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

Tuesday, May 28, 2024
PMH Auditorium
4:00 pm

AGENDA

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 47 hours prior to the meeting.

I. CALL TO ORDER (*time: 4:00 pm – 4:15 pm)*

A. Roll Call

B. Approval of Agenda

II. BOARD MEMBER COMMENTS

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: 4:15 pm – 4:30 pm)*

IV. MEDICAL STAFF REPORT – Ramaiah Indudhara, MD, Chief of Staff, will present for Board consideration, the following matters: (*time: 4:30 pm – 5:00 pm)*

A. Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms, or other related recommendations

V. 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: 5:00 pm – 5:30 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

2. Claim of Guerrero v. PMHD

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

1. Conference with Legal Counsel regarding threatened litigation involving possible facts or circumstances not yet known to potential party or parties, disclosure of which could adversely affect the District's position.
    a. Compliance Issues

VI. RECONVENE TO OPEN SESSION (*time: 5:30 – 5:40 pm)*

A. Take Actions as Required on Closed Session Matters

VII. POLICIES/PROCEDURES/REVIEW OF OTHER ITEMS – The Board will consider and may take action on the following: (*time: 5:40 pm – 6:30 pm)*

A. Hospital Policies
1. Billing and Collection
2. Emergency On-Call Surgery Team
3. Financial Assistance Program/Charity Care Program
4. Guest Trays and Late Admission Meals
5. Patient Complaints & Grievances

B. Approval of Minutes
1. 4/23/2024 Regular Meeting

C. Update Reports
1. Women's Auxiliary
2. LAFCO
3. Funding Requests
    a. Imperial Valley Healthcare District Funding Request

D. Consideration and Approval of Resolution 2024-02; A Resolution Ordering an Election, Requesting County Elections Official to Conduct the Election, and Requesting Consolidation of the Election

E. Authorize Purchase of Colonoscope and Gastroscopes from Olympus America, Inc. Contract Value: $100,396.80; Contract Term: One time purchase; Budgeted: No; Budget Classification: Capital

F. Authorize Purchase Agreement for Bronchoscope System with Olympus America, Inc. Contract Value: $62,864.72; Contract Term: One time purchase; Budgeted: No; Budget Classification: Capital

SECTION

G. Authorize Renewal of Comprehensive Liability Coverage, Directors & Officers Liability and Automobile Coverage with BETA Risk Management Authority
Contract Value: $1,792,951; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Liability Insurance

H. Authorize Engagement Letter and Professional Services Agreement with Moss Adams, LLP
Contract Value: $117,000; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Purchased Services

I. Authorize AvodaMed Platform Subscription Agreement with Avodah, Inc.
Contract Value: $538,200/yr + monthly fee; Contract Term: Three (3) years; Budgeted: No; Budget Classification: Software Licenses

J. Authorize Renewal of Lexis+ Subscription with LexisNexis
Contract Value: $57,864; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Subscriptions and Dues

K. Authorize Pharmacy Services Agreement with CVS Pharmacy, Inc.
Contract Value: estimated $100,000; Contract Term: Two (2) years; Budgeted: N/A; Budget Classification: Revenue

L. Authorize Skilled Nursing Facility Services Agreement with MedCare Partners, Inc.
Contract Value: 100% of Medicare; Contract Term: Two (2) years; Budgeted: N/A; Budget Classification: Revenue

M. Authorize Renewal of Property Insurance Coverage with Alliant Insurance, Inc.
Contract Value: depends on option chosen; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Insurance

N. Authorize Statement of Work for Cost Report Services for the SNF with Michael E. Lesnik
Contract Value: not to exceed $25,000; Contract Term: Six (6) months; Budgeted: No; Budget Classification: Purchased Services

O. Authorize Purchase of Cardiac Ultrasound Machine from GE HealthCare
Contract Value: $165,035; Contract Term: One-time purchase; Budgeted: No; Budget Classification: Capital

P. Authorize Renewal of Stop Loss Insurance with Sun Life Assurance Company
Contract Value: $6,939,387.[48]; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Insurance

Q. Authorize Professional Services Agreement with Mahomed Suliman, MD
Contract Value: depends on volumes; Contract Term: Three (3) years; Budgeted: No; Budget Classification: Professional Fees

R. Authorize Agreement for Locum Tenens Coverage with Consilium Staffing, LLC
Contract Value: varies on specialty; Contract Term: One (1) year; Budgeted: No; Budget Classification: Purchased Services

S. Authorize Master Services Agreement with Medicus Healthcare Solutions, LLC
Contract Value: varies depending on specialty; Contract Term: Five (5) years; Budgeted: No; Budget Classification: Purchased Services

SECTION

T. Authorize Provider Placement Agreement with Preferred Medical Partners Group
Contract Value: varies depending on specialty; Contract Term: Five (5) years; Budgeted: No; Budget Classification: Purchased Services

U. Authorize Rapid Response Testing Agreement with Unilab Corporation dba Quest Diagnostics
Contract Value: depends on volumes; Contract Term: Five (5) years; Budgeted: N/A; Budget Classification: Revenue

V. Authorize Retro-Approval of Replacement of Compressor for Chiller #3 with Johnson Controls
Contract Value: $113,663.90; Contract Term: Project completion; Budgeted: Yes; Budget Classification: Capital

VIII. MANAGEMENT REPORTS – The Board will receive the following information reports and may take action. *(time: 6:30 pm – 7:00 pm)*

A. Operations Reports – Chistopher Bjornberg, CEO

1. CEO Report (Chief Executive Officer)

2. Finance (Chief Financial Officer)
    a) April 2024 Finance Report

3. Hospital operations (Chief Nursing Officer)

4. Clinics operations (Chief of Clinic Operations)

5. Medical staff (Chief Nursing Officer)

6. Human Resources (Chief Human Resources Officer)
    a) April HR Report

7. Information technology (Chief Nursing Officer/Director of Information Systems)

8. Marketing (Director of Marketing)

9. Facilities, logistics, construction, support

10. Quality resources - (Director of Quality Resources)

11. Board matters

B. Legal Counsel Report – Sally Nguyen

1. All matters to be discussed in Closed Session

IX. ADJOURNMENT *(time: 7:00 pm)*

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

DATE: May 23, 2024

TO: Pioneers Memorial Healthcare District Board of Directors

FROM: Ramaiah Indudhara, M.D; Chief of Staff

SUBJ: Medical Staff Recommendations for Approval

ITEMS FOR CONSIDERATION: Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms or other related recommendations.

SUMMARY AND BACKGROUND: The Medical Executive Committee, upon the recommendations of the Credentials Committee and the respective clinical services and/or chiefs and based on the completed credential files, policies, and procedures, recommends that medical staff membership and/or clinical privileges be granted as outlined below:

1. Recommendation for **Initial Appointment** to the **Provisional Staff effective June 1, 2024** for the following:

• Davis, John, DO	Emergency Medicine
• Eisinger, Phillip, DO	Teleradiology
• Hur, Jane, MD	Teleradiology
• Meka, Murali, MD	Teleradiology
• Wood, David, MD	Teleradiology

2. Recommend **Reappointment** effective **June 1, 2024** for the following:

• Gailliot, Britain, MD	Teleradiology
• Johenk, Paul, DO	Anesthesiology
• Tan, Yong, MD	Family Medicine
• Wolcott, Patrick, MD	Sleep Medicine
• Yuh, Theresa, MD	Teleradiology
• Zadeh, Hamid, MD	Obstetrics/Gynecology

3. Recommendation for Additional Privileges effective June 1, 2024 for the following:

   - None

4. Recommend Request for **Release from Proctoring and Advancement** effective **June 1, 2024:**

• Nguyen, Truc, MD	Internal Medicine/Active

5. Recommend acceptance of the following **Resignations from Staff** effective **June 1, 2024:**

• Bhavsar, Rajesh, MD	Voluntary Resignation Effective: 04/16/2024
• Shehata, Mina, MD	Voluntary Resignation Effective 05/01/2024
• Baran, Victoria, PA	Failure to Reappoint
• Montenegro, Jauregui, Veronica, PA	Voluntary Resignation Effective: 05/31/2024

6. Recommend acceptance of the following policies/forms:
   - Empiric Antimicrobials for Adults with Sepsis or Septic Shock – MED-00214
   - Brian Imaging – WI – CLN-00778
   - Neonatal-Chest Tube Care and Maintenance – CLN-02516
   - Epidural Protocol – CLN-01060
   - Family Centered Care and Cultural Competency-Intermediate NICU – CLN-02514
   - Gestational Age Evaluation – Ballard Scoring – CLN-00219
   - Hyperbilirubinemia – Phototherapy – CLN-00239
   - Standardized Procedure for Registered Nurses: Hypoglycemia in the Newborn – CLN-02506
   - Intermediate NICU Social Work Services – CLN-02520
   - Standardized Procedure for Registered Nurses: Neonatal Endotracheal Intubation – CLN-00236
   - Standardized Procedure for Registered Nurses: Neonatal Thoracentesis/Needle Decompression – CLN-02518
   - Standardized Procedure for Registered Nurses: Neonatal Umbilical Vessel Catheterization – CLN-00258

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

- Pain Assessment and Management in the Neonate (N-Pass) – CLN-00223
- Pediatric Medication Use – CLN-02866
- Guidelines for the Management of Clostridioides (Clostridium) Difficile – Associated Disease – CLN-02304
- Therapeutic Hypothermia for Neonatal Encephalopathy – CLN-02521
- Pediatric Weight Based Dosing – CLN-02863
- Risk Evaluation and Mitigation Strategy – REMS – CLN-02810
- Neonatal Blood Transfusion – CLN-00230
- Neonatal Transfusion – TRM-033
- Diet Manual – CLN-02103
- Nutritional Adequacy of Patient Menu Initiating and Changing Diet Orders – CLN-2138
- Nutritional Assessment Documentation – CLN-02198
- Nutritional Status Nurse Screen and Patient Nutrition Plan of Care – CLN-02114
- Copy and Paste Functionality in Electronic Documentation – ADM-00181
- Standards of Practice for Registered Dietitians – CLN-02196
- Accepting Orders for Hospital Outpatient Services from Non-Privileged Providers – MSD-00106

7. Mr. Bjornberg, CEO – Setting up and establishing our strategic plan with Leadership.

8. Clinical Service and Committee Reports:
    - Medicine – (04/29/2024)
    - Emergency Medicine – No meeting
    - Surgery/Anesthesia/Pathology – (05/13/2024) A meeting was held. Discussed and approved Robotic Assist policies and Proctoring Policy.
    - OB/GYN – (No Meeting)
    - Pediatrics – (05/01/2024) A meeting was held
    - Medical Imaging – No meeting was held.
    - Ambulatory Services – Ms. Zamora
    - Credentials & Bylaws – (05/09/2024) A meeting was held it was presented at MEC.
    - MSQC- (05/14/2024) Policies were reviewed and approved then forwarded for consideration to the MEC.
    - Utilization Management – No meeting held.
    - Hospitalist – Stephan Papp, MD

RECOMMENDATION: That Pioneers Memorial Healthcare District Board of Directors approves each of the recommendations of the Medical Executive Committee for medical staff membership and clinical privileges as outlined above, policies and procedures as noted and authorizes the chief executive officer to sign any documents to implement the same.

Respectfully submitted,
Ramaiah Indudhara, MD, MBA, FACS
Chief of Staff
RI/arc

Pioneers Memorial Healthcare District

Title: **Billing & Collection**	Policy No. ADM-00319
	Page 1 of 9
Current Author: Cynthia Ramirez Veliz	Effective: 5/2024
Latest Review/Revision Date: May 2024	Manual: Administration/Patient Accounting

Collaborating Departments:		Keywords:		
Approval Route: List all required approval				
	PSQC	Other:		
Clinical Service _____		MSQC	MEC	BOD 6/2024

Note: *If any of the sections of your final layout are not needed do not delete them, write "not applicable".*

1.0 Purpose:

1.1 The Billing & Collection Policy (BCP), together in coordination with the Pioneers Memorial Healthcare District (PMHD) Financial Assistance Policy (FAP), is intended to meet the requirements of applicable federal, state and local laws, including and without limitation, California Health and Safety Code Sections 127400 – 127446, as amended, and any regulations promulgated there under. The BCP applies to all patients and/or responsible parties who receive hospital medical care at PMHD. The guiding principles behind this policy are to treat all patients and individuals responsible for payment equally, with dignity and respect. All requests for payment arrangements from patients, patient families, patient financial guarantors, physicians, hospital staff, or others shall be addressed in accordance with this policy.

2.0 Scope:

Patients who receive medically necessary services from PMHD (as defined in California Welfare & Institutions Code §14059.5), including patients, patient families, physicians and hospital staff. This policy does not apply to physician services rendered at PMHD.

3.0 Policy:

This policy defines the requirements and processes used by the PMHD Patient Business Office when making arrangements with patients or individuals responsible for payment of a bill for services rendered. The BCP is designed to ensure appropriate billing and collection procedures are uniformly followed including reasonable efforts are being made to determine whether the individuals responsible for payment of all or a portion of a patient account are eligible for assistance under the FAP. This policy also defines the standards and practices used by PMHD for collection of debts arising from nonpayment for hospital medical care provided by PMHD

PMHD will not deny emergency or other medically necessary care based on a patient's ability to pay. Definition: Medically Necessary Care - Healthcare services as defined by California Welfare & Institutions Code §14059.5. A service is medically necessary or a medical necessity when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Excluded from this definition are services that are primarily for patient comfort and/or patient convenience.

Pioneers Memorial Healthcare District

Title: **Billing & Collection**	Policy No. ADM-00319
	Page 2 of 9
Current Author: Cynthia Ramirez Veliz	Effective: 5/2024
Latest Review/Revision Date: May 2024	Manual: Administration/Patient Accounting

In the event that the hospital determines a particular service is not medically necessary, the referring physician and/or the supervising health care provider must sign an attestation indicating the rationale for determining the hospitals service(s) as not medically necessary. Said attestation must be completed prior to the denial of full or partial financial assistance by PMHD.

4.0 Definitions: Not Applicable

5.0 Procedure:

A. PMHD and the patient/guarantor party share responsibility for timely and accurate resolution of all patient accounts. Patient/guarantor cooperation and communication is essential to this process. PMHD will make reasonable, cost-effective efforts to assist patients/responsible parties with fulfillment of their financial responsibility.

B. The PMHD Patient Business Office is primarily responsible for the timely and accurate collection of all patient/guarantor accounts. Patient Business Office personnel work cooperatively with other hospital departments, members of the medical staff, patients/guarantors, insurance companies, collection agencies and others to assure that timely and accurate processing of patient/responsible party accounts can occur.

C. Accurate information provides the basis for PMHD to correctly bill patients/guarantor or their insurer. Patient billing information should be obtained in advance of hospital services whenever possible so that verification, prior authorization or other approvals may be completed prior to the provision of services. When information cannot be obtained prior to the time of service, hospital personnel will work with each patient/guarantor to assure that all necessary billing information is received by PMHD prior to the completion of services

D. It is the obligation of every patient/guarantor to provide a correct mailing address, telephone number and other required information for patient registration at any PMHD service point. Such information shall be updated by the patient or guarantor in the event that they move or if there are other changes to the information previously provided. Failure by the patient/guarantor to provide accurate information that is reasonable and necessary for the hospital to make a determination regarding the patient/guarantor's account, PMHD may consider that failure in making its determination.

E. Medical care at PMHD is available to those who may be in need of medically necessary services. To facilitate financial arrangements for persons who may be of low or moderate income, both those who are uninsured or underinsured, PMHD provides the following information to patients/guarantors as part of the routine billing process:

Pioneers Memorial Healthcare District

Title: **Billing & Collection**	Policy No. ADM-00319
	Page 3 of 9
Current Author: Cynthia Ramirez Veliz	Effective: 5/2024
Latest Review/Revision Date: May 2024	Manual: Administration/Patient Accounting

1. A written statement of charges for services rendered by the hospital provided in a format which shows the patient a synopsis of all charges for services rendered. Upon patient/guarantor request, a complete itemized statement of charges will be provided;

2. A written request that the patient/guarantor inform PMHD if the patient/responsible party has any health insurance coverage, Medicare, Medi-Cal or other form of insurance coverage;

3. A written statement informing the patient/guarantor that they may be eligible for Medicare, Medi-Cal, California Children's Services Program, health plans available through Covered California or the PMHD Financial Assistance Program;

4. A written statement indicating how the patient/responsible party may obtain an application for the Medi-Cal, health plans available through Covered California, or other appropriate government coverage program;

5. If a patient/responsible party is uninsured, an application to the Medi-Cal, health plans available through Covered California, or other appropriate government assistance program will be provided. A PMHD representative is available at no cost to the patient to assist with application to relevant government assistance programs;

6. A written statement regarding eligibility criteria and qualification procedures for full charity care and/or partial charity care under the PMHD Financial Assistance Program. This statement shall include the name and telephone number of hospital personnel who can assist the patient/responsible party with information about and an application for the PMHD Financial Assistance Program.

7. Help Paying Your Bill

   There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

   Hospital Bill Complaint Program

   The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

F. PMHD provides financial counselors to assist uninsured patients with evaluating potential options for financial coverage of services provided at PMHD. Financial counselors will assist

Pioneers Memorial Healthcare District

Title: **Billing & Collection**	Policy No. ADM-00319
	Page 4 of 9
Current Author: Cynthia Ramirez Veliz	Effective: 5/2024
Latest Review/Revision Date: May 2024	Manual: Administration/Patient Accounting

the patient/guarantor with applications for government coverage programs, PMHD financial assistance applications, and/or other possible options to help the uninsured patient/guarantor seek financial coverage which may be available to them.

G. All patients upon discharge shall receive an accessible format hard copy written notice containing the following information. The hospital shall maintain a contemporaneous record in accordance with the hospital's record retention policy, that the written notice was provided to the patient.
    - Information on the availability of full and partial financial assistance through PMHD
    - How to apply using the FAA
    - Where the patient may obtain a copy of the PMHD financial assistance policy
    - Basic financial assistance eligibility information
    - Contact information for hospital personnel who can provide more information
    - The hospital website for the list of shoppable services
    - Information on the Health Consumer Alliance including the following statement:

      <u>Help Paying Your Bill</u>
      There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

H. Each patient's/guarantor's account will be assigned to an appropriate Patient Business Office representative based upon established criteria and staff workloads. Once a patient/guarantor account is assigned to a Patient Business Office representative, the account details will be reviewed to assure accuracy and completeness of information necessary for the account to be billed.

I. If the account may be payable by the patient's/guarantor's insurer, the initial claim will be forwarded directly to the designated insurer. PMHD Patient Business Office personnel will work with the patient's/guarantor's insurer to obtain any or all amounts owed on the account by the insurer. This will include calculation of contracted rates or other special arrangements that may apply. Once payment from the primary insurer has been determined by PMHD, any secondary or tertiary payers will have claims filed by PMHD on behalf of the patient/guarantor.

J. Once all insurance claims on an account have been resolved, any residual patient/guarantor liability balance, for example a co-payment or deductible amount, will be billed directly to the patient/guarantor. Any or all patient/guarantor balances are due and payable within 30 days from the date of this first bill.

K. If there are no insurance claims to be filed and the account is payable only by the patient/guarantor, it will be classified as a Self-pay account. Self-pay accounts may potentially qualify for government coverage programs, financial aid under the PMHD Financial Assistance

Pioneers Memorial Healthcare District

Title: **Billing & Collection**	Policy No. ADM-00319
	Page 5 of 9
Current Author: Cynthia Ramirez Veliz	Effective: 5/2024
Latest Review/Revision Date: May 2024	Manual: Administration/Patient Accounting

Policy, or other policy discounts. Patients/guarantors with accounts in Self-pay status will be informed of these options by PMHD registration and billing staff, and patients should contact a Patient Business Office representative to obtain assistance with qualifying for one or more of these options.

L. In the event that a patient/guarantor has made a deposit payment, or other partial payment for services and it is subsequently determined that the patient qualifies for full charity care or discount payment, all deposits paid which exceed the patient payment obligation, if any, as determined through the Financial Assistance process, shall be refunded to the patient/guarantor with interest within 30 days from the date the payment was received by the hospital. Interest shall begin to accrue on the first day that payment by the patient/responsible party is received by the hospital. Interest amounts shall accrue at Ten Percent (10%) per annum. In the event that the amount of interest owed to the patient/guarantor as part of a refund is less than Five Dollars ($5.00), no interest will be paid to the patient/guarantor.

M. Self-pay accounts may be subject to a credit history review. PMHD will use a reputable, nationally-based credit reporting system for the purposes of obtaining the patient/responsible party's historical credit experience.

N. After insurance claims are resolved and/or if there are no insurance claims to be filed, all accounts, whether insured or uninsured will follow and complete the same processes for collection of patient balances due PMHD.

O. Account amounts due from patients/guarantors will not be forwarded to collection status when the patient/guarantor makes reasonable efforts to communicate with PMHD Patient Business Office representatives and makes good faith efforts to resolve the outstanding account. PMHD Patient Business Office representatives will determine if the patient/guarantor are continuing to make good faith efforts to resolve the account due PMHD and may use indicators such as: application for Medi-Cal, or other government programs; application for the PMHD FAP; regular partial payments of a reasonable amount; negotiation of a payment plan with PMHD and other such indicators that demonstrate the patient's/guarantor's effort to fulfill their payment obligation.

P. Patient/guarantor account balances in Self-pay status will be considered past due after 30 days from the date of first post-discharge bill. The Director of the Patient Business Office or his/her designee shall implement procedures for compliance with the Charity Care Policy. Accounts may only be advanced for collections that are in compliance with established procedures. Prior to being advanced to collection status, Self-pay accounts must receive: 1) a written statement of charges; 2) a request that the patient inform PMHD of any insurance coverage that may apply to the account; 3) information about government financial assistance including a Medi-Cal or county program application; 4) information about the PMHD financial assistance program, hospital financial counselor contacts and a program application; 5) local

Pioneers Memorial Healthcare District

Title: **Billing & Collection**	Policy No. ADM-00319
	Page 6 of 9
Current Author: Cynthia Ramirez Veliz	Effective: 5/2024
Latest Review/Revision Date: May 2024	Manual: Administration/Patient Accounting

consumer assistance center contact information including the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information; 6) and the HCAI Hospital Bill Complaint Program.

Q. Prior to debt collection by the hospital or its collection agencies, or the sale of any debt for collection purposes, the PMHD or its agents must comply with all of the following: 1) notice to the patient including the date of service; 2) who will be collecting the debt; 3) how to obtain an itemized bill for the services received; 4) the name of any insurance plan for the patient, or a statement that PMHD does not have any insurance coverage information; 5) a PMHD financial assistance application, along with documentation of the date a financial assistance application was provided to the patient and/or when a financial assistance determination was noticed to the patient; 6)) local consumer assistance center contact information, including the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information; and the HCAI Hospital Bill Complaint Program.

R. Accounts may be advanced to collection status by PMHD after 180 days according to the following schedule:

1. PMHD or its Authorized Vendors will provide the patient/guarantor with five (5) billing statements via mail including notice that financial assistance may be available. PMHD will also attempt to contact each patient/guarantor by telephone at least once during which notice of the PMHD FAP will be offered to the patient/guarantor.

2. Any or all account balances, due from the patient/guarantor, where no payment has been received, and the patient/guarantor has not communicated with PMHD within 60 days of initial billing, may be forwarded to collection status when:

   i. a minimum of one bill showing details at the revenue code summary level and four cycle statements have been sent to the patient/guarantor;
   ii. at least one telephone contact attempt has been made and documented; and
   iii. notice is provided to the patient/guarantor that payments have not been made in a timely manner and the account will be subject to collection 30 days from the notice date.

S. After 30 days or anytime when an account otherwise becomes past due and subject to internal or external collection, PMHD will provide every patient/responsible party with written notice in the following form:

1. "State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before

Pioneers Memorial Healthcare District

Title: **Billing & Collection**	Policy No. ADM-00319
	Page 7 of 9
Current Author: Cynthia Ramirez Veliz	Effective: 5/2024
Latest Review/Revision Date: May 2024	Manual: Administration/Patient Accounting

8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov."

2. Non-profit credit counseling services may be available in the area. Please contact the PMHD Patient Business Office if you need more information or assistance in contacting a credit counseling service.

T. PMHD offers patients/guarantors an extended payment plan option when they are not able to settle the account in one lump sum payment. Extended payment plans are established on a case-by-case basis through consideration of the total amount owed by the patient/guarantor to PMHD and the patient's/guarantor's financial circumstances. Extended payment plans generally require a minimum monthly payment of an amount such that the term of the payment plan shall not exceed twelve (12) months. Once an extended payment plan has been agreed to by the patient/guarantor, failure to make all consecutive payments due during any 60-day period will constitute a payment plan default. Written notice of extended payment plan default will be provided to the patient/guarantor. It is the patient/guarantor's responsibility to contact the PMHD Patient Business Office if circumstances change and payment plan terms cannot be met.

U. Certain patients/guarantors who have qualified for PMHD discounted partial financial assistance are eligible for a Qualified Payment Plan as described in the PMHD Financial Assistance Policy. Qualified payment plans involve negotiation between the hospital and patient/responsible party and may result in a payment plan term which exceeds twelve (12) months. Qualified payment plans may be arranged by contacting a PMHD Patient Business Office representative. Qualified payment plans are free of any interest charges. Once a qualified payment plan has been approved by PMHD, any failure to pay all consecutive payments due during any 90-day period will constitute a payment plan default. It is the patient/guarantor's responsibility to contact the PMHD Patient Business Office if circumstances change and payment plan terms cannot be met. However, in the event of a payment plan default, PMHD will make a reasonable attempt to contact the patient/guarantor by telephone and also give notice of the default in writing. Notices of plan default will be sent the patient at least sixty (60) days after the first missed bill and provide the patient at least thirty (30) days to make a payment before the extended payment plan becomes inoperative. The patient/guarantor shall have an opportunity to renegotiate the extended payment plan and may do so by contacting a Patient Business Office representative within Fourteen (14) Days from the date of the written notice of extended payment plan default. If the patient/guarantor fails to

Pioneers Memorial Healthcare District

Title: **Billing & Collection**	Policy No. ADM-00319
	Page 8 of 9
Current Author: Cynthia Ramirez Veliz	Effective: 5/2024
Latest Review/Revision Date: May 2024	Manual: Administration/Patient Accounting

request renegotiation of the extended payment plan within Fourteen (14) Days, the payment plan will be deemed inoperative and the account may become subject to collection.

V. For all patient/guarantor accounts where there is no 3rd party insurer *and/or* whenever a patient/responsible party provides information that he or she may have High Medical Costs, the Patient Business Office representative will assure that the patient/responsible party has been provided all elements of information as listed above in E. parts (a) through (g), and paragraph G above. This will be accomplished by sending a written billing supplement with the first patient/guarantor bill. The Patient Business Office representative will document that the billing supplement was sent by placing an affirmative statement in the “notes” section of the patient’s/guarantor’s account.

W. PMHD will only utilize external collection agencies with which it has established written contractual agreements. Every collection agency performing services on behalf of PMHD must agree to comply with the terms and conditions of such contracts as specified by PMHD. All collection agencies contracted to provide services for, or on behalf of PMHD, shall also agree to comply with the standards and practices defined in the collection agency agreement; including this Billing and Collection Policy, the PMHD Financial Assistance Policy and all legal requirements including those specified in the California Health & Safety Code and regulations promulgated by HCAI.

X. In accordance with the PMHD Financial Assistance Policy, a patient may submit an application for PMHD financial assistance at any point during the revenue cycle. PMHD may identify a patient/guarantor potentially eligible for financial assistance in accordance with the PMHD FAP. In the event that a financial assistance application is received by PMHD or any Collection Agency subsequent to initiation collection activity, PMHD or its Collection Agency shall immediately suspend enforcement of collections. During the period of collection suspension, PMHD shall make reasonable efforts to determine whether the patient/guarantor is eligible for financial assistance under the FAP. Patents/guarantors must make reasonable efforts to provide accurate information when completing the Financial Assistance Application. PMHD at it sole discretion, but no sooner than thirty (30) days from the start of suspension of collection, may determine if the patient/guarantor has made reasonable efforts to cooperate with the PMHD financial assistance application process. Collection activity may resume in the following situations:
    1. The patient/guarantor fails to cooperate with the financial assistance application process; or
    2. PMHD determines that the patient/guarantor is not eligible for financial assistance under the PMHD financial assistance policy.

Y. If a patient/guarantor has filed an appeal for coverage of services, PMHD will extend the 180 day limit on reporting of adverse information to a credit reporting agency and/or will not

Pioneers Memorial Healthcare District

Title: **Billing & Collection**	Policy No. ADM-00319
	Page 9 of 9
Current Author: Cynthia Ramirez Veliz	Effective: 5/2024
Latest Review/Revision Date: May 2024	Manual: Administration/Patient Accounting

commence any civil action, or other collection activity until a final determination of the pending appeal has been made. Patient appeals may include:

1. a grievance against a contracting health plan;
2. seeking an independent medical review;
3. a fair hearing for a review of a Medi-Cal claim pursuant to California requirement; and
4. an appeal regarding Medicare coverage pursuant to federal law and regulation;

Z. PMHD and/or its external collection agencies will not use wage garnishments or liens on a primary residence without an order of the court. Any or all legal action to collect an outstanding patient/responsible party account by PMHD and/or its collection agencies must be authorized and approved in advance, in writing by the PMHD Patient Business Office Director ***and*** the Chief Financial Officer. Any legal collection action must conform to the requirements of the California Health & Safety Code. PMHD, its collection agencies, or any assignee may use any or all legal means to pursue reimbursement, debt collection and any enforcement remedy from third-party liability settlements, tortfeasors, or other legally responsible parties. Such actions shall be conducted only with the prior written approval of the PMHD Patient Business Office Director ***and*** the Chief Financial Officer.

6.0 References: Not Applicable

7.0 Attachment List: Not Applicable

8.0 Summary of Revisions: Not Applicable

Pioneers Memorial Healthcare District

Title: **Emergency On-Call Surgery Team**	Policy No. CLN-01526
	Page 1 of 2
Current Author: Erika Arias, MSN, RN, Angelica Alaniz, RN	Effective: 2/20/2002
Latest Review/Revision Date: 11/14/2023	Manual: Clinical

Collaborating Departments: Anesthesia, Registration		Keywords: Emergency, On-Call, Surgery		
Approval Route: List all required approval				
MARCC 1/16/2024	PSQC	Other:		
Clinical Service: Surgery 3/2024; OB 4/2024		MSQC 5/2024	MEC 5/2024	BOD 5/2024

1.0 Purpose:

1.1 To ensure sufficient perioperative staffing for urgent/emergent surgeries on weekends/holidays and after 1530 hours and before 0700 hours Monday through Friday.

2.0 Scope:

2.1 Operating Rooms, Post Anesthesia Care Unit (PACU), and Sterile Processing Departments.

3.0 Policy:

3.1 It is the policy of Pioneers Memorial Healthcare District to provide staff, equipment and supplies for urgent/emergent surgeries after regular business hours, holidays, and weekends. Regular business hours: Monday through Friday; 0700-1530. The surgical provider assesses patient acuity and determines if the surgery is routine, urgent or emergent. When an emergency surgery is called, the medical provider believes a delay in surgery may result in unfavorable patient outcomes or death.

4.0 Definitions:

4.1 The Emergency On-Call Surgery Team includes:

1. Circulating RN
2. Surgical Technician
3. Preop/PACU RN
4. Sterile Processing Technician (if appropriate)
5. Anesthesia Provider

5.0 Procedure:

5.1 Perioperative Director or designee has responsibility to publish an Emergency On-Call Surgery Team schedule. The schedule will be distributed to House Supervisors, and Switchboard.

5.2 Attending physician notifies the House Supervisor of the urgent/emergent surgery.

5.3 House Supervisor notifies Emergency On-Call Surgery Team.

5.4 Emergency On-Call Surgery Team reports for duty within one-half hour of notification.

5.5 Sterile Processing Technician is called by the Circulating RN or House Supervisor if needed for processing instruments.

5.6 Anesthesia (first call) to be called by House Supervisor.

5.7 House Supervisor documents the following:

Pioneers Memorial Healthcare District

Title: **Emergency On-Call Surgery Team**	Policy No. CLN-01526
	Page 2 of 2
Current Author: Erika Arias, MSN, RN, Angelica Alaniz, RN	Effective: 2/20/2002
Latest Review/Revision Date: 11/14/2023	Manual: Clinical

5.7.1 Patient's name, date of birth, medical record number, and hospital room/department location
5.7.2 Name of Surgical Procedure
5.7.3 Surgeon's Name
5.7.4 Emergency On-Call Surgery Team notification time
5.7.5 Anesthesia provider notification time

5.8 The Preoperative/PACU RN accepts report from the patient's nurse and includes:
5.8.1 Patient's name, date of birth, age, medical record number and location.
5.8.2 Surgical procedure to be performed.
5.8.3 Surgeon's name
5.8.4 Current labs, Covid test, x-rays, and EKG
5.8.5 Informed Surgical and Anesthesia Consents signed by patient, surgeon and anesthesia provider.
5.8.6 Any special requests.

5.9 Preoperative documents are completed and includes:
5.9.1.1 History and Physical
5.9.1.2 Blood consent
5.9.1.3 Informed Surgical Consent signed by patient and surgeon
5.9.1.4 Informed Anesthesia Consent signed by patient and anesthesia provider
5.9.1.5 Physician Pre-operative orders
5.9.1.6 Perioperative record

5.10 Disclaimer: The surgeon has discretion to bypass steps in this policy when intervening in life-threatening events.

5.11 Revisions to the Emergency On-Call Surgery Team schedule will be emailed to the House Supervisor, Director of Perioperative Services, and Switchboard.

5.12 Emergency On-Call Surgery Review:
5.12.1 Utilization of the Emergency On-Call Surgery Team will be monitored each month by the Director of Perioperative Services and reviewed by the Chief of Surgery. [One Emergency On-Call Surgery Team currently in place].

6.0 References: Not applicable

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:
8.1 Change of Author
8.2 Sentence revision section 1.1

Pioneers Memorial Healthcare District

Title:	Policy No. ADM-00312
Financial Assistance Program (FAP), Charity Care Program	Page 1 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

Collaborating Departments: Finance		Keywords: Financial Assistance, Charity Care	
Approval Route: List all required approval			
	PSQC	Other:	
Clinical Service _____	MSQC	MEC	BOD 6/2024

Note: *If any of the sections of your final layout are not needed do not delete them, write "not applicable".*

1.0 Purpose:

1.1 To define the criteria used by Pioneers Memorial Healthcare District (PMHD) to evaluate and determine qualification for the Financial Assistance Program (FAP) and Charity Care program. PMHD strives to ensure that the financial capacity of people who need health care services shall not prevent them from seeking or receiving care.

2.0 Scope:

2.1 Patients who receive medically necessary services from PMHD (as defined in California Welfare & Institutions Code §14059.5), including patients, patient families, physicians and hospital staff. This policy does not apply to physician services rendered at PMHD.

2.2 In the event that the hospital determines a particular service is not medically necessary, the referring physician and/or the supervising health care provider must sign an attestation indicating the rationale for determining the hospitals service(s) as not medically necessary. Said attestation must be completed prior to the denial of full or partial financial assistance by PMHD.

3.0 Policy:

3.1 Under the patient Financial Assistance Program (FAP), all uninsured patients and those who request financial assistance will be required to complete a Financial Assistance Application (FAA). The FAA is a unified patient application for both full charity care and partial charity care. PMHD shall provide direct assistance to facilitate completion of the FAA.

3.2 All hospital documents including the FAA shall be in at least a 12 point san serif font, using straightforward language so that patients may easily read and understand these documents. Documents will be maintained available in any language commonly spoken by five (5%) or more of the service population. All patient notices will be accompanied

Pioneers Memorial Healthcare District

Title:	Policy No. ADM-00312
Financial Assistance Program (FAP), Charity Care Program	Page 2 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

by a tagline sheet with the following statement provided in English and the top 15 languages spoken by limited English speaking persons in California:

3.3 ATTENTION: If you need help in your language, please call 1-800-874-9426, Client ID 201448, where patients obtain more information. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

3.4 Patients must be honest and forthcoming when providing all information requested by PMHD as part of the financial screening process. The FAA provides patient information necessary for determining patient qualification by the hospital and such information may be used to qualify the patient or family representative for maximum coverage available through government programs. Factors considered when determining whether an individual is qualified for financial assistance pursuant to this policy include:

3.4.1 Family income based upon federal income tax returns, recent pay stubs, or other relevant information provided by the patient in the absence of said documents; and “Patients family means the following:

For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not.
For persons under 18 years of age, parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker.

3.4.2 PMHD FAP relies upon the cooperation of individual patients who may be eligible for full or partial assistance. Patients must make every reasonable effort to provide PMHD with documentation and health insurance coverage information such that PMHD may make a determination of the patient’s qualification for coverage under the appropriate program. Prior to leaving PMHD, patients should verify what additional information or documentation must be submitted to PMHD.

3.4.3 Patients should expect and are required to pay any or all amounts due at the time of service, including but not limited to, co-payments, deductibles, deposits and Medi-Cal/Medicaid Share of Cost amounts.

3.5 Eligibility alone is not an entitlement to qualification under the PMHD FAP. PMHD must complete a process of application evaluation and determine qualification before full charity or partial charity may be granted.

3.6 PMHD, in its sole discretion, may determine that it has sufficient patient financial information from which to make a financial assistance qualification decision without a completed FAA.

Pioneers Memorial Healthcare District

Title:	Policy No. ADM-00312
Financial Assistance Program (FAP), Charity Care Program	Page 3 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

3.7 Financial assistance determination will be made only by approved PMHD personnel according to the following levels of authority:
- 3.7.1 -Director of Patient Business Office: Accounts less than $10,000
- 3.7.2 -Chief Financial Officer: Accounts greater than $10,000

4.0 Definitions: Not applicable

5.0 Procedure:

5.1 Qualification for full charity care or partial charity financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay in accordance with Federal Poverty Level (FPL) standards.

5.2 Charity Care Qualification - Eligibility under the PMHD FAP is provided for any patient whose family income is less than 400% of the current federal poverty level, if not covered by a third-party insurance or, if covered by third party insurance which does not result in full payment of the account.

5.3 All open accounts at the time of application will be reviewed for qualification.

5.4 Uninsured Patients - If an uninsured patient's family income is 200% or less of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance qualification requirements, the patient qualifies for full charity care.

5.4.1 If an uninsured patient's family income is between 201% and 400% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance qualification requirements, the following will apply:

5.4.1.1 If the services are not covered by any third-party payer so that the patient ordinarily would be responsible for the full-billed charges, the patient's payment obligation will be a percentage of the Medicare amount the Medicare program would have paid for the service if the patient were a Medicare beneficiary. The actual percentage paid by any individual patient shall be on the sliding scale shown in Attachment C.

5.5 Insured Patients - If an insured patient's family income is 200% or less of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance qualification requirements, PMHD will accept the

Pioneers Memorial Healthcare District

Title:	Policy No. ADM-00312
Financial Assistance Program (FAP), Charity Care Program	Page 4 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

amount paid by the third-party insurer and the patient will have no further payment obligation.

5.5.1 If an insured patient's family income is between 201% and 400% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance qualification requirements, the following will apply:

5.5.1.1 For services received by patients covered by a third-party payer such that the patient is responsible for only a portion of the billed charges (i.e., a deductible or co-payment), then the patient's payment obligation will be an amount equal to the difference between what insurance has paid and the Medicare amount (fully loaded Medicare payment rate) of what Medicare would have paid if the patient were a Medicare beneficiary (i.e., if insurance has paid more than the Medicare allowable amount, the patient will owe nothing further, but if the patient's insurance has paid less than the Medicare allowable amount, the patient will pay the difference between the insurance amount paid and the Medicare allowable amount).

5.6 Special Charity Care Circumstances - Patient and patient's families are deemed as automatically eligible for full charity care in the following situations:

5.6.1 Patient is determined by PMHD Registration staff to be homeless and without third party payer coverage.

5.6.2 Deceased patients who do not have any third-party payer coverage, an identifiable estate or for whom no probate hearing is to occur.

5.6.3 Patients who have been declared bankrupt by a federal bankruptcy court order within the past twelve (12) months. The patient or family representative shall provide a copy of the court order document as part of their application.

5.6.4 Patients seen in the emergency department, for whom PMHD is unable to issue a billing statement, may have the account charges written off (i.e., the patient leaves before billing information is obtained). All such circumstances shall be identified on the patient's account notes as an essential part of the documentation process.

5.6.5 Patients who are eligible for government sponsored low-income assistance programs (e.g., Medi-Cal/Medicaid, California Children's Services, and any other applicable state or local low-income program) are automatically eligible for full charity care when payment is not made by the governmental program. For

Pioneers Memorial Healthcare District

Title: **Financial Assistance Program (FAP), Charity Care Program**	Policy No. ADM-00312 Page 5 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

example, patients who qualify for Medi-Cal/Medicaid as well as other government programs serving the needs of low-income patients (e.g., Child Health and Disability Prevention (CHDP) and some California Children's Services (CCS)) where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance coverage. Under PMHD's FAP, these types of non-reimbursed patient account balances are eligible for full write-off as Charity Care. Specifically included as Charity Care are charges related to denied stays or denied days of care. All Treatment Authorization Request (TAR) denials provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g., restricted coverage) are to be classified as Charity Care.

5.6.6 Any uninsured patient who is classified as a foreign refugee, with documentation from the US Border Patrol, Customs and Immigration Service, and/or other government entity with jurisdiction, may be deemed as eligible for full charity care.

5.6.7 Any uninsured patient whose income is greater than 400% of the current FPL and experiences a catastrophic medical event may be deemed eligible for financial assistance. Such patients who have higher incomes do not qualify for routine full charity care or discount payment care. However, consideration of a catastrophic medical event may be made on a case-by-case basis. The determination of a catastrophic medical event shall be based upon the amount of the patient liability at billed charges, and consideration of the patient's income and assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic medical event. As a general guideline, any account with a patient liability for services rendered that exceeds $150,000.00 may be considered for eligibility as a catastrophic medical event**. This does not apply to the Rural Health Clinics**.

5.6.8 Any account returned to PMHD from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.

5.6.9 Criteria for Re-Assignment from Bad Debt to Charity Care - All outside collection agencies contracted with PMHD to perform account follow-up and/or bad debt collection will utilize the following criteria to identify a status change from bad debt to charity care:

Pioneers Memorial Healthcare District

Title: **Financial Assistance Program (FAP), Charity Care Program**	Policy No. ADM-00312
	Page 6 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

5.6.10 Patient accounts must have no applicable insurance (including governmental coverage programs or other third-party payers); and

5.6.11 The patient or family representative must have a credit and/or behavior score rating within the lowest 25th percentile of credit scores for any credit evaluation method used; and

5.6.12 The patient or family representative has not made a payment within 180 days of assignment to the collection agency; and

5.6.13 The collection agency has determined that the patient/family representative is unable to pay; and/or

5.6.14 The patient or family representative does not have a valid Social Security Number and/or an accurately stated residence address in order to determine a credit score.

5.6.15 All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by PMHD Billing Department personnel prior to any re-classification within the hospital accounting system and records.

5.7 Patient Notification - Once a determination of charity care eligibility is made, a letter indicating the determination status will be sent to the patient or family representative. The determination status letter will indicate one of the following:

5.7.1 Approval: The letter will indicate the account has been approved, the level of approval and any outstanding amount owed by the patient. Information and directions for any further patient actions will also be provided.

5.7.2 Denial: The reasons for eligibility denial based on the FAA will be explained to the patient. Any outstanding amount owed by the patient will also be identified. Contact information and instructions for payment, including a reasonable payment plan will also be provided.

5.8 Pending: The applicant will be informed as to why the FAA is incomplete. All outstanding information will be identified, and the notice will request that the information be supplied to PMHD by the patient or family representative.

5.9 All financial assistance letters will also contain information on the Hospital Bill Complaint Program, including the following statement:

5.9.1 Hospital Bill Complaint Program

5.9.1.1 The Hospital Bill Complaint Program is a state program, which reviews hospital decisions about whether you qualify for help paying your hospital bill. If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint

Pioneers Memorial Healthcare District

Title:	Policy No. ADM-00312
Financial Assistance Program (FAP), Charity Care Program	Page 7 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

5.9.1.2 All financial assistance letters will also include the following statement:

5.9.2 Help Paying Your Bill

5.9.2.1 There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

5.10 Qualified Payment Plans - When a determination of partial charity care has been made by PMHD, the patient shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term Qualified Payment Plan.

5.10.1 PMHD shall discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be arranged based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than 12 months.

5.10.2 PMHD shall negotiate in good faith with the patient; however, there is no obligation to accept the payment terms offered by the patient. In the event that PMHD and an individual patient or guarantor cannot reach an agreement to establish a Qualified Payment Plan, the hospital will use the "Reasonable payment plan" formula as defined in Health & Safety Code Section 127400 (i) as the basis for a payment plan. A "Reasonable payment plan" means monthly payments that are not more than 10 percent of a patient's family income for a month, excluding deductions for essential living expenses. In order to apply the "Reasonable payment plan" formula, PMHD shall collect patient family information on income and "Essential living expenses" in accordance with the statute. PMHD shall use a standardized form to collect such information. Each patient or guarantor seeking to establish a payment plan by applying the "Reasonable payment plan" formula shall submit the family income and expense information as requested, unless the information request is waived by representatives of PMHD.

5.10.3 No interest will be charged to qualified patient accounts for the duration of any payment plan arranged under the provisions of the FAP.

5.10.4 Once a payment plan has been approved by PMHD, any failure to pay all consecutive payments due during a 90-day period will constitute a payment plan

Pioneers Memorial Healthcare District

Title:	Policy No. ADM-00312
Financial Assistance Program (FAP), Charity Care Program	Page 8 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

default. It is the patient or guarantor's responsibility to contact the PMHD Patient Business Office if circumstances change, and payment plan terms cannot be met. However, in the event of a payment plan default, PMHD will make a reasonable attempt to contact the patient or their family representative by telephone and also give notice of the default in writing. Notices of plan default will be sent the patient at least sixty (60) days after the first missed bill and provide the patient at least thirty (30) days to make a payment before the extended payment plan becomes inoperative. The patient shall have an opportunity to renegotiate the extended payment plan and may do so by contacting a Patient Business Office representative within Fourteen (14) Days from the date of the written notice of extended payment plan default. If the patient fails to request renegotiation of the extended payment plan within Fourteen (14) Days, the payment plan will be deemed inoperative. The patient's financial responsibility shall not exceed the discounted amount previously determined. The patient will receive credit for any payments made before the extended plan became inoperative and the account will become subject to collection.

5.10.5 Dispute Resolution In the event that a dispute arises regarding Financial Assistance Program qualification, the patient may file a written appeal for reconsideration with PMHD. The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal.

5.10.6 Any or all appeals will be reviewed by the Director of the Patient Business Office. The Director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the Director shall provide the patient with a written explanation of findings and the determination. If the party making the appeal disagrees with the findings, they make an additional written appeal to the Chief Financial Officer. The decision of the Chief Financial Officer is final. There are no further appeals.

5.11 Public Notice

5.11.1 PMHD shall post notices informing the public of the FAP, the FAA, and the Billing and Collection Policy. Such notices shall be posted in high volume inpatient and outpatient service areas of PMHD, including but not limited to, the emergency department, billing office, inpatient admission and outpatient registration areas, outpatient observation units, or other common patient waiting areas of PMHD.

Pioneers Memorial Healthcare District

Title: **Financial Assistance Program (FAP), Charity Care Program**	Policy No. ADM-00312
	Page 9 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance.

5.11.1.1 These notices shall be posted in English and Spanish and are available in other languages as required by Health & Safety Code §127410 (a).

5.11.1.2 All posted notices shall be in a san serif font, using black text on a white background. Posted notices shall be no smaller than an 11”x17’ sheet and written in an easy to read and understand format. Posted notices will be in English and Spanish and any other language commonly used by five (5%) percent or more of the service population.

5.11.1.3 Hospital postings will have the following subject headings:

5.11.1.3.1 “Help Paying Your Bill” with information about the hospital full and partial financial assistance program.

5.11.1.3.2 “How to Apply” with contact information for the hospital employee and office where information about financial assistance and an application may be obtained.

5.11.1.3.3 “Hospital Bill Complaint Program” followed by the language: If you believe you were wrongly denied financial assistance, you may file a complaint with the Hospital Bill Complaint Program. Go to HospitalBillComplaintProgram.hcai.ca.gov for more information and to file a complaint.

5.11.1.3.4 “More Help” followed by: There are free consumer advocacy organizations that will help you understand the billing and payment process. You may call the Health Consumer Alliance at 888-804-3536 or go to healthconsumer.org for more information.

5.11.1.3.5 Information on how a patient with a disability may access the notice in an alternative format, including but not limited to, large print, braille, audio, or other accessible electronic formats.

5.11.1.3.6 Information on how to access the notice in another language.

5.11.2 Additionally, the Financial Assistance Policy, the Financial Assistance Application, Public Notice, and the Billing and Collection Policy shall be easily found online at: www.pmhd.org. The webpage is titled “Help Paying Your Bill,” and a link is found on (either a footer or header dropdown menu no more than

Pioneers Memorial Healthcare District

Title:	Policy No. ADM-00312
Financial Assistance Program (FAP), Charity Care Program	Page 10 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

one click away) – HOSPITAL TO SPECIFY BASED ON CHANGES TO CURRENT WEBSITE)

The website shall also include the standard language reference to the Hospital Bill Complaint Program previously stated above in Section 5.

5.11.3 Paper copies of the above referenced documents shall be made available to the public upon reasonable request at no additional cost. PMHD shall respond to such requests in a timely manner.

5.12 Full Charity Care and Partial Charity Care Reporting

5.12.1 PMHD shall report actual Charity Care provided in accordance with this regulatory requirement of the Department of Health Care Access and Information (HCAI) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with regulation, PMHD will maintain written documentation regarding its Charity Care criteria, and for individual patients, PMHD will maintain written documentation regarding all Charity Care determinations. As required by HCAI, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

5.12.2 PMHD will appoint an authorized primary and secondary contact to receive compliance and informational communications from HCAI. Each of these two designated PMHD personnel will register with HCAI and any changes to the primary or secondary contacts will be communicated to HCAI within ten (10) working days.

5.12.3 PMHD will appoint an authorized primary and secondary contact to review and respond to patient complaints. Each of these two designated PMHD personnel will register with HCAI and any changes to the primary or secondary contacts will be communicated to HCAI within ten (10) working days

5.12.4 PMHD shall provide HCAI with a copy of this FAP which includes the full charity care and discount payment policies within a single document. The FAP also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for full charity care and partial charity care; and 3) the review process for both full charity care and partial charity care. The Billing & Collection policy will also be submitted as it contains elements required under Health & Safety Code Sections 1274000 et. seq. These documents shall be supplied to HCAI every two years or whenever a significant change is made.

6.0 References:

Pioneers Memorial Healthcare District

Title:	Policy No. ADM-00312
Financial Assistance Program (FAP), Charity Care Program	Page 11 of 11
Current Author: Cynthia Ramirez Veliz	Effective: 2/2023
Latest Review/Revision Date: May 2024	Manual: Administration

6.1 California Welfare & Institutions Code §14059.5 - definition of medically necessary Services (referenced in section 2.0)
6.2 Health & Safety Code §127410 (a) – regulation for notices posted (referenced in section 5.9.1.a)

7.0 Attachment List:

7.1 Attachment A - Financial Assistance Program Summary, Public Notice
7.2 Attachment B - Financial Assistance Application
7.3 Attachment C - Sliding Scale Partial Charity Care Schedule
7.4 Attachment BB - Financial Assistance Application – Spanish
7.5 Attachment AA - Financial Assistance Program Summary, Public Notice -Spanish

8.0 Summary of Revisions:

8.1 2.1 Added verbiage for scope.
8.2 3.1.1. Added verbiage on language information.
8.3 3.2.1.1 Revised Family meaning.
8.4 5.6.6 Added verbiage on refugees.
8.5 5.9.4 Added verbiage on plan default notices timeframes.
8.6 5.10.1.1 Added verbiage on posted notices sizes.
8.7 5.10.2 Website information.
8.8 5.11.1 Added verbiage on HCAI communications.

ATTACHMENT A

Public Notice
Financial Assistance Program Summary

Financial Assistance
Please inform us if you have any type of health insurance coverage from a health insurer, health care service plan, Medicare, Medi-Cal/Medicaid, CCS, or other state funded programs designed to provide health coverage. If you do not have health insurance coverage, PMHD will provide you with an application for Medi-Cal, or other government coverage program for which you may be eligible. Because it may benefit you, please contact our financial counseling staff who are may reached by phone at: (760) 351-3322 and (760) 351-3323, from 8:30 a.m. to 4:30 p.m.

PMHD Patient Financial Assistance Policy (FAP) Eligibility

We are dedicated to ensuring that high quality care is extended to all, regardless of their ability to pay. PMHD's FAP helps to make emergency and other medically necessary services available to the whole community. No one will be denied access to services due to inability to pay. There is a discounted/sliding fee schedule available based on family size and income.

Patients who do not have health insurance coverage and whose family income is 400% or less of the federal poverty guidelines may be eligible for assistance through PMHD. Free care is available for an uninsured or underinsured patient whose family income is 200% or less of federal poverty guidelines. Partial charity care is available for insured, uninsured, and patients between 201% and 400% of the federal poverty guidelines. An FAP-eligible individual will not be charged more than Medicare rates for emergency or other medically necessary care.

What Does PMHD Financial Assistance Cover?

The FAP covers emergency and medically necessary service provided at PMHD. A service is medically necessary when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Excluded from this definition are services that are primarily for patient comfort and/or convenience. The PMHD FAP does not apply to physician services provided at PMHD.

However, emergency physicians at PMHD have adopted a separate policy that provides discounts to uninsured patients or patients with high medical costs whose income is at or below 350% of the Federal Poverty Level. Information is available at 1-800-498-7157.

ATTACHMENT A

How To Apply For PMHD Financial Assistance

Financial Assistance Program applications are available to all patients without charge. For paper copies, please ask at any Admitting and Registration desk

They are available online at:

Electronic copies of program information are available by email upon request. Call (760) 351-3322 and/or (760) 351-3323 to request electronic copies. Please be prepared to provide an email address that the information can be sent to when calling

A patient may request information by mail at:

Pioneers Memorial Healthcare District

207 West Legion Road

Brawley, CA 92227

Applications Available in Other Languages

Copies of the Financial Assistance Policy, FAP application form, and FAP Summary are available in English and Spanish. Other languages may also be available. For more information, call (760) 351-3322 or speak to a financial counseling staff member for assistance.

Consumer Assistance

Non-profit credit counseling services may be available in the: area. Please contact the PMHD Financial Counseling Office at (760) 351-3322, from 8:30 a.m. to 4:30 p.m. if you need more information or assistance in contacting a credit counseling service

The Health Consumer Alliance is an independent organization that may help patients and/or guarantors understand the billing and payment process. The organization also provides information on Covered California and assistance with Medi-Cal. Please find them at: https://healthconsumer.org

Price Transparency

Information on standard hospital costs for commonly provided services, including the PMHD list of shoppable services is available at: www.pmhd.org

ATTACHMENT AA

Aviso Público
Resumen del Programa de Asistencia Financiera

Asistencia financiera

Por favor infórmenos si tiene algún tipo de cobertura de seguro médico de alguna aseguradora médica, plan de servicios de atención médica, Medicare, Medi-Cal/ Medicaid, CCS u otros programas financiados por el estado diseñados para brindar cobertura médica. Si no tiene cobertura de seguro médico, PMHD le proporcionará una solicitud para Medi-Cal u otro programa de cobertura del gobierno para el que pueda ser elegible. Debido a que puede beneficiarlo, contacte a nuestro personal de asesoramiento financiero al que puede comunicarse por teléfono al: (760) 351-3322 y (760) 351-3323, de 8:30 a. m. a 4:30 p. m.

Elegibilidad para la Política de Asistencia Financiera (FAP) para pacientes con PMHD

Estamos dedicados a garantizar que la atención de alta calidad se extienda a todos, independientemente de su capacidad de pago. La FAP de PMHD ayuda a que los servicios de emergencia y otros médicamente necesarios estén disponibles para toda la comunidad.

Los pacientes que no tienen cobertura de seguro médico y cuyo ingreso familiar es 400% o menos de las pautas federales de pobreza pueden ser elegibles para recibir asistencia a través de PMHD. Ningún paciente va hacer negado servicio, por no poder pagar. La atención gratuita está disponible para un paciente sin seguro cuyo ingreso familiar es 200% o menos de las pautas federales de pobreza. La atención caritativa parcial está disponible para pacientes asegurados y no asegurados entre el 201% y el 400% de las pautas federales de pobreza. A una persona elegible para FAP no se le cobrará más que las tarifas de Medicare por atención de emergencia u otra atención médicamente necesaria.

¿Qué cubre la asistencia financiera de PMHD?

La FAP cubre los servicios de emergencia y médicamente necesarios proporcionados en PMHD. Un servicio es médicamente necesario cuando es razonable y necesario para proteger la vida, prevenir una enfermedad grave o una discapacidad importante, o aliviar un dolor intenso. Quedan excluidos de esta definición los servicios que son principalmente para la comodidad y/o conveniencia del paciente. La FAP de PMHD no se aplica a los servicios médicos proporcionados en PMHD.

ATTACHMENT AA

Sin embargo, los médicos de urgencias del PMHD han adoptado una política separada que brinda descuentos a pacientes sin seguro o pacientes con altos costos médicos cuyos ingresos son iguales o inferiores al 350% del nivel federal de pobreza. La información está disponible llamando al 1-800-498-7157.

¿Cómo solicitar asistencia financiera de PMHD?

Las solicitudes del Programa de Asistencia Financiera están disponibles para todos los pacientes sin cargo. Para copias en papel, pregunte en cualquier mostrador de admisión y registro.

Están disponibles en línea en:

Las copias electrónicas de la información del programa están disponibles por correo electrónico sobre pedido. Llame al (760) 351-3322 y/o (760) 351-3323 para solicitar copias electrónicas. Esté preparado para proporcionar una dirección de correo electrónico a la que se pueda enviar la información cuando llame

Un paciente puede solicitar información por correo a:

Pioneers Memorial Healthcare District

207 West Legion Road

Brawley, CA 92227

Aplicaciones disponibles en otros idiomas

Las copias de la Política de Asistencia Financiera, el formulario de solicitud de FAP y el Resumen de FAP están disponibles en inglés y español. Otros idiomas también pueden estar disponibles. Para obtener mayor información, llame al (760) 351-3322 o hable con un miembro del personal de asesoramiento financiero para obtener ayuda.

Asistencia al consumidor

Los servicios de asesoría de crédito sin fines de lucro pueden estar disponibles en el área. Comuníquese con la Oficina de Asesoramiento Financiero de PMHD al (760) 351-3322, de 8:30 a. m. a 4:30 p. m. si necesita más información o ayuda para ponerse en contacto con un servicio de asesoramiento crediticio.

Health Consumer Alliance es una organización independiente que puede ayudar a los pacientes y/o garantes a comprender el proceso de facturación y pago. La organización

ATTACHMENT AA

también proporciona información sobre Covered California y asistencia con Medi-Cal. Encuéntrelos en: https://healthconsumer.org

Transparencia de Precios

La información sobre los costos hospitalarios estándar para los servicios comúnmente proporcionados, incluida la lista de PMHD de servicios que se pueden comprar, está disponible en: www.pmhd.org

ATTACHMENT B

Pioneers Memorial Healthcare District
Financial Assistance Application

INSTRUCTIONS

1. Please complete *all* areas on the attached application form. If any area does not apply to you, write N/A in the space provided.

2. Attach an additional page if you need more space to answer any question.

3. You *must* provide proof of income documents when you submit this application. The following documents are accepted as proof of income:

   If you filed a federal income tax return you must submit a copy of:
   a. Federal income tax return (Form 1040) from the most recent year. You must include all schedules and attachments as submitted to the Internal Revenue Service;

   If you did not file a federal income tax return, please provide the following:
   a. Three (3) most recent paycheck stubs; and
   b. A letter explaining why you do not file a federal income tax return.

   If you have no income, or proof of income documents, please provide a letter explaining how you support yourself/family.

4. Your application cannot be processed until *all* required information is provided.

5. It is important that you complete and submit the financial assistance application along with all required attachments within fourteen (14) days.

6. You *must* sign and date the application. If the patient/guarantor and spouse provide information, both *must* sign the application.

7. If you have questions, please call your financial counselors at (760) 351-3322 and (760) 351-3323.

8. Send your completed application to:
   Pioneers Memorial Healthcare District
   Patient Financial Services Department

ATTACHMENT B

207 West Legion Road
Brawley, CA 92227

Pioneers Memorial Healthcare District
Financial Assistance Application

PATIENT/ GUARANTOR NAME		**SPOUSE NAME**	
ADDRESS		**PHONE**	
		Home	
		Work	
SOCIAL SECURITY NUMBER (optional)			
Patient/ Guarantor		**Spouse**	

FAMILY STATUS **List all dependents that you support**		
Name	**Age**	**Relationship**

ATTACHMENT B

EMPLOYMENT STATUS (optional)	
Patient/Guarantor Employer	**Position**
Contact Person	**Telephone**
Spouse Employer	**Position**
Contact Person	**Telephone**

INCOME		
	Patient/Guarantor	**Spouse**
1. Gross Wages & Salary/Year (before deductions)		
2. Self-Employment Income/Year		
3. Other Income:		
3. Interest & Dividends		
4. Real Estate Rentals & Leases		
5. Social Security		
6. Alimony		
7. Child Support		
8. Unemployment/Disability		
9. Public Assistance		
10. All Other Sources (attach list)		

ATTACHMENT B

Total Income (add lines 1 - 10 above)		

UNUSUAL EXPENSES (optional)	
Please provide information on any unusual expenses such as medical bills, bankruptcy, court judgments or settlement payments (attach list as needed).	
Description	**Amount**

By signing below, I/we declare that all information provided is true and correct to the best of my/our knowledge. I/we authorize Pioneers Memorial Healthcare District to verify any information listed in this application. We expressly grant permission to contact my/our employer.

_____ _____

Signature of Patient/Guarantor Signature of Spouse

_____ _____

Date

ATTACHMENT BB

Pioneers Memorial Healthcare District
Solicitud de Asistencia Financiera

INSTRUCCIONES

1. Por favor complete todas las áreas en el formulario de solicitud adjunto. Si ninguna área aplica para usted, escriba N/A en el espacio proporcionado.

2. Adjunte una página adicional si necesita más espacio para responder alguna pregunta.

3. Deberá proporcionar comprobantes de ingresos cuando presente esta solicitud. Los siguientes documentos son aceptados como comprobante de ingresos:

   Si presentó una declaración de impuestos federales (Income Tax), debe presentar una copia de:
   a. Declaración de impuestos federales (Formulario 1040) del año más reciente. Debe incluir todos los anexos y archivos adjuntos tal como se enviaron al Servicio de Impuestos Internos (IRS);

   Si no presentó una declaración de impuestos federales, proporcione lo siguiente:
   a. Tres (3) talones de cheque de pago más recientes; y
   b. Una carta que explique por qué no presenta una declaración de impuestos federales.

   Si no tiene ingresos o prueba de documentos de ingresos, proporcione una carta que explique cómo se mantiene a sí mismo/a su familia.

4. Su solicitud no puede procesarse hasta que se proporcione toda la información requerida.

5. Es importante que complete y envíe la solicitud de asistencia financiera junto con todos los documentos adjuntos requeridos en un lapso no mayor a los catorce (14) días.

6. Debe firmar y fechar la solicitud. Si el paciente/garante y el cónyuge proporcionan información, ambos deben firmar la solicitud.

7. Si tiene preguntas, llame a sus asesores financieros al (760) 351-3322 y (760) 351-3323.

ATTACHMENT BB

8. Envíe su solicitud completa a:
   Pioneers Memorial Healthcare District
   Patient Financial Services Department
   207 West Legion Road
   Brawley, CA 92227

Pioneers Memorial Healthcare District
Solicitud de Asistencia Financiera

PACIENTE/ AVAL NOMBRE		**CÓNYUGE NOMBRE**	
DOMICILIO		**TELÉFONO**	
		Casa	
		Trabajo	
NÚMERO DE SEGURO SOCIAL (opcional)			
Paciente/ Aval		**Cónyuge**	

ESTADO FAMILIAR **Enliste todos los dependientes que usted mantiene**		
Nombre	**Edad**	**Relación**

ATTACHMENT BB

ESTADO DE EMPLEO (opcional)	
Empleador del Paciente/Aval	**Puesto**
Persona de Contacto	**Teléfono**
Empleador del cónyuge	**Puesto**
Persona de Contacto	**Teléfono**

INGRESOS		
	Paciente/Garante	**Cónyuge**
1. Sueldos Brutos y Salario/Año (antes de deducciones)		
2. Ingresos por trabajo por cuenta propia/Año		
3. Otros ingresos:		
3. Intereses y dividendos		
4. Alquileres y Arrendamientos de Bienes Raíces		
5. Seguridad Social		
6. Pensión alimenticia		
7. Manutención de los hijos		
8. Desempleo/Discapacidad		
9. Asistencia Pública		
10. Todas las demás fuentes (lista adjunta)		
Ingreso total (sume las líneas 1-10)		

ATTACHMENT BB

GASTOS INUSUALES (opcional)	
Por favor proporcione información sobre cualquier gasto inusual, como facturas médicas, bancarrota, sentencias judiciales o pagos de liquidación (adjunte la lista según sea necesario).	
Descripción	**Monto**

Al firmar la presente, declaro/declaramos que toda la información proporcionada es verdadera y correcta según mi/nuestro conocimiento. Yo/nosotros autorizamos a Pioneers Memorial Healthcare District a verificar cualquier información incluida en esta solicitud. Otorgamos permiso expreso para contactar a mi/nuestro empleador.

_____ _____

Firma del Paciente/Aval Firma del Cónyuge

_____ _____

Fecha

ATTACHMENT C

Sliding Scale Partial Charity Care Schedule

Family Percentage of FPL	Discount from Medicare Allowable	Patient Out-of-Pocket Payment Percentage (of M/Care)
201 – 250%	75%	25%
251 – 300%	50%	50%
351 – 375%	25%	75%
376 – 400%	15%	85%

Pioneers Memorial Healthcare District

Title: **Guest Trays and Late Admission Meals**	Policy No. CLN-02209 Page 1 of 3
Current Author: Jenna Middleton	Effective: 10/31/2000
Latest Review/Revision Date: 5/2024	Manual: Clinical / Dietary

Collaborating Departments:		Keywords: meal trays for care givers and family members, guest trays, late meals		
Approval Route: List all required approval				
	PSQC	Other:		
Clinical Service _____		MSQC	MEC	BOD 6/2024

Note: *If any of the sections of your final layout are not needed do not delete them, write "not applicable".*

1.0 Purpose:

1.1 To assist patient and family during patient's illness and to avoid further stress on patient and or family members during patient's hospitalization.

1.2 Patients receiving outpatient treatment in the hospital may receive meal service

1.3 To ensure patients can receive a hot meal and snacks/nourishments after closure of cafeteria and kitchen.

2.0 Scope: Hospital wide

3.0 Policy:

3.1 Dietary Department will provide a courtesy meal tray to the patient's family member or care giver who has a difficult time getting away from patient's bedside, special needs cases or patient's with extended stays in the Emergency Room. Reasons for guest trays are listed below.

3.2 This service will not be extended to personnel guarding patients or security officers.

3.3 Frozen dinners and multiple snack/nourishment options will be available to patients after the kitchen is closed.

4.0 Definitions: Not applicable

5.0 Procedure:

5.1 Qualifying for Guest Trays

5.1.1 Due to cost of trays, care giver or family member must qualify for guest trays. Care giver or family members who do not qualify will be given the option of purchasing their meals in the cafeteria located downstairs. The cafeteria offers breakfast, lunch and dinner.

5.1.1.1 Reason 1 – Pt is so critical, care giver/family member cannot leave bedside. Qualifies for up to 3 meals per day.

5.1.1.2 Reason 2 – Care giver/family member resides outside of Imperial County lines and is financially unable to purchase meals. Qualifies for up to 2 meals per day.

5.1.1.3 Reason 3 – Due to advanced age or physical/mental disability, care giver or family member is unable to retrieve meals from the cafeteria. Qualifies for up to 2 meals per day.

5.1.1.4 Reason 4 – Breastfeeding mother of patient residing in Pediatrics. Qualifies for breakfast and dinner.

Pioneers Memorial Healthcare District

Title: **Guest Trays and Late Admission Meals**	Policy No. CLN-02209
	Page 2 of 3
Current Author: Jenna Middleton	Effective: 10/31/2000
Latest Review/Revision Date: 5/2024	Manual: Clinical / Dietary

5.1.1.5 Reason 5 – One-time courtesy guest tray may be given to improve customer service. One-time courtesy guest tray may not be ordered multiple times in one day.

5.1.1.6 Reason 6 – Parent of a minor 12 years or younger residing in Pediatrics OR parents of a minor 18 years or younger who resides in the ER and cannot leave bedside. Qualifies for up to 2 meals per day for one parent.

5.2 Care giver or family member must qualify for a guest tray based on one of six reasons.

5.3 Guest trays must be requested by patient's care giver or family member.

5.4 Nursing staff will assess the need of a care giver or family member to determine if they qualify for guest tray services.

5.5 If care giver or family member qualifies for a guest tray, nursing staff will order the tray in the electronic charting system.

5.5.1 Ordering Guest Trays

5.5.1.1 Enter patients' chart

5.5.1.2 Order + Add

5.5.1.3 Enter patient's physician

5.5.1.4 Under search, type in "Guest Tray".

5.5.1.5 Select "Protocol/Standing Order" and hit "OK"

5.5.1.6 Enter reason for guest tray under "Special Instructions".

5.5.1.7 Follow up Guest Tray order with a phone call to the dietary department at ext. 3289

5.5.2 Tray will be delivered when patient trays are taken to the room.

5.6 Outpatient Trays

5.6.1 Outpatients who have been kept for over 4 hours may request a meal tray.

5.6.2 Clinical staff will order meals trays for outpatients through the electronic charting system followed by a call to the dietary department at ext. 3289.

5.6.3 Clinical staff must state the patient's name, the type of diet they will need and where the tray is to be delivered, to the diet clerk, since location is not available on electronic print out.

5.6.4 Diet clerks will process the order and tally and enter outpatient trays on the meal count summary

5.7 Carts Person

5.7.1 Will stock frozen meals to nursing unit's freezer according to floor supply work sheet.

5.7.1.1 Frozen meals are low in sodium and are nutritionally adequate for cardiac patients. Some varieties are low in carbohydrates and are nutritionally adequate for diabetic patients.

5.7.2 Par levels are as follows:

5.7.2.1 Emergency Department – 5 frozen meals

5.7.2.2 Intensive Care Unit – 3 frozen meals

5.7.2.3 DOU & Medical/Surgical – 7 frozen meals

5.7.2.4 Obstetrics and Gynecology – 4 frozen meals

5.7.2.5 Pediatrics – 2 frozen meals

Pioneers Memorial Healthcare District

Title: **Guest Trays and Late Admission Meals**	Policy No. CLN-02209
	Page 3 of 3
Current Author: Jenna Middleton	Effective: 10/31/2000
Latest Review/Revision Date: 5/2024	Manual: Clinical / Dietary

5.7.3 Will stock snacks and nourishments to nursing unit's refrigerator and cupboards according to Floor Supply Worksheet. Copy of Floor Supply Worksheet can be found in the dietary department upon request.

5.7.4 All stocked items will be documented on the floor supply work sheet and turned in to a supervisor on a weekly basis. Expiration dates checked weekly by dietary department personnel.

5.8 Dietary Director and/or Nutritional Services Supervisor will monitor stocking on a weekly basis.

5.8.1 Departments that are in further need of supplies will email the dietary director or supervisor for re-stocking and/or additional supplies.

6.0 References: Not applicable

7.0 Attachment List: N/A

8.0 Summary of Revisions:

8.1 Updated 5.1 & 5.5

Pioneers Memorial Healthcare District

Title: **Patient Complaints and Grievances**	Policy No. ADM-00056
	Page 1 of 5
Current Author: Carol Bojorquez / Merlina Esparza	Effective: 7/1/1987
Latest Review/Revision Date: April 19, 2024 r1	Manual: Administration / Admin Policies

Interfacing Departments: Nursing, Administration, Ancillary Services, Medical Staff, Compliance, Legal Counsel	Keywords: complaint, grievance, conflict, concern customer service, physician complaints

Approval Route: Check all required approval				
MARCC 1/16/2024	PSQC 2/2024	Other:		
Clinical Service _____		MSQC 5/2024	MEC 5/2024	BOD 5/2024

Note: *If any of the sections of your final layout are not needed do not delete them, write "not applicable".*

1.0 Purpose:

1.1 To establish a process to address, respond, resolve, document, and track patient complaints and grievances in a timely manner.

2.0 Scope: District Wide

3.0 Policy:

3.1 It is the policy of Pioneers Memorial Healthcare District (PMHD) to implement practices consistent with regulatory standards to address patients and/or representatives' concerns related to the care and service they receive.

3.2 In addition, the organization will assure patients and/or representatives complaints and/or grievances are communicated in a timely, reasonable and consistent manner to appropriate departments for investigation, resolution and follow up

3.3 Pioneers Memorial Healthcare District encourages and allows patients and their representatives to voice concerns and recommend changes without fearing coercion, discrimination, reprisal or unreasonable interruption of care.

3.4 All PMHD staff can take, enter and make an effort to resolve complaints.

4.0 Definitions:

4.1 Complaint

4.1.1 Is a statement of dissatisfaction by patient or patient's representative, including but not limited to rudeness, call light responses, pain control deficits, billing issues, comments on patient satisfaction surveys (unless the patient requests a resolution), scheduling issues, and waiting times.

4.1.2 Is resolved by staff present, at the point of care, when the patient is satisfied with the actions taken.

4.2 Grievance

4.2.1 Is a written or verbal complaint by a patient or representative regarding:

4.2.1.1 The patients care, abuse or neglect,

4.2.1.2 Issues related to compliance with CMS Conditions of Participation

4.2.1.3 Medicare beneficiary billing complaint related to rights and limitation provided in 42 CFR 489.

4.2.2 Written communications, including faxes and emails, are always considered a grievance.

Pioneers Memorial Healthcare District

Title: **Patient Complaints and Grievances**	Policy No. ADM-00056
	Page 2 of 5
Current Author: Carol Bojorquez / Merlina Esparza	Effective: 7/1/1987
Latest Review/Revision Date: April 19, 2024 r1	Manual: Administration / Admin Policies

4.2.3 Verbal communication can be a grievance if the complaint is not resolved at the time the complaint was made.
4.2.3.1 A patient care complaint is considered a grievance if the complaint.
4.2.3.1.1 Cannot be resolved by staff present.
4.2.3.1.2 Is postponed for later resolution.
4.2.3.1.3 Is referred to another staff member for later resolution.
4.2.3.1.4 Requires investigation.
4.2.3.1.5 Requires further actions for resolution.
4.2.4 If a patient and or family request the complaint be managed as a formal complaint or if a response is requested, then it is considered a grievance
4.3 Staff present:
4.3.1 Includes any hospital staff present at the time of the complaint or who can quickly be at the patient's location (i.e. nursing, administration, nursing supervisor, department director)

5.0 Procedure:
5.1 At the time of admission all patients will be provided information regarding the process for communicating a concern, complaint, or grievance to PMHD, state regulatory agencies and/or CMS (See Attachment A)
5.2 Complaints
5.2.1 Any complaint received from the patient or representative during the stay will be handled at the point of service by the staff present or the department manager.
5.2.2 Complaints related to issues outside the organization, i.e. insurance coverage, will be addressed by instructing and assisting the complainant in notifying the appropriate agency or organization.
5.2.3 Complaints will be entered under Patient Relations via Remote Data Entry (RDE) in Midas by the staff present or the employee that knows the most about the complaint; RDE can be accessed through Midas directly or via the organization's intranet by any employee. Capture as much information regarding the complaint as possible, including emotions. (See Attachment B – RDE work instructions entitled MIDAS Complaint Review Process)
5.2.4 Complaints entered in Midas will be electronically routed to the manager in the documented location. Notification of a complaint to the manager will be via email and added to the manager's Midas Work List.
5.2.5 Department managers or designee will investigate the complaint in a timely manner to determine if opportunities exist to improve processes and systems related to the reported issues. Investigation results will be documented in Midas. If the manager or designee determines the complaint requires other department(s) input, the complaint will be referred electronically to them.
5.2.6 Quality of care issues can be referred to Utilization Review, Quality Management or Peer Review as appropriate.
5.3 Grievance
5.3.1 If the complaint is determined by the manager or designee to be a grievance (Attachment C – Grievance Determination Flowchart), the patient and/or

Pioneers Memorial Healthcare District

Title: **Patient Complaints and Grievances**	Policy No. ADM-00056
	Page 3 of 5
Current Author: Carol Bojorquez / Merlina Esparza	Effective: 7/1/1987
Latest Review/Revision Date: April 19, 2024 r1	Manual: Administration / Admin Policies

representative will receive written communication outlining the results of the investigation and the actions taken within 10 days of receiving the grievance.

5.3.2 When a grievance will not be resolved or the investigation will not be completed within 10 days, the patient and/or representative will be informed within those 10 days when a resolution will be expected, typically within 30 days (Attachment D – Sample Acknowledgement Letter).

5.3.3 A letter of resolution will be sent to the patient and/or representative with the findings of the investigation and the actions taken to resolve within a reasonable time, typically 30 days (Attachment E – Sample Resolution Letter). A notice letter will be sent to the patient/family or representative when resolution is not possible within 30 days. The notice letter will inform the patient and/or representative that an investigation is still ongoing and a final resolution letter will be sent within the next 20 days. (Attachment H – Sample Second Notice Letter).

5.3.4 Grievances received by mail are entered into the Patient Relations module by the individual receiving the letter; in addition, the letter is scanned and attached to the file in the Patient Relations module.

5.3.5 A grievance is considered resolved when the patient is satisfied with the actions taken on their behalf. In situations where the organization has taken appropriate and reasonable actions to resolve the grievance and the patient and/or representative remains unsatisfied with the action taken, the organization will consider the grievance closed.

5.4 The Grievance Committee will review all complaints and grievances not resolved at point of care.

5.4.1 Members of the Grievance Committee will determine if opportunities exist to improve processes and systems related to the reported issues.

5.4.1.1 The Grievance Committee will request a root cause analysis and a corrective action plan when determined to be necessary (i.e., trending, severity of compliant/grievance, risks to the organization).

5.5 Documentation of Complaints and Grievances

5.5.1 All investigation results and actions must be documented in Midas Patient Relations Module immediately.

5.6 Complaints or grievances involving members of the Medical Staff

5.6.1 When possible, resolution between patient and Licensed Independent Practioner (LIP) is encouraged and facilitated.

5.6.2 Complaints regarding a LIP must be documented in the Patient Relations via RDE, as previously stated, with specifics of behavior and/or questions regarding the quality of patient care.

5.6.2.1 Once entered an electronic notification will be sent to the department manager in which the patient is located.

5.6.2.2 If the complaint or grievance involves Medical Staff an electronic notification will be sent to the Department Chair or Medical Director (eg for contracted groups like hospitalists or ED physicians or anesthesia).

5.6.2.3 The director or department chair will notify the named physician or advanced practice provider of the complaint as soon as possible after

Pioneers Memorial Healthcare District

Title: **Patient Complaints and Grievances**	Policy No. ADM-00056
	Page 4 of 5
Current Author: Carol Bojorquez / Merlina Esparza	Effective: 7/1/1987
Latest Review/Revision Date: April 19, 2024 r1	Manual: Administration / Admin Policies

receiving the complaint.

5.6.2.4 The department manager will work with the Chair or Medical Director to resolve the complaint/grievance.

5.6.2.5 The proceedings of the committees are by law confidential and cannot be disclosed to the patient.

5.7 Patient and/or complainants rights

5.7.1 The patient or representative will be told of the confidentiality of the committee, quality assurance and peer review proceedings.

5.7.1.1 If the complainant is satisfied with this action, no further follow-up is required.

5.7.1.2 If the complainant request disciplinary action against the LIP or wants to complain outside the hospitals authority

5.7.1.2.1 Inform the complainant the Medical Licensing Boards are the only authorities that may discipline licensees.

5.7.1.2.2 Provide the complainant with the address and toll-free number of the Board either verbally or in writing (Attachment F – Sample Medical Staff Letter),

5.8 If the complainant is reporting a complaint for a non-hospital issue

5.8.1 Refer the patient to the LIP

5.8.2 If the complainant is not satisfied with this response then refer to the external authority (Attachment G – Numbers and Address for Physician Complaints)

5.9 If the complainant has concerns about services provided in our rural health clinics (Pioneers Health Center and Pioneers Children's Health Center) and the complaint remains unresolved with PMHD, you may file a complaint with our Accreditor, The Compliance Team, Inc. via their website (www.thecomplianceteam.org) or via phone at 1-888-291-5353

5.10 Oversight and Reporting

5.10.1 PMHD Board of Directors is responsible for approving the organization's grievance process.

5.10.2 PMHD Board of Directors is responsible for effective operation of the grievance process.

5.10.3 PMHD Board of Directors, by approval of this policy, officially delegates oversight and responsibility for implementing this process to the Administrative Team.

5.10.4 Data collected regarding patient complaints and grievances is reported through the Patient Safety and Quality Council.

6.0 References:

6.1 CMS Conditions of Participation, 482.13(a)(2)(i)(ii)(iii)

6.2 Senate Bill 916

6.3 NIAHO Accreditation Requirements PR.6 Grievance Procedure

6.4 ISO 9001:2015:

6.4.1 Customer Satisfaction; 9.1.2

6.4.2 Analysis and Evaluation; 9.1.3

6.4.3 Management Review Inputs; 9.3.2

Pioneers Memorial Healthcare District

Title: **Patient Complaints and Grievances**	Policy No. ADM-00056
	Page 5 of 5
Current Author: Carol Bojorquez / Merlina Esparza	Effective: 7/1/1987
Latest Review/Revision Date: April 19, 2024 r1	Manual: Administration / Admin Policies

6.4.4 Nonconformity and Corrective Action; 10.2.1

7.0 Attachments:

7.1 Attachment A – Process for Filing a Complaint (*Patient Handout*)
7.2 Attachment B – Midas Complaint Review Process
7.3 Attachment C – Grievance Determination Flowchart
7.4 Attachment D – Sample Acknowledgement Letter
7.5 Attachment E – Sample Resolution Letter
7.6 Attachment F – Sample Medical Staff Letter
7.7 Attachment G – Numbers and Addresses for Physician Complaints
7.8 Attachment H – English Sample Second Notice Letter
7.9 Attachment I – Spanish Sample Second Notice Letter
7.10 Attachment J – Delegation of Patient Grievance, Responsibility, and Oversight

8.0 Summary of Revisions:

8.1 Grammar revisions
8.2 Revised sections 5.6 to reflect reporting to medical staff and chair of department.

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

PATIENT INSTRUCTIONS FOR FILING A COMPLAINT

During your stay:

1. Please direct all questions and concerns to the staff person providing your care.

2. If the staff providing care cannot resolve a matter involving your stay in the hospital, ask to speak to the Department Manager

3. If unable to resolve, phone the Customer Service Hotline at extension 3508. Phone messages are checked daily.

4. Any patient has the right to request a physician review if the patient feels discharge from care is premature by calling (760) 351-3508 or extension 3508 if using hospital phone

After discharge to home:

1. Any matter which has not been resolved can be directed to the Customer Service Hotline

   (760) 351-3508 (24 hours daily)

2. Written complaints can be mailed to:
   Pioneers Memorial Healthcare District
   Customer Service Department 3508
   207 West Legion Road
   Brawley, CA 92227

3. All written complaints should be acknowledged within 7 business days of receipt, and reviewed until resolution has been achieved.

4. In most cases resolution is within 30 days. Some issues may take several weeks for final resolution. A letter will be sent describing resolution of the reported concern.

5. If the matter is a serious concern and the patient wishes to contact the California Department of Health Services, the telephone number is 1-619-688-6190

MIDAS Complaint Review Process

Process Overview

Objectives:

- Timely review and resolution of Complaints.
- Trend/analyze complaint data to identify where systems/processes can be improved.
- Non-Punitive Reporting – a process to collect objective data.
- Online reporting process that is easier to use than the paper-based process.
- Ability to track actions and follow-up

Timeline for Complaint Follow Up/Investigation:

(See Complaint and Grievance Policy for complete details on process #ADM-00056)

Questions/Problems:

Password Re-set:	Call Rae Jean Murray ext 3286 or email rmurray@pmhd.org
Unlock User:	Call Rae Jean Murray ext 3286 or email rmurray@pmhd.org
Problem with Icons or Access	Call IS Help Desk ext 4669
Other questions/problems:	Call Rae Jean Murray ext 3286 / Merlina Esparza ext 4484 rmurray@pmhd.org or mtorres@pmhd.org

Department Director / Manager Responsibilities:
The Director/Manager 'role' in a complaint determines the follow up responsibilities.
The two Director/Manager roles are: 1) Complaint Location and 2) Referred Department.

Complaint Location:

The patient's location typically is the 'complaint location' and determines on whose work-list it will first appear and who 'owns' it.

- While the Director/Manager may 'refer' the complaint to a supervisor or another department for follow up/investigation, **the Director/Manager over the 'Complaint Location' has 4 key overall accountabilities:**

  1. Timely completion of all the follow-up or investigation, acknowledgement within 7 days unless resolution can be reached within 7 days. If acknowledgement letter is sent out then resolution must be sent within 30 days.
  2. Referrals to any other involved department, if appropriate
  3. Validate data/information accuracy & completeness of follow-up
  4. Notify (Refer) to Risk Mgmt if legal ramification is possible.

Referred Department:

If the complaint occurred in one department, but involved any other departments, the complaint should be 'referred' to them also

- The Director/Manager from the COMPLAINT LOCATION 'refers' to 'involved' REFERRED DEPARTMENT Director/Manager.

Attachment B: ADM-00056
Revised 3/5/18 Carol Bojorquez

MIDAS Complaint Review Process

Comments
This field is used to describe the Complaint. **Comments should be objective, accurate, and completed without conclusions, criticisms or placement of blame**.

Comments Tab - used to record all activity regarding Investigation and Follow-up. You must **Right Mouse Click** in the Comments field each time to add comments.

User Fields
This tab is used to track additional data (as needed)
Letters -Track when Acknowledgement/Response Letters are sent (see Grievance Policy)
Severity -Physician Related concerns are rated by the Medical Staff Office Director.

OVERSIGHT

Department Director is responsible for reviewing the Complaints for validity and integrity. Making sure the data is complete, accurate, and applicable is important for legal reasons as well as for reporting. In the event an issue should arise, it will be referred to the Division Head/Administrator.

DATA ENTRY: CORRECTIONS, ADDITIONS, DELETIONS:
If during the review of a Complaint you need to make changes (corrections, additions, or deletions) in the information within the Complaint, the following instructions will guide you. In the Comments field a few rows below the existing comment enter the following:

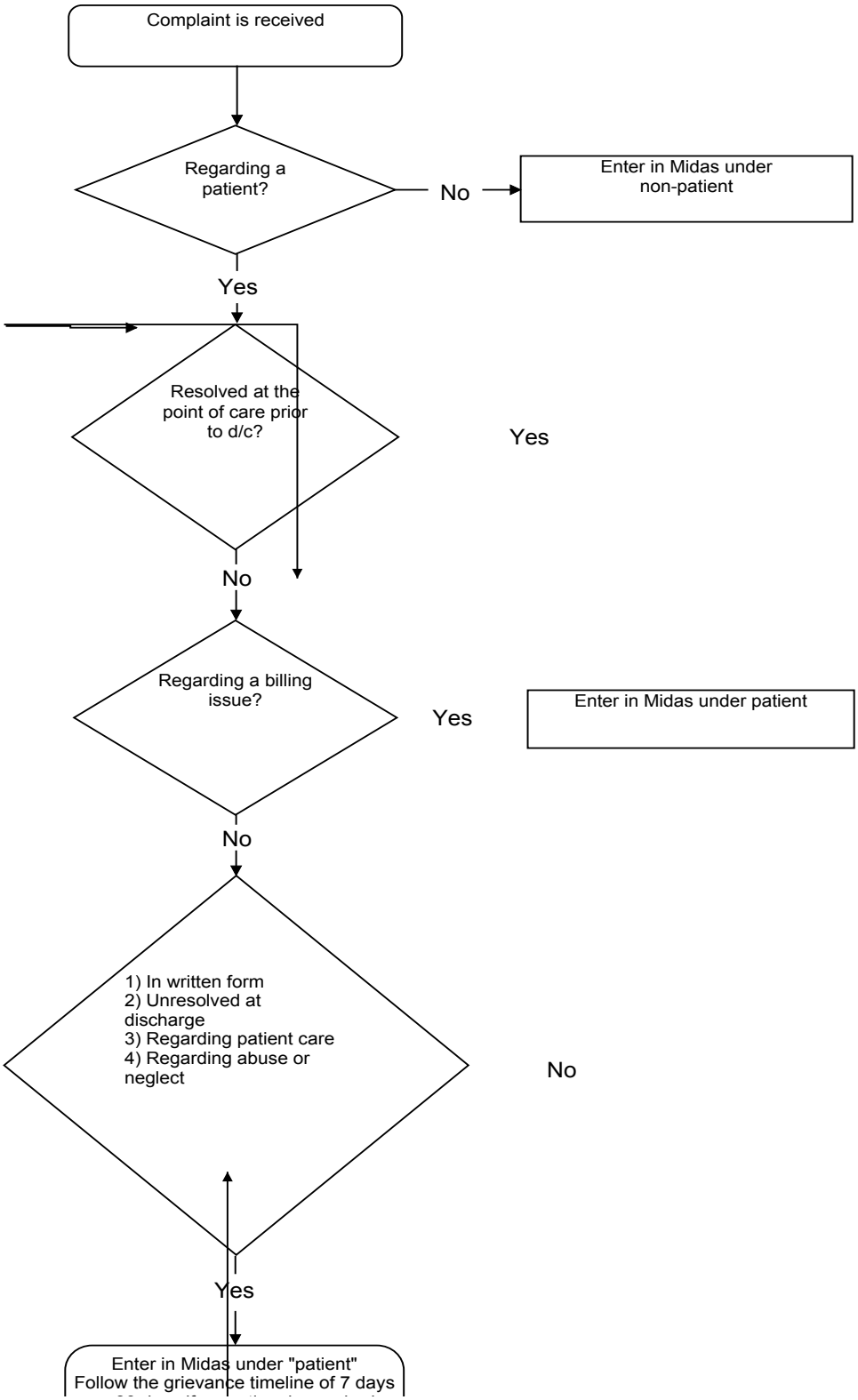
1) Data field corrected/changed
2) Original data entry if incorrect
3) Corrected/Changed data
4) If needed, reason for correction/change

When follow-up/investigation data entry is complete; click on the Save button to save your data entry, close the Complaint record, and be returned to your Worklist.

Once you have completed your work in MIDAS you can exit the program by going to File in the left hand top corner and then exit.

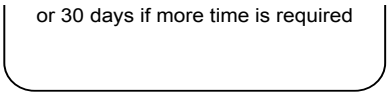
Attachment C

Determining Complaint vs. Grievance



Attachment C

Determining Complaint vs. Grievance



PIONEERS
MEMORIAL HEALTHCARE DISTRICT

«Print_Date»

«Patient_Relations_Patient_Patient_First_Middle_Last_Name»
«Patient_Relations_Patient_Home_Address_1»
«Patient_Relations_Patient_Home_City», «Patient_Relations_Patient_Home_State_Code»
«Patient_Relations_Patient_Home_Zip»

Dear «Patient_Relations_Patient_Patient_First_Name»

Thank you for taking the time to tell us about your recent experience at our «Patient_Relations_Location_Name» Department here at Pioneers Memorial Hospital. I am sorry we didn't meet your expectations. We value any feedback from our customers regarding their experiences within our organization, and are always looking for opportunities to improve our Customer Service.

Your comments and concerns are being addressed. Our goal is to follow up within 30 days on any customer complaint or feedback after carefully reviewing all issues concerning the quality of our patient care, and take measures to improve our performance.

Once again, we appreciate you informing us about this matter and giving us the opportunity to investigate it further. Pioneers Memorial Hospital takes great pride in its staff, facilities and commitment to high quality patient care in our community. We hope you will continue to depend on us, and we will work very hard to meet your expectations in all the services we provide. If I may be of any further assistance to you please contact my office. I can be reached at (760) 351-XXX

We wish you the best in your health and healing.

Sincerely,

XXX XXX,
«Patient_Relations_Location_Name» Director

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

«Print_Date»

«Patient_Relations_Patient_Patient_First_Middle_Last_Name»
«Patient_Relations_Patient_Home_Address_1»
«Patient_Relations_Patient_Home_City», «Patient_Relations_Patient_Home_State_Code»
«Patient_Relations_Patient_Home_Zip»

Estimado «Patient_Relations_Patient_Patient_First_Middle_Last_Name»,

Gracias por tomarse el tiempo para informarnos acerca del cuidado que recibió en el Departamento de «Patient_Relations_Location_Name» en Pioneers Memorial Hospital. Lamentamos no haber cumplido sus expectativas. Valoramos las opiniones de nuestros clientes respecto a sus experiencias dentro de nuestra organización y siempre buscamos las oportunidades para mejorar nuestro servicio.

Sus comentarios y preocupaciones están siendo investigados. Nuestro objetivo es seguir cualquier queja del cliente, dentro 30 días, revisando con cuidado todos los asuntos con respecto a la calidad de nuestros cuidados a los pacientes y tomar medidas para mejorar nuestro desempeño.

Una vez más, le agradecemos que nos haya informado acerca de este asunto y que nos de la oportunidad de seguir investigando. Pioneers Memorial Hospital toma con gran orgullo en el compromiso de brindar alta calidad de atención a pacientes de nuestra comunidad. Esperamos que usted siga confiando en nosotros, y vamos a trabajar muy duro para satisfacer sus expectativas en todos los servicios que ofrecemos. Si puedo ayudarle en algo más, por favor llame al (760) 351-XXXX.

Le deseamos lo mejor para su salud y su curación.

Atentamente,

«Patient_Relations_Location_Name» Director

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

«Print_Date»

«Patient_Relations_Patient_Patient_First_Middle_Last_Name»
«Patient_Relations_Patient_Home_Address_1»
«Patient_Relations_Patient_Home_City», «Patient_Relations_Patient_Home_State_Code»
«Patient_Relations_Patient_Home_Zip»

Dear «Patient_Relations_Patient_Patient_First_Middle_Last_Name»,

Thank you for taking the time to tell us about the care you received at our «Patient_Relations_Location_Name» Department at Pioneers Memorial Hospital. I am sorry we didn't meet your expectations. We value feedback from our customers regarding their experiences within our organization, and are always looking for opportunities to improve our service

As of <_____> we have completed the investigation of your <_____.> The following steps were taken to investigate your grievance and the findings are as follows:

Steps taken to investigate	Resolution

Pioneers Memorial Hospital strives to keep patients informed of every aspect of the care provided and to answer as many questions as possible before care is given. Our goal is always to achieve the best outcome for our patients.

I hope that this response to your complaint is satisfactory. If I can be of further assistance, please contact me at (760) 351-XXXXX.

Sincerely yours,

«Patient_Relations_Location_Name» Director

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

«Print_Date»

«Patient_Relations_Patient_Patient_First_Middle_Last_Name»
«Patient_Relations_Patient_Home_Address_1»
«Patient_Relations_Patient_Home_City», «Patient_Relations_Patient_Home_State_Code»
«Patient_Relations_Patient_Home_Zip»

Estimado «Patient_Relations_Patient_Patient_First_Middle_Last_Name»,

Gracias por tomarse el tiempo para informarnos acerca del cuidado que recibió en nuestro Departamento de «Patient_Relations_Location_Name» en Pioneers Memorial Hospital. Lamentamos no haber cumplido sus expectativas. Valoramos las opiniones de nuestros clientes respecto a sus experiencias dentro de nuestra organización y siempre buscamos las oportunidades para mejorar nuestros servicios.

A partir de _____, hemos concluido con la investigación de su_____. Se tomaron los siguientes pasos para investigar su queja y se encontró lo siguiente:

Pasos que se tomaron para investigar	Resolución

Pioneers Memorial Hospital se esfuerza por mantener a los pacientes informados de todos los aspectos relacionados con la atención y cuidados y para responder a todas sus preguntas, antes de proporcionarle los servicios. Nuestro objetivo es lograr siempre el mejor resultado para nuestros pacientes.

Espero que esta respuesta a su queja le resulte satisfactoria. Si puedo ayudarle en algo más, por favor llame al (760) 351-XXXXX.

Atentamente,

«Patient_Relations_Location_Name» Director

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

February 18, 20XX

Mr. XXXXXX
123 XXXXXXX
XXXXX, CA. 92227

Dear Mr. John Doe,

Thank you for taking the time to contact our organization and tell us about your experience as a patient in the _____department at Pioneers Memorial Healthcare District. Your input is very important to us. Your complaint is against a licensed member of our Medical Staff, **Dr. Doctor, Doctor M.D., License #.**

We appreciate you informing us about this matter and giving us the opportunity to investigate further. The Medical Staff Department will investigate to determine if remediation is needed. If you find it necessary to pursue this matter, please contact the Medical Staff Office for information on the California Medical Boards. Pioneers Memorial Healthcare District takes great pride in its staff, facilities and commitment to high quality patient care in our community. We hope you will continue to depend on us, and we will work very hard to meet your expectations in all the services we provide.

We wish you the best in your health and healing.

Sincerely,

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

February 18, 20XX

Sr. XXXXXX
123 XXXXXXX
XXXXX, CA. 92227

Estimado Sr. John Doe:

Gracias por tomarse el tiempo para contactarse con nuestra organización y informarnos de su experiencia como paciente en el departamento de _____de Pioneers Memorial Healthcare District. Su comentario es muy importante para nosotros. Su queja contra un miembro de nuestro personal médico, **Dr. Médico, Medico M.D., Número de licencia.**

Una vez más, le agradecemos que nos informó sobre este asunto y nos dé la oportunidad de investigar más a fondo. El Departamento de Personal Médico (Medical Staff Department) se ha dirigido a este asunto y hay una investigación en curso. Pioneers Memorial Healthcare District toma gran orgullo en su personal, sus instalaciones, y se compromete de brindar una alta calidad de atención a pacientes de nuestra comunidad. Esperamos que usted siga confiando en nosotros, estaremos trabajando muy duro para satisfacer sus expectativas en todos los servicios que ofrecemos.

Le deseamos lo mejor para su salud y curación.

Atentamente,

Medical Board of California
Central Complaint Unit
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815
1-800-633-2322

California Board of Podiatric Medicine
1420 Howe Avenue, Suite 8
Sacramento, CA 95825
1-800-633-2322

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834-1991
(916) 928-8390

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

Month date, 2019

Jane Doe
123 Abc St.
Anywhere, CA 91234
RE: Second Notice

Dear Ms. Doe:

Thank you for taking the time to tell us about your recent experience at our Pioneers Health Clinic here at Pioneers Memorial Healthcare District. I am sorry we didn't meet your expectations. We value any feedback from our customers regarding their experiences within our organization, and are always looking for opportunities to improve our service.

Currently your concerns are being investigated and additional time is required to complete the investigation. You will receive a written resolution response in the next 20 days.

Once again, we appreciate you informing us about this matter and giving us the opportunity to investigate it further. Pioneers Memorial Healthcare District takes great pride in its staff, facilities and commitment to high quality patient care in our community. We hope you will continue to depend on us, and we will work very hard to meet your expectations in all the services we provide. If I may be of any further assistance to you please contact my office. I can be reached at (760) 351-4484.

We wish you the best in your health and healing.

Sincerely,

Merlina Esparza MSN, RN
Risk Manager

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

Date Month Year

Jane Doe
123 Abc St
Anywhere, CA 91234
RE: Segunda noticia

Estimado Sr. Doe:

Gracias por tomarse el tiempo para informarnos acerca del cuidado que recibió en el Departamento de Radiology en Pioneers Memorial Hospital. Lamentamos no haber cumplido sus expectativas. Valoramos las opiniones de nuestros clientes respecto a sus experiencias dentro de nuestra organización y siempre buscamos las oportunidades para mejorar nuestro servicio.

Actualmente se están investigando sus inquietudes y se requiere tiempo adicional para completar la investigación. Recibirá una respuesta de resolución por escrito en los próximos 20 días.

Una vez más, le agradecemos que nos haya informado acerca de este asunto y que nos de la oportunidad de seguir investigando. Pioneers Memorial Hospital toma con gran orgullo en el compromiso de brindar alta calidad de atención a pacientes de nuestra comunidad. Esperamos que usted siga confiando en nosotros, y vamos a trabajar muy duro para satisfacer sus expectativas en todos los servicios que ofrecemos. Si puedo ayudarle en algo más, por favor llame al (760) 351-XXXX.

Le deseamos lo mejor para su salud y su curación.

Atentamente,

Sara Jones
Director of Department

DELEGATION OF PATIENT GRIEVANCE RESPONSIBILITY

AND OVERSIGHT

By a motion, made, seconded, and carried the Board of Directors of Pioneers Memorial Healthcare District affirms its responsibility for the organization's grievance process and the on-going review and resolution of grievances.

In accordance with CMS 482.13(a)(2), the Board of Directors of Pioneers Memorial Healthcare District formally delegates the oversight of the grievance review and resolution process to the Administrative Staff Committee.

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

Tuesday, April 23, 2024
PMH Auditorium
5:00 pm

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 47 hours prior to the meeting.

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

President Santillan called the meeting to order at 5:01 pm in the PMH Auditorium

A. Roll Call

BOARD MEMBERS:
Katy Santillan, President
Enola Berker, Vice President
Rachel Fonseca, Secretary
Linda Rubin, Treasurer

STAFF:
Christopher Bjornberg, CEO
Carly Loper, CFO
Carol Bojorquez, CNO
Ramaiah Indudhara, MD, Chief of Staff
Sally Nguyen, General Counsel

GUESTS:
Carly Zamora, CCO
Rick Buchsbaum, Progressive Healthcare, Inc.

Attendance: Nick Aguirre, Asst. Secretary/Treasurer

B. Approval of Agenda

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

II. BOARD MEMBER COMMENTS

Director Berker expressed her thanks to the staff for enduring the Cerner go-live. This change is for the good of the organization.

Director Santillan echoed the sentiment and thanked the staff as well.

Director Rubin advised that the grounds across the street from the hospital, where the clinics are located, look horrible. She requested that Senior Leaders contact the owner of the property to make sure the grounds are cleaned up and maintained.

SECTION

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)*

There were no comments.

IV. MEDICAL STAFF REPORT – Ramaiah Indudhara, MD, Chief of Staff, will present for Board consideration, the following matters: (*time: 5:30 pm – 6:00 pm)*

A. Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms, or other related recommendations

Dr. Indudhara provided an overview of the medical staff report. The main topic of discussion is the Cerner implementation. He noted that it appears that most of the providers are adjusting to the change in eMR. There has been great help from the support staff both on the hospital and clinic side. There are some obstacles, but it is a work in progress; no major issues have been reported. Director Santillan asked if Dr. Tahvilian is coming back to PMHD. Dr. Indudhara noted that he is primarily providing teleradiology services. Mr. Bjornberg advised that in speaking with Cerner personnel, they noted that they normally receive a lot of push back from providers when going live in other facilities. They did not have that experience here at PMHD. Mr. Bjornberg mentioned that Dr. Indudhara did a lot of work with the providers to get them ready for this project. Director Berker stated that some of the physicians are worried about the coding as it impacts their RVUs. Mr. Bjornberg advised that this will be something that will improve once the new dictation software is installed. A motion was made to approve the medical staff report by Director Berker, seconded by Director Rubin. **The motion was unanimously carried.**

V. POLICIES/PROCEDURES/REVIEW OF OTHER ITEMS – The Board will consider and may take action on the following: (*time: 6:00 pm – 6:45 pm)*

A. Hospital Policies
    1. Community Support
    2. Aerosol Transmission Plan

B. Approval of Minutes
    1. 3/20/2024 Supplemental Meeting
    2. 3/26/2024 Regular Meeting

A motion was made to approve items A & B by Director Rubin, seconded by Director Berker. **The motion was unanimously carried.**

C. Update Reports
    1. Women's Auxiliary

Director Rubin reported that the Women's Auxiliary had their Stay-at-Home Tea event. The funds raised will be used for needs in NICU and Pediatrics departments.

2. LAFCO

Mr. Bjornberg mentioned that he has received the official letter from LAFCO denying the expansion application by PMHD.

D. March 2024 Finance Report

Ms. Loper reported that this month's closing was a bit more difficult given the go-live with Cerner and Multiview systems. The average daily census was 55, which was a decrease from the prior month but better than what was budgeted. The second column of the P&L is last year's numbers for comparison. In March 2023, we received supplemental payments that we did not receive this month; so, you will see that difference in the bottom line. Professional fees were higher than February due to old professional fees that had not been accrued. Supply expenses went up, which tends to go up and down depending on surgery and prosthesis volumes. The bottom line resulted in a profit of $267,000 for the month. Year to date, this brings the bottom-line profit to $9 million. Days cash on hand increased to 94.6 days, which is $38.8 million. The QAIP payment of $6.9 million was received early and we are still waiting for the rate range supplemental payment of about $6.5 million. Another IGT for NDPH will be paid out of $1.5 million with a return of about $2.7 million. It has been identified that the District has been underpaid in PIP payments; about $1 million is expected from that program. All these different pickups should take days cash on hand to about 113 days. However, April will be a rough month due to the Cerner implementation as our outpatient visits and surgery cases will be at 50%. We are hoping to drop the first bill in Cerner tomorrow. Ms. Loper will be bringing the engagement letter for the FYE 2024 audit next month for the Board to consider. The cost accounting report was not in the packet due to the new system. Work will be done on what this will look like moving forward. Prior to Cerner, we were averaging about $1.3 million in revenue, after going live, it looks like we are averaging about $1.2 million.

E. Human Resources Report

F. Approval of Amendments to PMHD Bylaws

G. Approval of Rescheduling May Board Meeting to Tuesday, May 28, 2024, at 4:00 pm due to Memorial Day Holiday

H. Approval of Budget for Community Support Fund

I. Authorize Renewal of Beverage Agreement with Pepsi Pending Legal Review
Contract Value: approx. $80,000 with savings; Contract Term: Five (5) years; Budgeted: Yes; Budget Classification: Purchased Services

J. Authorize Amendments to Order Form and Master License Agreement for Affinity and QCPR Software with QuadraMed Affinity Corporation
Contract Value: $388,392; Contract Term: 6-12 months; Budgeted: Yes-Affinity, No-QCPR; Budget Classification: Repairs & Maintenance

K. Authorize Renewal of Employee Benefits as Recommended by Gallagher
Contract Value: projected $8,693,700; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Benefits

L. Consideration of Confidentiality and Non-Disclosure Agreement with Imperial Valley Healthcare District
Contract Value: $0; Contract Term: N/A; Budgeted: N/A; Budget Classification: N/A

ITEM H – Compliance Officer advised the Board that per AB 1728, the District must set a budget for the community support fund on an annual basis. Last year, the budget was set at $7,500. Thus far, no funds have been requested or awarded. It was recommended that the budget be set to $5,000.

A motion was made to set the community support budget to $5,000 by Director Rubin, seconded by Director Berker. **The motion was unanimously carried.**

ITEM J – Mr. Bjornberg noted that Cerner requires that we have the old systems available for the next six months and we still need legacy data to be available. Ms. Loper advised that the staff is still working on the old A/R in the legacy system and needs this to be available for the next six months as well.

ITEM I – This agreement is for all the Pepsi products that are sold in the cafeteria. Director Rubin asked about the rebates. Ms. Loper reported that they give rebates based on how much we order, or if we hold any events, they will also donate items.

A motion was made to approve items D, E, F, G & I by Director Berker, seconded by Director Fonseca. **The motion was unanimously carried.**

ITEM K – The Board asked if they are going to receive a presentation about the new benefits by Gallagher. Mr. Bjornberg advised that a meeting was held with Gallagher on April 17th where they reviewed what PMHD needed as far as benefits were concerned. A discussion ensued about the new information related to the benefits and the way Gallagher has been handling the process. The Board expressed their frustration with this process and Gallagher's service. Mr. Bjornberg recommended that the Board approve the proposal that includes Guardian and Aluma. Director Rubin noted that she would like the minutes to reflect that if a patient has an excluded medicine on the plan's formulary, PMHD may choose to make an exception and pay for the medicine anyway. A motion was made to approve the benefit proposal to include Guardian and Aluma, and a 90-day notice issued on July 1, 2024, to Gallagher by Director Rubin, seconded by Director Berker. **The motion was unanimously carried.**

ITEM L – A writ has been filed, so it was recommended that the NDA not be approved as it stands. Revisions should be made to the document. After some discussion, it was decided to table this item. **Item was tabled.**

VI. MANAGEMENT REPORTS – The Board will receive the following information reports and may take action. *(time: 6:45 pm – 7:30 pm)*

A. Operations Reports – Chistopher Bjornberg, CEO

1. CEO Report (Chief Executive Officer)

Mr. Bjornberg asked if the Board had any questions about any information he had previously provided. There were no questions. He advised that research is being done regarding the Cath lab and the possibility of opening that back up sometime soon. The group that is being considered would bring staffing to the unit. CDPH is expected to come out next week to review the DaVinci project. Director Rubin asked why another interim Director for the SNF is being considered, instead of looking for a permanent. It was noted that this will be discussed in closed session.

2. Hospital operations (Chief Nursing Officer)

Nothing further to report.

3. Clinics operations (Chief of Clinic Operations)

Nothing further to report.

4. Medical staff (Chief Nursing Officer)

Nothing further to report.

5. Finance (Chief Financial Officer)

Ms. Loper noted that the budget process has begun and will be bringing in the final version in May for the Board to review. She also reported that ADP went live on April 15th and the first payroll was done. There are some issues that need to be fixed as there were errors in some employees' pay.

6. Information technology (Chief Nursing Officer/Director of Information Systems)

Nothing further to report.

7. Marketing (Director of Marketing)

Nothing further to report.

8. Facilities, logistics, construction, support

Nothing further to report.

9. Quality resources - (Director of Quality Resources)

Nothing further to report.

10. Board matters

Nothing further to report.

B. Legal Counsel Report – Sally Nguyen

1. All matters to be discussed in Closed Session

VII. 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: 7:30 pm – 7:50 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: 3

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

1. Conference with Legal Counsel regarding threatened litigation involving possible facts or circumstances not yet known to potential party or parties, disclosure of which could adversely affect the District's position.
    a. Compliance Issues

VIII. RECONVENE TO OPEN SESSION (*time: 7:50 – 8:00 pm)*

A. Take Actions as Required on Closed Session Matters

There were no reportable actions taken in closed session.

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

The meeting was adjourned to the next meeting.

_____
Clerk of the Board

_____
Board Secretary

PROCOPIO
525 B Street
Suite 2200
San Diego, CA 92101
T. 619.238.1900
F. 619.235.0398

ADRIANA R. OCHOA
P. 619.525.3861
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DEL MAR HEIGHTS
LAS VEGAS
ORANGE COUNTY
SAN DIEGO
SCOTTSDALE
SILICON VALLEY
WASHINGTON, D.C.

May 1, 2024

VIA E-MAIL

Christopher Bjornberg
Chief Executive Officer
Pioneers Memorial Healthcare District
207 W Legion Rd.
Brawley, CA 92227
CBjornberg@pmhd.org

Cedric Cesena
City Manager
City of El Centro
1275 W. Main Street
El Centro, CA 92243
ccesena@cityofelcentro.org

Tomas Virgen
Chief Executive Officer
Heffernan Memorial Healthcare District
601 Herber Avenue
Calexico, CA 92231
tvirgen@heffernanmemorial.org

Re: Imperial Valley Healthcare District Funding Request

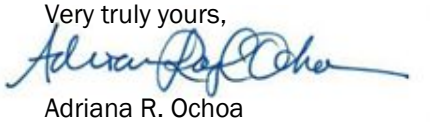
Dear Mr. Bjornberg,

This letter is sent on behalf of the Imperial Valley Healthcare District ("**IVHD**") Board of Directors. The IVHD Board of Directors is staunchly committed to achieving the goals set forth in AB 918 (2023); namely, to facilitating the coordination of medical services and providing immediate cost-saving benefits to the Imperial Valley through combined economies of scale achieved by the dissolutions of Pioneers Memorial Healthcare District and Heffernan Memorial Healthcare District, including having a single governing body and hospital administration, a single medical staff, financial and clinical integration, unified contracting and supplies management, and an integrated medical system. IVHD is actively pursuing the acquisition of the El Centro Regional Medical Center to stabilize county-wide access to health care and to continue ongoing emergency medical services in the Imperial Valley at the earliest time possible.

Procopio

While AB 918 statutorily authorized and compelled Heffernan Memorial Healthcare District to provide financial means to hire administrative employees, complete clerical tasks for board and public meetings, provide financial means for a venue, and provide financial means to hire legal counsel, there are additional typical and appropriate expenditures of public funds which are arguably outside the scope of AB 918 that the IVHD Board would like to approve (for example, the hiring of consultants deemed necessary by the Board, and compensation for Board members as allowed by Health and Safety Code 32103). To that end, the IVHD Board hereby formally requests that the Pioneers Memorial Healthcare District, Heffernan Memorial Healthcare District, and the City of El Centro (on behalf of the El Centro Regional Medical Center) each approve the delivery of funds to IVHD in a lump sum amount of $150,000 for IVHD's operations and formation. IVHD would hold these funds in a segregated bank account and expend only as necessary and in a manner expressly approved by the IVHD Board and consistent with law. IVHD appreciates your cooperation in this matter.

Very truly yours,



Adriana R. Ochoa
General Counsel for the Imperial Valley Healthcare District

ARS:bc

RESOLUTION NO. 2024-02

RESOLUTION ORDERING AN ELECTION, REQUESTING COUNTY ELECTIONS OFFICIAL TO CONDUCT THE ELECTION, AND REQUESTING CONSOLIDATION OF THE ELECTION

PIONEERS MEMORIAL HEALTHCARE DISTRICT

WHEREAS, pursuant to Elections Code Section 10002, the governing body of any city or district may by resolution request the Board of Supervisors of the county to permit the county elections official to render specified services to the city or district relating to the conduct of any election; and

WHEREAS, the resolution of the governing body of the city or district shall specify the services requested; and

WHEREAS, pursuant to Elections Code Section 10400, whenever two or more elections including bond elections, of any legislative or congressional district, public district, city, county or other political subdivision are called to be held on the same day, in the same territory, or in territory that is in part the same, they may be consolidated upon the order of the governing body or bodies or officer or officers calling the election; and

WHEREAS, pursuant to Elections Code Section 10400, such election for cities and special districts may be either completely or partially consolidated; and

WHEREAS, pursuant to Elections Code Section 10403, whenever an election called by a district, city or other political subdivision for the submission of any question, proposition, or office to be filled is to be consolidated with a statewide election, and the question, proposition, or office to be filled is to appear upon the same ballot as that provided for that statewide election, the district, city or other political subdivision shall, at least 88 days prior to the date of the election, file with the board of supervisors, and a copy with the elections official, a resolution of its governing board requesting the consolidation, and setting forth the exact form of any question, proposition, or office to be voted upon at the election, as it is to appear on the ballot. Upon such request, the Board of Supervisors may order the consolidation; and

WHEREAS, the resolution requesting the consolidation shall be adopted and filed at the same time as the adoption of the ordinance, resolution, or order calling the election; and

WHEREAS, various district, county, state and other political subdivision elections may be or have been called to be held on November 5, 2024;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED THAT THE governing body of Pioneers Memorial Healthcare District hereby orders an election be called and consolidated with any and all elections also called be held on November 5, 2024 insofar as said elections are to be held in the same territory or in territory that is in part the same as the territory of the **Pioneers Memorial Healthcare District** requests the Board of Supervisors of the County of Imperial to order such consolidation under Elections Code Section 10401 and 10403.

BE IT FURTHER RESOLVED AND ORDERED that said governing body hereby requests that the Board of Supervisors to permit the Imperial County Elections Department to provide any and all services necessary for conducting the election and agrees to pay for said services; and

Check the following that apply:

__X__ **BE IT FURTHER REVOLVED AND ORDERED** that the Imperial County Elections Department conduct the election for the following offices on November 5, 2024 ballot.

SEATS OPEN	OFFICE	TERM	DIST/DIV(if app.)
1	Director	4 years	
1	Director	4 years	

_____ **BE IT FURTHER RESOLVED AND ORDERED** that the Imperial County Elections Department shall conduct the election for the following MEASURES(S) to be voted on at the November 5, 2024 election:

_____ **BE IT FURTHER RESOLVED AND ORDERED** that Imperial County Elections Department is requested to: [Check one of the following]

_____ Print the attached measure text exactly as filed or indicated on the filed document in the voter's Information Pamphlet section of the Sample Ballot for the November 5, 2024 election. Cost of printing and distribution of the measure text will be paid for by the city/district.

_____ Not to print the measure text in the Voter's Information Pamphlet of the Sample Ballot but send a copy to voters upon request at the cost of said city/district.

PASSED AND ADOPTED this 28th day of May, 2024 by the following vote:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

_____
Chairperson of said Governing Board

Attested: _____
Clerk of the Board

Please provide us with the following information on your governing body (please print):

Contact person: Sally T. Nguyen

Mailing Address: Pioneers Memorial Healthcare District, 207 West Legion Road, Brawley, CA 92227

Telephone: (760) 351-3353 Fax: (760) 351-4489

E-mail address: snguyen@pmhd.org

INCUMBENT ROSTER

NAME OF DISTRICT/CITY: PIONEERS MEMORIAL HEALTHCARE DISTRICT

MAIL FROM THE ELECTIONS OFFICIAL SHOULD BE ADDRESSED TO WHOM:

TITLE: Sally T. Nguyen

MAILING ADDRESS: Pioneers Memorial Healthcare District
207 West Legion Road, Brawley, CA 92227

TELEPHONE: (760) 351-3353 **FAX:** (760) 351-4489

E-MAIL: snguyen@pmhd.org

WEBSITE: http://www.pmhd.org

INCUMBENTS NAME/ADD/PH/FAX	ELECTED/APPOINTED	TERM OF OFFICE
Catalina Alcantra-Santillan 802 Chaparral Ct. Brawley, CA 92227 Telephone: (760) 455-0211	November 2020	4 years
Nickolas Aguirre 480 West B Street Brawley, CA 92227 Telephone: (760) 412-0773	November 2020	4 years
Linda S. Rubin 375 So. Rio Vista Ave. Brawley, CA 92227 Telephone: (760) 756-8004	November 2022	4 years
Enola Berker 305 Blooming Canyon Way Brawley, CA 92227 Telephone: (760) 587-0768	November 2022	4 years
Rachel Fonseca P.O. Box 779 Brawley, CA 92227 Telephone: (442) 230-7910	November 2022	4 years

PIONEERS
MEMORIAL HEALTHCARE DISTRICT

To: Board of Directors

Catalina Alcantra-Santillan, President

Enola Berker, Vice President

Rachel Fonseca, Secretary

Linda Rubin, Treasurer

Nickolas P. Aguirre, Assistant Secretary/Treasurer

Additional Distribution:

Christopher Bjornberg, Chief Executive Officer

From: Carly Loper, Chief Financial Officer

Financial Report – April 2024

Overview:

Financial operations for the month of April 2024 resulted in a loss of ($1,095,999) against a budgeted gain of $51,895. Due to the implementation of the new EMR system, Cerner, the District is still learning to navigate in the system to locate the details and specifics for monthly results. Hence, the following report provides limited information for the month of April 2024**.**

Operating Expenses:

In total, April operating expenses were over budget by ($863,426) or (7.1%) but lower than March expenses by $100,725 or less than 1.0%. Staffing expenses, which include Salaries, Benefits and Contract Labor were under budget by $393,745 or 5.3%. Non-salary expenses, which include Supplies, Professional Fees, Purchased Services and Other were over budget by ($1,257,171) or (26.8%).

Below is a summary table of expenses compared to budget.

Exp. Category	Actual	Budget	Var.	Comment
Salaries	5,559	5,070	-9.6%	Over Budget
Benefits	1,393	1,631	14.6%	Under Budget
Contract Labor	157	138	-14%	Over Budget; contract nursing
Pro Fees	1,174	1,201	2.2%	Under Budget
Supplies	1,413	1,425	0.8%	Under Budget
Purchased Serv	779	650	-19.8%	Over Budget
Other Operating	1,165	852	-36.7%	Over Budget

Cash Position:

The District's total cash reserves increased from the prior month with the following results:

end of March 2024:	$38,803,935 (94.6 days cash on hand)
end of April 2024:	$39,491,171 (95.6 days cash on hand)

For the month of April, total cash receipts equaled $14,755,350 while total disbursements equaled $14,132,928. For additional detail on cash transactions for the period, refer to the attached Cash Flow analysis.

Bond Covenants:

As part of the Series 2017 Bond issue, the District is required to maintain certain covenants or "promises" to maintain liquidity (days cash on hand) and profitability (debt service coverage ratio). A violation of either will allow the Bond Trustee (US Bank) authorization to take certain steps to protect the interest of the individual Bond Holders. Based on the June 2023 financials, the District is in default on both the liquidity and profitability covenants. Per the Series 2017 Bond requirements, the services of Warbird Consulting Partners ("Warbird") were enlisted for assistance with revenue and expense-related recommendations. At the end of January 2024, Warbird provided the District with their assessment and recommendations for improvement of the District's days cash on hand and overall profitability. Some of the recommended actions have already been put into force.

Net Excess/(Deficit):

Fiscal year-to-date, District operations have resulted in a profit of $7,908,686 against a budgeted gain of $2,649,010 which is a favorable result compared to the prior year-to-date loss of ($5,436,170).

Cash Flow Analysis by Month
FY 2024

	Beginning Balance July 01, 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
	$16,749,082										
Cash Increase (Decrease)											
Receipts:											
A/R Collection- PA		8,462,308	10,782,744	11,236,886	12,635,182	9,316,669	10,194,773	11,679,251	12,063,107	11,061,917	12,750,307
IP Medicare Electronic Payment		(799,247)	(919,225)	(634,747)	(1,184,289)	(1,202,931)	(951,436)	(1,392,096)	(1,408,820)	(1,319,917)	(1,252,795)
PIP Payment		845,936	897,288	897,288	1,345,932	897,288	897,288	937,288	839,958	782,628	1,173,942
Medicare ROE Pass Thru		61,936	61,936	61,936	92,904	61,936	61,936	61,936	61,936	61,936	113,190
Supplemental Receipts (pt cde 503)		1,994,368	1,720,508	507,416	1,645,185	30,594,287	2,366,425	3,540,741	1,808,833	8,314,679	1,661,957
Other Non-patient PC Receipts		6,408	48,661	10,308	49,033	26,711	37,880	56,807	29,903	5,953	26,729
Total PA Collections		10,571,709	12,591,912	12,079,088	14,583,948	39,693,960	12,606,865	14,883,927	13,394,917	18,907,195	14,473,330
Physicians Collections		202,787	200,809	161,512	224,972	193,601	169,907	218,964	164,089	116,420	161,717
Other Non-patient Receipts		34,617	98,129	29,217	122,735	73,537	139,571	143,350	101,305	98,086	120,303
Total Cash Receipts		10,809,113	12,890,850	12,269,816	14,931,654	39,961,098	12,916,343	15,246,242	13,660,311	19,121,700	14,755,350
Disbursements:											
Payroll		3,383,723	3,413,762	3,436,865	3,364,312	3,941,370	5,446,108	3,618,566	3,678,640	3,710,400	3,583,132
Payroll Taxes		1,362,416	1,370,768	1,398,442	1,369,667	2,189,945	1,390,792	1,453,120	1,461,827	1,446,759	1,511,693
Health EE Expense (Blue Shield/Flex)		893,226	973,209	746,864	1,069,360	761,335	746,424	1,201,554	736,109	666,833	953,120
Pension- Employees' contribution		246,684	360,167	240,369	226,529	290,382	228,738	386,699	271,936	241,534	233,863
Pension- Employer's Share Qrtly		416,228	0	0	352,233	0	0	357,096	0	0	352,125
Capital Expenses/CIP		0	770	5,758	18,870	62,689	3,613	8,000	156,677	3,000	3,760
Accounts Payable		7,961,391	7,049,397	5,827,658	6,904,439	9,694,302	4,612,859	7,578,620	8,612,367	7,271,291	7,441,722
IGT Payment		0	0	0	395,987	0	0	0	4,113,636	0	0
Others		68,439	73,812	67,316	66,190	60,539	64,840	94,257	59,310	65,259	53,513
Total Disbursements		14,332,105	13,241,885	11,723,272	13,767,587	17,000,562	12,493,374	14,697,913	19,090,502	13,405,076	14,132,928
Net Increase (Decrease) in Cash		(3,522,992)	(351,035)	546,545	1,164,067	22,960,536	422,969	548,329	(5,430,190)	5,716,625	622,422
Ending Cash Balance:		$13,226,090	$12,875,055	$13,421,600	$14,585,667	$37,546,203	$37,969,172	$38,517,501	$33,087,311	$38,803,936	$39,426,358

PIONEERS MEMORIAL HOSPITAL **PAGE 4**

10 Mos 06/30/24

	Current Month 04/30/2024	Year-To-Date 10 Months 04/30/2024
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	($1,095,999)	$7,908,686
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	$249,006	$2,783,540
(Increase)/Decrease in Net Patient Accounts Receivab	$3,393,341	$4,814,350
(Increase)/Decrease in Other Receivables	($1,172,404)	($10,105,702)
(Increase)/Decrease in Inventories	$167,911	$19,829
(Increase)/Decrease in Pre-Paid Expenses	($15,621)	($278,019)
(Increase)/Decrease in Other Current Assets	($637,041)	($1,761,156)
Increase/(Decrease) in Accounts Payable	$1,771,158	$546,729
Increase/(Decrease) in Notes and Loans Payable	$0	($2,500,000)
Increase/(Decrease) in Accrued Payroll and Benefits	$98,581	$1,803,830
Increase/(Decrease) in Accrued Expenses	$0	$0
Increase/(Decrease) in Patient Refunds Payable	$0	$0
Increase/(Decrease) in Third Party Advances/Liabilitie	$0	$0
Increase/(Decrease) in Other Current Liabilities	($277,104)	($116,133)
Net Cash Provided by Operating Activities:	**$2,481,828**	**$3,115,954**
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	($512,431)	($3,081,598)
(Increase)/Decrease in Limited Use Cash and Investm	($23,019)	($32,613)
(Increase)/Decrease in Other Limited Use Assets	$229,313	$248,286
(Increase)/Decrease in Other Assets	$0	$0
Net Cash Used by Investing Activities	**($306,137)**	**($2,865,925)**
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	($1,985)	($544,853)
Increase/(Decrease) in Capital Lease Debt	($1,508,546)	$24,619,727
Increase/(Decrease) in Other Long Term Liabilities	$22,076	($1,582,814)
Net Cash Used for Financing Activities	**($1,488,455)**	**$22,492,060**
(INCREASE)/DECREASE IN RESTRICTED ASSETS	**$0**	**$0**
Net Increase/(Decrease) in Cash	**$687,236**	**$22,742,089**
Cash, Beginning of Period	$38,803,935	$16,749,082
Cash, End of Period	**$39,491,171**	**$39,491,171**

Balance Sheet - Assets

PIONEERS MEMORIAL HOSPITAL

10 Mos 06/30/24

	ASSETS			
	Current Month 04/30/2024	Prior Month 03/31/2024	Variance Positive (Negative)	Prior Year End Audited 06/30/2023
Current Assets				
Cash and Cash Equivalents	$39,491,171	$38,803,935	$687,236	$16,749,082
Gross Patient Accounts Receivable	$100,467,717	$100,222,917	$244,800	$87,933,623
Less: Bad Debt and Allowance Reserves	($85,533,188)	($81,895,047)	($3,638,141)	($68,184,744)
Net Patient Accounts Receivable	$14,934,529	$18,327,870	($3,393,341)	$19,748,879
Interest Receivable	$0	$0	$0	$0
Other Receivables	$27,362,950	$26,190,546	$1,172,404	$17,257,248
Inventories	$3,296,795	$3,464,706	($167,911)	$3,316,624
Prepaid Expenses	$2,355,197	$2,339,576	$15,621	$2,077,178
Due From Third Party Payers	$2,129,441	$1,492,400	$637,041	$368,285
Other Current Assets	$0	$0	$0	$0
Total Current Assets	**$89,570,083**	**$90,619,033**	**($1,048,950)**	**$59,517,296**
Assets Whose Use is Limited				
Cash	$69,676	$46,657	$23,019	$37,063
Bonds Property Tax Proceeds	$0	$0	$0	$0
Trustee Held Funds	$1,305,320	$1,550,959	($245,639)	$1,465,042
Funded Depreciation	$0	$0	$0	$0
Board Designated Funds	$0	$0	$0	$0
Other Limited Use Assets	$505,438	$489,112	$16,326	$594,002
Total Limited Use Assets	**$1,880,434**	**$2,086,728**	**($206,294)**	**$2,096,107**
Property, Plant, and Equipment				
Land and Land Improvements	$2,623,526	$2,623,526	$0	$2,623,526
Building and Building Improvements	$62,919,140	$62,919,140	$0	$63,472,230
Equipment	$61,662,894	$61,635,430	$27,464	$59,457,987
Construction In Progress	$1,586,602	$1,101,635	$484,967	$338,266
Gross Property, Plant, and Equipment	$128,792,162	$128,279,731	$512,431	$125,892,009
Less: Accumulated Depreciation	($99,177,158)	($98,928,152)	($249,006)	($96,575,063)
Net Property Plant & Equipment	**$29,615,004**	**$29,351,579**	**$263,425**	**$29,316,946**
Other Assets				
Unamortized Loan Costs	$0	$0	$0	$0
Assets Held for Future Use	$0	$0	$0	$0
Total Other Assets	**$49,415,107**	**$49,415,107**	**$0**	**$49,415,107**
TOTAL UNRESTRICTED ASSETS	**$170,480,628**	**$171,472,447**	**($991,819)**	**$140,345,456**
TOTAL ASSETS	**$170,480,628**	**$171,472,447**	**($991,819)**	**$140,345,456**

Balance Sheet - Liabilities and Fund Balance

PIONEERS MEMORIAL HOSPITAL **PAGE 2**

10 Mos 06/30/24

	LIABILITIES AND FUND BALANCE			
	Current Month 04/30/2024	Prior Month 03/31/2024	Variance Positive (Negative)	Prior Year End Audited 06/30/2023
Current Liabilities				
Accounts Payable	$13,228,865	$11,457,707	($1,771,158)	$12,682,136
Accrued Payroll	$7,459,031	$7,090,450	($368,581)	$5,358,973
Accrued Payroll Taxes	$0	$0	$0	$0
Accrued Benefits	$0	$0	$0	$0
Accrued Pension Expense (Current Portion)	$120,000	$390,000	$270,000	$416,228
Other Accrued Expenses	$0	$0	$0	$0
Patient Refunds Payable	$0	$0	$0	$0
Property Tax Payable	$0	$0	$0	$0
Due to Third Party Payers	$0	$0	$0	$0
Advances From Third Party Payers	$1,722,161	$1,722,161	$0	$1,722,161
Current Portion of LTD (Bonds/Mortgages)	$550,000	$550,000	$0	$525,000
Current Portion of LTD (Leases)	$185,895	$204,687	$18,792	$469,091
Other Current Liabilities	$57,900	$335,004	$277,104	$174,033
Total Current Liabilities	**$23,323,852**	**$21,750,009**	**($1,573,843)**	**$23,847,622**
Long Term Debt				
Bonds/Mortgages Payable	$15,041,826	$15,043,811	$1,985	$15,586,679
Leases Payable	$31,996,231	$33,504,777	$1,508,546	$7,376,504
Less: Current Portion Of Long Term Debt	$735,895	$754,687	$18,792	$994,091
Total Long Term Debt (Net of Current)	**$46,302,162**	**$47,793,901**	**$1,491,739**	**$21,969,092**
Other Long Term Liabilities				
Deferred Revenue	$511,188	$489,112	($22,076)	$2,094,002
Other	$48,170,072	$48,170,072	$0	$48,170,072
Total Other Long Term Liabilities	**$48,681,260**	**$48,659,184**	**($22,076)**	**$50,264,074**
TOTAL LIABILITIES	**$118,307,274**	**$118,203,094**	**($104,180)**	**$96,080,788**
Net Assets:				
Unrestricted Fund Balance	$44,264,668	$44,264,668	$0	$43,671,796
Restricted Fund Balance	$0	$0	$0	$0
Net Excess / (Deficit)	$7,908,686	$9,004,685	N/A	$592,872
TOTAL FUND BALANCE	**$52,173,354**	**$53,269,353**	**$1,095,999**	**$44,264,668**
TOTAL LIABILITIES & FUND BALANCE	**$170,480,628**	**$171,472,447**	**$991,819**	**$140,345,456**

Statement of Revenue and Expense

PIONEERS MEMORIAL HOSPITAL **PAGE 3**

10 Mos 06/30/24

	Current Month 04/30/24	Year To Date 10 Months 04/30/24	Prior Year End Audited 06/30/23
Gross Patient Revenue			
Inpatient Revenue	$15,310,862	$156,474,703	$136,116,325
Outpatient Revenue	$24,524,724	$268,699,695	$314,354,224
Total Gross Patient Revenue	$39,835,586	$425,174,398	$450,470,549
Deductions From Revenue			
Discounts and Allowances	($28,470,580)	($293,849,560)	($324,754,825)
Prior Year Settlements	$0	$0	$0
Charity Care	($211,042)	($1,585,277)	($876,872)
Total Deductions From Revenue	($28,681,622)	($295,434,837)	($325,631,697)
Net Patient Revenue	$11,153,964	$129,739,561	$124,838,852
Other Operating Revenue	$630,641	$4,765,614	$9,311,005
Total Operating Revenue	**$11,784,605**	**$134,505,175**	**$134,149,857**
Operating Expenses			
Salaries and Wages	$5,558,720	$56,029,196	$54,821,236
Fringe Benefits	$1,393,022	$14,786,773	$16,613,611
Contract Labor	$156,732	$2,773,300	$5,881,464
Professional Fees	$1,174,225	$11,295,163	$15,498,022
Purchased Services	$778,764	$7,306,461	$7,849,584
Supply Expense	$1,412,912	$15,363,569	$17,846,976
Utilities	$307,708	$2,163,675	$2,221,933
Repairs and Maintenance	$642,261	$5,285,607	$6,017,487
Insurance Expense	$228,743	$2,323,868	$2,215,447
All Other Operating Expenses	$495,582	$2,712,819	$2,983,228
Leases and Rentals	$362,014	$3,175,090	$2,980,948
Hospitalist Program Expense	$302,635	$2,142,837	$2,661,055
Depreciation and Amortization	$249,006	$2,783,540	$3,572,979
Total Operating Expenses	**$13,062,324**	**$128,141,898**	**$141,163,970**
Net Operating Surplus/(Loss)	**($1,277,719)**	**$6,363,277**	**($7,014,113)**
Non-Operating Revenue (Expense)			
CARES HHS, Contributions	$5,122	$141,678	$5,791,524
Investment Income	$100,311	$669,463	$9,839
Interest Expense	($54,098)	($558,778)	($698,622)
Other Non-Oper Revenue (Expense)	$130,385	$1,293,046	$2,504,244
Total Non Oper Revenue (Expense)	**$181,720**	**$1,545,409**	**$7,606,985**
Total Net Excess (Deficit)	**($1,095,999)**	**$7,908,686**	**$592,872**
Operating Margin	**-10.84%**	**4.73%**	**-5.23%**
Total Profit Margin	**-9.30%**	**5.88%**	**0.44%**
EBITDA	**-8.27%**	**7.22%**	**-2.04%**
Cash Flow Margin	**-6.73%**	**8.36%**	**3.63%**

PIONEERS MEMORIAL HEALTHCARE — **ok**

STATEMENT OF REVENUE AND EXPENSE

FOR THE PERIOD ENDING APRIL 30, 2024

LAST MONTH ACTUAL MARCH	LAST YEAR ACTUAL APRIL	THIS MONTH ACTUAL APRIL	THIS MONTH BUDGET APRIL	% VAR		FYTD ACTUAL APRIL	FYTD BUDGET APRIL	% VAR	FYTD PRIOR YEAR APRIL	% VAR
4,579	3,909	3,866	3,803	1.68%	ADJ PATIENT DAYS	43,304	43,921	-1.40%	44,065	-1.73%
1,716	1,348	1,486	1,237	20.13%	INPATIENT DAYS	15,937	15,952	-0.09%	13,093	21.72%
449	357	441	310	42.26%	IP ADMISSIONS	4,433	3,679	20.49%	3,626	22.26%
55	45	50	41	20.13%	IP AVERAGE DAILY CENSUS	52	52	-0.09%	43	21.32%
					GROSS PATIENT REVENUES					
8,290,928	6,599,032	4,476,718	5,794,993	-22.75%	DAILY HOSPITAL SERVICES	75,684,898	71,113,905	6.43%	47,333,106	59.90%
8,075,951	7,042,218	10,834,144	5,667,117	91.18%	INPATIENT ANCILLARY	80,789,805	69,883,294	15.61%	61.925.174	30.46%
27,307,713	25,911,647	24,524,724	23,772,068	3.17%	OUTPATIENT ANCILLARY	268,699,695	247,215,300	8.69%	258.456.906	3.96%
43,674,592	39,552,896	39,835,586	35,234,178	13.06%	TOTAL PATIENT REVENUES	425,174,398	388,212,499	9.52%	367,715,185.34	15.63%
					REVENUE DEDUCTIONS					
8,554,308	9,789,551	9,191,349	8,220,910	-11.80%	MEDICARE CONTRACTUAL	94,349,870	90,578,519	-4.16%	88,982,922	-6.03%
13,814,652	12,086,130	13,814,652	10,892,784	-26.82%	MEDICAL CONTRACTUAL	127,344,446	120,017,421	-6.10%	118,909,001	-7.09%
-1,423,762	-1,145,678	-1,423,762	-1,313,740	-8.37%	SUPPLEMENTAL PAYMENTS	-16,586,271	-14,474,879	-14.59%	-12,714,271	-30.45%
0	0	-11,210	0	100.00%	PRIOR YEAR RECOVERIES	-3,557,517	0	100.00%	588,175	704.84%
8,906,501	6,957,436	5,975,717	4,854,181	-23.10%	OTHER DEDUCTIONS	82,296,294	53,483,691	-53.87%	63,866,086	-28.86%
121,201	138,773	211,042	30,647	-588.62%	CHARITY WRITE OFFS	1,585,277	337,678	-369.46%	440,844	-259.60%
947,592	793,828	928,000	980,545	5.36%	BAD DEBT PROVISION	10,044,405	10,803,707	7.03%	8,918,461	-12.62%
-4,167	-4,167	-4,167	-3,805	-9.50%	INDIGENT CARE WRITE OFFS	-41,667	-41,924	0.61%	-41,667	0.00%
30,916,326	28,615,873	28,681,622	23,661,522	-21.22%	TOTAL REVENUE DEDUCTIONS	295,434,837	260,704,213	-13.32%	268,949,552	-9.85%
12,758,266	10,937,023	11,153,964	11,572,656	-3.62%	NET PATIENT REVENUES	129,739,561	127,508,286	1.75%	98,765,633	-31.36%
70.8%	72.3%	72.0%	67.2%			69.5%	67.2%		73.1%	
					OTHER OPERATING REVENUE					
30,000	15,000	0	31	-100.00%	GRANT REVENUES	580,000	310	186996.77%	765,275	-24.21%
442,789	1,163,270	630,641	553,629	13.91%	OTHER	4,185,614	3,700,968	13.10%	4,398,280	-4.84%
472,789	1,178,270	630,641	553,660	13.90%	TOTAL OTHER REVENUE	4,765,614	3,701,278	28.76%	5,163,555	-7.71%
13,231,055	12,115,292	11,784,605	12,126,316	-2.82%	TOTAL OPERATING REVENUE	134,505,175	131,209,564	2.51%	103,929,189	29.42%
					OPERATING EXPENSES					
5,802,826	5,055,347	5,558,720	5,070,162	-9.64%	SALARIES AND WAGES	56,029,196	56,070,215	0.07%	44,258,294	-26.60%
1,105,314	1,594,936	1,393,022	1,631,374	14.61%	BENEFITS	14,786,773	16,313,740	9.36%	13,590,515	-8.80%
262,207	214,027	156,732	137,782	-13.75%	REGISTRY & CONTRACT	2,773,300	1,563,815	-77.34%	5,586,510	50.36%
7,170,347	6,864,310	7,108,474	7,502,219	5.25%	TOTAL STAFFING EXPENSE	73,589,269	73,947,770	0.48%	63,435,319	-16.01%
1,275,655	1,153,094	1,174,225	1,201,094	2.24%	PROFESSIONAL FEES	11,295,163	12,010,940	5.96%	13,048,200	13.44%
1,688,498	1,310,917	1,412,912	1,425,413	0.88%	SUPPLIES	15,363,569	15,930,787	3.56%	14,667,304	-4.75%
898,144	741,183	778,764	650,309	-19.75%	PURCHASED SERVICES	7,306,461	6,828,921	-6.99%	6,324,665	-15.52%
602,092	469,496	642,261	547,058	-17.40%	REPAIR & MAINTENANCE	5,285,607	5,470,580	3.38%	5,035,105	-4.98%
271,882	280,766	249,006	283,072	12.03%	DEPRECIATION & AMORT	2,783,540	2,831,279	1.69%	3,037,339	8.36%
230,334	227,255	228,743	219,831	-4.05%	INSURANCE	2,323,868	2,323,579	-0.01%	1,864,309	-24.65%
189,631	315,016	302,635	181,279	-66.94%	HOSPITALIST PROGRAM	2,142,837	1,812,790	-18.21%	2,043,222	-4.88%
836,464	889,125	1,165,304	851,524	-36.85%	OTHER	8,051,584	8,673,678	7.17%	6,609,735	-21.81%
13,163,049	12,251,161	13,062,324	12,198,898	-7.08%	TOTAL OPERATING EXPENSES	128,141,898	129,830,324	1.30%	116,065,197	-10.41%
68,006	-135,869	-1,277,719	-72,582	-1660.38%	TOTAL OPERATING MARGIN	6,363,277	1,379,240	361.36%	-12,136,008	152.43%
					NON OPER REVENUE(EXPENSE)					
116,358	-725,660	98,665	42,881	130.09%	OTHER NON-OP REV (EXP)	732,657	453,810	61.45%	-265,270	-376.19%
0	752,250	0	0	0.00%	COVID19 WORKER RETENTION	0	0	100.00%	752,250	-100.00%
137,153	269,056	137,153	137,153	0.00%	DISTRICT TAX REVENUES	1,371,530	1,371,530	0.00%	2,690,560	-49.02%
-54,148	-57,843	-54,098	-55,557	2.63%	INTEREST EXPENSE	-558,778	-555,570	-0.58%	-576,691	3.11%
0		0	0	0.00%	CARES HHS/ FEMA RELIEF FUNDING	0	0	0.00%	4,098,989	100.00%
199,363	237,803	181,720	124,477	45.99%	TOTAL NON-OP REV (EXPENSE)	1,545,409	1,269,770	21.71%	6,699,838	-76.93%
267,370	101,934	-1,095,999	51,895	2211.95%	NET EXCESS / (DEFICIT)	7,908,686	2,649,010	-198.55%	-5,436,170	245.48%
890.71	858.73	914.92	851.40	-7.46%	TOTAL PAID FTE'S (Inc Reg & Cont.)	889.12	905.74	1.83%	756.79	-17.49%
809.70	766.02	844.02	749.82	-12.56%	TOTAL WORKED FTE'S	792.18	805.25	1.62%	654.07	-21.11%
18.49	15.49	16.25	13.92	-16.74%	TOTAL CONTRACT FTE'S	20.63	14.26	-44.65%	29.41	29.86%
774.12	750.02	794.45	715.48	-11.04%	PAID FTE'S - HOSPITAL	772.72	771.98	-0.10%	648.08	-19.23%
702.14	657.34	732.88	627.47	-16.80%	WORKED FTE'S - HOSPITAL	682.96	684.82	0.27%	545.38	-25.23%
116.59	108.71	120.48	135.92	11.37%	PAID FTE'S - SNF	116.40	133.77	12.98%	108.71	100.00%
107.56	108.69	111.14	122.35	9.16%	WORKED FTE'S - SNF	109.22	120.43	9.31%	108.69	100.00%

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF APRIL 30, 2024

	MARCH 2024	APRIL 2024	APRIL 2023
ASSETS			
CURRENT ASSETS			
CASH	$38,739,122	$39,426,358	$16,009,723
CASH - NORIDIAN AAP FUNDS	$0	$0	$0
CASH - 3RD PRTY REPAYMENTS	$0	$0	$0
CDs - LAIF & CVB	$64,813	$64,813	$62,677
ACCOUNTS RECEIVABLE - PATIENTS	$100,222,917	$100,467,717	$82,778,502
LESS: ALLOWANCE FOR BAD DEBTS	-$7,125,689	-$7,921,462	-$5,505,991
LESS: ALLOWANCE FOR CONTRACTUALS	-$74,769,358	-$77,611,726	-$60,302,852
NET ACCTS RECEIVABLE	$18,327,870	$14,934,529	$16,969,658
	18.29%	14.87%	20.50%
ACCOUNTS RECEIVABLE - OTHER	$26,190,546	$27,362,950	$13,290,840
COST REPORT RECEIVABLES	$1,492,400	$2,129,441	$0
INVENTORIES - SUPPLIES	$3,464,706	$3,296,795	$3,422,321
PREPAID EXPENSES	$2,339,576	$2,355,197	$2,184,821
TOTAL CURRENT ASSETS	$90,619,033	$89,570,083	$51,940,040
OTHER ASSETS			
PROJECT FUND 2017 BONDS	$582,647	$337,004	$334,419
BOND RESERVE FUND 2017 BONDS	$968,312	$968,316	$968,312
LIMITED USE ASSETS	$46,657	$69,676	$78,034
NORIDIAN AAP FUNDS	$0	$0	$0
GASB87 LEASES	$49,415,107	$49,415,107	$22,618,546
OTHER ASSETS PROPERTY TAX PROCEEDS	$489,112	$505,438	$0
TOTAL OTHER ASSETS	$51,501,835	$51,295,541	$23,999,311
PROPERTY, PLANT AND EQUIPMENT			
LAND	$2,623,526	$2,623,526	$2,623,526
BUILDINGS & IMPROVEMENTS	$62,919,140	$62,919,140	$61,523,759
EQUIPMENT	$61,635,430	$61,662,894	$59,701,439
CONSTRUCTION IN PROGRESS	$1,101,635	$1,586,602	$1,976,962
LESS: ACCUMULATED DEPRECIATION	-$98,928,152	-$99,177,158	-$96,110,922
NET PROPERY, PLANT, AND EQUIPMENT	$29,351,578	$29,615,003	$29,714,764
TOTAL ASSETS	$171,472,447	$170,480,628	$105,654,114

PIONEERS MEMORIAL HEALTHCARE
BALANCE SHEET AS OF APRIL 30, 2024

	MARCH 2024	APRIL 2024	APRIL 2023
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	$2,300,440	$3,786,251	$1,955,162
ACCOUNTS PAYABLE - ACCRUALS	$9,157,266	$9,442,614	$9,671,689
PAYROLL & BENEFITS PAYABLE - ACCRUALS	$7,090,450	$7,459,031	$6,701,966
COST REPORT PAYABLES & RESERVES	$0	$0	$0
NORIDIAN AAP FUNDS	$0	$0	$0
CURR PORTION- GO BONDS PAYABLE	$230,000	$230,000	$220,000
CURR PORTION- 2017 REVENUE BONDS PAYABLE	$320,000	$320,000	$305,000
INTEREST PAYABLE- GO BONDS	$5,750	$958	$1,875
INTEREST PAYABLE- 2017 REVENUE BONDS	$329,254	$56,942	$56,942
OTHER - TAX ADVANCE IMPERIAL COUNTY	$0	$0	$228,310
DEFERRED HHS CARES RELIEF FUNDS	$0	$0	$0
CURR PORTION- LEASE LIABILITIES(GASB 87)	$1,722,161	$1,722,161	$1,059,698
CURR PORTION- SKILLED NURSING CTR ADVANCE	$0	$0	$500,000
CURRENT PORTION OF LONG-TERM DEBT	$204,687	$185,895	$561,489
TOTAL CURRENT LIABILITIES	$21,360,008	$23,203,852	$21,262,130
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	$390,000	$120,000	$488,668
NOTES PAYABLE - EQUIPMENT PURCHASES	$43,566	$43,566	$235,301
LOANS PAYABLE - DISTRESSED HOSP. LOAN	$28,000,000	$28,000,000	$0
LOANS PAYABLE - CHFFA NDPH	$5,256,524	$3,766,770	$6,715,689
BONDS PAYABLE G.O BONDS	$0	$0	$230,000
BONDS PAYABLE 2017 SERIES	$14,493,811	$14,491,826	$14,835,649
LONG TERM LEASE LIABILITIES (GASB 87)	$48,170,072	$48,170,072	$21,651,051
DEFERRED REVENUE -CHW	$0	$0	$2,000,000
DEFERRED PROPERTY TAX REVENUE	$489,112	$511,188	$0
TOTAL LONG TERM DEBT	$96,843,086	$95,103,422	$46,156,358
FUND BALANCE AND DONATED CAPITAL	$44,264,668	$44,264,668	$43,671,796
NET SURPLUS (DEFICIT) CURRENT YEAR	$9,004,685	$7,908,686	-$5,436,170
TOTAL FUND BALANCE	$53,269,353	$52,173,354	$38,235,626
TOTAL LIABILITIES AND FUND BALANCE	$171,472,447	$170,480,628	$105,654,114

PIONEERS MEMORIAL HEALTHCARE
STATEMENT OF REVENUE AND EXPENSE - 12 Month Trend

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Apr-24
ADJ PATIENT DAYS	3,909	3,984	4,400	3,932	4,575	4,323	4,293	4,419	4,244	4,593	4,526	4,579	3,866	51,698
INPATIENT DAYS	1,348	1,249	1,474	1,315	1,507	1,611	1,440	1,633	1,612	1,832	1,785	1,716	1,486	18,660
IP ADMISSIONS	357	360	407	366	416	437	410	450	467	515	482	449	441	5,200
IP AVERAGE DAILY CENSUS	45	40	49	42	49	54	46	54	52	59	62	55	50	51
GROSS PATIENT REVENUES														
DAILY HOSPITAL SERVICES	6,599,032	6,152,754	7,344,651	6,849,387	7,037,864	7,648,067	7,743,003	8,180,437	8,081,968	9,052,842	8,323,683	8,290,928	4,476,718	89,182,302
INPATIENT ANCILLARY	7,042,218	6,479,997	6,880,643	5,660,925	6,646,681	8,070,090	6,955,919	7,967,412	8,132,128	9,334,575	9,111,982	8,075,951	10,834,144	94,150,445
OUTPATIENT ANCILLARY	25,911,647	27,662,369	28,234,949	24,898,973	27,863,130	26,464,317	29,121,776	27,550,243	26,475,939	27,714,724	26,778,158	27,307,713	24,524,724	324,597,014
TOTAL PATIENT REVENUES	39,552,896	40,295,120	42,460,243	37,409,285	41,547,675	42,182,474	43,820,697	43,698,091	42,690,034	46,102,140	44,213,823	43,674,592	39,835,586	507,929,762
REVENUE DEDUCTIONS														
MEDICARE CONTRACTUAL	9,789,551	7,472,886	9,508,986	8,391,370	9,445,769	10,459,117	8,959,671	10,252,253	9,104,183	10,722,137	9,269,712	8,554,308	9,191,349	111,331,742
MEDICAL CONTRACTUAL	12,086,130	14,180,891	13,721,363	11,592,088	14,201,748	13,494,193	13,450,294	13,765,750	13,232,351	11,549,295	8,429,421	13,814,652	13,814,652	155,246,699
SUPPLEMENTAL PAYMENTS	-1,145,678	-1,662,601	-2,197,723	-1,424,395	-1,423,762	-1,819,749	-1,820,382	-1,849,267	-2,043,332	-1,423,762	-1,934,098	-1,423,762	-1,423,762	-20,446,595
PRIOR YEAR RECOVERIES	0	0	80,652	0	0	0	0	-538,605	11,171	-3,018,873	0	0	-11,210	-3,476,865
OTHER DEDUCTIONS	6,957,436	6,793,112	7,347,952	6,276,428	6,362,202	6,728,185	8,772,193	6,670,103	7,294,298	10,662,695	14,647,971	8,906,501	5,975,717	96,437,358
CHARITY WRITE OFFS	138,773	209,563	226,466	98,362	60,096	147,750	489,506	166,539	72,869	76,720	141,193	121,201	211,042	2,021,305
BAD DEBT PROVISION	793,828	722,327	286,605	937,839	732,322	954,288	875,807	943,075	1,506,177	1,174,968	1,044,337	947,592	928,000	11,053,337
INDIGENT CARE WRITE OFFS	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-50,000
TOTAL REVENUE DEDUCTIONS	28,615,873	27,712,011	28,970,134	25,867,525	29,374,209	29,959,618	30,722,922	29,405,681	29,173,550	29,739,014	31,594,370	30,916,326	28,681,622	352,116,982
NET PATIENT REVENUES	10,937,022	12,583,109	13,490,109	11,541,760	12,173,466	12,222,856	13,097,775	14,292,410	13,516,484	16,363,127	12,619,453	12,758,266	11,153,964	155,812,780
	72.35%	68.77%	68.23%	69.15%	70.70%	71.02%	70.11%	67.29%	68.34%	64.51%	71.46%	70.79%	72.00%	69.32%
OTHER OPERATING REVENUE														
GRANT REVENUES	15,000	0	106,298	125,000	0	25,000	0	0	0	0	400,000	30,000	0	686,298
OTHER	1,163,270	257,357	3,783,795	267,286	358,626	442,058	628,184	260,516	549,658	330,327	275,529	442,789	630,641	8,226,766
TOTAL OTHER REVENUE	1,178,270	257,357	3,890,093	392,286	358,626	467,058	628,184	260,516	549,658	330,327	675,529	472,789	630,641	8,913,064
TOTAL OPERATING REVENUE	12,115,292	12,840,466	17,380,201	11,934,046	12,532,092	12,689,914	13,725,959	14,552,926	14,066,143	16,693,454	13,294,982	13,231,055	11,784,605	164,725,843
OPERATING EXPENSES														
SALARIES AND WAGES	5,055,347	5,345,719	5,217,223	5,314,702	5,448,775	5,408,669	5,818,969	5,873,915	5,738,047	5,317,248	5,747,324	5,802,826	5,558,720	66,592,138
BENEFITS	1,594,936	1,621,318	1,401,778	1,611,380	1,480,341	1,403,444	1,419,506	1,444,891	1,923,835	1,697,167	1,307,874	1,105,314	1,393,022	17,809,869
REGISTRY & CONTRACT	214,027	130,735	164,219	240,802	270,972	288,768	210,466	446,540	308,791	293,707	294,316	262,207	156,732	3,068,254
TOTAL STAFFING EXPENSE	6,864,310	7,097,771	6,783,221	7,166,884	7,200,087	7,100,881	7,448,940	7,765,346	7,970,673	7,308,122	7,349,515	7,170,347	7,108,474	87,470,261
PROFESSIONAL FEES	1,153,094	1,119,903	1,329,919	1,002,397	1,216,625	1,113,241	1,145,937	1,095,694	1,051,559	1,139,305	1,080,527	1,275,655	1,174,225	13,744,986
SUPPLIES	1,310,917	1,424,314	1,755,357	1,320,348	1,376,384	1,602,474	1,824,914	1,473,961	1,434,513	1,745,191	1,484,374	1,688,498	1,412,912	18,543,240
PURCHASED SERVICES	741,183	638,592	886,327	359,557	683,743	766,263	705,850	715,474	739,535	830,636	828,494	898,144	778,764	8,831,379
REPAIR & MAINTENANCE	469,496	459,911	522,471	541,660	463,212	423,999	512,628	477,558	506,915	576,682	538,600	602,092	642,261	6,267,989
DEPRECIATION & AMORT	280,766	301,634	234,006	284,489	284,892	281,874	285,974	294,238	293,729	292,229	245,227	271,882	249,006	3,319,181
INSURANCE	227,255	173,888	177,251	262,720	213,969	253,101	200,896	220,649	259,001	205,038	249,418	230,334	228,743	2,675,006
HOSPITALIST PROGRAM	315,016	317,977	299,856	265,966	285,679	251,337	287,540	5,728	33,529	318,946	201,846	189,631	302,635	2,760,670
OTHER	889,125	808,565	767,810	709,055	754,174	644,882	900,037	681,971	733,459	846,097	780,140	836,466	1,165,304	9,627,959
TOTAL OPERATING EXPENSES	12,251,161	12,342,555	12,756,218	11,913,076	12,478,766	12,438,051	13,312,716	12,730,618	13,022,912	13,262,247	12,758,140	13,163,049	13,062,324	153,240,672
TOTAL OPERATING MARGIN	-135,869	497,911	4,623,983	20,970	53,327	251,863	413,243	1,822,308	1,043,230	3,431,207	536,842	68,006	-1,277,719	11,485,172
NON OPER REVENUE(EXPENSE)														
OTHER NON-OPS REVENUE	-725,660	266,225	117,621	11,420	48,493	923	5,177	22,923	139,598	157,197	131,903	116,358	98,665	1,116,501
CARES HHS RELIEF FUNDING	752,250	0	0	0	0	0	0	0	0	0	0	0	0	0
DISTRICT TAX REVENUES	269,056	269,056	376,176	137,153	137,153	137,153	137,153	137,153	137,153	137,153	137,153	137,153	137,153	2,016,762
INTEREST EXPENSE	-57,843	-64,185	-57,746	-57,697	-57,648	-57,599	-56,633	-58,214	-54,297	-54,247	-54,197	-54,148	-54,098	-680,709
TOTAL NON-OPS REVENUE(EXPENSE)	237,803	471,095	436,051	90,876	127,998	80,477	85,697	101,862	222,454	240,103	214,859	199,364	181,720	2,452,555
NET EXCESS / (DEFICIT)	101,934	969,006	5,060,034	111,846	181,324	332,339	498,940	1,924,170	1,265,684	3,671,310	751,701	267,370	-1,095,999	13,937,727
TOTAL PAID FTE'S (Inc Reg & Cont.)	858.73	842.72	868.80	881.46	893.27	877.93	856.84	874.35	915.62	884.29	902.69	890.71	914.92	883.63
TOTAL WORKED FTE'S	766.02	761.73	766.28	769.12	794.94	770.17	780.90	740.86	789.35	781.18	844.22	809.70	844.02	787.71
TOTAL CONTRACT FTE'S	15.49	11.25	13.65	17.12	21.22	19.77	17.30	25.11	24.32	22.58	24.35	18.49	16.25	19.28
PAID FTE'S - HOSPITAL	749.51	731.53	754.48	764.24	762.02	770.42	747.57	761.66	799.92	771.62	781.71	774.12	794.44	767.81
WKD FTE'S - HOSPITAL	656.83	650.83	653.17	654.82	667.24	666.92	678.07	636.03	684.30	679.96	729.89	702.14	732.88	678.02
PAID FTE'S - SNF	109.22	111.19	114.32	117.22	131.25	107.51	109.27	112.69	115.70	112.67	120.98	116.59	120.48	115.82
WORKED FTE'S - SNF	109.19	110.90	113.11	114.30	127.70	103.25	102.83	104.83	105.05	101.22	114.33	107.56	111.14	109.68

Pioneers Memorial Healthcare District - Financial Indicators Report
(Based on Prior 12 Months Activities)
For The 12 Months Ending: April 30, 2024
excludes: GO bonds tax revenue, int exp and debt,

1. Debt Service Coverage Ratio

This ratio compares the total funds available to service debt compared to the debt plus interest due in a given year.

$$\text{Formula:} \quad \frac{\text{Cash Flow + Interest Expense}}{\text{Principal Payments Due + Interest}}$$

$$\text{DSCR} = \frac{\$17{,}410{,}281}{\$2{,}892{,}734} = \mathbf{6.02}$$

Recommendation: To maintain a debt service coverage of at least 1.20% x aggregate debt service per the 2017 Revenue Bonds covenant.

2. Days Cash on Hand Ratio

This ratio measures the number of days of average cash expenses that the hospital maintains in cash and marketable investments. (Note: The proformas ratios include long-term investments in this calculation:)

$$\text{Formula:} \quad \frac{\text{Cash + Marketable Securities}}{\frac{\text{Operating Expenses, Less Depreciation}}{\text{365 Days}}}$$

$$\text{DCOHR} = \frac{\$39{,}426{,}358}{\frac{\$150{,}586{,}120}{365}} = \mathbf{95.6}$$

Recommendation: To maintain a days cash on hand ratio of at least 50 days per the 2017 Revenue Bonds covenant.

3. Long-Term Debt to Capitalization Ratio

This ratio compares long-term debt to the Hospital's long-term debt plus fund balances.

$$\text{Formula:} \quad \frac{\text{Long-term Debt}}{\text{Long-term Debt + Fund Balance (Total Capital)}}$$

$$\text{L.T.D.-C.R.} = \frac{\$96{,}700{,}290}{\$148{,}873{,}644} = \mathbf{65.0}$$

Recommendation: To maintain a long-term debt to capitalization ratio not to exceed 60.0%.

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: MAY, 2024	PMHD Human Resources Report	Charity Dale, Chief Human Resources Officer

APRIL LABOR SUMMARY

NEW HIRE	# 25
JOBS OFFERED	# 28
TERMINATIONS	VOLUNTARY 19 (INLDUCING 1 RETIRMENT) INVOLUNTARY 1
HOSPITAL AND CLINIC TOTAL HEADCOUNT	# 911 #
PIONEERS SKILLED NURSING TOTAL HEAD COUNT	# 127 #
PIONEERS MEMORIAL HEALTHCARE DISTRICT TOTAL HEADCOUNT	# 1038 #

NEW HIRE		TERMINATIONS		
DEPARTMENT	#	DEPARTMENT	# VOL	# INV
NURSING	15 1 NO SHOW	NURSING	9	
CLINICAL PROFESSIONAL	3	CLINICAL PROFESSIONAL	1	
ALLIED HEALTH	0	ALLIED HEALTH	0	
PT. SERVICES	0	PT. SERVICES	0	
SUPPORT SERVICES	4	SUPPORT SERVICES	4	1
CLINICS		CLINICS	0	
SKILLED NURSING	5	SKILLED NURSING	5	

2024 PMHD HR PROJECTS

PROJECT	PERCENT COMPLETE	NOTES
ADP WORKFORCE NOW IMPLEMENTATION	95%	We went live with most of the HR and payroll modules on 4/17/2024. We are still currently working on the implementation
ADP BENEFIT CARRIER FEED BUILDOUT	85%	We are testing all feeds currently
BENEFIT RENEWAL PROCESS		Open Enrollment kicked off May 13th.
REVAMP OF NEW HIRE ORIENTATION	75%	Outlined in the education report
FULL AUDIT OF SKILLED NURSING FACILITY	50%	We are doing a full HR audit to ensure all employees' files are complaint and survey ready. We are adding a HR assistant to the staff
DNV SURVEY PREPAREDNESS		We had one finding regarding non completion performance reviews.
PI PROJECT- REVIEWING ALL HR POLICIES	40%	Our HR PI project consists of reviewing all HR policies. Our goal is to review 10 policies per month until all policies have been reviewed.

BENEFIT PARTICIPANTS

PLAN	# ACTIVE PARTICIPANTS
457B	532
401A	743
MEDICAL	656
DENTAL	595

VISION	605
STD	797
LTD	797
LIFE	819
CRITICAL ILLNESS	656
Pharmacy Plan	656

LEAVE OF ABSENCE

LEAVE	# EMPLOYEES
FMLA/ CFRA	18
INTERMITTENT FMLA	14
PERSONAL LEAVE	3
BONDING	5
WORKMENS COMP	8
MILITARY LEAVE	1
COVID	1
Covid/ W/C	2
SICK LEAVE LESS THAN 2 WEEKS	14

VOLUNTEERS/ STUDENTS

PROGRAM	# STUDENTS/ VOLUNTEERS
NP- Nurse Practitioner Student	1
PA- PHYSICIAN ASSISTANT	8
CNA – CERTIFIED NURSING AIDE	35
LVN- LICENSED VOCATIONAL NURSE STUDENT	26
RN- REGISTERED NURSE STUDENT	2
RADIOLOGY TECH STUDENTS	3
SURGICAL TECH STUDENTS	2
SCRIBES	2
VOLUNTEERS	2 pending onboarding, 1 declined the offer after clearance
TOTAL VOLUNTEERS/ STUDENTS	77 STUDENTS

RECRUITMENT ACTIVITIES

DEPARTMENT	# OF OPEN POSITIONS
NURSING	30
CLINICAL NON -NURSING	4
CLINICAL PROFESSIONAL	4
ALLIED HEALTH	6

PT. SERVICES	4
SUPPORT SERVICES	5
CLINICS	5
SKILLED NURSING FACILITY	10
Travel Staff By Department/Shift	Shift
OB #	8 Days
OB #	2 Nights
Med Surg #	2 days
Med Surg #	1 Nights
NICU #	0
NICU #	0
Total	8

POLICIES FOR REVIEW

POLICY NAME	POLICY #	ACTION	STATUS
CLASSIFICATION OF EMPLOYEES	HRD-00077	SENT FOR APPROVAL	
DRESS AND APPEARANCE GUIDELINES	HRD-00005	UNDER REVIEW	
EMPLOYMENT OF RELATIVES	HRD-00070	UNDER REVIEW	
REPORTING TIME PAY	HRD-00046	UNDER REVIEW	
STANDARDS OF CONDUCT	HRD-00021	UNDER REVIEW	
TELECOMMUTING	HRD-00018	UNDER REVIEW	
SIGN ON BONUS	NEW POLICY	UNDER CONSTRUCTION	

2024 PIONEERS ACTIVITIES COMMITTEE

EVENT	MONTH OF EVENT
Employee Recognition Banquet	7/2024
50/50 raffle – Daycare outside toys fundraiser	4/2024
Monthly employee recognition program	7/2024

EMPLOYEE HEALTH / EDUCATION REPORT

EDUCATION REPORT

- NHNO will start on 06/04/2024. All departments are currently working on presentations. I will follow up with them next week to see where they're at and/or if they need any help or have any questions. Department heads were told NHNO will be held twice a month after one of them requested only once a month.

- Jose is on board to help with dummies to provide skills portion of orientation. Skills portions include code blue, malignant hyperthermia, chest tube/central line care, supplemental oxygen administration.

- EKG classes to start on 06/07/2024. I'm thinking of making it mandatory for new grads working in the ER.

- Once NHNO is up and running, looking to bring skills fairs more frequently, in-services, other education.

- Working on type I diabetes + insulin pump education for pediatrics and ER departments. I have been working closely with Yolanda Smith to get this done as soon as possible. I will be reaching out to our Rady Children liaison as they have a great endocrinology department.

- Also working on EMTALA training as it was a finding on the DNV survey. We have a PowerPoint available on HealthStream, but it's outdated. I will be updating it and making it more specific for ER and OB departments.

- Found a course for OB nurses provided by the Association of Women's Health, Obstetric and Neonatal Nurses. It focuses on fetal heart monitoring and other subjects valuable to the intrapartum setting. It has an online modality Association of Women's Health, Obstetric and Neonatal Nurses. Information was provided to CNO.