Form 700 with the Corporation within 30 days of taking office, annually, and within 30 days of leaving office.

Section 4.19 Confidentiality: Public Statements

The Board of Directors, and each of its members, shall maintain the confidentiality of any and all information that has been discussed in closed session or that is normally discussed in closed

session. Further, each Director with access to confidential information regarding this Corporation or this Corporation's business is expected to hold such information in confidence and to refrain from either using such information for personal gain or disclosing it unnecessarily outside the scope of the Director's duty with respect to this Corporation. No Board member shall make a public statement on behalf of the Board, or in a manner that appears to be on behalf of the Board, unless a majority of the Board has given prior authorization for the public statement at a duly noticed meeting of the Board of Directors.

Section 4.20 Appropriation of Business Opportunity and Confidential Information

No Director of this Corporation may appropriate or divert to others any opportunity for profit in connection with a transaction in which it is known or could be anticipated that this Corporation is or would be interested. Such opportunities include but are not limited to, acquisition of real or personal property, appointment of suppliers, or design or development of new products, services or areas of business related to this Corporation's present or planned services or service areas.

ARTICLE 5 ELECTION OF DIRECTORS

Section 5.01 Votes Required to Elect Director

Except as provided in Section 4.01 with respect to *ex officio* Directors, a candidate must receive the vote of a majority of the Directors present to be elected as a Director.

Section 5.02 Term of Office of Directors

Directors shall serve a term of four (4) years. Each Director may serve a maximum of two (2) consecutive terms. Former directors will be eligible to serve again after one (1) year of non-service. However, *ex officio* Board members shall serve for a term equal to their term on the District Board, and upon their resignation or removal from the District Board for any reason whatsoever, their terms of office as Directors of this Corporation shall cease and terminate, and their successors on the District Board shall be *ex officio* Directors of this Corporation in their place and stead. Each Director other than *ex-officio* Directors, including a Director elected to fill a vacancy, shall hold office until the expiration of the term for which elected, and until a successor has been appointed. The successor Director shall serve the unexpired term of the predecessor Director. If the unexpired term is two (2) years or less, then the successor Director shall serve a term of four (4) years plus the unexpired term. If the unexpired term is more than two (2) years, then the successor Director shall serve the unexpired term and face re-election to serve a new four (4)-year term.

5.03 Vacancies

- a. Events Causing Vacancies. A Board member, including but not limited to an *ex officio* Director as a consequence of being a District Board member, shall be deemed to have vacated his seat on the occurrence of any of the following:

- (1) The death or resignation of the Director.

- (2) The declaration or resolution of the Board of the vacancy of the office of a Director who has been declared of unsound mind by an order of court or convicted of a felony or has been found by a final order or judgment of any court to have breached a duty under Sections 5230, et seq., of the California Nonprofit Public Benefit Corporation Law.
 - (3) Except as provided in Section 4.01 with respect to *ex officio* Directors, any Director may be removed, either with or without cause, by majority vote of the Directors then in office, at any regular or special meeting of the Board of Directors.
 - (4) Except as provided in Section 4.01 with respect to *ex officio* Directors, the absence of a Director from three consecutive meetings of the Board of Directors, and the determination of a majority of the remaining members of the Board of Directors that such absence was not excused.
 - (5) An increase in the authorized number of Directors.
 - (6) The failure of the Directors, at any meeting of the Directors at which any Director or Directors are to be elected, to fill a vacancy scheduled to be filled by election at such meeting.
- b. Resignations. Any Director may resign, which resignation shall be effective upon giving written notice to the Chair, the Chief Executive Officer, the Secretary, or the Board of Directors, unless the notice specifies a later time for the resignation to be effective. If the resignation of a Director is effective at a future time, the Board of Directors may elect a successor to take office when the resignation becomes effective.
 - c. Vacancies of Directors. An Ad Hoc nominating committee will be formed for the purpose of recommending candidates to fill vacancies of Directors. This committee will be appointed in adherence with Section 7.06 and will include no less than two (2) *ex officio* Directors from the District Board. The Directors may elect a Director or Directors at any time to fill any vacancy or vacancies in the Board of Directors. Directors elected to fill a vacancy or vacancies in the Board of Directors of *ex officio* Directors by virtue of being a District Board member need to be the Director elected to the District Board to fill the vacancy on the District Board.
 - d. No Vacancy on Reduction of Number of Directors. No reduction of the authorized number of Directors shall have the effect of removing any Director before that Director's term of office expires unless such an intent is shown in the records of the meeting and a majority of the directors approve the reduction in number of directors.

ARTICLE 6 OFFICERS

Section 6.01 Number and Titles

The Officers of this Corporation shall be a Chair of the Board, a Vice Chair, a Secretary, and a Treasurer. This Corporation may also have, at the Board's discretion, one or more Assistant Secretaries, one or more Assistant Treasurers, and such other officers as may be appointed in accordance with these Bylaws. Any number of offices may be held by the same person, except that neither the Secretary nor the Treasurer may serve concurrently as the Chair of the Board. The Board shall also appoint a Chief Executive Officer and a Chief Financial Officer of the Corporation who shall be salaried employees of the Corporation.

Section 6.02 Other Officers

The Board may appoint and may authorize the Chair of the Board, or other officer, to appoint such additional officers that the Corporation may require. Each Officer so appointed shall have the title, hold office for the period, have the authority, and perform the duties specified in these Bylaws or determined by the Board.

Section 6.03 Qualification, Election, and Term of Office

The Officers of the Corporation, except those appointed under Section 6.02 of these Bylaws, shall be elected by majority vote of the Directors present at the annual organizational meeting of the Board of Directors. No more than two (2) Officers of the Corporation may be Directors of the District serving as ex officio Directors. Each such Officer shall hold office until the next organizational meeting, or until his removal, death, or resignation. The Officers shall hold their respective offices at the pleasure of the Board of Directors and shall be subject to removal by the Board of Directors at any time.

Section 6.04 Removal and Resignation

Any Officer may be removed, either with or without cause, by majority vote of the Directors then in office, at any regular or special meeting of the Board of Directors, and such Officer shall be removed should he cease to be qualified for the office as herein required. Subject to the terms of any written employment agreement between an officer and the Corporation, any Officer may resign at any time by delivering written notice to the Board of Directors or to the Chair or to the Secretary of the Corporation. Acceptance by the Board of Directors of any such resignation shall not be necessary to make it effective.

Section 6.05 Vacancies

Any vacancy caused by the death, resignation, removal, disqualification, or the like, of an Officer shall be filled by majority vote of the Board of Directors for the unexpired portion of the term.

Section 6.06 Duties of Chair

The Chair of the Board shall preside at meetings of the Board and shall exercise and perform such other powers and duties as the Board may assign from time to time.

Section 6.07 Duties of Vice Chair

If the Chair is absent or disabled, the Vice Chair shall perform all duties of the Chair. When so acting, the Vice Chair shall have all powers of and be subject to all restrictions on the Chair. The Vice Chair shall have such other powers and perform such other duties as the Board or these Bylaws may prescribe.

Section 6.08 Duties of Secretary

The Secretary shall keep or cause to be kept, at the Corporation's principal office or such other place as the Board may direct, a book of minutes of all meetings, proceedings, and actions of the Board and Committees of the Board. The Secretary shall keep or cause to be kept, at the principal office in California, a copy of the Articles of Incorporation and Bylaws, as amended to date.

The Secretary shall give, or cause to be given, notice of all meetings of the Board and of Committees of the Board required by these Bylaws or the California Corporations Code. The Secretary shall keep the Corporate Seal in safe custody and shall have such other powers and perform such other duties as the Board or these Bylaws may prescribe.

Section 6.09 Duties of Treasurer

The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct books and accounts of the Corporation's properties and transactions. The Treasurer shall send or cause to be given to the Directors such financial statements and reports as are required to be given by law, by these Bylaws, or by the Board. The books of account shall be open to inspection by any Director at all reasonable times.

The Treasurer shall deposit or cause to be deposited, all money and other valuables in the name and to the credit of the Corporation with such depositories as the Board may designate, shall disburse the Corporation's funds as the Board may order, shall render to the Chair of the Board, to the Chief Executive Officer, and to the Board, when requested, an account of all transactions as Treasurer and of the financial condition of the Corporation, and shall have such other powers and perform such other duties as the Board or these Bylaws may prescribe. If required by the Board, the Treasurer shall give the Corporation a bond in the amount and with the surety or sureties specified by the Board for faithful performance of the duties of the office and for restoration to the Corporation of all of its books, papers, vouchers, money, and other property of every kind in the possession or under the control of the Treasurer on his or her death, resignation, retirement or removal from office.

Section 6.10 Duties of Chief Executive Officer

Subject to such supervisory powers as the Board may give to the Chair of the Board, if any, and subject to the control of the Board, the Chief Executive Officer (“CEO”) shall be the General Manager of the Corporation and shall supervise, direct, and control the Corporation’s activities, affairs, and officers. The Chief Executive Officer shall have such other powers and duties as the Board or these Bylaws may prescribe. The authority and responsibility of the CEO shall include

- a. carrying out all policies established by the Board.
- b. development, and submission to the Board for approval, of a strategic plan for the organization and operation of the Hospital.
- c. preparation of an annual budget showing the expected receipts and expenditures of the Corporation.
- d. selection, employment, control and discharge of employees, and development and maintenance of personnel policies and practices for the Hospital.
- e. maintenance of physical properties in a good state of repair and operating condition.
- f. supervision of all business affairs to ensure that funds are collected and expended to the best possible advantage.
- g. cooperation with the Medical Staff and with all those concerned with the rendering of professional services to the end that high quality care shall be rendered to the patients.
- h. presentation to the Board of periodic reports reflecting the services provided by the Hospital and the financial activities of the Corporation and preparation and submission of such special reports as may be required by the Board.
- i. attendance at all meetings of the Board and committees thereof.

Section 6.11 Execution of Contracts

The Board may authorize any officer or officers, agent or agents, including but not limited to the Chief Executive Officer, to enter into any contract or execute any instrument in the name of and on behalf of the Corporation. Such authority may be general or confined to specific instances and may be established by the Bylaws, Resolutions or the adoption of specific policies and procedures from time to time; provided, however, that unless so authorized by the Board, no officer, agent, or employee shall have any power or authority to bind the Corporation by a contract or engagement, or to pledge its credit, or to render it liable for any purpose or any amount.

ARTICLE 7 COMMITTEES

Section 7.01 Committees of the Board

The committees of the Board may be standing or special. Standing committees shall be the Finance Committee, the Human Resources Committee, and the Community Planning Committee, and other standing committees may also be authorized by the approval of the Board of Directors (collectively, “standing committees”).

For special committees, the Board, by resolution adopted by a majority of the Directors then in office, provided a quorum is present, may create one (1) or more special Committees (“special committees”). Each special committee will have a minimum of three (3) and a maximum of five (5) members who may be Directors and persons who are not Directors who serve at the pleasure of the Board. No more than two (2) members of any special committee may be Directors of the District serving as *ex officio* Directors.

Except as otherwise provided in these Bylaws, all committee member appointments (including the appointment of Committee Chairs) shall be made by the Chair of the Board. The Chair of each Committee must be a member of the Board of Directors. A committee member shall serve his or her designated term unless he or she resigns, is removed or otherwise disqualified to serve, and all committee member terms shall terminate with the reorganization of the Board of Directors at the annual organizational meeting. Committee members shall not be entitled to compensation.

Each committee member shall be entitled to one (1) vote, to be exercised in person. Neither cumulative, substitute, nor proxy voting shall be allowed. A majority of the committee members shall constitute a quorum. All matters submitted to the committee for determination shall be decided by a minimum of a majority of a quorum of committee members.

Except as otherwise provided in these Bylaws, meetings of the committee may be called at any time by the Board Chair or the Chair of the committee. Meetings of all committees shall be open to the public in accordance with the Ralph M. Brown Act, Government Code Section 54950, et seq. and subject to the other terms of said Act as set forth in Section 4.15 of these Bylaws. A summary of all committee meetings including but not limited to all action of such committees shall be reported to the Board of Directors at the next regular or special meeting thereof.

Except as otherwise specifically described herein, the following Sections of these Bylaws pertaining to the Board of Directors shall pertain to members of committees: Section 4.17 Ethics Training and Sexual Harassment Avoidance Training Requirements, Section 4.18 Conflicts of Interest and Other Policies, Section 4.19 Confidentiality: Public Statements, and Section 4.20 Appropriation of Business Opportunity and Confidential Information.

All committees shall be advisory and no committee shall have the power to bind the Board, except when specifically authorized by the Board. The Board may delegate management of certain activities of the Corporation to any such committee as specified in the Board resolution, provided that the activities and affairs of the Corporation shall be managed and all corporate powers shall

be exercised under the ultimate direction of the Board and provided further that no committee, regardless of Board resolution, may:

- a. Take any final action on any matter that, under the California Nonprofit Public Benefit Corporation Law, also requires approval of the members or of the Board of Directors or approval of a majority of all members or of the Board of Directors;
- b. Fill vacancies on the Board or on any Committee that has the authority of the Board;
- c. Fix compensation of the Directors for serving on the Board or on any Committee;
- d. Amend or repeal Bylaws or adopt new Bylaws;
- e. Amend or repeal any resolution of the Board that by its express terms is not so amendable or repealable;
- f. Create any other Committees of the Board or appoint the members of the Committees of the Board;
- g. Expend corporate funds to support a nominee for Director after more people have been nominated for Director than can be elected; or
- h. Approve any contract or transaction to which the Corporation is a party and in which one (1) or more of its Directors has a material financial interest, except as special approval is provided for in Section 5233(d)(3) of the California Corporations Code.

Section 7.02 Executive Committee

The Executive Committee of the Board of Directors, shall consist of the Board Chair, the Board Vice Chair, the Board Secretary, the Board Treasurer and one (1) Director to be selected via a vote held by the Directors of the District serving as ex officio Directors. Each member of the Executive Committee must be a Director. No more than two (2) members of the Executive Committee may be Directors of the District serving as ex officio Directors.

The Executive Committee shall be delegated all powers and authority of the Board of Directors in the management of the business and affairs of the Corporation, except those powers reserved to the Board of Directors as a whole pursuant to Section 7.01. The Executive Committee shall meet quarterly to conduct its business, at a time and place to be designated by the members, or as otherwise provided by an appropriate resolution. The Executive Committee shall also hold special meetings on the call of the Chair.

Section 7.03 Finance Committee

The Finance Committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Board of Directors, together with the Chief Executive Officer and the Chief Financial Officer. No more than two (2) members of the Finance Committee may be Directors of the District serving as *ex officio* Directors. The Finance Committee shall meet monthly, and shall be responsible for advising the Board for the management of all funds of the Corporation. It shall review and submit to the Board each year a proposed budget showing the expected receipts and income for the ensuing year. It shall make recommendations on all major capital expenditures, and significant hospital rate changes. It shall review and make recommendations to the Board of Directors with respect to all salary and wage adjustments, and for overall budget projections. It shall recommend a written plan for annual operations and for a three-year capital expenditure plan, which shall be updated annually.

Section 7.04 Human Resources Committee

The Human Resources Committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Board of Directors, together with the Chief Executive Officer and the Director of Human Resources. No more than two (2) members of the Human Resources Committee may be Directors of the District serving as *ex officio* Directors. The Human Resources Committee shall meet bi-monthly for the purpose of determining the changing personnel requirements of the Hospital, reviewing and analyzing potential modifications to the Hospital's wage and benefit plans, and generally making recommendations to the full Board of Directors regarding personnel matters within the Hospital.

Section 7.05 Community Planning Committee

The Community Planning Committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Board of Directors in addition to the Chief Executive Officer. No more than two (2) members of the Community Planning Committee may be Directors of the District serving as *ex officio* Directors. Community Planning Committee shall meet quarterly for the purpose of determining proposed long range goals for the Hospital and recommendations for methods whereby such goals may be accomplished. Areas of planning shall include, but shall not be limited to, potential expansion, contraction or modification of services rendered by the Hospital, determining and seeking methods of accomplishing marketing goals for the Hospital, including but not limited to those relating to advertising, community involvement, physician recruitment, patient relations and insurance and other third party payment programs (such as HMOs, PPOs and employer groups). All recommendations shall be presented to the Board of Directors for approval or action.

Section 7.06 Ad Hoc Committees

Ad hoc committees may be appointed by the Chair of the Board, with the concurrence of the majority of the Board and in such numbers and for such special tasks as circumstances warrant. Such special Committees shall limit their activities to the accomplishment of the task for which created and appointed, and shall have no power to act except such as is specifically conferred by

action of the Board. Upon completion of the tasks for which appointed, each such special committee shall stand discharged.

ARTICLE 8 MEDICAL STAFF

Section 8.01 Organization

The Board shall cause to be created a Medical Staff organization, to be known as the Medical Staff of San Gorgonio Memorial Hospital, whose membership shall be comprised of all duly licensed physicians, dentists, psychologists and podiatrists who are privileged to attend patients in the Hospital. Membership in this Medical Staff organization shall be a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Bylaws. No applicant to the Medical Staff shall be denied Medical Staff membership on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion lacking professional justification.

Section 8.02 Medical Staff Bylaws, Rules and Regulations

- a. **Purpose.** The Medical Staff organization shall propose and adopt by vote bylaws, rules and regulations for its internal governance (“Medical Staff Bylaws”) which shall be effective when approved by the Board. These Medical Staff Bylaws shall create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staff by the Board. The Medical Staff Bylaws, rules and regulations shall state the purposes, functions and policies by which the Medical Staff exercises its responsibilities. The Board of Directors will review and approve the Medical Staff Bylaws annually.
- b. **Procedure.** The Medical Staff shall have the initial responsibility to formulate, adopt and recommend to the Board Medical Staff Bylaws and amendments thereto which shall be effective when approved by the Board. If the Medical Staff fails to exercise this responsibility in good faith and in a reasonable, timely and responsible manner and after written notice from the Board to such effect including a reasonable period of time for response, the Board may resort to its own initiative in formulating or amending Medical Staff Bylaws. In such event, staff recommendations and views shall be carefully considered by the Board during its deliberation and in its actions.

Section 8.03 Medical Staff Membership and Clinical Privileges

- a. **Responsibilities of the Medical Staff Members.** Each member of the Medical Staff shall have appropriate authority and responsibility for the care of his/her patients, subject to such limitations as are contained in these Bylaws, and in the Medical Staff Bylaws, and subject, further, to limitations attached to his/her appointment. The attending physician shall be responsible for preparation of a complete and legible medical record for each patient. Its contents shall be pertinent and current. This record shall include, at a minimum: identification data; chief complaint; past history; family history; history of present illness;

physical examination; special reports such as necessary consultations; clinical laboratory reports and radiology reports and others; provisional diagnosis; appropriate consents; medical and surgical treatment; operative report; pathological findings; progress notes; final diagnosis; condition on discharge; discharge summary and autopsy report when applicable. The CEO shall arrange for all administrative assistance to receive appointment applications to the Medical Staff, and further to provide for necessary administration support to process all materials pertinent to the application of any potential member of the Medical Staff. All applications for and appointments to the Medical Staff shall be in writing and addressed to the Medical Staff Office. The application shall contain full information concerning the applicant's education, licensure, practice, previous hospital experience, and any unfavorable history with regard to licensure and hospital privileges. This information shall be verified by the appropriate body within the Medical Staff. Upon appointment, the applicant will agree in writing to follow the Bylaws, rules and regulations of the Corporation and of the Medical Staff, and all other approved policies of the Medical Staff and the Corporation. All applications shall be reviewed by the Medical Staff prior to being submitted to the Governing Body for approval. When an appointment is not renewed or when privileges have been proposed to be reduced, altered, suspended, or terminated, the staff member shall be afforded the opportunity of a hearing in accordance with the Fair Hearing Plan then in effect. It is the Board of Directors' policy that: (1) only a member of the Medical Staff with admitting privileges shall admit patients to the Hospital; (2) only an appropriately licensed practitioner with clinical privileges shall be directly responsible for a patient's diagnosis and treatment within the area of his privileges; (3) each patient's general medical condition shall be the responsibility of a physician member of the Medical Staff; (4) each patient admitted to the Hospital shall receive a baseline history and physician examination by a physician who is either a member of, or approved by, the Medical Staff; and (5) direct medical care of patients provided by Allied Health Personnel shall be under the appropriate degree of supervision by a licensed practitioner with clinical privileges.

- b. **Delegation to the Medical Staff.** The Board shall delegate to the Medical Staff the responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership status, clinical privileges and corrective action, and shall require that the Medical Staff adopt and forward to it specific written recommendations with appropriate supporting documentation that will allow the Board to take informed action.
- c. **Action by the Board.** Final action on all matters relating to Medical Staff membership status, clinical privileges and corrective action shall be taken by the Board after considering the Medical Staff recommendations, provided that the Board shall act in any event if the Medical Staff fails to adopt and submit any such recommendation within the time period set forth in the Medical Staff Bylaws. Such Board action without a Medical Staff recommendation shall be based on the same kind of documented investigation and evaluation of current

ability, judgment and character as is required for Medical Staff recommendation, and shall be taken only after written notice to the Medical Executive Committee.

- d. **Criteria for Board Action.** In acting on matters of Medical Staff membership status, the Board shall consider the Medical Staffs recommendations and the extent of applicant's utilization of this Hospital, the Hospital's and the community's needs, and such additional criteria as are set forth in the Medical Staff Bylaws. No aspect of membership status nor any specific clinical privileges shall be limited or denied to a practitioner on the basis of sex, race, creed, color, or national origin, nor on the basis of any other criterion unrelated to: (i) good patient care at the Hospital, (ii) professional qualifications, (iii) the Hospital's purposes, needs and capabilities, or (iv) community needs.
- e. **Terms and Conditions of Medical Staff Membership and Clinical Privileges.** The terms and conditions of membership status in the Medical Staff, and the exercise of clinical privileges, shall be as specified in the Medical Staff Bylaws or as more specifically defined in the notice of individual appointment. At a minimum, however, each member of the Medical Staff shall (1) exhibit the skill necessary to allow him to appropriately carry out his duties and (2) carry such malpractice insurance as may be determined to be appropriate from time to time by the Board of Directors. Additionally, each member of the Medical Staff having active staff privileges shall provide on-call back-up coverage within his field of specialty to the Hospital's Emergency Room, pursuant to such back-up call schedule as may be adopted by his Service of the Medical Staff. If no other back-up call coverage schedule is adopted by a Service, Emergency Room back-up call coverage for such Service shall be scheduled on the basis of alphabetical order by last name within such Service, rotating among all active staff physicians within the Service, each being responsible for 24 hour back-up coverage.
- f. **Ethics.** The Principles of Ethics of the appropriate National Association as now in effect or as may be hereinafter amended by that association shall govern the professional conduct of the members of the Medical Staff.
- g. **Procedure.** The procedure to be followed by the Medical Staff and the Board in acting on matters of membership status, clinical privileges, and corrective action shall be specified in the Medical Staff Bylaws. However, each member of the Medical Staff shall be required to obtain and maintain, at his or her own expense, malpractice insurance in such amount as may be determined to be appropriate from time to time by the Board of Directors.
- h. **Fair Hearing Plan.** The Board shall require that any adverse recommendation made by the Medical Executive Committee or any adverse action taken by the Board of Directors with respect to a practitioner's staff appointment, reappointment, Service affiliation, staff category, admitting prerogative or clinical privileges, shall, except under circumstances for which specific

provision is made in the Medical Staff Bylaws, be accomplished in accordance with the Fair Hearing Plan then in effect. Such plan shall provide for procedures to assure fair treatment and afford an opportunity for presentation of all pertinent information. For the purposes of this Section an “adverse recommendation” of the Medical Executive Committee and “adverse action” of the Board shall be defined in the Fair Hearing Plan. The Fair Hearing Plan shall provide for an appeals procedure whereby any applicant for Medical Staff Membership feels a decision of the Medical Staff has been unjust shall have recourse to a hearing by a joint committee composed of Directors and Medical Staff Members. The appellant in such a case shall have the opportunity to present any and all evidence and testimony bearing upon his qualifications for appointment to the Medical Staff. Following such presentation of evidence, the Committee shall present evidence in support of its findings. Failure of an applicant to request a hearing within the time frames set forth in the Fair Hearing Plan shall constitute a waiver of the applicant’s rights to a hearing under the Fair Hearing Plan.

ARTICLE 9 QUALITY OF PROFESSIONAL SERVICES

Section 9.01 Board Responsibility

The Board shall require, after considering the recommendations of the Medical Staff, and the other health care professional staffs providing patient care services, the conduct of specific review and evaluation activities to assess, preserve and improve the overall quality and efficiency of patient care in the Hospital. The Board, through the CEO, shall provide whatever administrative assistance is reasonably necessary to support and facilitate the implementation and the ongoing maintenance and operation of these review and evaluation activities.

Section 9.02 Accountability to Board

The Medical Staff and the other health care professionals providing patient care services shall conduct and be accountable to the Board for conducting activities that contribute to the preservation and improvement of the quality, safety and efficiency of patient care provided in the Hospital. These activities include:

- a. Review and evaluation of the quality of patient care (generally on a retrospective basis) through a valid and reliable patient care review procedure.
- b. Ongoing monitoring and evaluation of patient care practices through the defined functions of the Medical Staff, the other professional services, and the Hospital administration.
- c. Delineation of clinical privileges for members of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment and assignment of patient care responsibilities to other health care professionals consistent with individual qualification and demonstrated ability.

- d. Review of utilization of the Hospital's resources to provide appropriate allocation of those resources to patients in need of them.
- e. Such other measures as the Board may, after considering the advice of the Medical Staff, the other professional services and the Hospital administration, deem necessary for the preservation and improvement of the quality, safety and efficiency of patient care.

Section 9.03 Documentation

The Board shall require, receive, consider and act upon the findings and recommendations emanating from the activities required by Article 8. All such findings and recommendations shall be in writing, and shall be supported and accompanied by appropriate documentation upon which the Board can take informed action.

ARTICLE 10 BOARD OF DIRECTORS INITIATION OF PEER REVIEW

Section 10.01 Basic Policy

It is the policy of this Hospital that peer review be performed by members of the Medical Staff, inasmuch as only licentiates who possess the same or similar education, training and experience have the requisite expertise to insure an efficient, fair and responsive peer review system. Notwithstanding the foregoing, however, in those instances in which the Medical Staffs failure to investigate or to initiate disciplinary action is contrary to the weight of the evidence, the Board of Directors shall have the authority to direct the Medical Executive Committee to initiate an investigation or disciplinary action, but only after consultation with the Chief of Staff. No action shall be taken in an unreasonable manner. In the event the Medical Staff fails to take action in response to a direction from the Board of Directors, the Board of Directors shall have the authority to take action against a member of the Medical Staff. Such action shall be taken only after written notice to the Medical Staff and shall fully comply with the procedures and rules applicable to peer review proceedings established by Sections 809.1 through 809.6, inclusive, of the Business and Professions Code of the State of California.

Section 10.02 Suspension of Privileges

When no person authorized by the Medical Staff is available to summarily suspend or restrict clinical privileges, the Board of Directors, or its designee, may immediately suspend the clinical privileges of a member of the Medical Staff if the failure to summarily suspend those privileges is likely to result in an imminent danger to the health of any individual; provided the Board of Directors has, before the suspension, made reasonable attempts to contact the Medical Executive Committee. A suspension by the Board of Directors which has not been ratified by the Medical Executive Committee within two working days, excluding weekends and holidays, shall terminate automatically.

ARTICLE 11 INDEMNIFICATION

Section 11.01 Right of Indemnity

To the fullest extent permitted by law, this Corporation shall indemnify its Directors, Officers, employees, and other persons described in Section 5238(a) of the California Corporations Code, including persons formerly occupying any such position, against all expenses, judgments, fines, settlements and other amounts actually and reasonably incurred by them in connection with any “proceeding”, as that term is used in that section, and including an action by or in the right of the Corporation, by reason of the fact that the person is, or was, a person described in that section. “Expenses”, as used in these Bylaws, shall have the same meaning as in Section 5238(a) of the California Corporations Code.

Section 11.02 Approval of Indemnity

On written request to the Board by any person seeking indemnification under Section 5238(b) or Section 5238(c) of the California Corporations Code, the Board shall promptly determine under Section 5238(e) of the California Corporations Code whether the applicable standard of conduct set forth in Section 5238(b) or Section 5238(c) has been met and, if so, the Board shall authorize indemnification.

Section 11.03 Advancement of Expenses

To the fullest extent permitted by law, and except as otherwise determined by the Board in a specific instance, expenses incurred by a person seeking indemnification under Sections 11.01, 11.02 or 11.03 of this Article in defending any proceeding covered by those sections shall be advanced by the Corporation before final disposition of the proceeding, on receipt by the Corporation of an undertaking by or on behalf of that person that the advance will be repaid unless it is ultimately determined that the person is entitled to be indemnified by the Corporation for those expenses.

Section 11.04 Insurance

The Corporation shall have the right to purchase and maintain insurance to the full extent permitted by law on behalf of its Officers, Directors, and employees.

Section 11.05 Other Fiduciary Positions

This Article does not apply to any proceeding against any trustee, investment manager or other fiduciary of an employee benefit plan in such person’s capacity as such, even though such person may also be covered by the first sentence of Section 1 of this Article 11. This Corporation shall have power to indemnify such trustee, investment manager or other fiduciary to the extent permitted by subsection (f) of Section 5140 of the California Corporations Code.

Section 11.06 Provisions Not Exclusive

The indemnification and advancement of expenses provided by this Article 11 of these Bylaws shall not be deemed exclusive of any rights to which those seeking indemnification or expense advancement may be entitled under any agreement, vote of disinterested Directors, or otherwise, both as to action in his or her official capacity while holding such office, and shall continue as to a person who has ceased to be a Director, officer, or employee and agent, and shall inure to the benefit of the heirs, executors and administrators of such person.

Section 11.07 Contractual Rights of Non-Directors and Non-Officers

Nothing contained in this Article 11 shall affect any right to indemnification to which persons other than Directors of the Corporation, or any of its subsidiaries, may be entitled by contract or otherwise.

ARTICLE 12 CORPORATE RECORDS, REPORTS, AND SEAL

Section 12.01 Minutes of Meetings

The Corporation shall keep at its principal office, or at such other place as the Board of Directors may order, a book of the minutes of all meetings of Directors with the time and place of holding, whether regular or special, and, if special how authorized, the notice given and the names of those Directors and presenting staff present.

Section 12.02 Books of Account

The Corporation shall keep and maintain adequate and correct accounts of its properties and business transactions, including accounts of its assets, liabilities, receipts, disbursements, gains, and losses.

Section 12.03 Annual Report

The Corporation shall cause an annual report or statement to be sent to the Board of Directors not later than 120 days after the close of the fiscal year in accordance with the provisions of Sections 1500 and 1501. Such report shall contain a balance sheet as of the end of the fiscal year, an income statement and a statement of changes in financial position for such fiscal year, all prepared according to generally accepted accounting procedures, and accompanied by any report thereon of an independent accountant, or if there is no such report, a certificate of the Chief Financial Officer or Chief Executive Officer that such statements were prepared without audit from the books and records of the Corporation. The report shall also provide any information required by California Corporations Code Section 6322.

Section 12.04 Maintenance of Records and Inspection by Directors

The Corporation shall keep at its principal executive office the original or a copy of the Articles of Incorporation, Bylaws, and other records of the Corporation. Every Director shall have the absolute right at any reasonable time to inspect all books, records, and documents of every

kind and the physical properties of the Corporation and each subsidiary corporation. This inspection by a Director may be made in person or by an agent or attorney, and the right of inspection includes the right to copy and make extract of documents.

Section 12.05 Corporate Seal

The Board of Directors shall provide a corporate seal consisting of two concentric circles with the words “San Gorgonio Memorial Hospital”, and the words and figures, “INCORPORATED May 8, 1990, CALIFORNIA.”

ARTICLE 13 HOSPITAL AUXILIARY AND FOUNDATION

The Hospital Auxiliary shall be an integral part of this Corporation, and shall have no separate existence as a corporation or other unincorporated association. The Bylaws of the Hospital Auxiliary shall be approved by the Board of Directors of the Hospital. The Hospital Foundation shall be a separate and independent corporation existing for the benefit of the Hospital.

ARTICLE 14 EFFECTIVE DATE & AMENDMENT

Section 14.01 Effective Date

These Bylaws shall become effective immediately upon their adoption and shall supersede and replace all previous Bylaws of the Corporation. Amendments to these Bylaws shall become effective immediately upon their adoption.

Section 14.02 Amendment

Except as otherwise provided herein or by law, the Board may, after lawful notice to all Directors then in office, adopt, amend or repeal these Bylaws upon the majority vote of the Directors, provided a quorum is present.

CERTIFICATE OF SECRETARY

I certify that I am the duly elected and acting Secretary of SAN GORGONIO MEMORIAL HOSPITAL, and that the above Amended and Restated Bylaws, consisting of 28 pages, are the Bylaws of this Corporation as adopted by the Corporation's Board of Directors on January 4, 2022 ~~January 5, 2021~~, that they supersede all previous versions of the Bylaws for the Corporation.

Executed on January 5, 2022 ~~January 6, 2021~~, at Banning, California.

Ron Rader, Secretary

TAB F



CNO REPORT TO THE BOARD

JANUARY 2022

Patient Care Quality and Safety:

Staffing continues to be a challenge for many hospital departments, both clinical and non-clinical. We continue to have above average call-offs. We are hopeful that the reduced quarantine times will help to alleviate this situation.

State mandated covid testing for unvaccinated associates continues to be challenging and time consuming. This may become even more of a challenge when we have to begin testing vaccinated associates who have not received their booster. We were very fortunate to procure 5000 Binax antigen test cards from the county free of charge, so we have sufficient testing materials at this time.

The Allscripts task force teams continue to meet and work on priority issues. It appears that this approach will be beneficial to all. The holidays have slowed this down a little.

The work with RELIAS to upgrade CE Direct, our online education system is going well. This new version will open educational offerings to all hospital associates and simplify tracking the completion of required courses. It should be up and running in January.

We are facing a critical shortage of blood in Riverside County. Life stream, our blood bank provider has not been able to fill our requests for specific blood types, especially O positive and O negative units. We are monitoring blood usage very carefully and limiting who receives transfusions based on the clinical situation of the patient and units of blood available.

Regulatory Issues:

The unannounced TJC lab survey was conducted on December 7, 8 and 9. Survey went well. There are some RFIs (recommendations for improvement) that were made by the surveyor. We are in process of writing our 45- and 60-day plans of correction to address the issues that were identified.

TAB G

San Joaquin Memorial Hospital Board

Standing Committee Assignments for 2020

Finance Committee

Susan DiBiasi (C), Ehren Ngo, Ron Rader, Steve Rutledge, Siri Welch

Human Resources Committee

Susan DiBiasi, Joel Labha, Ron Rader (C), Steve Rutledge

Community Planning Committee

Susan DiBiasi, Joel Labha, Ron Rader (C), Steve Rutledge,
Dennis Tankersley

Executive Committee

Susan DiBiasi (C), Ron Rader, Steve Rutledge
Healthcare District representative – Ehren Ngo

Note: (C) indicates Committee Chair

TAB H

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, December 28, 2021

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, December 28, 2021. To prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this committee meeting in person. Committee members, staff members, and members of the public participated telephonically.

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

Members Absent: None

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

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair DiBiasi called the meeting to order at 9:05 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes November 30, 2021, regular meeting and the December 7, 2021, special meeting.	Susan DiBiasi asked for any changes or corrections to the minutes of the November 30, 2021, regular meeting and the December 7, 2021, special meeting. There were none.	The minutes of the November 30, 2021, regular meeting and the December 7, 2021, special meeting minutes will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
<p>Overview of Agenda Items</p>	<p>Dan Heckathorne, CFO, provided a brief written overview of the agenda items that will be discussed, including the updated Self Pay and Charity Care Policy.</p>													
<p>Proposed Action – Recommend Approval to Hospital Board of Directors – Updated Self Pay and Charity Care Policy</p>	<p>Dan discussed the changes that have been made to the Self Pay and Charity Care Policy. Per California statute, the main change is to increase the “partial free care” Charity Care guidelines for Family Income from 350% to 400% of Federal Poverty Guidelines.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="394 695 1219 810"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td></td> <td></td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Welch	Yes			<p>M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the Updated Self Pay and Charity Care Policy to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Yes											
Rader	Yes	Rutledge	Yes											
Welch	Yes													
<p>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – November 2021</p>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited November 2021 finance report as included in the board packets.</p> <p>Mr. Heckathorne reported that EBIDA for the month of November had a \$1.32M loss compared to a budgeted loss of \$1.38M. Adjustments and unusual items that occurred during the month of November include unusually low workloads, however, they were up from the low in the month of October. Adjusted Patient Days and Patient Days were under budget. Emergency Visits (3,268 vs. 3,090) were over budget while Surgeries (88 vs. 90) were under budget.</p> <p>A glossary of terms was included for individuals to read through so that they gain a better understanding of the terms and acronyms used in the executive summary, the new dashboard, and throughout the unaudited financial statement.</p> <p>It was noted that approval is recommended to the Hospital Board.</p> <p>Committee member, Ron Rader, inquired about the FY21 Financial Audit final sign off from Partner, Jeff Johnson with Wipfli LLP. Dan Heckathorne and Steve Barron reported that the FY21 Financial Audit received final approval from the Healthcare District Board contingent upon the final sign off from Partner, Jeff Johnson, with Wipfli LLP. Jeff Johnson signed off on the FY21 Financial Audit as he had no changes.</p>	<p>M.S.C. (Rader/Welch), the SGMH Finance Committee voted to recommend approval of the Unaudited November 2021 Financial report to the Hospital Board of Directors.</p>												

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
	<p>ROLL CALL:</p> <table border="1" data-bbox="394 327 1221 445"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Welch</td> <td>Yes</td> <td></td> <td></td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Welch	Yes			
DiBiasi	Yes	Ngo	Yes											
Rader	Yes	Rutledge	Yes											
Welch	Yes													
Future Agenda Items	None													
Next Meeting	The next regular Finance Committee meeting will be held on January 25, 2022.													
Adjournment	The meeting was adjourned 10:04 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



SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA

Unaudited Financial Statements

for

FIVE MONTHS ENDING NOVEMBER 30, 2021

Certification Statement:

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

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

CFO

San Gorgonio Memorial Hospital

Financial Report - Executive Summary

For the Month of November 2021 and Five Months Ended November 30, 2021 (Unaudited)

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

The month of November had a \$1.32M loss in Earnings before Interest, Depreciation and Amortization (EBIDA) compared to a budgeted loss of \$1.38M.

YTD – There was a \$6.77M loss in Earnings before Interest, Depreciation and Amortization (EBIDA) compared to a budgeted loss of \$6.49M.

Month – Adjustments/unusual items: November's inpatient workloads were up from the low in October, however they were still unusually low, both compared to budget and to previous year's volumes. Adjusted Patient Days were 1,808 vs. 2,106 budgeted and down from the 1,860 in October. Patient Days were 29% under budget (732 vs. 1,027). Emergency Visits were over budget (3,268 vs. 3,090), and Surgeries were slightly under budget (88 vs. 90).

YTD – Overall workloads are as follows: Adjusted Patient Days = 10,094 vs. 10,582 budgeted (-4.6%); Patient Days = 4,237 vs. 5,021 budgeted (-15.6%); Emergency Visits = 17,119 vs. 15,869 (+7.9%), and Surgeries were 561 vs. 419 (+34%). EBIDA results are now only \$284K under budget, impacted by Operating Revenues being \$241K under budget, while Operating Expenses were \$43K under budget.

Patient Revenues (MTD) Positive & YTD Negative

Month - The Net Patient Revenue in November was \$5.15M compared to the budgeted \$4.94M. There was an estimated increase in managed care contracted revenues of \$213K in November which helped add to the Net Revenues.

YTD – Net Patient Revenue through November was \$24M compared to the budgeted \$24.1M. The increase in managed care contracted revenue since September has been estimated at \$494K.

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

Month – Operating Revenue in November was \$454K over budget. Key variances causing Other Revenues to be over budget were 1) booking of CARES Act Revenues of \$58,553 for a Rural Health Payment plus \$383,125 for HRSA Phase 4 funding. Other negative impacts were from delay of booking DSH income (\$83K) until the final audit results are available, and 2) miscellaneous revenues were below budget in the month due to less than projected Physical Therapy Joint Venture SWB reimbursement and other covid-related grants which were experienced in the previous year.

YTD – Operating Revenue was \$241K under budget impacted by the Net Patient Revenues being \$99K under budget and Other Revenues were \$142K under budget.

Operating Expenses (MTD) Negative & (YTD) Negative

Month - Operating Expenses in November were \$7.4M and were over budget by \$391K. Some categories of Expenses were under budget due to the lower workload volumes. Notable items impacting the budget were as follows: 1) Salaries were \$158K over budget, impacted by the holiday pay; 2) Purchased Services were over budget by \$165K, which was impacted by variances in legal fees (\$41K), audit fees (\$10K), Imaging repairs (\$26K), and Allscripts/Navigant due to much higher collections in recent months (\$80K). 3) Supplies were \$215K over budget including Lab (\$168K), Emergency (\$10K), various nursing units (\$27K), and I/T (\$11K). 4) Other Expenses were \$147K below budget, which continues to reflect everyone continuing to take a conservative approach on all costs including dues and subscriptions, outside travel, and education costs. 5) Rents and Leases were \$53K below budget, which includes the delay in the startup of the surgical robotics program (\$25K) and conversion of a portion of telemetry monitors to actual purchases.

YTD – Variances include: 1) Salaries and Employee Benefits were under budget (\$145K and \$114K respectively) primarily to lower than expected patient days; 2) Contract Labor was over budget by \$192K due to shortage of nurses and the covid surge; 3) Physician Fees were \$95K over budget, with the main variance related to the additional Anesthesia coverage costs; 4) Purchased Services were \$114K below budget with key favorable variances for legal fees (\$60K) and dialysis (\$80K). 5) Supplies were over budget by \$856K, largely due to the covid surge in August and residual purchases variances of \$326K made in September, along with high lab costs in November (\$168K; 6) Repairs were over budget by \$96K, which included accelerated repairs made on emergency doors and negative pressure rooms; 7) Other Expenses were \$577K below budget as generally everyone is taking a conservative approach toward many projects during this year, including dues and subscriptions (\$101K), outside Education (\$68K), and travel (\$45K); and 8) Leases and Rentals were \$262K below budget, of which \$202K was impacted by the exclusion of leasing telemetry monitors along with the delay in the surgical robotics lease.

Balance Sheet/Cash Flow

Patient cash collections in November were \$5.4M, which is much higher than any month in FY 2021 (monthly average = \$3.7M) and also above the FY 2022 monthly average of \$4.6M. Cash balances as of November 30 were \$2.9M, up from \$2.3M in October, however, the line of credit balance was increased to \$8M at the end of the month and Accounts Payable increased by \$1.3M from October. Net Accounts Receivables increased slightly by \$269K from October. Note: yesterday (December 21st) we received the first of two Rate Range payments which were expected to be received this month.

Concluding Summary

Positive takeaways:

- 1) Patient cash collections continued to be very good.
- 2) The 3,284 E/R visits averaged 109 per day, or slightly over the 103 budgeted visits.
- 3) The favorable Operating Revenues helped exceed the EBIDA projection by \$63K.

Negative takeaways:

- 1) Patient Discharges and Patient Days were significantly under budget.
- 2) Supplies costs continue to be high.

Dashboard Items:

Included in the November Financial Reports are the Dashboard reports along with descriptions of the various measurements grouped as follows.

- 1) Workload Statistics and Productivity Measurements
- 2) Operating Revenues, Expenses, and EBIDA
- 3) Balance Sheet Items

The trending information includes monthly averages (or actual year-end data as appropriate) for the previous 4 fiscal years, and the last element of data includes the current monthly data elements starting in the month of July for the new 2021/22 year.

STATISTICS

Inpatient Admissions/Discharges (Monthly Average)

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

Patient Days (Monthly Average)

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

Average Daily Census (Inpatient)

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

Average Length of Stay (Inpatient)

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

Emergency Visits (Monthly Average)

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

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

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

G.I. Cases (Monthly)

Number of patients who had a gastrointestinal exam performed.

Newborn Deliveries (Monthly)

Number of babies delivered.

PRODUCTIVITY

Worked FTEs (includes Registry FTEs)

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

Worked FTEs per APD

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

Paid FTEs (includes Registry FTEs)

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

Paid FTEs per APD

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

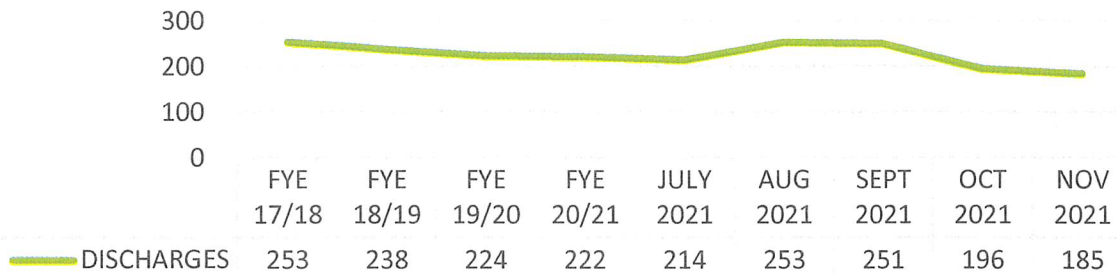
ADJUSTED PATIENT DAYS

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

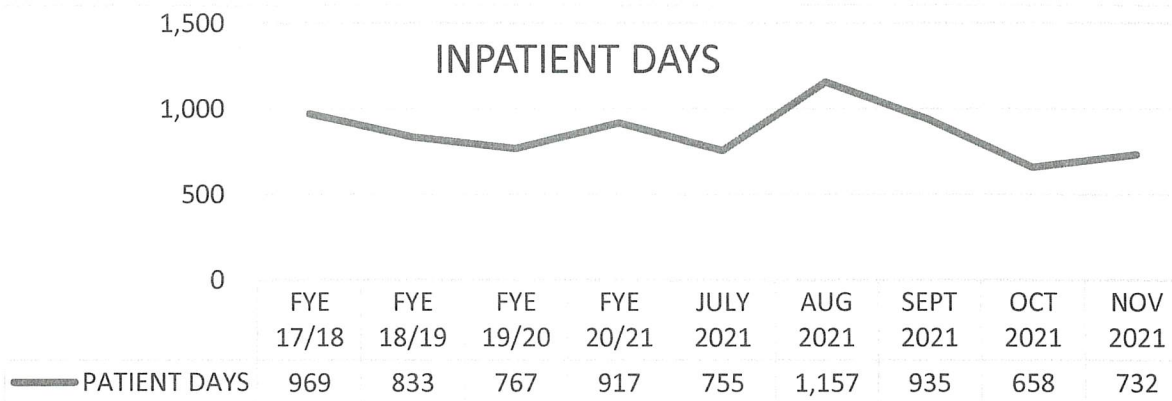
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SAN GORGONIO MEMORIAL HOSPITAL

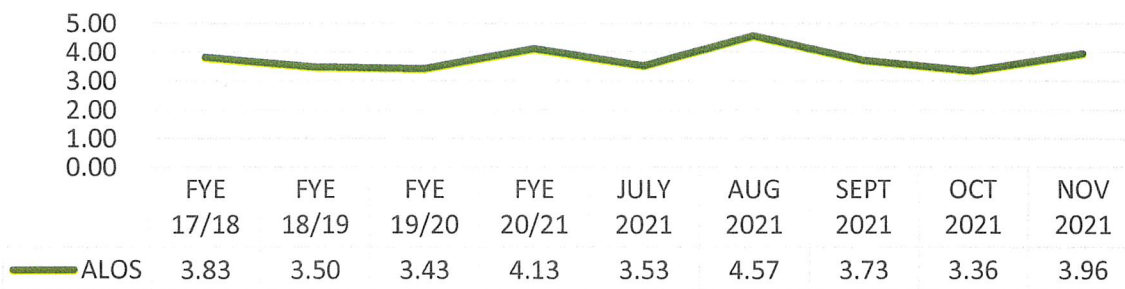
INPATIENT DISCHARGES



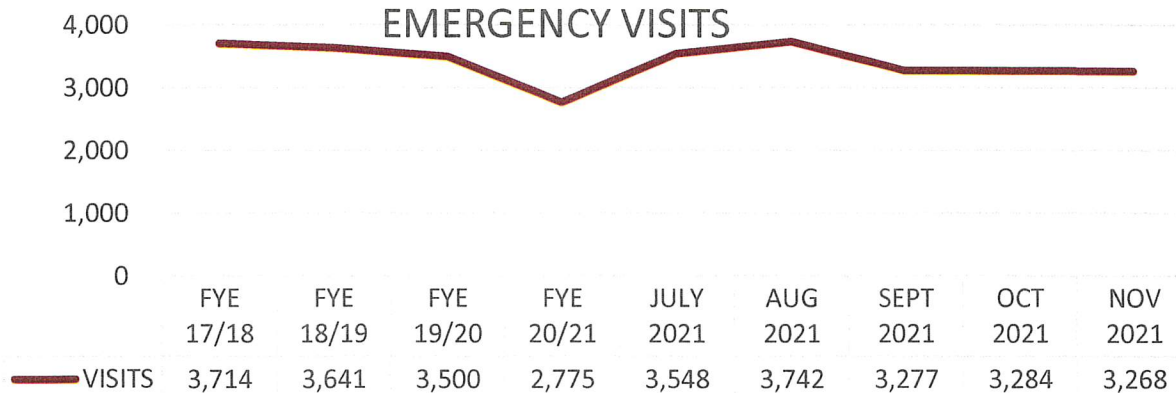
INPATIENT DAYS



AVERAGE LENGTH OF STAY

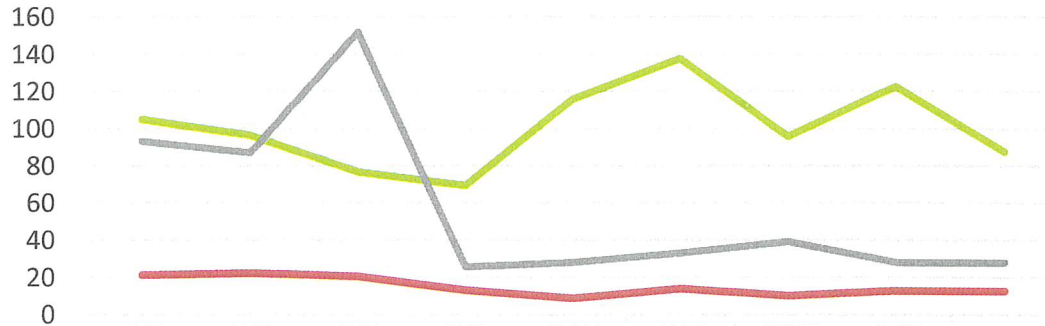


EMERGENCY VISITS



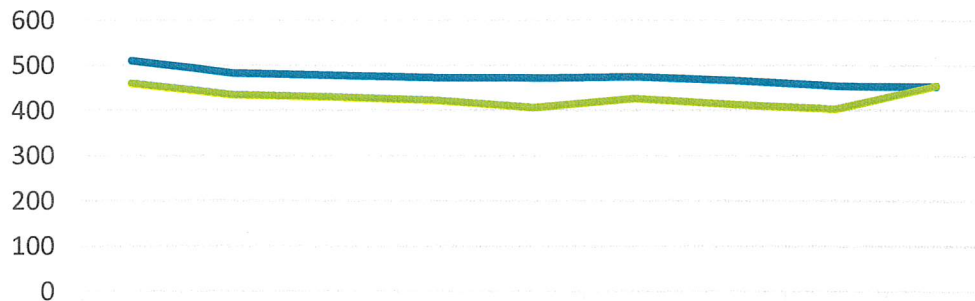
SAN GORGONIO MEMORIAL HOSPITAL

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



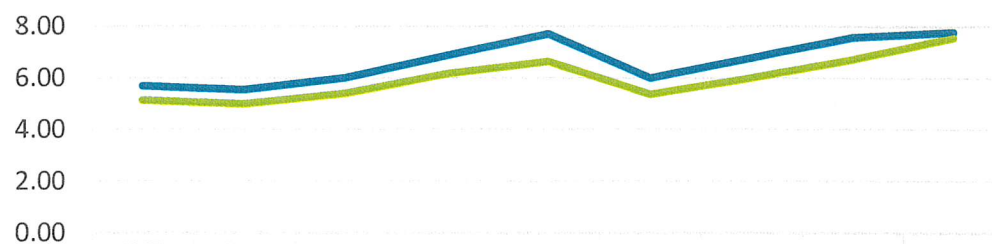
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021
— SURGERIES	105	97	77	70	116	138	96	123	88
— G.I. CASES	93	87	152	26	28	33	39	28	28
— DELIVERIES	21	22	21	13	9	14	10	13	13

PAID & WORKED FTE'S



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY, 2021	AUG., 2021	SEPT., 2021	OCT., 2021	NOV, 2021
— PAID FTE'S	511	484	479	474	473	476	468	455	455
— WORKED FTE'S	461	436	431	425	408	428	414	404	457

PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	JULY 2021	AUG 2021	SEPT 2021	OCT 2021	NOV 2021
— PAID FTES / APD	5.69	5.55	6.01	6.89	7.72	6.00	6.79	7.59	7.81
— WORKED FTES / APD	5.13	5.00	5.41	6.18	6.66	5.39	6.01	6.74	7.58

3-C

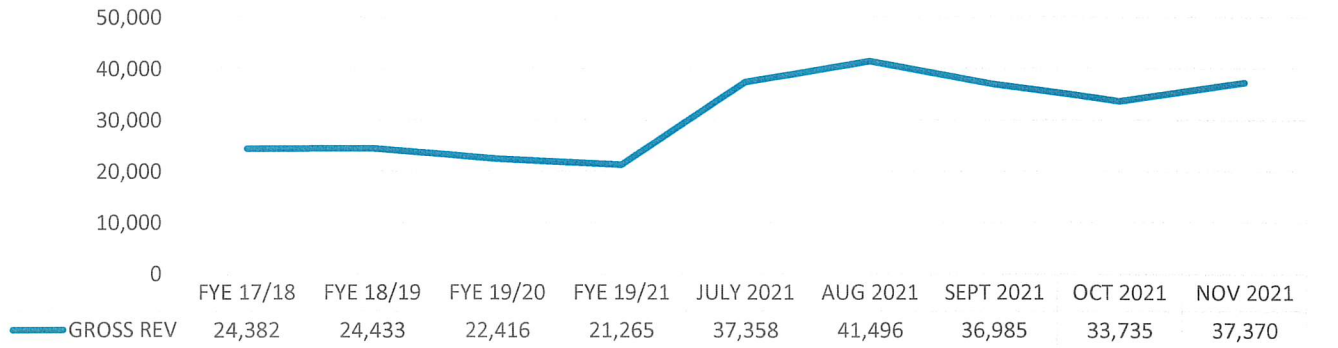
INCOME STATEMENT

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

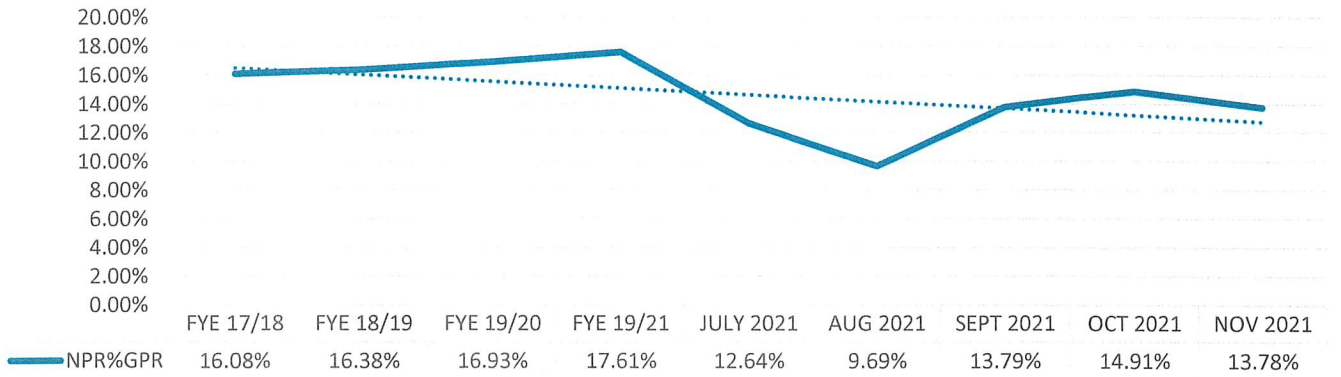
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SAN GORGONIO MEMORIAL HOSPITAL

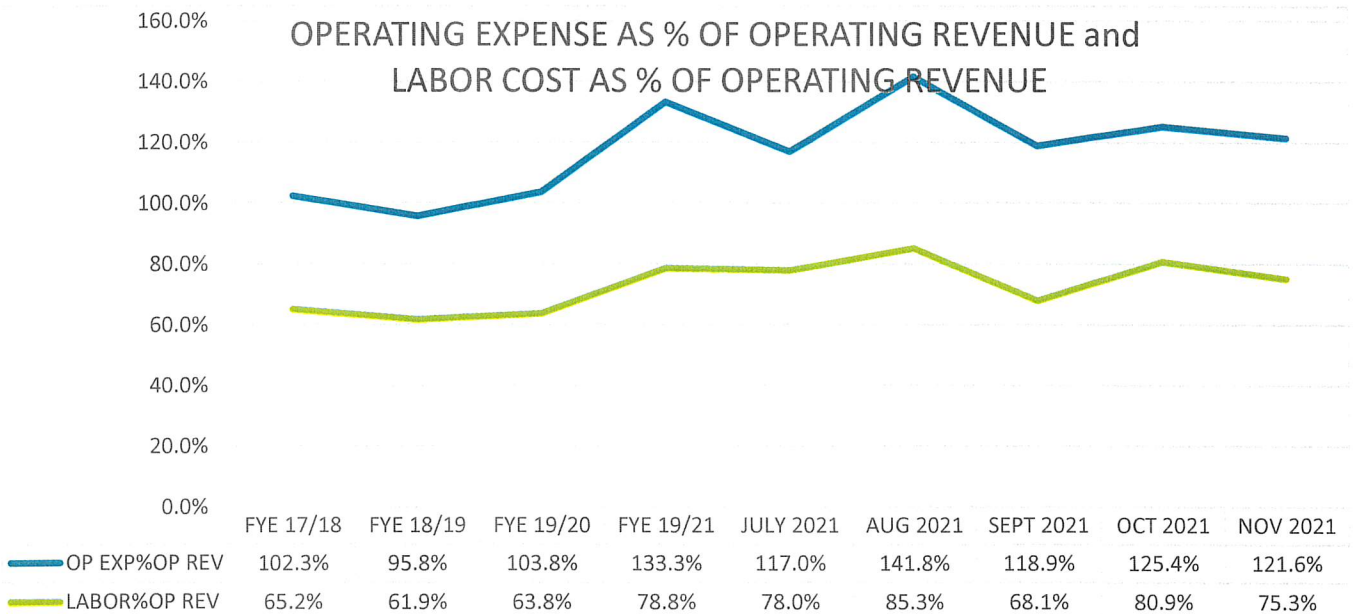
GROSS PATIENT REVENUE



NET PATIENT REVENUE AS % OF GROSS



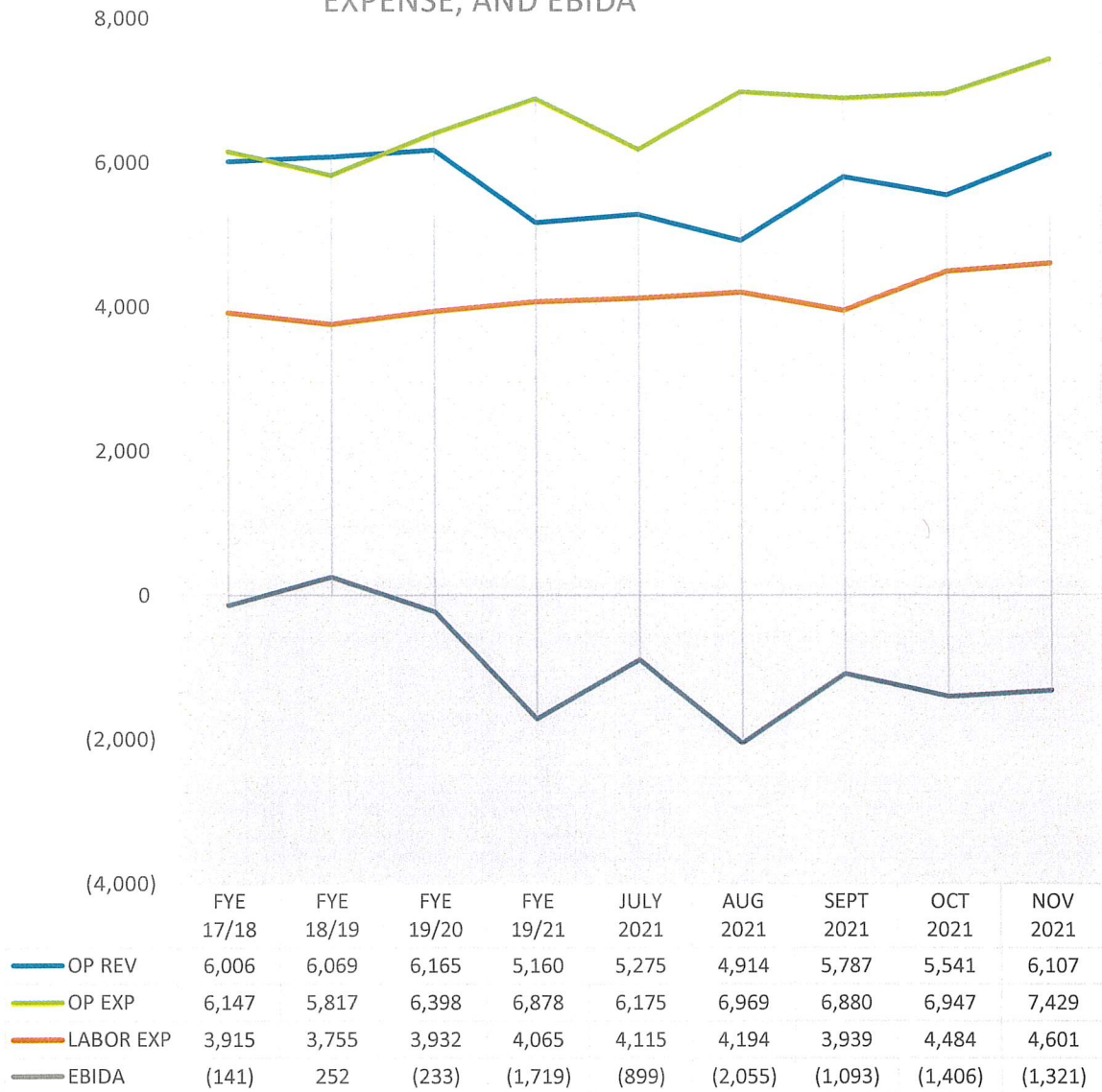
OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



3-E

SAN GORGONIO MEMORIAL HOSPITAL

OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



3-F

BALANCE SHEET (Period End)

Cash (000's)

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

Days Cash on Hand

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

Accounts Receivable - Net (000's)

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

A/R Days - Net

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

Current Ratio (Current Assets/Current Liabilities)

A measure that illustrates the ability for the hospital to pay its obligations that come due over the course of the next year. The greater the Current Assets as compared to the Current Liabilities, the stronger position the organization is in to pay its upcoming obligations. Desired position is greater than 1:00 to 1:00, preferably at least 1:25 to 1:00 or greater.

Quick Ratio

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

Accounts Payable (000's)

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

Accounts Payable Days

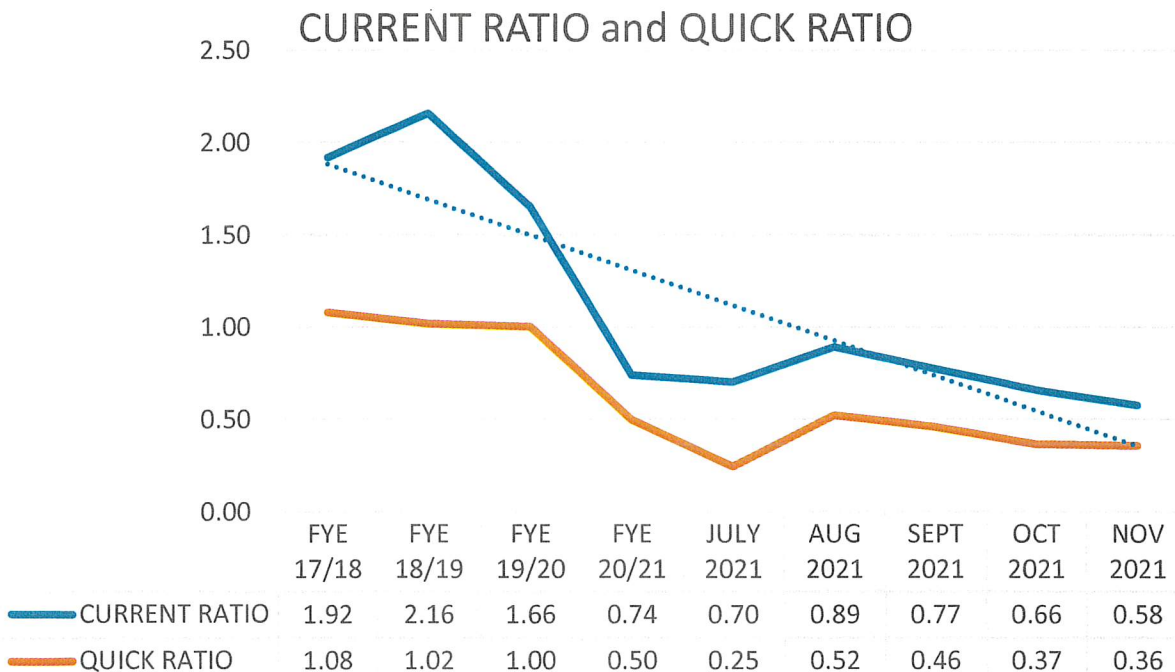
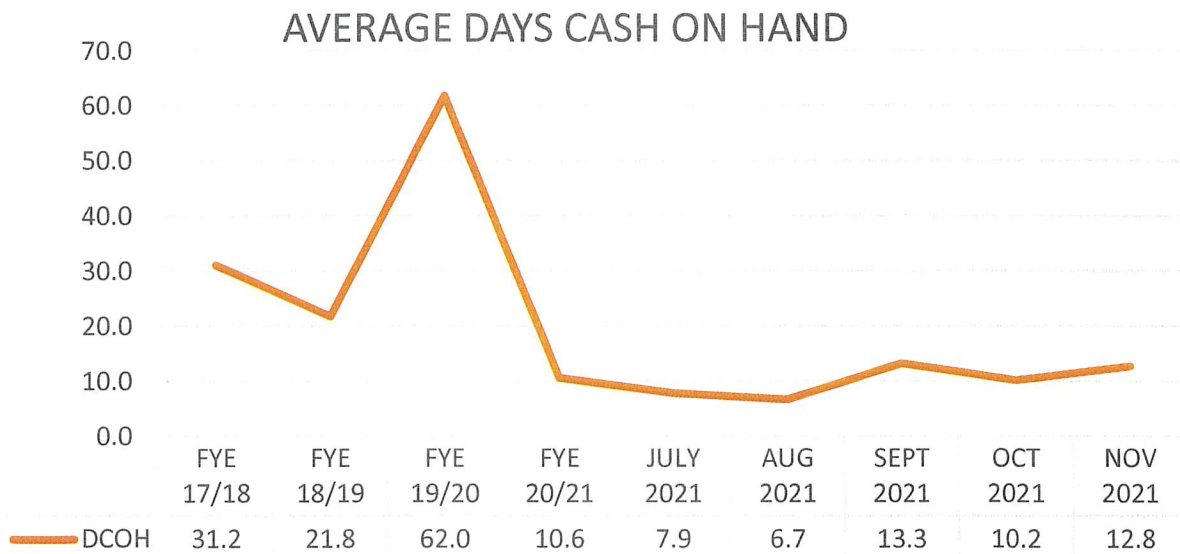
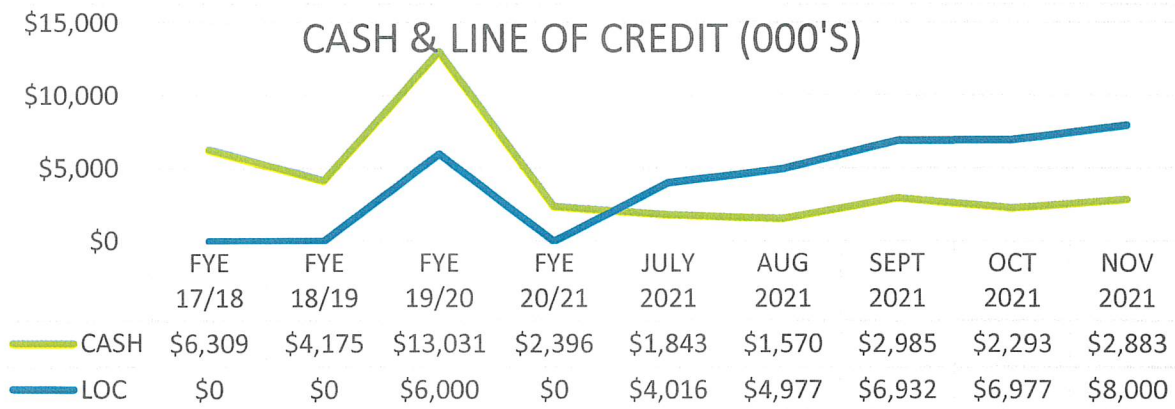
Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.

Line of Credit Balance (000's)

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

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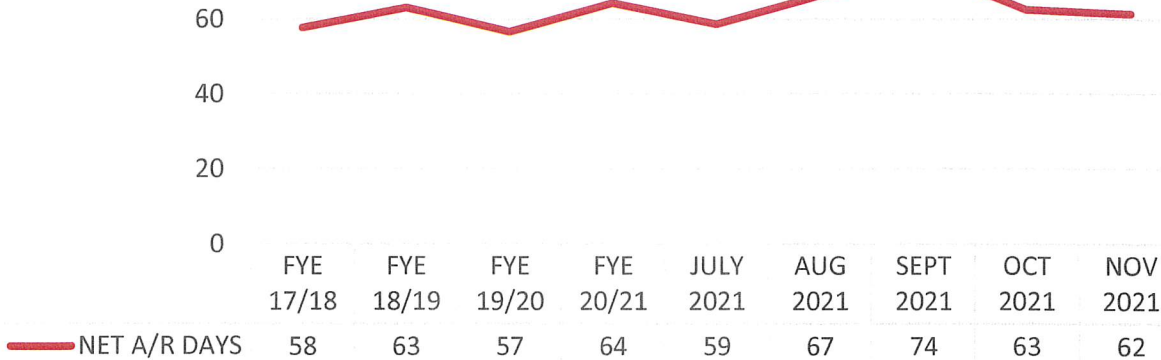
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NET ACCOUNTS RECEIVABLE (000'S)



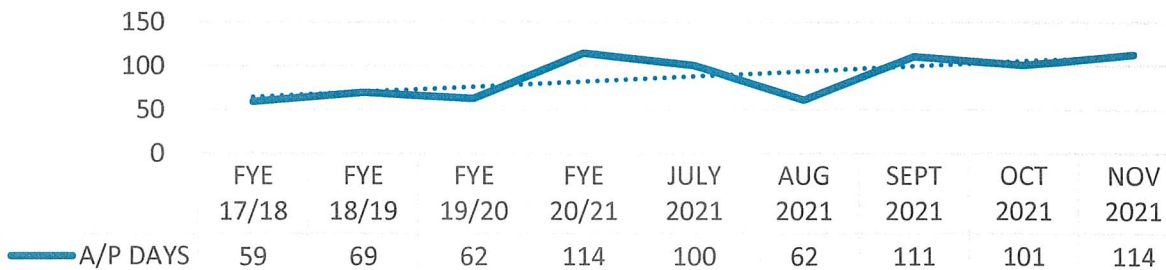
AVE. DAYS OF COLLECTIONS IN NET A/R



ACCOUNTS PAYABLE (000'S)



AVERAGE DAYS IN ACCOUNTS PAYABLE (000'S)



SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
FIVE MONTHS ENDING NOVEMBER 30, 2021

BALANCE SHEET

	YTD	Prior FYE
	11/30/2021	6/30/2021
ASSETS		
[1] Current Assets	\$ 17,848,360	\$ 14,763,567
[2] Assets Whose Use is Limited	6,801,423	15,999,821
[3] Property, Plant & Equipment (Net)	75,499,553	77,860,175
[4] Other Assets	632,562	1,320,339
[5] Total Unrestricted Assets	100,781,898	109,943,902
[6] Restricted Assets	0	0
[7] Total Assets	\$ 100,781,898	\$ 109,943,902
LIABILITIES AND NET ASSETS		
[8] Current Liabilities	\$30,855,413	\$22,077,546
[9] Long-Term Debt	103,439,103	105,992,009
[10] Other Long-Term Liabilities	0	0
[11] Total Liabilities	\$ 134,294,516	\$ 128,069,555
[12] Net Assets	\$ (33,512,617)	\$ (18,125,653)
[13] Total Liabilities and Net Assets	\$ 100,781,898	\$ 109,943,902

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
FIVE MONTHS ENDING NOVEMBER 30, 2021

KEY STATISTICS AND RATIOS						
	10/31/21 ACTUAL FY 22	11/30/21 ACTUAL FY 22	11/30/21 BUDGET FY 22	2022 YTD FY 22	2021 YR END TOTAL FY 21	
[1] Total Acute Patient Days	658	732	1,027	4,237	11,008	
[2] Average Daily Census	21.2	24.4	34.2	27.7	30.2	
[3] Average Acute Length of Stay	3.4	4.0	4.4	3.9	4.1	
[4] Patient Discharges	196	185	235	1,099	2,667	
[5] Observation Days	233	252	238	1,263	2,512	
[6] Total Emergency Room Visits	3,284	3,268	3,090	17,119	33,299	
[7] Average ED Visits Per Day	106	109	103	112	91	
[9] Total Surgeries	123	88	90	561	837	
[10] Deliveries/Births	13	13	21	59	158	

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
FIVE MONTHS ENDING NOVEMBER 30, 2021

	DISTRICT ONLY	COMBINED		CURRENT MONTH		Prior Yr Mo Actual 11/30/20
		Actual 11/30/21	Actual 11/30/21	Budget 11/30/21	Positive (Negative) Variance	
Gross Patient Revenue						
[1] Inpatient Revenue	\$ -	\$ 18,051,448	\$ 19,834,409	\$ (1,782,961)	-9.9%	\$ 10,570,646
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-	\$ -
[3] Outpatient Revenue	-	19,318,269	20,865,969	(1,547,700)	-8.0%	\$ 11,169,035
[4] Long Term Care Revenue	-	-	-	-	-	\$ -
[5] Home Health Revenue	-	-	-	-	-	\$ -
[6] Total Gross Patient Revenue	\$ -	\$ 37,369,717	\$ 40,700,378	\$ (3,330,661)	-8.9%	\$ 21,739,682
Deductions From Revenue						
[7] Discounts and Allowances	-	(30,704,377)	(34,845,608)	\$ 4,141,230	-13.5%	\$ (15,586,264)
[8] Bad Debt Expense	-	(1,418,564)	(850,000)	(568,564)	40.1%	\$ (2,245,482)
[9] Prior Year Settlements	-	-	(1)	1	-	\$ -
[10] Charity Care	-	(97,440)	(58,333)	(39,107)	40.1%	\$ (103,486)
[11] Total Deductions From Revenue	-	(32,220,382)	(35,753,942)	\$ 3,533,560	-11.0%	(17,935,232)
[12]		-86.2%	-88%			82%
[13] Net Patient Revenue	\$ -	\$ 5,149,335	\$ 4,946,436	\$ 202,899	3.9%	\$ 3,804,449
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	-	441,125	-	\$ 441,125	100.0%	\$ -
[15] Grants & Other Op Revenues	-	132,041	300,191	(168,150)	-127.3%	\$ 284,546
[16] Clinic Net Revenues	-	-	-	-	-	\$ -
[17] Tax Subsidies Measure D	233,333	233,333	239,583	(6,250)	-2.7%	\$ 188,750
[18] Tax Subsidies Prop 13	150,000	150,000	166,667	(16,667)	-11.1%	\$ 113,740
[19] Tax Subsidies County Supplemental Funds	-	1,523	-	1,523	100.0%	\$ 508
Non- Patient Revenue	\$ 383,333	\$ 958,021	\$ 706,441	\$ 251,580	26.3%	\$ 587,543
Total Operating Revenue	\$ 383,333	\$ 6,107,356	\$ 5,652,877	\$ 454,479	7.4%	\$ 4,391,992
Operating Expenses						
[20] Salaries and Wages	-	3,731,115	3,572,642	\$ (158,473)	-4.2%	\$ 3,482,030
[21] Fringe Benefits	-	806,996	773,851	(33,146)	-4.1%	\$ 857,813
[22] Contract Labor	-	62,832	69,272	6,441	10.3%	\$ 140,066
[23] Physicians Fees	-	343,587	340,810	(2,777)	-0.8%	\$ 350,109
[24] Purchased Services	-	1,034,039	868,853	(165,186)	-16.0%	\$ 618,664
[25] Supply Expense	-	1,033,756	818,308	(215,448)	-20.8%	\$ 754,270
[26] Utilities	1,750	83,919	94,416	10,497	12.5%	\$ 103,277
[27] Repairs and Maintenance	9,079	89,547	55,920	(33,627)	-37.6%	\$ 54,418
[28] Insurance Expense	-	115,494	115,494	0	0.0%	\$ 138,134
[29] All Other Operating Expenses	-	46,020	193,338	147,318	320.1%	\$ 235,131
[30] Supplemental and Grant Expense	-	-	0	-	0.0%	\$ -
[31] Leases and Rentals	-	81,362	134,381	53,020	65.2%	\$ 24,647
[32] Clinic Expense	-	-	0	-	0.0%	\$ 28,832
[33] Total Operating Expenses	\$ 10,829	\$ 7,428,666	\$ 7,037,286	\$ (391,380)	-5.3%	\$ 6,787,391
[34] EBIDA	\$ 372,504	\$ (1,321,310)	\$ (1,384,409)	\$ 63,099	-4.8%	\$ (2,395,398)
Interest Expense and Depreciation						
[35] Depreciation	504,865	504,865	494,658	\$ (10,207)	-2.0%	\$ 494,658
[36] Interest Expense and Amortization	360,619	421,092	431,460	10,368	2.5%	\$ 861,209
[37] Total Interest & depreciation	865,484	925,957	926,118	161	0.0%	1,355,867
Non-Operating Revenue:						
[38] Contributions & Other	1,523	173	75,000	(74,827)	-43155.1%	\$ 77,884
[39] Tax Subsidies for GO Bonds - M-A	613,966	613,966	666,667	(52,701)	-8.6%	\$ 1,194,883
[40] Total Non Operating Revenue/(Expense)	615,488	614,139	741,667	\$ (127,528)	-20.8%	1,272,767
[41] Total Net Surplus/(Loss)	\$ 122,508	\$ (1,633,128)	\$ (1,568,860)	\$ (64,268)	3.9%	\$ (2,478,498)
[42] Extra-ordinary loss on Financing	-	-	-	-	-	\$ -
[43] Increase/(Decrease in Unrestricted Net Assets)	\$ 122,508	\$ (1,633,128)	\$ (1,568,860)	\$ (64,268)	3.9%	\$ (2,478,498)
[44] Total Profit Margin	31.96%	-26.74%	-27.75%			-56.43%
[45] EBIDA %	97.18%	-21.63%	-24.49%			-54.54%

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
FIVE MONTHS ENDING NOVEMBER 30, 2021

		YEAR-TO-DATE						
		DISTRICT ONLY				Positive	Percentage	PRIOR YTD
		Actual	Actual	Budget	(Negative)	Variance		11/30/20
		11/30/21	11/30/21	11/30/21	Variance			
Gross Patient Revenue								
[1]	Inpatient Revenue	\$ -	\$ 83,540,971	\$ 96,925,971	\$ (13,385,000)	-16.0%	\$ 38,877,813	
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	-	-	
[3]	Outpatient Revenue	-	103,402,964	\$ 106,809,582	(3,406,617)	-3.3%	60,818,961	
[4]	Long Term Care Revenue	-	-	-	-	-	-	
[5]	Home Health Revenue	-	-	-	-	-	-	
[6]	Total Gross Patient Revenue	\$ -	\$ 186,943,935	\$ 203,735,553	\$ (16,791,618)	-9.0%	\$ 99,696,774	
Deductions From Revenue								
[7]	Discounts and Allowances	-	(155,668,085)	\$ (175,072,687)	\$ 19,404,602	12.5%	(72,743,979)	
[8]	Bad Debt Expense	-	(6,836,185)	\$ (4,250,000)	(2,586,185)	-37.8%	(6,214,138)	
[9]	Prior Year Settlements	-	-	\$ -	-	-	-	
[10]	Charity Care	-	(417,704)	\$ (291,667)	(126,037)	-30.2%	(345,138)	
[11]	Total Deductions From Revenue	-	(162,921,974)	(179,614,354)	\$ 16,692,380	10.2%	\$ (79,303,256)	
[12]			87.2%	-88.2%			80%	
[13]	Net Patient Revenue	\$ -	\$ 24,021,961	\$ 24,121,199	\$ (99,238)	-0.4%	\$ 20,393,518	
Non Patient Operating Revenues								
[14]	IGT/DSH Revenues	-	936,173	\$ 220,000	\$ 716,173	76.5%	6,583,984	
[15]	Grants & Other Op Revenues	-	743,043	\$ 1,500,955	(757,912)	-102.0%	1,162,039	
[16]	Clinic Net Revenues	-	-	\$ -	-	-	64,145	
[17]	Tax Subsidies Measure D	1,166,665	1,166,665	\$ 1,197,917	(31,252)	-2.7%	943,750	
[18]	Tax Subsidies Prop 13	750,000	750,000	\$ 833,333	(83,333)	-11.1%	568,700	
[19]	Tax Subsidies County Supplemental Funds	-	14,719	\$ -	14,719	100.0%	6,090	
	Non- Patient Revenue	\$ 1,916,665	\$ 3,610,600	\$ 3,752,205	\$ (141,605)	-3.9%	\$ 9,328,708	
	Total Operating Revenue	\$ 1,916,665	\$ 27,632,561	\$ 27,873,405	\$ (240,843)	-0.9%	\$ 29,722,226	
Operating Expenses								
[20]	Salaries and Wages	-	16,903,712	\$ 17,048,761	\$ 145,049	0.9%	16,429,680	
[21]	Fringe Benefits	-	3,923,868	\$ 4,037,671	113,803	2.9%	4,534,963	
[22]	Contract Labor	-	512,791	\$ 321,034	(191,757)	-37.4%	454,972	
[23]	Physicians Fees	-	1,776,655	\$ 1,681,208	(95,448)	-5.4%	2,006,474	
[24]	Purchased Services	122,030	4,225,313	\$ 4,338,685	113,372	2.7%	3,774,183	
[25]	Supply Expense	-	4,867,928	\$ 4,012,308	(855,620)	-17.6%	3,701,303	
[26]	Utilities	10,175	492,064	\$ 483,909	(8,154)	-1.7%	480,353	
[27]	Repairs and Maintenance	46,563	373,965	\$ 278,101	(95,864)	-25.6%	315,320	
[28]	Insurance Expense	-	584,706	\$ 577,471	(7,235)	-1.2%	549,648	
[29]	All Other Operating Expenses	-	386,045	\$ 962,718	576,673	149.4%	246,787	
[30]	Supplimental and Grant Expense	-	-	\$ -	-	0.0%	-	
[31]	Leases and Rentals	-	359,650	\$ 621,907	262,257	72.9%	308,484	
[32]	Clinic Expense	-	-	\$ -	-	0.0%	291,461	
[33]	Total Operating Expenses	\$ 178,768	\$ 34,406,696	\$ 34,363,772	\$ (42,924)	-0.1%	\$ 33,093,628	
[34]	EBIDA	\$ 1,737,897	\$ (6,774,135)	\$ (6,490,368)	\$ (283,767)	4.2%	\$ (3,371,401)	
Interest Expense and Depreciation								
[35]	Depreciation	2,524,325	2,524,325	\$ 2,473,291	\$ (51,034)	-2.0%	2,473,291	
[36]	Interest Expense and Amortization	1,802,018	1,960,794	\$ 2,157,298	196,504	10.0%	2,144,443	
[37]	Total Interest & depreciation	4,326,343	4,485,119	4,630,589	145,470	3.2%	4,617,734	
Non-Operating Revenue:								
[38]	Contributions & Other	37,545	24,749	\$ 375,000	(350,251)	-1415.2%	80,282	
[39]	Tax Subsidies for GO Bonds - M-A	3,069,828	3,069,828	\$ 3,333,333	(263,505)	-8.6%	3,584,650	
[40]	Total Non Operating Revenue/(Expense)	3,107,373	3,094,577	3,708,333	(613,756)	-19.8%	3,664,932	
[41]	Total Net Surplus/(Loss)	\$ 518,927	\$ (8,164,677)	\$ (7,412,624)	\$ (752,054)	9.2%	\$ (4,324,203)	
[42]	Extra-ordinary loss on Financing	-	-	-	-	-	-	
[43]	Increase/(Decrease in Unrestricted Net Assets	\$ 518,927	\$ (8,164,677)	\$ (7,412,624)	\$ (752,054)	9.2%	\$ (4,324,203)	
[44]	Total Profit Margin	27.07%	-29.55%	-26.59%			-14.55%	
[45]	EBIDA %	90.67%	-24.52%	-23.29%			-11.34%	

Balance Sheet - Assets

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

FIVE MONTHS ENDING NOVEMBER 30, 2021

	DISTRICT ONLY		
	Current Month 11/30/2021	Current Month 11/30/2021	Prior Year End 6/30/2021
Current Assets			
[1] Cash and Cash Equivalents	\$525,953	\$2,882,627	\$ 1,763,843
[2] Gross Patient Accounts Receivable	\$0	\$84,279,994	58,800,003
[3] Less: Bad Debt and Allowance Reserves	\$0	(\$76,071,701)	(50,860,772)
[4] Net Patient Accounts Receivable	\$0	\$8,208,292	7,939,231
[5] Taxes Receivable	\$4,981,948	\$5,643,014	99,170
[6] Other Receivables	\$0	\$3,041,054	1,609,566
[7] Inventories	\$0	\$1,950,160	1,830,192
[8] Prepaid Expenses	\$126,169	\$927,581	21,540
[9] Due From Third Party Payers	\$0	(\$1,206,984)	598,026
[10] Malpractice Receivable	\$0	\$0	-
[11] Supplemental Receivables	\$0	(\$3,597,384)	902,000
Total Current Assets	5,634,070	17,848,360	\$ 14,763,567
Assets Whose Use is Limited			
[12] Cash			
[13] Investments			
[14] Bond Reserve/Debt Retirement Fund	\$6,775,196	\$6,801,423	15,999,821
[15] Trustee Held Funds			
[16] Funded Depreciation			
[17] Board Designated Funds			
[18] Other Limited Use Assets			
Total Limited Use Assets	6,775,196	6,801,423	\$ 15,999,821
Property, Plant, and Equipment			
[19] Land and Land Improvements	\$4,828,182	\$4,828,182	\$ 4,828,182
[20] Building and Building Improvements	\$129,281,491	\$129,281,491	129,257,409
[21] Equipment	\$26,710,049	\$26,710,049	26,562,627
[22] Construction In Progress	\$291,444	\$291,444	299,244
[23] Capitalized Interest			
[24] Gross Property, Plant, and Equipment	161,111,166	161,111,166	160,947,462
[25] Less: Accumulated Depreciation	(\$85,611,612)	(\$85,611,612)	(83,087,287)
[26] Net Property, Plant, and Equipment	75,499,553	75,499,553	\$ 77,860,175
Other Assets			
[27] Unamortized Loan Costs	\$632,562	\$632,562	\$ 728,520
[28] Assets Held for Future Use		\$0	
[29] Investments in Subsidiary/Affiliated Org.	\$17,362,213	\$0	591,819
[30] Other			
[31] Total Other Assets	17,994,775	632,562	\$ 1,320,339
[32] TOTAL UNRESTRICTED ASSETS	105,903,595	100,781,898	\$ 109,943,902
Restricted Assets			
	0	0	0
[33] TOTAL ASSETS	\$105,903,595	\$100,781,898	\$ 109,943,902

Balance Sheet - Liabilities and Net Assets

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

FIVE MONTHS ENDING NOVEMBER 30, 2021

	DISTRICT ONLY		
	Current Month 11/30/2021	Current Month 11/30/2021	Prior Year End 6/30/2021
Current Liabilities			
[1] Accounts Payable	\$ 382,407	\$ 10,594,297	\$ 9,285,913
[2] Notes and Loans Payable (Line of Credit)	-	8,000,000	16,391
[3] Accounts Payable- Construction	-	-	-
[4] Accrued Payroll Taxes	-	7,162,594	5,565,216
[5] Accrued Benefits	-	-	-
[6] Accrued Benefits Current Portion	-	-	-
[7] Other Accrued Expenses	-	-	-
[8] Accrued GO Bond Interest Payable	1,474,489	1,474,489	2,484,778
[9] Stimulus Advance	-	911,687	2,336,777
[10] Due to Third Party Payers (Settlements)	-	-	-
[11] Advances From Third Party Payers	-	-	-
[12] Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	2,335,000
[13] Current Portion of LTD (Leases)	-	-	-
[14] Other Current Liabilities	-	377,346	53,471
Total Current Liabilities	4,191,896	30,855,413	22,077,546
Long Term Debt			
[15] Bonds/Mortgages Payable (net of Cur Portion)	103,124,103	\$103,124,103	\$ 105,677,009
[16] Leases Payable (net of current portion)	\$315,000	\$315,000	\$315,000
[17] Total Long Term Debt (Net of Current)	103,439,103	103,439,103	105,992,009
Other Long Term Liabilities			
[18] Deferred Revenue			
[19] Accrued Pension Expense (Net of Current)			
[20] Other			
[21] Total Other Long Term Liabilities	0	0	0
TOTAL LIABILITIES	\$ 107,630,999	\$ 134,294,516	\$ 128,069,555
Net Assets:			
[22] Unrestricted Fund Balance	(2,246,330)	(25,347,940)	\$ (3,774,444)
[23] Temporarily Restricted Fund Balance	-	-	-
[24] Restricted Fund Balance	-	-	-
[25] Net Revenue/(Expenses)	518,927	(8,164,677)	(14,351,209)
[26] TOTAL NET ASSETS	(1,727,403)	(33,512,617)	\$ (18,125,653)
[27] TOTAL LIABILITIES AND NET ASSETS	\$ 105,903,595	\$ 100,781,898	\$ 109,943,902
	\$ 0	\$ (0)	\$ -

Statement of Cash Flows

**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
FIVE MONTHS ENDING NOVEMBER 30, 2021**

		CASH FLOW	
HEALTHCARE SYSTEM CASH FLOW		Current Month 11/30/2021	YTD 11/30/2021
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$ 665,984	\$ 1,440,396
[2]	Cash: Beginning Balances- DISTRICT	662,870	748,291
[3]	Cash: Beginning Balances TOTALS	<u>\$ 1,328,854</u>	<u>\$ 2,188,687</u>
Receipts			
[4]	Pt Collections	\$ 5,377,211	\$ 23,714,797
[5]	Tax Subsidies Measure D	-	\$ -
[6]	Tax Subsidies Prop 13	-	\$ -
[7]	Tax Subsidies County Supplemental Funds	-	\$ -
[8]	IGT & other Supplemental (see detail below)	-	\$ 1,397,199
[9]	Draws/(Paydown) of LOC Balances	1,000,000	\$ 8,000,000
[10]	Other Misc Receipts/Transfers	299,367	\$ 2,878,959
	TOTAL RECEIPTS	<u>\$ 6,676,577</u>	<u>\$ 35,990,956</u>
Disbursements			
[11]	Payroll/ Benefits	\$ 4,538,111	\$ 21,051,905
[12]	Other Operating Costs	2,890,555	\$ 15,187,853
[13]	Capital Spending	0	\$ 125,000
[14]	Debt serv payments (Hosp onlyw/ LOC interest)	-	\$ -
[15]	Other (increase) in AP /other bal sheet	(2,305,860)	\$ (1,153,163)
[16]	TOTAL DISBURSEMENTS	<u>\$ 5,122,806</u>	<u>\$ 35,211,595</u>
[17]	TOTAL CHANGE in CASH	<u>\$ 1,553,771</u>	<u>\$ 779,361</u>
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$ 2,219,757	\$ 2,219,757
[19]	Ending Balances- DISTRICT	662,870	662,870
[20]	Ending Balances- TOTALS	<u>\$ 2,882,627</u>	<u>\$ 2,882,627</u>
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$ 8,000,000	\$ 8,000,000
[22]	LOC Interest Expense Incurred	70,000	185,000

TAB I



Origination: 10/1996
Approved: N/A
Last Revised: 12/2021
Policy Area: Patient Financial Services
References:

Self Pay and Charity Care

Policy:

It is the policy of San Gorgonio Memorial Hospital (SGMH) to offer ~~self~~Self-pay discounts for uninsured patients, under-insured patients, or for patients needing service not otherwise covered by an insurance company. All Self-pay patients who do have an ability to pay and whose income exceeds ~~350~~400% of the Federal Poverty Level (FPL) will receive the standard ~~self pay discount.~~Note: All Self-pay discount. Note: All Self pay patients whose documented income falls below ~~350~~400% FPL can be considered for Charity Care.

Interdepartmental Team Members:

- Patient Financial Services
- Finance
- Administration

Procedure:

For patients presenting to San Gorgonio Memorial Hospital without insurance coverage, a letter will be sent to the patient with the initial billing statement. In accordance with the California Assembly and State bills AB 774, SB 1276, and AB 1503, which are requirements for Fair Pricing Policies and the Charity and Discount payment policies, patients will be screened to the extent possible for consideration in these programs. The initial letter submitted to the patient will request that the patient contact the Patient Financial Services Department to verify the absence of insurance coverage. Additionally, the letter will offer assistance in applying for various local, state and federal insurance programs and provide information related to the agency to contact for the Local Consumer Assistance Center.

Self-~~Pay~~pay discounts will be available for patients that are uninsured, under-insured or where coverage is not available from their insurance company for the service being rendered. All Self-pay patients will be screened for linkage to any appropriate form of assistance, including but not limited to Medi-~~ca~~Cal, Covered CA, Healthy Family program, or any third -party liability program (Automobile Insurance, Worker's Compensation, Home Owners Insurance, etc.). Note: For future or current services at SGMH, the patient may be requested to complete the application process for Covered CA, California Medi-~~ca~~Cal, presumptive Medi-~~ca~~Cal and/or any other available programs to determine whether health care coverage is available to the patient to meet their health care needs.

Whenever it becomes apparent that the patient may have difficulty in meeting their financial responsibility to the hospital based on being uninsured or under-insured, the patient will be offered a Self-~~Pay~~pay discount. In

accordance with SB 1276 which expands the availability of ~~charity care~~ Charity Care and discount payment plans to all patients with high medical costs, pending applications for health insurance coverage does not preclude the patient from being eligible for the hospital's charity care or discount payment program. In the event that the patient does not qualify for any of the above programs the following generic discount policy will be applied:

Charity

Patients who qualify for Charity, i.e., whose income is up to 200% of Federal Poverty Guidelines (FPG) will be eligible for Full Charity total free care.

Patients whose income exceeds the FPG but is less than 400% of FPG will be eligible for Partial Charity free care (See attached Schedule).

Those patients who are eligible for Partial Charity free care will have their payment amounts established either on A) a percentage of the Medicare DRG payment amount for Inpatient services or B) calculated on a percentage of the Medicare APC rate for outpatient services (See attached schedule).

Patients whose income exceeds 400% of the FPG and who have no other insurance, Medicare, or Medi-Cal payment coverage will be considered Self-Pay patients.

Self-Pay

Self-Pay patients will have their payment amounts established at A) 125% of the Medicare DRG payment amount for inpatient services or B) calculated at 125% of the Medicare APC rate for outpatient services.

Self-Pay patients who pay their bill in full within 45 days of receiving billing notification from the Hospital will be provided a discount, i.e., their bill will be adjusted to A) 100% (down from 125%) of the Medicare DRG payment amount for Inpatient services or B) calculated at 100% (down from 125%) of the Medicare APC rate for outpatient services.

Third Party Coverages and Charity

Patients who have insurance, Medicare, or Medi-Cal coverage and who also qualify for Full Charity care shall be entitled to total free care for the portion of the bill for which they are responsible.

Patients who have insurance, Medicare, or Medi-Cal coverage and who also qualify for Partial Charity care shall be entitled to partial free care for the portion of the bill for which they are responsible as per the terms of their individual insurance coverage.

Any patient who seeks Full Charity free care or Partial Charity free care must first exhaust all methods of payment coverage for which they may be eligible, e.g., Medi-Cal, Medicare, or Medi-Medi participation.

Prompt Pay Discount

Any patient who has commercial insurance coverage (not governmental insurance coverage, such as Medicare, Medi-Cal, ChampVA, Managed Medicare, Managed Medi-Cal) is eligible for a Prompt Pay Discount of 25% of their portion of the bill if their payment is made in full within 30 days of receiving the first billing statement from the hospital. This discount must be personally requested by the patient during that time. Patient's accounts which have previously written off as uncollectable and assigned to a collection agency are not eligible for the Prompt Pay Discount.

Payment at time of service:

- A. Lump sum payment at time of service or within 3 months of the service date, a discount of 50% of billed charges is authorized to be offered. Discount will be applied when payment is made.
- B. For patient's requesting a discount but needing to set up a payment plan to meet the payment obligation, a discount of 30% of billed charges is authorized to be offered. Payments should not be stretched over more than 6 months' time without approval of director. Discount will be applied when final payment is made.
 - 1. A reasonable payment plan must be offered to all patients meeting the eligibility requirements in situations where an agreement cannot be reached regarding a payment plan during the negotiation process between hospital and patient. This payment plan will require that monthly payments not exceed 10% of a patient's familial income for one month excluding deductions for 'essential living expenses'.
- C. Interest is not applied if payment arrangements are made prior to the account being referred to an outside collection agency.
- D. See attached Obstetrical delivery discount policy rates offered at San Gorgonio Memorial Hospital.

Payment for service after 3 ~~month~~ months from the time of service:

- A. For lump sum payments after date of service, discounts of between 30% - 50% of billed charges can be offered, ~~These~~ these discounts will be applied after taking the patients financial status and the age of the account into consideration. Discount will be applied when payment is made.
Note: if account is in bad debt, patient must work with bad debt agency to resolve the bill.
- B. For patient's requesting a discount, but needing to set up a payment plan to meet the payment obligation, a discount of between 30% - 50% of billed charges is authorized to be offered, These discounts will be applied after taking the patients financial status and the age of the account into consideration. Payments should not be stretched over more than 6 months' time without approval of director. Discount will be applied when last payment is made.
 - 1. A reasonable payment plan must be offered to all patients meeting the eligibility requirements in situations where an agreement cannot be reached regarding a payment plan during the negotiation process between hospital and patient. This payment plan will require that monthly payments not exceed 10% of a patient's familial income for one month excluding deductions for 'essential living expenses'. Note: if account is in bad debt, patient must work with bad debt agency to resolve the bill.
- C. Interest is not applied if payment arrangements are made prior to the account being referred to an outside collection agency.

Adjustment

The approval process is:

All: Patient Financial Services Director

Bad Debt: Chief Financial Officer

Ensure appropriate approval levels are obtained prior to applying adjustments.

Resources:

- Insurance Contracts
- Charity Care Policy
- Discount policies

Supplies:

- Insurance matrix
- Contract guidelines
- Adjustment request form
- Calculator
- EOB's/RA's

Attachments

[Self Pay Cash Price Plans for OB Delivery Patients 5.5.21.docx](#)

[SGMH Charity Care Schedule -01 01 2022 Policy Attachment \(1\).xls](#)

[Synopsis - Patient Financial Assistance and Discount Policy 01 01 2022 Attachment.docx](#)

Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Ariel Whitley: Executive Assistant	pending
Corporate Compliance	Annah Karam: Director Human Resources	12/2021
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	12/2021
	Mayda Cox: Director Financial Services	12/2021

San Gorgonio Memorial Hospital			Patient Financial Assistance and Discount Policy		
Family Size (See Note 1 for More Than 8 Members)	2021 Federal Poverty Guideline (FPG)	Up To 200% of Federal Poverty Guidelines	>200% up to 300% of Federal Poverty Guidelines	>300% up to 400% of Federal Poverty Guidelines	>400% of Federal Poverty Guidelines Self-Pay Patients
1	\$12,880	\$25,760	\$38,640	\$51,520	>\$51,520
2	\$17,420	\$34,840	\$52,260	\$69,680	>\$69,680
3	\$21,960	\$43,920	\$65,880	\$87,840	>\$87,840
4	\$26,500	\$53,000	\$79,500	\$106,000	>\$106,000
5	\$31,040	\$62,080	\$93,120	\$124,160	>\$124,160
6	\$35,580	\$71,160	\$106,740	\$142,320	>\$142,320
7	\$40,120	\$80,240	\$120,360	\$160,480	>\$161,480
8	\$44,660	\$89,320	\$133,980	\$178,640	>\$178,640
Patient Payment Responsibility:	0% of Patient Bill	0% of Patient Bill	Inpatient - 50% of Medicare DRG amount; Outpatient- 50% of Medicare APCs	Inpatient - 75% of Medicare DRG amount; Outpatient- 75% of Medicare APCs	See Charity and Self Pay Policy
Note 1: For family units with more than 8 persons, add \$4,540 for each additional person.					
Effective January 1, 2022					
Reference: https://www.federalregister.gov/documents/2021/02/01/2021-01969/annual-update-of-the-hhs-poverty-guidelines					

TAB J

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting of January 4, 2022

	Title	Policy Area	Owner	Workflow Approval
1	Forgoing Life-Sustaining Treatment	Administration	Brown, Pat: Chief Nursing Officer	Ariel Whitley for Hospital Board of Directors
2	Nuclear Medicine Calibration of Portable Survey Meters	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
3	Nuclear Medicine General Rules for the Safe Use of Radioactive Material	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
4	Nuclear Medicine Procedure for Safely Opening Packages Containing Radioactive Material	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
5	Nuclear Medicine Quality Control of Dose Calibrator	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
6	Nuclear Medicine Storage of Radioactive Materials	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
7	Patient Request for Restrictions of Use and Disclosures for Treatment, Payment and Healthcare Operations	HIPAA Privacy	Sommers, Susan: Director of Infection Control and Risk Management	Ariel Whitley for Hospital Board of Directors
8	Patient Requests for Accounting of Disclosure	HIPAA Privacy	Palmer, Linda: Director, Health Information Management	Ariel Whitley for Hospital Board of Directors
9	Radiation - Initial Instruction of Personnel, Rules and Procedures	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
10	Radiation Safety Program, Exposure, Dose and Contamination Limits	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
11	Radiation Safety Review of ALARA Program	Radiation Safety Program	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
12	Self Pay and Charity Care	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Hospital Board of Directors

TAB K

In support of Measure H

Dear Editor,

As a lifelong resident of the Pass area and a person who was born at San Gorgonio Memorial Hospital, I wholeheartedly support Measure H. We are very fortunate to have a local hospital where we can go in the case of an emergency or otherwise.

Personally, I have had various loved ones who have had life-threatening medical issues arise and they were taken to SGMH and then stabilized so they could be transferred to larger facilities who have the capacity to provide the advanced assistance they required.

The care they received at SGMH literally saved their lives. Some of the opposition that I have heard to Measure H is that since those individuals haven't used the hospital, why should they pay for something they don't need?

However, I would suggest that \$5 per month to have the option of emergency treatment here is worth every dime. As inflation continues to plague our lives, this is a cost that won't ever go up.

Five dollars per month to save your life, the life of your parent or grandparent; there are few investments that will reap as much benefit.

I ask you to please consider the importance of Measure H and the critical need of keeping the Emergency Room operating and continuing to save lives.

Amy Herr
Beaumont

Measure H, an additional burden

Dear Editor,

The first of two fliers sent by San Gorgonio Memorial Hospital Foundation claimed, "In 2002 and 2012, voters of the SGMH Care District overwhelmingly approved and later renewed the parcel tax to support emergency medical services at SGMH."

It also said, "It is the only Emergency Room in the Pass area and the closest Emergency Room is 35-45 minutes away."

The results of the election is true but the following statement and some on their ads are misleading.

"Local residents of Beaumont, Banning, Calimesa, Cherry Valley, Idyllwild and surrounding unincorporated communities of Riverside County owned this Hospital," the flier stated. SGMH didn't make any qualifiers rendering it questionable. Are we to assume that all local residents are equal owners and therefore pay their fair share of the yearly funding?

Furthermore, SGMH Foundation President said, "the current healthcare district's board has worked hard and been very effective in getting the finances of the hospital back in order." So there's an anomaly. Wonder how much did the after-the-fact-accountability-and-transparency cost us?

Was it an admission of guilt as suggested in several Letters to the Editor published in the Record Gazette lately?

\$60.52 may look insignificant, but to many, it's an additional burden and can add up.

(See LETTERS, page 11)

COVID

I recently saw a picture of a demonstrator holding a sign "My body, my choice," — let's think about that.

If a person develops diabetes and chooses not to be treated, it is their body, their choice. They are the only ones to get sick and the only ones to die, it isn't contagious.

Covid, however, is different. An unvaccinated person may get sick with the virus, perhaps only mildly sick, but they can then infect other people — family, friends, co-workers.

Unvaccinated people are the reason we all remain in the Covid world.

They are responsible for the new and more deadly variants.

Unvaccinated people are a danger to you and to me.

Mary Gilleece
Banning

Yes or no on Measure H?

One thing that every single "pro-H" pundit conveniently fails to mention when they urge a yes vote; while the last two measures lasted 10 years each, allowing the community to regularly decide whether to continue it, Measure H goes on forever. That's right, there is no end date unless voters force a special election. Hmm. However, for me it boils down to a simple observation: I will vote yes on H as soon as anyone can show me the 6-story patient tower that was promised in 2006 when we passed Measure A, the \$108 million bond that we will be paying for through the year 2036, and that is already costing you 5-6 times more than Measure H.

Gary Hironimus
Banning

Opposition to Measure H — Explanation

Dear Editor,

My opposition to Measure H has nothing to do with employees of San Gorgonio nor perceived quality of care provided, nor even the employees of the billing department — they just work there. It has nothing to do with horror stories I've heard, nor nor internet hit pieces on Measure H and involved politicians, negative Leapfrog scores or other evaluative data. It has everything to do with when I first began paying attention to medical billing in 2013, when I was, with supreme creativity, billed by a diagnostic company almost \$700 for a Comprehensive Medical Panel — which I elsewhere paid in full with cash for less than \$30 for the same test 2 or 3 years later, across the hall at a third diagnostic provider it was \$78 cash.

The first diagnostic company obfuscated the CMP, breaking it into renamed pieces billed at \$40 each. Curious, I put the described chemistry tests back together and found it 100 percent fingerprinted as a CMP.

Over the intervening years I have found overbilling and fraudulent billing by the medical industry is so widespread as to be common practice.

So, instead of holding a gun to my head last December, the administrators of San Gorgonio used my immediate health condition to wildly overcharge me along with the ultimately unnecessary, useless test they wouldn't discount and their subsequent role as a veritable loan shark. I was robbed with a pen.

Then they have the audacity to free load on my property taxes. The grifting chutzpah is exceedingly insulting.

As previously noted, if a hospital dives into the red it's because of bad management, profit is built into a hospital model. With good administration utilizing sound management practices San G wouldn't need the tax revenue of Measure H.

I don't know the veracity of the hit pieces, creative fiction is passed off as fact on a daily basis — I'm almost to the point of believing nothing I hear and maybe half of what I directly see, we've been lied to about almost everything over the last decade or so. However, if just half of the hit piece content is true, we're in trouble.

And, since San G. is a public entity, if it's being ran like the Cities of Banning and Beaumont over the last 23 years I know of, the hospital has a grave problem.

Ultimately the tax assessment individually works out to be chump change, whether it stays or goes is not a great individual burden. However, this is the point: If the emergency room is closed due to monetary distress because Measure H failed to pass, it is due to gross mismanagement. If it's closed due to administration spite because of failure of passage, then a collection of sociopaths are running the hospital.

Either way any elected oversight and on premises administration needs to be removed and replaced. It's time for competent leadership at San Gorgonio.

That excludes perhaps 98% of the herd that's been elected to local office for the last 2 decades.

Allan McNew
Beaumont

Vacancy seat on the Board of Directors

A vacancy will exist on the Board of Directors of the San Gorgonio Memorial Healthcare District.

The Healthcare District Board intends to fill the vacancy at its regular meeting on Jan. 4, 2022.

The appointee must be a registered voter residing within the boundaries of the healthcare district and be prepared to hold office until the end of the existing term (December 2024).

Letters of interest must be received not later than Dec. 17, 2021.

Email Ariel Whitley for more information at AWhitley@sgmh.org.

Friday, December 3, 2021

LETTERS

(continued from page 10)

Per my tax bill, I'm already subsidizing three debts service and six special assessments.

Of the six, two for a total of \$315.21 are subsidies for SGMH.

Should Measure H fail, SGMH still gets the \$254.69.

Having said that, why does SGMH need \$2,600,000 annually, in addition to whatever income their ER earned from almost 42,000 emergency patients they had, plus the subsidy shown above multiplied by the number of parcels within the care district? Wow that's a lot of easy money! So why can't SGMH exist and operate on its own, just like Loma Linda University, Redlands Community, and other hospitals/ERs in the area?

There are equitable ways to raise money like utility tax or simply managing SGMH like a business but it opted to take a shortcut which obviously is more expedient, sure and cheaper.

As Measure D ends, SGMH is doing it again. And it wanted voters to believe it's not indefinite. Who would match SGMH coffer or lend \$175,000 for expensive fliers, yard signs and newspaper ads?

Don't be scared, be smart and don't be fooled the third time.

Vote NO on Measure H!

RN Velasco
Beaumont

Vacancy seat on board

A vacancy will exist on the Board of Directors of the San Gorgonio Memorial Healthcare District due to the resignation of Director Howard Katz.

The Healthcare District Board intends to fill the vacancy at its regular meeting on Jan. 4, 2022.

The appointee must be a registered voter residing within the boundaries of the Healthcare District and be prepared to hold office until the next general election November 2022.

Interested persons should submit their letter of interest to:

San Gorgonio Memorial Healthcare District Board of Directors

Attention: Ariel Whitley, Executive Assistant
60 North Highland Springs Avenue, Banning, CA 92220

You can email Ariel with questions at AWhitley@sgmh.org.

Letters of interest must be received not later than Dec. 21, 2021.

Letters to the Editor

Time for giving and caring: Yes on Measure H

Dear Editor:

In last week's Record Gazette, Amy Herr said that the care her loved ones received at SGMH literally "saved their lives."

She pointed out that five dollars per month may save your life or the life of your loved one; there are few investments that will reap as much benefit.

Here are some of the many comments posted on Nextdoor in support of Measure H:

"I received excellent care at San Gorgonio when I went to the Emergency Room in 2018. Having them close by is vital to the community."

"\$5 a month is a small price to pay when lives are at stake."

"I fell & had a fracture to my pelvis and the ER was great!"

"Voting 'YES' on this is a no brainer for us! Even though we have Kaiser and VA, SanG is the closest ER. It is in everyone's best interest for it to be fully equipped and staffed!"

"San G is working on creating a 'Stroke Center' to deal with the large number of seniors who are victims of strokes. It is also obtaining the state-of-the-art da Vinci robotic surgical system early next year. The \$5 a month tax...which we are already paying and will never increase...will ensure that the ER remains fully staffed with the best possible equipment."

"In an emergency, time counts, and none of us can afford a 35 to 45-minute ambulance ride in the event of a serious accident, stroke, or heart attack...we must continue to have a local Emergency Room with up-to-date technology, and proper staffing levels to care for you, or your family or friends

when seconds count."

"If an ambulance receives a call, locates and loads the person, and then has to drive 20 miles (possibly in heavy traffic on the 10 freeway), that is valuable time wasted. For instance, we only have minutes to determine how a stroke victim needs to be treated and then implement the treatment."

"I have gone there many times over the 35 years I've lived here, and they have always given me excellent care."

"I was in a bad car accident in April. This guy crossed over 4 lanes and hit me head on. I coded twice and my wife almost bled to death! I was brought to San G. ER and they stabilized me and my wife before flying us out to Moreno Valley. They saved our lives."

It's the holiday season, a time for giving and caring.

One way to do that is to vote Yes on Measure H.

Steve Mehlman
Beaumont

WHEN EVERY SECOND COULD SAVE YOUR LIFE



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Governor Newsom Announces Appointments

12.22.21

Published: Dec 22, 2021

SACRAMENTO – Governor Gavin Newsom today announced the following appointments:

Amarik Singh, 49, of Placerville, has been appointed Inspector General at the Office of the Inspector General. Singh has been Senior Assistant Inspector General at the Office of the Inspector General since 2019, where she was Special Assistant Inspector General from 2016 to 2019 and served as Special Assistant Inspector General from 2007 to 2012. She was a Commissioner on the Board of Parole Hearings from 2012 to 2015. Singh served as a Deputy District Attorney in the Kern County District Attorney’s Office from 2005 to 2007 and as Adjunct Faculty at the Tulare-Kings County Police Academy from 2002 to 2005. Singh was a Deputy District Attorney at the Tulare County District Attorney’s Office from 1997 to 2005. She earned a Juris Doctor degree from the University of the Pacific, McGeorge School of Law. This position requires Senate confirmation and the compensation is \$192,382. Singh is a Republican.

Justin R. Paddock, 41, of Sacramento, has been appointed Bureau Chief of the Bureau of Household Goods and Services at the Department of Consumer Affairs. Paddock has been Chief of Licensing and Examinations at the Contractors State License Board since 2018. Paddock was an Attorney at Shaw Law Group from 2017 to 2018 and a Lobbyist at the California Association of Realtors in 2017. He was Chief of the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation from 2015 to 2017 and Assistant Deputy Director of Legislative and Regulatory Review at the Department of Consumer Affairs from 2013 to 2015. Paddock earned a Juris Doctor degree from the University of the Pacific, McGeorge School of Law. This position requires Senate confirmation and the compensation is \$132,000. Paddock is registered without party preference.

Kula Koenig, 37, of Sacramento, has been appointed to the State Board of Pharmacy. Koenig has been Senior Director of Impact at the United Way California Capital Region since 2018. Koenig founded Social Justice PolitiCorps in 2020. She was District Director for the Office of Assemblymember Roger Dickinson from 2012 to 2014 and Project Manager at Capitol Campaigns from 2007 to 2010. She was Divestment Associate at Genocide Intervention Network from 2006 to 2007. Koenig earned a Master of Business Administration degree in nonprofit management from George Washington University. She is a member of Black Women Organized for Political Action. This position does not require Senate confirmation and the compensation is \$100 per diem. Koenig is a Democrat.

Patricia “Tricia” Wynne, 64, of Aptos, has been appointed to the California Board of Registered Nursing. Wynne was Deputy State Treasurer in the Office of the State Treasurer from 2006 to 2013. She was Special Assistant Attorney General in the Office of the California State Attorney General from 1998 to 2006. Wynne was a Policy Director to State Senate President Pro Tempore Bill Lockyer from 1994 to 1998. Wynne was Senate Judiciary Committee Counsel for Chairman Bill Lockyer from 1983 to 1994. She earned a Juris Doctor degree from the University of San Diego School of Law. This position does not require Senate confirmation and the compensation is \$100 per diem. Wynne is a Democrat.

Tulio A. Valdez, 48, of Palo Alto, has been appointed to the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. Valdez has been an Associate Professor at the Stanford University School of Medicine since 2017. He earned a Doctor of Medicine degree from the Universidad Javeriana. Valdez is a member of the American Academy of Otolaryngology – Head and Neck Surgery. This position does not require Senate confirmation and the compensation is \$100 per diem. Valdez is a Democrat.

Amy E. White, 40, of Sloughhouse, has been appointed to the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. White has been Service Chief for Audiology and Speech-Language Pathology for the Veterans Health Administration, Northern California Region since 2021 and has been Chief Executive Officer and Audiologist at Elk Grove Hearing Care since 2015. She served as a Clinic Co-Coordinator and Instructor at California State University, Sacramento from 2020 to 2021. White was a Clinic Director at the University of the Pacific’s Hearing and Balance Center from 2010 to 2015. She was an Audiologist at Placer Speech and Hearing Services from 2009 to 2010 and an Audiology Supervisor at Sacramento Ear Nose and Throat from 2008 to 2009. She was an Audiologist and fourth-year extern at the California Ear Institute from 2007 to 2008. White earned a Doctor of Audiology degree from Utah State University. She is a member of the California Academy of Audiology, American Academy of Audiology and the American Speech-Language Hearing Association. This position does not require Senate confirmation and the compensation is \$100 per diem. White is registered without party preference.

Joey E. Hunter, 54, of Hemet, has been appointed to the Private Security Disciplinary Review Committee, South. Hunter is Director of Security, Safety and Emergency Preparedness at San Geronio Memorial Hospital. He was Director of Security with Allied Universal Security at the Riverside Community Hospital in 2017. Hunter was a Director of Security, Safety and Emergency at Dignity Health – St. Bernardine Medical Center from 2001 to 2016. Hunter served in the U.S. Marine Corps from 1985 to 1990. He is a member of the International Association for Healthcare Security and Safety. This position does not require Senate confirmation and the compensation is \$100 per diem. Hunter is a Democrat.

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Letters to the Editor

Winter Wish expresses thanks

Winter Wish thanks the citizens of Beaumont, Cherry Valley, and the surrounding communities for your support of the 32nd year of Winter Wish.

Winter

Wish was started by the Beaumont Soroptimist 32 years ago serving one family in need.

This year, warm clothing, toys, and some household needs (blankets and/or towels)

were given to 671 children in 224 families that were selected to be recipients of Winter Wish gifts in 2021. Food, collected through the community food drive, were also given on Distribution Day.

Community groups and businesses to thank are as follows: So. Cal Gas Co., Bank of Hemet, Beaumont Chamber of Commerce, Beaumont Cherry Valley Rec & Parks District, DRB Distributing, San Gorgonio Memorial Hospital, Highland Springs Outpatient Rehabilitation Center, Pro Craft Construction, Blooming Lotus Hair Salon, Truck Works of Banning, the City of Beaumont, including their Transit Department, Police Dispatchers and the Citizen Volunteer Patrol, the retirement communities of Four Seasons at Beaumont, and Highland Springs Country Club. The Pass Patchers Quilter's Guild donated amazing quilts with matching toys or books. Hundreds of tags were selected to satisfy the wishes of children in our community.

Donations were also received to purchase gifts and food.

Service groups donating to this project were, the Cherry Festival Association, Kiwanis Club of Beaumont, Lions Club of Beaumont, San Gorgonio Pass Rotary, the

Beaumont-Cherry Valley Rotary, and their Interact Club.

The Beaumont/Banning Soroptimist International continually gives volunteer time and financial support.

Churches in our community helped to fulfill the wishes and needs of local families, Beaumont Presbyterian and St. Stephen's Episcopal.

The following businesses displayed tags for their customers to choose from, Leah Larkin Law Offices, Huntress Innovations, Wines Chiropractic, Family Chiropractic, Cherry Valley Nails, Shear Wonders Salon & Day Spa, Coldwell Banker Kivett-Teeters and Beaumont Unified School District.

Financial assistance came from Molina Healthcare, Citrus Escrow Inc., The Harris Group, Beaumont Presbyterian Church, and numerous individuals for their donations.

Also, a special recognition to Rod's Bicycle Ministry.

A special thanks to Domino's Pizza — Beaumont, Johnny Russo's — Banning and Jersey Mike's — Beaumont.

Winter Wish has developed into a unique, individualized community-wide all-volunteer effort of which we can all be proud.

Sincere thank you.

The Winter Wish Committee

Hospital's Measure H passes

BY DAVID JAMES HEISS
Record Gazette

Administrators at San Gorgonio Memorial Hospital can breathe a little easier knowing that area residents handily met their request to pass Measure H, a parcel tax that permanently collects \$60.52 annually from property owners.

Ballots went out in mid-November, backed by a \$175,000 campaign sponsored by the nonprofit San Gorgonio Memorial Hospital Foundation, and voting concluded Dec. 14 with 9,706 yes votes, with 3,868 residents hoping the measure would fail.

"We are elated with the preliminary vote counts announced by the Registrar of Voters," says San Gorgonio Memorial Hospital Healthcare District Chairman Dennis Tankersly. "We're grateful to our community, and optimistic that once every vote is counted, Measure H will land in the win column," though cautioned that ballots are still being counted.

George Moyer, president of the foundation, expressed his gratitude.

"The passage of Measure



Photo by David James Heiss

The front entrance to San Gorgonio Memorial Hospital.

H is so great, it is hard to put into words. Many people never quite understood the need for continuing the fee. In fact, many thought this was an entirely new tax, not knowing it has actually been in place for 20 years for the sole purpose of supporting the hospital's emergency room service.

"Thankfully enough residents understand the issue," Moyer says. "The funds generated from Measure H ensures that the hospital will be able to provide excellent 24-hour emergency services to Pass area residents for

years to come."

Measure H provides funding for the hospital's emergency room only, and cannot be used elsewhere in its budget or for additional capital campaigns.

Measure H replaces a \$49 Measure D parcel tax, originally passed in 2001 and extended in 2011, which expires in June 2022.

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

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