

PIONEERS MEMORIAL HEALTHCARE DISTRICT
207 West Legion Road, Brawley, CA 92227
SUPPLEMENTAL MEETING OF THE BOARD OF DIRECTORS

Wednesday, March 20, 2024
5:00 pm
PMH Auditorium

Minutes

PMHD MISSION: Quality healthcare and compassionate service for families of the Imperial Valley

In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a board meeting, please contact the District at (760) 351-3250 at least 48 hours prior to the meeting

I. **CALL TO ORDER** (*time: 5:00 pm – 5:15 pm*)

President Santillan called the meeting to order at 5:00 pm in the PMH Auditorium

A. Roll Call

BOARD MEMBERS:

Katy Santillan, President
Enola Berker, Vice President
Rachel Fonseca, Secretary
Linda Rubin, Treasurer
Nick Aguirre, Asst.
Secretary/Treasurer

STAFF:

Chris Bjornberg, CEO
Carly Loper, CFO
Carol Bojorquez, CNO
Sally Nguyen, General Counsel

GUESTS:

Carly Zamora, CCO
John Grass, Imperial Valley Coalition for Sustainable Healthcare Facilities

B. Approval of Agenda

A motion was made to approve the agenda by Director Berker, seconded by Director Aguirre. **The motion was unanimously carried.**

II. **BOARD MEMBER COMMENTS**

Director Rubin advised that she was at PMH ER last Wednesday with family member and they were delighted with the care provided by the nurses and physicians. She also received positive feedback from a friend regarding the excellent care they received.

III. **PUBLIC COMMENTS** – At this time, the Board will hear comments on any agenda item and on any item not on this agenda. If any person wishes to be heard, he or she shall stand; address the chairperson and state the subject, or subjects, upon which he or she desires to comment. Time limit for each speaker is 5 minutes. A total of 15 minutes shall be allocated for each item. (*time: 5:15 pm – 5:30 pm*)

Mr. John Grass, member of the Imperial Valley Coalition for Sustainable Healthcare

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Facilities, read a letter to the Board of Directors. The letter is attached to the bottom of these minutes.

Ms. Kay Day Pricola noted that her husband was at PMHD to have a procedure and they received great service across the board from the surgeon to the nurses who took great care of him.

Director Santillan expressed her thanks to the Coalition for their hard work and efforts in making sure that healthcare services continue in the Imperial Valley.

Mr. Ryan Kelley addressed the Board. He noted that he is not bound by the mediation that took place regarding both hospitals. The mediation held by the County was between all parties (ECRMC, PMHD, HMHD and LAFCO) who agreed that the most efficient, inexpensive, and best path forward was an expansion of Pioneers Memorial Healthcare District. Mr. Kelley stated that he would say it again if anyone wishes to challenge him on that. He also recommended that Pioneers continue with their application with LAFCO, so it is documented what actions were taken.

IV. REVIEW OF OTHER ITEMS FOR CONSIDERATION – The Board will consider and may take action on the following: *(time: 5:30 pm – 6:15 pm)*

A. February 2024 Finance Report

Ms. Loper reported that the average daily census for February was 62 compared to January which was 59. Prior year, at the same time, it was at 57. Due to the high census, there was an increase in staffing costs, but also an increase in revenues. The bottom line had a profit of \$752,000 for the month of February. Fiscal year-to-date has a profit of \$8.7 million compared to 2023 YTD in February, which was a \$7 million dollar loss. Days cash on hand decreased to 81.6 days. This was due to the District paying the IGT funds in February; which should result in us receiving back about \$13 million. The first CHFFA loan was paid in March of \$1.5 million and there will be another loan paid in April. Ms. Loper advised that she prepared a balance sheet comparing PMHD and ECRMC, but some of her notes were not printed out. The Board provided feedback and she will revise the balance sheet. Ms. Kay Day Pricola mentioned that a lot of the public is concerned about ECRMC's pension fund. Members of ECRMC staff have said that it is fully funded, but their CFO showed at the last IVHD meeting that it is only 59% funded. She asked if PMHD's is the same. Ms. Loper advised that PMHD's retirement plan is different; it's not a pension fund. The District puts in funds into a retirement 401a and 457b on a monthly basis. For ECRMC's pension to be fully funded, the employees would have to not withdraw all at the same time, rather wait until each employee reaches their time for their retirement. A motion was made to approve the finance report by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

V. CONSENT AGENDA – The following items will be acted upon by one motion, without discussion, unless a director, or other person, requests that an item be considered separately. In the event of such a request, the item will be addressed, considered, and acted upon, separately. *(time: 6:15 pm – 7:15 pm)*

A. Approval of Minutes

1. 2/21/24 Supplemental Meeting

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2. 2/27/24 Regular Meeting
- B. Hospital Policies
 1. Breastfeeding
 2. CT Safe Injection of Contrast Media
 3. Intermediate NICU Inpatient Visitation
 4. Neonatal Nursery Admission Transfer and Discharge Criteria
 5. NICU Dietitian Discharge Planning
 6. NICU Discharge Planning/Multidisciplinary Rounds
 7. Nuclear Medicine Technologist Performance Standards
 8. Pharmaceutical Services for Neonates in the NICU
 9. Physician Recommendation for Suspension for Non-completion of Records
 10. Respiratory Care for Neonatal Patients
 11. Technologist Requirements for Venipuncture
 - C. Authorize Donation of Obsolete Surgery Department Equipment
Contract Value: valued at \$51,139.⁹⁷; Contract Term: N/A; Budgeted: N/A; Budget Classification: N/A
 - D. Authorize Agreements for ControlCheck Drug Diversion Monitoring Software with Bluesight, Inc
Contract Value: \$19,610.⁰⁴/year; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Subscriptions/Equipment
 - E. Authorize One Board Meeting in April due to Cerner Go-Live Date
 - F. Authorize Time & Attendance Module with ADP, Inc.
Contract Value: \$124,606.⁸⁰/yr. + \$20,000 one-time fee; Contract Term: Ongong with 90-day notice; Budgeted: Yes; Budget Classification: Purchased Services
 - G. Authorize Health Bedside Medical Device Integration to CommunityWorks Platform with Cerner
Contract Value: \$160,524; Contract Term: Three (3) years; Budgeted: No; Budget Classification: Repairs & Maintenance
 - H. Authorize Statement of Work to Master Services Agreement with Moss Adams, LLP
Contract Value: estimated \$56,700; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Purchased Services
 - I. Authorize Retroactively Second Amendment to the Facility Agreement with Anthem Blue Cross
Contract Value: rate increase of 7%; Contract Term: Three (3) years; Budgeted: No; Budget Classification: Revenue
 - J. Authorize Addendum No. 4 to Self-Pay A/R Management Services Agreement with HRMG
Contract Value: estimated \$41,500; Contract Term: 4-months; Budgeted: No; Budget Classification: Purchased Services
 - K. Authorize Statement of Work for Managed Care Contract Advisory Services with ECG Management Consultants
Contract Value: not to exceed \$50,000; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Purchased Services

ITEM C – Director Berker wanted to make sure that the surgeons have been asked if they still need this equipment or not. Ms. Bojorquez will direct the OR Director to verify with the physicians to make sure that the equipment is obsolete.

ITEM D – Bluesight is the software that will help the pharmacy and the Controlled Substance Surveillance Team to make sure there is no diversion of medications. This will do away with the manual process that is currently in place.

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A motion was made to approve items A through K, with direction to CNO to check with physicians on item C, by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

VI. CLOSED SESSION – The following matters will be considered by the Board in closed session; the Board will reconvene in open session to announce any action taken on matters considered in closed session. *(time: 7:15 pm – 7:55 pm)*

A. CONSIDERATION OF MATTERS INVOLVING TRADE SECRETS – Safe Harbor: Health and Safety Code §32106, subparagraph (b)

1. Based on the Board’s prior findings regarding Trade Secret classification, as contained in Resolution 2023-01, consideration, and discussion of possible initiation of the following:
 - a. Updating Certain District Strategic Planning Initiatives

B. PENDING OR THREATENED LITIGATION – Safe Harbor: Subdivision (b) of Government Code Section 54956.9

1. Potential Cases: 1

VII. RECONVENE TO OPEN SESSION *(time: 7:55 – 8:00 pm)*

A. Take Actions as Required on Closed Session Matters


The Board decided in closed session to continue with the LAFCO application.

VIII. ADJOURNMENT *(time: 8: 00 pm)*

The meeting was adjourned to the next meeting.



Board Secretary



Clerk of the Board

March 20, 2024

TO: PMHD Board of Directors

FROM: John Grass, MA, and MPA 

Re: Obtaining Legal Opinion regarding AB918

Many people can be quoted as saying AB918 is now the law of the land. However, laws are often changed, amended and/or challenged in court. Since the author and co-author are seemingly unprepared to amend the law, it seems that the only course of action to delay or prevent anticipated harm from the hurried dissolution of PMHD is a challenge in court. It is important to get sound legal advice with legal references rather than interpretations or opinions of law that may be incomplete or unsubstantiated.

I offer the following questions from members of the public for consideration. It is not an exhaustive list, we offer these and ask if expert legal counsel can provide guidance.

AB918 Legal Questions

1. Under what specific conditions can an injunction be sought – whether by this hospital district or by the taxpayers who will assuredly be impacted by its dissolution.
2. On what legal basis are you advising injunctions require a showing of harm, when there are many laws and ballot propositions that are stopped from being enacted by the courts?
3. Based on the timeline of AB918 and IVHD's now published roadmap, there certainly must be estimates for damages, interruption in services and loss of revenues that can be anticipated. Can this anticipated harm be cause for a legal challenge or legal injunction?
4. Is there an avenue for a CEQA challenge regarding dissolution of one district and the creation of a new one?
6. What is the status of the existing property taxes once PMHD and Heffernan are dissolved?
7. The IVHD legal counsel represented that the property taxes approved and paid by PMHD taxpayers will continue and be transferred to IVHD once PMHD is dissolved. Is this a violation of the original measure 70 year ago for PMHD establishment?
8. If a new funding mechanism is passed by voters to fund IVHD, is this not double taxation to the residents in the north end and Calexico?
9. Are the voters' rights being constitutionally subverted by dissolving the district without voter approval?
10. Does AB918 preclude the requirement for LAFCO dissolution processes and oversight including a vote from residents?
11. Would potential litigation brought by PMHD district voters have a stronger position in court versus a hospital district?
12. Should legal action be better as a joint effort of the hospital and taxpayers?
13. Current state law based on bed capacity requires hospital districts to be only 5 seats not the IVHD for 7 board member. AB918 changed this requirement. Should this be challenged legally?
14. If ECRMC is not acquired, are El Centro residents then required to pay property tax to support IVHD?

15. If ECRMC is not acquired, IVHD will oversee one hospital, PMH. The board representation will then not represent the residents of the north end. Should this be challenged legally?
17. What happens if the residents of Calexico petition LAFCO to dissolve Heffernan now based on its reported lack of financial oversight especially related to the 400 Mary Avenue construction?
18. AB918 has no specific remedy should voters fail to approve a new funding mechanism for the IVHD, yet still requires the dissolution of both PMHD and Heffernan. Is there a legal remedy to delay any dissolution UNTIL a permanent funding source is approved by a vote of the people?