



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, June 2, 2020

5:00 PM

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

Meeting Information

Meeting link: <https://sangorgoniomemorialhospital-ajd.my.webex.com/sangorgoniomemorialhospital-ajd.my/j.php?MTID=mab0a31e3884278550198d3c05c66ea47>

Meeting number: 126 332 1581

Password: 1234

More ways to join

Join by video system

Dial [1263321581@sangorgoniomemorialhospital-ajd.my.webex.com](tel:1263321581)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 126 332 1581

Password: 1234

Emergency phone number if WebEx tech difficulties

951-846-2846

code: 3376#

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

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

Members of the public who wish to comment on any item on the agenda may submit comments by emailing publiccomment@sgmh.org on or before 1:00 PM on Tuesday, June 2, 2020, which will become part of the board meeting record.

OLD BUSINESS

- III. ***Proposed Action - Approve Minutes** S. DiBiasi A
- May 5, 2020 regular meeting

NEW BUSINESS

- IV. Healthcare District Board meeting report - informational D. Tankersley verbal
- V. Hospital Board Chair monthly report S. DiBiasi B
- VI. *** Proposed Action – Reappoint existing board members to a second four-year term expiring June 30, 2024** S. DiBiasi verbal
- Susan DiBiasi
 - Ron Rader
 - **ROLL CALL**
- VII. Discussion Management Services Agreement S. DiBiasi
- VIII. June, July & August Board/Committee meeting calendars S. DiBiasi C
- IX. CEO monthly report S. Barron verbal
- X. Bi-monthly Business Development/Information Technology report (informational) D
- XI. Foundation monthly report (informational) E
- XII. Committee Reports:
- Human Resources Committee E. Lewis/
o May 20, 2020 regular meeting minutes A. Karam F
o Reports
- * Proposed Action – Approve layoff & retirements of 9 positions**
(approval recommended by Human Resources Committee 05/20/2020)
- **ROLL CALL**

- Finance Committee
 - May 26, 2020 meeting minutes
 - * **Proposed Action – Approve April 2020 Financial Statement**
(approval recommended by Finance Committee 05/26/2020)
 - **ROLL CALL**
- O. Hershey G
- XIII. Chief of Staff Report S. Hildebrand, MD H
* **Proposed Action - Approve Recommendations of the**
Medical Executive Committee
▪ **ROLL CALL**
Chief of Staff
- XIV. * **Proposed Action - Approve Policies and Procedures** Staff I
▪ **ROLL CALL**
- XV. Community Benefit events/Announcements/
and newspaper articles S. DiBiasi J
- *** ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION** S. DiBiasi
- Proposed Action - Approve Medical Staff Credentialing
(*Health & Safety Code §32155; and Evidence Code §1157*)
- XVI. **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
- XVII. Future Agenda Items
- XVIII. **ADJOURN** S. DiBiasi
- *Action Required**

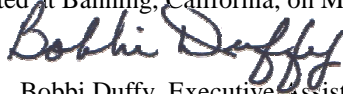
In accordance with The Brown Act, *Section 54957.5*, all public records relating to an agenda item on this agenda are available for public inspection at the time the document is distributed to all, or a majority of all, members of the Board. Such records shall be available at the Hospital Administration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

San Geronio Memorial Hospital
Board of Directors Regular Meeting
June 2, 2020

Certification of Posting

I certify that on May 29, 2020, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Geronio Memorial Hospital, and on the San Geronio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors
(*Government Code Section 54954.2*).

Executed at Banning, California, on May 29, 2020



Bobbi Duffy, Executive Assistant

TAB A

REGULAR MEETING OF THE
 SAN GORGONIO MEMORIAL HOSPITAL
 BOARD OF DIRECTORS

May 5, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, May 5, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this board meeting in person. Board members and members of the public participated via WebEx.

Members Present: Lynn Baldi, Phillip Capobianco III, Steve Cooley, Susan DiBiasi (Chair), Andrew Gardner, Olivia Hershey, Estelle Lewis, Ehren Ngo, Ron Rader, Steve Rutledge, Lanny Swerdlow, Dennis Tankersley

Absent: None

Required Staff: Steve Barron (CEO), Holly Yonemoto (CBDO), Karan Singh, MD, Steven Hildebrand, MD (Chief of Staff), Bobbi Duffy (Executive Assistant), Ariel Whitley (Administrative Assistant)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair Susan DiBiasi called the meeting to order at 4:40 pm.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
EDUCATION		
COVID-19 Presentation	Karan Singh, MD gave a PowerPoint presentation regarding COVID-19. A copy of the presentation was included on board tablets.	
NEW BUSINESS		
Proposed action – Discussion/ Approval of anesthesia agreement	Dennis Diaz, legal counsel with DWT joined the meeting via telephone. Steve Barron noted that this agreement took a long time to negotiate and is designed to cover the actual costs of the anesthesia department. He noted that Beaver Medical Group will be doing their own billing as they have better access to contracts.	M.S.C., (Rader/ Cooley), the SGMH Board of Directors approved the anesthesia

AGENDA ITEM		ACTION / FOLLOW-UP																								
	<p>Steve reminded Board members that they approved the closure of the anesthesia department (limiting anesthesia privileges to contracted physicians only) at the February 4, 2020 board meeting. He also noted that the Medical Executive Committee (MEC) discussed this and also recommended the closure of the anesthesia department.</p> <p>Dennis Diaz and Steve both responded to a number of questions.</p> <p>Steve reported that a Fair Market Value (FMV) is being performed and the consultant was engaged through our legal counsel DWT. Dennis Diaz reported that they are close to being finished and will be writing a FMV opinion to confirm.</p> <p>Steve noted that the approval of this agreement is contingent upon the FMV coming in as expected. The agreement will not be executed until that occurs.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 1079 1269 1310"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p>agreement as presented contingent upon the Fair Market Value (FMV) as expected.</p>
Baldi	Yes	Capobianco	Yes																							
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OLD BUSINESS																										
<p>Proposed Action - Approve Minutes</p> <p>April 7, 2020 regular meeting</p>	<p>Chair DiBiasi asked for any changes or corrections to the minutes of the April 7, 2020 regular meeting as included on the board tablets.</p> <p>There were none.</p>	<p>The minutes of the April 7, 2020 regular meeting will stand correct as presented.</p>																								

AGENDA ITEM		ACTION / FOLLOW-UP
NEW BUSINESS		
Healthcare District Board report - informational	Healthcare District Board Chair Dennis Tankersley, reported that a copy of the Healthcare District’s meeting agenda and enclosures were included on the board tablets. He reviewed the actions taken at that meeting.	
COVID-19 Alternate Board Processes	Chair DiBiasi reviewed the COVID-19 Alternate Board Processes as included on the board tablets. She discussed how important it is for all board members to abide by these processes.	
Hospital Board Chair report	Chair DiBiasi noted that her written monthly report was included on the board tablets.	
Calendars	Calendars for May, June, and July were included on the board tablets.	
CEO Monthly report	<p>Steve Barron reported that during the Finance report, he will discuss our reduced revenues which impacts cash flows and plans for our future and staffing issues.</p> <p>He noted that, in general, the last 13 days of March slowed down and the month of April was very slow. This was mostly due to not being able to perform elective surgeries. He noted that we are slowly starting to open elective surgeries back up, but expect the month of May to continue to be slow.</p> <p>He stated that we have received preliminary CMS hospital compare numbers and have improved significantly in several areas. These scores won’t be reported out by CMS until July.</p>	
Proposed Action – Approve Resolution #2020-03	Steve Barron stated that Resolution #2020-03 named the Designation of Applicant’s Agent for Non-State Agencies for Emergency Services.	M.S.C., (Baldi/Hershey), the SGMH Board of Directors approved Resolution #2020-03 as submitted.

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	<p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 348 1268 575"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	
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<p>Bi-monthly Patient Care Services report</p>	<p>Steve Barron noted that the bi-monthly Patient Care Services report was included on the board tablets.</p>																									
<p>Proposed Action – Approve Community Health Improvement Plan</p>	<p>Holly Yonemoto briefly reviewed the Community Health Improvement Plan as was included on the board tablets. She noted that this is the implementation plan that was developed from the Community Health Needs Assessment that was performed a few months ago.</p> <p>Once this plan has been approved it will be posted on the Hospital’s website.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 1236 1268 1463"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p>M.S.C., (Baldi/Rutledge), the SGMH Board of Directors approved the Community Health Improvement Plan as presented.</p>
Baldi	Yes	Capobianco	Yes																							
Cooley	Yes	DiBiasi	Yes																							
Gardner	Yes	Hershey	Yes																							
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<p>Foundation monthly report</p>	<p>Steve Barron noted that the written Foundation monthly report was included on the board tablets. Steve spoke regarding the COVID19 RESPONSE FUND and keeping track of extra expenses from this pandemic so that we can be reimbursed by FEMA. He stated that FEMA will reimburse approximately 75% of our expenses, so we need to raise money from the response fund to cover the balance.</p>																									

AGENDA ITEM		ACTION / FOLLOW-UP																								
COMMITTEE REPORTS:																										
<p>Finance Committee</p> <p>Proposed Action – Approve March 2020 Financial Statement</p>	<p>It was noted that due to the quarantine meeting restrictions in place, and technical difficulties, there was no April Finance Committee meeting held. The March Finance statement is being brought directly to the full board for approval.</p> <p>Steve Barron reviewed the Executive Summary as included on the board tablets. He noted that in regard to cash flow projections, we were budgeted to collect almost \$18 million in patient revenue, but we believe will only collect approximately \$13 million with today’s projections. This is the impact on our volumes from the COVID-19 shut down. He stated that several grants that we expect to receive will reduce this deficit by approximately \$1.5 million.</p> <p>Steve discussed that our biggest problem is the loss of revenue and that we are currently freezing all of our unnecessary expenses, including not replacing vacated positions, etc. We are looking at everything that we can to reduce expenses as much as possible throughout the summer.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 1157 1271 1381"> <tbody> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </tbody> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p>M.S.C., (Hershey/Rader), the SGMH Board of Directors approved the March 2020 Financial report as presented.</p>
Baldi	Yes	Capobianco	Yes																							
Cooley	Yes	DiBiasi	Yes																							
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<p>Proposed action – Approve recommendations of the Medical Executive Committee</p>	<p>Steven Hildebrand, 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"> • COVID-19 ICU and Non-ICU Order Set • Implementing a Closed-Staff System for the SGMH Anesthesiology Service • 2020 Medical Staff Bylaws 	<p>M.S.C., (Swerdlow/Lewis), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</p>																								

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	<p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="467 352 1271 573"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>Yes</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	Yes	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	
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<p>Proposed Action – Approve Policies and Procedures</p>	<p>There were one hundred twenty-four (124) 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="467 1014 1271 1245"> <tr> <td>Baldi</td> <td>Yes</td> <td>Capobianco</td> <td>No</td> </tr> <tr> <td>Cooley</td> <td>Yes</td> <td>DiBiasi</td> <td>Yes</td> </tr> <tr> <td>Gardner</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Ngo</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td>Tankersley</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Baldi	Yes	Capobianco	No	Cooley	Yes	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Swerdlow	Yes	Tankersley	Yes	<p>M.S.C., (Rader/Hershey), the SGMH Board of Directors approved the policies and procedures as submitted.</p>
Baldi	Yes	Capobianco	No																							
Cooley	Yes	DiBiasi	Yes																							
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<p>Community Benefit events/Announcements and newspaper articles</p>	<p>Miscellaneous information was included on the board tablets.</p>																									
<p>Adjourn to Closed Session</p>	<p>Chair DiBiasi reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> ➤ Proposed Action - Approve Medical Staff Credentialing ➤ Receive Quarterly Performance Improvement Committee report ➤ Receive Quarterly Environment of Care/Life 																									

AGENDA ITEM		ACTION / FOLLOW-UP
	<p>Safety/Utility Management report</p> <ul style="list-style-type: none"> ➤ Receive Quarterly Security/Safety and Emergency Preparedness report ➤ Receive Quarterly Corporate Compliance Committee report <p>The meeting adjourned to Closed Session at 6:53 pm.</p>	
Reconvene to Open Session	<p>The meeting reconvened to Open Session at 7:04 pm.</p> <p>At the request of Chair DiBiasi, Bobbi Duffy reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Approved Medical Staff Credentialing ➤ Received Quarterly Performance Improvement Committee report ➤ Received Quarterly environment of Care/Life Safety/Utility Management report ➤ Received Quarterly Security/Safety and Emergency Preparedness report ➤ Received Quarterly Corporate Compliance Committee report 	
Future Agenda Items	None at this time.	
Adjourn	The meeting was adjourned at 7:05 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 Bobbi Duffy, Executive Assistant

TAB B



Report from Chair Susan DiBiasi
June 2, 2020

Each day seems to bring new opportunities for change and success – we try to focus on staying positive, focused and being supportive of each other. With sheltering in place and closing public contact, it has certainly made an impact on limiting face to face contact with your Board Members and the Hospital Staff and makes us sharpen our listening and nonverbal skills!

We will be presenting the 2020-2021 budget in the near future which is challenging as we deal with less net revenue until more of our services can be opened up to all our patients. We also are moving forward with our IT Project. We have a new audit firm who is beginning to do pre-work on the 2019-2020 fiscal year end budget.

“Thank you” to each and every person you have touched by your care. I also want to say “Thank You” to all the “regular” people who are still wearing masks and practicing social distancing in public.

TAB C



SAN GORGONIO
MEMORIAL HOSPITAL

Board of Directors Calendar

June 2020

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

As of May 26, 2020

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

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



SAN GORGONIO
MEMORIAL HOSPITAL

Board of Directors Calendar

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4 
5	6	7 4:00 pm Healthcare Dist. Board mtg. 5:00 pm Hospital Board mtg.	8	9 3:00 pm—Cafeteria General Staff mtg and Associate of the Month	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28 9:00 am Finance Committee	29	30	31	

As of May 26, 2020

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

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



SAN GORGONIO
MEMORIAL HOSPITAL

Board of Directors Calendar

August 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3	4 4:00 pm Healthcare Dist. 5:00 pm Hospital Board	5	6 3:00 pm—Cafeteria General Staff mtg and Associate of the Month	7	1 8
9	10	11	12	13	14	15
16	17	18 9:00 Community Planning Committee	19 9:00 HR Committee	20	21	22
23	24	25 9:00 am Finance Committee	26	27	28	29
30	31					

As of May 26, 2020

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

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

TAB D



San Gorgonio Memorial Hospital Board Report
Information Technology & Business Development Report
Holly Yonemoto, CIO & CBDO
JUNE 2020

INFORMATION TECHNOLOGY

ALLSCRIPTS/SUNCOM UPDATE

For the last few weeks we have been busy with the validation of SunComm which is our Allscripts electronic health record (EHR) system. We have been validating the items that were identified both before and during the trainings we had with our trainers/superusers. Once we have completed the validation we will be moving to training. We are meeting weekly to track the progress of the issue tracker and the related items to be completed. We are hopeful that all items will be completed soon so we can have our superusers train the staff in their areas and go live very soon. Additionally this week we have had many workflow meetings with the Allscripts team to go thru both validating completed issues as well as going thru workflows in our test environment. There continues to be a lot of good information exchanged and the review with the superusers continues to be very good for both Allscripts and the SGMH team. We continue to move forward and are meeting daily to monitor progress as we are reaching the milestone of training the staff, which requires full completion of the EHR. We are excited about the progress.

TELE-HEALTH

We continue to support tele-health and the related technology that is being used throughout the hospital. We had a very timely launch of tele-health and the related InTouch robot for the original purpose of increasing neurology coverage and in the midst of the launch we were given the ability to get additional robots (given our relationship with InTouch and communication) to get 2 more. It was an amazing opportunity in the midst of this crisis, that also provides the physicians the option to see potentially infectious patients from outside of the patient rooms. The technology and process also helps in reducing the amount of personal protective equipment that we are trying to conserve given limited supplies and related expense. We have registered all physicians that have requested access with Intouch, so that all physicians have access to all 3 robots. The physicians can talk to the patient from a laptop outside the patient room and/or from another remote or onsite location. Tele-health through the Intouch robots has been an amazing opportunity to give high-quality care as well as limit our provider exposure to COVID-19 as well as save in (personal protective equipment) PPE expense.

BUSINESS DEVELOPMENT

ORTHOPEDIC SURGERY

In February, we started the full orthopedic Emergency Department coverage with Dr. Reis and Arrowhead Orthopedic physicians to provide the community the assurance that their orthopedic needs are addressed 24/7 in our emergency department. I am pleased to report the coverage continues to meet the community's orthopedic care needs daily, since February 1. The coverage has been and continues to be a great service to the community - having additional high-quality, highly-respected orthopedic coverage.

BUSINESS DEVELOPMENT CONTINUED PG2

TELE-NEUROLOGY

We are pleased to announce that we went “live” with tele-neurology on April 15. We have been working on this initiative for many months and initiated the tele-neurology coverage for Stroke and other neurology assessment needs on April 15. The coverage has been great – allowing us to admit patients from the emergency department that we had not been able to admit as well as keep patients that we would have had to transfer given neurological care needs. We have had standing meetings for the 2 months prior to April 15 to prepare for the go-live and we are so pleased that we now have 24/7 coverage for neurology and additional care for our community at SGMH.

MARKETING

We continue to run our existing ads as well as we have our billboard and radio commercials on KFROG. In addition to our regular marketing we have been busy running full page ads related to thanking the community for their support and the generosity we have seen, as well as thanking our own SGMH Healthcare Heroes. The full page ad for our staff was a highlight of the month. In the midst of COVID-19 taking one to three pictures in each area and then seeing the Healthcare Heroes pictures in the ad was a real highlight, in the midst of a very serious time.

We are thankful for all the generous and thoughtful individuals and organizations that are showing their support for SGMH as we support the community’s healthcare needs during the COVID-19 response.

TAB E



May 27, 2020

Foundation Finances as of 4/29/2020

- \$441,752.72 (Bank of Hemet Business checking account) as of 05/27/2020
 - \$127,596.57 (Bank of Hemet Money market account) as of 05/27/2020
 - \$76,923.37 (I.E. Community Foundation as of 05/08/2020) ♣
- \$646,272.66 Total Funds**

♣ **Reminder:** April 2020 - \$200K moved from I.E. Community Foundation Bank of Hemet Chk Acct. to fulfill a \$200K commitment to pay for Ventilators and PPE

Foundation News – Community Outreach –

- The COVID19 RESPONSE FUND was announced in the Record Gazette as of 4/3/2020.
 - **To date the fund is at \$61,903.00**
- SGMH Foundation board will have its first board meeting telephonically on June 10, 2020. The last board meeting was March 2020.
- Residents of the Pass area have continue to be big supporters of SGMH by way of wanting to feed the hospital associates. Residents have purchases food from local businesses such as:
 - Panera-Beaumont
 - Subway-Beaumont
 - Jack in the Box-Banning
 - Stater Bros – Beaumont
 - Russo’s Italian Restaurant-Banning
- Business owners and corporations have also stepped in to offer food and goodies for the hospital associates. Businesses such as:
 - Oracle-Santa Monica, purchased Panera-Beaumont
 - West Coast college-Irvine, purchased Firehouse Subs-Beaumont
 - Jack in the Box corporate sent Breakfast goodies for Associates on the Sunday crew.
 - Little Caesars Corporate is having pizza’s delivered twice a day until June 7, 2020.
 - San Gorgonio Pass Rotary had a wonderful dinner delivered by Russo’s Italian Restaurant, Banning.

Currently, the Foundation office is open 7days a week to ensure that all types of donations are received and if they are food donations they are received and delivered to the departments that same day.

TAB F

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

HUMAN RESOURCES COMMITTEE
May 20, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Human Resources Committee was held on Wednesday, May 20, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this board meeting in person. Committee members and members of the public participated via WebEx.

Members Present: Steve Cooley, Olivia Hershey, Estelle Lewis (C), Ron Rader

Absent: None

Staff Present: Steve Barron (CEO), Annah Karam (CHRO), Pat Brown (CNO), Bobbi Duffy (Executive Assistant), Ariel Whitley (Administrative Assistant)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Chair Estelle Lewis called the meeting to order at 9:01 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes: February 19, 2020 regular meeting	Chair Lewis asked for any changes or corrections to the minutes of the February 19, 2020 regular meeting. There were none.	The minutes of the February 19, 2020 regular meeting were reviewed and will stand as presented.
NEW BUSINESS		
Reports		
A. Employment Activity/Turnover Reports		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
1. Employee Activity by Job Class/Turnover Report (2/1/2020 through 4/30/2020)	<p>Annah Karam, Chief Human Resources Officer, reviewed the report “Employee Activity by Job Class/Turnover Report” for the period of 2/1/2020 through 4/30/2020 as included on the meeting tablet.</p>	
2. Separation Reasons Analysis All Associates (2/1/2020 through 4/30/2020)	<p>Annah reviewed the “Separation Reason Analysis for All Associates” for the period of 2/1/2020 through 4/30/2020 as included on the meeting tablet.</p> <p>For this time period, there were 33 Voluntary Separations and 5 Involuntary Separations for a total of 38.</p>	
3. Separation Reason Analysis Full and Part Time Associates (2/1/2020 through 4/30/2020)	<p>Annah reviewed the “Separation Reason Analysis for Full and Part Time Associates” for the period of 2/1/2020 through 4/30/2020 as included on the meeting tablet.</p> <p>For this time period, there were 20 Voluntary Separations and 4 Involuntary Separations for a total of 24.</p>	
4. Separation Reason Analysis Per Diem Associates (2/1/2020 through 4/30/2020)	<p>Annah reviewed the “Separation Reason Analysis for Per Diem Associates” for the period of 2/1/2020 through 4/30/2020 as included on the meeting tablet.</p> <p>For this time period, there were 13 Voluntary Separations and 1 Involuntary Separations for a total of 14.</p>	
5. FTE Vacancy Summary (4/30/2019 through 4/30/2020)	<p>Annah reviewed the “FTE Vacancy Summary” for the period of 4/30/2019 through 4/30/2020 as included on the meeting tablet.</p> <p>Annah reported that the Facility Wide vacancy rate as of 4/30/2020 was 8.76%.</p>	
6. RN Vacancy	<p>Annah reviewed the “RN Vacancy Summary” for the period</p>	

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
Summary (4/30/2019 through 4/30/2020)	<p>of 4/30/2019 through 4/30/2020 as included on the meeting tablet.</p> <p>Annah reported that the Overall All RN Vacancy rate as of 4/30/2020 was 8.89%.</p>									
B. Workers Compensation Report										
Workers Compensation Report (4/1/2020 through 4/30/2020)	<p>Annah reviewed the Workers Compensation Reports covering the period of 4/1/2020 through 4/30/2020 as included on the meeting tablet.</p>									
<p>Proposed Action – Recommend Approval to Hospital Board:</p> <p>Layoff of 9 Positions</p>	<p>Steve Barron discussed the need to reduce hospital expenses due to the COVID-19 pandemic.</p> <p>He noted that like all hospitals, we’ve had a large decrease in revenue, mostly due to decreased admits and reduced surgeries.</p> <p>We have frozen a number of non-clinical positions and not filled them as associates left. However, there is a need to eliminate an additional 9 non-clinical positions. A few of these will be a result of retirement.</p> <p>Annah Karam discussed what considerations laid off associates would receive and/or be eligible for.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="407 1451 1175 1528"> <tr> <td>Cooley</td> <td>Yes</td> <td>Hershey</td> <td>Yes</td> </tr> <tr> <td>Lewis</td> <td>Yes</td> <td>Rader</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	Cooley	Yes	Hershey	Yes	Lewis	Yes	Rader	Yes	<p>M.S.C., (Hershey/Rader), the SGMH Human Resources Committee voted to recommend approval of the layoff of 9 positions to the Hospital Board of Directors.</p>
Cooley	Yes	Hershey	Yes							
Lewis	Yes	Rader	Yes							
<p>Education: Top Health newsletter and Self-Help Tips for Your Emotional Health</p>	<p>Annah noted that the Top Health newsletter for April and May, 2020, and Self-Help Tips for Your Emotional Health were included on the meeting tablets.</p> <p>“Self-Help Tips for Your Emotional Health” was a resource for dealing with anxiety and isolation as a result of COVID-19. NOTE: A copy of this article was emailed to Committee members as requested.</p>									

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Future Agenda items	None	
Next regular meeting	The next regular Human Resources Committee meeting is scheduled for August 19, 2020.	
Adjournment	The meeting was adjourned at 9:47 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, Administrative Assistant

A B C D E F G H I J K

EMPLOYEE ACTIVITY BY JOB CLASS/TURN OVER REPORT

02/01/2020 THROUGH 04/30/2020

JOB CLASS/FAMILY	CURRENT NEW HIRES	2019 NEW HIRES	YTD NEW HIRES	CURRENT SEPARATIONS	2019 SEPARATIONS	YTD TERMS	TOTAL EMPLOYEE COUNT	CURRENT TURNOVER	ANNUALIZED TURNOVER	
	02/01/2020 THROUGH 04/30/2020		01/01/2020 THROUGH 04/30/2020	02/01/2020 THROUGH 04/30/2020		01/01/2020 THROUGH 04/30/2020	AS OF 04/30/2020	Since 02/01/2020		
ADMIN/CLERICAL	2	21	2	2	30	3	83	2.41%	3.61%	1
ANCILLARY	2	13	2	2	8	5	62	3.23%	8.06%	2
CLS	4	5	4	2	5	2	21	9.52%	9.52%	7
DIRECTORS/MGRS	0	3	0	0	4	0	31	0.00%	0.00%	8
LVN	2	4	2	1	2	1	28	3.57%	3.57%	9
OTHER NURSING	7	27	11	6	20	12	83	7.23%	14.46%	10
PT	1	2	1	0	3	0	14	0.00%	0.00%	11
RAD TECH	0	6	0	1	3	1	33	3.03%	3.03%	12
RN	9	54	13	11	60	15	164	6.71%	9.15%	13
RT	2	4	2	4	2	5	19	21.05%	26.32%	14
SUPPORT SERVICES	12	61	16	9	52	12	87	10.34%	13.79%	15
FACILITY TOTAL	41	200	53	38	189	56	625	6.08%	8.96%	17
										18
<i>Full Time</i>	20	122	28	18	102	29	400	4.50%	7.25%	19
<i>Part Time</i>	3	19	4	6	20	7	57	10.53%	12.28%	20
<i>Per Diem</i>	18	59	21	14	67	20	168	8.33%	11.90%	21
TOTAL	41	200	53	38	189	56	625	6.08%		22

Current Turnover: J22

Annualized Turnover: K22

Southern California Hospital Association (HASC) Benchmark:

Turnover for all Employees = 2.90%

Turnover for all RNs = 2.80%

SEPARATION ANALYSIS

ALL ASSOCIATES

02/01/2020 THROUGH 04/30/2020

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
<i>Voluntary Separations</i>								
Full-Time	36.8%	3	4	2	3	1	1	14
Part-Time	15.8%	1	2	0	3	0	0	6
Per Diem	34.2%	4	4	2	1	1	1	13
<i>Subtotal, Voluntary Separations</i>	86.8%	8	10	4	7	2	2	33
<i>Involuntary Separations</i>								
Full-Time	10.5%	1	2	0	0	1	0	4
Part-Time	0.0%	0	0	0	0	0	0	0
Per Diem	0.0%	0	1	0	0	0	0	1
<i>Subtotal, Involuntary Separations</i>	13.2%	1	3	0	0	1	0	5
Total Separations	100.0%	9	13	4	7	3	2	38

Separation Reason Analysis
FULL AND PART TIME ASSOCIATES
02/01/2020 THROUGH 04/30/2020

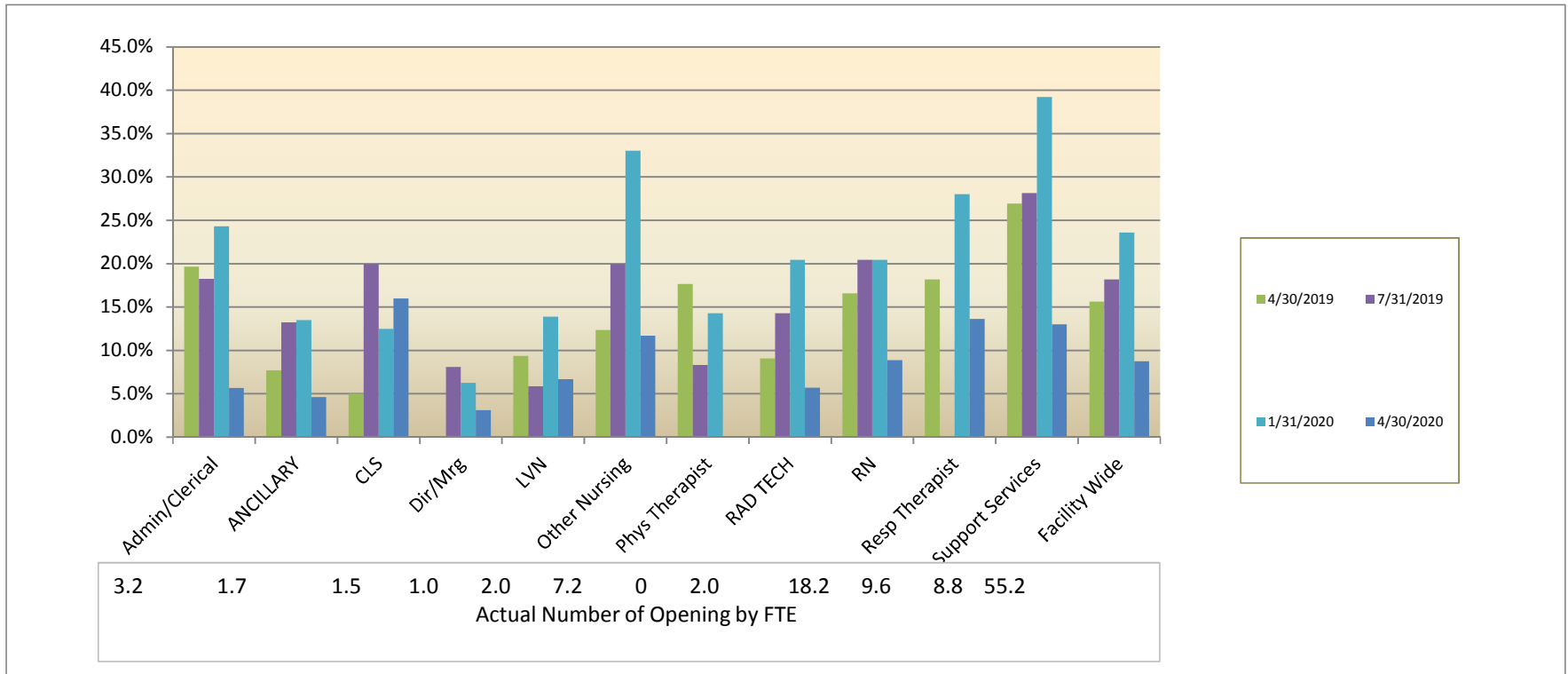
REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Family/Personal Reasons	29.2%	4	2	0	1	0	0	7
New Job Opportunity	25.0%	0	3	0	3	0	0	6
Job Dissatisfaction	4.2%	0	1	0	0	0	0	1
Relocation	0.0%							0
Medical Reasons	0.0%							0
Did not Return from LOA	8.3%	0	0	1	0	1	0	2
Job Abandonment	8.3%	0	0	1	1	0	0	2
Return to School	0.0%							0
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	4.2%	0	0	0	1	0	0	1
Unknown	0.0%							0
Retirement	4.2%	0	0	0	0	0	1	1
Subtotal, Voluntary Separations	83.3%	4	6	2	6	1	1	20
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	8.3%		1			1		2
Poor Performance	8.3%	1	1					2
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
Subtotal, Involuntary Separations	16.7%	1	2	0	0	1	0	4
Total Separations	100.0%	5	8	2	6	2	1	24

Separation Reason Analysis
Per Diem Associates Only
02/01/2020 THROUGH 04/30/2020

REASON	Current Qtr % by Category	Length Of Service						Total Separations
		Less than 90 days	90 days - 1 year	1-2 years	2-5 years	5-10 years	10+ years	
Voluntary Separations								
Family/Personal Reasons	21.4%	2	0	0	0	1	0	3
New Job Opportunity	28.6%	2	0	2	0	0	0	4
Job Dissatisfaction	0.0%							0
Relocation	0.0%							0
Medical Reasons	0.0%							0
Did not Return from LOA	0.0%							0
Job Abandonment	21.4%	0	2	0	1	0	0	3
Return to School	0.0%							0
Pay	0.0%							0
Employee Death	0.0%							0
Not Available to Work	14.3%	0	2	0	0	0	0	2
Unknown	0.0%							0
Retirement	7.1%	0	0	0	0	0	1	1
Subtotal, Voluntary Separations	92.9%	4	4	2	1	1	1	13
Involuntary Separations								
Attendance/Tardiness	0.0%							0
Didn't meet certification deadline	0.0%							0
Didn't meet scheduling needs	0.0%							0
Conduct	0.0%							0
Poor Performance	7.1%	0	1	0	0	0	0	1
Temporary Position	0.0%							0
Position Eliminations	0.0%							0
Subtotal, Involuntary Separations	7.1%	0	1	0	0	0	0	1
Total Separations	100.0%	4	5	2	1	1	1	14

FTE Vacancy Summary: 04/30/2019 THROUGH 04/30/2020

	<u>Admin/Clerical</u>	<u>ANCILLARY</u>	<u>CLS</u>	<u>Dir/Mrg</u>	<u>LVN</u>	<u>Other Nursing</u>	<u>Phys Therapist</u>	<u>RAD TECH</u>	<u>RN</u>	<u>Resp Therapist</u>	<u>Support Services</u>	<u>Facility Wide</u>
4/30/2019	19.66%	7.69%	5.00%	0.00%	9.38%	12.36%	17.65%	9.09%	16.58%	18.18%	26.92%	15.62%
7/31/2019	18.26%	13.24%	20.00%	8.11%	5.88%	20.00%	8.33%	14.29%	20.45%	0.00%	28.16%	18.17%
1/31/2020	24.32%	13.51%	12.50%	6.25%	13.89%	33.04%	14.29%	20.45%	20.45%	28.00%	39.23%	23.59%
4/30/2020	5.68%	4.62%	16.00%	3.13%	6.67%	11.70%	0.00%	5.71%	8.89%	13.64%	13.00%	8.76%

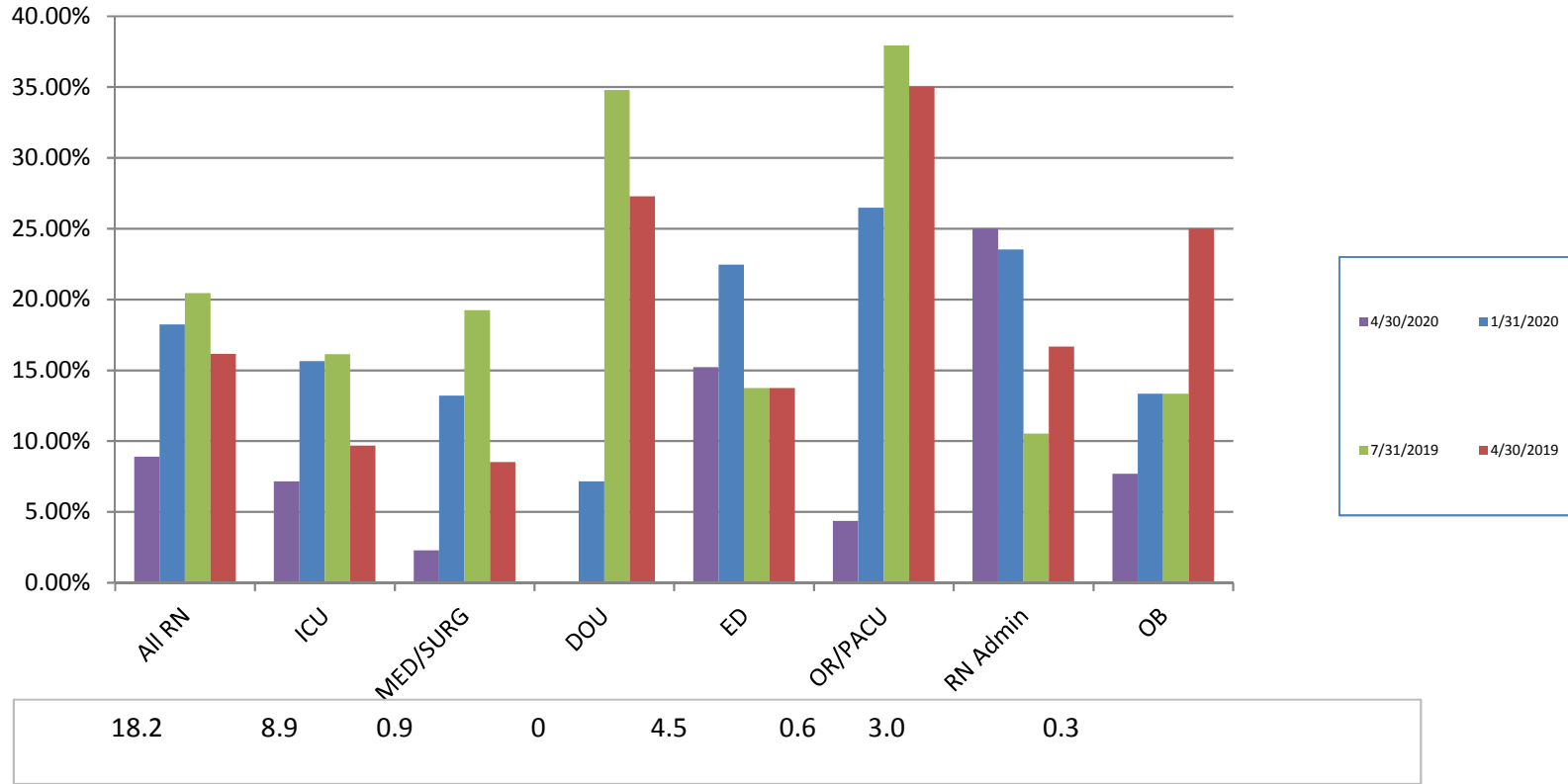


RN FTE Vacancy Summary: 04/30/2019 THROUGH 04/30/2020

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

	4/30/2020	1/31/2020	7/31/2019	4/30/2019
All RN	8.89%	18.22%	20.45%	16.16%
ICU	7.14%	15.63%	16.13%	9.68%
MED/SURG	2.27%	13.21%	19.23%	8.51%
DOU	0.00%	7.14%	34.78%	27.27%
ED	15.22%	22.45%	13.73%	13.73%
OR/PACU	4.35%	26.47%	37.93%	35.00%
RN Admin	25.00%	23.53%	10.53%	16.67%
OB	7.69%	13.33%	13.33%	25.00%

	OPEN POSITIONS	TOTAL STAFF
All RN	16	164
ICU	2	26
Med Surg	1	43
DOU	0	10
ER	7	39
OR/PACU	1	22
RN Adm.	4	12
OB	1	12



DASHBOARD REPORT

Fiscal Year Basis: July

San Geronio Memorial Hospital

Data as of 4/30/2020

Reporting Period 4/1/2020 - 4/30/2020

TOP TEN CLAIMS

Claim Number	Claimant	Department	Cause	DOI	Status	Total Paid	Total Reserves	Total Incurred
19001937		Environmental Services	Fall, Slip or Trip Injury	2019-10-28	Open	22,988	14,149	37,137
19000235		Nursing Administration	Fall, Slip or Trip Injury	2019-02-11	Open	13,673	23,004	36,677
19000630		Environmental Services	Strain or Injury By	2019-04-10	Open	6,975	21,673	28,648
18002174		Environmental Services	Strain or Injury By	2018-12-19	Open	4,747	8,753	13,500
19001622		Environmental Services	Struck or Injured By	2019-09-19	Open	3,725	615	4,340
18001371		Emergency Department	Cut, Puncture, Scrape Injured by	2018-09-07	Closed	4,330	-	4,330
18001940		Engineering	Strain or Injury By	2018-11-28	Closed	3,422	-	3,422
19000279		Medical Surgical	Cut, Puncture, Scrape Injured by	2019-02-19	Closed	2,400	-	2,400
20000329		Laboratory	Burn or Scald - Heat or Cold Exposures - Co	2020-02-21	Open	229	1,166	1,395
20000697		Nursing Administration	Cut, Puncture, Scrape Injured by	2020-04-21	Open	-	1,320	1,320

FREQUENCY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	6	24.00%	84,356	59.72%
Emergency Department	4	16.00%	5,342	3.78%
Nursing Administration	3	12.00%	39,042	27.64%
Dietary	3	12.00%	1,804	1.28%
Medical Surgical	2	8.00%	2,869	2.03%
Engineering	2	8.00%	4,386	3.10%
Physical Therapy	1	4.00%	1,183	0.84%
Laboratory	1	4.00%	1,395	0.99%
Accounting	1	4.00%	10	0.01%
Direct Observation Unit (DOU)	1	4.00%	867	0.61%

SEVERITY BY DEPARTMENT

Department	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Environmental Services	6	24.00%	84,356	59.72%
Nursing Administration	3	12.00%	39,042	27.64%
Emergency Department	4	16.00%	5,342	3.78%
Engineering	2	8.00%	4,386	3.10%
Medical Surgical	2	8.00%	2,869	2.03%
Dietary	3	12.00%	1,804	1.28%
Laboratory	1	4.00%	1,395	0.99%
Physical Therapy	1	4.00%	1,183	0.84%
Direct Observation Unit (DOU)	1	4.00%	867	0.61%
Accounting	1	4.00%	10	0.01%

FREQUENCY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Fall, Slip or Trip Injury	6	24.00%	76,470	54.13%
Struck or Injured By	5	20.00%	7,268	5.14%
Cut, Puncture, Scrape Injured by	4	16.00%	8,822	6.25%
Strain or Injury By	4	16.00%	45,580	32.27%
Burn or Scald - Heat or Cold Exposures - Contact Wi	3	12.00%	2,156	1.53%
Caught In, Under or Between	2	8.00%	959	0.68%
Miscellaneous Causes	1	4.00%	10	0.01%
Grand Total	25	100.00%	141,265	100.00%
0	-	0.00%	-	0.00%
0	-	0.00%	-	0.00%

SEVERITY BY CAUSE

Cause	Claim Count	% of Claims	Total Incurred	% of Total Incurred
Fall, Slip or Trip Injury	6	24.00%	76,470	54.13%
Strain or Injury By	4	16.00%	45,580	32.27%
Cut, Puncture, Scrape Injured by	4	16.00%	8,822	6.25%
Struck or Injured By	5	20.00%	7,268	5.14%
Burn or Scald - Heat or Cold Exposures - (3	12.00%	2,156	1.53%
Caught In, Under or Between	2	8.00%	959	0.68%
Miscellaneous Causes	1	4.00%	10	0.01%
Grand Total	25	100.00%	141,265	100.00%
0	-	0.00%	-	0.00%
0	-	0.00%	-	0.00%

Go on a Food Adventure

By Cara Rosenbloom, RD

There's no single food that contains all of the nutrients you need for optimal health. That's why you'll notice that healthy plate models always have proportions of different foods, such as ½ vegetables and fruits, ¼ grains and ¼ protein-rich options (e.g., lean poultry and meat, fish and beans). When eaten daily, the right proportion of these foods can help ensure you get the nutrients your body requires.

Some people use a plate model and fill it with the same choices day after day. That's fine, as long as you get the nutrients you need. Others are more adventurous eaters and love to experiment with different flavors from around the world. Neither is right or wrong. What counts are balance, variety and your personal taste.

And don't shy away from being adventurous. Here are 5 food trends to keep on your must-try radar:

- **Fermented drinks**, such as kombucha and kefir, contain healthy probiotic bacteria that are good for overall health. Experiment with different brands, or make your own at home.



- **At-home meal kits** allow you to bring global flavors into your kitchen. Your local supermarket now likely stocks pre-prepped ingredient kits (think chicken, vegetables, noodles and sauce) to make a delicious dinner at home. Or check for other delivery services in your area.

- **Puffed snacks** are a modern take on the cheese variety but are made with whole grains, vegetables and flavors, such as Indian-spice or quinoa and kale. They are still ultra-processed snacks, but with less salt and fat than chips.



- **Burger blends** allow consumers to choose burgers that blend beef with plant-based foods, such as mushrooms or black beans. You get the same meaty taste with a new approach to a classic comfort food.

- **New nut butters** beyond peanut or almond butter are gaining momentum. Look for macadamia butter and roasted pumpkin seed butter.



“In three words I can sum up everything I've learned about life: It goes on.” — Robert Frost



Patient Portals 101

Want faster access to your health care provider? Patient portals enhance and quicken communication between you and your medical care team. Portals also allow secure electronic access to your personal health information. If your provider offers a patient portal, make the most of this valuable health tool. Portals are especially useful when you develop a chronic condition that needs regular care.

Getting started: Initially, your clinic will likely send an email giving you an option to log in to and set up your patient portal. The portal's message center allows you to communicate electronically with your provider and the office staff, who can then send you various notices, such as test results and reminders for annual checkups and flu shots. **Note:** If you've not received notification to access a portal service, contact your clinic.

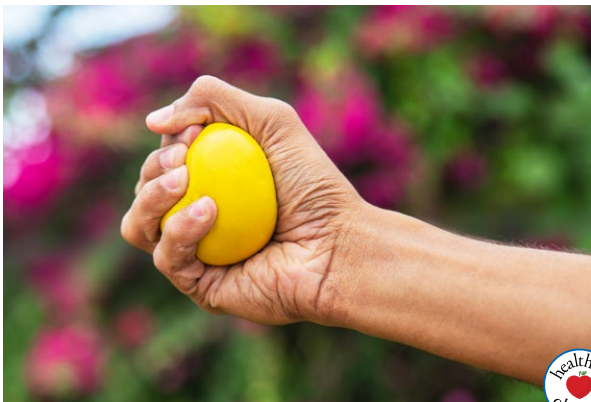
Once you're set up, you can receive email alerts to visit your portal for new messages. In addition, the portal allows you to perform many basic health care tasks. You can:

- ✓ Make non-urgent appointments.
- ✓ Review your medical history.
- ✓ Request referrals.
- ✓ Refill prescriptions.
- ✓ Download and complete forms.
- ✓ Send questions via secure email.
- ✓ Access educational materials.

Some portals work better than others. Report problems or suggestions to your website providers; they want to ensure their portals are effective and efficient for their patients.

Portals can often save you time and effort. You can often resolve basic issues without waiting for office hours or returned phone calls; you can access your personal health information from each of your providers; and if you have multiple providers or see specialists regularly, they can securely post online notices to your portal.

Using a portal service can lead to better care and easier care management. Are you on it?



April is Occupational Therapy (OT) Awareness Month.

Q: What is occupational therapy?

A: OT is a licensed profession that uses everyday activities, or occupations, to help people perform everyday functions they want and need to do.

Occupational therapists determine and design customized therapeutic programs of daily activities to help patients reach their personal goals at home and at work. OT's science-based treatments have been shown to increase the capacity for patient self-care and independence and reduce health care costs.

Specifically, OT can help people regain function after an illness, injury or limitation makes it difficult to engage in daily activities. The therapy can aid injury recovery, stroke or cancer rehabilitation, speech or swallowing technique, and arthritis or disability retraining. In addition, diabetes or obesity management, support for older adults with physical or cognitive impairments, and accommodations for children with disabilities may benefit from the expertise of an occupational therapist. — Elizabeth Smoots, MD



Defend against cancer.

You can significantly reduce your risk for many types of cancer by practicing some basic preventive measures: Lose excess weight; stay physically active; eat high-fiber foods and at least 2½ cups of fruits and vegetables daily; don't use tobacco; and avoid heavy alcohol use. During **Cancer Awareness Month**, review the wealth of cancer prevention tips at cancer.org.



QuikQuiz:™ Fitness IQ

It's easy to confuse fact with fiction about how to get in shape. All sorts of dos and don'ts for fitness and weight loss abound online.

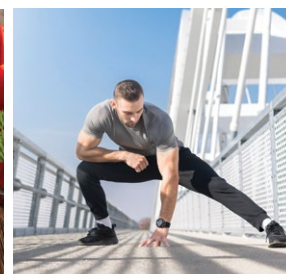
How much do you know about improving physical fitness?

Test your knowledge:

- Getting in shape requires long workouts.
 True False
- Exercise is not just about weight control.
 True False
- You don't need to warm up your muscles before you work out.
 True False
- Certain healthy foods, such as celery and lettuce, help you lose weight because they have negative calories.
 True False

ANSWERS:

- False** — Just 10-minute spurts of activity 3 times a day for 5 days a week build fitness, according to the NIH.
- True** — Exercise also helps reduce stress, improve mood and enhance your sleep. It also lowers your risk of developing chronic disease.
- False** — Warm up your muscles with low-intensity activities for 5 to 10 minutes before any vigorous activity. Stretch gently at the end of vigorous activity and after cool down to reduce strain.
- False** — All foods have calories. However, eating lots of vegetables is a healthy habit, and the fiber helps you stay full and satisfied, so you're less likely to snack all day long.



April is Donate Life Month,

celebrating those who have given life through organ, eye and tissue donation – and serving those folks waiting to receive a lifesaving transplant.

Every day in the U.S., 20 people die awaiting a transplant. April events include local and national activities to help encourage Americans to register as donors. And to those who have saved lives through donation, thank you for your time and generosity. Your role in this lifesaving and healing journey hopefully will inspire others to register as donors. Learn more at americantransplantfoundation.org. **Donate Life Blue & Green Day is April 17, 2020** when the public is encouraged to wear blue and green, offer events and fundraisers, and partner with local restaurants, malls, media and community organizations to help spread awareness about becoming donors.



The **Smart Moves Toolkit**, including this issue's printable download, **Play It Safe With Sports**, is at personalbest.com/extras/20V4tools.

4.2020

COVID-19 Basics

Note: Check for daily updates at [coronavirus.gov](https://www.coronavirus.gov).

COVID-19 is a highly infectious disease. It is spread mainly person to person within about 6 feet of each other. Droplets released by coughing and sneezing are inhaled through the mouth and nose, and potentially the lungs.

People may not show symptoms until several days after they become infected. In that time, they can spread the virus to many people. To reduce infection risk, stay at least 6 feet away from other people.

Symptoms are cough, fever and shortness of breath. If you have these symptoms, and you've had contact with a person who has COVID-19 or you live in or have recently visited an area with COVID-19, contact your health care provider immediately. The CDC says symptoms may appear 2 to 14 days after exposure.

As of April 3, 2020, the CDC recommends that the general public wear cloth face coverings in situations (grocery stores, pharmacies, public transit) where it's difficult to keep a distance of at least 6 feet (called social distancing or physical distancing). Learn more at [cdc.gov](https://www.cdc.gov). The coverings are **not** a substitute for handwashing.

Frequent handwashing is the most important step to protect yourself and others. **Use soap and water for at least 20 seconds.** Rub your hands to create a lather that covers your entire hands. When? After you cough or sneeze, before food preparation and eating, after using the bathroom and after touching high-contact surfaces, including door handles, elevator buttons and stair railings. No soap and water? Use alcohol-based hand sanitizer with at least 60% alcohol.

The Mediterranean Table

By Cara Rosenbloom, RD

The Mediterranean Diet features foods that are abundant in the countries along the Mediterranean Sea, including Greece, Italy and Morocco. But you can find these foods at your grocery store.

The Mediterranean table is rich in vegetables and fruits, which should fill half your plate at meals. Choose from every hue of the rainbow, including leafy greens, sweet peppers, oranges and berries, to reap the benefits of the different nutrients they contain.

Include other plant-based foods at meals too, such as beans, lentils, nuts, seeds, herbs, spices and whole grains. Make olive oil your preferred choice for salad dressing and light cooking.

May is International Mediterranean Diet Month.



While many of the foods in the Mediterranean Diet come from plants, you can include chicken, dairy and meat; just slightly reduce the quantity. Rather than eating meat daily, you can replace it with tofu, chickpeas or peanut butter more often. Eat fish twice a week.

When you eat more plant-based foods, you'll naturally reduce your intake of ultra-processed foods, such as baked goods, chips and fast food. This dietary transition helps reduce the risk of developing heart disease, type 2 diabetes and certain cancers, as well as helping maintain brain health as you age.



Take the Pressure Off



May is High Blood Pressure Education Month.

Normal healthy blood pressure is under 120 systolic (top number) and under 80 diastolic (bottom number). Elevated blood pressure is 120 to 129 systolic and less than 80 diastolic. People with **elevated blood pressure** are likely to develop **high blood pressure** unless they act to prevent it. Untreated, a 20-point higher systolic or a 10-point higher diastolic number can double your risk of death from a heart attack or stroke.

High blood pressure numbers:

Stage 1 HBP is 130 to 139 systolic or 80 to 89 diastolic.

Stage 2 HBP is 140 systolic or higher or 90 diastolic or higher.

If you reach either stage, your health care provider will likely recommend lifestyle changes, maybe medication (depending on cardiovascular risks or family history), and regular follow-ups until your BP is controlled.

You have a 90% chance of developing HBP. If you are diagnosed, work with your provider to:

- 1. Learn how to self-monitor your BP levels day to day.** Get a home monitor approved by your provider, and learn the best times for checking your BP, and when not to check it (e.g., within 30 minutes of smoking, drinking coffee or exercising). Have your medical clinic your home blood pressure monitor for accuracy.
- 2. Adopt a diet-and-lifestyle approach is the recommended first-line treatment** for people with stage 1 hypertension who are at low risk for developing heart disease. What works: a diet high in fruits and vegetables (search for **Dietary Approaches to Stop Hypertension** or **DASH** at www.nhlbi.nih.gov).



As Americans are living longer, protecting our bone health is more important than ever. By age 50, about half of us will have weak bones, according to the National Institutes of Health. We can improve this outcome through healthy diet and lifestyle — at every age.

Bone is made mostly of (1) **collagen**, a structural protein that acts as a building block for your bones, teeth, muscles, skin, joints and connective tissues; and (2) **calcium phosphate**, a mineral that adds strength, hardens the framework and provides flexibility. A low intake of dietary calcium and other nutrients during one's lifetime may contribute to low bone mass, bone loss, high fracture risk and osteoporosis (porous bones).

Osteoporosis affects more than 44 million Americans. It contributes to an estimated 2 million bone fractures per year.

Risk Factors for Osteoporosis:

Aging: In the U.S. 50% of women and 25% of men older than age 50 will suffer fractures of the hip, spine, wrist, arm and leg, often resulting from a fall.

Heredity factors: A family history of fractures; having a small, slender body build or fair skin; and Caucasian or Asian ethnicity may raise your risk.

Nutrition and lifestyle: Poor nutrition, a low-calcium diet, low body weight and a sedentary lifestyle are primary risk factors for osteoporosis; so are smoking and excessive alcohol use.

Medications and other illnesses: Osteoporosis is linked to the use of some medications, including steroids, and to other illnesses, including thyroid problems. This is called **secondary osteoporosis**.

Medical disorders: Several medical conditions can lead to osteoporosis, including juvenile rheumatoid arthritis, diabetes, hyperthyroidism, Cushing's syndrome, malabsorption syndrome, anorexia nervosa and kidney disease.

Children and adolescents can develop juvenile osteoporosis. While rare, it can be a serious health problem as it occurs during a child's prime bone-building years, from birth through young adulthood. It can be caused by a secondary medical disorder, but sometimes has no identifiable cause.

Note: Ask your health care provider if you need calcium and D supplements.

Extreme Weather and Mental Health

May is Mental Health Month.



By Eric Endlich, PhD

Those who experience extreme climate or weather events, such as severe heatwaves, hurricanes, tornadoes and fires can suffer significant fear, anxiety, trauma and a sense of loss. These reactions can be short-lived or may lead to long-term negative mental and physical effects.

Extreme heat can be particularly harmful to the very young, the elderly (especially those with medical conditions) and those with mental illness, increasing the risk of disease or death. During very hot weather, some prescription medications can impair the body's temperature regulation; discuss concerns with your health care provider.

Being prepared for a weather-related disaster can reduce stress and bring a sense of control. If extreme conditions are predicted:

- Get updates from reliable sources.
- Have an emergency plan in place and a bag packed with necessities.
- Know emergency plans in your workplace, school and neighborhood.
- Encourage your community to have disaster planning in place, including how to share resources and skills among neighbors.
- Talk openly with children about their fears, but remind them that people working are hard to keep them safe.

Learn more at [ready.gov](https://www.ready.gov).



The ABCs of Hepatitis



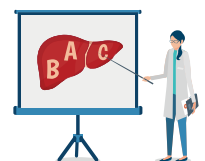
May is Hepatitis Awareness Month — a good time to learn about hepatitis prevention and testing — it could save your life.

Hepatitis is inflammation of the liver. It can result from infected food, drug injections, alcohol abuse and, sometimes, autoimmune diseases. But viruses (identified with letter designations) are the primary culprit.

Common types of hepatitis:

- **Hepatitis A** is highly contagious and spreads through infected food or close contact with an infected person. It can cause extended illness but rarely damage. A safe, effective vaccination prevents the virus.
- **Hepatitis B** infection can be chronic, causing liver damage and cancer. The CDC recommends hepatitis B vaccination for all infants, children 19 and younger, and adults with risk factors including sexual contacts and travel to countries where the disease is common.
- **Hepatitis C** causes lifelong infection leading to liver failure and potential cancer. Injecting drugs, contact with infected blood, and sex with someone infected are risk factors. There is no vaccine for hepatitis C. It can be treated and often cured when diagnosed early — but half of the 2.4 million Americans with this type don't know they're infected.

Search for **viral hepatitis** at [cdc.gov](https://www.cdc.gov) and talk to your health care provider about hepatitis testing and any needed vaccinations. A simple blood test can detect infection.



The **Smart Moves Toolkit**, including this issue's printable download, **Medical Testing at Home**, is at personalbest.com/extras/20V5tools.

5.2020

Duffy, Bobbi

From: Karam, Annah
Sent: Wednesday, May 13, 2020 11:36 PM
To: Duffy, Bobbi; Whitley, Ariel
Cc: Karam, Annah
Subject: COVID-19 Mental Health Email; EDUCATION

Importance: High



Self-Help Tips for Your Emotional Health

The impact of COVID-19 displaced most of our normal routines, habits, and sense of consistency. It is no surprise that during these unprecedented times, our human response is to feel confused, isolated, and scared – which directly affects the state of our mental health. Fortunately, there are techniques and resources available to you today to help navigate your sense of balance and establish a good emotional state moving forward.

Practice Mindfulness Techniques and Build Resiliency

None of us are at our best when stress is high. Mindfulness techniques ground us by actively thinking in the present, and not dwelling on the past or future. Studies have shown that individuals who practice mindfulness exhibit lower stress levels, protection against anxiety and depression, and are less focused on negative feelings.

- To begin a mindfulness session, either sit quietly or pause your current actions and focus on deep breathing for one to two minutes.
- With each breath, bring to mind your current thoughts and how they are affecting you.
- Take time to address each thought by the emotions you exhibit and think through simple steps on resolving them moving forward.

What is important to remember is that you are in control of your feelings and can ground yourself in the current moment.

Finding a New Routine in Isolation and Getting Stimulation

Our daily routines have become altered in a way that may have seemed very sudden, with little room to prepare. That is why it is important to take the time in identifying what your new routine is and balancing work/life commitments while creating a sense of normalcy in your new daily routine.

As you are considering your new routine, think about what resonates with you in this present situation. Do you have extra time to dedicate to a current or new hobby, or have you been putting off something that you now have the time to focus on? Consider some of the following options to add to your new routine or throughout the future weeks:

- Read a book
- Clean out a closet/minor house project
- Learn a new language
- Stay socially connected to close friends and family members daily through video chat

If you are not in self-quarantine or sick, spending some time outside and taking a walk in your neighborhood may help you during this time. Feel empowered to ask for help or to reach out to others frequently to check on them should they need anything.

Employee Assistance Program

You have access to SGMH Employee Assistance Program (EAP) through **MHN**. Here you can address the stress, or other personal issues that COVID-19 is imposing on you and your family. You are allowed 3 face to face counseling sessions per issue per family member. As well as unlimited telephonic visits by using the number below.

Phone: **1-800-242-6220**

Website: members.mhn.com

Company Code: **SGMH**

Free Resources

Consider using these additional free resources surrounding mental health.

- [Care For Your Coronavirus Anxiety](#) – Access a mental health toolkit comprised of research-backed tools including articles, meditations, access to mental health experts, anxiety screenings, and more.
- [Coping with a Disaster or Traumatic Event](#) – Follow tips from the CDC to help yourself and your family find support during this pandemic.
- [Mental Wellness Under Quarantine Course](#) – Access a free mental health course designed to address the stress caused by the COVID-19 pandemic. This online course is designed to help reduce stress and develop resilience at home.
- [Mental Health and COVID-19 Information and Resources](#) – To aid individuals and communities at this time, MHA has compiled a range of resources and information from mental health to financial support.
- [SAMHSA](#) – Access this flyer from the Substance Abuse and Mental Health Administration on coping with stress during infectious disease outbreaks.

References

1. Psychology Today, What is Mindfulness. <https://www.psychologytoday.com/us/basics/mindfulness>

TAB G

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, May 26, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, May 26, 2020. In an effort to prevent the spread of COVID-19 (coronavirus), and in accordance with the Governor’s Executive Order N-29-20, there was no public location for attending this committee meeting in person. Committee members, staff members, and members of the public participated telephonically.

Members Present: Susan DiBiasi, Andrew Gardner, Olivia Hershey (C), Lanny Swerdlow

Members Absent: Ehren Ngo

Required Staff: Steve Barron (CEO), Dave Recupero (CFO), Pat Brown (CNO), Holly Yonemoto (CBDO), Bobbi Duffy (Executive Assistant), Ariel Whitley (Administrative Assistant)

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Committee Chair Olivia Hershey, called the meeting to order at 9:01 am.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes February 25, 2020 regular meeting	Chair Hershey asked for any changes or corrections to the minutes of the February 25, 2020 regular meeting. There were none.	The minutes of the February 25, 2020 regular meeting will stand correct as presented.
NEW BUSINESS		
Proposed Action – Recommend Approval to	Dave Recupero reviewed the April 2020 finance report as included in the board packets.	M.S.C. (DiBiasi/Gardner), the SGMH Finance

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
<p>Hospital Board of Directors - Monthly Financial Report – April 2020</p>	<p>Dave referred Committee members to page 9, “Patient Statistics – Ten Months Ending April 30, 2020”. He noted that as shown on line 11, “Average Daily Census”, actual was 22.1 compared to the budgeted 34.2.</p> <p>He noted as shown on line 16, “Total ED Visits”, there was an actual of 1,904 compared to the budgeted 3,836. There has been a large reduction of ED Visits due to COVID-19.</p> <p>Line 23, IP Surgeries, shows an actual of 21 versus a budgeted 42. Line 24, OP Surgeries, shows an actual of 2 versus a budgeted 70. Line 25, Outpatient Scopes shows an actual of 17 versus a budgeted 222. Dave noted that most of our revenue comes from these sources, however, due to COVID-19, these line items were impacted.</p> <p>Dave referred Committee members to page 4, “Statement of Revenue and Expense – Current Month”.</p> <p>As shown on line 6, Total Gross Patient Revenue, the actual of \$14,824,250 versus the Budgeted \$27,533,840, reflected a negative variance of \$12,709,590.</p> <p>Net Patient Revenue showed an overall negative variance of \$1,911,603.</p> <p>Dave noted that Total Operating Revenues were Budgeted at \$6,368,684 versus an Actual of \$6,044,047, an improvement of \$324,637, or 5.10%.</p> <p>Dave referred Committee members to page 5, “Statement of Revenue and Expense – Year-to-Date”, noting that the report reflects ten months ending April 30, 2020.</p> <p>As shown on line 34, EBIDA was behind budget by \$1,872,639 with an Actual of -\$735,921 and a Budgeted of \$1,136,718.</p> <p>Committee members were referred to page 6 “Balance Sheet – Assets”, noting that on line 1, Cash and Cash Equivalents showed an overall improvement of \$3,334,067.</p> <p>Dave referred Committee members to page 7, “Balance Sheet – Liabilities and Net Assets”. Line 1, Accounts Payable, shows a negative variance of \$3,055,854.</p>	<p>Committee voted to recommend approval of the April 2020 Financial report to the Hospital Board of Directors.</p>

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP												
	<p>In summary, Dave noted that we are not going to hit budget due to the effects of COVID-19. He noted that we are down in terms of fiscal performance but should see some improvements in May or June.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="396 512 1203 632"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Gardner</td> <td>Yes</td> </tr> <tr> <td>Hershey</td> <td>Yes</td> <td>Ngo</td> <td>Absent</td> </tr> <tr> <td>Swerdlow</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Gardner	Yes	Hershey	Yes	Ngo	Absent	Swerdlow	Yes	Motion carried.		
DiBiasi	Yes	Gardner	Yes											
Hershey	Yes	Ngo	Absent											
Swerdlow	Yes	Motion carried.												
Future Agenda Items	None.													
Next Meeting	The next Finance Committee meeting will be held on June 30, 2020.													
Adjournment	The meeting was adjourned at 9:35 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, Administrative Assistant

San Gorgonio Memorial Hospital

Financial Report – Executive Summary

For the month of APRIL 2020 (Ten months in FY 20)

Concluding Summary

Earnings before interest, depreciation and amortization (EBIDA) VARIANCES:

<u>For the Month:</u>	Actual below Budget by	- <u>\$2,725,000</u>
<u>Year-to- Date (10 mo.):</u>	Actual below Budget by	- <u>\$1,872,000</u>
<u>Versus PRIOR YTD</u>	FY 20 less than FY 19 by	- <u>\$3,050,000</u>

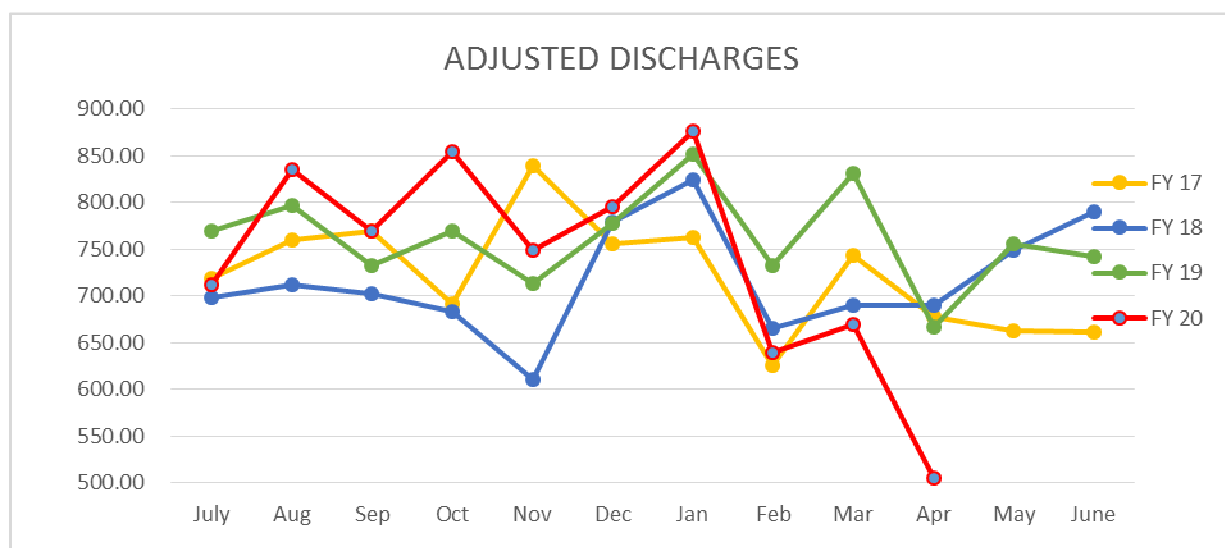
Positive takeaways for the month:

- 1) Finalizing new anesthesia agreement
- 2) Improved (higher) line of credit with Bank approval
- 3) Improved (reduced) accounts payable balances

Negative takeaways for the month:

- 1) Huge operating loss due to Covid-19 lock-down
- 2) YTD EBIDA now below budget.

San Gorgonio Memorial Hospital					FISCAL YEAR 2020
COVID-19 FINANCIAL IMPACT	MARCH	APRIL	MAY	JUNE	TOTALS
Net Patient Revenue Normal (expected)	4,567,808	4,610,028	4,484,406	4,275,114	17,937,356
Act/PROJ Net Patient Revenues	3,247,093	2,780,497	3,292,483	3,951,985	13,272,058
Lost REVENUES due to COVID-19	(1,320,715)	(1,829,531)	(1,191,923)	(323,129)	(4,665,298)
Stimulus Grant to partially offset losses Cares Act		990,604			990,604
Stimulus Grant to partially offset losses FEMA (estimate)				50,000	50,000
Stimulus Grant to partially offset losses IEHP (estimate)		274,506	200,000	150,000	624,506
EBIDA GAIN (Loss) due to COVID-19	(1,320,715)	(564,421)	(991,923)	(123,129)	(\$3,000,188)



Prepared 5/27/2020
Dave Recupero, CFO



**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA**

Unaudited Financial Statements

for

TEN MONTHS ENDING APR 30, 2020

Certification Statement:

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

Certified by:

David D. Recupero

CFO

San Geronio Memorial Hospital

Financial Report – Executive Summary

For the month of April 2020 (Ten months in FY 20)

Profit/Loss (EBIDA) Summary

In the current month, there was a \$2.12MM unfavorable budget variance in Earnings before Interest, Depreciation and Amortization (EBIDA). April EBIDA actual was -\$1.676MM or a -38.4% EBIDA margin. The resulting Year-to-Date (YTD) EBIDA budget variance was \$735K or \$1.27MM under budget. YTD Actual FY 20 EBIDA compared to prior year FY19 was a \$3.05MM decrease. Year-to-Date increase/decrease in unrestricted net assets (net profit) was \$3.439MM loss compared to the budgeted YTD loss of \$1.66MM and last year's YTD loss of \$839K.

Analysis

The covid-19 virus government shut down of non-essential services continued throughout the whole month of April. Besides surgeries falloff (act =40 Bud= 332) we also saw a precipitous drop in ED visits (act=1,904 Bud=3,836) and ED admits (act=202 bud 233). Inpatient volumes as measured by revenues were down 36.7%. Acute days actual of 662 versus budget acute days of 1026 or 35.47% below budget. We have seen a continued trend of reduced non-covid-19 acute patients not coming to the ED resulting in non-virus related admissions to be down significantly. Net revenues were \$1.91 million below budget for the month. IGT accruals suffered due to a reclassification of 2.478MM program revenues that were pushed into next fiscal year due to delays in timing of payments. This caused IGT revenues to fall short of budget by \$1.85 MM. The resulting unfavorable \$2.12MM EBIDA variance was partially mitigated by actual operating expenses for the month coming in \$325K below budget or 5.1%. For the year, Net Patient revenues of \$39.2M was \$2.9MM less than budget and a\$682K decrease over the FY 19 Year-to-Date figure. YTD expense were 1.4% over budget.

Net Patient Revenues (unfavorable \$1.9MM) or 41.5% .The net figure came in slightly better than the 46.1% gross revenue variance due to the improved Medicare case mix index (CMI) of 1.3378 vs 1.2621 budget. The higher the index the more complex cases we had resulting in improved projected reimbursement and lower lengths of stay 3.31 vs 3.91 budget. Year-to-Date net patient revenues are tracking behind budget at -6.89%

Total Operating Revenues (unfavorable \$3.05MM). Supplemental revenues for the month came in significantly below budget due to the State (DCHS) change in payment on the 19-20 Rate range program by a separation of 33% of the payment into a second phase next year. Total Operating revenue which includes IGTs now shows a \$1.022MM year-to-date unfavorable variance. It is important to note that despite the reclassification of IGT accruals we are still \$1,376,658 ahead of the YTD budget on IGT revenues. Early April we received a loan Medicare advance of \$2.5 million and a federal grant of \$980,000 for virus relief from the Cares Act, this shows up on the reports pages 4 & 5 on line 18. Other revenues. Also worth noting that the expected \$18.23 million IGT (18-19 rate range) payments came in at \$18.91 million or a \$628,000 favorable variance.

Key patient statistics variances included:

Average Daily Census (ADC) in April (22.1 actual vs 34.2 budget and 32.2 last year).
YTD ADC actual= 24.5 vs budget 29.0 and last year first 10 months ADC was 27.3.
YTD ED visits 6.4% below budget. And 6.4% below prior year-to-date . Areas of declined patient activity include observation bed days (down 14.95% YTD) and outpatient surgeries (down 45.99% YTD). The over-all measurement of patient activity adjusted acute discharges were down 8.83% compared to budget and 2.62% lower compared to last year.

In a (simplified) summary, the \$2.0 million YTD unfavorable EBIDA variance can be explained by Covid-19 lost revenues variance of \$3.0 million partially offset by a favorable YTD \$1.0 million IGT variance.

Expenses (favorable \$325K) lower than budgeted training cost and purchased services caused expense to be below budget for the month. The higher physician fees category is likely to near its end with a new Beaver anesthesia contract.

BALANCE SHEET/CASH FLOW

Cash Balances made a nice improvement due to \$3.5 MM in Federal covid-19 relief funds. \$2.5 was in the form of a Medicare advance or is treated as a loan and not revenue. As of May 12, we have repaid a portion of the 12.0 MM Line of credit balance (now down to \$6.0 million) and AP has been reduced significantly from \$6.3 MM to \$3.3 MM or a \$3.0 million reduction in trade payables.

The FY 20 fiscal year-end projected cash is somewhat unknown based on how much of the line of credit we decide to pay down.

Concluding Summary

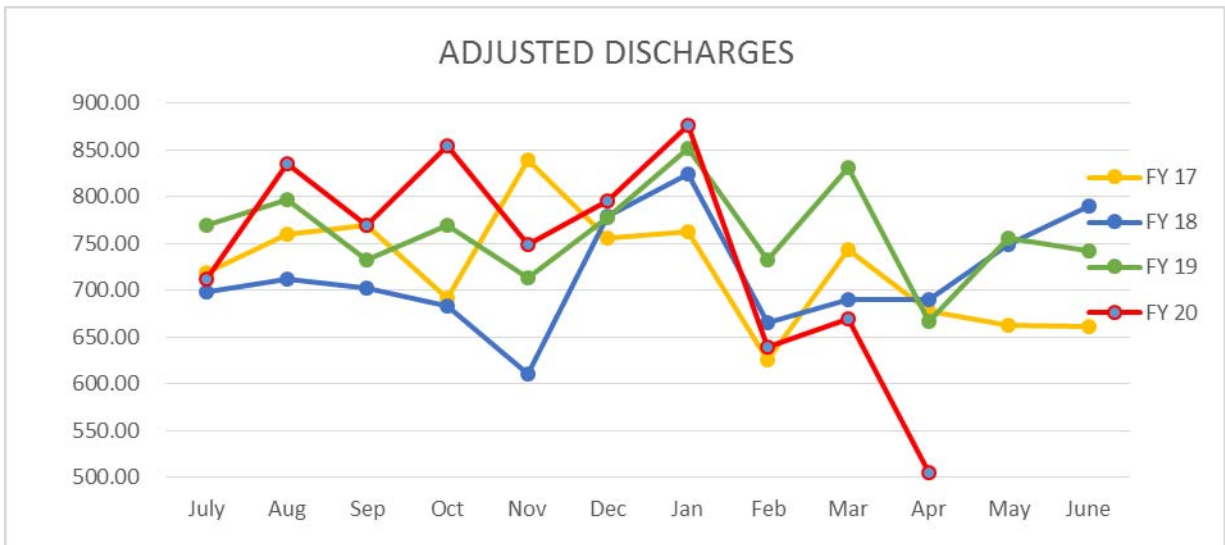
Positive takeaways for the month:

- 1) Finalized new anesthesia agreement.
- 2) Improved line of credit now in place for the next 2 years.
- 3) Improved IGT 18-19 rate range payments (+\$625K)

Negative takeaways for the month:

- 1) EBIDA now below budget due to the \$3.0 MM impact due to the covid-19 shutdown.
- 2) Higher than expected physician fees especially related to anesthesia costs.

Prepared 05/13/2020
 Dave Recupero, CFO



Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APR 30, 2020

	CURRENT MONTH					Prior Year 04/30/19
	DISTRICT ONLY	COMBINED		Positive	Percentage Variance	
	Actual 04/30/20	Actual 04/30/20	Budget 04/30/20	(Negative) Variance		
Gross Patient Revenue						
[1] Inpatient Revenue	\$0	\$5,874,527	\$9,290,509	(\$3,415,982)	-36.77%	\$9,405,567
[2] Inpatient Psych/Rehab Revenue	0	0	0	0	0.00%	0
[3] Outpatient Revenue	0	8,949,723	18,243,331	(9,293,608)	-50.94%	17,157,566
[4] Long Term Care Revenue	0	0	0	0	0.00%	0
[5] Home Health Revenue	0	0	0	0	0.00%	0
[6] Total Gross Patient Revenue	0	14,824,250	27,533,840	(12,709,590)	-46.16%	26,563,133
Deductions From Revenue						
[7] Discounts and Allowances	0	(11,915,524)	(21,883,746)	9,968,222	45.55%	(20,586,919)
[8] Bad Debt Expense	0	(167,185)	(922,800)	755,615	81.88%	(1,381,262)
[9] Prior Year Settlements	0	0	(63,127)	63,127	100.00%	0
[10] Charity Care	0	(43,116)	(54,139)	11,023	20.36%	(54,279)
[11] Total Deductions From Revenue	0	(12,125,825)	(22,923,812)	10,797,987	47.10%	(22,022,459)
[12]		81.80%	83.26%			82.91%
[13] Net Patient Revenue	0	2,698,425	4,610,028	(1,911,603)	-41.47%	4,540,674
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	0	274,506	2,128,938	(1,854,432)	-87.11%	2,349,257
[15] Tax Subsidies Measure D	188,750	188,750	237,852	(49,102)	-20.64%	175,000
[16] Tax Subsidies Prop 13	112,500	112,500	142,926	(30,426)	-21.29%	105,000
[17] Tax Subsidies County Supplemental Funds	0	0.00	0	0	0.00%	233
[18] Other Operating Revenue	(19,872)	1,057,757	269,903	787,854	291.90%	433,583
[19] Clinic Net Revenues	35,507	35,507	27,753	7,754	27.94%	(2,704)
Non- Patient Revenue	316,885	1,669,020	2,807,372	(1,138,352)	-40.55%	3,060,368
Total Operating Revenue	316,885	4,367,445	7,417,400	(3,049,955)	-41.12%	7,601,042
Operating Expenses						
[20] Salaries and Wages	0	2,873,413	3,004,705	131,292	4.37%	2,912,191
[21] Fringe Benefits	0	710,468	729,688	19,221	2.63%	728,800
[22] Contract Labor	0	29,769	55,579	25,810	46.44%	145,976
[23] Physicians Fees	0	312,238	195,484	(116,754)	-59.73%	392,113
[24] Purchased Services	31,710	760,282	769,239	8,958	1.16%	259,694
[25] Supply Expense	0	729,459	805,472	76,013	9.44%	766,732
[26] Utilities	0	73,220	71,386	(1,834)	-2.57%	64,659
[27] Repairs and Maintenance	0	143,377	45,038	(98,339)	-218.35%	70,031
[28] Insurance Expense	0	84,799	101,452	16,653	16.42%	64,310
[29] All Other Operating Expenses	1,676	149,637	422,680	273,043	64.60%	101,704
[30] IGT Expense	0	46	0	(46)	0.00%	429,559
[31] Leases and Rentals	0	87,080	68,143	(18,937)	-27.79%	166,156
[32] Clinic Expense	67,426	90,261	99,817	9,556	9.57%	93,481
[33] Total Operating Expenses	100,812	6,044,047	6,368,684	324,637	5.10%	6,195,405
[34] EBIDA	216,073	(1,676,602)	1,048,716	(2,725,318)	-259.87%	1,405,637
Interest Expense and Depreciation						
[35] Depreciation	502,454	502,454	500,000	(2,454)	-0.49%	494,513
[36] Interest Expense and Amortization	389,725	433,670	399,474	(34,196)	-8.56%	397,935
[37] Total Interest & depreciation	892,179	936,124	899,474	(36,650)	-4.07%	892,448
Non-Operating Revenue:						
[38] Contributions & Other	0	0	16,667	(16,667)	-100.00%	0
[39] Tax Subsidies for GO Bonds - M-A	1,198,629	1,198,629	605,781	592,848	97.87%	585,613
[40] Total Non Operating Revenue/(Expense)	1,198,629	1,198,629	622,448	576,181	92.57%	585,613
[41] Total Net Surplus/(Loss)	\$522,523	(\$1,414,096)	\$771,690	(\$2,185,786)	-283.25%	\$1,098,801
[42] Extra-ordinary loss on Financing						
[43] Increase/(Decrease in Unrestricted Net Assets	\$522,523	(\$1,414,096)	\$771,690	(\$2,185,786)	-283.25%	\$1,098,801
[44] Total Profit Margin	164.89%	-32.38%	10.40%			14.46%
[45] EBIDA %	68.19%	-38.39%	14.14%			18.49%

Statement of Revenue and Expense
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APR 30, 2020

	DISTRICT ONLY		YEAR-TO-DATE			Prior Year 04/30/19
	Actual 04/30/20	Actual 04/30/20	Budget 04/30/20	Positive (Negative) Variance	Percentage Variance	
Gross Patient Revenue						
[1] Inpatient Revenue	\$0	\$69,884,898	\$79,950,294	(\$10,065,396)	-12.59%	\$76,772,687
[2] Inpatient Psych/Rehab Revenue	0	0	0	0	0.00%	0
[3] Outpatient Revenue	0	158,583,755	173,175,154	(14,591,399)	-8.43%	167,083,142
[4] Long Term Care Revenue	0	0	0	0	0.00%	0
[5] Home Health Revenue	0	0	0	0	0.00%	0
[6] Total Gross Patient Revenue	0	228,468,653	253,125,448	(24,656,795)	-9.74%	243,855,829
Deductions From Revenue						
[7] Discounts and Allowances	0	(181,962,073)	(201,421,377)	19,459,304	9.66%	(194,726,170)
[8] Bad Debt Expense	0	(6,576,551)	(8,483,532)	1,906,981	22.48%	(8,748,334)
[9] Prior Year Settlements	0	0	(580,339)	580,339	100.00%	0
[10] Charity Care	0	(690,308)	(497,713)	(192,595)	-38.70%	(459,377)
[11] Total Deductions From Revenue	0	(189,228,932)	(210,982,961)	21,754,029	10.31%	(203,933,882)
[12]		82.8%	83.4%	-0.5%		83.6%
[13] Net Patient Revenue	0	39,239,720	42,142,487	(2,902,767)	-6.89%	39,921,947
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	0	15,105,596	13,728,938	1,376,658	10.03%	13,283,383
[15] Tax Subsidies Measure D	2,016,127	2,016,127	2,046,858	(30,731)	-1.50%	1,850,000
[16] Tax Subsidies Prop 13	1,143,731	1,143,731	1,229,960	(86,229)	-7.01%	1,050,000
[17] Tax Subsidies County Supplemental Funds	108,739	108,739	97,500	11,239	11.53%	97,189
[18] Other Operating Revenue	13,590	3,189,981	2,526,651	663,330	26.25%	2,489,012
[19] Clinic Net Revenues	223,618	223,618	277,530	(53,912)	-19.43%	216,951
Non- Patient Revenue	3,505,804	21,787,791	19,907,437	1,880,354	9.45%	18,986,536
Total Operating Revenue	3,505,804	61,027,511	62,049,924	(1,022,413)	-1.65%	58,908,482
Operating Expenses						
[20] Salaries and Wages	0	31,141,562	30,590,111	(551,451)	-1.80%	28,614,895
[21] Fringe Benefits	0	7,226,175	7,341,527	115,352	1.57%	7,061,220
[22] Contract Labor	0	646,180	555,790	(90,390)	-16.26%	984,869
[23] Physicians Fees	8,800	3,280,469	1,954,840	(1,325,629)	-67.81%	2,560,085
[24] Purchased Services	419,423	6,602,635	7,024,843	422,208	6.01%	4,029,558
[25] Supply Expense	554	7,311,064	7,348,319	37,255	0.51%	6,882,538
[26] Utilities	3,000	792,505	713,860	(78,645)	-11.02%	750,504
[27] Repairs and Maintenance	6,475	643,253	450,380	(192,873)	-42.82%	519,409
[28] Insurance Expense	0	895,659	1,014,520	118,861	11.72%	897,133
[29] All Other Operating Expenses	66,521	1,560,097	2,239,416	679,319	30.33%	1,425,174
[30] IGT Expense	0	(62)	0	62	0.00%	429,559
[31] Leases and Rentals	0	739,043	681,430	(57,613)	-8.45%	1,406,668
[32] Clinic Expense	667,136	924,853	998,170	73,317	7.35%	1,021,171
[33] Total Operating Expenses	1,171,909	61,763,433	60,913,206	(850,227)	-1.40%	56,582,781
[34] EBIDA	2,333,895	(735,921)	1,136,718	(1,872,639)	-164.74%	2,325,701
Interest Expense and Depreciation						
[35] Depreciation	5,016,600	5,016,600	5,026,000	9,400	0.19%	5,018,204
[36] Interest Expense and Amortization	3,899,063	4,319,097	3,994,740	(324,357)	-8.12%	4,086,401
[37] Total Interest & depreciation	8,915,663	9,335,697	9,020,740	(314,957)	-3.49%	9,104,605
Non-Operating Revenue:						
[38] Contributions & Other	163,194	163,194	166,670	(3,476)	-2.09%	82,964
[39] Tax Subsidies for GO Bonds - M-A	6,469,094	6,469,094	6,057,810	411,284	6.79%	5,856,125
[40] Total Non Operating Revenue/(Expn	6,632,287	6,632,287	6,224,480	407,807	6.55%	5,939,089
[41] Total Net Surplus/(Loss)	\$50,520	(\$3,439,330)	(\$1,659,542)	(\$1,779,789)	107.25%	(\$839,816)
[42] Extra-ordinary loss on Financing						
[43] Increase/(Decrease in Unrestricted Net A	\$50,520	(\$3,439,330)	(\$1,659,542)	(\$1,779,789)	107.25%	(\$839,816)
[44] Total Profit Margin	1.44%	-5.64%	-2.67%			-1.43%
[45] EBIDA %	66.57%	-1.21%	1.83%			3.95%

Balance Sheet - Assets

SAN GORGONIO MEMORIAL HOSPITAL BANNING, CALIFORNIA TEN MONTHS ENDING APR 30, 2020

Percent of Net AR to Gross AR>	DISTRICT ONLY		ASSETS			
	Current Month 04/30/2020	Current Month 04/30/2020	Prior Month 03/31/2020	Curr vs Prior Mo. Positive/ (Negative) Variance	Prior Year End 06/30/2019	Curr vs Prior YE Positive/ (Negative) Variance
		18.55%	18.19%		17.33%	
Current Assets						
[1] Cash and Cash Equivalents	\$778,844	\$6,082,911	\$2,748,844	\$3,334,067	\$4,175,227	\$1,907,684
[2] Gross Patient Accounts Receivable	0	39,770,246	45,836,716	(6,066,470)	49,210,703	(9,440,457)
[3] Less: Bad Debt and Allowance Reserves	0	(32,391,218)	(37,501,114)	5,109,896	(40,680,940)	8,289,722
[4] Net Patient Accounts Receivable	0	7,379,028	8,335,602	(956,575)	8,529,763	(1,150,735)
[5] Taxes Receivable	3,229,757	3,229,757	2,493,211	736,546	566,680	2,663,076
[6] Other Receivables	0	(16,532)	615,113	(631,645)	436,869	(453,401)
[7] Inventories	0	1,694,154	1,671,529	22,624	1,632,865	61,288
[8] Prepaid Expenses	72,875	385,970	393,087	(7,117)	1,326,928	(940,958)
[9] Due From Third Party Payers	0	1,095,276	1,099,000	(3,724)	554,344	540,932
[10] Malpractice Receivable	0	0	0	0	0	0
[11] IGT Receivables	0	18,157,373	23,468,257	(5,310,884)	10,058,792	8,098,581
Total Current Assets	4,081,476	38,007,936	40,824,644	(2,816,708)	27,281,468	10,726,468
Assets Whose Use is Limited						
[12] Cash	0	0	0	0	0	0
[13] Investments	0	0	0	0	0	0
[14] Bond Reserve/Debt Retirement Fund	9,158,044	9,161,226	6,914,951	2,246,276	8,867,208	294,019
[15] Trustee Held Funds	0	0	0	0	0	0
[16] Funded Depreciation	0	0	0	0	0	0
[17] Board Designated Funds	0	0	0	0	0	0
[18] Other Limited Use Assets	0	0	0	0	0	0
Total Limited Use Assets	9,158,044	9,161,226	6,914,951	2,246,276	8,867,208	294,019
Property, Plant, and Equipment						
[19] Land and Land Improvements	6,686,845	6,686,845	6,686,845	0	4,820,671	1,866,174
[20] Building and Building Improvements	127,399,218	127,399,218	127,399,218	0	129,283,884	(1,884,666)
[21] Equipment	26,124,826	26,124,826	26,124,826	0	25,586,875	537,951
[22] Construction In Progress	8,391,329	8,391,329	8,391,329	0	8,390,249	1,080
[23] Capitalized Interest	0	0	0	0	0	0
[24] Gross Property, Plant, and Equipment	168,602,218	168,602,218	168,602,218	0	168,081,679	520,539
[25] Less: Accumulated Depreciation	(76,097,814)	(76,097,814)	(75,595,360)	(502,454)	(71,114,751)	(4,983,063)
[26] Net Property, Plant, and Equipment	92,504,404	92,504,404	93,006,859	(502,454)	96,966,928	(4,462,523)
Other Assets						
[27] Unamortized Loan Costs	1,452,995	1,452,995	1,454,654	(1,660)	1,522,444	(69,450)
[28] Assets Held for Future Use	0	0	0	0	0	0
[29] Investments in Subsidiary/Affiliated Org.	12,117,551	0	0	0	0	0
[30] Other	0	0	0	0	0	0
[31] Total Other Assets	13,570,546	1,452,995	1,454,654	(1,660)	1,522,444	(69,450)
[32] TOTAL UNRESTRICTED ASSETS	119,314,470	141,126,562	\$142,201,107	(\$1,074,546)	134,638,048	\$6,488,514
Restricted Assets						
[33] TOTAL ASSETS	\$119,314,470	\$141,126,562	\$142,201,107	(\$1,074,546)	\$134,638,048	\$6,488,514

Balance Sheet - Liabilities and Net Assets
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APR 30, 2020

	District Only		LIABILITIES AND FUND BALANCE			Curr vs Prior YE
	Current Month 04/30/2020	Current Month 04/30/2020	Prior Month 03/31/2020	Positive/ (Negative) Variance	Prior Year End 06/30/2019	Positive/ (Negative) Variance
Current Liabilities						
[1] Accounts Payable	\$173,899	\$3,337,844	\$6,393,698	(\$3,055,854)	\$4,436,438	(\$1,098,594)
[2] Notes and Loans Payable (Line of Credit)	0	12,000,000	\$12,000,000	0	\$0	12,000,000
[3] Accounts Payable- Construction	0	0	\$0	0	\$0	0
[4] Accrued Payroll Taxes	0	6,497,223	\$3,470,339	3,026,883	\$3,844,094	2,653,128
[5] Accrued Benefits	0	78,651	\$77,916	735	\$76,513	2,139
[6] Accrued Benefits Current Portion	0	0	\$0	0	\$0	0
[7] Other Accrued Expenses	0	0	\$0	0	\$0	0
[8] Accrued GO Bond Interest Payable	1,212,137	1,212,137	\$808,092	404,046	\$2,049,304	(837,166)
[9] Malpractice Payable	0	0	\$0	0	\$0	0
[10] Due to Third Party Payers (Settlements)	0	0	\$0	0	\$0	0
[11] Advances From Third Party Payers	0	0	\$0	0	\$0	0
[12] Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	\$2,335,000	0	\$0	2,335,000
[13] Current Portion of LTD (Leases)	0	0	\$0	0	\$0	0
[14] Other Current Liabilities	0	15,311	35,818	(20,507)	15,758	(447)
Total Current Liabilities	3,721,036	25,476,166	25,120,863	355,303	10,422,106	15,054,060
Long Term Debt						
[15] Bonds/Mortgages Payable (net of Cur Portic	108,245,328	108,245,328	108,261,081	(15,753)	112,856,547	(4,611,219)
[16] Leases Payable (net of current portion)	0	0	0	0	0	0
[17] Total Long Term Debt (Net of Current)	108,245,328	108,245,328	108,261,081	(15,753)	112,856,547	(4,611,219)
Other Long Term Liabilities						
[18] Deferred Revenue	0	0	0	0	0	0
[19] Accrued Pension Expense (Net of Current)	0	0	0	0	0	0
[20] Other	0	0	0	0	0	0
[21] Total Other Long Term Liabilities	0	0	0	0	0	0
TOTAL LIABILITIES	111,966,364	133,721,494	133,381,943	339,550	123,278,653	10,442,840
Net Assets:						
[22] Unrestricted Fund Balance	7,297,586	10,844,398	\$10,844,398	0	10,416,645	427,754
[23] Temporarily Restricted Fund Balance	0	0	0	0	0	0
[24] Restricted Fund Balance	0	0	0	0	0	0
[25] Net Revenue/(Expenses)	50,520	(3,439,330)	(2,025,234)	(1,414,096)	942,750	(4,382,080)
[26] TOTAL NET ASSETS	7,348,106	7,405,068	8,819,164	(1,414,096)	11,359,394	(3,954,327)
[27] TOTAL LIABILITIES AND NET ASSETS	\$119,314,470	\$141,126,562	\$142,201,107	(\$1,074,546)	\$134,638,048	\$6,488,514
	\$0	\$0	\$0.00		\$0	

BANNING, CALIFORNIA
TEN MONTHS ENDING APR 30, 2020

		CASH FLOW			
HEALTHCARE SYSTEM MINI CASH FLOW		Current			
		Month	Year-To-Date		
		04/30/2020	04/30/2020		
BEGINNING CASH BALANCES					
[1]	Cash: Beginning Balances- HOSPITAL	3/31	\$408,689	06/30>	1,049,179.00
[2]	Cash: Beginning Balances- DISTRICT	3/31	2,340,154	06/30>	3,126,083
[3]	Cash: Beginning Balances TOTALS	3/31	\$2,748,844	06/30>	\$4,175,262
Receipts					
[4]	Pt Collections		3,663,262		39,612,874
[5]	Tax Subsidies Measure D		50,000		1,555,581
[6]	Tax Subsidies Prop 13		0		738,858
[7]	Tax Subsidies County Supplemental Funds		0		108,739
[8]	IGT & other Supplemental (see detail below)		3,276,033		4,183,454
[9]	Draws/(Paydown) of LOC Balances		0		12,000,000
[10]	Other Misc Receipts/Transfers		236,002		2,556,336
	TOTAL RECEIPTS		7,225,296		60,755,842
Disbursements					
[11]	Payroll/ Benefits		3,344,956		38,748,543
[12]	Other Operating Costs		2,460,120		23,379,597
[13]	Capital Spending		0		426,844
[14]	Debt serv payments (Hosp onlyw/ LOC interest)		56,055		642,979
[15]	Other (increase) in AP /other bal sheet		(1,969,901)		(4,500,323)
[16]	TOTAL DISBURSEMENTS		3,891,229		58,697,641
[17]	TOTAL CHANGE in CASH		3,334,067		2,058,201
ENDING CASH BALANCES					
[18]	Ending Balances- HOSPITAL	4/30	\$5,304,067	4/30	\$5,304,067
[19]	Ending Balances- DISTRICT	4/30	778,844	4/30	778,844
[20]	Ending Balances- TOTALS	4/30	\$6,082,911	4/30	\$6,082,911
ADDITIONAL INFO					
[21]	LOC CURRENT BALANCES		12,000,000		12,000,000
[22]	LOC Interest Expense Incurred		56,055		331,582

SUPPLEMENTAL CASH FLOW SUMMARY		Current			
(By Program)		Month	Year-To-Date		
		04/30/2020	04/30/2020		
IGT/SUPPLEMENTAL CASH INFLOWS					
[24]	HQAF Managed Care Funds		114,784		274,659
[25]	Prime IGT		0		525,000
[26]	Rate Range Managed Care IGTs		(539,058)		(1,823,394)
[27]	AB 113		0		581,741
[28]	HQAF FFS Direct Grants		0		503,027
[29]	IEHP MCE Bed Funds		0		119,810
[30]	MediCal Outpatient SRH Program		0		75,977
[31]	Foundation Contributions		0		163,112
[32]	AB 915 newly Eligible		0		0
[33]	Cost Report/ Federal Covid Stimulus/Med Advance		3,490,604		35,514
[34]	Medi-CAL DSH		209,703		113,914
[35]	TOTALS (see line 8 above)		3,276,033		569,361

Patient Statistics

SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
TEN MONTHS ENDING APR 30, 2020

Line Ref #				STATISTICS	Year-To-Date			YTD % VAR Vs Bud	YTD % VAR Vs Prior Yr
	Actual 04/30/20	Budget 04/30/20	Prior Year 04/30/19		Actual 04/30/20	Budget 04/30/20	Prior Year 04/30/19		
Discharges									
[1]	200	262	236	Acute	2,265	2,565	2,394	-11.71%	-5.39%
[2]	2.52	2.96	2.82	O/P Adjustment Factor	3.27	3.17	3.18	3.26%	2.92%
[3]	505	778	667	Adjusted Acute Discharges	7,405	8,122	7,604	-8.83%	-2.62%
[4]	17	28	19	Newborn	212	238	230	-10.92%	-7.83%
[5]	217	290	255	Total Discharges	2,477	2,803	2,624	-11.64%	-5.60%
Patient Days:									
[6]	662	1,026	966	Acute	7,481	8,830	8,313	-15.28%	-10.01%
[7]	34	56	0	Newborn	424	476	328	-10.92%	29.27%
[8]	696	1,082	966	Total Patient Days	7,905	9,306	8,641	-15.05%	-8.52%
Average Length of Stay (ALOS)									
[9]	3.31	3.91	4.09	Acute	3.30	3.44	3.47	-4.04%	-4.88%
[10]	2.0	2.0	0.0	Newborn ALOS	2.0	2.0	1.4	0.00%	40.24%
Average Daily Census (ADC)									
[11]	22.1	34.2	32.2	Acute	24.5	29.0	27.3	-15.28%	-10.01%
[12]	1.1	1.9	0.0	Newborn	1.4	1.6	1.1	-10.92%	29.27%
Emergency Dept. Statistics									
[13]	202	233	217	ED Visits - Admitted	2,080	2,281	2,124	-8.81%	-2.07%
[14]	919	1,660	1,520	ED Visits - Higher Acuity Ops	14,569	15,686	15,635	-7.12%	-6.82%
[15]	783	1,943	2,060	ED - Rapid Care Visits Ops	17,561	18,449	18,789	-4.81%	-6.54%
[16]	1,904	3,836	3,797	Total ED Visits	34,210	36,416	36,548	-6.06%	-6.40%
[17]	10.61%	6.08%	5.72%	% of ER Visits Admitted	6.08%	6.26%	5.81%	-2.92%	4.62%
[18]	101.00%	88.91%	91.95%	ER Admissions as a % of Total	91.83%	88.91%	88.72%	3.29%	3.51%
Other Key Statistics:									
[19]	2,181	4,670	4,433	Total Outpatients Visits	39,927	44,154	43,102	-9.57%	-7.37%
[20]	97	210	159	Observation Bed Days	1,473	1,811	1,732	-18.66%	-14.95%
[21]	12.8%	17.0%	14.1%	Obs. Bed Days as a % of Total	16.5%	17.0%	17.2%	-3.34%	-4.59%
[22]	363	564	536	Behavioral Health Visits	4,400	5,358	5,475	-17.88%	-19.63%
[23]	21	42	37	IP Surgeries	390	363	350	7.44%	11.43%
[24]	2	70	66	OP Surgeries	364	660	674	-44.85%	-45.99%
[25]	17	222	92	Outpatient Scopes	1,560	2,113	858	-26.17%	81.82%
Productivity Statistics:									
[26]	418.11	455.70	450.22	FTE's - Worked	437.19	455.70	431.69	-4.06%	1.28%
[27]	452.40	489.60	472.51	FTE's - Paid	471.71	489.60	466.18	-3.65%	1.19%
[28]	7.51	4.78	4.95	Worked FTE's per AOB	5.45	4.78	4.99	14.06%	9.34%
[29]	8.12	5.13	5.20	Paid FTE's per AOB	5.88	5.13	5.38	14.67%	9.25%
[30]	1.3378	1.2621	1.2621	Case Mix Index -Medicare	1.3170	1.2621	1.2621	4.35%	4.35%
[31]	1.0944	1.0419	1.0419	Case Mix Index - All payers	1.1868	1.0419	1.0419	13.91%	13.91%

A/R & CASH FLOW TRENDS

GROSS ACCTS RECEIVABLE BY PAYOR		FY 20	Prior Year	Monthly Trends			
		30-Apr-20	FY 19	FY 20	FY 20	FY 20	FY 20
		ACTUAL	JUNE	JAN	FEB	MAR	APR
1	Blue Shield	235,129	233,330	296,045	235,129	240,810	218,019
2	Blue Cross	2,160,182	1,946,555	1,929,945	2,160,182	1,492,761	1,555,256
3	MediCal	2,931,618	1,701,380	2,663,483	2,931,618	2,452,564	2,083,020
4	IEHP /Other MediCal HMO	7,168,857	6,301,624	8,381,821	7,168,857	5,553,306	4,720,806
5	Champus /Other Govt	3,255,431	2,835,303	3,475,736	3,255,431	2,653,900	2,385,911
6	HMO/PPO/Commercial	8,546,604	7,323,981	7,778,951	8,546,604	8,078,822	7,255,781
7	Medicare	7,745,560	8,498,471	6,474,602	7,745,560	5,161,203	4,140,857
8	Self Pay/Credit Bals	5,709,143	6,670,232	6,279,471	5,709,143	5,513,117	5,051,270
9	Senior HMO	13,845,577	13,054,309	13,719,027	13,845,577	14,408,154	12,013,766
10	Workers Comp	235,196	645,516	315,858	235,196	282,528	346,008
11	TOT GROSS AR	51,833,299	49,210,701	51,314,939	51,833,299	45,837,165	39,770,695

PATIENT CASH COLLECTIONS		FY 20	FY 19	FY 20	FY 20	FY 20	FY 20
		Year-To Date	Year-To Date	JAN	FEB	MAR	APR
		12	Blue Shield	360,407	346,240	35,033	36,966
13	Blue Cross	1,695,941	1,731,328	159,365	134,597	176,704	93,409
14	Medi-Cal	2,009,758	2,237,686	249,807	144,273	194,804	163,846
15	IEHP /Other MediCal HMO	6,451,574	6,596,120	695,028	625,514	662,568	477,294
16	Champus /Other Govt	925,888	890,638	84,804	68,860	67,394	65,116
17	HMO/PPO/Commercial	7,200,723	6,757,435	622,792	603,853	759,450	682,126
18	Medicare	7,959,304	6,824,597	707,683	519,453	1,243,832	733,783
19	Self Pay/Credit Bals	1,291,165	1,287,496	154,365	99,816	140,720	129,368
20	Senior HMO	11,403,857	10,149,154	1,314,028	1,148,032	1,003,938	1,293,399
21	Workers Comp	143,204	171,810	16,660	19,205	15,822	5,579
22	TOT CASH COLLECTIONS	39,081,413	36,992,505	4,039,564	3,400,568	4,285,754	3,663,262
23	Percent Change vs. Prior>						
23	% change vs. Prior yr.>		5.6%	115.4%	115.6%	115.5%	115.5%

GROSS DAYS IN AR BY PAYOR		FY 20	FY 19	TARGET	FY 20	FY 20	FY 20	FY 20
		Year-To Date	06/30/2019	10/31/2016	JAN	FEB	MAR	APR
		24	Blue Shield	43.8	30.7	60.4	43.3	32.4
25	Blue Cross	53.7	55.6	44.6	58.4	64.4	49.2	53.7
26	MediCal	68.0	57.0	66.3	76.1	79.3	72.0	68.0
27	IEHP /Other MediCal HMO	29.1	27.3	27.5	36.6	33.1	27.9	29.1
28	Champus /Other Govt	98.6	147.6	132.2	173.6	142.0	107.1	98.6
29	HMO/PPO/Commercial	94.0	96.0	86.4	93.2	98.4	99.1	94.0
30	Medicare	38.2	58.0	36.3	54.7	63.9	47.3	38.2
31	Self Pay/Credit Bals	120.9	82.5	80.5	105.9	96.7	105.3	120.9
32	Senior HMO	71.0	64.5	59.5	66.0	67.8	73.1	71.0
33	Workers Comp	152.7	111.6	136.2	42.5	41.5	85.8	152.7
34	TOT GROSS DAYS IN AR	61.21	59.00	53.9	64.10	65.25	62.14	61.21

TAB H

SAN GORGONIO MEMORIAL HOSPITAL

Medical Staff Services Department

M E M O R A N D U M

DATE: May 27, 2020

TO: Susan DiBiasi, Chair
Governing Board

FROM: Steven Hildebrand, M.D., Chairman
Medical Executive Committee

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

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

Approval Item(s):

Policies & Procedures

Food from Outside Sources

This policy was written to allow patients to have food brought in from outside sources (See attached).

Laboratory Critical Test Result List

The purpose of this list is to identify the laboratory tests and their respective critical high and critical low values/results (See attached).

Laboratory Services for ROUTINE Blood Collection

In order to provide optimum Laboratory Services, the department will respond in a timely manner to requests for ROUTINE blood collection (See attached).

Therapeutic Automatic Substitution

The purpose of this policy is to ensure safe, clinically effective and cost effective therapy to the inpatient and, to standardize and optimize the use of medications in a safe and appropriate manner in an inpatient setting (See attached).

Transfer of Patients to another Acute Care Hospital – Lateral Transfer to Payer Request

This policy was established to provide timely, safe and efficient transfer of hospitalized patients to other health care facilities at the request of payers (See attached).

Waive Testing or Point of Care Testing (POCT) Program

In order for the Laboratory to provide optimal services, a waived testing or point of care testing program has been implemented at SGMH (See attached).

Recommendation of Reference Laboratories Needed for Reference Testing

A list of reference laboratories are recommended to provide specialized patient testing beyond the scope of SGMH Clinical Laboratory (See attached list).



Origination: 06/1992
 Approved: N/A
 Last Revised: 03/2020
 Policy Area: *Dietary*
 References: *42 CFR §483.60(i)(3)*

Food From Outside Sources

Policy:

It is the policy of this facility to allow patients to have food brought in from outside sources.

Procedure:

1. People bringing in food are instructed to take the food to ~~the floor R.N. who will confer with the dietitian and/or diet manual, before giving it to the patients. If the food is not allowed on~~ the patient's assigned nurse or charge nurse, who will confer with the dietitian and/or diet manual, before giving it to the patients. If the food is not allowed on the patient's diet, the licensed staff will instruct the family member and the patient and discourage it from being given.
2. Safe food handling practices are recommended. Information regarding these practices is available upon request from the Food and Nutrition Department.
3. Food will be in closed containers such as Tupperware.
4. ~~Opened perishable foods~~ Foods not eaten, shall be discarded after two hours at the bedside or 24 hours in the patient refrigerator with the patients name and date and discard date. Unopened foods, labeled with the patient's name and dated will be stored in the unit refrigerator and discarded after ~~three days~~ 72 hours.
5. ~~Food will not be left at the bedside.~~ Foods requiring reheating shall be brought to the Food and Nutrition Department. HACCP (Hazard Analysis Critical Control Point) reheating procedures shall be used.
6. Food may not be shared with other patients.
~~If a patient is on a therapeutic diet, food from outside sources will be discouraged.~~
~~If a patient has strong cultural preferences and wants all food brought in from home, an MD order is needed.~~
7. The assigned nursing staff shall document the percentage of the foods and fluids consumed at the bedside in the I&O record

Ref §483.60(i)(3)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Bobbi Duffy: Executive Assistant	pending
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	05/2020
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	05/2020
	Lakeisha Hawthorne: Director Food and Nutrition	04/2020

COPY



Origination: 02/2008
Approved: N/A
Last Revised: 05/2020
Policy Area: Clinical Laboratory
References:

Laboratory Critical Test Result List

ANALYTE	PANIC CRITICAL VALUE	UNITS	
Sodium	less than 120	mmol/L	
greater than 160	mmol/L		
Potassium	less than 2.8	mmol/L	
greater than 6.5	mmol/L		
Alcohol			
greater than 0.2	%		
CO2	less than 10	mmol/L	
greater than 40	mmol/L		
Anion Gap	greater than 30	mmol/L	
BUN	greater than 100	mg/dL	
Glucose	less than 40 (newborn)	mg/dL	
	less than 50	mg/dL	
greater than 450	mg/dL		
Total Bilirubin	greater than 15.0	mg/dL	
Total Bilirubin (pediatric)	greater than 18.0	mg/dL	
Calcium	less than 6.0	mg/dL	
greater than 13	mg/dL		
pH	less than 7.30	pH units	
greater than 7.60	pH units		
	less than 20 and greater than 55	mmHg	
PO2	less than 55 for chronic COA retainers	mmHg	
PO2	less than 60 (adults) or greater than 100 (neonates)	mmHg	
COHb	greater than 7.5	%	

MetHb	greater than 2.0	%		
Acetaminophen	greater than 200	ug/mL	Post ingestion	
Carbamazepine	greater than 20	ug/mL		
Digoxin	greater than 2.5	ng/mL		
Gentamicin (trough)	greater than 2.0	ug/mL		
Gentamicin (peak)	greater than 12.0	ug/mL		
Lactate	greater than or equal to 4.0		mg/dL	
Theophylline	greater than 25	ug/mL		
Dilantin	greater than 20	ug/mL		
Phenobarbital	greater than 60	ug/mL		
Salicylate	greater than 150	ug/mL		
Valproic Acid	greater than 200	ug/mL		
Any positive blood culture : Culture, VRE, MRSA, ESBL, Covid, or C. diff				
Any positive CSF gram stain				
Any critical test result phoned from the reference lab				
All atypical antibodies in the blood bank, direct and indirect.				
Troponin	greater than 0.51	ng/mL		
PT/INR	greater than 3.5	INR		
PTT	greater than 100	seconds		
WBC	less than or equal to 1.0	K/mL		
	greater than 20	K/mL		
Hemoglobin, adults up to 69 yrs. old	less than or equal to 7.0	g/dL		
Hemoglobin, adults 70 yrs old and older	greater less than or equal to 8.0	g/dL		
	greater than 19.0	g/dL		
Hematocrit	less than or equal to 21.0	Sda %		%
	greater than or equal to 65.0	%		
Platelet Count	less than or equal to 20,000	/mL		
	greater than or equal to 1,000,000	/mL		
Urine glucose	3 plus			
Reference: Clinical Lab Reference-online, 2018-2019				
Therapeutic Drug Levels				

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Bobbi Duffy: Executive Assistant	pending
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	05/2020
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	05/2020
	Mark Beck: Medical Director Clinical Lab	05/2020
	Byron Hazley: Director Laboratory	05/2020

COPY



Origination: 08/2012
Approved: N/A
Last Revised: 08/2012
Policy Area: Clinical Laboratory
References:

Laboratory Services for ROUTINE Blood Collection

Policy Statement:

In order to provide optimum Laboratory Services, the department will respond in a timely manner to requests for ROUTINE blood collection.

Policy:

ALL ROUTINE blood collection requests must have a physician's order.

Nursing Responsibility:	<ol style="list-style-type: none"> 1. Enter order for ROUTINE blood collection into the computer. 2. The collection labels will print in the Laboratory.
Laboratory Responsibility:	<ol style="list-style-type: none"> 1. Provide services as follows:

- Make every effort to respond within 2 hours regardless of computer order entry
- Provide an estimated time of collection, if another STAT request is queued ahead of the current request
- Provide multiple ROUTINE blood collections, if staffing is adequate.

Shared Responsibility of Nursing and Laboratory:

- The Laboratory must delegate the ROUTINE blood collection to the nurse if the Laboratory would be empty during the time of blood collection which is prohibited by Federal Regulations.

A Review of ROUTINE blood collection requests will be performed for legitimacy on a regular basis and reported to the P.I Committee, if requested or needed.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Bobbi Duffy: Executive Assistant	pending
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	05/2020
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	03/2020
	Mark Beck: Medical Director Clinical Lab	03/2020
	Byron Hazley: Director Laboratory	03/2020

COPY



Origination: 01/2010
Approved: N/A
Last Revised: 03/2020
Policy Area: Pharmacy
References:

Therapeutic Automatic Substitution

Purpose:

1. To provide safe, clinically effective and cost effective therapy to the inpatient census.
2. To standardize the use of medication in the inpatient population.
3. To optimize the safe and appropriate use of pharmaceuticals in the inpatient setting.

Policy:

1. The Pharmacy and Therapeutics Committee (P&T) will provide formulary guidelines for various classes of pharmaceuticals. P&T will suggest formulary alternatives to first line formulary recommendations.
2. Prescribers may write " Do Not Substitute " or " Do not Auto-sub" if clinically indicated with appropriated documentation as specified
3. This policy applies to all prescribers at SGMH.
4. This auto-substitution policy in only applicable to the inpatient population.
5. This auto-substitution policy will be periodically reviewed and updated as new medications become available and recommended pharmacotherapy guidelines emerge. Prescribers practicing will receive notification of approved changes at Medical Executive Committee, Internal Medicine Committee, Emergency Services Committee, Surgery Committee and Physician General Staff meetings.
6. This auto substitution policy will be reviewed at least every 3 years, and any time medications have been added to the list of approved auto substitutions.
7. Attachment of latest therapeutic substitution will be attached to Therapeutic Automatic Substitution Policy & Procedure

Procedures:

1. Pharmacist will automatically substitute previously approved medications
2. Combination medications that are not on the SGMH formulary will be filled with individual components
 - a. For example, the combination medication Lotrel will be substituted with amlodipine and benazepril. The prescriber will be contacted if substitution is not possible
 - b. The substitution will be transcribed on the drug comments section of the EMAR in Paragon. "Auto Substitution per SGMH P&T Auto sub Interchange Policy" with reference to original CPOE Rx

number or medication reconciliation order

References:

1. Guidelines on Medication Cost Management Strategies for Hospitals and Health Systems. American Society of Health System Pharmacists, Accessed June 2016
2. California Pharmacy Law 2016. BPC 4052.2: Permitted Pharmacist Procedures in Health Care Facility , Home Health Agency or Clinic with Physician Oversight
3. California Pharmacy Law 2016. BPC 4052.5: Pharmacist May Select Different Form of Medication with Same Active Chemical Ingredient; Exceptions:
4. California Pharmacy Law 2016. BPC 4073: Substitution of Generic Drug- Requirements and Exceptions
5. California Pharmacy Law 2016. CCR 1716: Variation from Prescriptions

Attachments

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Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Bobbi Duffy: Executive Assistant	pending
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	05/2020
Pharmacy & Therapeutics Committee	Jose Lopez: Director Pharmacy	04/2020
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	04/2020
	Jose Lopez: Director Pharmacy	03/2020



Origination: 06/2017
Approved: N/A
Last Revised: 06/2017
Policy Area: Case Management
References:

Transfer of Patients to Another Acute Care Hospital - Lateral Transfer at Payer Request

Purpose:

To provide timely, safe and efficient transfer of hospitalized patients to other health care facilities at the request of payers.

Policy:

The safe and appropriate transfer of patients to another hospital, at the discretion of the payer, are sometimes necessary for a medical group or insurer to control cost and provision of care within a narrow network of providers. San Gorgonio Memorial Hospital does not initiate such transfers of already admitted patients. A separate transfer policy applies to transfers from the ED governed by EMTALA. Transfers of hospitalized patients for higher level of care is a separate Policy.

Procedure:

If a representative of a medical group or payer responsible for the hospitalization costs of a patient requests transfer to a preferred or network hospital, the following initial steps are taken:

1. If call is received by someone other than the case manager, refer the caller to the case management department
2. The case manager discusses with the payer representative the patient's medical condition(s) under active treatment, reason(s) for continued stay and anticipated length of stay. Also include discharge plans/ anticipated disposition

If after discussion it is determined that the payer wishes to proceed with transfer:

1. Offer to copy and fax necessary medical records. At a minimum these include:
 - a. History and Physical
 - b. Physician orders for discharge/transfer
 - c. Discharge Summary if available
 - d. Consultation notes
 - e. Physician Progress Notes

- f. Case Manager/Social Work Notes, especially those repeated to family contacts and discharge plans
 - g. Physician orders for receiving facility
 - h. Laboratory work (last 48 hours - include MRSA screening results)
 - i. Imaging reports (also offer to make a CD of films)
 - j. Medication Administration Records for last 24 hours
 - k. Medication Reconciliation
 - l. Recent EKG, if done
 - m. Any other diagnostic study reports
 - n. Last Hemodialysis run sheet (if applicable)
 - o. Face sheet
 - p. Additional information may be requested by a receiving facility.
2. Obtain from the payer representative the following:
 - a. Receiving facility name and patient room number
 - b. Contact information for transfer center and the facility including fax
 - c. Receiving physician name and phone number for doctor-to-doctor consultation and hand-off
 - d. Nursing unit number to call for report
 - e. Transportation company they have authorized
 3. Advise attending physician of the request to transfer (do this even if already done by payer representative)
 - a. If the attending physician feels the patient is not stable for transfer he/she notifies the CM with rationale, and must be prepared to confer with the receiving physician to make arrive at a mutual conclusion.
 - b. CM provides the receiving physician contact information for a physician-to-physician hand-off or consultation on the advisability of transfer
 - c. If the attending physician states the patient is indeed stable for transfer, and the receiving physician agrees, he/she writes orders for transfer, completes a discharge summary and medication reconciliation
 4. Inform the patient and/or representatives.
 - a. Discuss reason for transfer (to continue care in a network hospital)
 - b. Request permission to transfer (do this even if already done by payer representative)
 - c. If patient/representative refuses transfer, inform patient/representative that there may be some financial liability associated that decision. Advise patient/representative to refer to their insurer's member services for specifics. Refusal is reported to the payer representative
 5. Complete inter-facility transfer form and request patient/representative signature agreeing to transfer on the applicable portion of the transfer form. Nurse will complete the transfer physical assessment and vital signs section of the transfer form as well as complete the electronic documentation of discharge assessment
 6. Ask the nurse for the earliest time he/she can safely have the patient ready for pick-up by medical

transportation

7. Assemble the medical record, transfer form and any other pertinent documentation and place it all in a transfer packet envelop. Leave packet at the nurses station, alerting the unit secretary, charge nurse and/or nursing supervisor of its location

Once the above actions are completed:

1. Notify the payer representative so that he/she can arrange transportation
2. (It is also up to the payer representative to obtain any prior authorizations that another party may require)
3. Verify nursing contact information and room
4. Verify receiving facility room
5. Verify receiving physician
6. Report off to nursing all final arrangements. Provide contact information for nursing report
7. If transfer will occur after the end of the CM shift, report off to the charge nurse and house supervisor

Document all the above actions on the appropriate forms or format according to case management department standards.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Bobbi Duffy: Executive Assistant	pending
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	05/2020
Policy & Procedure Committttee	Gayle Freude: Nursing Director Med/Surg	05/2020
	Marvin Mitchell: Director Case Management	04/2020



Origination: 02/2008
Approved: N/A
Last Revised: 03/2020
Policy Area: Clinical Laboratory
References:

Waived Testing or Point of Care Testing (POCT) Program

Policy Statement:

In order for the Laboratory to provide optimal services, a waived testing or point of care testing program has been implemented at San Gorgonio Memorial Hospital.

Policy:

The waived testing program at San Gorgonio Memorial Hospital Laboratory adheres to the following criteria:

- The director named on the [Clinical Laboratory Improvement Amendments \(CLIA\)](#) certificate establishes policies and procedures that define the context in which waived test results are used in patient care, treatment, and services.
- The director named on the CLIA certificate identifies the staff responsible for performing and supervising waived testing.
- The staff receives specific training and orientation for the tests they perform and demonstrate satisfactory levels of competence.
- Policies and procedures are current, approved and readily available.
- Quality control checks are conducted on each procedure.
- Quality control and test result records are maintained.
- The [Point of Care Testing \(POCT\)](#) program applies to whole blood glucose, ~~visual~~ [Siemens Clinitek Status UA](#), urine ~~dipstick, urine~~ HCG, ~~and occult blood testing~~, and [Strep A screen](#) specifically at San Gorgonio Memorial Hospital.
- The POCT program is enrolled in an appropriate proficiency survey program
- The POCT program integrates all proficiency testing samples within the routine workload and are analyzed by personnel who routinely test patient samples, using the same primary method systems as for patient samples.
- Evaluation and, if indicated, corrective action in response to "unacceptable" results on the proficiency testing reports, noting the specific reason(s) for the unacceptable results and actions taken to reduce the likelihood of recurrence. The must be done within one month after the POCT program receives its evaluation.
- This evaluation must be documented.
- The POCT program entails 1) **whole blood glucose testing** using the Accu-chek Comfort Curve, **which is clinically used for definitive purposes**. This is a quantitative method which is criteria based and

follows the nursing protocol for diabetic patient care.

- ~~The POCT program includes 2)visual urino dipsticks, 3)urino HCG, 4)nitrazino paper(pH) testing, and 5)rapid HIV.~~Also, 2) Siemens Clinitek Status UA, 3)urine HCG and 4) Strep A screen.
- The overall POCT program ensures quality throughout the pre-analytical, analytical, and post-analytical (reporting) phases of testing.
- Patient identification using 2 out of 3 San Gorgonio Memorial Hospital identifiers when identifying a patient for such testing.
- A sampling of the confirmatory testing for ~~elevated or decreased~~accu-chek glucose results will be ~~monitored and documented monthly~~compared every 6 months.
- Annual review/approval of the POCT program policies by the Lab Medical Director.

Members performing the POCT testing include:

- Licensed Vocational Nurses, (LVNs), and Registered Nurses, (RNs), and other qualified operators

Staff Members who direct or supervise the POCT testing include:

- Clinical Supervisor, Nurse Managers, Clinical Lab Scientists, Certified Phlebotomists and the Lab Director

Training and Demonstration of Competency:

- All staff are trained during the New Hire Orientation process and annually thereafter.
- The POCT program at San Gorgonio performs whole blood glucose testing on the Accu-chek, visualSiemens Clinitek Status UA, urine dipstickHCG testing and Strep A screen, urine HCG so all personnel are trained for that testing, ~~occult blood testing, pH testing and rapid HIV, so all personnel are trained for that testing~~ system's use and care. Each staff member who performs testing is oriented according to San Gorgonio Memorial Hospital's specific needs for POCT.
- Training assessments consider: the frequency by which staff members perform tests—all staff are required to work 3-4 days per pay period to maintain skills, the technical backgrounds of the staff, and the complexity of the test methodology and the consequences of an inaccurate result.
- Current competency is assessed by performing tests on unknown specimens and having a written test on operation and testing.
- Records of training are maintained in the Nursing Education Office at SGMH and in the Laboratory.

Quality Control Plan for POCT:

1. EachEach Accu-chek instrument/unit will be quality controlled each 24-hour period of use. Two levels of quality control are used to perform the quality control testing. These control results are automatically documented into the Accu-chek instrument/unit will on board computer. Comments can be coded in and documented also. This follows the manufacturer's recommended frequency of quality controlledcontrol testing. Fresh date labeled sets of controls are distributed by the Clinical Lab at the beginning of each 24-hour period of usequarter. Two levels of quality control!The QC test results are used to perform the quality control testing. These control results are automatically documented into the recorded within each Accu-chek on-board computer. Comments can be coded in and documented also. This follows the manufacturer's recommended frequency of quality control testing. After opening a bottle of control material, each bottle is good for 3 months. The date opened should be written on the control material's label. The QC test results are recorded within each Accu-chek unit's computer. QC,

related instrument problems and individual results are correlated. This information is downloaded monthly to the POCT ~~lap top~~-computer program for QC data analyzing and documentation. A functional audit trail is maintained that allows retrieval of results and associated control values for a minimum of 2 years.

2. ~~Visual Dipstick Urine QC is performed once per week using the Urinalysis Control—2 levels—Siemens Clinitek Status UA QC is performed daily using 2 levels of the Urinalysis Control--~~which are provided by the Laboratory monthly.

3. ~~Urine HCG has external Quality Control performed by the Laboratory for each shipment or lot number change of reagents received.~~Urine HCG has external Quality Control performed by the Laboratory for each shipment or lot number change of reagents received. The internal control (procedural control) is documented with each patient test performed.

~~Nitrazine Paper Testing QC is performed once a week. These results are recorded on the log by the nurse performing the test.~~

~~Rapid HIV—external QC with each new lot or shipment~~

4. Strep A Screen has external Quality Control performed by the Laboratory for each shipment or lot number change of reagents received. The internal control (procedural control) is documented with each patient test performed.

Documentation of Patient Test Results:

Patient whole blood glucose test results are recorded on the Diabetic Record Form. The manual waived testing report form in the ER is used for whole blood glucose test results, ~~visual urine dipstick~~Siemens Clinitek Status UA test results, U-HCG results and the Strep A Screen test results. ~~The nitrazine paper~~ The waived testing results are documented in the medical record program is summarized in the attached table. ~~The waived testing program is summarized in the following table:~~

Summary of Waived Testing Program at SGMH							
CLIA Certificate No. and Medical Director Named	Nursing Unit performing Waived Tests	Waived Test performed in this unit	Staff Responsible for Performing Testing:	Staff who Direct or Supervise Testing:	Staff have Documented Training for Testing:	QC for each procedure is documented:	Quality Control and test results records are maintained:
05D0060934 Mark Beck, MD	ER	U-HCG, U-dipstick, W-BGlu	RN, LVN	ER Nurse Director, CLS, POCT Coord.	Orientation and Annual Skills Day	U-HCG—in lab with each lot/ shipment U-dipstick—2 levels/wk WBG—2 levels/day pH—3	QC—in the lab Test results—in the Medical Record

						levels/week	
pH testing	Physician, PA (Physician Assistant)						
05D0060934 Mark Beck, MD	Nsy/OB	WBG, Nitrazine Testing, Rapid HIV	RN, LVN	Nsy Nurse Director, CLS, POCT Coord.	Orientation and Annual Skills Day	WBG—2 levels/day Nitrazine—2 levels/week Rapid HIV—2 levels with each new shipment or lot	QC—in the lab Test results—in the Medical Record
05D0060934 Mark Beck, MD	Med/ Surg, TCU	WBG	RN, LVN	Med/Surg Nurse Director, CLS, POCT Coord.	Orientation and Annual Skills Day	WBG—2 levels/day	QC—in the lab Test results—in the Medical Record
05D0060934 Mark Beck, MD	DOU	WBG	RN, LVN	ICU Nurse Director, CLS, POCT Coord.	Orientation and Annual Skills Day	WBG—2 levels/day	QC—in the lab Test results—in the Medical Record
05D0060934 Mark Beck, MD	ICU	WBG	RN, LVN	ICU Nurse Director, CLS POCT Coord.	Orientation and Annual Skills Day	WBG—2 levels/day	QC—in the lab Test results—in the Medical Record
05D0060934 Mark Beck, MD	PACU	WBG	RN, LVN	OR Nurse Director, CLS POCT Coord.	Orientation and Annual Skills Day	WBG—2 levels/day	QC—in the lab Test results—in the Medical Record
05D0060934 Mark Beck,	Pre-Op	WBG	RN, LVN	OR Nurse Director,	Orientation and Annual	WBG—2 levels/day	QC—in the lab

MD				CLS, POCT Coord.	Skills Day		Test results—in the Medical Record
05D0060931 Mark Beck, MD	Cardiac Rehab	WBG	RN, LVN	CR Supervisor, CLS, POCT Coord.	Orientation and Annual Skills Day	WBG—2 levels/day	QC—in the lab Test results—in the Medical Record

Attachments

[Summary of Waived Testing Program at SGMH.docx](#)

Approval Signatures

Step Description	Approver	Date
Hospital Board of Directors	Bobbi Duffy: Executive Assistant	pending
Medical Executive Committee	Amelia Frazier: Director Medical Staff Services	05/2020
Policy & Procedure Committee	Gayle Freude: Nursing Director Med/Surg	03/2020
	Mark Beck: Medical Director Clinical Lab	03/2020
	Byron Hazley: Director Laboratory	03/2020



Memorandum

Date: May 15, 2020

To: Medical Executive Committee

From: Mark Beck, MD, Clinical Lab Medical Director

Re: Recommendation of Reference Labs needed for Reference Testing

The following reference labs are recommended to provide specialized patient testing beyond the scope of our SGMH Clinical Laboratory:

- ❖ LifeStream Reference Laboratory
- ❖ Quest Diagnostics
- ❖ Eisenhower Medical Center
- ❖ Valley Pathology Medical Group
- ❖ Riverside University Health
- ❖ NeoGenomics
- ❖ Veracyte (Affirma)
- ❖ Riverside County Public Health Lab
- ❖ Mayo Clinic

The utilization of these reference labs will assist our medical staff serve our patients at the highest and safest level of quality health maintenance and care!!!

TAB I

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of June 2, 2020

	Title	Policy Area	Owner	Workflow Approval
1	Dietary Hazardous Materials and Safety Data Sheets (SDS)	Dietary	Lakeisha Hawthorne, Director	Bobbi Duffy for Hospital Board of Directors
2	Food From Outside Sources	Dietary	Lakeisha Hawthorne, Director	Bobbi Duffy for Hospital Board of Directors
3	Food Labeling & Storage of Leftovers or Open Containers	Dietary	Lakeisha Hawthorne, Director	Bobbi Duffy for Hospital Board of Directors
4	Laboratory Critical Test Result List	Clinical Laboratory	Byron Hazley, Director	Bobbi Duffy for Hospital Board of Directors
5	Laboratory Services for ROUTINE Blood Collection	Clinical Laboratory	Byron Hazley, Director	Bobbi Duffy for Hospital Board of Directors
6	Patient Rights	Administration	Pat Brown, CNO	Bobbi Duffy for Hospital Board of Directors
7	Thawing Foods	Dietary	Lakeisha Hawthorne, Director	Bobbi Duffy for Hospital Board of Directors
8	Therapeutic Automatic Substitution	Pharmacy	Jose Lopez, Director	Bobbi Duffy for Hospital Board of Directors
9	Transfer of Patients to Another acute Care Hospital - Lateral Transfer at Payer Request	Case Management	Marvin Mitchell, Director	Bobbi Duffy for Hospital Board of Directors
10	Waived Testing or Point of Care Testing (POCT) Program	Clinical Laboratory	Byron Hazley, Director	Bobbi Duffy for Hospital Board of Directors

TAB J



24 HOUR EMERGENCY & RAPID CARE SERVICES

- An expertly trained nursing staff, all certified in advanced cardiac life support & pediatric advanced life support
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- Expert treatment for patients of all ages -- from children to older adults

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LETTERS TO THE EDITOR

A 'thank you' from the SGMH Foundation

As President of the San Gorgonio Memorial Hospital Foundation I want to personally thank all those individuals, companies, and organizations that have answered our call for help by donating to the COVID-19 Response Fund. Thank you!

You are all very special people.

This pandemic has placed a tremendous financial burden on every hospital, big and small.

Without the income derived from the normal services provided already strained budgets will be facing major deficits.

Deficits that could have an

adverse affect on every hospital's future ability to provide needed health services.

However, the impact on small community hospitals, such as ours, is disproportionate, and much harder to overcome.

This is why every hospital has set up funds, such as ours, seeking donations to help fight the financial effects created by this virus. And believe me, the fight is not close to being over.

You may ask how the donated funds will be used. The answer is, in every aspect of the hospital where the added costs in addressing COVID-19 issues exist.

A good portion will be used for personal protection equipment for staff.

The Foundation has donated thousands of dollars to assist in purchasing these

items, as well as needed ventilators, but it is not enough to fill all the need.

There are other expenses such as the rental of the testing tent, added insurance costs, staff overtime and meals, and increased security to cover positions previously filled by volunteers.

Some will say that FEMA will step in and cover all these costs.

That may be true eventually, but if and when they do their funding will be conditioned.

For example, at this time they have not provided information as to what kinds of costs will qualify for assistance.

Once they do, and if we are lucky enough to qualify under

(See LETTERS, page 14)

LETTERS

(continued from page 9)

their conditions, funds will be distributed at some future date. Also any funding will consist only of 75 percent of the qualified expenses, and only once the hospital matches 25 percent.

So, if we qualify for \$400,000 FEMA will give us \$300,000, but only after we provide \$100,000 in matching

funds.

As I said previously, "the fight is not close to being over."

Please take a moment and look on the hospital's website at SGMH.org or SGMHFoundation.org and click on donate to see what you can do to help and how to make a donation.

We really need your help.

George Moyer
Banning



WE ARE HERE FOR YOU

KEEPING YOU SAFE WHILE YOU ARE HERE RECEIVING THE HIGH QUALITY CARE YOU NEED

Providing Exceptional Care at San Gorgonio Memorial Hospital

There are many reasons individuals need healthcare and during this unprecedented time and we are here for you with primary and specialty physicians, keeping you safe here at San Gorgonio Memorial Hospital (SGMH).

In recent weeks, individuals have been hesitant to come to emergency departments and have postponed and foregone healthcare needs. It is important to seek medical care when symptoms or circumstances occur.

Interventions on chest pain, dizziness, paralysis, joint pain, falls, breathing problems - for many reasons, nausea, cuts, skin infections, urinary tract infections, stomach pain and other health conditions should occur timely - to prevent complications that can worsen the condition and to prevent disability or worse, in critical cases.

We have an outstanding care team and a safe and efficient emergency and rapid care process to put your worries at ease and get you the care you need by board certified physicians. We also have comprehensive physician coverage for our inpatients as well as emergency and rapid care patients which includes:

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 - 24/7 ORTHOPEDIC PHYSICIAN/SURGEON COVERAGE
 - 24/7 NEUROLOGY PHYSICIAN COVERAGE
 - 24/7 GENERAL & VASCULAR SURGEON COVERAGE
 - 24/7 GASTROENTEROLOGY GI SURGEON COVERAGE
 - 24/7 UROLOGY PHYSICIAN/SURGEON COVERAGE
 - 24/7 BEAVER PHYSICIAN GROUP HOSPITALIST COVERAGE
 - 24/7 ANESTHESIA PHYSICIAN COVERAGE
- (24 hours / 7 days a week)

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FOR ANY QUESTIONS PLEASE CALL US AT (951) 845-1121

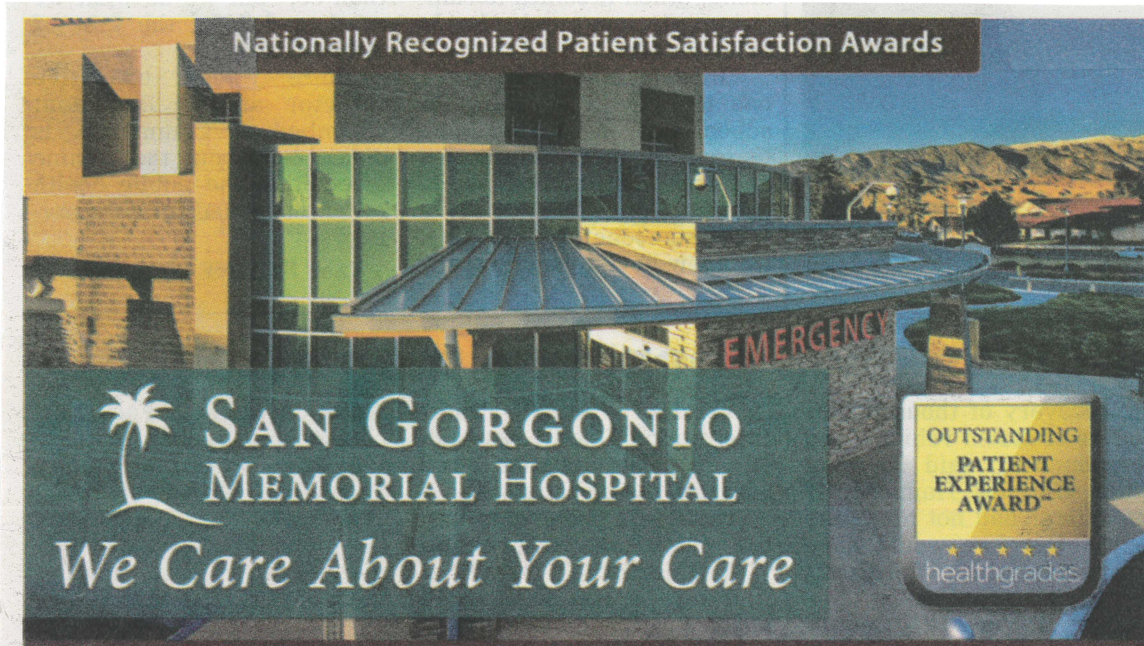
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LOCAL NEWS

Boys & Girls Club volunteer mask straps made with 3D printers

BY DAVID JAMES HEISS
Record Gazette

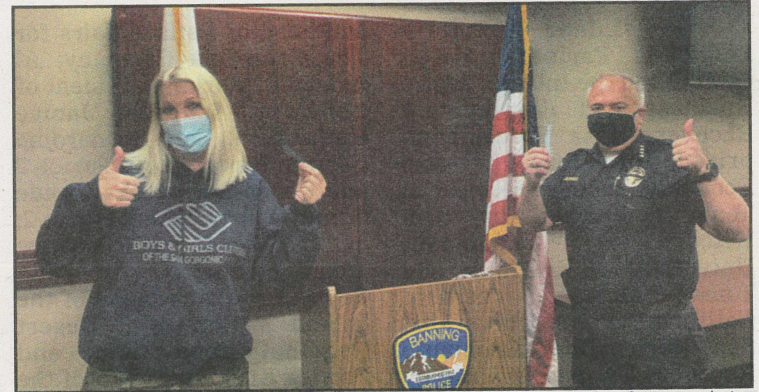
Even first responders can sometimes grow wary of discomfort from wearing face masks. The novel straps being incorporated into the masks that are made by staff of the Boys & Girls Club of the San Gorgonio Pass hug the back of a person's head, rather than digging in behind the ears.

The Boys & Girls Club reached out to police departments in Banning and Beaumont, as well as health workers at San Gorgonio Memorial Hospital, inviting them to try their prototypes.

"We tried them and the staff loved the comfort," says



Boys & Girls Club masks are donated to San Gorgonio Memorial Hospital. In photo from left are: diagnostic imaging clinical coordinator Jeannine Flores, lead mammography technician Jessica Pope, admitting clerk Melissa Waugh, registration clerk Megan Redwine, admitting clerk Lynn Millison, director of patient access Eliza Parsons, Boys & Girls Club board member Mayda Cox, and club director Amy Herr.



Courtesy photos

diopulmonary services at the hospital. "They produced enough for us to supply everyone who would like one

because the Boys & Girls Club provided so many.

Hudson explains that the straps "alleviate the pressure on the back of the ears," which is significant "when you have masks on all day, or are often changing them throughout your shift.

"Healthcare workers are used to wearing personal protective equipment, but not necessarily for the entirety of their shift and continuing on after you leave work" as public health orders mandate, "So anything to give comfort and alleviate the pressure on our skin is welcomed," Hudson said.

The Boys & Girls Club has three 3D printers, funded by

grants from the Laura May Stewart Foundation and Southern California Edison.

Two of the printers can churn out a strap in 35 minutes, and one printer is able to print three at a time, but runs slower, and produces about the same number as the other two within the same amount of time.

A social media post of a boy in Canada making the same kind of straps inspired the Boys & Girls Club to emulate his success.

The club's youth development professional Jonathan Stanley found the instructions online and programmed the printers, which have been operated by club CEO Amy

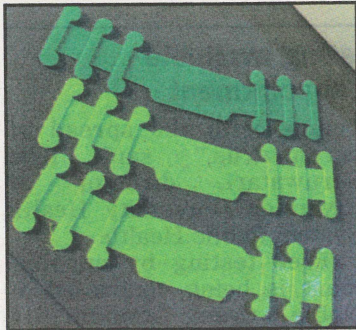
Herr at her home. Her says that a strap costs roughly a dollar each to produce.

"They are affordable to make. They're just laborious," Herr said.

She jokes "The technology is way over my head, but I guess I'm fairly proficient at peeling them off the tray that they print on, and pressing the start button for the next one.

Oh, and I even know how to change the filament for different colors, which is no big deal at all."

Between the police departments and the hospital, the Boys & Girls Club of the San Gorgonio Pass has donated 225 face mask straps.



Courtesy photos

Samples of plastic straps produced on 3D printers by the Boys & Girls Club of the San Gorgonio Pass.

Tracie Hudson, director of nursing resources and car-

— there has not been a need to prioritize who uses them"

County delays rescinding healthcare orders, businesses move forward with caution

Friday, May 8, 2020

Record Gazette

BY DAVID JAMES HEISS
Record Gazette

Estolia Botello's business is one of the last tiered entities the governor is going to allow to open, even though hers does not usually have the same large crowds a supermarket might have.

The 37 year-old owns Beaumont's Finest Barbershop & Salon, closed indefinitely until the state determines that her kinds of businesses are safe for customers.

"This virus is not going away anytime soon," she says. "As a business owner, we have to move forward. We can't wait for a vaccine. Right now everyone's using precautions" with physical distancing and wearing face masks, "but we should've been doing that all along" when it comes to sanitizing stations and simply being careful.

"In order to be a barber, I had to take 1,600 hours" of schooling, in which she learned proper sanitization and was instructed on how to protect clients.

"If someone was bleeding, we know how to handle that,"

Botello says. "Yet, people who work at grocery stores don't have to have a food handler's card," referring to the permit that food service workers must obtain that demonstrates they have taken a brief course on food handling safety.

In Banning, Elisa Arias, a hair stylist awaiting return to employment, seems somewhat reluctant, even though she is one of three self-employed independent contractors who lease booths at the salon she works for.

"We don't get any help or unemployment" and do not qualify for the gig economy benefits, according to Arias. "But we have to be careful about all people's health. It's important; at the same time, I wish things would get better," as half of her clients are older than 65, "but we do what we need to do" for the sake of public health.

Bette Rader, executive director at the Beaumont Chamber of Commerce, is concerned about the domino effect that the public health orders have had for entrepreneurs.

(See **BUSINESSES**, page 7)

BUSINESSES

(continued from page 1)

"Essential businesses that are open are in dire need of customers, and they're supply chains are devastated," Rader points out. "If non-essential businesses don't open soon, 90 percent of them are going to fail."

For Ben Foster, that has already happened.

Last December he opened his Cherry Valley Children's Books.

It is hard enough for a new business to establish a reputation, never mind just a couple of months before having to stay closed due to a pandemic — and his side business of tutoring came to a halt, since no students were needing help on graded assignments now that schools are closed.

He opted to not renew his lease at the end of April, and will focus instead on teaching SAT courses online.

long as safe guidelines are in place," McCarty says. "We've bent the curve. It's time to let adults be adults."

Robert Little, owner of Little & Sons Insurance services in Beaumont and Banning, has lost his patience over the quarantine.

"I should not be locked up just because I'm 65," he laments. "I can assess my own risks. I've been doing it for a long time. This is no more rampant than the flu," he says of the coronavirus. "Some of us are just going to have to die. We need to go back to work desperately."

Banning city councilman Dave Happe has reduced his hours to evenings and has cut his staff down to one employee. His wife works in the healthcare industry.

"We've been getting by. Barely," Happe reports. As for all of the employees he has had to lay off, "Unfortunately I don't anticipate returning to those staffing levels for a long



Photo by David James Heiss

Robert Ybarra watches as Darrin Harmon sanitizes a table.

think people are more aware of social distancing, wearing masks and washing hands. As a society we have the general idea," Happe says, "but we need to better take care of our first responders. Yes, we should open, but with the caveat that we take care of our neighbors."

San Geronio Memorial Hospital CEO Steve Barron says, "Opening up the economy is more of a political decision with input from health professionals," and imagines that his doctors would have a wide range of opinions on the matter. "We are here for our community, and our brave healthcare associates are dedicated and capable. We are prepared for whatever happens, and hope for the best possible outcome."

At The Haven Café, co-owner Darrin Harmon has tacked on a couple more hours for when the shop will be open, and spaced out tables indoors and outside for those who wish to hang out.

"They're more than six feet apart," he says. "They're more like 12" feet away from each other. "People are up in arms about staying at home," and Harmon hopes that his business can offer a momentary getaway for those needing to get out.

His father, co-owner Robert Ybarra, says "A lot of people in town do not qualify

for the stimulus" funds from the federal government. "There's not a lot of cash available, so businesses either close down, or they have to open up to try and get some business. We didn't qualify because we're too new, and had no taxes to show" to access funding, since they bought The Haven Café from restaurateur John Russo last October.

"We don't want the cure to be worse than the affliction," says Ybarra, who is the president of the Banning Chamber of Commerce. "If people don't feel safe to come in, they don't have to. If they want to come in and enjoy a coffee, they can do that, too. We still have families to feed and bills to pay."

The chamber has come up with its own stimulus plan, offering a chance to be entered into a drawing for seven participating businesses for customers who visit Banning businesses including The Haven, Gramma's Country Kitchen, Gus Jr.'s, Russo's Italian Kitchen, The Station Taphouse, Farmer's Fresh Burgers and Thai Orchid.

The County Board of Supervisors delayed a decision to rescind its restrictive health orders Tuesday, opting to wait until Friday after Gov. Gavin Newsom offers further direction.

During the discussion that went on for hours, in which protestors talked about constitutional rights and others calling in pleaded to keep the protective orders in place, Supervisor Karen Spiegel reminded the public that "This is about working with government to get business open, and not about the bottom dollar," and while she noted that "mental illness and abuse is increasing" under duress, "our responsibility is that fine line" between safety and allowing the public to go about performing its business.

Supervisor Jeff Hewitt was the only one to eventually remove his face mask during the proceedings.

He was adamant that "Facts are greatly exaggerated" as to the extent and rampancy of the coronavirus. "It's like a death watch where only COVID-19 deaths matter. We've become obsessed with it. We're always striving for perfection, but at what cost? I don't want blood on my hands. It needs to be up to each individual to decide" what is appropriate when it comes to exposure and the freedom to conduct business.

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



Photo by David James Heiss

In more insouciant times, Anytime Fitness owner Ben McCarty, left, with manager Stephen Miholic shortly after the Beaumont location opened in 2010.

"A lot of things will be different after this is over," he noted. His online model of tutoring has become more lucrative with teaching, as he can draw from customers all over the world, and has no plans to reopen his bookstore.

Ben McCarty opened Anytime Fitness in Beaumont a decade ago. While he has sold that location, he still owns gyms in Riverside and Redlands.

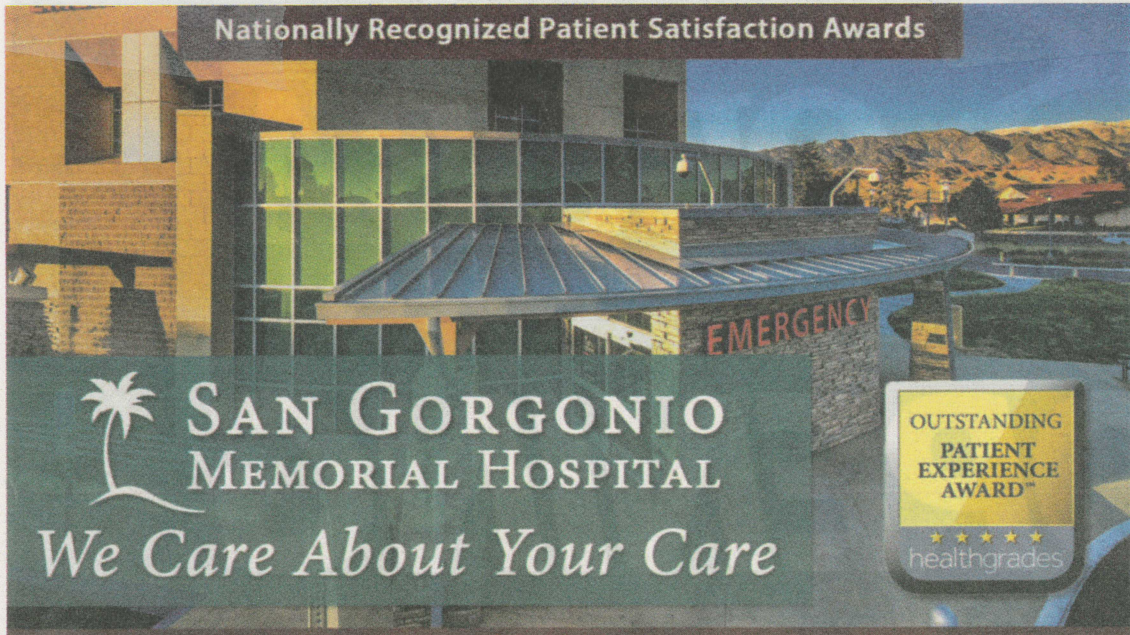
"I definitely think they should lift restrictions, as

time."

He expresses concern that there is still not an adequate supply of personal protective equipment for first responders — and not just healthcare workers, but police officers, too, he says.

Previously, the healthcare industry was insufficiently supplied with ventilators. While that seems to have been ameliorated, there still is a shortage of single-use masks, he says.

"Yes, as a business owner I want to get businesses open. I



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Gratitude Abounds

Our **San Gorgonio Memorial Hospital** staff would like to **THANK YOU** for the outpouring of generosity from the community to support San Gorgonio Memorial Hospital in this time of need. Whether donating food, masks, gowns or giving to our COVID19 Response Fund, so many individuals have shown how they are here for us and **WE ARE HERE FOR YOU**. Thank you!!!



Through the generosity of extraordinary individuals and organizations \$61,703 has been **donated** to our COVID19 Response Fund.



Over **1,100 meals** and **550 snacks** have been donated to SGMH staff over the last several weeks.



PPE including **1,550 N95 masks** and **6,000 surgical masks** as well as over one hundred homemade masks and mask bands were donated and so appreciated.



Over **350 face shields** and **goggles** and **300 shoe covers** were donated to support our frontline workers.



Additionally, **50,000 gloves** have been donated to keep our staff and patients safe.



Jack in the Box of Banning
Donated Breakfast Jack meals that were so appreciated with a heart-felt thank you to an entire shift, including the Emergency Department, ICU & Medical/surgical units, radiology & many more. Thank You !!



Calstro Hospice
Donated lunch and snacks that were so appreciated by the staff in the Emergency Department, Environmental Services, Intensive Care Unit and Medical Surgical Units. The food and snacks really boost energy and morale during these long days. Thank You!!

**SO MANY AMAZING DONATIONS THAT SHOW YOU CARE
AND WE CARE ABOUT YOU & YOUR CARE
THANK YOU AND WE ARE HERE FOR YOU FOR ALL YOUR CARE NEEDS
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https://www.recordgazette.net/opinion/guest_columnists/the-covid-19-restrictions-were-working/article_35ce2306-95f6-11ea-b51c-ffe5c7dd5aac.html

The COVID-19 restrictions were working

BY LANNY SWERDLOW, RN LNC For the Record Gazette
May 14, 2020

On Friday, May 8, the Riverside County Board of Supervisors capitulated to an unruly cohort of Trump inspired extremists demeaning the health care professionals who have the knowledge and experience needed to protect our communities from this contagion while demanding an end to any and all requirements for wearing facemasks, social distancing and sheltering-in.

Heeding the extremists and ignoring the advice of experienced health care experts, the BOS refused to accept the rational, reasonable and responsible guidelines issued by Governor Newsom and the California Dept. of Public Health voting 5-0 to rescind the County's COVID-19 Health Orders.



During Friday's hearing, those in the Council Chambers in favor of repealing the COVID-19 Health Orders violated social distancing and safety protocols as they inundated the BOS with their demands for an immediate reopening of businesses, supporting the elimination of social distancing rules and the requirement for wearing protective masks.

Those opposed to rescinding the COVID-19 Health Orders representing community organizations, school districts, labor unions and many individuals had the common sense to follow the restrictions and utilized 21st century technology to virtually present their case to the BOS via Zoom without endangering themselves or members of the community.

Unfortunately, this had the effect of the BOS mostly only hearing from the opponents of rescinding the Health Orders over their computers while most of those in support of rescinding the COVID-19 Health Orders were directly in front of and in the BOS faces - health and safety concerns be damned.

Many of those in favor of rescinding the restrictions claimed that the dangers of the COVID-19 virus were being overblown by the media and have never been needed. They point to the fact that hospitals, rather than being overwhelmed with coronavirus cases, have many hospital beds empty.

Riverside County has the state's second-highest number of confirmed COVID-19 cases and deaths.

Far from being an overblown threat, the real facts are that many hospital beds are empty because of the restrictions which protected Riverside County residents from exposure to the virus.

Reduced exposure resulted in fewer getting sick, fewer being hospitalized and fewer dead. Without the restrictions, an already bad situation would have been much worse.

Rather than basing their objections to the restrictions on science, their most strident point centered on the claim that the COVID-19 restrictions violated their constitutional rights. With calls for giving them back their “freedom” and “give me liberty or give me death”, they seem to have forgotten their freedom to swing the arms stops at the tip of another person’s nose.

In the case of a pandemic, their freedom to walk through crowds of people is revoked if they have a communicable disease that can be spread to healthy bystanders.

The knowledge of who has and who does not have the COVID-19 virus is at the heart of the matter. This is the problem with their calls for rescinding the COVID-19 restrictions – they want their “freedom” but are not willing to impose upon themselves the safeguards and procedures needed so they can have their freedom to walk through crowds without endangering everyone else’s “right to remain healthy.”

If they want their “freedom,” they need to be responsible for their actions and know whether it is safe for them to go and be “free.” To be responsible they should look for guidance to the most responsible man in the United States - Donald Trump.

As reported by the Washington Post, Trump has shown the way by imposing on all visitors to the White House the requirements that they must have their temperature taken and undergo a rapid COVID-19 test in which results are known within 15 minutes.

If they pass these tests then and only then will they be admitted.

—

Not one of the supporters of rescinding the COVID-19 restrictions made any mention of testing or even temperature taking which health care experts have repeatedly stressed as essential and necessary for safely “opening the economy.”

Even though the Trump White House has the temperature and testing protocols in place for those coming into the White House, Trump and many of Trump’s associates in the White House fail to follow their own social distancing and safety protocols.

It has been reported that several staffers and Secret Service agents have contracted the COVID-19 virus. They were found to be infected because of the testing protocols. Four of Trump’s COVID-19 team, including Dr. Fauci, have been exposed to some of those staffers and are now in quarantine. In a classic case of closing the barn door after the horse has bolted, the Trump White House now requires all employees to wear face masks.

Trump does not include himself in this requirement. Will Trump be next?

Until the same safeguards, protocols and procedures that protect President Trump are in place for every worker, every school child and every Riverside County resident, then the COVID-19 Health Orders should remain in place. If it’s good for the goose, it’s good for the gander.

It should be noted that Riverside County does not meet the guidelines for reopening established by the Trump Administration which call for 14 days of continuous reductions in the number of new COVID-19 cases.

In fact, Riverside County cases have been increasing.

The rate of increase has slowed because of the COVID-19 Health Orders – not in spite of them.

In the last few days there is some evidence that new cases may have finally reached a plateau hopefully leading to a decrease in cases and not just a slowing of the increase of cases.

If the COVID-19 restrictions are rescinded, within two to three weeks it is very possible that the plateau would be upended with increased new cases and deaths. There would then be eminently justifiable calls to reimpose the restrictions, maybe even stiffer, resulting in businesses being closed again and this time with an even longer closure.

—

Those in favor of rescinding the restrictions are willing to endanger entire communities with their self-centered impatience and unfortunately it seems as if the BOS lost their patience as well. No one, including the BOS, offered any consideration of who will pay for the care of all those who become infected if the restrictions are rescinded, who will pay for the funeral expenses of those that die and who will pay the employees and businesses for the loss of income that they will suffer for even longer if the coronavirus reignites as experts believe will happen.

Without adequate testing and proper safeguards, the BOS are playing Russian roulette with the citizens of Riverside in a misguided attempt to rapidly open the economy.

This is not the time to rescind the COVID-19 health orders.

Why endanger the progress in reducing COVID-19 dangers which could eventually lead to a truly safe and successful reopening of businesses and schools?

The COVID-19 Health Orders were working. They should be allowed to continue to work.

Rescind the recension.

Lanny Swerdlow is a registered nurse and is an elected member of the San Geronio Memorial Healthcare District Board of Directors. His opinions do not necessarily represent the opinions of the SGMHD.



Photo by Rachael Garcia

A salute to frontline workers

Air Force planes flew over San Geronimo Memorial Hospital May 14 as part of an effort to honor and salute health care workers and first responders on the front lines of the battle against COVID-19. The Air Force 452nd Air Mobility Wing stationed at March Air Reserve Base in Moreno Valley carried out flyovers in the Inland Empire with a C-17 Globemaster III — a cargo aircraft — and the KC-135 Stratotanker, a refueling aircraft.



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