



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, April 4, 2023 – 4:00 PM

Modular C Classroom

600 N. Highland Springs Avenue, Banning, CA 92220

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

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

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

GENERAL TOPIC

III. Antibiotic Stewardship Presentation

J. Lopez verbal

OLD BUSINESS

IV. ***Proposed Action - Approve Minutes**
o March 7, 2023, Regular Meeting

S. DiBiasi
A

NEW BUSINESS

San Geronio Memorial Hospital
 Board of Directors Regular Meeting
 April 4, 2023

- | | | | |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------|
| V. | Hospital Board Chair Monthly Report | S. DiBiasi | verbal |
| VI. | CEO Monthly Report | S. Barron | verbal |
| VII. | April, May, & June Board/Committee Meeting Calendars | S. DiBiasi | B |
| VIII. | <p>* Proposed Action – Approve First Amendment to the Management Services Agreement between San Geronio Memorial Hospital and the San Geronio Memorial Healthcare District</p> <ul style="list-style-type: none"> ▪ ROLL CALL | S. Barron | C |
| IX. | Foundation Monthly Report | V. Hunter | verbal |
| X. | <p>Committee Reports:</p> <ul style="list-style-type: none"> • Finance Committee <ul style="list-style-type: none"> ○ March 28, 2023, regular meeting minutes * Proposed Action – Approve February 2023 Financial Statement (Unaudited)
 (Approval recommended by Finance Committee 03/28/2023) <ul style="list-style-type: none"> ▪ ROLL CALL | S. DiBiasi/
D. Heckathorne | D |
| XI. | <p>* Proposed Action – Recommend approval to the Healthcare District Board for authorization to declare the existing Siemens Somatom Sensation 64 CT Scanner Model #8377520, Serial Number #55296 as surplus property and authorize the hospital to dispose of the unit as appropriate at fair market value.</p> <ul style="list-style-type: none"> ▪ ROLL CALL | J. Peleuses | E |
| XII. | <p>* Proposed Action – Recommend approval to the Healthcare District Board</p> <ul style="list-style-type: none"> ▪ Presentation of Women’s Clinic Midwifery Program Forecast and Authorization to Commence Project ▪ ROLL CALL | D. Heckathorne | F |
| XIII. | <p>* Proposed Action – Approve Information Technology Network Service And Consulting Agreement with Helix Storm, Inc. And MDR Solution with Arctic Wolf</p> <ul style="list-style-type: none"> ▪ ROLL CALL | D. Heckathorne | handout |
| XIV. | <p>* Proposed Action – Approve Pharmacy 340b Program with the Craneware Group re: Outpatient Split Billing Rebate Program, Outpatient Retail Contract Pharmacy Rebates, and Inpatient Medications Rebate Program</p> <ul style="list-style-type: none"> ▪ ROLL CALL | D. Heckathorne | G |

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

XVI. * **Proposed Action - Approve Policies and Procedures** Staff I
• **ROLL CALL**

XVII. Community Benefit events/Announcements/
and newspaper articles S. DiBiasi J

XVIII. 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*)

XIX. **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

XX. **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 March 31, 2023, 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 March 31, 2023



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

March 7, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, March 7, 2023, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: None

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), Angie Brady (CNE), John Peleuses (VP Ancillary and Support Services), Karan P. Singh, MD (CMO), Valerie Hunter (Foundation Director), Sal Sanchez (Director of Plant Operations), Joey Hunter (Direct of Security)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair, Susan DiBiasi, called the meeting to order at 4:00 pm.	
Public Comment	No public comment.	
GENERAL TOPIC		
Highland Springs Avenue Preliminary Bus Bay Improvement Exhibit	Tripointe Homes and The City of Banning gave a brief presentation about their plan to expand and improve the bus bay that is located outside of the hospital entrance.	
OLD BUSINESS		
Proposed Action - Approve Minutes February 7, 2023, regular meeting.	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the February 7, 2023, regular meeting. There we none.	The minutes of the February 7, 2023, regular meeting will stand correct as presented.
NEW BUSINESS		
Hospital Board Chair Monthly Report	Board Chair, Susan DiBiasi briefly reported that she sat in on an informative discussion with IT and Altera.	
CEO Monthly Report	Steve Barron, CEO, mentioned that he will be working on the Community Benefit Plan that is set to be approved and published in May. The Community Health Needs Assessment was previously approved and uploaded to SGMH website. The plan needs to be approved at the May	

AGENDA ITEM		ACTION / FOLLOW-UP																
	meeting. The Women’s Clinic is part of the plan. The business plan for the Women’s Clinic is being worked on and will come to the board for approval later. Final decisions about pay raises will take place next week.																	
March, April, and May Board/Committee meeting calendars	Calendars for March, April, and May were included on the board tablets.																	
Foundation Monthly Report	Foundation Director, Valerie Hunter, gave the Foundation Monthly Report as included on the board tablets.																	
Bi-Monthly Patient Care Services Report	Angela Brady, CNE, gave the Bi-Monthly Patient Care Services Report as included on the board tablets.																	
COMMITTEE REPORTS:																		
Finance Committee Proposed Action – Recommend Approval of the January 2023 Financial Statement (Unaudited).	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the January 2023 Financial report which was included on the board tablet. A copy of the Finance Committee’s February 28, 2023, meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the January 2023 Financial report as presented.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1167 1253 1308"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Yes</td> </tr> <tr> <td>Petersen</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	<p>M.S.C., (Rader/Swerdlow), the SGMH Board of Directors approved the January 2023 Financial Statement as presented.</p>
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	Yes															
Proposed Action – Recommend Approval to the Healthcare District Board to enter a 5-year software lease with Premier, Inc., for a budgeting, financial reporting and forecasting system.	<p>The contract calls for a 5-year agreement at a total cost of \$313,880 plus related taxes and travel costs related to installation.</p> <p>It was noted that approval is recommended to the Healthcare District Board.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="383 1665 1253 1806"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Yes</td> </tr> <tr> <td>Petersen</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Yes	<p>M.S.C. (McDougall/Rader), the SGMH Board of Directors voted to recommend approval of the 5-year software lease with Premier, Inc., for a budgeting, financial reporting, and forecasting system to the Healthcare District Board of Directors.</p>
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	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"> 2023 Annual Approval of Policies and Procedures <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="386 541 1253 680"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Yes</td> </tr> <tr> <td>Petersen</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	<p>M.S.C., (Stevens/Rutledge), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</p>
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	Absent															
<p>Proposed Action – Approve Policies and Procedures</p>	<p>There were twenty-three (23) 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="386 919 1253 1058"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>McDougall</td> <td>Yes</td> </tr> <tr> <td>Petersen</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Stevens</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	<p>M.S.C., (Swerdlow/Rutledge), the SGMH Board of Directors approved the policies and procedures as submitted.</p>
DiBiasi	Yes	McDougall	Yes															
Petersen	Yes	Rader	Yes															
Rutledge	Yes	Stevens	Yes															
Swerdlow	Yes	Tankersley	Absent															
<p>Community Benefit events/Announcements/and newspaper articles</p>	<p>Miscellaneous information was included on the board tablets.</p>																	
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> Leapfrog Scores 																	
<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 Corporate Compliance Committee Report <p>The meeting adjourned to Closed Session at 5:17 pm.</p>																	
<p>Reconvene to Open Session</p>	<p>The meeting adjourned from closed session at 5:42 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 																	

AGENDA ITEM		ACTION / FOLLOW-UP
	➤ Received Quarterly Corporate Compliance Committee Report	
Adjourn	The meeting was adjourned at 5:43 pm.	

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

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B



April 2023

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
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 9:00 am HR Committee Meeting 10:00 am Community Planning Meeting	20	21	22
23	24	25 9:00 am Finance Committee	26 <i>ADMIN. Professionals Day!</i>	27	28	29
30						

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

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



May 2023

Board of Directors Calendar

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

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

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



June 2023

Board of Directors Calendar

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

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

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

TAB C

FIRST AMENDMENT
TO THE
MANAGEMENT SERVICES AGREEMENT
SAN GORGONIO MEMORIAL HOSPITAL

This First Amendment to the Management Services Agreement (this “**Amendment**”) is entered into as of April 4, 2023 (the “**Amendment Date**”), by and between San Gorgonio Memorial Hospital, a California nonprofit public benefit corporation (“**Manager**”) and San Gorgonio Memorial Healthcare District, a California public agency (the “**District**”). Manager and the District are sometimes hereinafter referred to collectively as “**Parties**” and individually as “**Party**”.

RECITALS

A. The District and Manager entered into Management Services Agreement (the “**Agreement**”) effective as of July 1, 2020 (the “**Effective Date**”), pursuant to which the District retained Manager to provide pharmacy services and turn-key management services in the day-to-day operation of San Gorgonio Memorial Hospital, a 79-bed general acute care hospital owned by the District and located at 600 North Highland Springs Avenue, Banning, California, 92220 (the “**Hospital**”).

B. The Parties acknowledge and agree that Article III. (Financial Management) of the Agreement does not accurately reflect how revenue from governmental and non-governmental payors has been collected and deposited by Manager since the Effective Date, and the Parties wish to amend the Agreement to accurately reflect how Manager has been collecting and depositing such revenue, and to make certain other revisions.

C. Accordingly, as of the Effective Date, Article III. (Financial Management) of the Agreement is hereby amended and restated in its entirety to provide for the collection and deposit of funds received as payment for health care services into a bank account or accounts and to provide for the payment expenses and expenditures as provided in the Agreement from the same account or accounts.

NOW, THEREFORE, the Parties agree as follows:

AGREEMENT

1. **Incorporation of Recitals.** The Recitals set forth above are true and correct and are incorporated into this Amendment by this reference.

2. **Incorporation of Defined Terms.** All terms, phrases and words indicated to be defined terms by initial capitalization in this Amendment that are not specifically defined in this Amendment shall have the meaning set forth in the Agreement.

3. **Article III.** The Parties agree to amend and restate Article III (Financial Management) of the Agreement as follows:

3.1. Assignment of Claims. To the extent permitted by law, the District hereby assigns, exclusively to Manager, on the District's behalf, all claims, demands and rights of the District to charge, bill, collect and receive all revenue from patients, insurance companies, Medicare, Medicaid, and other payors. The District agrees to execute any and all documents necessary to secure and perfect Manager's interest in such claims, revenue and accounts receivable.

3.2. Operating Account. Except for taxes and assessments collected by the District, all revenue received, whether collected in the name of the District or Manager, shall be directly deposited in a bank account or accounts (collectively, the "**Operating Account**") established by Manager for the exclusive benefit of the District at such bank as Manager may from time to time designate in its sole and absolute discretion (the "**Bank**"). The District agrees to do all things necessary or desirable by Manager to authorize the deposit of such payments into the Operating Account. If either of the Parties receives any such payments in the form of checks, it will use its best efforts to promptly deposit such checks into the Operating Account. Manager shall designate such persons who shall have authority to write checks upon or otherwise authorize the disbursement of funds from such Operating Account ("**Authorized Signer**"). Manager shall have the sole and exclusive right to designate an Authorized Signer, and to write checks upon and authorize disbursements from such Operating Account, to pay the Hospital Expenses (as defined in Section 4.1 below) and the Management Fee (as defined in Section 4.2 below). Manager agrees that neither Manager nor its agents will encumber, remove, withdraw or authorize the removal or withdrawal of any funds from the Operating Account for any purpose except for Hospital Expenses or the Management Fee unless approved by the District Board.

4. **Transfer of Operating Account Upon Termination.** The Parties agree to add a new Section 5.3 to the Agreement as follows:

5.3 Transfer of Operating Account Upon Termination. Upon any termination or expiration of this Agreement, Manager shall promptly transfer control and ownership of the Operating Account to District. Manager agrees to do all things necessary or desirable by District to authorize and provide for the transfer of the Operating Account.

5. **Renumbering.** The Parties agree to renumber Section 5.6 (Payments Upon Termination) to Section 5.4 and to renumber Section 5.7 (Transition of Management Upon Termination) to Section 5.5.

6. **Governing Law.** This Amendment shall be construed and governed in accordance with the laws of the State of California.

7. **Entire Agreement.** Except as otherwise indicated in this Amendment, there are no other agreements or understandings, written or oral, between the parties, regarding this

Amendment other than as set forth herein. This Amendment shall not be modified or amended except by a written document executed by both parties to this Amendment.

8. **Counterparts.** This Amendment may be executed in counterparts, each of which shall be deemed to be an original, and all of such counterparts shall together constitute one agreement.

9. **Conflicting Provisions.** If there is any conflict or inconsistency between this Amendment and the Agreement, the provisions of this Amendment shall control and govern.

10. **No Other Changes.** Except as set forth in this Amendment, no other modifications are being made to the Agreement, and the Agreement shall remain in full force and effect.

11. **Effective Date.** This Amendment is effective as of the Effective Date, even though the Parties may have executed it after such date.

[Signature page to follow]

IN WITNESS WHEREOF, the parties have executed this Amendment on the dates set forth below, to be effective as of the Effective Date.

MANAGER:

SAN GORGONIO MEMORIAL HOSPITAL

By: _____

Its: _____

Date: _____

DISTRICT:

SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT

By: _____

Its: _____

Date: _____

TAB D

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, March 28, 2023

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, March 28, 2023, in Classroom B, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi, Ron Rader, Steve Rutledge

Members Absent: Dennis Tankersley

Required Staff: Steve Barron (CEO), Angela Brady (CNO/COO), Daniel Heckathorne (CFO), Annah Karam (CHRO) Ariel Whitley (Executive Assistant), Karan P. Singh, MD (CMO), John Peleuses (VP Support & Ancillary Svs.)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
Call To Order	Susan DiBiasi called the meeting to order at 9:06 am.									
Public Comment	No public present.									
OLD BUSINESS										
Proposed Action - Approve Minutes February 28, 2023, regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the February 28, 2023, regular meeting. There were none.	The minutes of the February 28, 2023, regular meeting will stand correct as presented.								
NEW BUSINESS										
Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – February 2023	Daniel Heckathorne, CFO, reviewed the Unaudited February 2023 finance report as included in the committee packets.	M.S.C. (Rutledge/Rader), the SGMH Finance Committee voted to recommend approval of the Unaudited January 2023 Financial report to the Hospital Board of Directors.								
	The month of January resulted in positive \$319K EBIDA compared to budgeted EBIDA loss of \$931K.									
	It was noted that approval is recommended to the Hospital Board.									
	ROLL CALL:									
	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">DiBiasi</td> <td style="width: 25%;">Yes</td> <td style="width: 25%;">Rader</td> <td style="width: 25%;">Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> </table>	DiBiasi	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Absent	
DiBiasi	Yes	Rader	Yes							
Rutledge	Yes	Tankersley	Absent							

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
	<p>Motion carried.</p>									
<p>Proposed Action – Recommend Approval to Hospital Board and Healthcare District Board for authorization to declare existing Siemens Somatom Sensation 64 CT Scanner Model #8377520, Serial Number #55296 as surplus property and authorize the hospital to dispose of the unit as appropriate at fair market value.</p>	<p>As the hospital will be acquiring two new Canon CT Scanners for the Primary Stroke Center Project, we will not have a need for the existing Siemens Somatom Sensation 64 CT Scanner, serial number #55296.</p> <p>Therefore, it is being asked of the District to declare the above equipment as surplus and authorize the hospital to dispose of the unit as appropriate.</p> <p>It was noted that approval is recommended to the Hospital Board and the Healthcare District Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="386 783 1214 854"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Absent	<p>M.S.C. (Rader/DiBiasi), the SGMH Finance Committee voted to recommend authorization to declare existing Siemens Somatom Sensation 64 CT Scanner Model #8377520, Serial Number #55296 as surplus property and authorize the hospital to dispose of the unit as appropriate at fair market value to the Hospital Board of Directors and the Healthcare District Board of Directors.</p>
DiBiasi	Yes	Rader	Yes							
Rutledge	Yes	Tankersley	Absent							
<p>Proposed Action - Recommend approval to Hospital Board and the Healthcare District Board</p> <ul style="list-style-type: none"> Presentation of Women’s Clinic Midwifery Program Forecast and Authorization to Commence Project 	<p>San Gorgonio Memorial Hospital has an opportunity to establish a 1206d clinic to better serve the needs of women within the San Gorgonio Memorial Healthcare District</p> <p>A presentation was given by Dan Heckathorne and Rhonda Gunther to request authorization to commence the project.</p> <p>It was noted that approval is recommended to the Hospital Board and the Healthcare District Board.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="386 1497 1214 1568"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Absent	<p>M.S.C. (Rader/DiBiasi), the SGMH Finance Committee voted to recommend approval to commence the Women’s Clinic Midwifery Program project to the Hospital Board of Directors and the Healthcare District Board of Directors.</p>
DiBiasi	Yes	Rader	Yes							
Rutledge	Yes	Tankersley	Absent							
<p>Proposed Action – Recommend approval to Hospital Board</p> <ul style="list-style-type: none"> Information Technology Network Service and Consulting Agreement with Helix Storm, Inc. 	<p>Dan Heckathorne gave a brief presentation about our current network and infrastructure services and how they can improve by entering into an agreement with a new consultant.</p> <p>It was noted that approval is recommended to the Hospital Board.</p> <p>ROLL CALL:</p>	<p>M.S.C. (DiBiasi/Rutledge), the SGMH Finance Committee voted to recommend approval to enter into an IT Network Service and Consulting</p>								

AGENDA ITEM	DISCUSSION				ACTION / FOLLOW-UP								
and MDR Solution with Arctic Wolf	DiBiasi	Yes	Rader	Yes	Agreement with Helix Storm, Inc., and MDR Solution with Arctic Wolf to the Hospital Board of Directors.								
	Rutledge	Yes	Tankersley	Absent									
Proposed Action – Recommend approval to Hospital Board <ul style="list-style-type: none"> • Pharmacy 340b Program with the Craneware Group re: Outpatient Split Billing Rebate Program, Outpatient Retail Contract Pharmacy Rebates, and Inpatient Medications Rebate Program 	<p>Dan Heckathorne gave a brief presentation about the Pharmacy 340b program. CMS makes available a drug rebate program for hospitals and other providers which serve a disproportionate number of Medicaid (Medi-Cal) patients. San Gorgonio Memorial Hospital can access this program via the services of the Craneware Group, a nationally recognized vendor which helps hospitals and other providers obtain these rebates.</p> <p>It was noted that approval is recommended to the Hospital Board</p> <p>ROLL CALL:</p> <table border="1" data-bbox="386 894 1214 968"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> <tr> <td>Rutledge</td> <td>Yes</td> <td>Tankersley</td> <td>Absent</td> </tr> </table> <p>Motion carried.</p>				DiBiasi	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Absent	M.S.C. (Rutledge/Rader), the SGMH Finance Committee voted to recommend approval to participate in the Pharmacy 340b program with the Craneware Group re: Outpatient Split Billing Rebate Program, Outpatient Retail Contract Pharmacy Rebates, and Inpatient Medications Rebate Program to the Hospital Board of Directors.
DiBiasi	Yes	Rader	Yes										
Rutledge	Yes	Tankersley	Absent										
Future Agenda Items	None												
Next Meeting	The next regular Finance Committee meeting will be held on April 25, 2023 @ 9:00 am.												
Adjournment	The meeting was adjourned at 11:01 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

EIGHT MONTHS ENDING FEBRUARY 28, 2023

FY 2023

Certification Statement:

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

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

Certified by:

Daniel R. Heckathorne

Daniel R. Heckathorne

CFO

San Gorgonio Memorial Hospital

Financial Report - Executive Summary

For the Month of February, 2023 and Eight Months Ended February 28, 2023 (Unaudited)

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

The month of February resulted in positive \$319K Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$931K.

YTD – The YTD February results were a negative \$6.85M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted EBIDA loss of \$9.75M.

Month – Adjustments and Items of Note:

- The February Average Daily Census was 21.3 compared to January's 21.1 (Budget = 34.7)
- Emergency visits and Surgery cases were also below projections.
- Labor Costs were under budget by \$378K, mostly reflecting the low patient volumes.
- There was a \$364K reversal of Health Insurance expense that was over accrued as Purchased Services in September, which favorably impacts the current month's EBIDA by this amount.
- There was a \$161K reversal of Drug expense that was over accrued in January which favorably impact's the current month's EBIDA by this amount.
- The Hospital received an additional \$185K from the IEHP quality award and \$172K from a 2018/19 DSH re-distribution.
- \$426K of HQAF Supplemental funding (received in January) was booked in February.
- The Medicare "Low Volume Adjustment" payment was reinstated by federal legislation. This had a favorable impact to Net Revenues in January of \$88K and will avoid the future loss of approximately \$712K on a yearly basis.
- The favorable EBIDA impact (excluding the labor variance) of the "Adjustments and Items of Note" was \$1.40M.

Month - February's inpatient average daily census was 21.3. Adjusted Patient Days were 15% under budget (1,644 vs. 1,935) which includes the Patient Days which were 38% below budget (597 vs. 972). Emergency Visits were 7.9% under budget (2,956 vs. 3,209), and Surgeries were under budget by 10.8 % (107 vs. 120).

YTD - Inpatient average daily census was 22.3. Adjusted Patient Days were 9% under budget (14,513 vs. 15,955) and Patient Days were 32% below budget (5,431 vs. 8,015). Emergency Visits were 6% over budget (28,115 vs. 26,467), and overall Surgeries were 4.4% under budget (946 vs. 990).

Patient Revenues (MTD) Negative (YTD) Negative

Month - Net Patient Revenues in February were \$554K (11%) below budget. This continues to be impacted by the Deductions from Revenues consisting of the higher-than-expected mix of Outpatient Revenues (compared to Inpatient Revenues), which generally pay about 10% of charges compared to Inpatient Revenues which generally pay about 18% of charges. This also directly relates to the much lower-than-expected count of Inpatient Days. The Residency Program recovery was \$41K and is included in the Deductions from Revenues.

YTD – Net Patient Revenues were \$4.9M (12%) below budget. This is markedly impacted by the Deductions from Revenues consisting of the higher-than-expected mix of Outpatient Revenues (compared to Inpatient Revenues), which generally pay about 10% of charges compared to Inpatient Revenues which generally pay about 18% of charges. This also directly relates to the lower- than-expected Inpatient Days. The Deductions are favorably offset by \$369K Residency Program recovery.

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

Month – Operating Revenue in February was \$94K under budget. This is mostly impacted by the Net

Patient Revenues being \$554K under budget and the Non-Patient Revenues being \$460K over budget. YTD - Operating Revenue was \$3.41M below budget. This was impacted by the \$4.90M negative variance in Net Patient Revenues for the eight months and a \$1.49M positive variance in Other Income.

Operating Expenses (MTD) Positive & (YTD) Positive

Month - Operating Expenses in February were \$6.09M and were under budget by \$1.34M. Key items that impacted overall Expenses were as follows: 1) Salaries and Wages, Benefits, and Contract Labor were collectively \$378K under budget, however, this included an unfavorable Contract Labor variance of \$69K primarily from OB and Med-Surg; 2) Purchased Services were \$540K below budget which included a) the reversal of the \$364K amount that had been over accrued in September, b) favorable variances in Altera (Allscripts) fees (\$69K), along with favorable variances in I/T, Legal fees, and Plant Operations; 3) Supplies were under budget by \$383K, which can be attributed to a) reversal of January's over accrual for drug expense of \$161K, b) lower than expected Inpatient Admissions, and c) no covid surges. Key variances include general Medical Supplies (\$26K) and Non-Medical Supplies (\$40K); 4) Utilities and Repairs were over budget \$24K and \$26K respectively due to seasonal variances; 5) Other Expense had a positive variance of \$51K, impacted by no licensing fees or dues in February.

YTD - Operating Expenses were \$55.2M and were under budget by \$6.3M. Key items that impacted overall Expenses were as follows: 1) Salaries, Benefits, and Contract Labor were a combined \$1.82M under budget which was impacted by the PTO Flex-Down variance during the summer months along with the much lower than expected Patient Days workloads; 2) Physician fees were \$377K under budget and a significant portion of the variance relates to the Residency Program (\$247K) and Anesthesia fees (\$75K); 3) Purchased Services showed a favorable variance of \$1.79M due to Allscripts/Navigant (\$724K), I/T (\$296K), Dialysis (\$131K), along with various other Service Agreements being lower than expected; 4) Supplies were under budget by \$2.43M, which included Drugs (\$1.17M) and General Medical Supplies (\$758K) and can be attributable to a) much lower than expected Inpatient Admissions, b) no covid surges thus far, and c) not experiencing the full impact of inflation which is expected to accelerate over the remainder of the year. Note: Although there has been success in controlling expenses and there are some significant favorable variances, there may be some expenses which have not fully materialized in the first 8 months of the year, and this could have some impact on future months' expenses.

Balance Sheet/Cash Flow

Patient cash collections in February totaled \$5.64M compared to January (\$6.03M) and December (\$4.11M). The Gross A/R Days decreased to 69, down from 74.1 in January and 76.2 in December. A/R collections in January and February have started to recover from the I/T system down-time in November, the Christmas holiday time, and complications from the Altera 22.1 E.H.R. upgrade in early January.

Cash balances were \$6.26M compared to \$7.98M in December. Due to improved cash collections and receipt of the \$1.085M Quality performance payment, the Accounts Payable dropped from \$11.3M in January to \$8.6M in February; the Line of Credit balance remained at \$6M. Other items of note include a liability reflecting \$1.24M payable to Medicare for outliers and sequestration. Also, the semi-annual bond interest payments made in February caused a \$1.84M drop in Current Bond Interest Payable.

Concluding Summary

Positive takeaways:

- 1) EBIDA was positive due to the one-time adjustments/income totaling \$1.40M.
- 2) Assuming the prorated expected Supplemental Pay had been accrued through February, the YTD EBIDA (including allowance for payment of operating/software leases) would be \$2.85M. This positive performance is essential as we head into the next fiscal year, as the 2024 QIP revenues are projected to be reduced by over \$2M from the current year amount.

Negative takeaways: Inpatient Days were again below expectations for a "normal" February.

STATISTICS

Inpatient Admissions/Discharges (Monthly Average)

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

Patient Days (Monthly Average)

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

Average Daily Census (Inpatient)

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

Average Length of Stay (Inpatient)

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

Emergency Visits (Monthly Average)

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

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

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

G.I. Cases (Monthly)

Number of patients who had a gastrointestinal exam performed.

Newborn Deliveries (Monthly)

Number of babies delivered.

PRODUCTIVITY

Worked FTEs (includes Registry FTEs)

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

Worked FTEs per APD

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

Paid FTEs (includes Registry FTEs)

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

Paid FTEs per APD

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

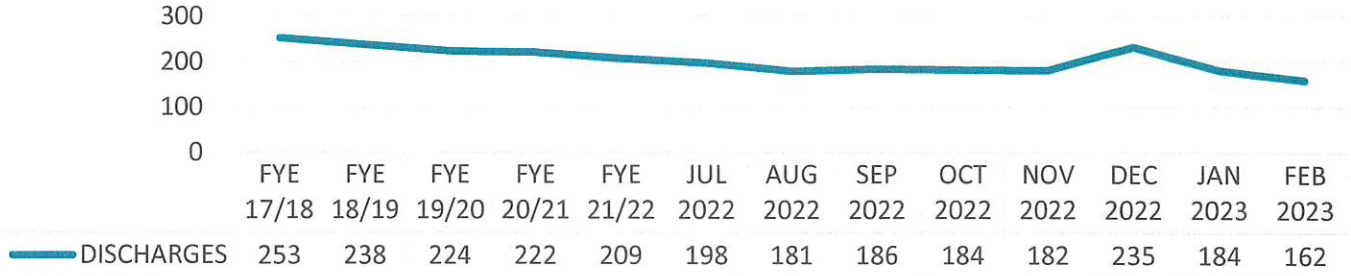
ADJUSTED PATIENT DAYS

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

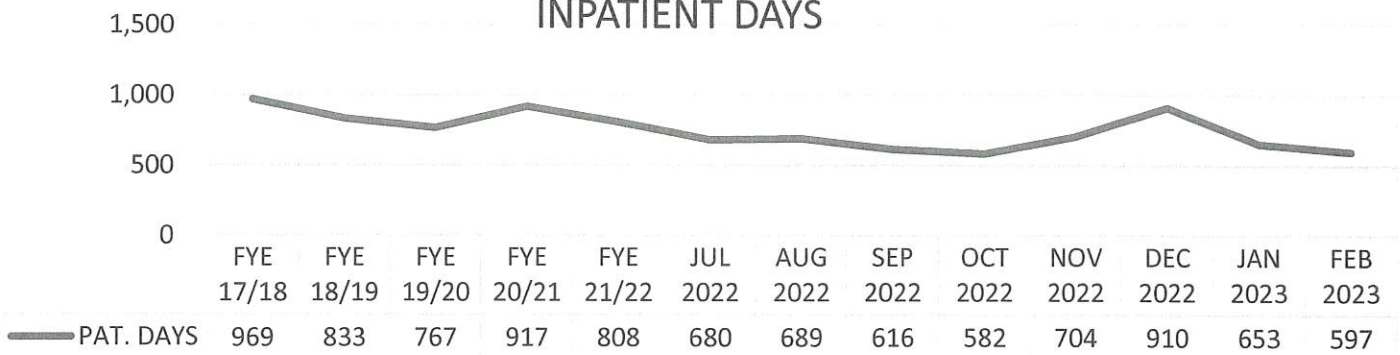
3-A

SAN GORGONIO MEMORIAL HOSPITAL

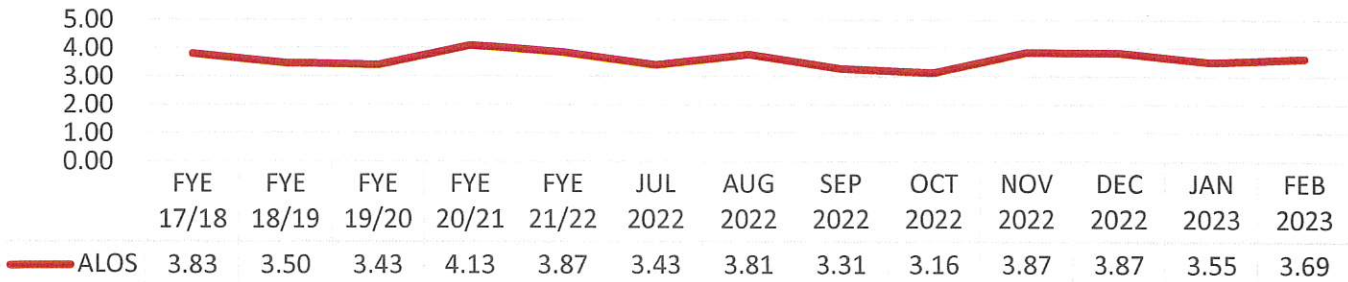
INPATIENT DISCHARGES



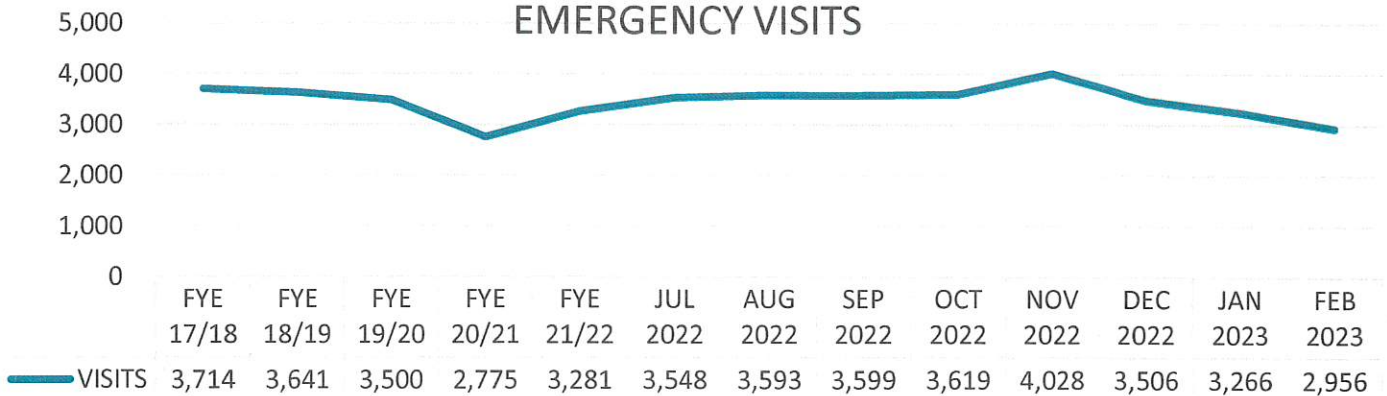
INPATIENT DAYS



AVERAGE LENGTH OF STAY



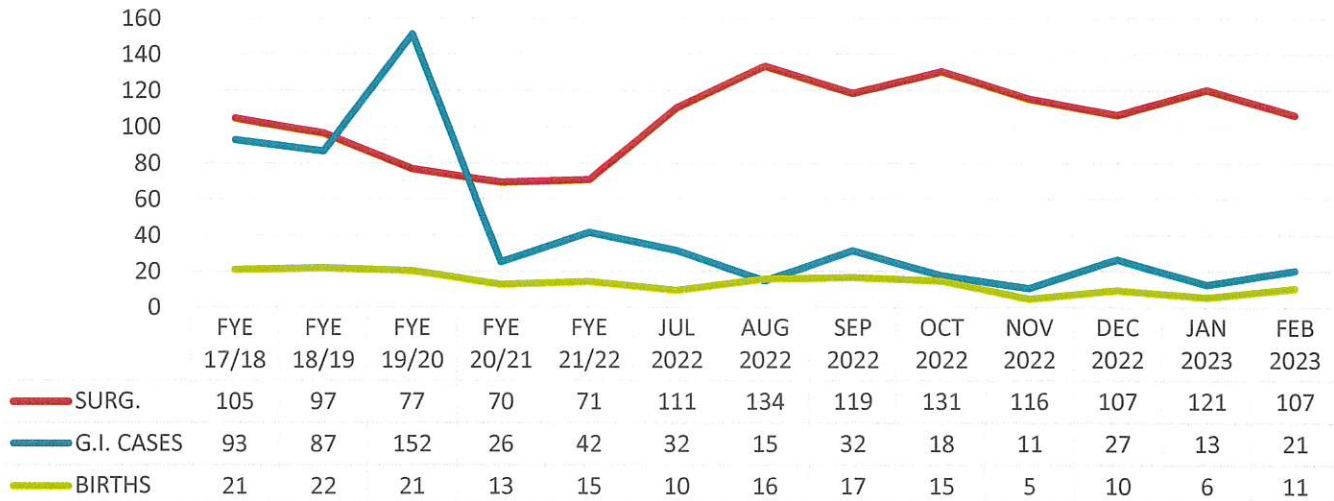
EMERGENCY VISITS



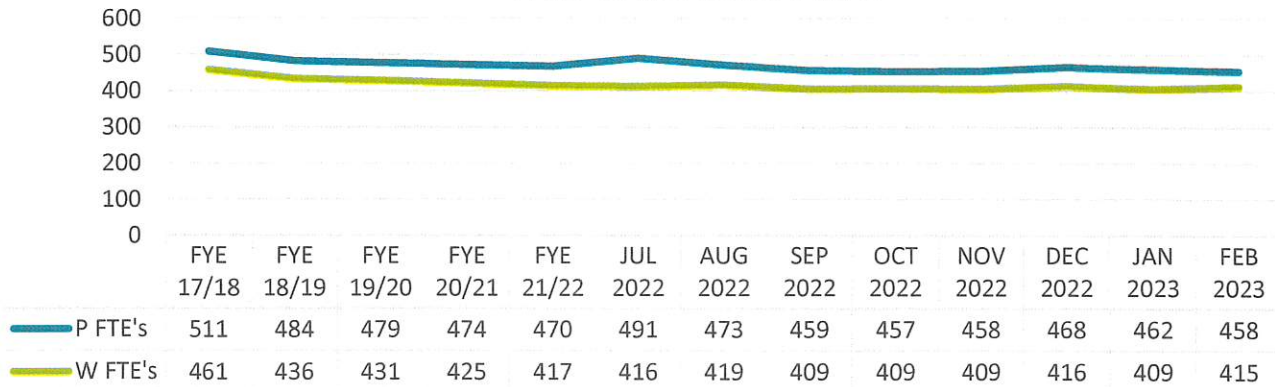
3-B

SAN GORGONIO MEMORIAL HOSPITAL

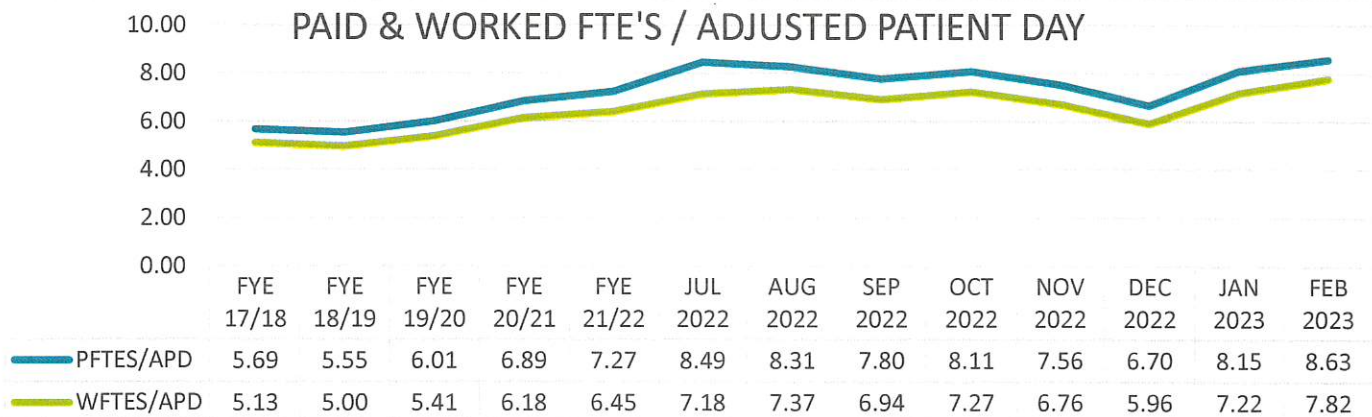
SURGERY CASES, G.I. CASES, N/B DELIVERIES



PAID & WORKED FTE'S



PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



3-C

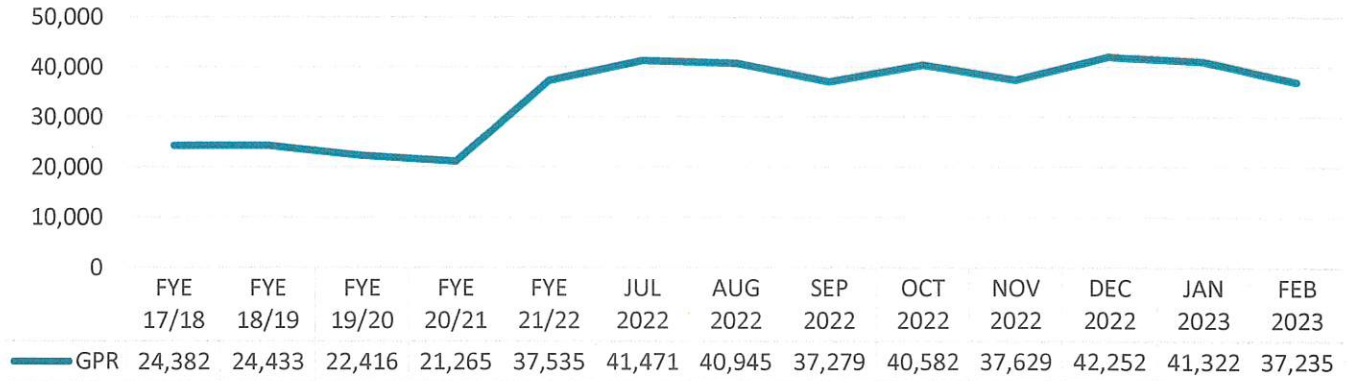
INCOME STATEMENT

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

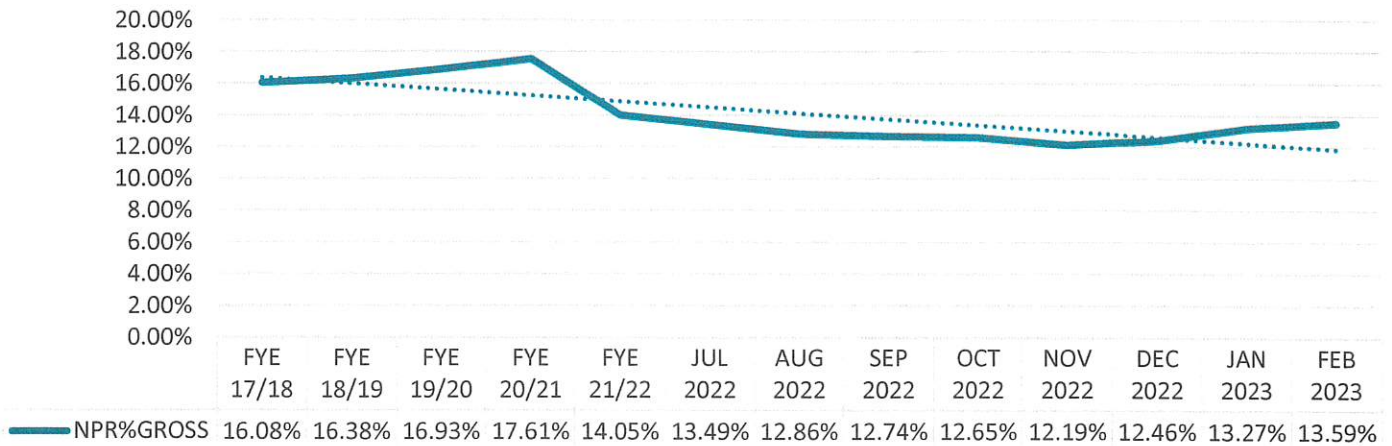
3
4

SAN GORGONIO MEMORIAL HOSPITAL

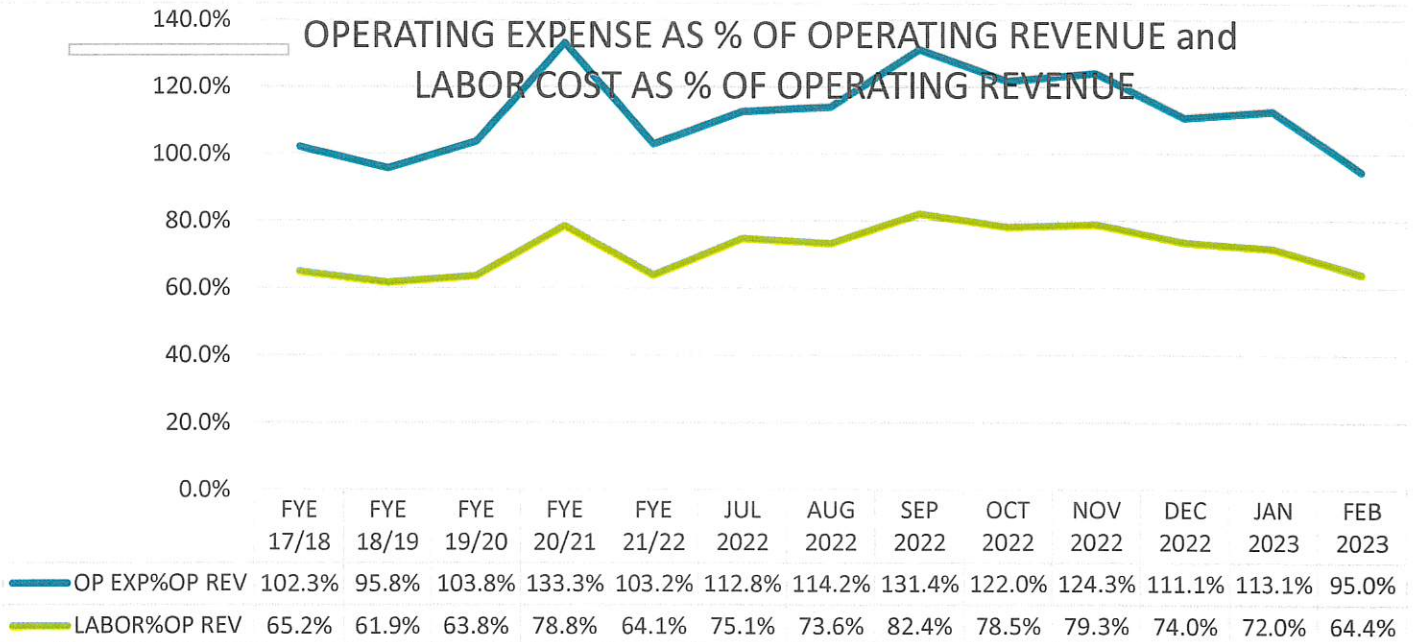
GROSS PATIENT REVENUE (000's)



NET PATIENT REVENUE AS % OF GROSS

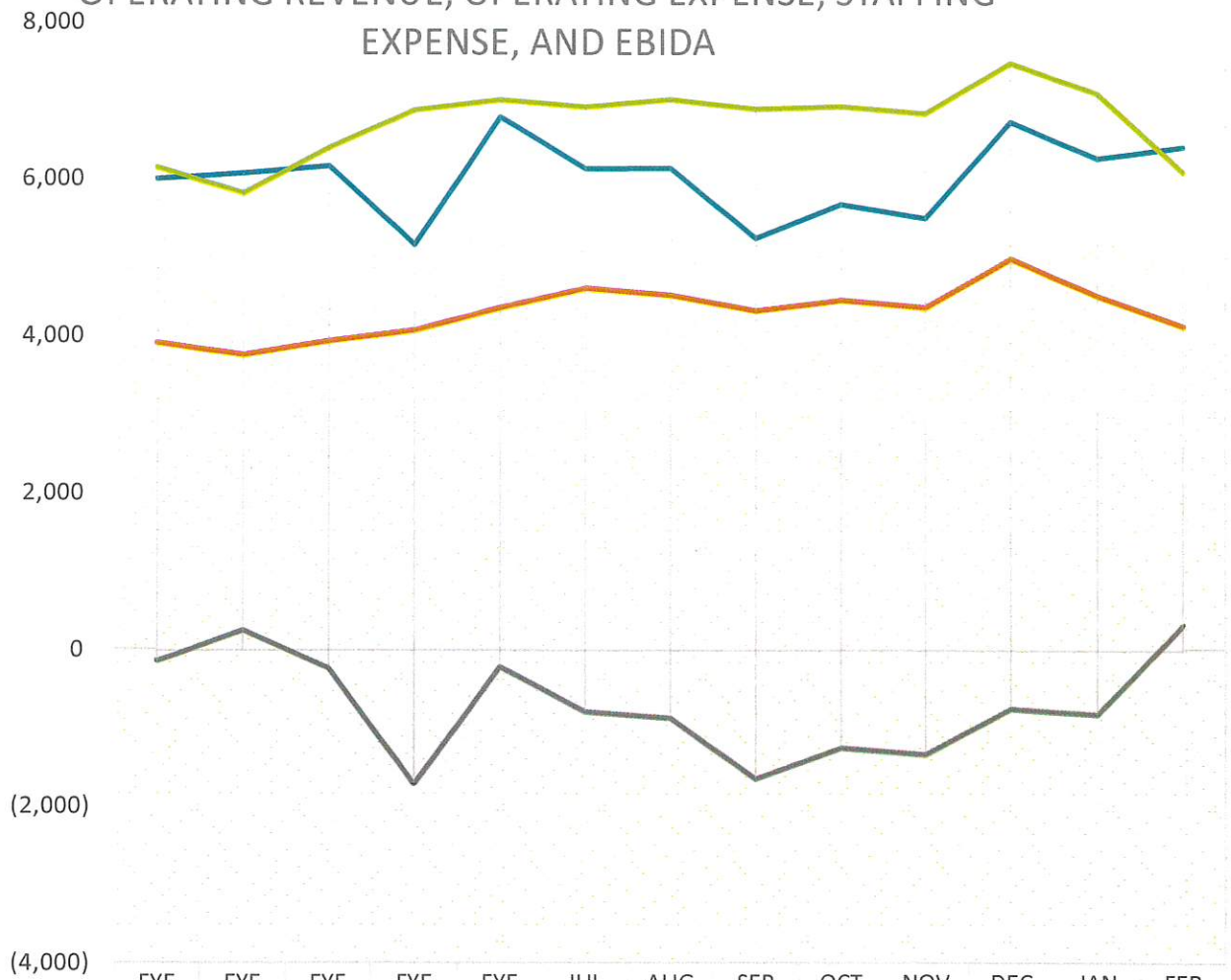


OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE

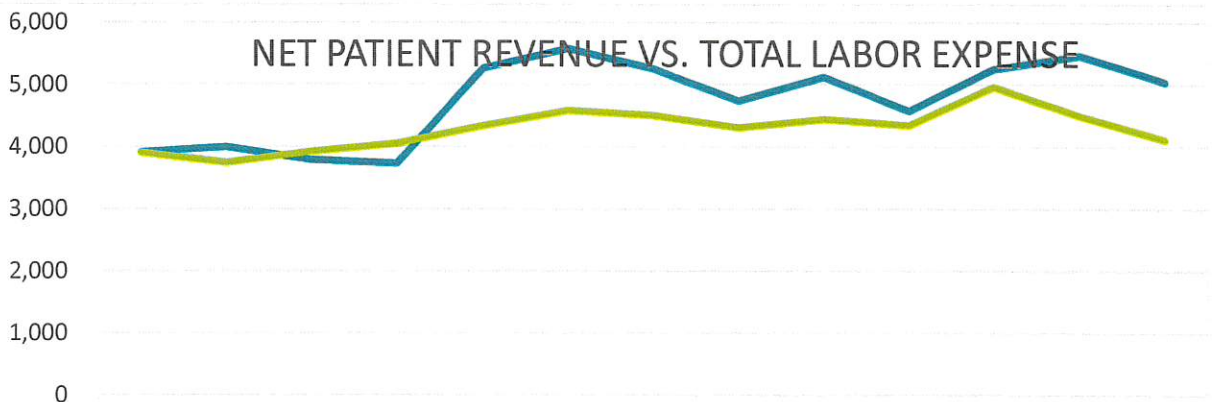


3-E

SAN GORGONIO MEMORIAL HOSPITAL OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE	FYE	FYE	FYE	FYE	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
	17/18	18/19	19/20	20/21	21/22	2022	2022	2022	2022	2022	2022	2023	2023
OP REV	6,006	6,069	6,165	5,160	6,791	6,132	6,137	5,246	5,674	5,499	6,728	6,269	6,413
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010	6,893	6,923	6,834	7,475	7,091	6,094
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513	4,129
EBIDA	(141)	252	(233)	(1,719)	(216)	(788)	(873)	(1,648)	(1,249)	(1,335)	(747)	(822)	319

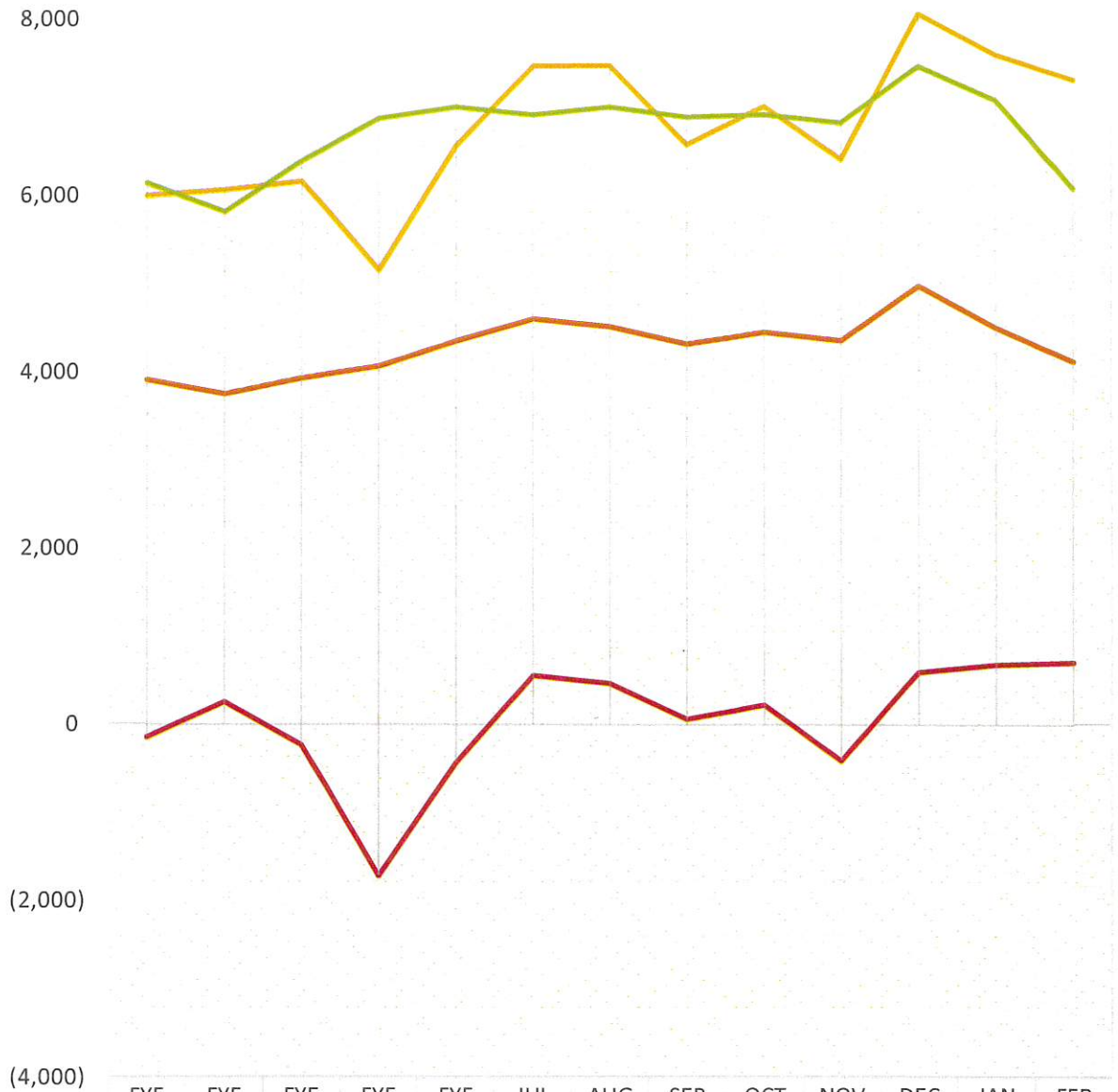


	FYE	FYE	FYE	FYE	FYE	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
	17/18	18/19	19/20	20/21	21/22	2022	2022	2022	2022	2022	2022	2023	2023
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,594	5,267	4,751	5,134	4,585	5,266	5,485	5,060
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513	4,129

3-F

SAN GORGONIO MEMORIAL HOSPITAL

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



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	JUL 2022	AUG 2022	SEP 2022	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023
REV NORMAL	6,006	6,069	6,165	5,160	6,569	7,472	7,477	6,586	7,014	6,418	8,067	7,609	7,326
OP EXP	6,147	5,817	6,398	6,878	7,007	6,920	7,010	6,893	6,923	6,834	7,475	7,091	6,094
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,604	4,515	4,322	4,452	4,359	4,980	4,513	4,129
EBIDA NORMAL	(141)	252	(233)	(1,719)	(438)	552	467	56	215	(416)	593	679	708

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

3-5

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.

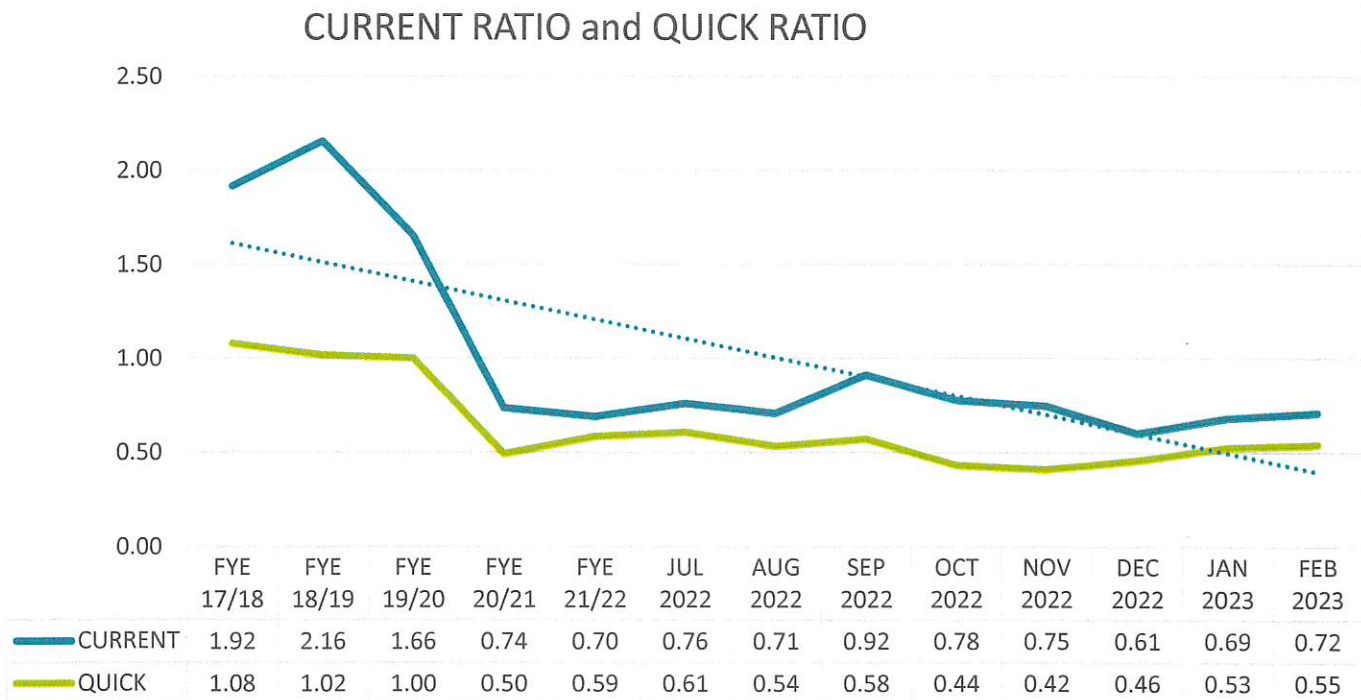
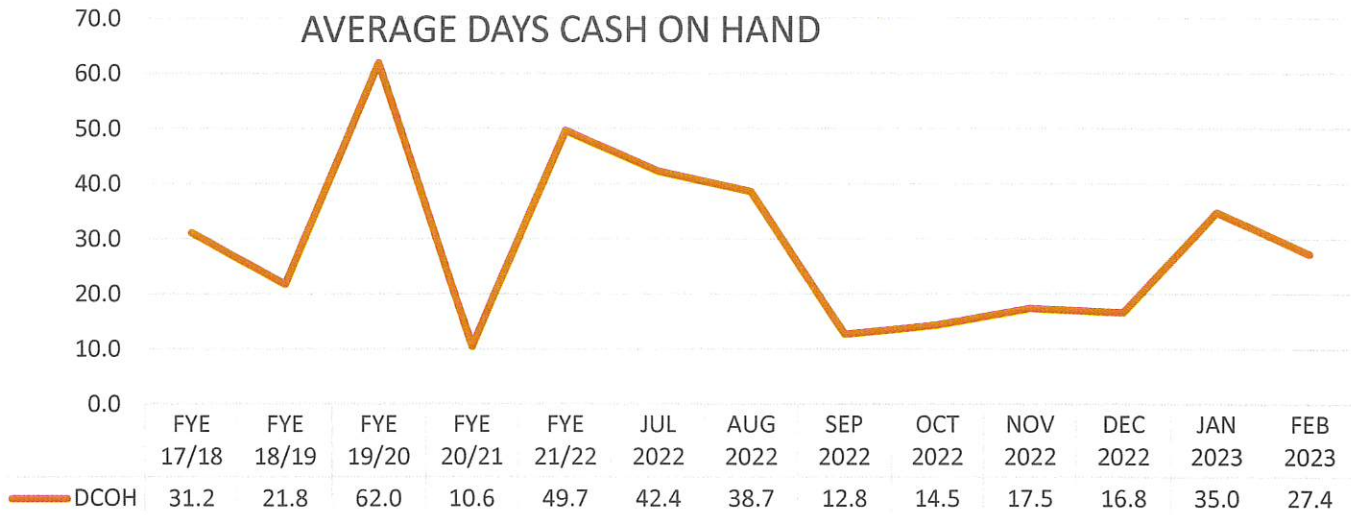
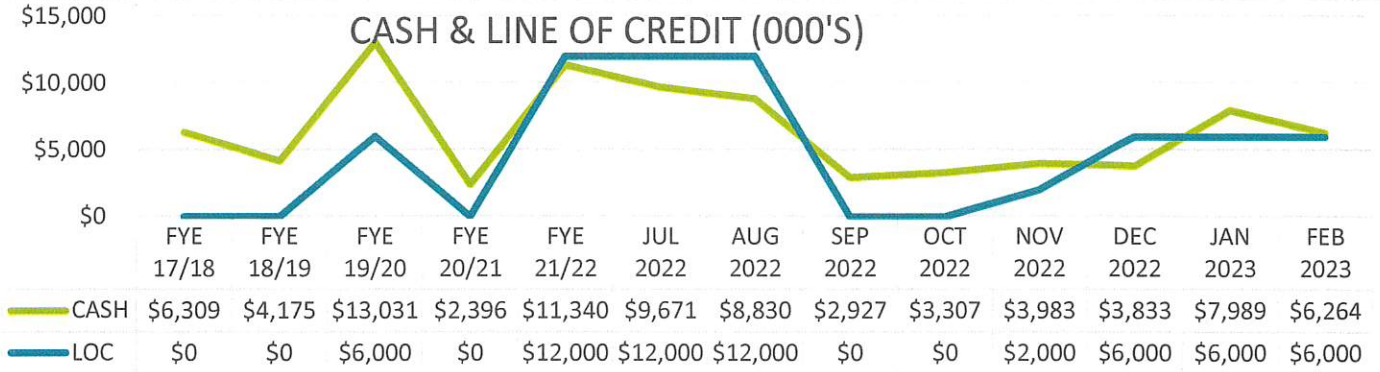
Accounts Payable Days

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.

SAN GORGONIO MEMORIAL HOSPITAL



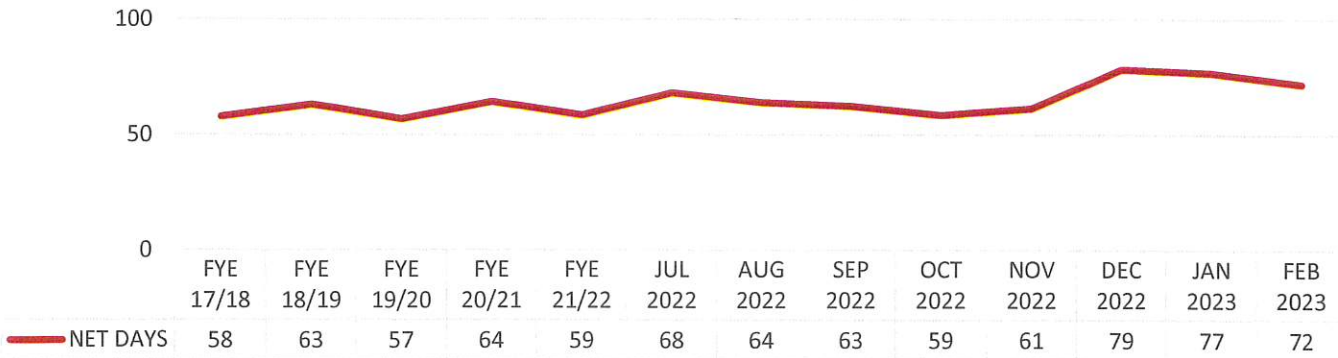
3-K

SAN GORGONIO MEMORIAL HOSPITAL

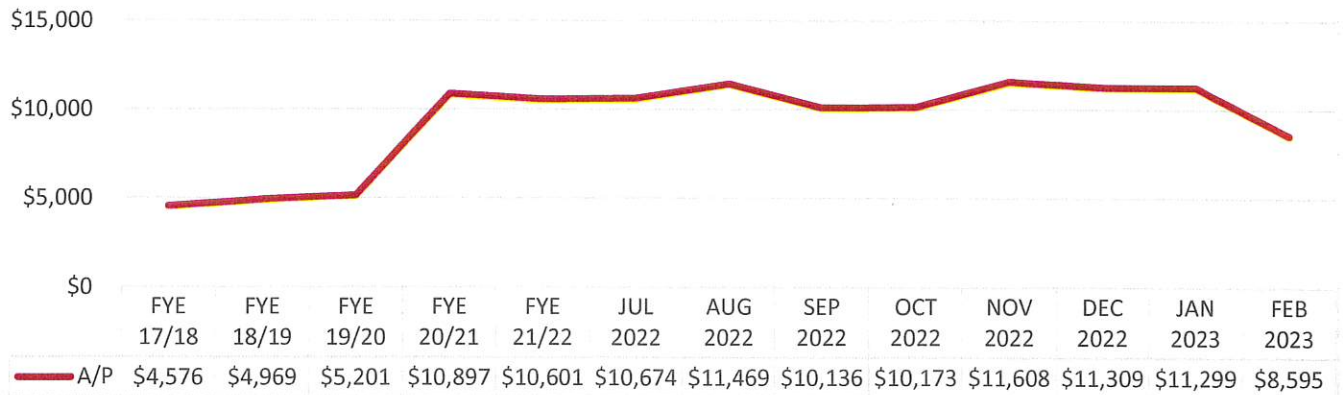
NET ACCOUNTS RECEIVABLE (000'S)



AVE. DAYS OF COLLECTIONS IN NET A/R



ACCOUNTS PAYABLE (000'S)



AVERAGE DAYS IN ACCOUNTS PAYABLE



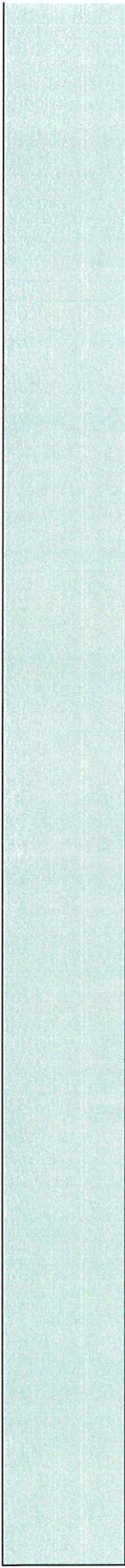
SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
EIGHT MONTHS ENDING FEBRUARY 28, 2023

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD						
REF LINE#	02/28/23 ACTUAL	02/28/23 BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE	
	Revenue:					
[1]	\$ 37,235,189	\$ 43,010,236	\$ 318,653,788	\$ 354,981,064	\$ (36,327,276)	
[2]	(32,175,562)	(37,396,444)	(277,226,253)	(308,648,143)	31,421,890	
[3]	5,059,628	5,613,792	41,427,534	46,332,921	(4,905,386)	
[4]	-	-	-	-	-	
[5]	1,353,216	893,094	6,955,347	5,464,431	1,490,916	
[6]	6,412,844	6,506,886	48,382,881	51,797,351	(3,414,470)	
	Total Operating Revenues					
	Expenses:					
[7]	3,986,752	4,433,522	35,097,242	37,082,274	1,985,032	
	141,964	72,873	775,303	607,107	(168,196)	
	329,986	365,231	2,545,325	2,921,848	376,523	
	476,515	1,016,002	6,335,926	8,125,478	1,789,553	
[8]	948,464	1,454,106	9,656,554	11,654,434	1,997,880	
[9]	723,243	1,106,725	6,590,790	9,023,931	2,433,141	
[10]	435,230	443,045	3,883,563	3,788,806	(94,756)	
[11]	-	-	-	-	-	
[12]	6,093,690	7,437,398	55,228,149	61,549,446	6,321,297	
[13]	\$ 319,154	\$ (930,512)	\$ (6,845,267)	\$ (9,752,095)	\$ 2,906,827	
[14]	1,085,187	1,117,119	7,984,758	8,491,989	507,231	
[15]	629,228	1,092,982	6,678,580	8,743,853	(2,065,273)	
[16]	\$ (136,805)	\$ (954,649)	\$ (8,151,446)	\$ (9,500,231)	\$ 1,348,785	
	TOTAL NET SURPLUS (LOSS)					

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
EIGHT MONTHS ENDING FEBRUARY 28, 2023

BALANCE SHEET

	YTD 2/28/2023	Prior FYE 6/30/2022
ASSETS		
[1] Current Assets	\$ 21,977,288	\$ 23,401,085
[2] Assets Whose Use is Limited	11,212,210	12,704,494
[3] Property, Plant & Equipment (Net)	74,895,679	73,514,801
[4] Other Assets	(3,533,588)	503,000
[5] Total Unrestricted Assets	104,551,590	110,123,380
[6] Restricted Assets	0	0
[7] Total Assets	\$ 104,551,590	\$ 110,123,380
LIABILITIES AND NET ASSETS		
[8] Current Liabilities	\$30,718,361	\$33,649,575
[9] Long-Term Debt	111,282,503	105,323,946
[10] Other Long-Term Liabilities	4,852,624	2,231,626
[11] Total Liabilities	\$ 146,853,488	\$ 141,205,147
[12] Net Assets	\$ (42,301,898)	\$ (31,081,767)
[13] Total Liabilities and Net Assets	\$ 104,551,590	\$ 110,123,380



KEY STATISTICS AND RATIOS					
	01/31/23 ACTUAL FY 23	02/28/23 ACTUAL FY 23	02/28/23 BUDGET FY 23	2023 YTD FY 23	2022 YR END TOTAL FY 22
[1] Total Acute Patient Days	653	597	972	5,431	9,689
[2] Average Daily Census	21.1	21.3	34.7	22.3	26.5
[3] Average Acute Length of Stay	3.5	3.7	4.1	3.6	3.9
[4] Patient Discharges	184	162	240	1,512	2,502
[5] Observation Days	252	264	235	2,084	2,775
[6] Total Emergency Room Visits	3,266	2,956	3,209	28,115	39,374
[7] Average ED Visits Per Day	105	106	115	116	108
[9] Total Surgeries (Excluding G.I.'s)	121	107	120	946	855
[10] Deliveries/Births	6	11	10	90	175

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
EIGHT MONTHS ENDING FEBRUARY 28, 2023

	DISTRICT ONLY	CURRENT MONTH			
		FY 23	FY 23	Positive	Percentage
		ACTUAL	CUR MO BUD	(Negative)	
ACTUAL	ACTUAL	ACTUAL	Variance	Variance	
	02/28/23	02/28/23	02/28/23		
Gross Patient Revenue					
[1] Inpatient Revenue	\$ -	\$ 13,691,246	\$ 21,095,135	\$ (7,403,889)	-54.1%
[2] Inpatient Psych/Rehab Revenue	-	-	-	-	-
[3] Outpatient Revenue	-	23,543,943	\$ 21,915,100	1,628,842	6.9%
[4] Long Term Care Revenue	-	-	-	-	-
[5] Home Health Revenue	-	-	-	-	-
[6] Total Gross Patient Revenue	\$ -	\$ 37,235,189	\$ 43,010,236	\$ (5,775,047)	-15.5%
Deductions From Revenue					
[7] Discounts and Allowances	-	(30,914,713)	\$ (35,803,910)	\$ 4,889,197	-15.8%
[8] Bad Debt Expense	-	(1,246,067)	\$ (1,514,610)	268,543	-21.6%
[9] Prior Year Settlements	-	-	\$ -	-	-
[10] Charity Care	-	(14,782)	\$ (77,924)	63,142	-427.2%
[11] Total Deductions From Revenue	-	(32,175,562)	(37,396,444)	\$ 5,220,882	-16.2%
[12]		86.4%	-86.9%		
[13] Net Patient Revenue	\$ -	\$ 5,059,628	\$ 5,613,792	\$ (554,164)	-11.0%
Non Patient Operating Revenues					
[14] IGT/DSH Revenues	-	-	\$ -	\$ -	0.0%
[15] Grants & Other Op Revenues	-	951,722	\$ 480,350	471,372	49.5%
[16] Clinic Net Revenues	-	-	\$ -	-	-
[17] Tax Subsidies Measure D	246,994	246,994	\$ 246,994	(0)	0.0%
[18] Tax Subsidies Prop 13	154,500	154,500	\$ 154,500	-	0.0%
[19] Tax Subsidies County Supplemental Funds	-	-	\$ 11,250	(11,250)	0.0%
Non- Patient Revenue	\$ 401,494	\$ 1,353,216	\$ 893,094	\$ 460,122	34.0%
Total Operating Revenue	\$ 401,494	\$ 6,412,844	\$ 6,506,886	\$ (94,042)	-1.5%
Operating Expenses					
[20] Salaries and Wages	-	3,077,122	3,528,499	\$ 451,376	14.7%
[21] Fringe Benefits	-	909,630	905,024	(4,607)	-0.5%
[22] Contract Labor	-	141,964	72,873	(69,090)	-48.7%
[23] Physicians Fees	-	329,986	365,231	35,245	10.7%
[24] Purchased Services	-	476,515	1,016,002	539,487	113.2%
[25] Supply Expense	-	723,243	1,106,725	383,482	53.0%
[26] Utilities	-	105,867	82,231	(23,636)	-22.3%
[27] Repairs and Maintenance	8,200	101,598	75,564	(26,034)	-25.6%
[28] Insurance Expense	-	117,116	122,979	5,862	5.0%
[29] All Other Operating Expenses	-	48,806	99,325	50,519	103.5%
[30] Supplemental and Grant Expense	-	-	0	-	0.0%
[31] Leases and Rentals	-	61,844	62,946	1,103	1.8%
[32] Clinic Expense	-	-	0	-	0.0%
[33] Total Operating Expenses	\$ 8,200	\$ 6,093,690	\$ 7,437,398	\$ 1,343,708	22.1%
[34] EBIDA	\$ 393,294	\$ 319,154	\$ (930,512)	\$ 1,249,666	391.6%
Interest Expense and Depreciation					
[35] Depreciation	406,450	660,120	625,347	\$ (34,774)	-5.3%
[36] Interest Expense and Amortization	375,367	425,067	491,772	66,706	15.7%
[37] Total Interest & depreciation	781,817	1,085,187	1,117,119	31,932	2.9%
Non-Operating Revenue:					
[38] Contributions & Other	1,523	1,875	466,744	(464,869)	-24788.5%
[39] Tax Subsidies for GO Bonds - M-A	627,353	627,353	626,237	1,116	0.2%
[40] Total Non Operating Revenue/(Expense)	628,876	629,228	1,092,982	\$ (463,753)	-73.7%
[41] Total Net Surplus/(Loss)	\$ 240,353	\$ (136,805)	\$ (954,649)	\$ 817,845	-597.8%
[42] Extra-ordinary loss on Financing	-	-	-	-	-
[43] Increase/(Decrease in Unrestricted Net Assets	\$ 240,353	\$ (136,805)	\$ (954,649)	\$ 817,845	-597.8%
[44] Total Profit Margin	59.86%	-2.13%	-14.67%		
[45] EBIDA %	97.96%	4.98%	-14.30%		

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
EIGHT MONTHS ENDING FEBRUARY 28, 2023

		YEAR-TO-DATE				
		DISTRICT ONLY			Positive	Percentage
		Actual	Actual	Budget	(Negative)	Variance
		02/28/23	02/28/23	02/28/23	Variance	
Gross Patient Revenue						
[1]	Inpatient Revenue	\$ -	\$ 119,602,764	\$ 174,270,207	\$ (54,667,443)	-45.7%
[2]	Inpatient Psych/Rehab Revenue	-	-	-	-	
[3]	Outpatient Revenue	-	199,051,024	\$ 180,710,857	18,340,167	9.2%
[4]	Long Term Care Revenue	-	-	-	-	
[5]	Home Health Revenue	-	-	-	-	
[6]	Total Gross Patient Revenue	\$ -	\$ 318,653,788	\$ 354,981,064	\$ (36,327,276)	-11.4%
Deductions From Revenue						
[7]	Discounts and Allowances	-	(269,409,615)	\$ (295,504,309)	\$ 26,094,694	9.7%
[8]	Bad Debt Expense	-	(7,132,317)	\$ (12,500,696)	5,368,379	75.3%
[9]	Prior Year Settlements	-	-	\$ -	-	
[10]	Charity Care	-	(684,321)	\$ (643,138)	(41,183)	-6.0%
[11]	Total Deductions From Revenue	-	(277,226,253)	(308,648,143)	\$ 31,421,890	11.3%
[12]			87.0%	-86.9%		
[13]	Net Patient Revenue	\$ -	\$ 41,427,534	\$ 46,332,921	\$ (4,905,386)	-11.8%
Non Patient Operating Revenues						
[14]	IGT/DSH Revenues	-	-	\$ -	\$ -	0.0%
[15]	Grants & Other Op Revenues	-	3,743,396	\$ 2,162,480	1,580,916	42.2%
[16]	Clinic Net Revenues	-	-	\$ -	-	
[17]	Tax Subsidies Measure D	1,728,957	1,975,951	\$ 1,975,951	(0)	0.0%
[18]	Tax Subsidies Prop 13	1,081,500	1,236,000	\$ 1,236,000	-	0.0%
[19]	Tax Subsidies County Supplemental Funds	-	-	\$ 90,000	(90,000)	0.0%
	Non- Patient Revenue	\$ 2,810,457	\$ 6,955,347	\$ 5,464,431	\$ 1,490,916	21.4%
	Total Operating Revenue	\$ 2,810,457	\$ 48,382,881	\$ 51,797,351	\$ (3,414,470)	-7.1%
Operating Expenses						
[20]	Salaries and Wages	-	27,848,215	\$ 29,733,848	\$ 1,885,633	6.8%
[21]	Fringe Benefits	-	7,249,028	\$ 7,348,427	99,399	1.4%
[22]	Contract Labor	-	775,303	\$ 607,107	(168,196)	-21.7%
[23]	Physicians Fees	-	2,545,325	\$ 2,921,848	376,523	14.8%
[24]	Purchased Services	149,032	6,335,926	\$ 8,125,478	1,789,553	28.2%
[25]	Supply Expense	-	6,590,790	\$ 9,023,931	2,433,141	36.9%
[26]	Utilities	14,150	854,459	\$ 902,297	47,838	5.6%
[27]	Repairs and Maintenance	69,854	711,995	\$ 604,509	(107,485)	-15.1%
[28]	Insurance Expense	-	984,360	\$ 983,831	(529)	-0.1%
[29]	All Other Operating Expenses	159,379	802,657	\$ 794,597	(8,060)	-1.0%
[30]	Supplimental and Grant Expense	-	-	\$ -	-	0.0%
[31]	Leases and Rentals	-	530,092	\$ 503,572	(26,520)	-5.0%
[32]	Clinic Expense	-	-	\$ -	-	0.0%
[33]	Total Operating Expenses	\$ 392,415	\$ 55,228,149	\$ 61,549,446	\$ 6,321,297	11.4%
[34]	EBIDA	\$ 2,418,042	\$ (6,845,267)	\$ (9,752,095)	\$ 2,906,827	-42.5%
Interest Expense and Depreciation						
[35]	Depreciation	2,988,742	4,218,368	\$ 4,866,344	\$ 647,975	15.4%
[36]	Interest Expense and Amortization	2,647,307	3,766,390	\$ 3,625,645	(140,745)	-3.7%
[37]	Total Interest & depreciation	5,636,049	7,984,758	8,491,989	507,231	6.4%
Non-Operating Revenue:						
[38]	Contributions & Other	1,400,232	1,659,755	\$ 3,733,954	(2,074,199)	-125.0%
[39]	Tax Subsidies for GO Bonds - M-A	5,018,825	5,018,825	\$ 5,009,899	8,926	0.2%
[40]	Total Non Operating Revenue/(Expense)	6,419,057	6,678,580	8,743,853	(2,065,273)	-30.9%
[41]	Total Net Surplus/(Loss)	\$ 3,201,050	\$ (8,151,446)	\$ (9,500,231)	\$ 1,348,785	-16.5%
[42]	Extra-ordinary loss on Financing	-	-	-	-	
[43]	Increase/(Decrease in Unrestricted Net Assets)	\$ 3,201,050	\$ (8,578,020)	\$ (9,501,403)	\$ 923,383	-10.8%
[44]	Total Profit Margin	113.90%	-17.89%	-18.34%		
[45]	EBIDA %	86.04%	-15.16%	-18.83%		

Balance Sheet - Assets

SAN GORGONIO MEMORIAL HOSPITAL

BANNING, CALIFORNIA

EIGHT MONTHS ENDING FEBRUARY 28, 2023

		ASSETS				
		DISTRICT ONLY				
		Current Month 2/28/2023	Current Month 2/28/2023	Prior Month 1/31/2023	Positive/ (Negative) Variance	Prior Year End 6/30/2022
Current Assets						
[1]	Cash and Cash Equivalents	1,781,587	\$6,264,498	\$7,988,678	\$ (1,724,180)	\$ 11,340,002
[2]	Gross Patient Accounts Receivable	\$0	\$91,444,230	\$97,807,725	\$ (6,363,495)	77,594,807
[3]	Less: Bad Debt and Allowance Reserves	\$0	(\$80,958,024)	(\$86,625,874)	\$ 5,667,850	(69,099,845)
[4]	Net Patient Accounts Receivable	\$0	\$10,486,206	\$11,181,852	\$ (695,645)	8,494,961
[5]	Taxes Receivable	\$4,385,518	\$4,385,518	\$3,403,511	\$ 982,007	1,178,859
[6]	Other Receivables (includes advances)	660,465	(\$266,694)	\$738,402	\$ (1,005,096)	738,141
[7]	Inventories	\$0	\$2,438,089	\$2,440,789	\$ (2,700)	2,297,204
[8]	Prepaid Expenses	126,169	\$975,816	\$1,069,933	\$ (94,116)	1,197,395
[9]	Due From Third Party Payers-DSH	\$0	(\$2,306,145)	(\$2,051,479)	\$ (254,666)	(1,845,477)
[10]	Malpractice Receivable	\$0	\$0	\$0	\$ -	-
[11]	Supplemental Receivables	\$0	\$0	\$0	\$ -	-
	Total Current Assets	6,953,738	21,977,288	24,769,685	\$ (736,481)	\$ 23,401,085
Assets Whose Use is Limited						
[12]	Cash					
[13]	Investments					
[14]	Bond Reserve/Debt Retirement Fund	\$11,212,210	\$11,212,210	\$11,763,103	\$ (550,893)	12,704,494
[15]	Trustee Held Funds					
[16]	Funded Depreciation					
[17]	Board Designated Funds					
[18]	Other Limited Use Assets					0
	Total Limited Use Assets	11,212,210	11,212,210	11,763,103	\$ (223,324)	\$ 12,704,494
Property, Plant, and Equipment						
[19]	Land and Land Improvements	4,828,182	4,828,182	4,828,182	\$ -	\$ 4,828,182
[20]	Building and Building Improvements	129,281,491	129,281,491	129,281,491	\$ -	129,281,491
[21]	Equipment	27,119,506	29,994,174	29,994,174	\$ (0)	26,856,789
[22]	Construction In Progress	2,405,542	2,405,542	2,354,778	\$ 50,763	1,694,007
[23]	Capitalized Interest					
[24]	Gross Property, Plant, and Equipment	163,634,721	166,509,389	166,458,626	\$ 50,763	162,660,469
[25]	Less: Accumulated Depreciation	(\$91,613,709)	(\$91,613,709)	(\$91,207,260)	\$ (406,450)	(89,145,667)
[26]	Net Property, Plant, and Equipment	72,021,012	74,895,679	75,251,366	\$ (475,050)	\$ 73,514,801
Other Assets						
[27]	Unamortized Loan Costs	\$627,385	\$584,505	\$587,094	\$ (2,589)	\$ 614,440
[28]	Assets Held for Future Use		\$0	\$0	\$ -	485
[29]	Investments in Subsidiary/Affiliated Org.	\$21,343,036	\$0	\$0	\$ -	(111,925)
[30]	Other					
[31]	Total Other Assets	21,970,421	584,505	587,094	\$ (2,589)	\$ 503,000
[32]	TOTAL UNRESTRICTED ASSETS	112,157,381	108,669,687	112,371,249	\$ (3,701,562)	\$ 110,123,381
Restricted Assets						
		0	0	0	0	0
[33]	TOTAL ASSETS	\$112,157,381	\$108,669,687	\$112,371,249	\$ (3,701,562)	\$ 110,123,381

Balance Sheet - Liabilities and Net Assets
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
EIGHT MONTHS ENDING FEBRUARY 28, 2023

	DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
	Current Month 2/28/2023	Current Month 2/28/2023	Prior Month 1/31/2023	Positive/ (Negative) Variance	Prior Year End 6/30/2022
Current Liabilities					
[1] Accounts Payable	\$ 506,662	\$ 8,594,770	\$ 11,298,723	\$ (2,703,954)	\$ 10,600,622
[2] Notes and Loans Payable (Line of Credit)	-	6,000,000	6,000,000	\$ -	12,000,000
[3] Accounts Payable- Tax advance	-	-	-	\$ -	-
[4] Accrued Payroll Taxes	-	6,412,510	6,146,096	\$ 266,415	5,597,527
[5] Accrued Benefits	-	-	-	\$ -	-
[6] Accrued Benefits Current Portion	-	-	-	\$ -	-
[7] Other Accrued Expenses	-	-	-	\$ -	-
[8] Accrued GO Bond Interest Payable	712,502	712,502	2,550,184	\$ (1,837,682)	2,526,756
[9] Lease Liabilities	-	3,551,621	3,738,924	\$ (187,304)	4,259
[10] Due to Third Party Payers (Settlements)	-	3,417,500	3,417,500	\$ -	-
[11] Advances From Third Party Payers	-	-	-	\$ -	-
[12] Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	2,335,000	\$ -	2,335,000
[13] Current Portion of LTD (Leases)	-	-	-	\$ -	-
[14] Other Current Liabilities	-	585,931	585,931	\$ -	585,411
Total Current Liabilities	3,554,164	31,609,834	36,072,359	\$ (4,462,525)	33,649,575
Long Term Debt					
[15] Bonds/Mortgages Payable (net of Cur Portion)	99,543,964	\$102,330,387	\$ 101,432,619	\$ 897,768	\$ 103,030,598
[16] Leases Payable (net of current portion)	\$8,952,115	\$11,752,165	\$11,752,165	\$ -	\$2,293,348
[17] Total Long Term Debt (Net of Current)	108,496,079	114,082,552	113,184,784	\$ 897,768	105,323,946
Other Long Term Liabilities					
[18] Deferred Revenue	-	-	-	\$ -	-
[19] Accrued Pension Expense (Net of Current)	-	-	-	\$ -	-
[20] Other-Bridge Loan	0	4,852,624	4,852,624	\$ -	2,231,628
[21] Total Other Long Term Liabilities	0	4,852,624	4,852,624	\$ -	2,231,628
TOTAL LIABILITIES	\$ 112,050,243	\$ 150,545,010	\$ 154,109,768	\$ (3,564,757)	\$ 141,205,148
Net Assets:					
[22] Unrestricted Fund Balance	(3,093,912)	(33,723,878)	(33,723,878)	\$ -	\$ (25,347,940)
[23] Temporarily Restricted Fund Balance	-	-	-	\$ -	-
[24] Restricted Fund Balance	-	-	-	\$ -	-
[25] Net Revenue/(Expenses)	3,201,050	(8,151,446)	(8,014,641)	\$ (136,805)	(5,733,827)
[26] TOTAL NET ASSETS	107,137	(41,875,323)	(41,738,519)	\$ (136,805)	\$ (31,081,767)
[27] TOTAL LIABILITIES AND NET ASSETS	\$ 112,157,380	\$ 108,669,687	\$ 112,371,249	\$ (3,701,562)	\$ 110,123,381
	\$ (0)	\$ 0	\$ (0)	\$ 0	\$ -

Statement of Cash Flows

SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA EIGHT MONTHS ENDING FEBRUARY 28, 2023

		CASH FLOW	
		Current Month 2/28/2023	
HEALTHCARE SYSTEM CASH FLOW			
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$	4,531,273
[2]	Cash: Beginning Balances- DISTRICT		3,457,405
[3]	Cash: Beginning Balances TOTALS	\$	7,988,678
Receipts			
[4]	Pt Collections	\$	5,640,936
[5]	Tax Subsidies Measure D/Prop 13		46,840
[6]	Misc Tax Subsidies		-
[7]	Donations/Grants		-
[8]	IGT & other Supplemental (Net)		1,310,905
[9]	Draws/(Paydown) of LOC Balances		-
[10]	Other Misc Receipts/Transfers		299,243
	TOTAL RECEIPTS	\$	6,212,924
Disbursements			
[11]	Payroll/ Benefits	\$	3,986,752
[12]	Other Operating Costs		2,331,397
[13]	Capital Spending		0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		
[15]	Other (increase) in AP /other bal sheet		2,703,954
[16]	TOTAL DISBURSEMENTS	\$	7,937,103
[17]	TOTAL CHANGE in CASH	\$	(1,724,180)
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$	4,482,911
[19]	Ending Balances- DISTRICT		1,781,587
[20]	Ending Balances- TOTALS	\$	6,264,498
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$	6,000,000
			\$96,000

TAB E

San Geronio Memorial Hospital and San Geronio Memorial Health Care District

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

Agenda Item for March 28, 2023 Finance Committee and April 4, 2023 Board Meetings

Subject:

Authorization to declare the existing Siemens Somatom Sensation 64 CT Scanner Model #8377520, Serial Number #55296 as surplus property.

Background:

As the hospital will be acquiring two new Canon CT Scanners for the Primary Stroke Center Project, we will not have a need for the existing Siemens Somatom Sensation 64 CT Scanner, serial number #55296.

We request the district declare the above equipment as surplus and authorize the hospital to dispose of the unit as appropriate.

Recommended Action: We request the district declare the above equipment as surplus and authorize the hospital to dispose of the unit as appropriate at fair market value.

TAB F

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Item for March 28, 2023 Finance Committee and April 4, 2023 Board Meetings

Subject:

Presentation of Women's Clinic Midwifery Program Forecast and Authorization to Commence Project

Opportunity:

San Gorgonio Memorial Hospital has an opportunity to establish a Hospital-based Clinic department (1206d clinic) to better serve the needs of women within the San Gorgonio Memorial Healthcare District.

Program Specifics:

The Certified Nurse Midwives Clinic program will allow many women in the District to receive the following care from the Midwives: prenatal, newborn delivery (in the Hospital's OB Department), and post-partum services, along with basic Gyn services. Establishment of a program such as this will be consistent with the Hospital's Community Needs assessment by expanding and improving its services to members of the District.

Development of this program requires several months of planning, recruiting, and preparation prior to opening the Clinic. The Hospital leadership team is excited about this opportunity and recommends that this program be initiated as soon as feasible. It is anticipated that it could take up to six months to get the program operational.

Prior to the services being opened, many steps will need to be accomplished, including recruitment of two Certified Nurse Midwives, development of Departmental policies and procedures, credentialing by the Medical Staff, approval by the Boards, and individual credentialing of the Midwives by all payers, including Medi-Cal, Medicare, and numerous Health Plans. Additionally, prior to opening, DHCS needs to inspect the entire service and review and approve all these matters along with physical inspection and approval of the clinic site.

Finally, an extensive and targeted marketing program will be developed emphasizing the "availability of Certified Nurse Midwives who can provide all your prenatal and postpartum treatments and who are expected to be available for the delivery of your baby here at SGMH", in addition to "less travel time required to receive your care" will be seen as necessary and strong selling points for the success of this program.

Recommended Action:

To approve the requisite steps outlined above and in the Exhibit for the establishment of a Hospital-based Midwifery Clinic service program.

A packet of program specifics is included as an Exhibit.

Women's Clinic & Midwifery Services

Background & Need

There are approximately 1,300 births per year (2020 & 2021) from the SGMHD zip code areas
SGMH capture was an average of 157 (2020 & 2021) or 12% of the total; (there were 175 births in 2022)

SGMH has an excellent, seismically compliant L&D, OB, and Nursery department.

Community Needs - More patients could avail themselves of SGMH (closer to home)

SGMH medical staff numbers are not positioned to capture significant additional volumes

Certified Nurse Midwives are qualified to work independently and deliver babies in the Hospital

The Hospital has the opportunity to establish a Certified Nurse Midwifery Program and Clinic

Patient studies report that women increasingly desire the care provided via the Certified Nurse Midwifery model

Assumptions - Operational:

SGMH opportunity for annual growth consists of 1,293 births less 267 Kaiser patients, or 1,026.

The forecast model projects 350 additional births (45 from OB physicians), thus capturing 34% more of the 1,026

After the full "ramp-up" year, these 350 births plus the current 175 totals 525 births

The 525 births equals 51% of the 1,026 births available

The 525 births equate to an average of 47 births per month, or 1.44 births per day.

After the "ramp-up" year, the Clinic visits are projected at 6,720, or 560/month, or 32 visits/day

It is anticipated that the Certified Nurse Midwives will also provide certain GYN services

The model includes 2 full-time Certified Nurse Midwives, 2 Medical Assistants, and an Office Manager starting the second year.

The Hospital will rent office space at Dr. Yu's office to house the Women's Clinic

The Hospital's OB services staffing are currently being underutilized, and as such, there is currently capacity to serve a greater number of inpatients before increasing staffing levels

Assumptions – Financial

The Hospital will bill the Midwifery Professional Fees to cover the Clinic operations

GYN services billings (potential additional revenue) are difficult to project and are not included in the model

The patient Payor Mix is projected as follows: Medi-Cal – 35%; Medi-Cal Managed Care – 42%; Insurance – 19%; and Self Pay/Other – 4%.

Clinic and Hospital Combined EBIDA will be \$624K after the first 24 months of operations

Supplemental Fundings are projected to increase by \$622K and are included in the first 2 year's EBIDA, however, the cash will not be completely received until years 3 – 6 of operations.

The peak Cash Flow needs are projected to be \$418K within the first 8 months of operation and will turn positive in the 3rd year of operation.

Prepared March 16, 2023

Market Share *(Summary)*

Facility Name	Patient Discharges		% of Market Share		Patient Discharges		% of Market Share	
	2020 & 2021		2020 & 2021		2020 & 2021		2020 & 2021	
	Combined - Average		Combined - Average		Combined - Average		Combined - Average	
REDLANDS COMMUNITY HOSPITAL	338		26.2%		338		33.0%	
LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL	204		15.7%		204		19.8%	
KAISER FOUNDATION HOSPITAL - FONTANA	200		15.4%		-		0.0%	
SAN GORGONIO MEMORIAL HOSPITAL	157		12.1%		157		15.3%	
RIVERSIDE UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER - MOREN	74		5.7%		74		7.2%	
KAISER FOUNDATION HOSPITAL - MORENO VALLEY	68		5.2%		-		0.0%	
DESERT REGIONAL MEDICAL CENTER	57		4.4%		57		5.5%	
RIVERSIDE COMMUNITY HOSPITAL	34		2.6%		34		3.3%	
ARROWHEAD REGIONAL MEDICAL CENTER	31		2.4%		31		3.0%	
KAISER FOUNDATION HOSPITAL - RIVERSIDE	35		2.7%		35		3.4%	
All Others	99		7.6%		99		9.6%	
Grand Total	1,293		100.0%		1,026		100.0%	

Discharge Case Volume & Trend



Percentage of Market Share based upon Discharge Cases



	A	S	V	AK	AN	AO	AP	AQ	AR	AS	AT	AU
2												
3												
4												
5	ADJUSTMENTS TO BUDGET - O/B											
6	Inpatient Revenue	9,969,203		18,564,623		28,533,826						
7	Outpatient Revenue	61,455		114,441		175,896						
8	Total Gross Patient Revenue	10,030,658		18,679,064		28,709,722						
9	New Deliveries	188		350		538						
10												
11	Discounts and Allowances	(8,530,006)		(15,884,554)		(24,414,560)						
12	Bad Debt Expense	0		0		0						
13	Charity Care	0		0		0						
14	Total Deductions From Revenue	(8,530,006)		(15,884,554)		(24,414,560)						
15		-85.04%										
16	Net Patient Revenue	1,500,652		2,794,510		4,295,162						
17												
18	Other Operating Revenue	218,159		403,800		621,959						
19												
20	Grant Income	0		0		0						
21	Total Non- Patient Revenue	218,159		403,800		621,959						
22	Total Operating Revenue	1,718,811		3,198,310		4,917,121						
23												
24	Salaries and Wages	430,665		1,330,950		1,761,614						
25	Market Adjustments (for All Staff)	134,829		134,829		269,658						
26	Fringe Benefits	96,943		366,445		463,388						
27	Contract Labor	0		0		0						
28	Physicians Fees	0		0		0						
29	Purchased Services	58,514		110,618		169,132						
30	Supply Expense	121,895		226,992		348,886						
31	Utilities	0		66		66						
32	Repairs and Maintenance	6,256		11,651		17,907						
33	Insurance Expense	93,889		174,840		268,730						
34	All Other Operating Expenses	978		1,822		2,800						
35	Leases and Rentals	10,796		20,103		30,899						
36	Total Operating Expenses	954,765		2,378,316		3,333,081						
37												
38	EBIDA	764,046		819,994		1,584,040						
39												
40												
41	CLINIC BUDGET											
42												
43												
44	Inpatient Revenue	0		0		0						
45	Outpatient Revenue	398,082		743,151		1,141,233						
46	Total Gross Patient Revenue	398,082		743,151		1,141,233						
47												
48	New Deliveries	259		480		739						
49	Clinic Visits	3,629		6,720		10,349						
50												
51	Discounts and Allowances	0		0		0						
52	Bad Debt Expense	0		0		0						
53	Charity Care	7,531		13,944		21,476						
54	Total Deductions From Revenue	7,531		13,944		21,476						
55												
56	Net Patient Revenue	390,550		729,206		1,119,757						
57												
58	Other Operating Revenue	0		0		0						
59	Grant Income	150,000		0		150,000						
60	Total Non- Patient Revenue	150,000		0		150,000						
61	Total Operating Revenue	540,550		729,206		1,269,757						
62												
63	Salaries and Wages	540,790		555,017		1,095,806						

TAB G

San Gorgonio Memorial Hospital and San Gorgonio Memorial Health Care District

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

Agenda Item for March 28, 2023 Finance Committee and April 4, 2023 Board Meetings

Subject:

Approve Pharmacy 340B Program with The Craneware Group re: Outpatient Split Billing Rebate Program, Outpatient Retail Contract Pharmacy Rebates, and Inpatient Medications Rebate Program

Background:

CMS makes available a drug rebate program for Hospitals and other providers which serve a disproportionate number of Medicaid (Medi-Cal) patients. San Gorgonio Memorial Hospital has the opportunity to access this program via the services of The Craneware Group (TCG), a nationally recognized vendor which helps Hospitals and other providers obtain these rebates.

Program Structure: There are 3 program components for which SGMH will qualify:

- 1) Outpatient "split billing" rebate program. This is administered by a Craneware software product which "virtually" identifies rebates for drugs that are administered to SGMH outpatients;
- 2) Outpatient Retail Pharmacy Rebates. This program provides rebates via pharmacies which are contracted with SGMH for drugs disbursed from those pharmacies to SGMH outpatients;
- 3) Inpatient Medications Rebate Program. This program provides rebates for qualifying inpatients for qualifying drugs administered.

Additionally, within the terms of this agreement, TCG will continue to provide SGMH with price transparency information which is required per federal and state mandates. This information is continuously updated and loaded to the SGMH website.

Details: The projected financial contribution to SGMH, after estimated fees and costs of the program ranges from \$171K to \$578K for the first year, and the net contribution for the second year of the program ranges from \$203K to \$610K. A copy of the financial projections are included on Page 8 of the attached Exhibit.

The fees for TCG included in the equations above are as follows: One-time fees of \$31,675, and Annual Fees of \$56,600. Note: The net contribution forecasts allow for up to \$130K per year if additional Pharmacy staff is needed.

Recommended Action: That the CEO be authorized to enter an agreement with The Craneware Group for the provision of the listed services as outlined.

Exhibit: The Craneware Group 340B program and financial forecasting package.



the **craneware**[™]
group

Transforming the Business of Healthcare[™]








A federally-mandated drug discount program established in 1992

- > **Requires** manufacturers to sell certain outpatient drugs at a greatly reduced price to eligible covered entities if they participate in Medicaid
- > **Administered by** Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs, which is an agency of the Department of Health and Human Services.

What is 340B?

	strictly-outpatient settings Hospital-owned clinics or specialty services within four walls
	mixed-use settings Departments such as ED, where patients can be both inpatient and outpatient
	Discharge prescriptions to OP pharmacies Hospital-owned or contract pharmacies



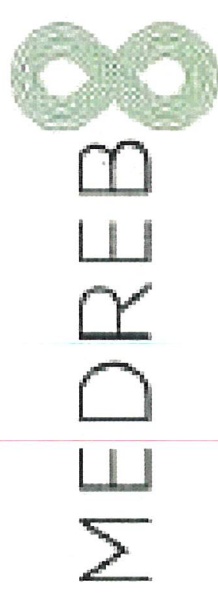
the intent of 340B

340B was created “to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services” by reducing the amount they spend on outpatient drugs.*

* H.R. Rep. No. 102-384(II), at 12 (1992)



3 Programs that will drive reduced costs and rebates





Savings

- **Annual Estimated Savings for 40 bed DSH Hospital**
- *Based on \$2M-\$5M drug spend

High	\$ 544,165
Average	\$ 361,662
Low (Current Savings for Top 8 Drugs)	\$ 179,159





Benefit

Estimated Annual Benefit

High	\$92,000
Average	\$71,000
Low	\$50,000

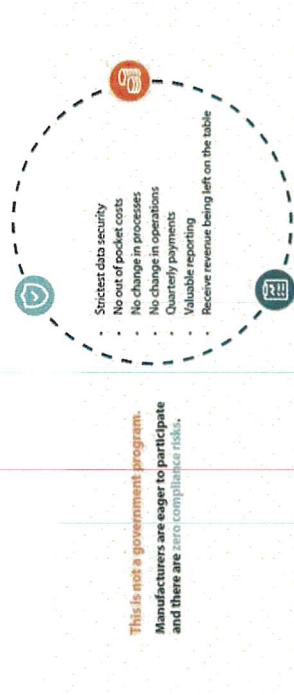
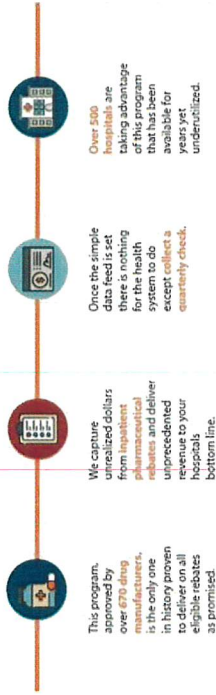


Estimated \$160,000 in rebates (annually)

*Run rate of about \$40k per quarter

Leaders in Capturing Inpatient Manufacturer Rebates

The Craneware Group had joined with a data aggregation and analytics partner to offer specialized pharmacy rebates not captured by third parties.





Summary of Estimated Savings/Benefit/Rebates



HIGH	
Product	Gross Value
Sentinel	\$544,165
Sentrex	\$92,000
Rebate Program	\$160,000
Gross Value	\$796,165
	Net Value (1st year)
TCG Fees	\$88,275
San G. FTE	\$130,000
Net Value	\$577,890
	Net Value (2nd year)
TCG Fees	\$56,600
San G. FTE	\$130,000
Net Value	\$609,565

AVERAGE	
Product	Gross Value
Sentinel	\$361,661
Sentrex	\$71,000
Rebate Program	\$160,000
Gross Value	\$592,661
	Net Value (1st year)
TCG Fees	\$88,275
San G. FTE	\$130,000
Net Value	\$374,386
	Net Value (2nd year)
TCG Fees	\$56,600
San G. FTE	\$130,000
Net Value	\$406,061

LOW	
Product	Gross Value
Sentinel	\$179,159
Sentrex	\$50,000
Rebate Program	\$160,000
Gross Value	\$389,159
	Net Value (1st year)
TCG Fees	\$88,275
San G. FTE	\$130,000
Net Value	\$170,884
	Net Value (2nd year)
TCG Fees	\$56,600
San G. FTE	\$130,000
Net Value	\$202,559



Pricing proposal

Products & Services	Description
Sentinel Split Billing Solution	Hospital pharmacy procurement and 340B compliance solution to drive savings
Sentrex™/eRx Pharmacy Solution	340B solution for managing contract pharmacy relationships
Trisus Medication Claim (TMC)	A pharmacy-focused claims solution to help reduce denials and improve processing
Senturion Services	Seasoned 340B experts to help review overall 340B program guidance/optimization
SM-Referral Verification Service	Service to capture 340B scripts for eligible patients referred to outside providers
Inpatient Drug Rebate Program	Solution and process for obtaining uncaptured Inpatient Pharmacy Rebates
Implementation & Training	Assigned resources to execute the deployment and training of your products
Trisus Pricing Transparency Solution	Provides hospital wide comparative pricing data and publication to ensure compliance with Federal and State laws
Total one-time fees	\$31,675
Total annual recurring fees	\$56,600

the
cranewareTM
group

Transforming the Business of HealthcareTM

Thank you!

TAB H

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: March 15, 2023

TO: Susan DiBiasi, Chair
Governing Board

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

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

2023 Annual Approval of Policies & Procedures

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

Pharmacy & Therapeutics Committee Reports

Drug Formulary Additions (See attached):

1. Entresto: (Sacubatril/ Valsartan)

Pharmacology: Angiotensin blocker (ARB) plus Neprilysin inhibitor : induces vasodilation and sodium excretion through urine.

2. Nalmephe: to be used in conjunction with patent airway access, same as naloxone.

Pharmacology: naltrexone based opioid antagonist indicated for the complete or partial reversal of opioid effects including resp depression of natural and synthetic opioid overdose

**SAN GORGONIO MEMORIAL HOSPITAL
2023 APPROVAL OF POLICIES & PROCEDURES**

Title	Policy Area	Revised?
Adult Mechanical Ventilation Protocols	Respiratory Therapy	Revised
Bronchodilator Frequency Guidelines	Respiratory Therapy	New
Clinical Duties of the General Supervisor	Clinical Laboratory	Unchanged
CT Chest With and Without Intravenous Contrast	Diagnostic Imaging	Revised
CT Daily Quality Control Standard Operating Procedure	Diagnostic Imaging	Revised
Diagnostic Imaging Department Cleaning	Diagnostic Imaging	Revised
Diagnostic Imaging Department Safety	Diagnostic Imaging	Revised
Identification of Syringe Contents	Diagnostic Imaging	Revised
Lead Shielding Maintenance	Diagnostic Imaging	Revised
Monitored Interventional Radiology Procedures	Diagnostic Imaging	Revised
MRI ABD (LIVER)	Diagnostic Imaging	Revised
MRI Code Blue	Diagnostic Imaging	Revised
MRI Code Red	Diagnostic Imaging	Revised
MRI Daily Quality Control	Diagnostic Imaging	Revised
MRI Medrad Power Injector	Diagnostic Imaging	Revised
Provider Orders: Transcribing, Acknowledging and Processing	Nursing	Revised
Transfer of Hospitalized Patients For Higher Level of Care	Case Management	Revised

San Gorgonio Memorial Hospital
Pharmacy and Therapeutics
February 21, 2023

Entresto (Sacubatril/ Valsartan)

Pharmacology: Angiotensin blocker (ARB) plus Neprilysin inhibitor : induces vasodilation and sodium excretion through urine.

Data: PARADIGM-HF Trial showed greater benefit in reducing mortality and morbidity compared to ACE inhibitor therapy. AHA guidelines prefer.

FDA Indication: For the treatment of CHF and expanded FDA indication to reduce the risk of cardiovascular deaths and hospitalization for heart failure.

SGMH: QIP reporting on discharging CHF w/ DM and CHF with LEF less than 40% on ACE / ARB or Entresto. From the QIP data, there was about 40 patients in calendar year that could have benefited for ARNI

Budget: About \$21 per day Entresto 24mg/26mg; 49mg/51mg ; 97mg/103mg

Restrictions: Cardio consult on new patients, and continue home dose , carry all 3 ?

Nalmephe: to be used in conjunction with patent airway access, same as naloxone.

Pharmacology: naltrexone based opioid antagonist indicated for the complete or partial reversal of opioid effects including resp depression of natural and synthetic opioid overdose

Pharmacokinetics: Onset 5-15 minutes, half life of 11 hours, less need for redosing; higher binding affinity to opioid receptors (naloxone 30-120min duration)

SGMH Use: Upon recommendation of Dr Rhee, for use in ED as an alternative to Narcan Drip, opioid crisis, multiple options are crucial

Monitoring: same as naloxone use, observation that overdose symptoms have resolved

Costs: \$30 for a 2mg/2ml vial. Naloxone 0.4mg vial is about \$5, naloxone 1mg syringe \$15-20.

Education: Dr Singh and Jose will provide education to ED medical staff

Entresto (Sacubitril/Valsartan)

Indications and Criteria for Use in Adults

- Heart Failure, chronic
- Symptomatic congestive heart failure, in patients with systemic left ventricular dysfunction

Dosage and Administration

Indication	Initial Dose	Maintenance Dose
Heart Failure w/ patient on low dose ACE/ARB or no previous therapy	Sacubitril 24 mg/valsartan 26 mg orally twice daily; titration, increase the dose every 2 to 4 weeks to the target maintenance dose, as tolerated	Sacubitril 97 mg/valsartan 103 mg orally twice daily, as tolerated
Heart Failure w/ patient on moderate to high dose ACE/ARB	Sacubitril 49 mg/valsartan 51 mg orally twice daily; titration, double the dose after 2 to 4 weeks to the target maintenance dose, as tolerated	Sacubitril 97 mg/valsartan 103 mg orally twice daily, as tolerated
Renal Impairment	eGFR < 30 mL/min: sacubitril 24 mg/valsartan 26 mg twice daily; double dose every 2 to 4 weeks to target maintenance dose. eGFR > 30mL/min: no adjustment needed	Sacubitril 97 mg/valsartan 103 mg orally twice daily, as tolerated
Hepatic Impairment	Mild (Child-Pugh class A): No adjustment necessary Moderate (Child-Pugh class B): Initial, sacubitril 24 mg/valsartan 26 mg twice daily; double dose every 2 to 4 weeks to target maintenance dose. Should be used with caution in patients with ascites due to cirrhosis Severe (Child-Pugh class C): Use not recommended	Sacubitril 97 mg/valsartan 103 mg orally twice daily, as tolerated

Administration: For IV Compatibility.

- No results

Warnings and Monitoring Parameters

Black Box Warning: Drugs that act directly on the renin-angiotensin system may cause fetal injury or death; Discontinue immediately if pregnancy is detected

Contraindications:

- Angioedema to prior ACE inhibitor or angiotensin II receptor blocker therapy
- Concomitant aliskiren use in diabetic patients
- Concomitant use of ACE inhibitors; do not administer within 36 hours of each other
- Hypersensitivity to sacubitril, valsartan, or any component of the product

Adverse reactions:

- Acute Kidney Injury: Increased Serum Creatinine
- Angioedema: similar risk as ACE inhibitors
- Hyperkalemia: monitor serum potassium
- Hypotension: high dose risk

Monitoring:

- Improvement in signs or symptoms of chronic heart failure is indicative of efficacy
- Serum creatinine
- Renal function, in patients with renal artery stenosis
- Serum potassium; periodically; especially in patients with risk factors for hyperkalemia (diabetes, severe renal impairment, hypoaldosteronism, or high potassium diet)
- Signs and symptoms of angioedema or hypotension

Major Drug Interactions

- Cilazapril (Inhibace)- established
- Furosemide (Lasix)- theoretical
- Lithium (Lithobid)- theoretical
- Potassium Citrate (Urocit-K)- theoretical
- Potassium Phosphate (K-Phos)- theoretical
- Simeprevir- theoretical
- Spirapril (Renormax)- established
- Tacrolimus (Prograf)- theoretical
- Trimethoprim (Primsol)- theoretical

Pricing

- Entresto 24-26 mg (per each): \$13.36
- Entresto 49-51 mg (per each): \$13.36
- Entresto 97-103 mg (per each): \$13.36

Retrospective Review**Cardiovascular event risk, coronary artery disease-related events:**

- In a follow-up analysis of PARADIGM-HF (N=8399), the risk of composite CV death, HF hospitalization, myocardial infarction (MI), stroke, and resuscitated sudden death (a pre-specified broader endpoint) was significantly reduced by 17% with sacubitril/valsartan compared with enalapril (event rate, 24.3% vs 28.4%). Risk of composite CV death, non-fatal MI, unstable angina pectoris, other hospitalized angina, or coronary revascularization (a post-hoc defined coronary endpoint) was also reduced a significant 17% in the sacubitril/valsartan group

compared with the enalapril group (event rate, 17.1% vs 20.3%). Overall, coronary event rates were low and thus effects of treatment on individual endpoints could not be reliably determined.

[The effects of sacubitril/valsartan on coronary outcomes in PARADIGM-HF - PubMed \(nih.gov\)](#)

Congestive heart failure

- A randomized trial (PARADIGM-HF; N=8399) of adult patients with NYHA class II, III, or IV symptoms and an ejection fraction of 40% or less demonstrated that the combination of sacubitril and valsartan (LCZ696) 200 mg (equivalent to 160 mg of valsartan) twice daily was superior to enalapril 10 mg twice daily in reducing the risks of the primary outcome (defined as death from cardiovascular (CV) causes or hospitalization for heart failure (HF)). The primary outcome occurred significantly less in the LCZ696 group than enalapril group (21.8% vs 26.5%). A total of 17% receiving LCZ696 and 19.8% receiving enalapril died from any cause; this result was significant. Overall, significantly fewer patients in the LCZ696 group than in the enalapril group stopped their study medication because of an adverse event (10.7% vs 12.3%) or because of renal impairment (0.7% vs 1.4%)

[Angiotensin-neprilysin inhibition versus enalapril in heart failure - PubMed \(nih.gov\)](#)

TAB I

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board Meeting April 4, 2023

	Title	Policy Area	Owner	Workflow Approval
1	Arterial Line Blood Draw	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
2	Bad Debt	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Hospital Board of Directors
3	Cash Reconciliation, Cash Receipts - Audit Trail	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Hospital Board of Directors
4	CEO Designee	Administration	Whitley, Ariel: Executive Assistant	Ariel Whitley for Hospital Board of Directors
5	Clinical Laboratory Quality Management Plan	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
6	Compliance Program Board Responsibilities	Compliance	Karam, Annah: Chief Human Resources Officer	Ariel Whitley for Hospital Board of Directors
7	Garbage Disposal and Green Waste Management	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
8	Hand Held Nebulizers (HHN)	Respiratory Therapy	Hudson, Tracie: Director of Infection Control	Ariel Whitley for Hospital Board of Directors
9	Medicare Credit Balance Quarterly Reports	Compliance	Karam, Annah: Chief Human Resources Officer	Ariel Whitley for Hospital Board of Directors
10	Provider Incentive Plans	Compliance	Karam, Annah: Chief Human Resources Officer	Ariel Whitley for Hospital Board of Directors
11	Recommended Documentation Parameters for Respiratory Care	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors
12	T-Piece Ventilation	Respiratory Therapy	Hudson, Tracie: Director of Infection Control	Ariel Whitley for Hospital Board of Directors
13	Tracheostomy Care	Respiratory Therapy	Peleuses, John: Interim VP of Ancillary Services	Ariel Whitley for Hospital Board of Directors

TAB J



We Are Ready For You

- Robotic Surgery
- Less time for recuperation
- Less re-infection
- Fewer complications
- Most effective minimally invasive surgery with a successful track record



600 N. Highland Springs Ave., Banning, CA
951-845-1121 | www.sgmh.org

Healthcare district board to fill vacant seat on April 4

San Gorgonio Memorial Healthcare District is seeking applicants for a seat on its board of directors, which will be vacant March 8, following the resignation of Director Darrell Peterson.

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

The appointee must be a registered voter residing within the boundaries of the healthcare district and be prepared to hold office until the next scheduled election (November 2024).

Interested applicants should submit their letter of interest to:

San Gorgonio Memorial Healthcare District Board of Directors, Attention: Ariel Whitley, executive assistant, 600 N. Highland Springs Ave. Banning, CA 92220; or by email to AWhitley@sgmh.org.

Letters of interest must be received not later than March 21, 2023. The appointee must file a Fair Political Practices Act Disclosure Statement Form 700 in accordance with the provisions of the Political Reform Act, and implementing regulations of the Fair Political Practices Commission.

The board may select any duly qualified person within its discretion.

WE ARE EXCEPTIONALLY HONORED TO BE YOUR HEALING PLACE



Since 1951 we've provided the best possible healthcare to our community. Whether you're new to the area, or have lived here for generations, San Gorgonio Memorial Hospital is here to care for you.

600 N. Highland Springs Ave., Banning, CA
951-845-1121 | www.sgmh.org