



AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

Tuesday, November 3, 2020

4:00 PM

IN AN EFFORT TO PREVENT THE SPREAD OF COVID-19 (CORONAVIRUS), AND IN ACCORDANCE WITH THE GOVERNOR'S EXECUTIVE ORDER N-29-20, 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=m1fae0ccade2903d3c28a9f265d78881e>

Meeting number: 126 965 7592

Password: 1234

More ways to join

Join by video system

Dial [1269657592@webex.com](tel:1269657592)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-510-338-9438 USA Toll

Access code: 126 965 7592

Password: 1234

Emergency phone number if WebEx tech difficulties

951-846-2846

code: 3376#

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

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

TAB

I. Call to Order

S. DiBiasi, Chair

II. Public Comment

Members of the public who wish to comment on any item on the agenda may speak during public comment or submit comments by emailing publiccomment@sgmh.org on or before 1:00 PM on Tuesday, November 3, 2020, which will become part of the board meeting record.

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

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

OLD BUSINESS

- | | | | |
|------|--------------------------------------------|------------|---|
| III. | * Proposed Action - Approve Minutes | S. DiBiasi | |
| | • October 6, 2020 regular meeting | | A |

NEW BUSINESS

- | | | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| IV. | Hospital Board Chair monthly report | S. DiBiasi | verbal |
| V. | November, December, & January Board/Committee meeting calendars | S. DiBiasi | B |
| VI. | CEO monthly report | S. Barron | verbal |
| VII. | * Proposed Action – Approve Plan of Cooperation (POC) for the Paternity Opportunity Program (POP) between County of Riverside and San Gorgonio Memorial Hospital | S. Barron | C |
| | ▪ ROLL CALL | | |
| VIII. | FOR REVIEW – Mission/Vision/Values Statement
(Proposed approval scheduled for December 2020 meeting) | S. Barron | D |
| IX. | * Proposed Action – Approve 2021 Meeting Dates | S. DiBiasi | E |
| | ▪ ROLL CALL | | |
| X. | FOR REVIEW – Existing 2020 Slate of Officers | S. DiBiasi | F |

San Geronio Memorial Hospital
Board of Directors Regular Meeting
November 3, 2020

(proposed approval for 2021 Slate of Officers scheduled
for December 2020 meeting – effective January 2021 meeting)

- XI. Bi-monthly Patient Care Services report P. Brown G
- XII. Foundation monthly report (informational) H
- XIII. * **Proposed Action – Approve 2021 Compliance Plan**
▪ **ROLL CALL** A. Karam I
- XIV. Committee Reports:
- Ad Hoc Nominating Task Force S. DiBiasi verbal
* **Proposed Action – Approve proposed new board member**
(term effective immediately, term expires 6/2021)
▪ **ROLL CALL**
 - Finance Committee H. Yonemoto J
 - October 27, 2020 meeting minutes
 - * **Proposed Action – Approve September 2020 Financial Statement**
(approval recommended by Finance Committee 10/27/2020)
▪ **ROLL CALL**
- XV. Chief of Staff Report S. Hildebrand, MD K
* **Proposed Action - Approve Recommendations of the**
Medical Executive Committee
▪ **ROLL CALL** Chief of Staff
- XVI. * **Proposed Action - Approve Policies and Procedures** Staff L
▪ **ROLL CALL**
- XVII. Community Benefit events/Announcements/
and newspaper articles S. DiBiasi M

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

- Proposed Action – Recommend approval to the Healthcare District Board - Medical Staff Credentialing
(*Health & Safety Code §32155; and Evidence Code §1157*)
- Receive Quarterly Performance Improvement Committee report
(*Health & Safety Code §32155*)
- Receive Quarterly Emergency Preparedness/Environment Safety report
(*Health & Safety Code §32155*)
- Receive Quarterly Corporate Compliance Committee report
(*Health & Safety Code §32155*)

XVIII. 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

XIX. Future Agenda Items

XX. **ADJOURN** S. DiBiasi

***Action Required**

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

Certification of Posting

I certify that on October 30, 2020, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Hospital, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors
(*Government Code Section 54954.2*).

Executed at Banning, California, on October 30, 2020



Ariel Whitley, Executive Assistant

TAB A

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

October 6, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, October 6, 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: Phillip Capobianco III, Susan DiBiasi (Chair), Estelle Lewis, Ehren Ngo, Ron Rader, Steve Rutledge, Dennis Tankersley

Absent: None

Required Staff: Steve Barron (CEO), Holly Yonemoto (CBDO), Annah Karam, (CHRO), Pat Brown (CNO), Steven Hildebrand, MD (Chief of Staff), Ariel Whitley (Executive Assistant), Karan Singh, MD (CQO)

AGENDA ITEM		ACTION / FOLLOW-UP
Call To Order	Chair Susan DiBiasi called the meeting to order at 4:02 pm.	
Public Comment	Members of the public who wished to comment on any item on the agenda were encouraged to submit comments by emailing publiccomment@sgmh.org prior to this meeting. No public comment emails were received.	
OLD BUSINESS		
Proposed Action - Approve Minutes September 1, 2020 regular meeting and September 11, 2020 special meeting.	Chair DiBiasi asked for any changes or corrections to the minutes of the September 1, 2020 regular meeting and the September 11, 2020 special meeting as included on the board tablets. There were none.	The minutes of the September 1, 2020 regular meeting and the September 11, 2020 special meeting will stand correct as presented.

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Proposed Action – Recommend approval to the Healthcare District Board of the Energy Services Agreement with Siemens for HVAC and Lighting Improvement</p>	<p>Vince Delpidio with Siemens gave a brief presentation that reviewed the Energy Savings Project. The Energy Services Agreement for HVAC and Lighting Improvement was included in the board packets.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 604 1266 756"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</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>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Motion carried.		<p>M.S.C., (Rader/Rutledge), the SGMH Board of Directors approved the recommendation of the Energy Services Agreement with Siemens for HVAC and Lighting Improvement by the SGMHD Board of Directors as presented.</p>
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Motion carried.																
NEW BUSINESS																		
<p>Hospital Board Chair monthly report</p>	<p>Chair DiBiasi reported that the Hospital Board Committees have been doing a lot of work to fill vacancies. She thanked everyone for their hard work.</p>																	
<p>October, November, and December Board/Committee meeting calendars</p>	<p>Calendars for October, November, and December were included on the board tablets.</p>																	
<p>CEO Monthly report</p>	<p>Steve Barron, CEO reported that Riverside county moved down a tier and businesses are starting to open slowly. He mentioned that our inpatient volume has been low along with cash-flow and is predicting that these conditions will flow over to the months of October and November.</p>																	
<p>Foundation monthly report – informational</p>	<p>Chair DiBiasi noted that the written Foundation monthly report was included on the board tablets.</p>																	

AGENDA ITEM		ACTION / FOLLOW-UP																
COMMITTEE REPORTS:																		
Ad Hoc Nomination Committee Appoint Ad Hoc Nomination Committee	Chair DiBiasi appointed an Ad Hoc Nomination Committee to fulfill the vacancy of Ehren Ngo on the Hospital Board. The committee consists of the following members: <ul style="list-style-type: none"> • Steve Barron • Susan DiBiasi • Ron Rader • Steve Rutledge • Dennis Tankersley 																	
Board Chair to appoint members to committee vacancies	Chair DiBiasi appointed Steve Rutledge to the Finance Committee to replace Lanny Swerdlow.																	
Finance Committee Proposed Action – Recommend Approval of the August 2020 Financial Statement.	Holly Yonemoto, CFO, reviewed the Executive Summary of the August 2020 Financial report which was included on the board tablet. A copy of the Finance Committee’s September 29, 2020 meeting minutes were also included on the board tablet. It was noted that the Finance Committee recommends approval of the August 2020 Financial report as presented. BOARD MEMBER ROLL CALL: <table border="1" data-bbox="480 1236 1268 1388"> <tbody> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</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>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </tbody> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Motion carried.		M.S.C., (Rutledge/Rader), the SGMH Board of Directors approved the August 2020 Financial Statement as presented.
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Motion carried.																
Human Resources Committee	At the request of Hospital Board Chair Susan DiBiasi, Annah Karam noted that a copy of the September 10, 2020 meeting minutes and the reports reviewed at that meeting were included on the Board tablets.																	

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Proposed Action – Approve 2021 Associates Health Plan Benefits</p>	<p>Annah Karam reported that there was no increase for the 2021 Health Plan benefits for employees. The rates remain the same as they did in 2020.</p> <p>It was noted that the Human Resources Committee recommended approval by the Hospital Board at their September 10, 2020 meeting.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 642 1268 793"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</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>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Motion carried.		<p>M.S.C., (Lewis/Rader), the SGMH Board of Directors approved the 2021 Associates Health Plan Benefits as presented.</p>
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Motion carried.																
<p>Proposed Action – Approve Associate Holiday Gift Cards</p>	<p>Annah Karam reported that every year we present associates with holiday gift cards.</p> <p>It was noted that the Human Resources Committee recommended approval by the Hospital Board at their September 10, 2020 meeting.</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 1171 1268 1323"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</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>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Motion carried.		<p>M.S.C., (Rutledge/Ngo), the SGMH Board of Directors approved the Associate Holiday Gift Cards as presented.</p>
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Motion carried.																
<p>Proposed Action – Approve Executive Incentive Compensation Plan for FY2021</p>	<p>The Executive Incentive Compensation Plan results for fiscal year ending 6/30/2020 were included in the board packets.</p> <p>It was decided to table this item in order to present an actual Executive Incentive Compensation Plan for FY 2021.</p>																	

AGENDA ITEM		ACTION / FOLLOW-UP																
<p>Chief of Staff Report</p> <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> <p>Policies & Procedures</p> <ul style="list-style-type: none"> • DKA Protocol • Non-ICU Electrolyte Protocol <p>Annual Approval of Policies and Procedures</p> <p>BOARD MEMBER ROLL CALL:</p> <table border="1" data-bbox="480 758 1268 909"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</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>Tankersley</td> <td>Yes</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Yes	Motion carried.		<p>M.S.C., (Rader/Tankersley), the SGMH Board of Directors approved the Medical Executive Committee recommended approval items as submitted.</p>
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Yes	Motion carried.																
<p>Proposed Action – Approve Policies and Procedures</p>	<p>There were twenty (20) 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="480 1167 1268 1318"> <tr> <td>Capobianco</td> <td>Yes</td> <td>DiBiasi</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>Tankersley</td> <td>Abstain</td> <td colspan="2">Motion carried.</td> </tr> </table>	Capobianco	Yes	DiBiasi	Yes	Lewis	Yes	Ngo	Yes	Rader	Yes	Rutledge	Yes	Tankersley	Abstain	Motion carried.		<p>M.S.C., (Rader/Lewis), the SGMH Board of Directors approved the policies and procedures as submitted.</p>
Capobianco	Yes	DiBiasi	Yes															
Lewis	Yes	Ngo	Yes															
Rader	Yes	Rutledge	Yes															
Tankersley	Abstain	Motion carried.																
<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 – Recommend approval to the Healthcare District Board – Medical Staff Credentialing ➤ Receive Quarterly Environment of Care/Life Safety/Utility Management report 																	

AGENDA ITEM		ACTION / FOLLOW-UP
	The meeting adjourned to Closed Session at 5:37 pm.	
Reconvene to Open Session	<p>The meeting reconvened to Open Session at 5:42 pm.</p> <p>At the request of Chair DiBiasi, Ariel Whitley reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> ➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing ➤ Received Quarterly Environment of Care/Life Safety/Utility Management report 	
Future Agenda Items	None	
Adjourn	The meeting was adjourned at 5:46 pm.	

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

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B



November 2020

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat	
1 Daylight Savings ends (Clocks back 1 hour)	2	3 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17 9:00 am Community Planning Committee	18 9:00am HR Committee 5:00pm Measure D 5:15pm Measure A	19	20	21	
22	23	24 9:00 am Finance Committee	25	26	27	28	
29	30	Thanksgiving Holiday Administration Closed					



December 2020

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	2	3	4	5
6	7	8	9	10	11	12
13	14	15 9:00 am Finance Committee 10:00 am Executive Committee	16	17	18	19
20	21	22	23	24	25	26
				<div style="border: 1px solid black; padding: 5px; background-color: #cccccc;"> Christmas Holiday Administration Closed </div>		
27	28	29	30	31	Jan. 1	
				<div style="border: 1px solid black; padding: 5px; background-color: #cccccc;"> New Years Holiday Administration Closed </div>		



January 2021

Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 New Year's Day Administration Closed	2
3	4	5 4:00 pm Hospital Board Meeting 6:00 pm Healthcare District Board Meeting	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26 9:00 am Finance Committee	27	28	29	30
31						

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

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

TAB C



County of Riverside
DEPARTMENT OF CHILD SUPPORT SERVICES



Kimberly Britt
Director

October 27, 2020

San Geronio Memorial Hospital
600 N. Highland Springs Ave.
Banning, CA 92220

Dear Linda Palmer:

Enclosed please find two copies of the required Plan of Cooperation (POC) for the Paternity Opportunity Program (POP), between San Geronio Memorial Hospital and the Riverside County Department of Child Support Services, effective January 1, 2021 for the term of two years.

Please have your representative or administrator sign and date where indicated and email the POCs to us. Upon receipt, we will have our Director do the same, then return a signed copy to you.

If you have any questions, please do not hesitate to contact me at (951) 955-4490 or email me at AMHowse@rivco.org.

Very truly yours,

Andrey Howse
Buyer I
Riverside County
Department of Child Support Services

Riverside Office (Executive):
2041 Iowa Avenue
Riverside, CA 92507

Indio Office:
47-950 Arabia Street
Indio, CA 92201

Blythe Office:
260 N. Broadway
Blythe, CA 92225

For assistance, please call us at: (866) 901-3212

PLAN OF COOPERATION (POC) for the
PATERNITY OPPORTUNITY PROGRAM (POP) between
COUNTY OF RIVERSIDE and
SAN GORGONIO MEMORIAL HOSPITAL

I. PURPOSE

The following Plan of Cooperation for the Paternity Opportunity Program (“Plan of Cooperation”) is entered into between the County of Riverside, on behalf of its Department of Child Support Services, a political subdivision of the State of California, and the San Gorgonio Memorial Hospital, located in Banning, California for the coordination of their respective efforts and delineation of responsibilities relating to the Title IV-D of the Social Security Act program. The purpose of this Plan of Cooperation is to establish responsibilities and guidelines for an effective administration of the Paternity Opportunity Program for the securing of financial support for minor children, including, but not limited to, identification and location of absent parents, determination of paternity of children born out of wedlock, determination of the absent parent’s ability to support their minor children, establishment of support obligations and enforcement of support obligations.

II. CONFIDENTIALITY

The use of disclosure of information concerning applicants and recipients will be limited to purposes directly connected with the administration of the State Plan for establishing paternity and establishing, enforcing, and modifying child support obligations pursuant to Federal and State laws and regulations. This includes, but is not necessarily limited to, the release of determining amounts of assistance; identifying and locating putative or deserting parents; investigation, prosecution or criminal or civil proceedings, conducted in connection with the administration of the State Plan. No information which identifies any applicant or recipient of public assistance by name or address shall be disclosed to any committee or legislative body.

III. STANDARDS

The parties to this agreement shall maintain an organizational structure and sufficient staff to administer and supervise all of the functions for which they are responsible under the State Plan or this Plan of Cooperation. In additions, the parties must meet the standards for program operations in accordance with 45 CFR 302 and 45 CFR 303.

San Gorgonio Memorial Hospital affirms that it has reviewed the State Plan.

IV. RESPONSIBILITIES

The Riverside County Department of Child Support Services may enter into cooperative arrangements with

other county departments as necessary to carry out the responsibilities imposed by the State Plan. When such a delegation of duties is made, the Riverside County Department of Child Support Services shall be responsible and accountable for the execution of such duties within the county and shall ensure that all such functions are being carried out properly, efficiently, and effectively.

Both parties to this plan agree to comply with Title IV-D of the Social Security Act, implementing regulations, and all Federal and State regulations and requirements promulgated thereunder.

The Riverside County Department of Child Support Services shall have the following responsibilities:

1. To provide information and consultation as necessary with the hospital staff regarding the paternity opportunity program voluntary declaration, paternity determination process;
2. To participate in public awareness activities that may include, but not limited to, making presentations to any selected target groups and/or community groups to ensure information about the POP program is disseminated;
3. To provide a financial payment on a quarterly basis of, but not to exceed ten dollars (\$10.00) for every declaration (paternity acknowledgment) properly completed and signed, after receiving an approved invoice that provides itemization of the voluntary acknowledgment of paternity services.

The San Gorgonio Memorial Hospital shall have the following responsibilities:

1. Provide to the natural mother and father a declaration (paternity acknowledgment) and information materials about the voluntary paternity acknowledgment process; give oral instructions to both parents regarding their parental rights;
2. To assist the parents in completing the forms, as necessary;
3. To provide during each month as they are obtained, copies of the completed declarations of paternity to the parents and forward the completed declarations pursuant to the distribution instructions which are as follows: Original to DCSS – POP Unit; copy 1 and 2 to the parents; and a *copy of the original* plus copy #3 to the Riverside County Department of Child Support Services Office in Riverside marked “*Attention: Admin. Accounting*”, and
4. To provide proper record of the services provided by sending at the end of each month copies of the completed declarations with a cover sheet noting the total number of declarations obtained for that month and forwarding those copies and cover sheet on or before ten (10) working days from the end of each month to the Riverside County Department of Child Support Services Office in Riverside.

V. FINANCIAL PROVISIONS

The Riverside County Department of Child Services shall maintain an accounting system and supporting fiscal records adequate to ensure that claims for Federal funds are in accordance with applicable Federal and State requirements.

All expenditures, to be eligible for Federal Financial Participation, must be claimed as outlined in 45 CFR Part 74, 45 CFR Part 304, and manual of Policies and Procedures Division 25.

The San Gorgonio Memorial Hospital shall submit to the Riverside County Department of Child Support Services a claim for all reimbursable costs associated with the Child Support Program pursuant to this Plan on or before ten (10) working days from the last day of the previous calendar month. All claims must be supported with fiscal records adequate to ensure that claims for reimbursement are according to Federal and State requirements and shall retain such records as required by Federal and State regulations.

VI. TERM

This Plan shall begin effective January 1, 2021 and end effective two years later. It shall be renewed upon the same terms for additional periods of two years contingent upon written agreement of both parties. Amendments may be made at any time including during renewal negotiations and must be in writing. Either party may terminate the Agreement upon sixty (60) days prior written notice to the other party.

Should San Gorgonio Memorial Hospital be found deficient in any aspects of performance under this Plan of Cooperation or fail to perform under the agreed standards, San Gorgonio Memorial Hospital will have the responsibility of submitting a proposed corrective action plan to the Riverside County Department of Child Support Services. The corrective action plan shall identify specific action to be taken to correct the deficient performance areas and be submitted within 45 days after notification of the deficiencies. Should the deficient party fail to present a corrective action plan as required or take appropriate corrective action, the Plan of Cooperation will automatically terminate.

VII. GENERAL PROVISIONS

All records and documentation shall be maintained in accordance with Federal and State requirements and shall be made available to State and Federal personnel for the purpose of conducting audits of the program.

The contracting party is responsible for safeguarding all information in accordance with 45 CFR 303.21, 45 CFR 303.70, and U.S.C. 6103(p)(4).

[Signatures on Following Page]

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this

Agreement.

DATED: _____

DATED: _____

SIGNED: _____

SIGNED: _____

PRINT NAME: _____

Kimberly Britt
Director

Steve Barron
San Gorgonio Memorial Hospital

Riverside County
Dept. of Child Support Services

TAB D



Mission

To provide safe, high quality, personalized healthcare services

Vision

Patients trust San Gorgonio Memorial Hospital to provide safe, personalized healthcare services.

Values

We make those we serve our highest priority

We respect privacy and confidentiality

We communicate effectively

We conduct ourselves professionally

We have a sense of ownership

We are committed to each other and to our community

We Care for Our Community

*Safe Care • Quality Care • **Our Care***

Safe, Great, Modern Healthcare

Approved by the Board of Directors
December 3, 2019

TAB E

2021 MEETING DATES FOR BOARD APPROVAL

Hospital Board – meeting begins at 4:00 pm

Tuesday, January 5
Tuesday, February 2
Tuesday, March 2
Tuesday, April 6
Tuesday, May 4
Tuesday, June 1
Tuesday, July 6
Tuesday, August 3
Tuesday, September 7
Tuesday, October 5
Tuesday, November 2
Tuesday, December 7

Executive Committee – 10:00 am

Tuesday, March 30
Tuesday, June 29
Tuesday, September 28
Tuesday, December 28

Finance Committee – meeting begins at 9:00 am

Tuesday, January 26
Tuesday, February 23
Tuesday, March 30
Tuesday, April 27
Tuesday, May 25
Tuesday, June 29
Tuesday, July 27
Tuesday, August 31
Tuesday, September 28
Tuesday, October 26
Tuesday, November 30
Tuesday, December 28

Human Resources Committee – meeting begins at 9:00 am

Wednesday, February 17
Wednesday, May 19
Wednesday, August 18
Wednesday, November 17

Community Planning Committee – meetings begins at 9:00 am

Tuesday, February 16
Tuesday, May 18
Tuesday, August 17
Tuesday, November 16

TAB F



2020 SLATE OF OFFICERS

<u>POSITION</u>	<u>NAME</u>
Chair	Susan DiBiasi
Vice Chair	Ehren Ngo (Now a District Board Member)
Secretary	Estelle Lewis
Treasurer	Ron Rader

TAB G



CNO REPORT TO THE BOARD

NOVEMBER 2020

Patient Care Quality and Safety:

In the last 60 days, we have seen the number of Covid -19 patients being hospitalized go down. The number of these patients requiring care in the ICU has also decreased. We are grateful for this break, but remain prepared in the event that we see a spike in cases as the weather gets colder.

We continue to have adequate PPE to protect our associates and physicians.

As Riverside County has gone back from the red tier to purple, we are still closed to regular visiting. We assist patients with Face-time, Skype, etc. to keep them in contact with family and support persons.

The BETA Heart team attended 2 virtual workshops regarding “Care for the Caregiver” and “Early Resolution and Service Recovery” on 9/17 and 10/22. These sessions are part of our on-going commitment to the BETA Heart program sponsored by our liability carrier.

We will be hosting an Ultrasound Workshop for physicians, PA’s and NP’s for bedside echocardiograms and lung ultrasounds and for nurses for ultrasound guided IV insertion on November 4th. Dr. Vi Dinh, professor of critical care, emergency medicine, and internal medicine ultrasound program and fellowship director at LLUMC is the main presenter at the workshop.

Because of the state Covid restrictions, the annual safety fair will be virtual this year. Our associates will be completing the on-line learning modules during the month of November.

The go-live date for the Allscripts electronic health record was September 1, 2020. This conversion process has taken up most of the time and energy of a great many associates, both on the clinical and on the financial side. We continue to have frequent (almost daily) meetings to “work out the bugs” and refine our systems. This will be an on-going process for the near future.

Regulatory Issues:

None at this time.

I have applied for an extension of the waiver to use our outpatient MRI for inpatients, but have not received an answer yet. The current waiver expires 10/31/2020.

TAB H

SGMH Foundation Report

October 21, 2020

Foundation Finances for September 2020

Bank of Hemet Checking account: \$296,119.99 (as of 09/30/2020)

Bank of Hemet - Money Market account: \$127,757.11 (as of 09/30/2020)

The Community Foundation account: \$85,958.17 (September 2020-actual)

Total \$509,835.27

Foundation Office report:

- George Moyer and Valerie Hunter are in on-going discussions with Pardee and are confirmed to continue over the next 10-18 months. The purpose is to cultivate a relationships between Pardee, Chad Mayes office, The Foundation and the hospital with the prospect of Pardee making a significant donation to the foundation in support of the Imaging/Stroke center.
- Valerie updated the foundation board that she is continuing to work (alone) on updating the Donor Perfect database and continuing to work on an equipment schematic. She is working side-by-side with the Foundation's CPA to ensure that all revenues received are recorded appropriately. Recording and code correction is an arduous process.
- Valerie is continuing to work on grants for the upcoming Imaging/Stroke center. With this direction in mind, Valerie has set up a meeting with Morongo in early November to pitch a partnership with the prospect of a large donation to the Imaging/Stroke center. This will be a direct donation to the hospital and not through the foundation. This effort is Valerie fundraising directly for SGMH.
- Update on SGMH Auxiliary President Don Frye: Don Frye was not in attendance. Valerie updated the board that Don Frye has resigned as Auxiliary president and has moved to South Carolina. Penny Holstad will take over at President until they can hold elections.

TAB I

San Gorgonio Memorial Hospital

CORPORATE COMPLIANCE PLAN

2021

I. INTRODUCTION

It is the policy of San Gorgonio Memorial Hospital (SGMH) that its business and affairs be conducted at all times in accordance with ethical business practices and applicable laws and regulations. The Hospital places the highest importance on our Mission, Vision and Values of SGMH. To that end, and in accordance with the Hospital's Code of Conduct, the Hospital has developed this Corporate Compliance Plan ("Plan") to present and reaffirm its commitment to ethical conduct and adherence to applicable laws and regulations.

This Plan provides standards by which the Board of Directors, associates, members of the medical staff, allied health professionals, students, and volunteers, will conduct themselves.

II. COMPLIANCE STANDARDS, POLICIES AND PROCEDURES

The Hospital is subject to numerous federal and state laws and regulations that govern the activities of Associates who are expected to be knowledgeable of and in compliance with the laws and regulations that affect their area of responsibility. Associates that violate laws or regulations risk individual criminal prosecution, civil actions for monetary damages and exclusion from federally funded health care programs. In addition, actions of Associates may subject the Hospital to the same risks and potential penalties. Accordingly, any Associate that violates federal or state laws may be subject to disciplinary action, up to and including termination of their employment. Questions regarding laws or regulations or any other part of the Plan should be directed to the Compliance Officer at (951) 846-2796.

The Hospital has developed the Code of Conduct that presents behavioral expectations and basic legal principles under which Associates must operate. Associates are responsible for ensuring that their behavior and activity are consistent with the Code of Conduct which is attached to this Plan.

In addition to the Code of Conduct, the Hospital has developed policies and procedures that address specific needs and will be distributed to and reviewed with affected Associates as part of their training and education. As with all compliance policies, these specific policies and procedures will be reviewed regularly and modified to reflect organizational and regulatory changes.

III. COMPLIANCE OVERSIGHT RESPONSIBILITY

The Board of Directors, in order to reaffirm its commitment to ensure that the Hospital operates in compliance with all laws and regulations of the United States and the State of California, has adopted a compliance plan. The Board of Directors has established a Compliance Committee and delegated its direct compliance oversight responsibilities to such committee. The Board of Directors also appointed a Compliance Officer who has been given authority to draft, manage and do all things necessary and expedient to develop and implement an effective compliance program. The Board of Directors has given the compliance officer the authority to establish committees to assist in the drafting and implementation of the Plan.

Compliance Officer

The Compliance Officer maintains administrative authority for implementation, monitoring and enforcement of the Plan. All questions and concerns regarding compliance with the Plan or legal and regulatory standards should be directed to the Compliance Officer. If an individual is uncertain whether their conduct or behavior is prohibited under law, they must contact their Supervisor or the Compliance Officer for guidance prior to engaging or continuing in the conduct or behavior. The Compliance Committee has full discretion to investigate possible instances of non-compliance and to initiate corrective action when a non-compliant situation is identified. Associates are directed to cooperate fully and to assist the Compliance Committee.

The Compliance Officer's duties include but are not limited to the following:

- Developing, overseeing and monitoring the implementation of the Plan,
- Responding to Associate inquiries regarding matters related to the Plan,
- Developing, coordinating and participating in compliance education and training,
- Developing and supervising on-going compliance auditing and monitoring activities,
- Developing a compliance concern reporting mechanism that encourages Associates to report compliance concerns without fear of retribution,
- Receiving, investigating and reporting on compliance concerns and violations,
- Recommending and overseeing implementation of corrective actions when necessary,
- Establishing committees to assist in implementing and maintaining the compliance program,
- Chairing the Compliance Committee,
- Revising the Plan in response to organizational needs and changes in law and policy,
- Reporting to the Compliance Committee and Board of Directors regarding compliance activities.

Compliance Committee

The Compliance Committee includes representatives of the Executive Team, Directors and Associates.

The responsibilities of the Compliance Committee are as follows:

- Analyze the industry environment and applicable legal requirements,
- Identify specific compliance risk areas,
- Assess existing policies and procedures addressing compliance risk areas,
- Develop standards of conduct and policies and procedures to promote compliance with ethical and legal requirements,
- Recommend and monitor the development of internal systems, policies and controls to carry out the compliance program,
- Determine the appropriate strategies to promote compliance, and
- Monitor the results of external and internal investigations for the purpose of identifying deficiencies and implementing corrective action.

Hospital Directors

Directors have a responsibility to know and understand the laws and regulations that apply to their area of responsibility and to exhibit a strong commitment to compliance. Directors encourage open communication among Associates concerning compliance matters and will use due diligence in hiring and retaining employees.

IV. DUE DILIGENCE IN HIRING

The Hospital has developed a screening process to prevent the hiring of individuals who pose a risk of involvement in illegal activities. New hire applicants will have a reference check and will be subject to complete background investigations utilizing: the HHS/OIG Cumulative Sanctions, the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs and in addition Human Resources will check the Medicare/MediCal Suspended and Ineligible Provider List for potential associates that may be on the list and ineligible for hire.

V. COMPLIANCE TRAINING AND EDUCATION

Successful implementation and functioning of the Plan will require effective training and education of Associates. The Hospital will provide educational training and resources available to ensure Associates are familiar with organizational policies and procedures and those areas of law that affect the conduct of their job duties. The compliance training and education program will provide Associates with awareness regarding the importance of compliance, an understanding of the structure of the Plan and needed technical and functional training to carry out their responsibilities. The responsibility for the development of compliance education lies with the Compliance Officer.

The Plan, including the Corporate Code of Conduct, is presented to Associates in initial mandatory training sessions. This initial training introduced Associates to compliance and reaffirmed the Hospital's commitment to an ethical, professional work environment and

compliance with legal standards. Initial general compliance training is a mandatory orientation subject for newly hired Associates. General compliance education is provided at least annually. Additional organization-wide general compliance education may be developed as needs arise.

In addition to the general compliance education, Associates will receive departmental specific compliance education as needed. This education will focus on technical and functional training to allow Associates to carry out their job responsibilities in a fully compliant manner. The departmental compliance education will be based upon identified compliance educational needs as determined by the Director together with the Compliance Officer. This specialized training will focus on complex or high compliance risk areas and will be modified over time in response to regulatory developments and newly identified compliance risk areas. Compliance risk areas may be identified by departmental monitoring activities, reported compliance concerns, governmental enforcement initiatives or by other means available. The Compliance Officer, Directors and Associates share the responsibility to identify compliance related information to be presented to Associates through education and training.

Participation in compliance training will be mandatory. Attendance at and participation in compliance educational programs is a factor in each Associates annual evaluation and is a condition of continued employment.

Compliance training and educational programs will utilize a variety of teaching methods and will be customized to the targeted groups recognizing the skills, experience, knowledge and educational level of the group. The Compliance Officer will report quarterly to the Compliance Committee and the Board of Directors on compliance educational initiatives.

VI. MONITORING AND AUDITING SYSTEMS

In recognition of the need for the establishment of an on-going evaluation process to assure the success of the compliance program, the Compliance Committee will develop a monitoring and audit process. The monitoring and audit process will assess compliance with laws, regulations, standards, and policies and procedures. The scope and frequency of compliance monitoring and auditing activities in a particular area will be based on an assessment of risk and the effectiveness of existing operational controls and on-going monitoring activities. The Compliance Officer will establish guidelines to assure monitoring and audit coverage for all high-risk areas identified by the Compliance Committee.

All compliance monitoring and audit activities will be under the direction of the Compliance Officer. In addition to the use of internal resources, outside parties with specific compliance review expertise with federal and state health care statutes, regulations and program requirements may be used for auditing in specific areas. When possible, claim and billing accuracy monitoring will be completed on a prospective basis to identify potential problems before claims are submitted. Monitoring and audit results will be used to assist in correcting past problems and putting systems into place to prevent them from recurring. Compliance monitoring and audit records will be kept confidential and maintained by the Compliance Officer in a secure location.

Results of routine compliance monitoring and audit activities will be reported to the Compliance Committee and the Board of Directors on a quarterly basis.

VII. COMPLIANCE CONCERNS REPORTING STRUCTURE

Associates have a duty and obligation to immediately report any concerns of suspected or actual violation of laws, regulations, standards or any other part of this Plan to their Director. If the Associate is uncomfortable making such report to their Director, a report must be made to the Compliance Officer. If the Compliance Officer is unavailable, the Associate should contact the Chief Executive Officer, the administrator on call, or the Chief Human Resources Officer.

Once a concern report has been made, the Associate has a continuing obligation to update the report if they obtain new information.

The Compliance Officer will have an open door policy regarding reports of concerns of any violations or suspected violations of the law or questions on the adherence to the law and components of the Plan. Associates may report a concern by a written report, phone call, email, or stop by the Compliance Officer's office to report in person.

Compliance Hotline:

To encourage reporting of compliance concerns or questions, the Hospital has established a Compliance Hotline. The Hospital's Compliance Hotline telephone number is (951) 769-2245. This hotline is a secured voice mail system accessible only by the Compliance Officer or his designee.

Associates are encouraged to disclose their identity, recognizing that anonymity may hamper complete and timely investigations. However, anonymous reports will not be refused or treated less seriously because the reporter wishes to remain anonymous. All compliance concern reports will be kept confidential to the extent possible and will be investigated by the Compliance Officer and/or Compliance Committee. However, complete anonymity cannot be guaranteed especially in situations where governmental authorities may be involved.

No Associate who reports a compliance concern will be retaliated against or otherwise disciplined solely for reporting the concern. **The Hospital strictly prohibits retaliation against Associates who raise concerns honestly and forthrightly, and retribution in any form will not be tolerated.** Associates found to have retaliated against another Associate will be disciplined in accordance with Hospital's disciplinary guidelines, up to and including termination. The Compliance Officer does not have the authority to extend protection or immunity from disciplinary action or prosecution to Associates who have engaged in misconduct regardless of whether they reported the misconduct. No Associate will be punished solely for mistakenly reporting what they in good faith believed to be an act of misconduct, but an individual may be subject to disciplinary action if the report was knowingly misstated. Any

Associate who knowingly misuses the hotline will be subject to disciplinary action up to and including termination of their employment.

Compliance inquiries will be included in confidential exit interviews conducted on behalf of Human Resources. Compliance concerns identified via exit interviews will be investigated and reported to the Compliance Committee.

VIII. INVESTIGATION AND CORRECTIVE ACTION

Upon receipt of a hotline report, questionable audit or monitoring results, or other information that suggests a compliance issue, the Compliance Officer will take all reasonable steps to promptly investigate the situation for purposes of assessing legal risks or obligations as well as Plan compliance. The Compliance Officer will enter the concern in the compliance database. Based upon the information given and the nature of the concern, the Compliance Officer will conduct an initial assessment to determine whether the report has merit and warrants additional investigation. The Compliance Officer either alone or in consultation with the Compliance Committee will make a determination as to who should conduct the investigation. Investigations will start as soon as possible but in no event more than fourteen (14) days following the receipt of the report suggesting a potential compliance issue.

Investigation activities may include, but not be limited to, the following:

- A review of applicable laws, regulations and standards;
- Interviews with the person reporting the concern and others who may be involved or have information to support the investigation;
- A review of relevant documents including both financial and clinical records.

The Compliance Officer shall take necessary steps to prevent the destruction of documents or other evidentiary material relevant to an investigation.

If, upon conclusion of the investigation, it is determined that there is a substantiated material compliance concern, the Compliance Officer shall immediately formulate and implement a corrective plan of action. The corrective plan of action will ensure that the issue is addressed, eliminated or mitigated to reduce the chance that the situation recurs. Corrective action may include, but not be limited to, adopting new policies and procedures, education and training, discipline of an Associate up to and including termination, and disclosure to governmental authorities as required by law.

If the compliance problem relates to billing, similar billing will be discontinued until the problem is corrected and education on appropriate billing processes is provided. If improper payments were received, the Chief Financial Officer or his designee will determine the amount of repayment to be made and the required disclosures. If there is reason to believe that the misconduct may have violated criminal, civil or administrative law, the misconduct will be reported to the appropriate authority within a reasonable period of time but ordinarily no more than sixty (60) days.

The compliance database will be updated with the alleged violation, a description of the investigative process, interview notes and copies of key documents, interviewed witness names and the corrective action. As appropriate, the Compliance Officer will discuss the outcome of the compliance investigation with the individual reporting the concern. The Compliance Officer will report quarterly to the Board of Directors on identified compliance concerns and on the investigations undertaken as a result of these concerns.

Any issue for which a corrective action plan has been implemented will be targeted for focused on-going monitoring and incorporation into audits of that area in the future. Information gathered during an investigation may be incorporated into future Associate education and training.

IX. ENFORCEMENT AND DISCIPLINARY ACTION

Any Associate who fails to comply with applicable laws, regulations, standards and policies may be subject to disciplinary action, up to and including termination of employment. Failure to report known or suspected noncompliance may subject Associates to disciplinary action.

The disciplinary system shall provide that disciplinary actions, including a statement of the reasons why the disciplinary penalty was imposed, are documented in the personnel or credential file. The Compliance Officer will maintain a record of all disciplinary actions taken regarding compliance violations and will periodically review these to assure that discipline is administered in a fair and consistent manner to all Associates. The Compliance Officer will report to the Compliance Committee on a regular basis concerning the disciplinary aspects of the Plan.

TAB J

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL
BOARD OF DIRECTORS

FINANCE COMMITTEE
Tuesday, October 27, 2020

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, October 27, 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, Ron Rader, Steve Rutledge

Members Absent: Ehren Ngo (Excused)

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

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Call To Order	Hospital Board Chair, Susan DiBiasi, called the meeting to order at 9:07 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 September 29, 2020 regular meeting	Susan DiBiasi asked for any changes or corrections to the minutes of the September 29, 2020 regular meeting. There were none.	The minutes of the September 29, 2020 regular meeting will stand correct as presented.
NEW BUSINESS		

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
<p>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report – September 2020</p>	<p>Holly Yonemoto, CFO, reviewed the September 2020 finance report as included in the board packets.</p> <p>She reported that EBIDA for the month of September was negative due to an increase in expenses such as wages and benefits, supplies, and purchased services.</p> <p>SGMH is applying for Phase 3 Provider Relief funding to mitigate the financial impact caused by COVID-19. Additionally we are submitting to Riverside County and FEMA for COVID-19 related reimbursement.</p> <p>In terms of Statement of Cash Flows, ending cash balances seem to be favorable.</p> <p>ROLL CALL:</p> <table border="1" data-bbox="391 877 1208 953"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Ngo</td> <td>Absent</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Ngo	Absent	Rader	Yes	Rutledge	Yes	<p>M.S.C. (Rader/Rutledge), the SGMH Finance Committee voted to recommend approval of the September 2020 Financial report to the Hospital Board of Directors.</p>
DiBiasi	Yes	Ngo	Absent							
Rader	Yes	Rutledge	Yes							
<p>Future Agenda Items</p>	<ul style="list-style-type: none"> • Financial Audit • Beaver Affiliation with OptumCare/PrimeCare 									
<p>Next Meeting</p>	<p>The next Finance Committee meeting will be held on November 17, 2020.</p>									
<p>Adjournment</p>	<p>The meeting was adjourned at 10:18 am.</p>									

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA

Unaudited Financial Statements

for

THREE MONTHS ENDING SEPTEMBER 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:

Holly Yonemoto, MBA

CFO

San Gorgonio Memorial Hospital Financial Report – Executive Summary

For the month of September 2020 (Three months in FY 21)

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

The month of September had a negative \$1,714,381 in Earnings before Interest, Depreciation and Amortization (EBIDA), and a year to date negative \$2.5M in EBIDA, which is a negative \$2.2M variance from budget. The negative variance was due mainly to higher wages and benefits compared to budget by \$1.6M year to date, which is related to the Covid impact on the utilization of staff. Another significant impact to expenses in year to date has been the increased supply expense of \$255,854 over budget as well as physician fees that were over by \$586,522 and purchased services that was over by \$519,988. Additionally, the IGT budget and actual has impacted EBIDA negatively by \$1.6M year to date. We are discussing the IGT entries with our auditors as we believe a monthly accrual of \$1.4M to be conservative so as to realize the average over 12 months, with an accurate reflection of IGT revenue throughout the year.

COVID 19 Funding Analysis

The updated Covid-19 financial impact for SGMH has been mitigated by the CARES Act funding in prior months as well as other funding related to the Covid-19 impact on revenue and expenses. The prior year included the \$5M from the CARES Act Provider Relief funding and in July another \$2.8M of funding was received. We are confident in the ability to show loss in revenue and increased expenses related to the Covid impact as well as we are obtaining additional funding through the County of Riverside for Covid related expenses. We will also be submitting to FEMA for funding related to Covid medication/supply expenses. We also are applying for Phase 3 Provider Relief funding during the last week of October.

Net Patient Revenues (MTD Negative & YTD Negative)

The net patient revenues for both month and year to date are negative. The September net patient revenue was \$3,000,530. We estimate an additional \$400,000 in the following month of October to be realized given a lag in billing related to the electronic health record (EHR) implementation on September 1. The month to date net patient revenue is a negative \$1.16M due to the slower recovery of patients and budget estimations at higher census levels. The year to date net patient revenue is \$11,043,143 and only \$610K negative difference. We believe the census will be rising but it has been slower. The emergency department volume continues to be approximately 25% lower than prior years. The Covid-19 inpatient census has been lower as well, with only a few Covid patients in the patient care units at this time.

Total Operating Revenues (MTD Negative & YTD Positive)

The month of September had an operating revenue of \$4,775,952 with a negative variance due mainly to a lower net patient revenue as compared to budget. The net patient revenue budget had a higher patient census assumption as well as higher surgical and emergency department visits. The year to date operating revenue has a positive variance and was \$17,903,092 as of September 30. The total operating revenue was higher than budget by \$187,766. The \$2.8M Cares Act Provider Relief funding as well as other governmental funding related to the various programs, contributed to the positive variance.

Operating Expenses (MTD Negative & YTD Negative)

Expenses were higher than budget in September by \$427,620 at a total of \$6.5M and year to date over budget by \$2.4M. Wages and benefits were the primary reason for being over budget year to date, though in the month of September (due to budget assumptions of having higher patient census and visits) the wages and benefits were lower than budget. The wages and benefits for the year are currently over by \$1.6M. In September, physician fees were over budget by \$458,573 and purchased services that was over by \$360,943. The physician fees should be lower in coming months due to the new anesthesia agreement with Beaver Medical Group as well as purchased services should be reduced as well given legal expenses should be reducing as well.

Balance Sheet/Cash Flow

Cash balance is currently \$10,963,163 which is reduction of \$347,458 from prior month. The line of credit balance is currently at \$8.5M and accounts payable is currently at \$7.1M. A note on funding is that Provider Relief Phase 3 is open for submission and we are submitting the last week of October for additional funding. Also there are several hospital coalitions lobbying for the Medicare Advance to become a grant. Also the County of Riverside, FEMA and EDA grant funding are in process. The EDA funding would facilitate major capital equipment replacement for aging imaging equipment.

Bond Issue

The refinancing (payment and reissuance) of the bond issue has resulted in an approximate \$2,000,000 in savings for the residents of the Health Care District. The process was rigorous with an extensive amount of financial information required as well as management narrative and extensive communication with the various entities. The result was savings for the Health Care District residents approximately \$2,000,000 over the course of the bond lives made the very rigorous process a success for the community.

Key patient statistics variances included:

Average Daily Census (ADC) in the month of September was 23.3
Acute Patient Days were 699 compared to the budget of 715 days for August
ED visits averaged 91 in August compared to budget of 119
Total ED Visits were 2,742 compared to budgeted visits of 3,685 for August

Concluding Summary

Positive takeaways:

- 1) Cash is at \$10,963,163 as of September 30
- 2) Bond issue/refinancing was a success and saved residents \$2,000,000 approx

Negative takeaways:

- 1) Higher than expected salaries and benefits
- 2) Higher than expected physician fees and purchased services

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
TWO MONTHS ENDING SEPTEMBER 30, 2020

STATEMENT OF REVENUE AND EXPENSES - MONTH & YTD					
	09/30/20 ACTUAL	09/30/20 BUDGET	YTD ACTUAL	YTD BUDGET	YTD DIFFERENCE
Revenue:					
[10] Gross Patient Revenues	\$ 17,239,718	\$ 24,157,199	\$ 58,625,142	\$ 67,333,448	\$ (8,708,306)
[11] Deductions From Revenue	(14,239,188)	(19,997,355)	(47,581,999)	(55,679,930)	8,097,931
[12] Net Patient Revenues	3,000,530	4,159,844	11,043,143	11,653,518	(610,376)
[13] Other Operating Revenue	1,775,422	2,020,602	6,859,949	6,061,807	798,142
[14] Total Operating Revenues	4,775,952	6,180,446	17,903,092	17,715,325	187,766
Expenses:					
[15] Salaries, Benefits & Contract Labor	3,693,320	3,664,181	12,359,064	10,757,100	(1,601,964)
[16] Purchased Serv. & Physician Fees	1,862,996	1,036,172	4,191,211	3,108,516	(1,082,695)
[17] Supply Expenses	704,236	784,124	2,462,771	2,206,918	(255,854)
[18] Other Operating Expenses & Clinic Loss	196,705	578,236	1,329,124	1,925,278	596,154
[19] Intergovernmental Transfer Expense	33,076	-	33,076	-	(33,076)
[20] Total Expenses	\$ 6,490,333	\$ 6,062,714	\$ 20,375,246	\$ 17,997,812	\$ (2,377,434)
	EBIDA	\$ 117,733	\$ (2,472,154)	\$ (282,487)	\$ 2,189,668
[21] Depreciation & Interest Expense	911,375	906,691	2,718,689	2,720,073	1,383
[22] Non-Operating Revenue/(Exp.)	598,819	683,333	1,790,948	2,050,000	(259,052)
[23] TOTAL NET SURPLUS (LOSS)	\$ (2,026,937)	\$ (105,625)	\$ (3,399,896)	\$ (952,560)	\$ (2,447,337)

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
THREE MONTHS ENDING SEPTEMBER 30, 2020

BALANCE SHEET			
Line Ref #		YTD 09/30/2020	Prior FYE 06/30/2020
	ASSETS		
[1]	Current Assets	\$ 40,281,015	\$ 36,175,733
[2]	Assets Whose Use is Limited	4,956,134	9,394,161
[3]	Property, Plant & Equipment (Net)	90,255,026	91,678,839
[4]	Other Assets	2,039,061	1,449,675
	Total Unrestricted Assets	137,531,236	138,698,408
[5]	Restricted Assets	0	0
	Total Assets	\$ 137,531,236	\$ 138,698,408
	LIABILITIES AND NET ASSETS		
[6]	Current Liabilities	\$26,142,673	\$22,073,425
[7]	Long-Term Debt	105,831,564	108,213,822
[8]	Other Long-Term Liabilities	0	0
	Total Liabilities	\$ 131,974,237	\$ 130,287,247
	Net Assets	5,556,998	8,411,161
[9]	Total Liabilities and Net Assets	\$ 137,531,236	\$ 138,698,409

SAN GORGONIO MEMORIAL HOSPITAL
EXECUTIVE FINANCIAL SUMMARY
THREE MONTHS ENDING SEPTEMBER 30, 2020

KEY STATISTICS AND RATIOS							
	07/31/20 ACTUAL	08/31/20 ACTUAL	09/30/20 ACTUAL	09/30/20 BUDGET	2020 YR END TOTAL	2019 YR END TOTAL	
	FY 21	FY 21	FY 21	FY 21	FY 20	FY 19	
[1] Total Acute Patient Days	908	789	699	715	9,205	9,991	
[2] Observation Days	115	112		135	1,673	2,028	
[3] Patient Discharges	241	245	231	266	2,689	2,857	
[4] Average Acute Length of Stay	3.8	3.2	3.0	2.7	3.4	3.5	
[5] Average Daily Census	29.3	25.5	23.3	23.1	25.2	27.4	
[6] Total Emergency Room Visits	2,674	2,762	2,742	3,685	39,293	43,687	
[7] Average ED Visits Per Day	86	89	91	119	108	120	
[9] Total Surgeries	94	78	64	308	2,589	2,204	
[10] Deliveries/Births	12	18		41	246	268	

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

		CURRENT MONTH				
		DISTRICT ONLY	COMBINED		Positive (Negative)	Prior Yr Mo
		Actual 09/30/20	Actual 09/30/20	Budget 09/30/20	Variance	Actual 06/30/20
Gross Patient Revenue						
[1]	Inpatient Revenue	\$ -	\$ 5,653,363	\$ 6,463,272	\$ (809,909)	\$ 7,602,063
[2]	Inpatient Psych/Rehab Revenue	-	-			
[3]	Outpatient Revenue	-	11,586,355	17,693,927	(6,107,572)	13,937,607
[4]	Long Term Care Revenue	-	-			
[5]	Home Health Revenue	-	-			
[6]	Total Gross Patient Revenue	\$ -	\$ 17,239,718	\$ 24,157,199	\$ (6,917,481)	\$ 21,539,669
Deductions From Revenue						
[7]	Discounts and Allowances	-	(14,239,188)	(19,246,664)	\$ 5,007,477	\$ (17,441,232)
[8]	Bad Debt Expense	-	-	(669,188)	669,188	(595,948)
[9]	Prior Year Settlements	-	-	-	-	-
[10]	Charity Care	-	-	(81,503)	81,503	(155,996)
[11]	Total Deductions From Revenue	\$ -	\$ (14,239,188)	\$ (19,997,355)	\$ 5,758,167	\$ (18,193,176)
[12]			82.6%	-82.7%		84.46%
[13]	Net Patient Revenue	\$ -	\$ 3,000,530	\$ 4,159,844	\$ (1,159,314)	\$ 3,346,493
Non Patient Operating Revenues						
[14]	IGT/DSH Revenues	-	1,398,719	1,398,719	\$ -	\$ 573,661
[15]	Grants & Other Op Revenues	-	73,706	252,717	(179,011)	188,750
[16]	Clinic Net Revenues	13,660	-	23,333	(23,333)	112,500
[17]	Tax Subsidies Measure D	-	-	208,333	(208,333)	23
[18]	Tax Subsidies Prop 13	302,490	302,490	120,833	181,657	773,000
[19]	Tax Subsidies County Supplemental Funds	-	508	16,667	(16,159)	(21,816)
	Non- Patient Revenue	\$ 316,150	\$ 1,775,422	\$ 2,020,602	\$ (245,180)	\$ 1,626,118
	Total Operating Revenue	\$ 316,150	\$ 4,775,952	\$ 6,180,446	\$ (1,404,494)	\$ 4,972,611
Operating Expenses						
[20]	Salaries and Wages	-	2,991,520	2,944,150	\$ (47,371)	\$ 3,161,543
[21]	Fringe Benefits	-	701,800	720,031	18,232	793,541
[22]	Contract Labor	-	90,279	82,971	(7,308)	51,892
[23]	Physicians Fees	-	699,990	241,417	(458,573)	303,660
[24]	Purchased Services	-	1,072,727	711,784	(360,943)	896,397
[25]	Supply Expense	-	704,236	784,124	79,888	895,005
[26]	Utilities	-	102,492	81,275	(21,216)	95,364
[27]	Repairs and Maintenance	-	83,809	55,979	(27,830)	53,140
[28]	Insurance Expense	-	191,534	108,123	(83,411)	174,683
[29]	All Other Operating Expenses	2,228	(290,211)	157,960	448,171	209,208
[30]	IGT Expense	-	33,076	-	(33,076)	29,528
[31]	Leases and Rentals	-	69,583	72,949	3,366	107,987
[32]	Clinic Expense	-	39,499	101,950	62,451	99,877
[33]	Total Operating Expenses	\$ 2,228	\$ 6,490,333	\$ 6,062,714	\$ (427,620)	\$ 6,871,825
[34]	EBIDA	\$ 313,922	\$ (1,714,381)	\$ 117,733	\$ (1,832,114)	\$ (1,899,213)
Interest Expense and Depreciation						
[35]	Depreciation	\$ 494,658	\$ 494,658	\$ 483,333	\$ (11,325)	\$ 558,911
[36]	Interest Expense and Amortization	393,381	416,716	423,358	6,641	416,590
[37]	Total Interest & depreciation	888,039	911,375	906,691	(4,684)	975,500
Non-Operating Revenue:						
[38]	Contributions & Other	13,308	1,377	16,667	\$ (15,289)	168,652
[39]	Tax Subsidies for GO Bonds - M-A	597,442	597,442	666,667	(69,225)	598,629
[40]	Total Non Operating Revenue/(Expense)	610,749	598,819	683,333	\$ (84,514)	\$ 767,281
[41]	Total Net Surplus/(Loss)	\$ 36,632	\$ (2,028,314)	\$ (105,625)	\$ (1,922,689)	\$ (2,107,432)
[42]	Extra-ordinary loss on Financing	-	-	-		
[43]	Increase/(Decrease in Unrestricted Net Assets	\$ 36,632	\$ (2,028,314)	\$ (105,625)	\$ (1,922,689)	\$ (2,107,432)
[44]	Total Profit Margin	11.59%	-101.43%	-1.71%		-42.38%
[45]	EBIDA %	99.30%	-92.18%	1.90%		-38.19%

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

	YEAR-TO-DATE					
	DISTRICT ONLY Actual 09/30/20	Actual 09/30/20	Budget 09/30/20	Positive (Negative) Variance	Percentage Variance	PRIOR YTD 09/30/20
Gross Patient Revenue						
[1] Inpatient Revenue	\$ -	\$ 20,824,155	\$ 21,358,048	\$ (533,893)	-3%	\$ 22,131,134
[2] Inpatient Psych/Rehab Revenue	-	(3,446)	0	-	-	-
[3] Outpatient Revenue	-	37,804,432	45,975,400	\$ (8,170,968)	-21.61%	50,700,186
[4] Long Term Care Revenue	-	\$ 0	0	-	-	-
[5] Home Health Revenue	-	0	-	-	-	-
[6] Total Gross Patient Revenue	-	\$ 58,625,142	67,333,448	\$ (8,708,306)	-14.85%	\$ 72,831,320
Deductions From Revenue						
[7] Discounts and Allowances	\$ -	\$ (45,338,893)	\$ (53,646,298)	\$ 8,307,404	18.32%	\$ (57,812,512)
[8] Bad Debt Expense	-	(2,059,555)	(1,812,839)	(246,715)	-11.98%	(2,357,528)
[9] Prior Year Settlements	-	-	-	-	-	-
[10] Charity Care	-	(183,551)	(220,793)	37,242	20.29%	(257,161)
[11] Total Deductions From Revenue	\$ -	\$ (47,581,999)	\$ (55,679,930)	\$ 8,097,931	17.02%	\$ (60,427,201)
[12]		81.16%	-82.69%			82.97%
[13] Net Patient Revenue	\$ -	\$ 11,043,143	\$ 11,653,518	\$ (610,376)	5.53%	\$ 12,404,119
Non Patient Operating Revenues						
[14] IGT/DSH Revenues	\$ -	\$ 2,556,712	\$ 4,196,156	\$ (1,639,444)	-64.12%	\$ 3,892,189
[15] Grants & Other Op Revenues	-	3,384,719	758,151	2,626,568	77.60%	671,135
[16] Clinic Net Revenues	23,389	9,018	70,000	(60,982)	-676.22%	58,236
[17] Tax Subsidies Measure D	377,500	377,500	625,000	(247,500)	0.00%	566,250
[18] Tax Subsidies Prop 13	529,970	529,970	362,500	167,470	0.00%	337,500
[19] Tax Subsidies County Supplemental Funds	-	2,030	50,000	(47,970)	(23.63)	9,136
Non- Patient Revenue	\$ 930,859	\$ 6,859,949	\$ 6,061,807	\$ 798,142	11.63%	\$ 5,534,445
Total Operating Revenue	\$ 930,859	\$ 17,903,092	\$ 17,715,325	\$ 187,766	1.05%	17,938,565
Operating Expenses						
[20] Salaries and Wages	\$ -	\$ 9,709,932	\$ 8,613,331	\$ (1,096,602)	-11.29%	\$ 9,258,373
[21] Fringe Benefits	-	2,649,132	2,143,770	(505,362)	-19.08%	2,088,025
[22] Contract Labor	-	225,099	248,913	23,814	10.58%	266,723
[23] Physicians Fees	-	1,310,772	724,250	(586,522)	-44.75%	879,184
[24] Purchased Services	6,077	2,655,341	2,135,353	(519,988)	-19.58%	1,506,017
[25] Supply Expense	-	2,462,771	2,206,918	(255,854)	-10.39%	1,861,597
[26] Utilities	4,297	278,984	243,826	(35,158)	-12.60%	303,087
[27] Repairs and Maintenance	16,097	233,294	167,938	(65,357)	-28.01%	159,723
[28] Insurance Expense	-	411,514	324,369	(87,145)	-21.18%	272,539
[29] All Other Operating Expenses	(331)	(72,685)	664,449	737,134	-1014%	426,643
[30] IGT Expense	-	33,076	-	(33,076)	-100.00%	(201)
[31] Leases and Rentals	-	263,332	218,848	(44,484)	-16.89%	205,924
[32] Clinic Expense	143,428	214,685	305,849	91,165	42.46%	217,704
[33] Total Operating Expenses	\$ 169,568	\$ 20,375,246	\$ 17,997,812	\$ (2,377,434)	-11.67%	\$ 17,445,338
[34] EBIDA	\$ 761,291	\$ (2,472,154)	\$ (282,487)	\$ (2,189,668)	88.57%	\$ 493,226
Interest Expense and Depreciation						
[35] Depreciation	\$ 1,483,974	\$ 1,483,974	\$ 1,450,000	\$ (33,974)	-1.30%	\$ 1,507,362
[36] Interest Expense and Amortization	834,351	1,234,715	1,270,073	35,358	-7.80%	1,190,693
[37] Total Interest & depreciation	\$ 2,318,326	\$ 2,718,689	\$ 2,720,073	\$ 1,383	-4.19%	\$ 2,698,055
Non-Operating Revenue:						
[38] Contributions & Other	24,997	(1,377)	50,000	(51,377)	65.92%	(52,112)
[39] Tax Subsidies for GO Bonds - M-A	1,792,325	1,792,325	2,000,000	(207,675)	-4.17%	1,795,887
[40] Total Non Operating Revenue/(Expense)	\$ 1,817,322	\$ 1,790,948	\$ 2,050,000	\$ (259,052)	-2.46%	\$ 1,743,775
[41] Total Net Surplus/(Loss)	\$ 260,288	\$ (3,399,896)	\$ (952,560)	\$ (2,447,337)	27.68%	\$ (461,054)
[42] Extra-ordinary loss on Financing	-	-	-	-	-	-
[43] Increase/(Decrease in Unrestricted Net Assets)	\$ 260,288	\$ (3,399,896)	\$ (952,560)	\$ (2,447,337)	27.68%	\$ (461,054)
[44] Total Profit Margin	27.96%	-29.07%	-5.38%			-2.57%
[45] EBIDA %	81.78%	-23.45%	-1.59%			2.75%

Balance Sheet - Assets

**SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
THREE MONTHS ENDING SEPTEMBER 30, 2020**

		ASSETS				
		DISTRICT ONLY				
		Current Month 09/30/2020	Current Month 09/30/2020	Prior Month 08/31/2020	Positive/ (Negative) Variance	Prior Year End 06/30/2020
Current Assets						
[1]	Cash and Cash Equivalents	\$ 3,192,983	\$ 10,963,163	\$ 11,310,620	\$ (347,458)	\$ 12,264,322
[2]	Gross Patient Accounts Receivable	227,641	44,817,342	44,313,601	503,741	43,985,931
[3]	Less: Bad Debt and Allowance Reserves	(177,608)	(36,062,709)	(36,217,173)	154,464	(36,588,966)
[4]	Net Patient Accounts Receivable		3,446	-	3,446	7,396,965
[5]	Taxes Receivable	3,644,957	3,644,957	2,543,158	1,101,800	1,154,437
[6]	Other Receivables	-	662,410	839,796	(177,386)	(48,230)
[7]	Inventories	-	1,814,816	1,848,348	(33,532)	1,789,074
[8]	Prepaid Expenses	72,875	388,871	417,305	(28,434)	288,638
[9]	Due From Third Party Payers	-	810,381	742,254	68,127	690,273
[10]	Malpractice Receivable	-	-	-	-	-
[11]	IGT Receivables	29,402	13,238,339	12,840,805	397,533	12,640,253
	Total Current Assets	\$ 6,990,250	\$ 40,281,015	\$ 38,635,714	\$ 1,642,301	\$ 36,175,733
Assets Whose Use is Limited						
[12]	Cash	-			0	0
[13]	Investments	-			0	0
[14]	Bond Reserve/Debt Retirement Fund	4,956,134	4,956,134	5,527,312	-	9,394,161
[15]	Trustee Held Funds				-	0
[16]	Funded Depreciation				0	0
[17]	Board Designated Funds				0	0
[18]	Other Limited Use Assets				0	0
	Total Limited Use Assets	\$ 4,956,134	\$ 4,956,134	\$ 5,527,312	\$ (571,178)	\$ 9,394,161
Property, Plant, and Equipment						
[19]	Land and Land Improvements	\$ 6,686,845	\$ 6,686,845	\$ 6,686,845	\$ -	\$ 6,686,845
[20]	Building and Building Improvements	127,399,218	127,399,218	127,399,218	-	127,399,218
[21]	Equipment	26,412,987	26,412,987	26,338,357	74,630	26,360,626
[22]	Construction In Progress	8,399,129	8,399,129	8,399,129	-	8,391,329
[23]	Capitalized Interest				-	-
[24]	Gross Property, Plant, and Equipment	168,898,179	168,898,179	168,823,549	74,630	168,838,018
[25]	Less: Accumulated Depreciation	(78,643,153)	(78,643,153)	(78,148,495)	(494,658)	(77,159,178)
[26]	Net Property, Plant, and Equipment	\$ 90,255,026	\$ 90,255,026	\$ 90,675,054	\$ (420,028)	\$ 91,678,839
Other Assets						
[27]	Unamortized Loan Costs	\$ 1,444,696	\$ 1,444,696	\$ 1,446,356	\$ (1,660)	\$ 1,449,675
[28]	Assets Held for Future Use		3,446	-	0	0
[29]	Investments in Subsidiary/Affiliated Org.	12,844,511	590,919	-	0	0
[30]	Other				0	0
[31]	Total Other Assets	\$ 14,289,208	\$ 2,039,061	\$ 1,446,356	\$ 592,705	\$ 1,449,675
[32]	TOTAL UNRESTRICTED ASSETS	\$ 116,490,618	\$ 137,531,236	\$ 136,284,436	\$ 1,246,800	\$ 138,698,408
Restricted Assets						
		0	0	0	0	0
[33]	TOTAL ASSETS	\$ 116,490,618	\$ 137,531,236	\$ 136,284,436	\$ 1,246,800	\$ 138,698,408

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

	DISTRICT ONLY	LIABILITIES AND FUND BALANCE			
	Current Month 09/30/2020	Current Month 09/30/2020	Prior Month 08/31/2020	Positive/(Negative) Variance	Prior Year End 06/30/2020
Current Liabilities					
[1] Accounts Payable	\$ 107,370	\$ 7,112,554	\$ 6,333,702	\$ (778,851)	\$ 4,875,880
[2] Notes and Loans Payable (Line of Credit)	-	8,500,000	8,500,000	-	6,000,000
[3] Accounts Payable- Construction	-	-	-	-	-
[4] Accrued Payroll Taxes	-	4,729,024	3,463,667	(1,265,358)	4,146,098
[5] Accrued Benefits	-	81,019	79,548	(1,471)	81,148
[6] Accrued Benefits Current Portion	-	(3,446)	-	3,446	-
[7] Other Accrued Expenses	-	(3,446)	-	3,446	-
[8] Accrued GO Bond Interest Payable	781,629	781,629	386,404	(395,225)	2,020,229
[9] Stimulus Advance	-	2,577,690	2,577,690	-	2,577,690
[10] Due to Third Party Payers (Settlements)	-	-	-	-	-
[11] Advances From Third Party Payers	-	(3,446)	-	3,446	-
[12] Current Portion of LTD (Bonds/Mortgages)	2,335,000	2,335,000	2,335,000	-	2,335,000
[13] Current Portion of LTD (Leases)	-	-	-	-	-
[14] Other Current Liabilities	-	36,093	36,163	70	37,380
Total Current Liabilities	\$ 3,223,999	\$ 26,142,673	\$ 23,712,175	\$ (2,430,498)	\$ 22,073,425
Long Term Debt					
[15] Bonds/Mortgages Payable (net of Cur Portion)	105,831,564	105,831,564	105,847,317	15,753	108,213,822
[16] Leases Payable (net of current portion)	-	-	-	-	-
[17] Total Long Term Debt (Net of Current)	\$ 105,831,564	\$ 105,831,564	\$ 105,847,317	\$ 15,753	\$ 108,213,822
Other Long Term Liabilities					
[18] Deferred Revenue					0
[19] Accrued Pension Expense (Net of Current)					0
[20] Other					0
[21] Total Other Long Term Liabilities	0	0	0		0
TOTAL LIABILITIES	\$ 109,055,564	\$ 131,974,237	\$ 129,559,492	\$ 2,414,746	\$ 130,287,247
Net Assets:					
[22] Unrestricted Fund Balance	\$ 7,174,766	\$ 8,956,894	\$ 8,091,704	\$ 865,190	\$ 10,844,398
[23] Temporarily Restricted Fund Balance	-	-	-	-	-
[24] Restricted Fund Balance	-	-	-	-	-
[25] Net Revenue/(Expenses)	260,288	(3,399,896)	(1,366,760)	(2,033,136)	(2,433,237)
[26] TOTAL NET ASSETS	\$ 7,435,054	\$ 5,556,998	\$ 6,724,945	\$ (1,167,946)	\$ 8,411,161
[27] TOTAL LIABILITIES AND NET ASSETS	\$ 116,490,617	\$ 137,531,236	\$ 136,284,436	\$ 1,246,799	\$ 138,698,408
		(\$0)	(\$0)	\$0	

Statement of Cash Flows
SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA
THREE MONTHS ENDING SEPTEMBER 30, 2020

		CASH FLOW	
HEALTHCARE SYSTEM CASH FLOW		Current Month 09/30/2020	YTD 09/30/2020
BEGINNING CASH BALANCES			
[1]	Cash: Beginning Balances- HOSPITAL	\$ 8,610,747	\$ 10,921,127
[2]	Cash: Beginning Balances- DISTRICT	2,699,873	3,500,626
[3]	Cash: Beginning Balances TOTALS	<u>\$ 11,310,620</u>	<u>\$ 14,421,753</u>
Receipts			
[4]	Pt Collections	\$ 3,029,200	\$ 10,339,358
[5]	Tax Subsidies Measure D	-	64,422
[6]	Tax Subsidies Prop 13	0	-
[7]	Tax Subsidies County Supplemental Funds	-	-
[8]	IGT & other Supplemental (see detail below)	1,169,530	3,173,366
[9]	Draws/(Paydown) of LOC Balances	-	2,500,000
[10]	Other Misc Receipts/Transfers	288,465	747,345
	TOTAL RECEIPTS	<u>\$ 4,487,196</u>	<u>\$ 16,824,491</u>
Disbursements			
[11]	Payroll/ Benefits	\$ 3,180,735	\$ 10,995,181
[12]	Other Operating Costs	3,197,600	11,848,339
[13]	Capital Spending	0	0
[14]	Debt serv payments (Hosp onlyw/ LOC interest)	21,958	108,628
[15]	Other (increase) in AP /other bal sheet	(1,565,640)	(3,469,821)
[16]	TOTAL DISBURSEMENTS	<u>\$ 4,834,653</u>	<u>\$ 19,482,328</u>
[17]	TOTAL CHANGE in CASH	<u>\$ (347,458)</u>	<u>\$ (2,657,837)</u>
ENDING CASH BALANCES			
[18]	Ending Balances- HOSPITAL	\$ 8,263,289	\$ 8,263,289
[19]	Ending Balances- DISTRICT	2,699,873	2,699,873
[20]	Ending Balances- TOTALS	<u>\$ 10,963,163</u>	<u>\$ 10,963,163</u>
ADDITIONAL INFO			
[21]	LOC CURRENT BALANCES	\$ 8,500,000	\$ 8,500,000
[22]	LOC Interest Expense Incurred	21,958	65,875

TAB K

SAN GORGONIO MEMORIAL HOSPITAL
Medical Staff Services Department

M E M O R A N D U M

DATE: October 21, 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):

Annual Approval of Policies & Procedures

The list of policies & procedures were established to provide standardization in daily operational activities (See attached). They are essential to providing clarity when dealing with issues and activities that are critical to health and safety, legal liabilities and regulatory requirements.

Title	Policy Area	Revised
Ace Bandage, Application of	Nursing	Unchanged
Admission Of Newborn	Obstetrics	Revised
Admission of Patients for Diagnostic Imaging Procedures	Diagnostic Imaging	Revised
Admission/ Transfer From Labor & Delivery (L&D) To Postpartum	Obstetrics	Revised
Amnioinfusion	Obstetrics	Unchanged
Ancillary Services	Obstetrics	Unchanged
Anesthesia	Obstetrics	Revised
Assessment of The Newborn	Obstetrics	Revised
Attorney Requests in OB	Obstetrics	Unchanged
Baptism	Obstetrics	Unchanged
Bassinet Units	Obstetrics	Unchanged
Bassinet Units, Cleaning	Obstetrics	Unchanged
Bath, Newborn	Obstetrics	Revised
Behavioral Health Scope of Services	Behavior Health	Revised
Behavioral Health Discharge Process in the Electronic Medical Record	Behavior Health	Revised
Bili Meter	Obstetrics	Revised
Blood Gas Capillary	Obstetrics	Unchanged
Blood Gas, Arterial, Via UAC	Obstetrics	Unchanged
Blood Glucose Monitoring, Infant	Obstetrics	Revised
Breast Feeding	Obstetrics	Revised
Breast Milk, Collection and Storage	Obstetrics	Revised
Breast Stimulation Stress Test	Obstetrics	Unchanged
Car Seats	Obstetrics	Revised
Care of Patient After Normal Vaginal Delivery	Obstetrics	Unchanged
Central Log	Obstetrics	Revised
Cesarean Section, Post-Operative Care Of	Obstetrics	Unchanged
Charges	Obstetrics	Unchanged
Chest Compression For Neonates	Obstetrics	Unchanged
Circumcision Trays	Obstetrics	Unchanged
Cleaning LDR	Obstetrics	Unchanged
Code Blue	Obstetrics	Unchanged
Communication Of Obstetric Emergencies	Obstetrics	Unchanged
Consultation from an Intensive Care Nursery	Obstetrics	Revised
Corrective actions for Deficiencies Identified Through Quality Control Measures	Clinical Laboratory	Revised
Delivery, Care of Patient During	Obstetrics	Unchanged

Diabetes, Gestational	Obstetrics	Revised
Diagnostic Imaging - Policy for Ordering Diagnostic Imaging Tests	Diagnostic Imaging	Revised
Discharge Planning Coordination	Obstetrics	Unchanged
Discharge Summary for Behavioral Health Center	Behavior Health	Revised
Discharge Teaching - Postpartum	Obstetrics	Revised
Dress Code - LDR	Obstetrics	Revised
Drug Screen Protocol	Obstetrics	Unchanged
Electronic Fetal Monitoring	Obstetrics	Revised
Endotracheal Intubation, Assisting With	Obstetrics	Unchanged
Environment Control	Obstetrics	Unchanged
Epidural, Continuous or Single, Analgesia for Labor Patients	Obstetrics	Revised
Evacuation of the Obstetrical Department	Obstetrics	Unchanged
Event Related Sterility	Obstetrics	Revised
Eye Treatment of the Newborn	Obstetrics	Revised
Eyes, Refusal to Allow Treatment	Obstetrics	Revised
Family Centered Maternity Care	Obstetrics	Unchanged
Fetal/Neonatal Demise	Obstetrics	Unchanged
Formula Preparation and Storage	Obstetrics	Unchanged
Gavage Feeding	Obstetrics	Revised
Glucose Testing; Accu-Chek Finger Stick (Neonatal Heel Stick) Using Whole Blood	Clinical Laboratory	Revised
Group B Streptococcal Disease	Obstetrics	Revised
Group B Streptococcal Prevention in Newborn	Obstetrics	Unchanged
Handwashing	Obstetrics	Unchanged
Hemorrhage	Obstetrics	Unchanged
Hemorrhage, Postpartum	Obstetrics	Unchanged
Hepatitis B Infection, Newborn	Obstetrics	Revised
Hyperbilirubinemia, Management of	Obstetrics	Unchanged
Identification, Patient	Obstetrics	Unchanged
Infection Control for Obstetrics	Obstetrics	Unchanged
Intrauterine Pressure Catheter	Obstetrics	Revised
Kick Counts	Obstetrics	Revised
Labor Patient, Care of	Obstetrics	Revised
Laboratory Downtime Operation	Clinical Laboratory	Revised
Maternity Overflow	Obstetrics	Unchanged
Milieu	Behavior Health	Unchanged
Newborn Abandonment (SB 1368)	Obstetrics	Unchanged

Newborn Daily Care	Obstetrics	Unchanged
Newborn Pain Scale	Obstetrics	Unchanged
Newborn Screening Test	Obstetrics	Unchanged
Newborn, Care Of	Obstetrics	Revised
No Prenatal Care	Obstetrics	Revised
Non-Stress Test	Obstetrics	Unchanged
Notification of Pediatrician Admission	Obstetrics	Unchanged
Nutritional Screening for the OB Patient	Obstetrics	Unchanged
Obstetric/Pediatric/Pathologic/Radiologic Conferences	Obstetrics	Unchanged
Obstetrical Medical Screening Examination Standardized Procedure	Obstetrics	Revised
OR - Prevention of Retained Surgical Items - Surgical Counts	Surgical Services	Revised
Orientation for Obstetrics (OB) - Postpartum, Nursery, Labor and Delivery (L&D)	Obstetrics	Revised
Outpatient, Care of	Obstetrics	Unchanged
Oxygen Administration to Newborn	Obstetrics	Revised
Oxygen and Compressed Air Tanks	Obstetrics	Unchanged
Oxytocin Challenge Test (Contraction Stress Test)	Obstetrics	Unchanged
Paternity Opportunities Program (POP)	Obstetrics	Unchanged
Perinatal Department Goals / Objectives	Obstetrics	Unchanged
Photography/Video Recording in Labor & Delivery	Obstetrics	Unchanged
Phototherapy for Hyperbilirubinemia	Obstetrics	Revised
Physician Coverage, Perinatal Unit	Obstetrics	Unchanged
Physician Visits	Obstetrics	Unchanged
Placenta Previa, Care of the Patient With	Obstetrics	Unchanged
Placentas, Handling of	Obstetrics	Unchanged
Polyhydramnios of the Intrapartum Patient	Obstetrics	Revised
Postpartum Patient, Care of	Obstetrics	Revised
Pre-Eclampsia/Eclampsia	Obstetrics	Unchanged
Precip Pack, Ob Emergency Pack	Obstetrics	Unchanged
Premature Labor – Intrapartum Complication	Obstetrics	Revised
Premature or Low Birth Weight Infant, Care of	Obstetrics	Unchanged
Prevention of Neonatal Ophthalmic	Obstetrics	Unchanged
Pulse Oximetry	Obstetrics	Unchanged
Rapid Human Immunodeficiency Virus (HIV) Antibody Testing	Obstetrics	Revised
Records	Obstetrics	Unchanged
Refusal of Drugs, Treatments or Procedures	Nursing	Revised
Registration/Authorization of Obstetrical Patient	Obstetrics	Unchanged

Resuscitation of Infant in Delivery Room Oro-Pharyngeal Suctioning	Obstetrics	Unchanged
Rhogam Injection	Obstetrics	Unchanged
Rooming-in	Obstetrics	Unchanged
Rubella Vaccination	Obstetrics	Unchanged
Safety in the Obstetrical Unit	Obstetrics	Revised
Safety: Physical Therapy	Physical Therapy	Revised
Service Reporting	Obstetrics	Revised
Special Procedures that May be Initiated by a Nurse	Obstetrics	Revised
Spiral Electrode Placement	Obstetrics	Unchanged
Standards for Obstetric Care	Obstetrics	Unchanged
Substance Use Navigator (SUN) Interventions	Social Services	Revised
Supervisory Review of Laboratory Results	Clinical Laboratory	Revised
Surgical Services - Maintaining Normothermia of the Surgical Patient	Surgical Services	Revised
Surgical Services - Monitoring of the Temperature, Humidity and Emergency Lighting	Surgical Services	Revised
Transfer Procedure, Maternal	Obstetrics	Unchanged
Transfer, Infant	Obstetrics	Unchanged
Transport of Infant in Hospital	Obstetrics	Unchanged
Transport Protocol for High Risk Mothers and Infants	Obstetrics	Unchanged
Triage	Obstetrics	Unchanged
UA, Obtaining on Obstetrical Patients with Urethral Catheter	Obstetrics	Unchanged
Umbilical Arterial Catheter Pack	Obstetrics	Unchanged
Umbilical Arterial Catheterization	Obstetrics	Unchanged
Umbilical Cord Prolapse (UCP), Nursing Management of	Obstetrics	Unchanged
Vacuum Extraction	Obstetrics	Revised
Vaginal Birth After Cesarean (VBAC)	Obstetrics	Unchanged
Vaginal Delivery	Obstetrics	Unchanged
Vitamin K Administration (Hemorrhagic Disease)	Obstetrics	Unchanged

TAB L

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of November 3, 2020

	Title	Policy Area	Owner	Workflow Approval
1	Adverse Drug Reaction	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
2	Arterial - Venous Dialysis Graft	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
3	Assessment of Patients	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
4	Blood and Blood Products Transfusions	Clinical Laboratory	Hazley, Byron: Director Laboratory	Ariel Whitley for Hospital Board of Directors
5	Care Plans, Patient	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
6	Cashier standard operating procedure	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
7	Computer Downtime for Physical Therapy Department	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
8	Continuous Passive Motion (CPM)	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
9	Continuous Passive Motion (CPM) Application and Removal	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
10	CT Chest With and Without Intravenous Contrast	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Hospital Board of Directors
11	Cultural, Ethnic and Religious Food Preferences	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
12	Documentation of Nursing Progress Notes	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
13	Education of Patient and/or Patient Representative	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
14	Emergency Department Visitor Access Control and Escorts	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
15	Environment of Care/Safety Committee Life Safety (Fire Safety) Plan 2021	Environment of Care	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of November 3, 2020

	Title	Policy Area	Owner	Workflow Approval
16	Equipment Management for Physical Therapy	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
17	Eye Compresses	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
18	Fire Alert Hood Suppression System (ANSUL)	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
19	Food Recalls and Withdrawals	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
20	Functional Assessment	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
21	Functional Assessment for Physical Therapy	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
22	Hazardous Materials/Waste Management Plan 2021	Environmental Services	Nutter, Coda: Director Environmental Services	Ariel Whitley for Hospital Board of Directors
23	Intravenous Site & Device Care	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
24	Intravenous Therapy	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
25	Level Of Care Screening And Interventions	Case Management	Mitchell, Marvin: Director Case Management	Ariel Whitley for Hospital Board of Directors
26	Medicare Secondary Payor (MSP)	Registration	Cox, Mayda: Director Financial Services	Ariel Whitley for Hospital Board of Directors
27	Nursing Students	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
28	Outpatient Series / Recurring Patients Procedure Behavioral Health, Cardiac Rehab, Physical Therapy	Registration	Cox, Mayda: Director Financial Services	Ariel Whitley for Hospital Board of Directors
29	Outpatient/ Outpatient Surgery / Ed Registration Procedure	Registration	Cox, Mayda: Director Financial Services	Ariel Whitley for Hospital Board of Directors
30	Pain Assessment and Management	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of November 3, 2020

	Title	Policy Area	Owner	Workflow Approval
31	Patient Controlled Analgesia (PCA)	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
32	Physical Therapist Assistant Supervision	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
33	Physical Therapy Evaluation	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
34	Physical Therapy Staffing	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
35	Safety Guidelines in the Kitchen	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
36	Shelf Life	Dietary	Hawthorne, Lakeisha: Director Food and Nutrition	Ariel Whitley for Hospital Board of Directors
37	Standard Operating Procedure (SOP) for Physical Therapy	Physical Therapy	Meland, Steffen: Director Physical Therapy	Ariel Whitley for Hospital Board of Directors
38	Surge Plan	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Hospital Board of Directors
39	Surgical Services - RN First Assistant (RNFA)	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
40	Surgical Services - Labeling Medications and Solutions On and Off the Sterile Field	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
41	Surgical Services - Staffing Schedule and PTO Guidelines	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
42	Surgical Services - Traffic flow Patterns	Surgical Services	Goodner, Jayme: Director Surgical Services	Ariel Whitley for Hospital Board of Directors
43	System Downtime Procedure for Registration Department	Registration	Cox, Mayda: Director Financial Services	Ariel Whitley for Hospital Board of Directors
44	T-Tube Drainage	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors
45	Tube Feedings	Dietary	Kielhold, Jean: Dietician	Ariel Whitley for Hospital Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital Board meeting of November 3, 2020

	Title	Policy Area	Owner	Workflow Approval
46	Utilities Management Plan 2021	Engineering	Mares, Dan: Director Engineering	Ariel Whitley for Hospital Board of Directors
47	Weighing and Measuring Patients	Nursing	Freude, Gayle: Nursing Director Med/Surg	Ariel Whitley for Hospital Board of Directors

TAB M

Nationally Recognized Patient Satisfaction Awards



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the Loudoun County Sheriff's Office (LCSO) to help launch the anonymous tip platform, Safe2Talk. This platform allows citizens to submit tips about concerning or suspicious behavior. The app's interface allows users to specify which school a piece of information might concern and the type of activity or behavior to which the tip pertains. Users can also upload video or photo evidence. Reports are monitored 24/7 by the LCSO Emergency Communications Center. An LCSO deputy or Leesburg, Va. police officer can immediately be dispatched for any life-threatening tips. School resource officers and Clark's staff also monitor all tips.

Clark has prioritized teamwork and training for all LCPS employees. He has partnered with internal and external stakeholders to provide threat assessment, Stop the Bleed, and legal training. He also coordinated a joint security training for all principals, assistant principals, SROs and LCPS school security officers. Over 250 personnel took part in this training event. He says, "It really helped to open everyone's eyes and foster an appreciation for the fact that while we may have different perspectives, we are all committed to providing a safe and secure environment for our students." In addition to prioritizing training, Clark has openly solicited feedback on his division's performance and how to improve safety and security. "We did an end-of-year safety and security survey for all schools. We received extremely high marks and 145 comments on how to improve our operations. Any actionable items were immediately addressed and met with pleasant surprise."

This year, Clark and his team of 100 personnel will continue to modernize and professionalize their district-wide efforts. During the first month of the school year, Clark's team increased security training by 400% and helped enforce COVID-19 mitigation best practices.

In his free time, Clark loves spending time with his family, in addition to exercising. **500**

Securing Banning

By Diane Ritchey, Contributing Writer



JOEY HUNTER

Director of Security, Safety and Emergency Preparedness



After serving our country for 10 years in the Marine Corps, Joey Hunter was ready to be a prison guard. The career path appealed to him and the job interview was set.

Yet, at the same time, he had a job interview for a position in healthcare security. He thought he could make both interviews, despite the fact that they were about four hours apart in travel time. He got to the first interview despite some rain and heavy traffic, but he didn't make the second interview, which was for the prison job. He's been working in healthcare security ever since.

Hunter is Director of Security, Safety and Emergency Preparedness for San Gorgonio Memorial Hospital in Banning, Calif., a city of 30,000 residents, which is located about an hour from Anaheim, Calif. and about 80 miles from Los Angeles.

The hospital was founded in 1951 and today, it is a growing 79-bed facility with plans to construct a patient care building to meet the increasing needs of the San Gorgonio Pass communities.

Hunter's security team consists of 16 security officers, all of whom Hunter has trained to his level. He says, "Banning has very small police department, but looking at the training these officers have or were given, we really don't need to call the local

police for assistance that much, thankfully.”

The COVID-19 pandemic has forced Hunter’s officers to “improve, adapt and overcome,” he says. “I only had one officer who had to retire for fear of getting his mom sick from COVID, but the other officers show up every day and do their jobs. We made sure they had, and still do, the amount of PPE they would require to go into any situation and still be safe.”

Many hospital security professionals will teach and employ workplace violence mitigation methods such as ALICE or Run, Hide, Fight. Hunter employs the AVADE Workplace Violence Prevention theory at San Geronimo Memorial. Dave Fowler, who founded the program, is a retired world champion MMA fighter.

“He was with a security team at a hospital in Washington State, where his mother worked as an RN,” Hunter explains. “He noticed that a lot of the security officers, his co-workers and other hospital employees, were getting hurt by patients. He taught them a few ‘moves’ to help them to get them out of trouble and stay safe. As he progressed with his program, other hospital departments, including employee health, noticed that employee injury rates were reduced by almost 100 percent. And since we have been using the method here, we’ve seen our injury rates go down about 99 percent. The program works.”

The AVADE philosophy incorporates learning new habits, skills and actions that employers and employees can use to enhance their personal safety and their ability to defend themselves or others from dangerous situations, crime and violence. The principles in the AVADE Training Program are:

- Awareness = An ability to perceive, feel or be conscious of something.

- Vigilance = The practice of paying attention.
- Avoidance = “The best self-defense is to not be there...”
- Defense = Self-defense is the right to use reasonable and appropriate force.
- Escape/Environment = Spatial empathy, own the door, proper positioning, etc.

Hunter is a certified AVADE trainer, along with an ER nurse and his security manager at the hospital. To date, he has trained and certified more than 600 associates at his facility.


He says, “I knew about AVADE and when I took on this role, I convinced management to allow me to implement it. It was not a hard sell. I’m a strong advocate of the training, and I enjoy training others.”

Another recent success for Hunter is his relationship with Global Grant Services, a contractor he regularly uses to find grants for security projects and upgrades. “We are a very small hospital, so asking for security cameras, access control and other equipment is

not always easy,” he says. “To date, working with Global Grant Services, we have received more than \$7.5 million in 15 months. They also help us with submitting paperwork and other admin duties in order to maintain the life of the grant.” Through a \$100,000 grant from the California Officer of Emergency Services, Hunter will soon install new IP security cameras. The hospital also has received a development grant to build and construct a \$7 million radiology center.

In his free time, Hunter enjoys rebuilding classic cars and trucks. Currently, he has 40 vehicles. He says, “I do ground-up restoration on each one. I rent a hangar at a local airport and that’s where I do all my work on them.” His car club, the Axle Draggers, has 3,000 members in three countries. **500**

“Since we have been using the [AVADE] method here, we’ve seen our injury rates go down about 99 percent.”



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