



**AGENDA**

**REGULAR MEETING OF THE BOARD OF DIRECTORS**  
**Tuesday, January 7, 2025 – 4:00 PM**

**Modular C Classroom**  
**600 N. Highland Springs Avenue, Banning, CA 92220**

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

TAB

I. Call to Order S. DiBiasi, Chair

II. Public Comment

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

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

**OLD BUSINESS**

III. **\*Proposed Action - Approve Minutes** S. DiBiasi  
    • December 3, 2024, Regular Meeting A

**NEW BUSINESS**

IV. Hospital Board Chair Monthly Report S. DiBiasi      verbal

V. CEO Monthly Report S. Barron      verbal

San Gorgonio Memorial Hospital  
 Board of Directors Regular Meeting  
 January 7, 2025

VI.	January, February, and March Board/Committee Meeting Calendars	S. DiBiasi	B
VII.	<b>Reminder – All Hospital Board Members Annual Execution of Confidentiality and Nondisclosure Agreement</b>	S. DiBiasi	C
VIII.	FOR REVIEW – Committee Assignments (Copy of 2024 Committee Members included as informational)	S. DiBiasi	D
IX.	FOR REVIEW – Existing Slate of Officers (Proposed approval for 2025 Slate of Officers scheduled for February 2025 Meeting – effective March 2025 Meeting)	S. DiBiasi	E
X.	<b>* Proposed Action – Approve Mission/Vision/Values Statement</b> (No recommended changes) ▪ <b>ROLL CALL</b>	S. DiBiasi	F
XI.	<b>* Proposed Action – Appoint Ad Hoc Bylaws Committee</b> ▪ <b>ROLL CALL</b>	S. DiBiasi	verbal
XII.	Foundation Quarterly Report	V. Hunter	verbal
XIII.	Quarterly Construction Update	J. Peleuses	G
XIV.	Committee Reports:		
	• Finance Committee	S. DiBiasi/	H
	○ December 17, 2024, regular meeting minutes	D. Heckathorne	
	▪ <b>* Proposed Action – Approve November 2024 Financial Statement (Unaudited)</b>		
	▪ <b>ROLL CALL</b>		
	• Revised Balance Sheet – December 17, 2024, Finance Committee Meeting – Informational		I
	• <b>Proposed Action – Recommend approval to the Healthcare District Board of the Renewal of the 2025 Annual Dues for the District Hospital Leadership Forum</b>	D. Heckathorne	J
	▪ <b>ROLL CALL</b>		
XV.	Chief of Staff Report – Recommendations of the Medical Executive Committee – Informational	S. Khalil, M.D. Chief of Staff	K
XVI.	<b>* Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures</b> ▪ <b>ROLL CALL</b>	Staff	L

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

**XVIII. ADJOURN TO THE CLOSED SESSION OF THE HOSPITAL BOARD**

**\* 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.

I certify that on January 3, 2025, 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 January 3, 2025



Ariel Whitley, Executive Assistant

**TAB A**

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

December 3, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, December 3, 2024, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

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

Members Absent: Dennis Tankersley

Required Staff: Steve Barron (CEO), Sherif Khalil, MD (Chief of Staff), Angie Brady (CNE), John Peleuses (VP Ancillary and Support Services), Ariel Whitley (EA/Director of Comp. and Privacy), Annah Karam (CHRO), Dan Heckathorne (CFO), Sarah Henke (Wipfli), David Imus (Wipfli), Tracie Hudson (Director; Infection Prevention and Control)

AGENDA ITEM		ACTION / FOLLOW-UP
<b>Call To Order</b>	Chair, Susan DiBiasi, called the meeting to order at 4:02 pm.	
<b>Public Comment</b>	Diego Rose addressed the board with the following topic: House Subcommittee Report on COVID.	
<b>OLD BUSINESS</b>		
<b>Proposed Action - Approve Minutes November 5, 2024, regular meeting.</b>	Chair, Susan DiBiasi, asked for any changes or corrections to the minutes of the November 5, 2024, regular meeting. There were none.	<b>The minutes of the November 5, 2024, regular meeting will stand correct.</b>
<b>NEW BUSINESS</b>		
<b>Hospital Board Chair Monthly Report</b>	Susan DiBiasi reported that two board members will no longer be serving on the board as their terms have ended. The two are Dennis Tankersley and Randal Stevens of the Healthcare District Board.	
<b>CEO Monthly Report</b>	Steve Barron, CEO, reported that the Financial Audit will be presented later during this meeting. He also reported that he has been working with Dan Heckathorne, CFO, on the Line of Credit.	

AGENDA ITEM		ACTION / FOLLOW-UP																				
<b>December 2024, January 2025, and February 2025 Board/Committee meeting calendars</b>	Calendars for December 2024, January 2025, and February 2025 were included on the board tablets.																					
<b>FOR REVIEW – Hospital Bylaws</b>	Chair DiBiasi noted that the Hospital Bylaws are included for review. Any suggested changes and/or additions should be directed to staff.																					
<b>FOR REVIEW – Mission/Vision/Values Statement</b>	Susan DiBiasi noted that the current Mission, Vision, and Values Statement is included in the Board packets for review. The Mission, Vision, and Value Statement is scheduled for its annual approval at the January board meeting.																					
<b>COMMITTEE REPORTS:</b>																						
<b>Finance Committee  Proposed Action – Approve October 2024 Financial Statement (Unaudited).</b>	<p>Dan Heckathorne, CFO, reviewed the Executive Summary of the October 2024 Financial Report which was included on the board tablet. A copy of the Finance Committee’s November 26, 2024, meeting minutes were also included on the board tablet.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 1083 1253 1255"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<b>M.S.C., (Rader/Stevens), the SGMH Board of Directors approved the October 2024 Financial Statement as presented.</b>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
<b>Proposed Action – Recommend approval to the Healthcare District Board of the FYE 24 Financial Audit</b>	<p>Dan Heckathorne, CFO, introduced David Imus and Sarah Henke of Wipfli, LLP. David and Sarah presented the draft FYE 24 Financial Audit.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 1486 1253 1659"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<b>M.S.C., (Rutledge/McDougall), the SGMH Board of Directors voted to recommend approval of the FYE 24 Financial Audit to the Healthcare District Board.</b>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
<b>Chief of Staff Report  Recommendations of the Medical Executive Committee – Informational</b>	<p>A discussion was held regarding the recommendations of the Medical Executive Committee. The report was provided as informational.</p> <p><b>Approval Item(s):</b></p> <ul style="list-style-type: none"> <li>• 2024 Annual Approval of Policies &amp; Procedures – See list attached</li> </ul>																					

AGENDA ITEM		ACTION / FOLLOW-UP																				
	<p>to MEC Memorandum dated for November 20, 2024.</p> <ul style="list-style-type: none"> <li>• Karius Test</li> </ul>																					
<p><b>Proposed Action – Recommend Approval to the Healthcare District Board of Policies and Procedures</b></p>	<p>There were three (3) policies and procedures presented for recommended approval to the Healthcare District Board.</p> <p><b>BOARD MEMBER ROLL CALL:</b></p> <table border="1" data-bbox="383 541 1250 716"> <tr> <td>DiBiasi</td> <td>Yes</td> <td>Goldstein</td> <td>Yes</td> </tr> <tr> <td>McDougall</td> <td>Yes</td> <td>Petersen</td> <td>Yes</td> </tr> <tr> <td>Rader</td> <td>Yes</td> <td>Rutledge</td> <td>Yes</td> </tr> <tr> <td>Stevens</td> <td>Yes</td> <td>Swerdlow</td> <td>Yes</td> </tr> <tr> <td>Tankersley</td> <td>Absent</td> <td colspan="2">Motion carried.</td> </tr> </table>	DiBiasi	Yes	Goldstein	Yes	McDougall	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	Stevens	Yes	Swerdlow	Yes	Tankersley	Absent	Motion carried.		<p><b>M.S.C., (Rader/Swerdlow), the SGMH Board of Directors voted to recommend approval to the Healthcare District board of the policies and procedures as submitted.</b></p>
DiBiasi	Yes	Goldstein	Yes																			
McDougall	Yes	Petersen	Yes																			
Rader	Yes	Rutledge	Yes																			
Stevens	Yes	Swerdlow	Yes																			
Tankersley	Absent	Motion carried.																				
<p><b>Community Benefit events/Announcements and newspaper articles</b></p>	<p>Miscellaneous information was included on the board tablets.</p>																					
<p><b>Adjourn to Closed Session</b></p>	<p>Chair, DiBiasi reported on the items to be reviewed and discussed and/or acted upon during Closed Session will be:</p> <ul style="list-style-type: none"> <li>➤ Receive the Quarterly Infection Prevention and Control Report</li> <li>➤ Recommend approval to the Healthcare District Board – Medical Staff Credentialing</li> </ul> <p>The meeting adjourned to Closed Session at 5:44 pm.</p>																					
<p><b>Reconvene to Open Session</b></p>	<p>The meeting adjourned from closed session at 8:42 pm.</p> <p>Chair DiBiasi reported on the actions taken/information received during the Closed Session as follows:</p> <ul style="list-style-type: none"> <li>➤ Received the Quarterly Infection Prevention and Control Report</li> <li>➤ Recommended approval to the Healthcare District Board – Medical Staff Credentialing except for two providers. Specific instructions were provided to two additional providers for a time-limited reappointment to be disclosed to the Medical staff Office.</li> </ul>																					
<p><b>Future Agenda Items</b></p>	<ul style="list-style-type: none"> <li>• New streams of revenue for the Hospital and District</li> </ul>																					
<p><b>Adjourn</b></p>	<p>The meeting was adjourned at 8:47 pm.</p>																					

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

Respectfully submitted by Ariel Whitley, Executive Assistant

**TAB B**





# January 2025

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 <i>Admin Closed—New Year's Day!</i>	2	3	4
5	6	7 <b>4:00 pm Hospital Board Meeting</b> <b>6:00 pm Healthcare District Board Meeting</b>	8	9	10 Beaumont Chamber Breakfast @7:30AM	11
12	13	14	15 <b>9:00 am HR Committee Meeting</b> <b>10:00 am Community Planning Meeting</b>	16	17	18
19	20	21	22	23	24 District Clinic Ribbon Cutting Ceremony	25
26	27	28 <b>9:00 am Finance Committee</b>	29	30	31	



# February 2025

## Board of Directors Calendar

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4 <b>4:00 pm Hospital Board Meeting</b> <b>6:00 pm Healthcare District Board Meeting</b>	5	6	7	8
9	10	11	12	13	14 <i>7:00 Beaumont Chamber Breakfast</i>	15
16	17 <i>Admin Closed— Presidents' Day!</i>	18	19 <i>7:00 Banning Chamber Breakfast</i>	20	21	22
23	24	25 <b>9:00 am Finance Committee</b>	26	27	28	



# March 2025

## Board of Directors Calendar

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

**TAB C**

# CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

## HOSPITAL BOARD

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

### RECITALS

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

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

NOW, THEREFORE, the Parties hereby agree as follows:

### OPERATIVE PROVISIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

**BOARD/COMMITTEE MEMBER:**

By: \_\_\_\_\_  
(signature)

Name: \_\_\_\_\_  
(printed)

**TAB D**

# **San Geronio Memorial Hospital Board**

## **Standing Committee Assignments for 2024**

### **Finance Committee**

Susan DiBiasi (C), Ron Rader, Darrell Petersen, Steve Rutledge

### **Human Resources Committee**

Susan DiBiasi, Perry Goldstein, Ron Rader, Steve Rutledge (C)

### **Community Planning Committee**

Susan DiBiasi, Perry Goldstein, Shannon McDougall, Darrell Petersen, Ron Rader, Steve Rutledge (C), Lanny Swerdlow

### **Executive Committee**

Susan DiBiasi (C), Darrell Petersen, Steve Rutledge  
Healthcare District representative – Ron Rader

Note: (C) indicates Committee Chair



# TAB E



## 2024 SLATE OF OFFICERS

<u>POSITION</u>	<u>NAME</u>
Chair	Susan DiBiasi
Vice Chair	Steve Rutledge
Secretary	Ron Rader
Treasurer	Darrell Petersen

**TAB F**



## *Mission*

To restore health and relieve suffering by providing safe, high-quality, affordable 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  
January 7, 2025

**TAB G**

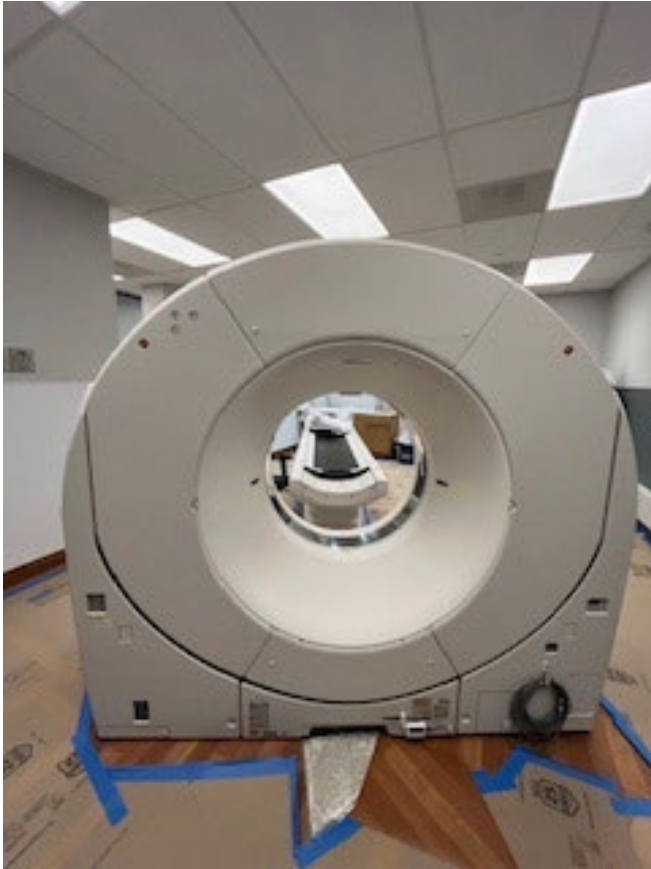


# Quarterly Construction Update

Report As of 26 Dec. 2024

# January 2025

Project	Start Date	Anticipated Completion Date	Status	Progress
New Diagnostic Imaging CT	1/5/2024	01/29/2025	Open	Waiting for HCAI approval on change order for anchoring of air-handling unit. Once received there will be final inspections and sign-off followed by applications training.
Replacement of R/F Room	5/8/2024	01/15/2025	Open	R/F room construction completed, awaiting final inspection by HCAI and CDPH for occupancy and applications training.
Seismic Retrofit – Material Testing and Conditional Testing Program (MTCAP)	5/29/2024	5/29/2025	Open	In Progress Currently testing in Med/Surg
Spect CT	1/18/2024	9/30/2025	Open	Plans approved by HCAI. Construction Kick-off meeting January 2025. The estimated construction will take approximately 32 weeks finishing the end of August 2025. Followed by the installation of the equipment.



## Diagnostic Imaging CT





## Fluoroscopy Room Replacement

TAB H

REGULAR MEETING OF THE  
SAN GORGONIO MEMORIAL HOSPITAL  
BOARD OF DIRECTORS

FINANCE COMMITTEE  
December 17, 2024

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors Finance Committee was held on Tuesday, December 17, 2024, in the Administration Boardroom, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Susan DiBiasi (Chair), Darrell Petersen, Ron Rader, Steve Rutledge

Members Absent: None

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

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP								
<b>Call To Order</b>	Susan DiBiasi called the meeting to order at 9:02 am.									
<b>Public Comment</b>	No public present.									
<b>OLD BUSINESS</b>										
<b>Proposed Action - Approve Minutes November 26, 2024, regular meeting</b>	Susan DiBiasi asked for any changes or corrections to the minutes of the November 26, 2024, regular meeting. There were none.	<b>The minutes of the November 26, 2024, regular meeting will stand correct as presented.</b>								
<b>NEW BUSINESS</b>										
<b>Proposed Action – Recommend Approval to Hospital Board of Directors - Monthly Financial Report (Unaudited) – November 2024</b>	<p>Daniel Heckathorne, CFO, reviewed the Unaudited November 2024 finance report as informational.</p> <p>The month of November resulted in...</p> <p><b>ROLL CALL:</b></p> <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="padding: 2px;">DiBiasi</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">Petersen</td> <td style="padding: 2px;">Yes</td> </tr> <tr> <td style="padding: 2px;">Rader</td> <td style="padding: 2px;">Yes</td> <td style="padding: 2px;">Rutledge</td> <td style="padding: 2px;">Yes</td> </tr> </table> <p>Motion carried.</p>	DiBiasi	Yes	Petersen	Yes	Rader	Yes	Rutledge	Yes	<b>M.S.C. (Rutledge/DiBiasi), the SGMH Finance Committee voted to recommend approval of the Unaudited November 2024 Financial report to the Hospital Board of Directors.</b>
DiBiasi	Yes	Petersen	Yes							
Rader	Yes	Rutledge	Yes							
<b>Proposed Action – Recommend Approval to Hospital Board and Healthcare District Board of the Renewal of the 2025</b>	<p>The DHLF is the group which formally oversees the overall guidance and planning for all matters related to Supplemental Funding on behalf of California Healthcare Districts. It is time to renew the membership as outlined in the attachment.</p> <p><b>ROLL CALL:</b></p>	<b>M.S.C. (Rutledge/Petersen), the SGMH Finance Committee voted to recommend approval of the Renewal of the 2025 Annual Dues for</b>								

AGENDA ITEM	DISCUSSION				ACTION / FOLLOW-UP
<b>Annual Dues for the District Hospital Leadership Forum (DHLF)</b>	DiBiasi	Yes	Petersen	Yes	<b>the District Hospital Leadership Forum (DHLF) to the Hospital Board and Healthcare District Board of Directors as presented.</b>
	Rader	Yes	Rutledge	Yes	
	Motion carried.				
<b>Future Agenda Items</b>	<ul style="list-style-type: none"> <li>• Accounting Projects</li> <li>• 340B Program Update</li> </ul>				
<b>Next Meeting</b>	The next regular Finance Committee meeting will be held on January 28, 2025 @ 9:00 am.				
<b>Adjournment</b>	The meeting was adjourned at 9:59 am.				

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

Minutes respectfully submitted by Ariel Whitley, Executive Assistant



**SAN GORGONIO MEMORIAL HOSPITAL  
BANNING, CALIFORNIA**

**Unaudited Financial Statements**

**for**

**FIVE MONTHS ENDING NOVEMBER 30, 2024**

**FY 2025**

**Certification Statement:**

To the best of my knowledge, I certify for the hospital that the attached financial statements, except for the impact of certain final unbooked June 30, 2024 year end audit entries, do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.

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

Certified by:

*Daniel R. Heckathorne*

**Daniel R. Heckathorne**

**12/17/2024**

CFO

**San Gorgonio Memorial Hospital**

**Financial Report - Executive Summary – 12 17 24**

**For the Month of November, 2024 and YTD Five Months Ended November 30, 2024**

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

**Month** - The month of November resulted in negative \$1.87M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$1.55M. Overall Surplus was negative \$2.16M compared to the budgeted negative Surplus of \$1.71M.

**YTD** – The five months ending November resulted in negative \$9.63M Earnings before Interest, Depreciation and Amortization (EBIDA) compared to budgeted negative EBIDA of \$8.67M. Overall Surplus was negative \$12.65M compared to the budgeted negative Surplus of \$8.43M.

Note: If the unaccrued Supplemental funds, projected DSH and P4P funds, along with provision for lease principal and interest payments were booked, the YTD EBIDA would be a negative \$3.36M compared to the actual negative booked \$9.63M.

**Monthly Adjustments and Items of Note:**

- E/R visits and Surgeries exceeded budget; Patient Days and Adjusted Patient Days were below budget.
- HQAF Supplemental income was \$856,148.
- Other items of note are presented in the Extraordinary Items summary immediately following this Executive Summary.

**Monthly Workloads** – The November inpatient average daily census was 20.8 compared to the budgeted 22.6. Adjusted Patient Days were 3.2% under budget (1,857 vs. 1,919), while Patient Days were 8.0% under (624 vs. 678) budget. Emergency Visits were 1.3% over budget (3,589 vs. 3,543), and Surgeries were 5.8% over budget (109 vs. 103), and were 15.6% over the 94 cases the previous November.

**YTD Workloads** - The inpatient average daily census through November was 19.5 compared to the budgeted 22.0. Adjusted Patient Days were 3.9% under budget (9,242 vs. 9,622), while Patient Days were 11.7% under (2,976 vs. 3,370) budget. Emergency Visits were 1.1% over budget (17,995 vs. 17,797), and Surgeries were 4.9% under budget (523 vs. 550, and 555 in the previous year).

**Patient Revenues (MTD) Positive Variance (YTD) Positive Variance**

**Month** - Net Patient Revenues in November were \$4.58M, or \$81K over budget.

**YTD** – Net Patient Revenues through November were \$25.29M, or \$676K over budget. Other items of note included the fact that gross Inpatient Revenues were \$5.90M below budget, and gross Outpatient Revenues were \$4.75M over budget. As discussed in the past, Inpatient Revenues pay about 16% of charges, compared to Outpatient Revenues which pay under 9% of charges.

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

**Month** – Operating Revenue in November was \$110K over budget. This is impacted by the Net Patient Revenues being \$81K over budget and the Non-Patient Revenues being \$29K over budget.

**YTD** - Operating Revenue through November was \$584K over budget. This is impacted by the Net Patient Revenues being \$676K over budget and the Non-Patient Revenues being \$92K under budget.

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

**Month** - Operating Expenses in November were \$8.02M which was over budget by \$432K. Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively \$72K under budget. The Wages were \$53K over budget while the Benefits were \$203K under budget and

the Contract Labor was over budget by \$203K; 2) Purchased Services were over budget by \$327K due to a) accounting project fees (\$70K), b) legal fees (\$25K), c) service agreements (\$59K), and purchased services (\$66K); Supplies were over budget by \$55K, Repairs were over budget by \$56K, and Other Expenses were over budget by \$81K, including phone \$32K and License and taxes of \$47K. Other Items: Non-Operating Revenues & Expenses - 1) Measure A Tax income projected revenues are reduced to \$400K per month based on the newly approved tax rate that was established at the August Board meeting; 2) Interest expenses included accruals for a) \$30K for the recent litigation settlement and b) \$90K for LOC interest; 3) Extraordinary Expense reduction for Salary accruals for 2022 – 2024 totaled \$338K.

**Year-to Date** – Operating Expenses through November were \$40.22M which was over budget by \$1.54M. Key items that impacted Expenses were: 1) Salaries, Wages, Benefits, and Contract Labor were collectively \$287K below budget. 2) Purchased Services were over budget by \$1.31M due to a) accounting and other project fees (\$535K), b) Service Agreements (\$261K), and c) general purchased services (\$242K); 3) Supplies were over budget by \$196K including prostheses (\$106K) and drugs (\$79K); 4) Repairs were over budget by \$230K, which included Plant Operation ongoing maintenance project costs of \$198K; 5) Other Expenses are over budget (\$200K) for phone services, dues and subscriptions, and Holiday events for staff. Other Items: (See “Monthly” comments above: Property Tax Revenues are under budget \$1.64M, and Interest costs are \$991K over budget due to litigation (\$158K), LOC (\$453K), and booking to the new “normal” for all bonds costs for the first five months.

### **Balance Sheet/Cash Flow**

Patient cash collections in November were \$4.81M compared to \$5.26M in October and \$5.01M in September. Factors in the drop included 1) 30 calendars in November, along with what were effectively three holidays in the month. Gross Accounts Receivable Days in November were 58.0 in November compared to 56.5 in October and 57.4 in September.

November’s operating cash balance was \$5.79M compared to \$14.01M in October and \$12.78M in September. As of November 30, Accounts Payable were \$10.78M compared to \$12.76M in October and \$9.63 in June, 20-24. The Line of Credit balance remained at \$12M, the same as it was as of June 27, 2024. Other major changes in November included funding the annual Rate Range IGT for \$8.71M in mid-November from previously earned Net Revenues from July, 2024 – October, 2024. On November 25, IEHP advanced \$5M of its overall Rate Range Supplemental Funding distributions due to San Gorgonio for purposes of making routine A/P and payroll payments. The overall Rate Range payments are expected to be fully reconciled by IEHP in January, 2025 and the remainder of the funds will be distributed to the District at that time.

### **Summary**

#### **Positive takeaways:**

- 1) The Rate Range IGT was funded in mid-November.
- 2) November and YTD Net Revenues are over budget. after the first four months of the fiscal year.
- 3) IEHP was able to advance \$5M (in late November) funds due to the District, which enabled the outstanding A/P to be addressed.

#### **Negative/Challenging takeaways:**

- 1) Operating Expenses Exceeded budget mostly due to Purchased Services Expenses.
- 2) Non-Operating Revenue/Expenses did not meet budget due to lower Measure A taxes along with there being no Donations to be recorded in October, both of which impact the YTD results.

	A	B	C	D	E	F	G	H	I
1	<b>SGMH NOVEMBER 2024 EXTRAORDINARY ITEMS IMPACTING OVERALL FINANCIAL OUTCOMES</b>								
2									
3									
4									
5	<b>EXPENSE</b>								
6	<b>EBIDA ITEMS:</b>								
7	<b>SALARIES / BENEFITS/ CONTRACT LABOR &amp; RELATED ITEMS</b>								
8									
9	COMBINED LABOR AND BENEFITS OVER (UNDER) BUDGET		(71,765)				81,358		
10									
11	<b>OTHER EXPENSE</b>								
12									
13	ACCOUNTING PROJECT NET OF CONTROLLER & 3 STAFF MEMBERS)		70,484				856,148		
14									
15	LEGAL FEES OVER BUDGET		45,023						
16									
17									
18									
19									
20									
21	EXTRAORDINARY NEGATIVE EXPENSES: EBIDA RELATED		43,742				984,264		940,522
22									
23									
24	<b>NON EBIDA ITEMS:</b>								
25									
26	LINE OF CREDIT INTEREST EXPENSE		90,000				25,670		
27									
28	INTEREST EXPENSE ACCRUAL - LITIGATION MATTERS		32,000				(328,307)		
29									
30	SALARY ACCRUALS ADJUSTMENT 2022 - 2024 (EXPENSE REDUCTION)		(338,104)				24,890		
31									
32	EXTRAORDINARY NEGATIVE EXPENSES: NON-EBIDA RELATED		(216,104)				(277,747)		(61,643)
33									
34	<b>Note: These variances are not intended to account for all variances, but are meant to highlight key or unusual variations.</b>								



**STATISTICS**

Inpatient Admissions/Discharges (Monthly Average)

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

Patient Days (Monthly Average)

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

Average Daily Census (Inpatient)

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

Average Length of Stay (Inpatient)

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

Emergency Visits (Monthly Average)

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

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

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

G.I. Cases (Monthly)

Number of patients who had a gastrointestinal exam performed.

Newborn Deliveries (Monthly)

Number of babies delivered.

**PRODUCTIVITY**

Worked FTEs ( includes Registry FTEs)

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

Worked FTEs per APD

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

Paid FTEs ( includes Registry FTEs)

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

Paid FTEs per APD

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

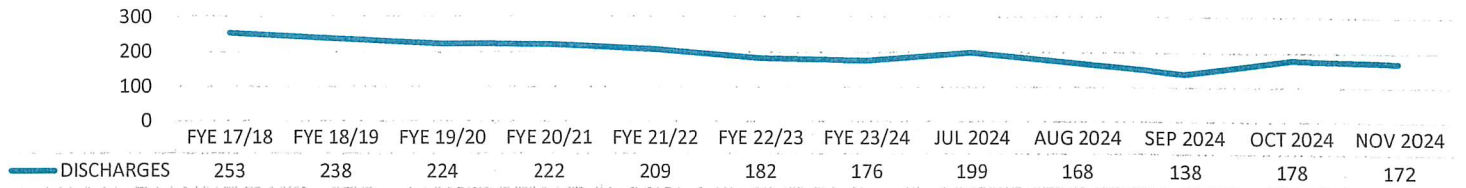
ADJUSTED PATIENT DAYS

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

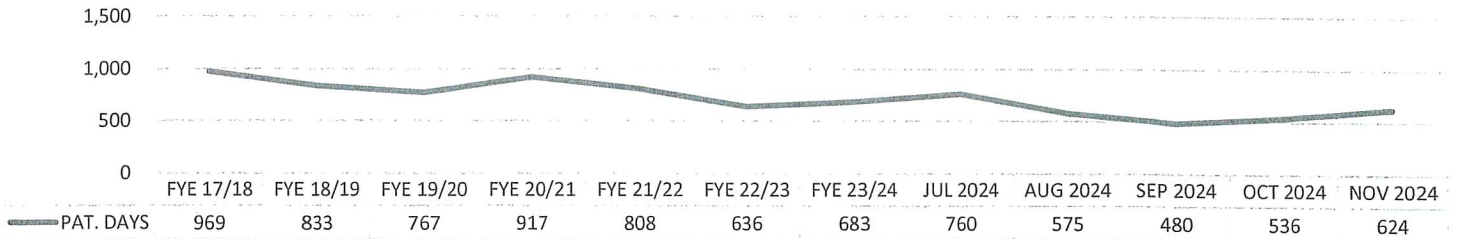
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# SAN GORGONIO MEMORIAL HOSPITAL

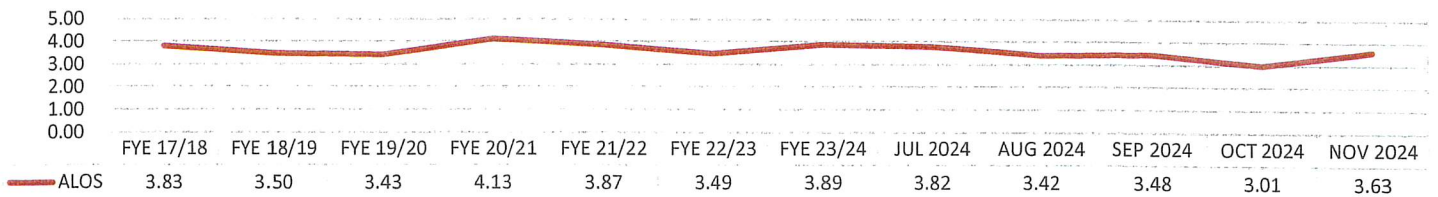
## INPATIENT DISCHARGES



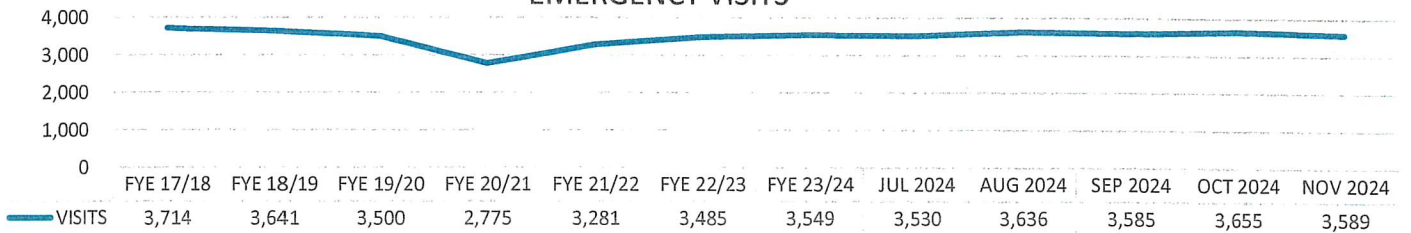
## INPATIENT DAYS



## AVERAGE LENGTH OF STAY

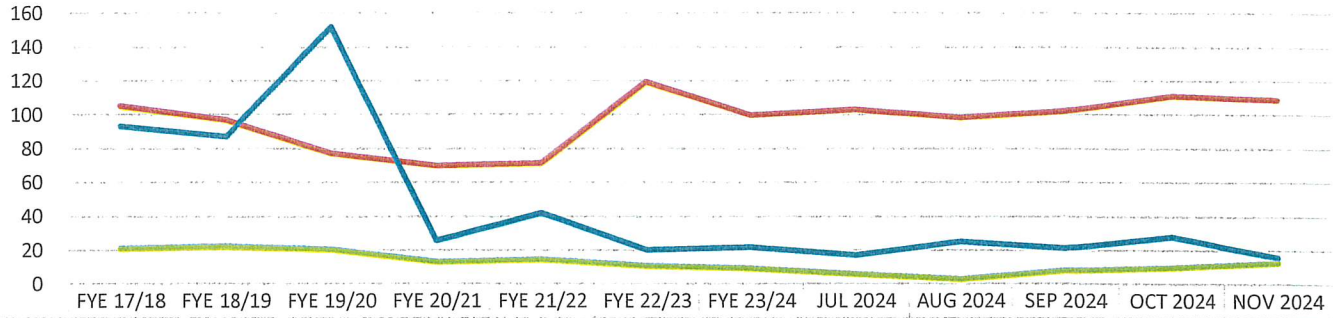


## EMERGENCY VISITS



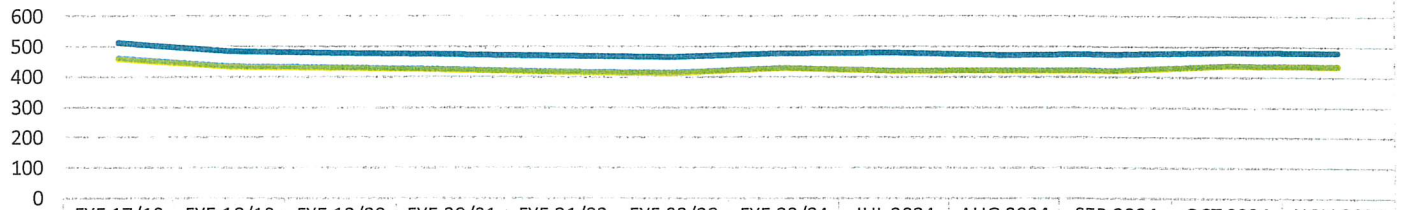
# SAN GORGONIO MEMORIAL HOSPITAL

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



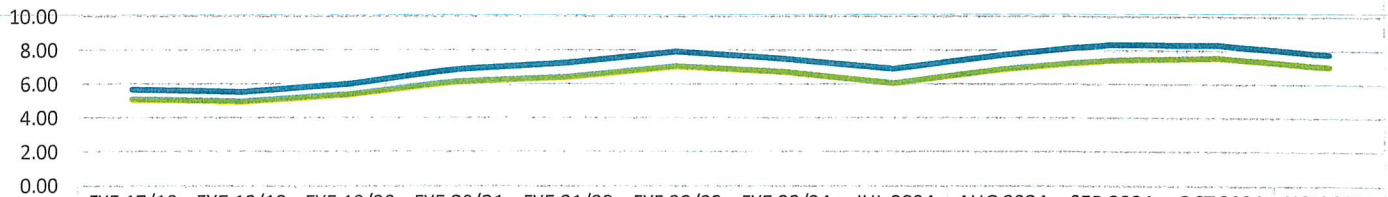
	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FYE 22/23	FYE 23/24	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024
SURG.	105	97	77	70	71	119	100	103	98	102	111	109
G.I. CASES	93	87	152	26	42	20	22	17	25	21	28	16
BIRTHS	21	22	21	13	15	11	9	6	3	8	10	13

## PAID & WORKED FTE'S



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FYE 22/23	FYE 23/24	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024
P FTE's	511	484	479	474	470	465	479	481	472	474	483	482
W FTE's	461	436	431	425	417	414	429	420	421	422	439	436

## PAID & WORKED FTE'S / ADJUSTED PATIENT DAY



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FYE 22/23	FYE 23/24	JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024
PFTES/APD	5.69	5.55	6.01	6.89	7.27	7.94	7.52	6.95	7.73	8.37	8.34	7.79
WFTES/APD	5.13	5.00	5.41	6.18	6.45	7.08	6.74	6.06	6.90	7.44	7.58	7.05

**INCOME STATEMENT**

Gross Patient Revenue (000's) (Monthly Ave.)

Represents total charges (before discounts and allowances) made for all patient services provided.

Net Patient Revenue (NPR) (000's) (Monthly Ave.)

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

NPR as % of Gross

Reflects the percentage of Gross Patient Revenues (charges) that are expected to be collected. Calculated by dividing Net Patient Revenue by the Gross Patient Revenue.

Total Operating Revenue (000's) (Monthly Ave.)

This reflects all Revenues available for payment of Operating Expenses. This includes Net Patient Revenue plus all other forms of miscellaneous Revenues.

Salaries, Wages, Benefits & Contract Labor (000's)  
(Monthly Ave.)

Represents the total staffing expenses of the Hospital

SWB + Contract Labor as % of Total Operating Revenue

Identifies what portion the Operating Revenues are spent on staffing costs.

Total Operating Expense (TOE) (000's)(Monthly Ave.)

Operating Expense reflects all costs needed to fund the Hospital's business operations.

TOE as % of Total Operating Revenue

Identifies the relationship that Operating Expenses have to the Total Operating Revenues.

EBIDA (000's)(Monthly Average)

Earnings Before Interest, Depreciation, and Amortization. This reflects the difference between Net Operating Revenues and Total Operating Expense. This is a quick measurement of the Hospital's ability to meet its financial obligations and have additional funds for equipment replacement and future growth of the organization.

EBIDA as % of NPR

This measurement is a gauge of the surplus (or deficit) of funds available for operations and future growth.

Net Patient Revenue vs. Total Labor Expense

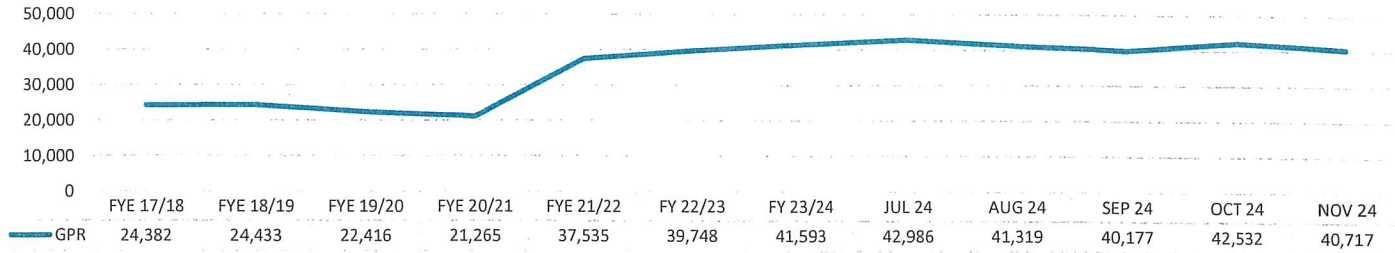
This measurement illustrates that Net Patient Revenues basically only cover Total Labor Expense, and that all of the Other Revenues and Supplemental Incomes are necessary to cover the remaining operational Expenses and EBIDA required to operate the Hospital.

Operating Revenues (Normalized), Expenses, Staffing Expenses, and EBIDA (Normalized)

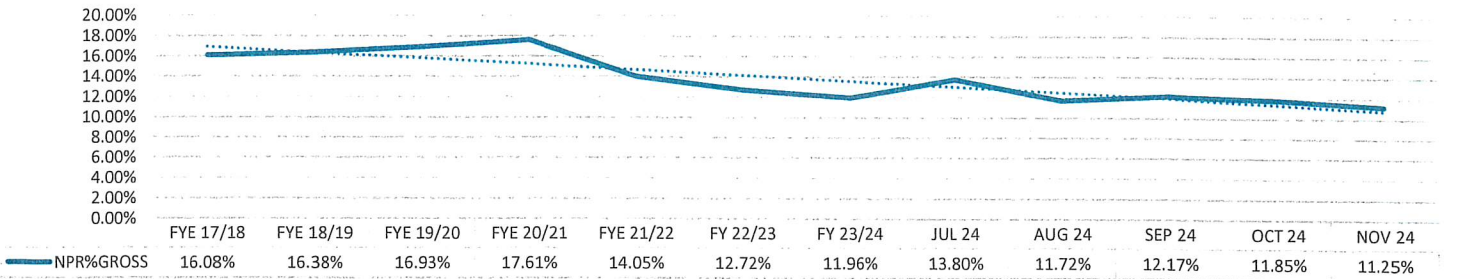
This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating proportionate Supplemental Revenues and related Expenses into the current month and YTD results.

# SAN GORGONIO MEMORIAL HOSPITAL

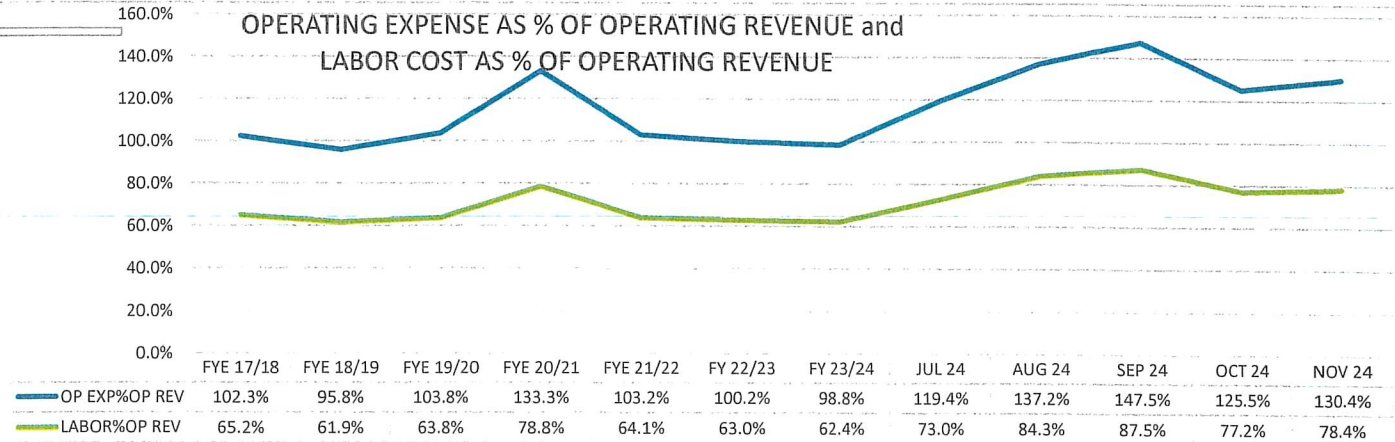
## GROSS PATIENT REVENUE (000's)



## NET PATIENT REVENUE AS % OF GROSS

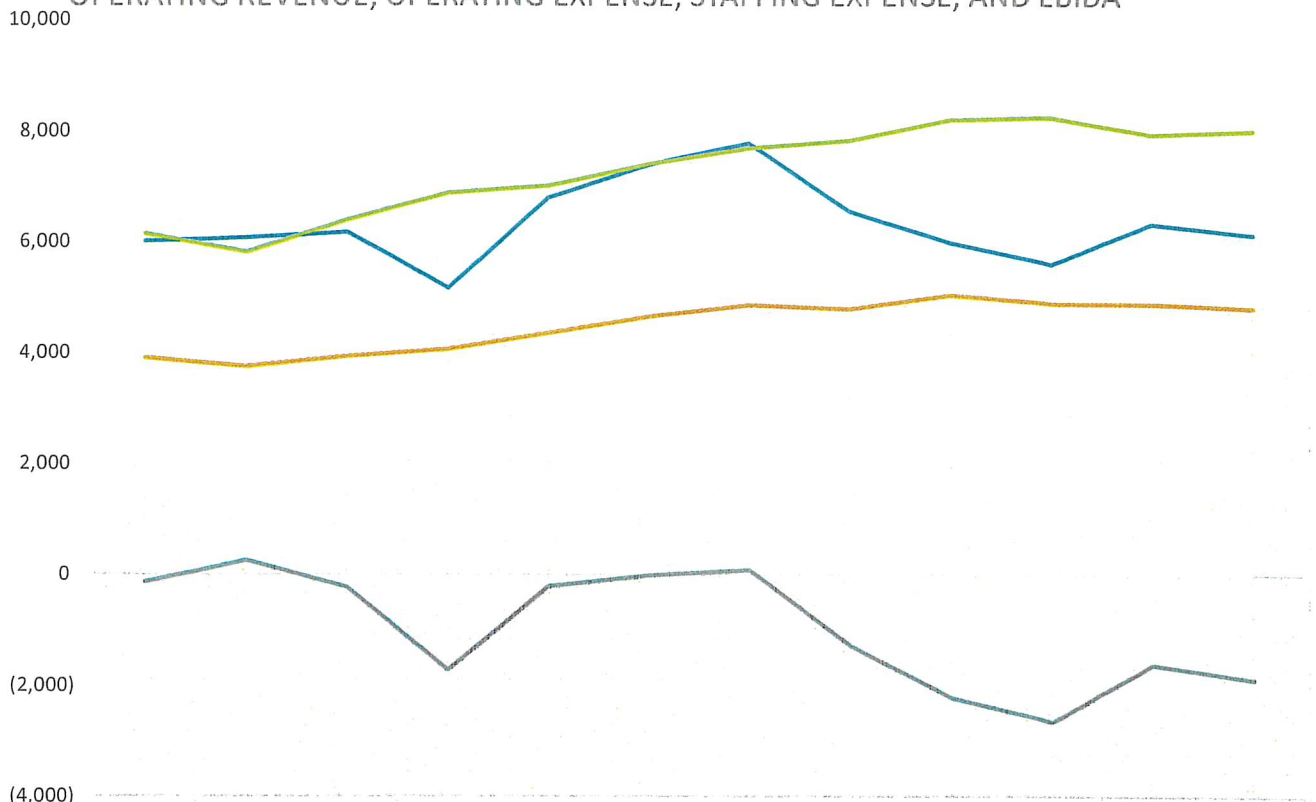


## OPERATING EXPENSE AS % OF OPERATING REVENUE and LABOR COST AS % OF OPERATING REVENUE



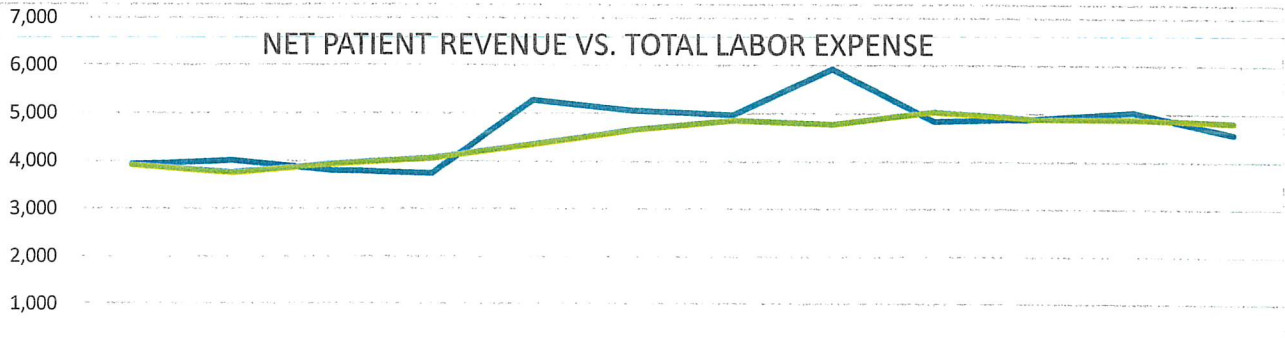
# SAN GORGONIO MEMORIAL HOSPITAL

## OPERATING REVENUE, OPERATING EXPENSE, STAFFING EXPENSE, AND EBIDA



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	FY 23/24	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24
OP REV	6,006	6,069	6,165	5,160	6,791	7,391	7,785	6,554	5,973	5,588	6,331	6,146
OP EXP	6,147	5,817	6,398	6,878	7,007	7,403	7,690	7,823	8,197	8,240	7,943	8,017
STAFF EXP	3,915	3,755	3,932	4,065	4,354	4,654	4,859	4,781	5,032	4,891	4,889	4,821
EBIDA	(141)	252	(233)	(1,719)	(216)	(13)	88	(1,270)	(2,224)	(2,652)	(1,612)	(1,870)

## NET PATIENT REVENUE VS. TOTAL LABOR EXPENSE



	FYE 17/18	FYE 18/19	FYE 19/20	FYE 20/21	FYE 21/22	FY 22/23	FY 23/24	JUL 24	AUG 24	SEP 24	OCT 24	NOV 24
NET PAT REV	3,921	4,003	3,795	3,744	5,275	5,057	4,975	5,933	4,843	4,888	5,042	4,582
LABOR EXP	3,915	3,755	3,932	4,065	4,354	4,654	4,859	4,781	5,032	4,891	4,889	4,821



**BALANCE SHEET (Period End)**

Cash (000's)

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

Days Cash on Hand

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

Accounts Receivable - Net (000's)

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

A/R Days - Net

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

Current Ratio (Current Assets/Current Liabilities)

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

Quick Ratio

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

Accounts Payable (000's)

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

Accounts Payable Days

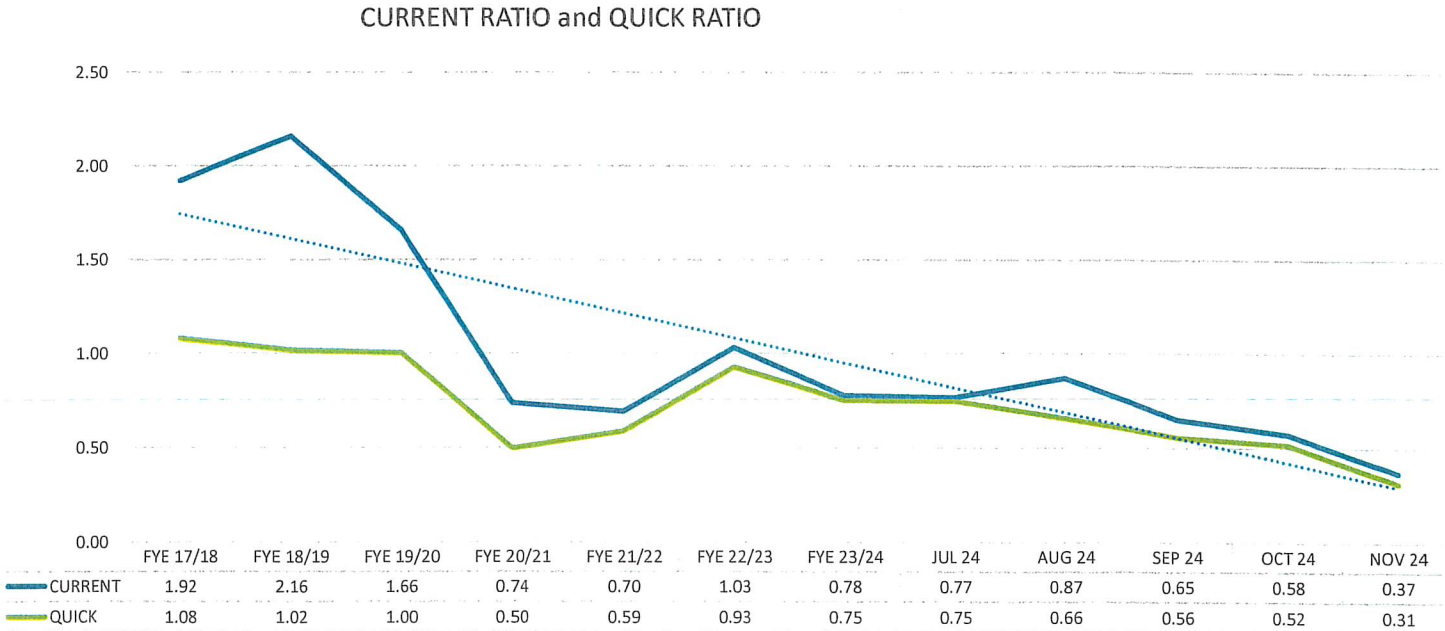
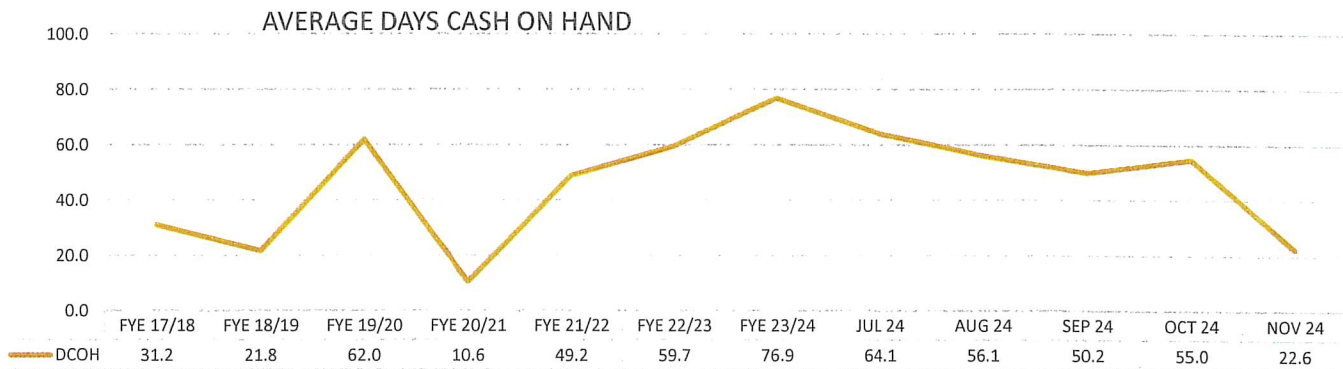
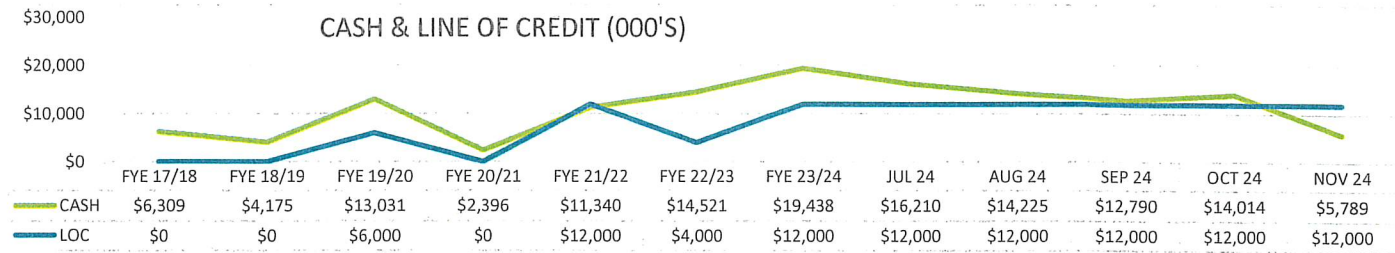
Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.

Line of Credit Balance (000's)

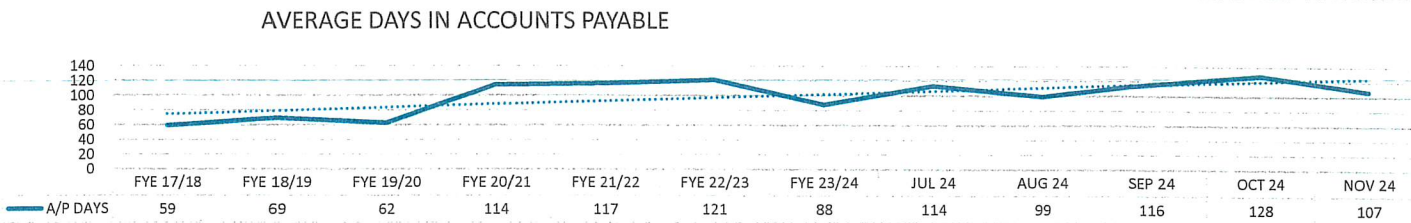
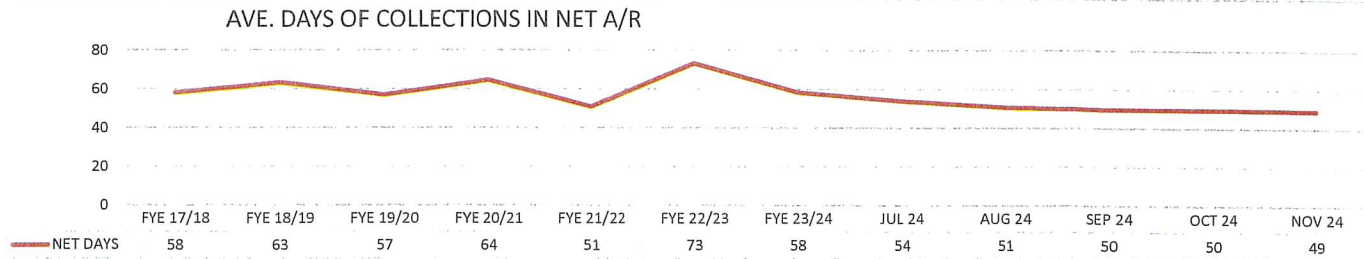
The amount that is currently borrowed from a lending institution as of a given point in time.



# SAN GORGONIO MEMORIAL HOSPITAL



# SAN GORGONIO MEMORIAL HOSPITAL



**SAN GORGONIO MEMORIAL HOSPITAL**

	FY24	FY 25	FY 25	FY 24	FY 25	FY 25	FY 24	FY 25	FY 24
	11/30/23	11/30/24	11/30/24	11/30/23	11/30/24	11/30/24	11/30/23	11/30/24	6/30/2023
	ACTUAL	ACTUAL	BUDGET	5 MOS. YTD ACTUAL	5 MOS. YTD ACTUAL	5 MOS. YTD BUDGET	5 MOS. YTD ACTUAL	5 MOS. YTD BUDGET	YR END TOTAL
[1] Total Acute Patient Days	616	624	678	3,336	2,976	3,370	3,336	2,976	8,195
[2] Average Daily Census	20.5	20.8	22.6	21.8	19.5	22.0	21.8	19.5	22.4
[3] Average Acute Length of Stay	3.7	3.8	3.6	3.8	3.5	3.6	3.8	3.5	3.9
[4] Patient Discharges	166	166	186	881	850	926	881	850	2,107
[5] Adjusted Patient Days	1,801	1,857	1,919	9,303	9,242	9,622	9,303	9,242	22,887
[6] Observation Count	327	365	342	1,535	1,550	1,717	1,535	1,550	4,109
[7] Total Emergency Room Visits	3,489	3,589	3,543	17,431	17,995	17,797	17,431	17,995	42,587
[8] Average ED Visits Per Day	116	120	118	114	118	116	114	118	116
[9] Total Surgeries (Excluding G.I.'s)	94	109	103	555	523	550	555	523	1,197
[10] Deliveries/Births	6	13	12	49	41	55	49	41	112

	A	B	C	D	E	F	G	H	I	J	K
1	<b>SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT &amp; HOSPITAL</b>										
	<b>INCOME STATEMENT</b>										
2											
3	NET INCOME		(1,707,372)	(2,156,783)	(449,411)	-26.3%		(8,425,059)	(12,654,025)	(4,228,966)	-50.2%
4	EBIDA		(1,548,189)	(1,870,251)	(322,062)	-20.8%		(8,672,735)	(9,628,222)	(955,487)	-11.0%
5											
6	TOTAL OPERATING REVENUE		6,035,931	6,146,295	110,364	1.8%		30,008,421	30,592,519	584,098	1.9%
7	NET PATIENT REVENUE		4,501,050	4,582,408	81,358	1.8%		24,612,059	25,287,850	675,791	2.7%
13	OTHER OPERATING REVENUE		1,534,881	1,563,887	29,006	1.9%		5,396,362	5,304,669	(91,693)	-1.7%
20											
21	TOTAL OPERATING EXPENSE		7,584,120	8,016,546	(432,426)	-5.7%		38,681,156	40,220,741	(1,539,585)	-4.0%
34											
35	NON-OPERATING REVENUE & EXPENSE										
36	TOTAL NON-OPERATING REVENUE & EXPENSE		767,956	803,313	35,357	4.6%		4,912,780	2,692,621	(2,220,159)	-45.2%
42	TOTAL INTEREST & DEPRECIATION		927,139	1,089,845	(162,706)	-17.5%		4,665,104	5,718,424	(1,053,320)	-22.6%

	A	B	C	D	E
1	<b>SAN GORGONIO MEM. HEALTH CARE DISTRICT &amp; HOSPITAL</b>				
2	<b>BALANCE SHEET</b>	Nov 24 Act	Oct 24 Act	Sep 24 Act	Jun 24 Act
3					
4	<b>TOTAL ASSETS</b>	112,935,863	112,747,774	114,217,826	124,601,044
5	<b>CURRENT ASSETS</b>	16,380,002	24,641,815	24,568,124	30,111,600
17	<b>ASSETS WITH LIMITED USE</b>	21,049,990	12,223,135	13,119,370	17,839,022
18	<b>NET PROPERTY, PLANT, AND EQUIPMENT</b>	74,749,513	75,123,105	75,757,731	75,270,332
25	<b>OTHER ASSETS</b>	756,358	759,715	772,592	1,380,178
26					
27	<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	112,935,858	112,747,774	114,217,826	124,601,044
28	<b>TOTAL LIABILITIES</b>	156,857,669	154,512,802	153,730,902	155,470,638
29	<b>CURRENT LIABILITIES</b>	44,144,882	41,604,877	37,609,939	38,624,095
41	<b>LONG TERM LIABILITIES</b>	112,712,787	112,907,925	116,120,963	116,846,543
42					
43	<b>NET ASSETS</b>				
48	<b>NOTE: CURRENT 2025 FISCAL YEAR AMOUNTS SUBJECT TO MODIFICATION PENDING ROLL FORWARD OF FINAL 6 30 24 AUDIT ADJUSTMENTS</b>				

17

A										B	C	D	E	F	G	H	I	J	K				
SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL																							
1	INCOME STATEMENT	NOVEMBER 2024 BUDGET	NOVEMBER ACTUAL	VARIANCE NOVEMBER ACTUAL TO BUDGET	VARIANCE PERCENTAGE		NOVEMBER 2024 YTD BUDGET	NOVEMBER 2024 YTD ACTUAL	VARIANCE NOVEMBER YTD ACTUAL TO BUDGET														
2	3	NET INCOME	(1,707,372)	(2,156,783)	(449,411)	-26.3%	(8,425,059)	(12,654,025)	(4,228,966)														
4	4	EBIDA	(1,548,189)	(1,870,251)	(322,062)	-20.8%	(8,672,735)	(9,628,222)	(955,487)														
5	5																						
6	6	TOTAL OPERATING REVENUE	6,035,931	6,146,295	110,364	1.8%	30,008,421	30,592,519	584,098														
7	7	NET PATIENT REVENUE	4,501,050	4,582,408	81,358	1.8%	24,612,059	25,287,850	675,791														
8	8	GROSS REVENUE FROM PATIENT SERVICES	41,150,423	40,171,043	(979,380)	-2.4%	208,341,769	207,184,831	(1,156,938)														
9	9	TOTAL INPATIENT REVENUE	14,615,080	13,498,765	(1,116,315)	-7.6%	72,597,676	66,691,962	(5,905,714)														
10	10	TOTAL OUTPATIENT REVENUE	26,535,343	26,672,278	136,935	0.5%	135,744,093	140,492,869	4,748,776														
11	11	DEDUCTIONS FROM REVENUE	(36,649,373)	(35,588,635)	1,060,738	-2.9%	(183,729,710)	(181,896,981)	1,832,729														
12	12																						
13	13	OTHER OPERATING REVENUE	1,534,881	1,563,887	29,006	1.9%	5,396,362	5,304,669	(91,693)														
14	14	OTHER REVENUE - RATE RANGE	0	0	0	0.0%	0	0	0														
15	15	OTHER REVENUE - OTHER SUPPLEMENTALS	856,148	856,148	0	0.0%	1,312,470	1,312,470	0														
16	16	OTHER REVENUE - DSH	8,065	29,984	21,919	271.8%	40,325	29,984	(10,341)														
17	17	OTHER REVENUE - PAP	0	0	0	0.0%	690,227	690,227	0														
18	18	OTHER REVENUE - OTHER	207,562	214,649	7,087	3.4%	1,037,810	956,458	(81,352)														
19	19	OPERATING TAX REVENUES	463,106	463,106	0	0.0%	2,315,530	2,315,530	0														
20	20																						
21	21	TOTAL OPERATING EXPENSE	7,584,120	8,016,546	(432,426)	-5.7%	38,681,156	40,220,741	(1,539,585)														
22	22	TOTAL LABOR EXPENSE	4,892,615	4,820,850	71,765	1.5%	24,701,025	24,413,872	287,153														
23	23	WAGES	3,787,553	3,820,657	(53,104)	-1.4%	19,087,789	19,439,656	(351,867)														
24	24	EMPLOYEE BENEFITS	996,244	793,327	202,917	20.4%	4,996,282	4,314,275	682,007														
25	25	CONTRACT LABOR	128,818	206,866	(78,048)	-60.6%	616,954	659,941	(42,987)														
26	26	PHYSICIAN FEES	526,919	511,622	15,297	2.9%	2,634,395	2,497,239	137,360														
27	27	PURCHASED SERVICES	932,299	1,259,698	(327,399)	-35.1%	4,692,604	6,005,350	(1,312,746)														
28	28	SUPPLY EXPENSE	829,694	884,389	(54,695)	-6.6%	4,329,303	4,524,322	(196,019)														
29	29	UTILITIES	93,142	98,661	(5,519)	-5.9%	564,122	549,326	14,796														
30	30	REPAIRS AND MAINTENANCE	74,211	130,835	(56,624)	-76.3%	374,324	604,937	(230,613)														
31	31	INSURANCE	143,967	144,611	(644)	-0.4%	719,831	716,245	3,586														
32	32	OTHER EXPENSES	55,063	136,114	(81,051)	-147.2%	485,302	685,737	(200,435)														
33	33	LEASE AND RENTALS	36,210	29,766	6,444	17.8%	181,050	223,717	(42,667)														
34	34																						
35	35	NON-OPERATING REVENUE & EXPENSE																					
36	36	TOTAL NON-OPERATING REVENUE & EXPENSE	767,956	803,313	35,357	4.6%	4,912,780	2,692,621	(2,220,159)														
37	37	OTHER NON-OPERATING REVENUE INCL DONATIONS	39,649	65,209	25,560	64.5%	1,271,245	354,517	(916,728)														
38	38	NON-OPERATING DONATIONS	25,000	24,890	(110)	-0.4%	1,198,000	74,890	(1,123,110)														
39	39	NON-OPERATING TAX REVENUE	728,307	400,000	(328,307)	-45.1%	3,641,535	2,000,000	(1,641,535)														
40	40	EXTRAORDINARY REVENUE	0	338,104	338,104	0.0%	0	338,104	338,104														
41	41																						
42	42	TOTAL INTEREST & DEPRECIATION	927,139	1,089,845	(162,706)	-17.5%	4,665,104	5,718,424	(1,053,320)														
43	43	DEPRECIATION	514,009	544,080	(30,071)	-5.9%	2,599,454	2,661,337	(61,883)														
44	44	INTEREST & AMORTIZATION	413,130	545,765	(132,635)	-32.1%	2,065,650	3,057,087	(991,437)														
45	45																						
46	46	Note: If the unaccrued Supplemental funds, projected DSH and PAP funds, along with provision for lease principal payments were booked, the YTD Net Loss through November would be reduced from (\$12,654,025) to (\$6,382,624) and the EBIDA loss would be reduced from (\$9,628,222) to (\$3,356,821).																					
47	47																						

18

	A	B	C	D	E
	SAN GORGONIO MEM. HEALTH CARE DISTRICT & HOSPITAL				
	BALANCE SHEET	Nov 24 Act	Oct 24 Act	Sep 24 Act	12/17/24
					Jun 24 Act
1	TOTAL ASSETS	112,935,863	112,747,774	114,217,826	124,601,044
2	CURRENT ASSETS	16,380,002	24,641,815	24,568,124	30,111,600
3	CASH & EQUIVALENTS	5,789,347	14,013,996	12,789,509	19,438,107
4	NET PATIENT ACCOUNTS RECEIVABLE	8,084,122	8,538,468	8,697,739	9,681,423
5	HOSPITAL ACCOUNTS RECEIVABLE	79,193,179	78,682,964	78,882,377	89,675,653
6	LESS: ALLOWANCE FOR BAD DEBTS	(71,609,057)	(70,644,496)	(70,684,638)	(79,994,230)
7	OTHER CURRENT ASSETS	2,506,533	2,089,351	3,080,876	992,070
8	TAXES RECEIVABLE	3,650,088	3,383,456	4,109,734	2,078,826
9	MISC RECEIVABLE	(2,883,383)	(2,940,385)	(2,623,049)	(2,631,352)
10	DUE FROM 3RD PARTIES	(1,234,751)	(1,275,870)	(1,316,989)	(1,204,471)
11	INVENTORIES	2,381,220	2,239,470	2,139,177	2,075,663
12	PREPAID EXPENSES	593,359	682,680	772,003	673,404
13	ASSETS WITH LIMITED USE	21,049,990	12,223,135	13,119,370	17,839,022
14	NET PROPERTY, PLANT, AND EQUIPMENT	74,749,513	75,123,105	75,757,731	75,270,332
15	PROPERTY, PLANT, AND EQUIPMENT	175,106,481	175,057,149	175,268,850	173,509,280
16	LAND & LAND IMPROVEMENTS	4,861,325	4,861,325	4,861,325	4,828,182
17	BUILDINGS & BUILDING IMPROVEMENTS	132,652,072	132,652,072	132,652,072	132,533,755
18	FIXED EQUIPMENT	31,624,545	31,694,512	31,714,056	31,756,880
19	CONSTRUCTION IN PROGRESS	5,968,539	5,849,240	6,041,397	4,390,463
20	LESS: ACCUMULATED DEPRECIATION	(100,356,968)	(99,934,044)	(99,511,119)	(98,238,948)
21	OTHER ASSETS	756,358	759,715	772,592	1,380,178
22	TOTAL LIABILITIES & FUND BALANCE	112,935,858	112,747,774	114,217,826	124,601,044
23	TOTAL LIABILITIES	156,857,669	154,512,802	153,730,902	155,470,638
24	CURRENT LIABILITIES	44,144,882	41,604,877	37,609,939	38,624,095
25	ACCOUNTS PAYABLE	10,782,183	11,560,750	10,343,921	8,181,110
26	PAYROLL PAYABLES	4,510,887	5,578,197	5,768,926	4,653,853
27	SALARIES & WAGES PAYABLE	894,896	1,839,145	1,370,355	909,057
28	PAYROLL TAXES & DEDUCTIONS PAYABLE	731,017	855,327	1,446,158	847,813
29	ACCRUED PTO & SICK DAYS PAYABLE	2,884,974	2,883,725	2,952,413	2,896,983
30	LINE OF CREDIT	12,316,604	12,266,742	12,299,058	12,065,351
31	OTHER CURRENT LIABILITIES	16,535,208	12,199,188	9,198,034	13,723,781
32	ACCRUED INTEREST PAYABLE	1,500,731	1,093,003	1,074,271	1,969,785
33	OTHER CURRENT LIABILITIES	8,805,707	3,858,897	3,865,783	4,166,440
34	DEBT - CURRENT	6,228,770	7,247,288	4,257,980	7,587,556
35	LONG TERM LIABILITIES	112,712,787	112,907,925	116,120,963	116,846,543
36	NET ASSETS				
37	NET ASSETS - UNRESTRICTED	(43,921,811)	(41,366,836)	(39,114,884)	(30,869,594)
38	NET ASSETS - BEGINNING OF PERIOD	(30,869,594)	(30,869,594)	(30,869,594)	(35,868,911)
39	CURRENT YEAR NET GAIN/(LOSS)	(12,654,025)	(10,497,242)	(8,245,290)	4,989,317
40	NOTE: CURRENT 2025 FISCAL YEAR AMOUNTS SUBJECT TO MODIFICATION PENDING ROLL FORWARD OF FINAL 6 30 24 AUDIT ADJUSTMENTS				

	B	C	D	E	F	G	H
	SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL						(UNAUDITED)
							(UNAUDITED)
							Y-T-D
							10/31/2024
							Current Month
							11/30/2024
5	<b>BEGINNING CASH BALANCES</b>						
6	Cash: Beginning Balances- Hospital						\$ 18,067,421
7	Cash: Beginning Balances- District						1,370,686
8	Cash: Beginning Balances Totals						\$ 19,438,107
9							
10	<b>Receipts</b>						
11	Patient Collections						\$ 4,813,974
12	Tax Subsidies/Measure D/Prop 13						\$ 463,106
13	Misc Tax Subsidies						\$ -
14	Donations/Grants/Loans						\$ 49,890
15	Supplemental Funding (Rate Range, Etc.)						\$ 886,132
16	Draws/(Paydown) of LOC Balances						\$ -
17	Other Revenues/Receipts/Transfers						\$ 5,189,649
18	<b>TOTAL RECEIPTS</b>						\$ 11,402,751
19							\$ 37,048,941
20	<b>Disbursements</b>						
21	Wages, Benefits, & Contract Labor						\$ 4,820,850
22	Other Operating Costs						\$ 3,195,696
23	Capital Spending						\$ 133,099
24	Debt Service Payments (Excl. G/O Bonds)						\$ 80,825
25	Other - Changes in Accounts Payable, IGT's, Etc.						\$ 11,396,930
26	<b>TOTAL DISBURSEMENTS</b>						\$ 19,627,400
27							\$ 50,697,701
28	<b>TOTAL CHANGE in CASH</b>						\$ (8,224,649)
29							\$ (13,648,760)
30	<b>ENDING CASH BALANCES</b>						
31	Ending Balances- Hospital						\$ 5,575,473
32	Ending Balances- District						\$ 213,874
33	Ending Balances- Totals						\$ 5,789,347
34							\$ 5,339,805
35							\$ 449,542
36							\$ 5,789,347
37	LOC Current Balances						\$ 12,000,000
38	LOC Interest Expense Incurred						\$ 90,000
39	<b>11/22/2024</b>						\$ 12,000,000
40							\$ 561,000
41							
42	NOTE: THE CASH FLOW STATEMENT IS BASED ON DATA FROM THE AUDITED FINANCIAL STATEMENTS AS OF JUNE 30, 2024 AND THE UNAUDITED FYE 2025						
43	STATEMENTS AND IS SUBJECT TO ADJUSTMENTS ASSOCIATED WITH THE FINAL AUDITED FINANCIAL STATEMENTS.						



**TAB I**

	A	B	C	D	E
1	<b>SAN GORGONIO MEM. HEALTH CARE DISTRICT &amp; HOSPITAL</b>		(12/17/2024)	Updated:	12/30/24
2	<b>BALANCE SHEET</b>	<b>Nov 24 Act</b>	<b>Oct 24 Act</b>	<b>Sep 24 Act</b>	<b>Jun 24 Act</b>
3					
4	<b>TOTAL ASSETS</b>	<b>113,785,962</b>	<b>112,747,774</b>	<b>114,217,826</b>	<b>124,601,044</b>
5	<b>CURRENT ASSETS</b>	<b>16,615,877</b>	<b>24,641,815</b>	<b>24,568,124</b>	<b>30,111,600</b>
6	CASH & EQUIVALENTS	5,789,347	14,013,996	12,789,509	19,438,107
7	NET PATIENT ACCOUNTS RECEIVABLE	8,584,122	8,538,468	8,697,739	9,681,423
8	HOSPITAL ACCOUNTS RECEIVABLE	79,193,179	78,682,964	78,882,377	89,675,653
9	LESS: ALLOWANCE FOR BAD DEBTS	(70,609,057)	(70,644,496)	(70,684,638)	(79,994,230)
10	OTHER CURRENT ASSETS	2,242,408	2,089,351	3,080,876	992,070
11	TAXES RECEIVABLE	3,650,088	3,383,456	4,109,734	2,078,826
12	MISC RECEIVABLE	(2,883,383)	(2,940,385)	(2,623,049)	(2,631,352)
13	DUE FROM 3RD PARTIES	(1,498,876)	(1,275,870)	(1,316,989)	(1,204,471)
14	INVENTORIES	2,381,220	2,239,470	2,139,177	2,075,663
15	PREPAID EXPENSES	593,359	682,680	772,003	673,404
16					
17	<b>ASSETS WITH LIMITED USE</b>	<b>21,049,990</b>	<b>12,223,135</b>	<b>13,119,370</b>	<b>17,839,022</b>
18	NET PROPERTY, PLANT, AND EQUIPMENT	74,769,557	75,123,105	75,757,731	75,270,332
19	PROPERTY, PLANT, AND EQUIPMENT	175,126,525	175,057,149	175,268,850	173,509,280
20	LAND & LAND IMPROVEMENTS	4,861,325	4,861,325	4,861,325	4,828,182
21	BUILDINGS & BUILDING IMPROVEMENTS	132,652,072	132,652,072	132,652,072	132,533,755
22	FIXED EQUIPMENT	31,644,589	31,694,512	31,714,056	31,756,880
23	CONSTRUCTION IN PROGRESS	5,968,539	5,849,240	6,041,397	4,390,463
24	LESS: ACCUMULATED DEPRECIATION	(100,356,968)	(99,934,044)	(99,511,119)	(98,238,948)
25	<b>OTHER ASSETS</b>	<b>1,350,538</b>	<b>759,715</b>	<b>772,592</b>	<b>1,380,178</b>
26					
27	<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>113,785,962</b>	<b>112,747,774</b>	<b>114,217,826</b>	<b>124,601,044</b>
28	<b>TOTAL LIABILITIES</b>	<b>157,309,494</b>	<b>154,512,802</b>	<b>153,730,902</b>	<b>155,470,638</b>
29	<b>CURRENT LIABILITES</b>	<b>44,877,014</b>	<b>41,604,877</b>	<b>37,609,939</b>	<b>38,624,095</b>
30	ACCOUNTS PAYABLE	10,782,183	11,560,750	10,343,921	8,181,110
31	PAYROLL PAYABLES	4,510,887	5,578,197	5,768,926	4,653,853
32	SALARIES & WAGES PAYABLE	894,896	1,839,145	1,370,355	909,057
33	PAYROLL TAXES & DEDUCTIONS PAYABLE	731,017	855,327	1,446,158	847,813
34	ACCRUED PTO & SICK DAYS PAYABLE	2,884,974	2,883,725	2,952,413	2,896,983
35	LINE OF CREDIT	12,316,604	12,266,742	12,299,058	12,065,351
36	OTHER CURRENT LIABILITIES	17,267,340	12,199,188	9,198,034	13,723,781
37	ACCRUED INTEREST PAYABLE	1,503,168	1,093,003	1,074,271	1,969,785
38	OTHER CURRENT LIABILITIES	8,805,707	3,858,897	3,865,783	4,166,440
39	DEBT - CURRENT	6,958,465	7,247,288	4,257,980	7,587,556
40					
41	<b>LONG TERM LIABILITIES</b>	<b>112,432,475</b>	<b>112,907,925</b>	<b>116,120,963</b>	<b>116,846,543</b>
42					
43	<b>NET ASSETS</b>				
44	NET ASSETS - UNRESTRICTED	(43,523,532)	(41,366,836)	(39,114,884)	(30,869,594)
45	NET ASSETS - BEGINNING OF PERIOD	(30,869,507)	(30,869,594)	(30,869,594)	(35,868,911)
46	<b>CURRENT YEAR NET GAIN/(LOSS)</b>	<b>(12,654,025)</b>	<b>(10,497,242)</b>	<b>(8,245,290)</b>	<b>4,999,317</b>
47					
48					

**TAB J**

San Gorgonio Memorial Health Care District and San Gorgonio Memorial Hospital

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

Agenda Item for December 17, 2024 Finance Committee and January 7, 2025 Board Meetings

**Subject:**

Renewal of 2025 Annual Dues for the District Hospital Leadership Forum (DHLF)

San Gorgonio Memorial Healthcare District & Hospital have been members of the DHLF for many years. The DHLF is the group which formally oversees the overall guidance and planning for all matters related to Supplemental Funding on behalf of California Healthcare Districts. DHLF also coordinates their efforts with numerous California agencies (including CHA) in areas that impact the Healthcare Districts.

A summary of the Supplemental Funding programs is attached. These programs have procured over \$501M for District/Municipal Hospitals since 2010. As you will recall, San Gorgonio is expected to receive in excess of \$20M of Supplemental Funding in the current FY 2025.

The DHLF has regular Board Meetings and weekly CFO meetings, both of which are very helpful to the CEO and CFO in planning, forecasting, and budgeting for SGMHD's Supplemental Funding.

**Recommended Action:** To approve the 2025 membership dues of \$86,318.76 as outlined.

Copies of the supporting documents are included in the packet.



**DISTRICT HOSPITAL  
LEADERSHIP FORUM**

950 Glenn Drive  
Suite 250  
Folsom, CA 95630  
(916) 673-2020  
[www.cadhlf.org](http://www.cadhlf.org)

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December 4, 2024

Mr. Dan Heckathorne  
Chief Financial Officer  
San Geronio Memorial Hospital  
600 North Highland Springs Avenue  
Banning, CA 92220

Dear Mr. Heckathorne,

Enclosed is the invoice for San Geronio Memorial Hospital 2025 annual membership to the District Hospital Leadership Forum (DHLF), along with a Value Statement. The 2025 dues were approved at the November 7<sup>th</sup> DHLF board of directors meeting.

The annual dues are calculated as 0.47% of the net benefit from the supplemental funds received by the hospital in 2024 from the programs and advocacy initiatives championed by the DHLF. Such programs include the supplemental revenues received from Assembly Bill 113, Hospital Quality Assurance Fee, Medi-Cal Rate Range, and Quality Incentive Pool (QIP). The Value Statement provides a historical illustration of the benefit by program that the DHLF has helped to generate for its members.

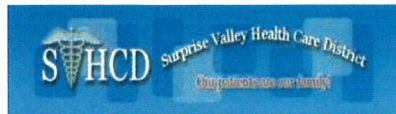
We look forward to continuing this advocacy for your hospital in 2025 and searching for new ways to add value to our members. If you have any questions, please feel free to reach out to us for assistance.

Thank You,

Ryan Witz  
Executive Director  
District Hospital Leadership Forum



# DISTRICT HOSPITAL LEADERSHIP FORUM



# “All for One and One for All”

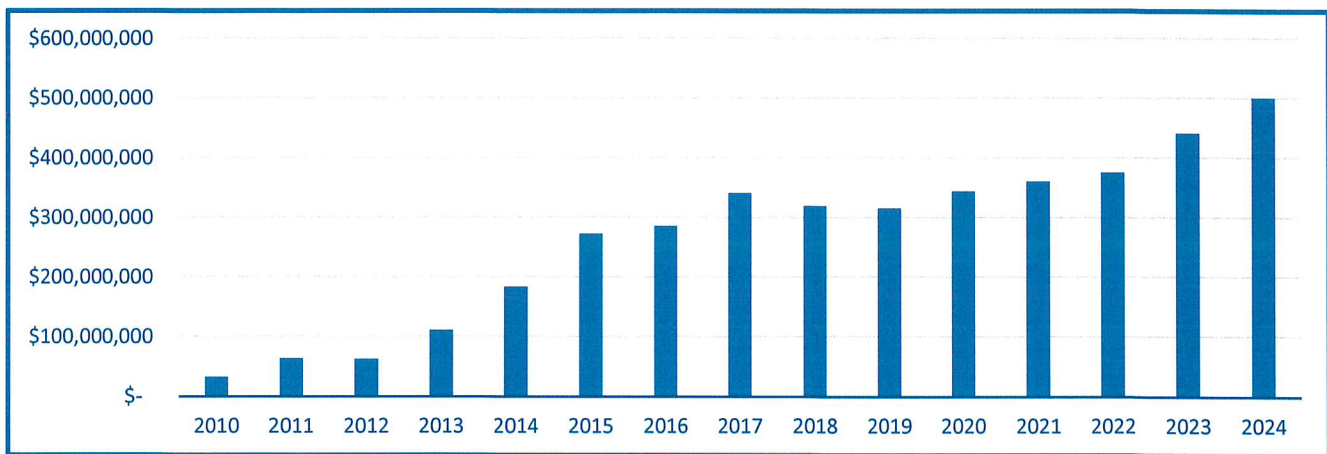




## DISTRICT HOSPITAL LEADERSHIP FORUM

### 2024 DHLF Value Statement: Aggregate Net Supplemental Funding for District/Municipal Hospitals, 2010-2024, Cash Basis

The District Hospital Leadership Forum (DHLF) represents district and municipal hospitals throughout California. The DHLF advocates for district/municipal hospitals to address issues related to Medicare/Medi-Cal programs, and since its inception, has helped promote access to public funding opportunities including the programs identified below.



	AB 113	HQAF	Rate Range	PRIME/QIP	DHDP**	TOTAL
2010		27,000,000	6,000,000			33,000,000
2011	36,000,000	18,000,000	10,000,000			64,000,000
2012	30,000,000	18,000,000	15,000,000			63,000,000
2013	30,000,000	26,000,000	55,000,000			111,000,000
2014	52,000,000	71,000,000	61,000,000			184,000,000
2015	38,000,000	73,000,000	62,000,000	100,000,000		273,000,000
2016	38,000,000	73,000,000	75,000,000	100,000,000		286,000,000
2017	35,000,000	108,000,000	100,000,000	100,000,000		343,000,000
2018	22,000,000	108,000,000	100,000,000	90,000,000		320,000,000
2019	17,000,000	108,000,000	115,000,000	76,500,000		316,500,000
2020	14,350,000	110,000,000	142,946,000	83,275,000		350,571,000
2021	13,170,000	107,600,000	147,420,000	93,250,000		361,440,000
2022	20,301,000	108,400,000	147,420,000	100,000,000		376,121,000
2023	23,840,000	108,480,000	205,810,000	103,930,000	**	442,060,000
2024	44,723,609	123,640,789	236,285,629	96,488,816	**	501,138,843

\*Excludes Medi-Cal DSH, AB 915 and DP/NF supplemental payments

\*\*Excludes the District Hospital Directed Payment (DHDP) since the table reflects actual net benefit, based on a cash basis. The DHDP program went into effect for CY 2023 services, but supplemental revenue isn't expected to be distributed to hospitals until CY 2025.



**DISTRICT HOSPITAL  
LEADERSHIP FORUM**

950 Glenn Drive  
Suite 250  
Folsom, CA 95630  
(916) 673-2020  
www.cadhlhf.org

December 4, 2024

Invoice - L25024

Mr. Dan Heckathorne  
Chief Financial Officer  
San Geronio Memorial Hospital  
600 North Highland Springs Avenue  
Banning, CA 92220

**Dues for participation in the District Hospital Leadership Forum:**

- 2025 Annual Dues for the period January 1, 2025 – December 31, 2025, is: \$86,318.76
- ***At the 11/07/2024 DHLF Board of Directors meeting, the Board approved the 2025 DHLF budget, which contained the dues amount for your hospital listed below.***

**Amount Due .....\$86,318.76**

Please make check payable to: **District Hospital Leadership Forum**

Mail To:

California Hospital Association  
1215 K Street, Suite 700  
Sacramento, CA 95814

If you have any questions regarding this invoice or prefer a payment plan, please contact J.P. Marion at [jpmarion@scainc.net](mailto:jpmarion@scainc.net) or 916-673-2020.

*The following information is for tax-exempt entities: For calendar year 2024, 990 and Medicare reporting, 19.02% of your consolidated dues are for direct lobbying expenses.*



**TAB K**

**SAN GORGONIO MEMORIAL HOSPITAL**

**Medical Staff Services Department**

**M E M O R A N D U M**

**DATE:** January 2, 2025

**TO:** Chair  
Governing Board

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

**SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT**

---

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

**Approval Item(s):**

**2025 Annual Approval of Policies & Procedures**

The attached list of policies and procedures is submitted for approval. (See attached.)

**2025 Annual Approval of Diet and Nutritional Care Manual**

The attached document includes recommended amendments to the Diet and Nutritional Care Manual. (See attached.)

**SAN GORGONIO MEMORIAL HOSPITAL  
2024 ANNUAL APPROVAL  
POLICIES & PROCEDURES**

	Title	Policy Area	Revised?
1.	Abuse – Identification and Reporting of Elder and Dependent Person (Adult)	Administration	Revised
2.	Admissions	Nursing	Revised
3.	Code Purple Procedure for the Emergency Department	Administration	Unchanged
4.	Complete Medical Records	Medical Records	Revised
5.	Dietary Nourishments	Nursing	Revised
6.	Discharge Planning Coordination	Nursing	Revised
7.	Legal Hold or in Custody, Care of Patients	Nursing	Unchanged
8.	Mammography Phantom Quality Imaging and Assessment	Diagnostic Radiology	Revised
9.	Newborn Hyperbilirubinemia Management	Obstetrics	Revised
10.	Obstetrical Instrument Disposal	Obstetrics	Revised
11.	Patient Diet Orders and Nursing Protocol	Nursing	Revised
12.	Pediatric/Adolescent Admissions in the Adult Hospital	Nursing	Revised
13.	Rubella Vaccination	Obstetrics	Revised
14.	Surgical Services - Cesarean Sections	Surgical Services	Revised
15.	Surgical Services - Death of a Patient	Surgical Services	Revised
16.	Surgical Services - Forensics Legal Chain of Custody	Surgical Services	Revised
17.	Surgical Services - Frozen Section - Pathology	Surgical Services	Revised
18.	Surgical Services - Patient Skin Antisepsis	Surgical Services	Revised
19.	Surgical Services - Procedures Requiring a Surgical Assistant	Surgical Services	Revised
20.	Surgical Services-Cardiopulmonary Arrest/Code Blue	Surgical Services	Revised
21.	Transfer of Inpatients to Other Facilities	Nursing	Revised
22.	Umbilical Arterial Catheterization	Obstetrics	Revised
23.	Vaginal Birth After Cesarean (VBAC)	Obstetrics	Revised
24.	Weighing and Measuring Patients	Nursing	Revised

# Diet and Nutritional Care Manual amendments

Following added as they are a part of our current electronic medical record order set:

- No Added Salt
- No Concentrated sweets
- Modified BRAT diet/Anti diarrheal diet
- Surgical soft/low residue diet

Following adapted to meet the needs of our facility:

- Low fat/Cholesterol
- Cardiac
- Modified protein, cardiac
- Renal diet

Following are new to the diet manual with the approval nephrology and at the request of infectious disease:

- Modified protein, renal
- Neutropenic

Thank you,

Jean Kielhold, RD, CNSC

**TAB L**

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital and District Board Meeting January 7, 2025

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
1	Admissions Arriving at Change of Shift	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
2	After-Hours Acquisition of Equipment and Supplies	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
3	Alarms on Clinical Equipment	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
4	Alternate Healthcare Documentation During Episodes of Surge Activity	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
5	Assignment of Beds	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
6	Billing	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Healthcare District Board of Directors
7	Billing, Secondary	Patient Financial Services	Cox, Mayda: Director Financial Services	Ariel Whitley for Healthcare District Board of Directors
8	Bomb Threat - Code Yellow Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
9	Care and Management of Suicidal Patients (Patients that are Danger to Self or Others)	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
10	Code Silver-Weapons, Hostage Situation or Active Assailant - Security Policy	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
11	Coroner: Reportable Deaths	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital and District Board Meeting January 7, 2025

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
12	Credentialing Licensed Independent Practitioners - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
13	Critical Test Results Reporting for Clinical Departments	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Healthcare District Board of Directors
14	CT Shutdown Procedure For Generator Check - Canon Scanner	Diagnostic Imaging	Chamberlin, Krystal: Director Diagnostic Imaging	Ariel Whitley for Healthcare District Board of Directors
15	Decontamination Procedures - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
16	Dialysis Nurse Licensure and Orientation Verification	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
17	Dietary Procedure for Patients in Isolation	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Ariel Whitley for Healthcare District Board of Directors
18	Disposable Blood Pressure Cuffs	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
19	Emergency/ Immediate Policy Review & Development	Administration	Whitley, Ariel: Executive Assistant	Ariel Whitley for Healthcare District Board of Directors
20	Environmental Services - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
21	Fetal/Neonatal Demise	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
22	Fifty-One Fifty Patients: Care of	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
23	Flowers and Plants	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital and District Board Meeting January 7, 2025

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
24	Food Services - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
25	Forgoing Life-Sustaining Treatment	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Healthcare District Board of Directors
26	Gestational Diabetes	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
27	Golf Cart Operations - Security Policy	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
28	Handling of Placentas	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
29	Hazardous Chemical Spill - Code Orange	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
30	HIPAA Security Access Audits	HIPAA Privacy	Whitley, Ariel: Executive Assistant	Ariel Whitley for Healthcare District Board of Directors
31	Hospital Lockdown - Security Policy	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
32	House Supervisor, Contacting	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
33	Influenza Vaccine Screening and Administration Protocol	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
34	Internal Flooding - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
35	Intrauterine Pressure Catheter	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors



POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital and District Board Meeting January 7, 2025

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
36	Intravenous (IV) Admixture for Nursing	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
37	Intravenous Therapy	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
38	Intravenous Therapy, LVN	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
39	Lab - Specimen Transportation Bag	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
40	Leaving Hospital Against Medical Advice	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
41	Management of Umbilical Cord Prolapse	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
42	Neonatal Resuscitation	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
43	Newborn Blood Gas Capillary, Venous Blood Gas, and Cord pH	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
44	No Prenatal Care	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
45	Non-Stress Test	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
46	Nursing Services Staffing Patterns and Schedules	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
47	Obstetrical Records	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital and District Board Meeting January 7, 2025

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
48	Ownership and Access - Medical Records	Medical Records	Cornwall, Connie: HIM Manager	Ariel Whitley for Healthcare District Board of Directors
49	Parking Policy - Security	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
50	Patient Charges: Log or Cards	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
51	Patient Identifiers	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
52	Patient, Associate and Visitor Tracking - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors
53	Placenta Previa, Care of the Patient with	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
54	Plan for the Provision of Patient Care 2024 - 2025	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Healthcare District Board of Directors
55	Polyhydramnios of the Intrapartum Patient	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
56	Pre-Eclampsia/Eclampsia	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
57	Premature Labor	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
58	Premature or Low Birth Weight Newborns, Care of	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
59	Pronation of Mechanically Ventilated Patients in the ICU	Critical Care Services	Tagliapietra, Stefanie: Critical Care Director/ Nurse Educator	Ariel Whitley for Healthcare District Board of Directors

POLICIES AND PROCEDURES FOR BOARD APPROVAL - Hospital and District Board Meeting January 7, 2025

	<b>Title</b>	<b>Policy Area</b>	<b>Owner</b>	<b>Workflow Approval</b>
60	Prone Positioning in Non-Intubated Patients with Hypoxemic Respiratory Failure	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
61	Propofol: Care of the Patient Receiving Continuous Propofol Infusion	Critical Care Services	Tagliapietra, Stefanie: Critical Care Director/ Nurse Educator	Ariel Whitley for Healthcare District Board of Directors
62	Respiratory Hygiene and Cough Etiquette	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Ariel Whitley for Healthcare District Board of Directors
63	Side Rails on Hospital Beds	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
64	Telemedicine and Stroke	Administration	Brady, Angela: Chief Nursing Executive	Ariel Whitley for Healthcare District Board of Directors
65	Temporary Reassignment (Floating) for Associates	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
66	Terbutaline (Brethine), Administration of	Obstetrics	Garcia, Antonia: Director of OB Services	Ariel Whitley for Healthcare District Board of Directors
67	Terminal Wean	Critical Care Services	Tagliapietra, Stefanie: Critical Care Director/ Nurse Educator	Ariel Whitley for Healthcare District Board of Directors
68	Termination of Isolation on Discharge or Transfer of Patient	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Ariel Whitley for Healthcare District Board of Directors
69	Unaccounted for (Missing) Patients	Nursing	Freude, Gayle: Director Med/Surg/CM and SW and P&P Chairperson	Ariel Whitley for Healthcare District Board of Directors
70	Utilities Failure - Disaster Policy	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Ariel Whitley for Healthcare District Board of Directors

**TAB M**



**SAN GORGONIO**  
MEMORIAL HEALTHCARE  
DISTRICT CLINIC



**APNA HEALTH**

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SCAN ME



**Jasleen Singh, MD**

Dr. Jasleen Singh is a board-certified family physician with over 9 years of distinguished experience. As Medical Director, Dr. Singh excels in providing comprehensive care and ensuring seamless patient transitions.

A Fellow of the American Academy of Family Physicians, Dr. Singh is passionate about serving underserved populations and advocating for equitable healthcare access. She also serves as core faculty at the Southwest Healthcare Family Medicine Residency Program and as Director of the Population Health Curriculum, shaping future healthcare providers.



**Peter Wei, DO**

Dr. Peter Wei, DO, is a distinguished physician specializing in family medicine with a profound commitment to integrating holistic principles into contemporary medical practice. He holds board certification from the American Board of Family Medicine. Dr. Wei is renowned for his patient-centered approach and innovative treatment strategies. Dr. Wei's approach emphasizes the importance of treating the whole person, not just symptoms, making him a valued advocate for improving overall health and wellness. His hobbies include pickleball, traveling and cooking.

*Celebrating Partnership & Progress*

# GRAND OPENING

*Of Our New Community Clinic!*

Please join us in celebrating  
San Gorgonio Memorial Hospital partnering with  
Apna Health for our District Clinic Opening!



When: Friday, January 24, 2025

Where: 264 N. Highland Springs Ave., Bld 3  
Banning, CA 92220

Time: 11:00am



♥ APNA HEALTH

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A SOVEREIGN NATION

# Primary Care & OB-GYN Services



## San Gorgonio Memorial Healthcare District Clinic & Apna Health



### About Us:

San Gorgonio Memorial Healthcare District, in partnership with Apna Health, is here to support you and provide comprehensive care to all ages and stages of life. Our clinic is dedicated to meeting the diverse needs of the community by offering personalized, compassionate, and accessible healthcare. We are committed to enhancing community health and strive to provide patient-centered care that prioritizes health and wellness.

### Primary Care:

- We accept ALL AGES
- Provide Chronic Disease Management
- Provide Acute Illnesses Management
- Preventative Care
- Senior and Geriatric Care
- Pediatric Well Child Visits and Physicals
- Hospital Follow-Ups/Transitions of Care
- Immunizations

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- Preventative Care
- Family Planning
- Pregnancy
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