

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

Monday, June 24, 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. **QUALITY ASSURANCE** – Safe Harbor: Health & Safety Code 32155 the Board will hear reports of a hospital medical audit committee relating to:
    - 1. Quality Report
  - B. **CONSIDERATION OF MATTERS INVOLVING TRADE SECRETS** – Safe Harbor: Health and Safety Code §32106, subparagraph (b)

SECTION

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

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

1. Bradkowski v. PMHD
2. Garcia v. PMHD

D. 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. Emergency Department Security Operation Plan
2. Hospital Emergency Lock Down
3. Leadership Education Opportunity Program
4. Life Safety Management Plan
5. Medical Equipment Management Plan
6. Safety Management Plan
7. Security Management Plan
8. Utilities System Management Plan
9. Workforce Security

B. Approval of Minutes

1. 5/28/2024 Regular Meeting

C. Update Reports

1. Women's Auxiliary
2. LAFCO

D. Approve Operating and Capital Budgets for Fiscal Year Ending June 30, 2025

SECTION

- E. Authorize Renewal of Emergency medical Care On-Call Agreements with OB/GYN, Pediatric Services, Gastroenterology Services, General Surgery Services and Orthopedics  
Contract Value: based on specialty; Contract Term: Two (2) years; Budgeted: Yes; Budget Classification: Professional Fees
- F. Authorize Renewal of Worker's Compensation Coverage with BETA Risk Management Authority  
Contract Value: \$1,611,691; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Insurance
- G. Authorize Sixth Amendment to Professional Service Agreement for Rady's Children's Specialist of San Diego  
Contract Value: Based on volumes; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Professional Fees
- H. Authorize Purchase of CareWare Tool from Oracle America, Inc.  
Contract Value: \$50,000; Contract Term: One-time purchase; Budgeted: No; Budget Classification: Capital
- I. Authorize Medical Executive Committee Consulting Services Agreements  
Contract Value: \$694.<sup>50</sup>/quarterly per member; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Professional Fees
- J. Authorize Contingency Search Agreement with The Inline Group, LLC  
Contract Value: depends on placement; Contract Term: One (1) year; Budgeted: No; Budget Classification: Purchased Services
- K. Authorize Master Services Agreement with Caliber Healthcare Solutions  
Contract Value: depends on specialty; Contract Term: Five (5) years; Budgeted: No; Budget Classification: Purchased Services
- L. Authorize Consulting Services Agreement with Progressive Healthcare, Inc.  
Contract Value: not to exceed \$110,000; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Purchased Services
- M. Authorize Sexual Assault Forensic Examination Service Agreement with Ironwood State Prison  
Contract Value: based on volumes; Contract Term: Three (3) years; Budgeted: N/A; Budget Classification: Revenue
- N. Authorize Membership Dues with Association of California Health District (ACHD)  
Contract Value: \$30,900; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Dues and Subscriptions
- O. Authorize Renewal of Annual Service Agreement with Hydrovida  
Contract Value: \$52,560; Contract Term: One (1) year; Budgeted: Yes; Budget Classification: Purchased Services

**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)

SECTION

- a) New Mission, Vision and Values
- 2. Finance (Chief Financial Officer)
  - a) May 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) May 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)*



DATE: June 18, 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 July 1, 2024** for the following:

- Rohrer, Rebecca, MD Teleradiology

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

- Afshar, Masoud, MD Nephrology
- Alshareef, Ameen, MD Pediatrics
- Fareed, George, MD Family Medicine/Hyperbaric Medicine
- Gocke, Stephen, MD Obstetrics/Gynecology
- Kapoor, Vishwa, MD Pediatrics
- Mahendrakar, Vijaykanth, MD Family Medicine
- Maloof, George, MD Internal Medicine
- Mani, Majid, MD Ophthalmology
- Padron-Spence, Clara, MD Family Medicine
- Raissi Shabari, Farshad, MD Cardiology
- Ro, Tae, MD Teleradiology
- Sampat, Unnati, MD Internal Medicine
- Tang, James, MD Family Medicine
- Tristan, Luz, MD Pediatrics
- Zadeh, Hamid, MD Obstetrics & Gynecology
- Blais, Jean-Frederick, CRNA Nurse Anesthetist

3. Recommendation for Additional Privileges effective June 25, 2024 for the following:

- Gwon, Seugn, MD Robotic Assisted Surgery
- Hassanein, Roukaya, MD Robotic Assisted Surgery
- Indudhara, Ramaiah, MD Robotic Assisted Surgery
- Whyte, Mark, MD Robotic Assisted Surgery
- Zadeh, Hamid, MD Robotic Assisted Surgery

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

- Gonzalez, Alicia, MD Emergency Medicine/Active
- Kosofsky, Michael, MD Emergency Medicine/Active
- Martinez, Gustavo, FNP Family Medicine Practitioner/Allied Health

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

- Bello, Osagie, MD Failure to Reappoint
- Gomez, Stacy, MD Failure to Reappoint
- Kunkel, Scott, DO Voluntary Resignation
- Landa, Katrina, MD Voluntary Resignation
- Patel, Lincoln, MD Voluntary Resignation
- Clark, Glenn, CRNA Failure to Reappoint
- Serrano, Melinda, CRNA Failure to Reappoint



6. Recommend acceptance of the following policies/forms:
  - General Surgery Privilege Form - Revised
  - Obstetrics & Gynecology Privilege Form Revised
  - Urology Privilege Form – Revised
  - Car Seat Challenge, CLN-02523
  - ED Nursing Protocol Orders for Management of Acute Pain, Nausea, and Fever – CLN-01929
  - Eye Exam for Premature Infants – CLN-02524
  - High Risk Infant Follow-Up – CLN-02525
  - Intra-Facility Transport of the Intermediate NICU Patient – CLN-02526
  - IV Therapy and/or Medication Administration in the Neonatal Nursery Continuous IV, Syringe Pump or Saline – CLN-02505
  - Newbon Hearing Screening – CLN-00260
  - Transillumination – Use in the Neonate – CLN-00265
  - Diet Orders & Patient Nourishments – CLN-02129
  - Patient Death – Determination of Brain Death – CLN-00029
  - Robotic Assisted Surgery Credentialing and Privileges Requirements – MSD-00108
  - Focused Professional Practice Evaluation (FPPE) – MSD-00105
  - Ongoing Professional Practice Evaluation (OPPE) – MSD-00004
  - Diet Orders & Patient Nourishments – CLN-02129
7. Ms. Bojorquez –.
8. Clinical Service and Committee Reports:
  - o Medicine – No meeting was held.
  - o Emergency Medicine – No meeting was held.
  - o Surgery/Anesthesia/Pathology – No meeting was held.
  - o OB/GYN – A meeting was held. .
  - o Pediatrics – No meeting was held.
  - o Medical Imaging – No meeting was held.
  - o Ambulatory Services –
  - o Credentials & Bylaws – A meeting was held it was presented at MEC.
  - o MSQC- Policies were reviewed and approved then forwarded for consideration to the MEC. Chart delinquencies were also discussed.
  - o Utilization Management – No meeting held.
  - o Hospitalist –

**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

## POLICIES FOR APPROVAL AT MEC

	Policy	Policy No.	Page #	Revisions (see policy for full description)
1.	Car Seat Challenge	CLN-02523	• 01-03	<ul style="list-style-type: none"> <li>Updated References</li> <li>Updated the flow of the procedure listed in 5.1-5.9</li> </ul>
2.	ED Nursing Protocol Orders for Management of Acute Pain, Nausea, and Fever	CLN-01929	• 04-05	<ul style="list-style-type: none"> <li>Minor edits</li> </ul>
3.	Eye Exam for Premature Infants	CLN-02524	• 06-07	<ul style="list-style-type: none"> <li>Reviewed and submitted without change</li> </ul>
4.	High Risk Infant Follow-Up	CLN-02525	• 08-12	<ul style="list-style-type: none"> <li>Reviewed and submitted without change</li> </ul>
5.	Intra-Facility Transport of the Intermediate NICU Patient	CLN-02526	• 13-14	<ul style="list-style-type: none"> <li>Updated References</li> </ul>
6.	IV Therapy and/or Medication Administration in the Neonatal Nursery-Continuous IV, Syringe Pump or Saline	CLN-02505	• 15-18	<ul style="list-style-type: none"> <li>Updated references</li> </ul>
7.	Newborn Hearing Screening	CLN-00260	• 19-30	<ul style="list-style-type: none"> <li>5.3.2 Change from location of logbook is no longer the nursery, it is now the in the hearing screen room.</li> </ul>
8.	Transillumination – Use in the Neonate	CLN-00265	• 31-32	<ul style="list-style-type: none"> <li>Reviewed and submitted without change</li> </ul>
9.	Diet Orders & Patient Nourishments	CLN-02129	• 33-35	<ul style="list-style-type: none"> <li>Revised 5.1 &amp; 5.2 to reflect changes new EMR-Cerner</li> <li>5.3 updated to reflect new Cerner changes</li> </ul>
10.	Patient Death – Determination of Brain Death	CLN-00029	• 36-40	<ul style="list-style-type: none"> <li>No updates</li> </ul>
11.	<del>Reciprocal Proctoring</del>	<del>MSD-00109</del>	<del>• 41-43</del>	<del>• New Policy</del>
12.	Robotic Assisted Surgery Credentialing and Privileges Requirements	MSD-00108	• 44-46	<ul style="list-style-type: none"> <li>New Policy</li> </ul>
13.	Focused Professional Practice Evaluation (FPPE)	MSD-00105	• 47-50	<ul style="list-style-type: none"> <li>New Policy</li> </ul>
14.	Ongoing Professional Practice Evaluation (OPPE)	MSD-00004	• 51-57	<ul style="list-style-type: none"> <li>Change of Author</li> <li>Complete revision</li> <li>Title Change</li> </ul>
15.	Diet Orders & Patient Nourishments	CLN-02129	• 58-60	<ul style="list-style-type: none"> <li>Revised 5.1 &amp; 5.2 to reflect changes of new EMR-Cerner</li> <li>5.3 updated to reflect new Cerner changes</li> </ul>

# POLICIES FOR APPROVAL AT MEC

16.	<del>Prevention of Surgical Site Infections</del>	<del>CLN-02340</del>	<del>61-67</del>	<ul style="list-style-type: none"><li><del>Updated CDC reference</del></li><li><del>Added Avagard to 5.2.3.1</del></li><li><del>Attachment A-Avagard Instructions</del></li></ul>
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**Pioneers Memorial Healthcare District**

Title: <b>Emergency Department Security Operation Plan</b>	Policy No. EOC-00018
	Page 1 of 2
Current Author: Jorge Mendoza	Effective:
Latest Review/Revision Date: 05/2024	Manual: EOC / Security Management

Collaborating Departments: ED; Security		Keywords: ED Visitors; Visitor Pass	
Approval Route: List all required approval			
	PSQC	Other: <u>Safety Committee</u> 6/2024	
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 provide and establish a process for visitors into the Emergency Department (ED) at Pioneers Memorial Healthcare District (PMHD) simultaneously creating a culture of vigilance while imparting a positive impact on patient and staff safety.

**2.0 Scope:** Emergency Department & Security**3.0 Policy:**

- 3.1 A culture of safety must be accepted and begins at all levels of leadership to be successful.

**4.0 Definitions:** Not applicable**5.0 Procedure:**

- 5.1 Security Officers will support PMHD staff by always wearing their identification badges, without exceptions.
- 5.2 Security Officers assigned to the Emergency Room Registration Lobby area must check-in each person who is planning to visit a patient in the ED.
- 5.3 Individuals must submit an acceptable form of identification (picture ID) to complete the check-in process to ED.
- 5.4 Security Officers will verify information given by everyone against the registration list, which is updated every hour. Once confirmed, Security Officers will issue visitor passes with the date, time, and bed number of the patient on the visitor pass.
- 5.5 Two visitors are permitted per patient at any one time. The patient's assigned nurse, however, possesses the decision to agree to additional visitors at their discretion.
- 5.6 Security Officers will escort visitors into the ED area.
- 5.7 ED staff should notify Security of individuals not wearing a visitor pass inside the ED.
  - 5.7.1 Security will escort any individual deemed unauthorized from the ED area.
- 5.8 Individuals who may be accompanying a person who is seeking urgent or emergent care are exempt from the vaccination and testing requirements of this Order. For such persons the requirements of Section III of the Public Health Order will still apply:
  - 5.8.1 Wear a well-fitting face mask (a surgical mask or double masking is recommended) upon entry and at all times within the facility.
  - 5.8.2 Wear any other personal protective equipment (PPE) while in the patient's room that facility personnel deem appropriate to the situation; and
  - 5.8.3 Physically distance from health care personnel and other

**Pioneers Memorial Healthcare District**

Title: <b>Emergency Department Security Operation Plan</b>	Policy No. EOC-00018
	Page 2 of 2
Current Author: Jorge Mendoza	Effective:
Latest Review/Revision Date: 05/2024	Manual: EOC / Security Management

patients/residents/visitors that are not part of their group at all times while in the facility.

**6.0 References:** Not applicable

**7.0 Attachment List:** Not applicable

**8.0 Summary of Revisions:**

8.1 **Changed Author to Jorge Mendoza**

8.2 **3.1 Replaced has to, to must.**

8.3 **5.1 Changed to always wearing their identification badges without exceptions.**

8.4 **5.4 Changed each individual to everyone.**

**Pioneers Memorial Healthcare District**

Title: <b>Code Teal Hospital Emergency Lock Down</b>		Policy No. EOC-00074
		Page 1 of 2
Current Author: Jorge Mendoza		Effective: 10/22/2001
Latest Review/Revision Date: 4/2024		Manual: EOC / Security Management

Collaborating Departments: Administration		Keywords: Lock Down	
Approval Route: List all required approval			
	PSQC	Other: <u>Safety Committee 6/2024</u>	
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:** Not applicable

**2.0 Scope:** Hospital-wide

**3.0 Policy:**

- 3.1 In order to protect the hospital during any unusual situation and to provide a safe environment for all concerned, Administration personnel will take action to lock down the PMHD facility at any time circumstances warrant such action. A lock down situation, when in effect, applies to all staff, patients, and visitors on the premises.

**4.0 Definitions:** Not applicable

**5.0 Procedure:**

- 5.1 Once the decision is made by Administration staff to lock down the facility for security purposes:
- 5.1.1 Administration will instruct PBX to announce (Code Teal and Department location of Lockdown or Hospital-wide) on overhead intercom. Administration will then instruct that "All necessary entrances to be closed except the emergency room lobby entrance."
    - 5.1.1.1 The announcement will be repeated at one-hour intervals by PBX.
    - 5.1.1.2 As a matter of follow-up, if required, written or verbal instructions to all Department managers will follow.
  - 5.1.2 Hospital employees are instructed that during a lock down all outside perimeter doors except the emergency room lobby entrance will be locked.
    - 5.1.2.1 Signage stating "No Admittance Go to Emergency Entrance" will be placed on all outside perimeter doors to provide additional direction to the hospital's Emergency Room entrance.
  - 5.1.3 Hospital employees are instructed that they may not be allowed access to the facility unless they have their employee badge in their possession.
    - 5.1.3.1 All buildings on the hospital campus shall lock their doors when notified of the lock down.
    - 5.1.3.2 When exiting the building through a side door during a lock down, Staff will make sure the doors lock behind them.
    - 5.1.3.3 Do not prop any exit doors open during a lock down.
    - 5.1.3.4 If a door is found propped open during a lock down procedure, lock it

**Pioneers Memorial Healthcare District**

Title: <b>Code Teal Hospital Emergency Lock Down</b>		Policy No. EOC-00074
		Page 2 of 2
Current Author: Jorge Mendoza		Effective: 10/22/2001
Latest Review/Revision Date: 4/2024		Manual: EOC / Security Management

immediately or call Security to lock it.

- 5.1.3.5 All persons are directed to use the emergency room lobby entrance to the hospital. Under specific circumstances, when needed, Administration will post an alternative entrance.

- 5.1.4 When administration releases the lock down procedure, the PBX Operator will make the Announcement of "Code Teal and Location All Clear" All hospital entrances are now open." This announcement will be made 3 times at 5-second intervals by PBX. Doors will be unlocked, and signage removed.

- 5.1.4.1 If warranted, administration may send written notification to Department managers when a lock down is released.

5.2 Additional Safety Measures:

- 5.2.1 All employees will know how to obtain emergency assistance, i.e., Code Gray.
- 5.2.2 Employees will report any unusual activities or persons on the premises to either their managers, administration, or Security.
- 5.2.3 During a lock down, employees will remain in their assigned work area except as required in the normal course of their hospital business.
- 5.2.4 Employees may approach and question strangers in a non-threatening way, such as "May I help you?" (if strangers does not appear to be acting in an aggressive manner; and if employee feels comfortable approaching)
- 5.2.5 Employees at all times will wear their employee identification badge in full view.

**6.0 References:**

- 6.1 OSHA Act 1970: General Duties Clause Section 5 (a) (1) Workplace Violence

**7.0 Attachment List:**

- 7.1 Attachment A: Entrance Closure Signage

**8.0 Summary of Revisions:**

- 8.1 Change of author.

**Pioneers Memorial Healthcare District**

Title: Leadership Education Opportunity Program		Policy No. ADM-00201
		Page 1 of 3
Current Author: Charity Dale, Chief Human Resources Officer		Effective: 07/01/2024
Latest Review/Revision Date: 06/12/2024		Manual: Administration/Adm

Collaborating Departments: Admin		Keywords: Education, leadership		
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:** Pioneers Memorial Healthcare District (PMHD) demonstrates its commitment to the professional growth and development of leadership by providing both formal and informal development opportunities. When internal resources do not meet an employee's needs for professional growth and development, an employee may utilize outside programs.
- 2.0 Scope:** District-wide
- 3.0 Policy:**
- 3.1 Courses and training are considered job-related if they maintain or enhance the employee's skill needed in their present position at PMHD or if it is a requirement either by law or PMHD.
  - 3.2 Courses and training may be taken in a classroom, online, or in a hybrid format.
  - 3.3 The following expenses can be included for reimbursement under this program:
    - 3.3.1 Registration
    - 3.3.2 Educational Conferences, workshops and seminars
    - 3.3.3 Travel, lodging, meal per diem, and parking expenses
    - 3.3.4 Supplies and other miscellaneous fees
  - 3.4 Expenditure Allowance:
    - 3.4.1 Chief Executive Officer \$15,000 Annually
    - 3.4.2 Executive Leadership Team \$10,000 Annually
    - 3.4.3 Operations Management Team \$5,000 Annually
    - 3.4.4 Managers and Leads \$2,500 Annually
  - 3.5 In addition, reimbursement for professional memberships is allowed:
    - 3.5.1 ELT – 2 memberships
    - 3.5.2 OPS – 1 membership
    - 3.5.3 License for the normal scope of positions may also be eligible
  - 3.6 Allowances will be totaled annually from July 1 to June 30.
  - 3.7 Training/Education Opportunities:

The electronic version of this policy supersedes any printed copy.

**Pioneers Memorial Healthcare District**

Title: Leadership Education Opportunity Program		Policy No. ADM-00201
		Page 2 of 3
Current Author: Charity Dale, Chief Human Resources Officer		Effective: 07/01/2024
Latest Review/Revision Date: 06/12/2024		Manual: Administration/Adm

3.7.1 A list of education and training resources, organizations, etc. is available for consideration

3.8 Requests for Education/Training:

3.8.1 Leadership education opportunities requests must be submitted and approved by appropriate supervisor or member of the executive leadership team.

3.9 Requests for Reimbursement:

3.9.1 Request for reimbursement for the current benefit year must be completed and received within 60 days of completion of the session/course/event.

3.9.2 Incomplete requests and requests received beyond 60 days of completion may be denied.

3.9.3 Requests for reimbursement must be accompanied by proof of payment (itemized receipt) and proof of satisfactory completion

**4.0 Definitions:**

**5.0 Procedure:**

5.1 Leadership staff should submit an education Opportunity Request Form to be approved by Supervisor and Division Chief at least 14 days prior to event. Exceptions may be considered for opportunities that arise after 14 days.

5.2 The approved Education Opportunity Request form is to be submitted to Training and Development Manager for cost tracking and CEO signature (if applicable).

5.3 Check request forms for pre-payment must also be submitted and approved.

5.4 Responsibilities:

5.4.1 Chiefs and Department Heads:

5.4.1.1 Chiefs and department heads have the authority to approve education opportunity applications, ensure that the submitted courses are relevant to the employee's job or promotional objective and determine that the courses will not interfere with department operations.

5.4.1.2 Division Chiefs will also be responsible for completing the annual tracking form.

5.4.2 Employees:

5.4.2.1 Employees have the responsibility of initiating the education assistance application process and complying with all terms.

5.4.2.2 Upon approval of the request, employees are responsible for completing their own registration, travel accommodation, submission of check requests and mileage & expense reports.

The electronic version of this policy supersedes any printed copy.

**Pioneers Memorial Healthcare District**

Title: Leadership Education Opportunity Program		Policy No. ADM-00201
		Page 3 of 3
Current Author: Charity Dale, Chief Human Resources Officer		Effective: 07/01/2024
Latest Review/Revision Date: 06/12/2024		Manual: Administration/Adm

**5.5 Continuing Education, Licensure, Certifications and Memberships**

5.5.1 PMHD may reimburse employees for continuing education (CE), licensures, certifications or memberships in professional associations that are relevant to the employee's role or job function.

5.5.2 Reimbursement for licensures and/or certifications that meet the above criteria and exceed the annual maximum may be considered on an exceptional basis.

5.5.3 CEO and/or Division Chief will review requests for reimbursement and supporting documentation to ensure eligibility criteria and policy guidelines are met prior to approving the reimbursement request and forwarding it to Human Resources.

**6.0 References:****7.0 Attachment List****8.0 Summary of Revisions:**

**Pioneers Memorial Healthcare District****Reviewed Annually**

Title: <b>Life Safety Management Plan</b>		Policy No. EOC-00348
Current Author: Jaime Cristobal		Page 1 of 3
Latest Review/Revision Date: 4/2024		Effective: 12/95
		Manual: EOC - Life Safety

Collaborating Departments: Human Resource, Nursing, Risk, Infection Control		Keywords:		
Approval Route: List all required approval				
MARCC	PSQC	Other: <u>Safety Committee</u>		
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 PMHD Life Safety Management Plan describes responsibilities, functions, and mechanisms the hospital carries out to ensure a fire-safe environment of care for patients, staff, and visitors.
- 1.2 The Life Safety Management Plan is implemented by creating, maintaining, evaluation, and improving policies and procedures for managing fire protection. The process for creating these actions is the Safety Committee.
- 1.3 Life Safety Management Plan consists of these overlapping programs and functions:
  - 1.3.1 Risk Management Program
  - 1.3.2 Employee Orientation Program
  - 1.3.3 Education Program
  - 1.3.4 Safety Plan
  - 1.3.5 Security Plan
  - 1.3.6 Utility Systems Plan
  - 1.3.7 Hazardous Material and Waste Plan
  - 1.3.8 Space Plan
  - 1.3.9 Emergency Preparedness Plan
  - 1.3.10 Infection Control Plan

**2.0 Scope:** Hospital wide**3.0 Policy:** Not applicable**4.0 Definitions:** Not applicable**5.0 Procedure:**

- 5.1 Objectives:
  - 5.1.1 To assure that all buildings, bedding, draperies, furnishings and decorations, at PMHD are in compliance with Life Safety Code
  - 5.1.2 To establish a plan to identify life and safety problems due to construction and to take appropriate steps to mitigate these problems. Assessment and implementation of Interim Life Safety Measures, when appropriate
  - 5.1.3 To maintain buildings and grounds for safe use by patients, staff, and visitors
  - 5.1.4 To assure the Emergency Department is easily identifiable and easily accessible to patients and emergency vehicles, including helicopter

**Pioneers Memorial Healthcare District****Reviewed Annually**

Title: <b>Life Safety Management Plan</b>	Policy No. EOC-00348
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- 5.1.5 To maintain adequate security to assure the safety of patients, visitors, and hospital staff
- 5.1.6 Maintains a Fire Safety Program including:
  - 5.1.6.1 Identify and maintain all features of fire protection to Life Safety Code standards
  - 5.1.6.2 Inspects, test, and maintain fire alarm system to include quarterly testing of all components of systems
  - 5.1.6.3 Policy for placement, inspection, identification, and maintenance of portable fire extinguishers
  - 5.1.6.4 Fire Plan to address staff response to an emergency, including training of all employees
  - 5.1.6.5 To conduct fire drills to evaluate the fire alarm system and employee compliance with the fire plan to be completed a minimum one per shift per quarter.
  - 5.1.6.6 Enforcement of hospital-wide smoke-free facility
  - 5.1.6.7 The results of all drills and inspections will be reported to the Safety Committee for evaluations to be used in staff training
  - 5.1.6.8 Test emergency lights annually for 90 minutes and monthly for 30 seconds

## 5.2 Key Roles:

- 5.2.1 Safety Committee Chairperson – Responsible for the functions and activities of the Safety Committee and delegated to act in an emergency to alleviate a condition that could result in immediate threat to life, health, and property, and a member of the Disaster Sub-Committee
- 5.2.2 Safety/Security/EP Manager – Responsible for providing security for patients, employees, visitors, and for protecting hospital buildings, assets and premises as assigned
- 5.2.3 Risk Manager – Responsible for Risk Management Program, member of the Safety Committee, and the Patient Safety Quality Council Committee
- 5.2.4 Safety Committee Members – The members carry out the duties of the committee including the safety inspection of the hospital physical plant, fire and disaster drills, staff education, and participate in the analysis of information and the formation of plans to improve safety when appropriate.
- 5.2.5 Department Directors – Responsible (with the help of the Safety Committee) for the formation and training, and practice of department specific safety policy and procedure
- 5.2.6 Facilities Services Director – Responsible for the Equipment Management Program including fire alarms, fire dampers, automatic Smoke compartments, closures and establishing policy and procedures maintaining records, aggregating and presenting the Safety Committee trends and incidents relating to safety hazards
- 5.2.7 Employees – Responsible to work safely and to maintain a safe and healthful hospital by learning and following hospital Safety Program

**Pioneers Memorial Healthcare District****Reviewed Annually**

Title: <b>Life Safety Management Plan</b>		Policy No. EOC-00348
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		Manual: EOC - Life Safety

5.2.8 Physician – Responsible for advising the Administrator about the need to activate the Emergency Preparedness Plan and medical integrity of the plan

5.2.9 Administration – Responsible for the activation of the Emergency Preparedness Plan

5.3 Life Safety Management Plan consists of these overlapping programs and functions:

5.3.1 Risk Management Program

5.3.2 Employee Orientation Program

5.3.3 Education Program

5.3.4 Safety Plan

5.3.5 Security Plan

5.3.6 Utility Systems Plan

5.3.7 Hazardous Material and Waste Plan

5.3.8 Space Plan

5.3.9 Emergency Preparedness Plan

5.3.10 Fire Plan

5.3.11 Infection Control Plan

5.4 All components of the Life Safety Management Plan are evaluated on an annual basis for effectiveness and appropriateness.

**6.0 References:**

6.1 CMS 42 CFR 842.41 – Hospitals, Condition of Participation: Physical Environment

6.2 NFPA 101 Life Safety Code, 2015 Edition

6.3 NFPA 99 Health Care Facilities Code, 2012 Edition

6.4 NIAHO – PE.2 Life Safety

**7.0 Attachment List:** Not applicable

**8.0 Summary of Revisions:**

8.1 No additions and deletions

8.2 Updated the edition of the NFPA 101 Life Safety Code

**Pioneers Memorial Healthcare District**

Title: <b>Medical Equipment Management Plan</b>		Policy No. EOC-00404
		Page 1 of 3
Current Author: Mario Garcia		Effective: 1/1/1996
Latest Review/Revision Date: 4/2024		Manual: EOC – Medical Equipment Mgmt

Collaborating Departments: Risk, Material Management		Keywords: DNV NIAHO PE.7, SR.1, SR.3, SR.5 and SR.6		
Approval Route:				
MARCC	PSQC	Other: <u>Safety Committee</u>		
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 describe the processes associated with ensuring safe medical equipment use for patients, staff and visitors.

**2.0 Scope:** District wide**3.0 Policy:**

- 3.1 The plan is implemented by creating, maintaining, evaluating and improving policies and procedures for managing equipment used for but not limited to patient care, treatment and/or diagnostics.
- 3.2 The selection and acquisition of medical equipment is performed collectively with Bio-Medical, Materials Management, Risk Management, Administration, Medical Staff, and clinical departments as applicable.
- 3.3 Criteria for identifying, evaluating and inventorying medical equipment is based on equipment function, associated physical risks with use, maintenance requirements and equipment incident history.
- 3.4 Owned, leased, rented and borrowed/loaned medical equipment that requires preventative maintenance within the organization is included in this plan.
- 3.5 The clinical and physical risks associated with medical equipment use is assessed and minimized by inspection, examination and maintenance efforts of the Bio-Medical department, designated users and approved contractors.
- 3.6 The processes for monitoring and managing equipment hazard notices, recalls and alerts are outlined in policy ADM-00668, recall plan for product and equipment.
- 3.7 The process for investigating and reporting deaths or serious injury or illness associated with a medical device will be managed as per the Safe Medical Device Act of 1990 (see policy EOC-00409 Safe Medical Devices).
- 3.8 The process for reporting and investigating equipment management problems, failures and user errors will be managed as per policy EOC-00398, Equipment safety and report plan.
- 3.9 The emergency procedures that address specific problems in the event of medical equipment failures are delineated in policy and procedures associated with the specific failure.

**4.0 Definitions:**

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## 4.1 CMMS – Computerized Maintenance Management System

**5.0 Procedure:**

- 5.1 Medical Equipment Selection process
  - 5.1.1 Medical Equipment shall be FDA approved and meet the needs of the requisitioning department.
- 5.2 Medical Equipment Acquisition process
  - 5.2.1 Medical Equipment will be purchased per policy ADM-00657, Requisition and Purchase of Special Items Including Services (Capital Requests).
  - 5.2.2 Upon receipt of medical equipment, verification of correct equipment will be the responsibility of the Materials Management department and requisitioning department.
  - 5.2.3 The Bio-Medical department will inspect, inventory and apply equipment control/ identification tag and service sticker denoting equipment last date of inspection/ service and next inspection/maintenance due date (see policy EOC-00401 Incoming Equipment Inspections)
- 5.3 Medical Equipment Safe Use process
  - 5.3.1 Training on the proper use of equipment, including rentals and demos will be provided to staff per policies HRD-00165 Medical Equipment User Orientation.
- 5.4 Medical Equipment Inventory
  - 5.4.1 Medical Equipment Inventory is located in the office of the Bio-Medical department
    - 5.4.1.1 Inventory will be updated at least monthly to reflect changes, additions or deletions.
  - 5.4.2 Preventive Maintenance is scheduled via Computerized Maintenance Management System (CMMS) per equipment manufacturer recommendations
- 5.5 Medical Equipment Reporting and Investigating Problems, Failures and User Errors
  - 5.5.1 All actual or potential equipment problems, failures or user errors will be reported to the Bio-Medical department through the CMMS to generate a work order per Policy EOC-00398, Equipment safety report plan.
    - 5.5.1.1 The CMMS will document the reported problem/failure which will alert the Bio-Medical department.
    - 5.5.1.2 The Bio-Medical department will investigate and if possible determine the cause and if required repair or contract to repair equipment by vendor.
    - 5.5.1.3 The Bio-Medical department will document findings and corrections.
    - 5.5.1.4 The Bio-Medical department will recommend additional operator training to the Safety Committee as required.
  - 5.5.2 All medical equipment problems, failures or user errors that actually or potentially affect the quality of care or risk of harm to patients and/or staff will be reported via Quality Review Report (QRR) policy ADM-00481, Quality Review Report.
  - 5.5.3 An Equipment Safety Report will be submitted at least quarterly (was monthly) to the Safety Committee and will include the following information:

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- 5.5.3.1 Number of instances of “no trouble found”
- 5.5.3.2 Number of instances of “operator error”
- 5.5.3.3 Number of instances of “equipment abuse”
- 5.5.3.4 Number of recalls of medical equipment
- 5.5.3.5 Recommendations for follow-up, training and/or corrective action
- 5.5.3.6 Number of instances of “Could Not Locate”
- 5.5.4 Report all test equipment and calibration failures to the safety committee, monthly.
- 5.5.5 Biomedical Engineering will consult with Risk Management on failed equipment impact and medical equipment testing.
  - 5.5.5.1 As directed, Biomedical Engineering will retest all impacted equipment.
- 5.5.6 An annual evaluation regarding the effectiveness of the plan will be reported to the Safety Committee.

**6.0 References:**

- 6.1 DNV NIAHO Standards PE.7, SR.1, SR.3, SR.5 and SR.6
- 6.2 Policy-00049, Manufacturers Recalls and Hazardous Device Notices.
- 6.3 Policy EOC-00409 Safe Medical Devices
- 6.4 Policy EOC-00398, Equipment safety and report plan
- 6.5 Policy ADM-00657, Requisition and Purchase of Special Items Including Services (Capital Requests)
- 6.6 Policy EOC-00401 Incoming Equipment Inspections
- 6.7 Policy HRD-00165 Medical Equipment User Orientation and Training Program
- 6.8 Policy ADM-00481, Quality Review Report

**7.0 Attachment List:** Not applicable**8.0 Summary of Revisions:**

- 8.1 Reviewed with no additions or deletions
- 8.2 Changed the author

**Pioneers Memorial Healthcare District****REVIEWED ANNUALLY**

Title: <b>Safety Management Plan</b>		Policy No. EOC-00054
		Page 1 of 6
Current Author: Jorge Mendoza		Effective: 12/1/1995
Latest Review/Revision Date: 3/2024		Manual: EOC / Safety Management

Collaborating Departments: Risk; HR; EMS Manager; Infection Control		Keywords:		
Approval Route: List all required approval				
	PSQC 6/2024	Other: <u>Safety Committee</u>		
Clinical Service _____		MSQC 7/2024	MEC 7/2024	BOD 7/2024

**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 District establishes the safety program by creating and implementing policy and procedures, by establishing and maintaining the supporting activities, and by evaluating, and when appropriate, improving the program's performance. The focus for many of the program's functions is the Safety Committee, and many of the program activities are described by Injury and Illness Prevention Program Policy.

**2.0 Scope:** District wide**3.0 Policy:**

- 3.1 The Safety Management Program at Pioneers Memorial Healthcare District is a plan that describes the responsibilities, functions entities and the mechanisms by which the hospital carries out its commitment to a safe and healthful environment for everyone that enters the District's facilities.
- 3.1.1 Constituent and Overlapping Programs and Functions
- 3.1.1.1 Injury and Illness Prevention Program
  - 3.1.1.2 Safety Committee
  - 3.1.1.3 Safety Committee Statement of Authority
  - 3.1.1.4 Risk Management Program
  - 3.1.1.5 Incident Reporting
  - 3.1.1.6 Infection Control Program
  - 3.1.1.7 Employee Orientation Program
  - 3.1.1.8 Department Specific Safety Policies
  - 3.1.1.9 Reporting of Unsafe Condition or Hazard
  - 3.1.1.10 Medical Device Reporting
  - 3.1.1.11 Medical Device and Product Recall
  - 3.1.1.12 Maintaining Grounds and Equipment
- 3.1.2 Key Roles
- 3.1.2.1 Risk Manager – responsible for the Risk Management Program; member of the Safety Committee, Patient Safety Quality Council Committee
  - 3.1.2.2 Safety Officer – Safety Committee Chairperson – responsible for the functions and activities of the Safety Committee and delegated to act in an emergency to alleviate a condition that could result in immediate threat to life, health and property
  - 3.1.2.3 Director of Human Resources – Responsible for investigation of

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- employee accidents, coordination with the compensation program and the Employee Orientation Program
- 3.1.2.4 Infection Control Practitioner – Responsible for the hospital-wide Infection Control Program, Coordination with the Infection Control Committee
- 3.1.2.5 Safety Committee Members – The members carry out the duties of the committee including the safety inspections of the hospital physical plant, fire and disaster drills, staff education, and participate in the analysis of information and the formation of plans to improve safety when appropriate
- 3.1.2.6 Department Directors – Responsible (with the help of the Safety Committee) for the formulation and training, and practice of department-specific safety policy and procedure
- 3.1.2.7 Employees – Responsible to work safely and maintain a safe and healthful hospital by learning and following Pioneers Memorial Healthcare District's Safety Program

**4.0 Definitions:**

- 4.1 District – Pioneers Memorial Healthcare District

**5.0 Procedure:**

- 5.1 The overall scope of the District's Safety Management Program shall include provisions for the following:
  - 5.1.1 Laboratory, Oncology, Radiology, Pharmacy and Facilities Services will maintain their own specific Safety Management Plan on handling and disposal of hazardous waste.
  - 5.1.2 Ongoing hazard surveillance program including response to product safety recalls shall be maintained and reported through the Safety Committee.
  - 5.1.3 Safety Committee shall review all reports of accidents or injuries to patients, visitors and/or personnel monthly. Summary reports of incidents shall include evaluation of the incident, conclusions, recommendations and actions taken.
  - 5.1.4 All safety orientation and continuing education of employees shall be directed by the Safety Committee in an effort to respond to identifiable incidents and trends that may compromise the safety of patients, visitors, and/or staff in the facility or grounds.
  - 5.1.5 Conduct fire drills, and provide regular testing and preventative maintenance of the fire prevention systems.
  - 5.1.6 Monitor equipment and utility preventative maintenance and inspection procedures as well as education and training of users to protect against failure or user error, in compliance with the Utility Management Plan.
  - 5.1.7 The Safety Program will be evaluated annually for its effectiveness. Evaluation shall include all areas of safety management including hazardous materials and waste management, emergency preparedness and life safety management.
- 5.2 Responsibilities of the Safety Committee:

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- 5.2.1 The Safety Committee shall include representation from Administration and supervisory personnel from clinical and support services. Non-supervisory employees are encouraged to participate in the activities of the Safety Committee, but may not be members. All members of the Safety Committee are appointed by the Chief Executive Officer of the District.
- 5.2.2 Regular compliance with the safety objectives shall be observed. Written records of inspection shall be maintained and corrective actions documented for identified risks.
- 5.2.3 Safety surveys conducted by qualified safety engineers such as those employed by various hospital insurers, shall be reported to the Safety Committee, with follow-up actions documented.
- 5.2.4 The Safety Committee shall develop a valid audit procedure and carry out periodic audits of institutional performance against the Safety Plan.
- 5.2.5 The Safety Committee will establish an incident reporting program:
  - 5.2.5.1 For investigating and evaluating all incidents reported
  - 5.2.5.2 For documenting review of all such reports and actions taken
- 5.2.6 The Safety Committee will provide liaison with Infection Control Practitioner and Employee Health Representative.
- 5.2.7 The Safety Committee will provide safety related information through:
  - 5.2.7.1 Orientation of all new employees
  - 5.2.7.2 Continuing education of all hospital employees
  - 5.2.7.3 Safety information bulletin boards
  - 5.2.7.4 By developing a reference library of pertinent documents and publications dealing with all facets of hospital safety
  - 5.2.7.5 By recommending purchase of safety equipment and suggest any necessary physical changes to improve safety conditions.
- 5.2.8 The Safety Committee shall coordinate District wide educational activities in order to effect improvements in the safety of patients, visitors and staff. Educational programs shall be based on industry standards and literature review and are continually adapted to reflect organizational experience and evaluation of effectiveness of training programs.
  - 5.2.8.1 Chairperson
    - 5.2.8.1.1 The duty of the chairperson shall be to convene the Safety Committee, assure the maintenance of appropriate records, assure timely follow-up of actions and business of the Safety Committee, supervise inspection, survey activity and report recommendations and actions to the Chief Executive Officer, and act as liaison with the Fire Department and other agencies as needed on matters relative to safety.
  - 5.2.8.2 Safety Officer
    - 5.2.8.2.1 The Safety Officer has the authority and responsibility to act when hazardous conditions exist which could result in personal injury to individuals or damage to equipment or buildings.
      - 5.2.8.2.1.1 The Safety Committee and its members, jointly and

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- separately, shall meet monthly and make every reasonable, enlightened effort to identify risks to patients, visitors and employees, determine their acuity and priority and work toward their abatement.
- 5.2.8.2.1.2 The Safety Committee shall inform itself of standards for safety incorporated in the American National Standards Institute (ANSI); General Acute Care Hospital Regulation of the State Department of Health; Code of Federal Regulations Title 29; Occupational Safety and Health Act (OSHA); plus the minimum consensus standards and optimum achievable standards of the Det Norske Veritas (DNV). It shall thoroughly acquaint itself with the functioning and mechanizations of the District, its employees, agents, environs, and sphere of responsibility. It shall apply reasonable interpretations of standards in recognizing and recommending abatement of hazards.
- 5.2.8.2.1.3 The Safety Committee will develop written policies and procedures to enhance safety with the District and its grounds.
- 5.2.8.2.1.4 The Safety Committee will report in writing pertinent findings and recommendations to the governing board, administration, medical and nursing staff, and all departments and services involved.
- 5.2.8.2.1.5 The Safety Committee shall coordinate and cooperate in the development of department/service safety rules and practices. Special focus programs shall be developed and implemented related to need. All departmental safety policy revisions shall be reviewed every two years by the committee.
- 5.2.8.2.1.6 The Safety Committee shall identify and review contemporary research reports pertaining to the full scope of responsibility of the Safety Program.
- 5.2.8.2.1.7 The Safety Committee shall assure the maintenance, review and reporting of such records as are consistent with its goals.
- 5.2.8.2.1.8 The Safety Committee shall undertake periodic inspections of the hospital premises and spheres of influence including construction sites for the purpose of assuring compliance with safety policies.
- 5.2.8.2.1.9 The Safety Committee shall:
- Meet monthly and shall record its activities. Summaries of all activities shall be posted on the

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bulletin boards, forwarded to administration, quality department, risk management, and all department directors.

- Identify risks, recommending their abatement
- Conduct inspections
- Educate and communicate safety awareness.

#### 5.2.8.3 Administration

5.2.8.3.1 Toward fulfillment of the general and specific safety goals of the District, the Chief Executive Officer shall:

- 5.2.8.3.1.1 Assure the formation and development of the Safety Committee.
- 5.2.8.3.1.2 Appoint a chairperson who is qualified and among the members of the Safety Committee.
- 5.2.8.3.1.3 Provide administration representation on the Safety Committee.
- 5.2.8.3.1.4 Ensure the participation and representation on the Safety Committee.
- 5.2.8.3.1.5 Approve the budget for the Safety Programs.

#### 5.2.8.4 Department Directors

5.2.8.4.1 The role of the department directors in our Safety Program is vitally important. The Safety Committee through verbal and/or Departmental Action Reporting Forms shall alert departments or services of safety issues that require intervention.

5.2.8.4.2 The following responsibilities lie with the department directors:

- 5.2.8.4.2.1 Plan and organize department activities.
- 5.2.8.4.2.2 Develop techniques and procedures for specific operations.
- 5.2.8.4.2.3 Select and train employees.
  - Each department director is responsible for the degree to which his/her employees have gained knowledge and skills necessary to perform safely and effectively in their particular position.
  - It is the responsibility of the Safety Committee to see that department directors have a thorough knowledge and apply on-the-job instructions for all employees.
- 5.2.8.4.2.4 Supervise and evaluate employee performance.
- 5.2.8.4.2.5 Stimulate and promote employee interest and participation in the District's Safety Program.
- 5.2.8.4.2.6 Eliminate all unsafe conditions and unsafe acts within department.
  - Safe Work Rules – Individual departments, with the assistance of the Safety Committee, will

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establish and publish safe work rules which reduce accident probability. Development of these rules should involve:

- A review of all work methods and practices
- A review of all past accident experiences
- Recommendations by supervisory personnel
- Recommendations by employees

5.2.8.4.2.7 Investigate employee injuries within the department.

5.2.8.4.2.8 Cooperate with the Safety Committee in the promotion of its activities.

5.2.8.4.2.9 Assist in monitoring safety recommendations as outlined by the Safety Officer.

**6.0 References:**

- 6.1 OSHA 29 CFR – Occupational Safety Regulations
- 6.2 NIAHO – PE.3, SR.2, SR.3, SR.4, SR.5, SR.6, SR.7
- 6.3 NFPA 101 Life Safety Code
- 6.4 NFPA 99 Health Care Facilities

**7.0 Attachment List:** Not applicable**8.0 Summary of Revisions:**

- 8.1 Changed of author
- 8.2 Reviewed with no further changes

**Pioneers Memorial Healthcare District**

Title: <b>Security Management Plan</b>		Policy No. EOC-00084
		Page 1 of 3
Current Author: Jorge Mendoza		Effective: 01/01/1995
Latest Review/Revision Date: 4/2024		Manual: EOC – Security Management

Collaborating Departments: Risk, HR		Keywords: Security		
Approval Route: List all required approval				
	PSQC	Other: <u>Safety Committee</u>		
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 provide a safe and secure environment to the patients, visitors and employees of Pioneers Memorial Healthcare District, by assessing our physical environment and training employees to recognize potential security risks.

**2.0 Scope:** District wide**3.0 Policy:**

- 3.1 The Pioneers Memorial Healthcare District Security Plan describes the responsibilities, functions, and mechanisms the hospital carries out to secure the environment for patients, staff, visitors, vendors, and property.
- 3.2 The Security Plan is implemented by creating, maintaining, evaluating, and improving policies and procedures for managing security in the environment of care. The process for creating this action is through the Safety Committee and Security.
- 3.3 The Security Plan consists of these overlapping programs and functions:
  - 3.3.1 Risk Management
  - 3.3.2 Employee Orientation
  - 3.3.3 Education Program
  - 3.3.4 Safety Plan
  - 3.3.5 Security Management Plan
  - 3.3.6 Hazardous Material and Waste Management Plan
  - 3.3.7 Emergency Preparedness Plan
  - 3.3.8 Life Safety Plan
- 3.4 If an immediate threat is received, we will notify security, physicians, staff, human resources, and law enforcement.
- 3.5 The Security Vulnerability Assessment (SVA – Attachment A) will be reviewed annually with the Security Management Plan to identify PMHDs top security hazards. Procedures and controls will be implemented as necessary based on the level of risk identified in the SVA.

**4.0 Definitions:** Not applicable**5.0 Procedure:**

- 5.1 Identification
  - 5.1.1 Hospital identification badges shall be worn by all employees and staff.
  - 5.1.2 In-patients shall wear permanent identification bands. Surgery and ED patients

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shall wear temporary identification bands.

- 5.1.3 Contractors and vendors are identified through PMHD Rep Track System.
- 5.2 Access to the hospital:
  - 5.2.1 Access to the hospital shall be limited. All doors and entryways, with the exception of the emergency entrance, will be secured between the hours of 8:00 p.m. and 5:00 a.m. It is the responsibility of the security guard to lock and re-open the alternative entrances and exits to the hospital.
  - 5.2.2 Providing access control as appropriate to sensitive areas such as emergency department, newborn nursery, obstetrics, special care units, and pharmacy.
  - 5.2.3 All hospital areas not in use during evening and night hours, weekends and holiday are to be locked. These areas must be checked by a security guard on rounds. In addition, some departments, which have limited access, are only accessible by obtaining approval on the evening and night shifts. These areas include but are not limited to:
    - 5.2.3.1 Medical gas storage rooms
    - 5.2.3.2 Medical gas compounds (including oxygen storage at PMAC and MOB)
    - 5.2.3.3 All modular buildings
    - 5.2.3.4 All storage buildings
    - 5.2.3.5 All medical office buildings
  - 5.2.4 Please refer to policy HRD-00020; Zero Tolerance for Violence in the Workplace process
    - 5.2.4.1 Prevention is part of security duties; stop bullying, harassment, or threats of violence to staff and customers
- 5.3 Security personnel shall be responsible for the following:
  - 5.3.1 Conducting all security functions in a manner that is consistent with the overall mission of the hospital and enforcing its adopted policies and procedures
  - 5.3.2 Building and grounds patrol
  - 5.3.3 Escort service for visitors, staff
  - 5.3.4 Investigation of thefts, disturbances, suspicious activity
  - 5.3.5 Facilities access, including locking, unlocking, and restricting traffic at various times
  - 5.3.6 Monitoring system response.
  - 5.3.7 Staff assistance with patient restraint and intervention in disruptions by patients, visitors, or staff.
  - 5.3.8 Safety responsibilities, including disaster, fire, hazard surveillance.
  - 5.3.9 Collection and control of personal inpatient valuables.
  - 5.3.10 Record keeping and incident reports
  - 5.3.11 Abduction and elopement response
  - 5.3.12 Security will contact Police Department if necessary
- 5.4 Security will keep the limited Emergency Department parking clear for authorized vehicles only and will patrol Emergency Department parking an ambulance receiving area as part of regular hospital rounds. Security will be on hand for traffic control and will attempt to clear area of any infractions. If unsuccessful, local law enforcement will

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be contacted for assistance.

- 5.5 Officers are responsible for completing incident reports and forwarding information to the security director for review. The security director shall be responsible for tracking and reporting all security incidents involving employees or patients to the Safety Committee at least every other month.

- 5.6 Employee shall be responsible for:

5.6.1 Knowing who should legitimately be in their work area and request that all hospital staff display their identification badges.

5.6.2 Secure offices not in use, utilize lockers and lock desks.

5.6.3 Observe and report suspicious activities or approach unauthorized personnel.

5.6.4 Whenever possible not only provide directions but take time to escort visitors to their destination.

5.6.5 Notifying security immediately when a person is observed not wearing I.D. who acts suspicious.

5.6.6 Enforcing all hospital policies and procedures as adopted by the Board of Directors

**6.0 References:**

- 6.1 California Senate Bill 1299, Workplace Violence Prevention Plans in Hospitals – Cal-OSHA Section 6401.8
- 6.2 National Integrated Accreditation for Healthcare Organizations – PE.4 Security Management System, Version 12, published 2018
- 6.3 Health and Safety Code Section 1257.7

**7.0 Attachment List:**

- 7.1 Attachment A – The Security Vulnerability Assessment (SVA) 2024

**8.0 Summary of Revisions:**

- 8.1 Changed of author to Jorge Mendoza.
- 8.2 Changed the year of the Security Vulnerability Assessment (SVA)

**Pioneers Memorial Healthcare District****Reviewed Annually**

Title: <b>Utilities System Management Plan</b>		Policy No. EOC-00459
Current Author: Jaime Cristobal		Page 1 of 8
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Collaborating Departments: Infection Control		Keywords:		
Approval Route: List all required approval				
MARCC	PSQC 6/2024	Other: <u>Safety Committee</u>		
Clinical Service _____		MSQC	MEC	BOD 7/2024

**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 Pioneers Memorial Healthcare District Utilities System Management Plan describes responsibilities, functions, and mechanisms the hospital carries out to ensure safe medical utility equipment for patients, staff, and visitors.

**2.0 Scope:** Facility Services**3.0 Policy:** Not applicable**4.0 Definitions:** Not applicable**5.0 Procedure:**

- 5.1 Risk criteria is in place for identifying evaluating and taking a current, accurate and separate inventory of critical operating components of systems to be included in the utility management plan (see organization role and responsibility).
- 5.2 Critical operating components are inspected, tested, and maintained, prior to use and consistent with maintenance strategies identified in the Utility Management Plan. The following systems are included in the Utilities Management Program:
- 5.2.1 Electrical Distribution System
  - 5.2.2 Emergency Power System
  - 5.2.3 Vertical and Horizontal Transport (Elevators)
  - 5.2.4 Heating, Ventilation and HVAC Systems
  - 5.2.5 Plumbing and Water Delivery Systems
  - 5.2.6 Boilers and Steam Delivery Systems
  - 5.2.7 Communication Systems
  - 5.2.8 Medical Gas Distribution
  - 5.2.9 Medical and Surgical Vacuum and Air Delivery Systems
  - 5.2.10 Fire Alarm System
  - 5.2.11 Natural Gas
- 5.3 Critical operating components of the med gas piping system are inspected, tested, and maintained, including but not limited to master alarm panel, automatic pressure switches, shut off valves, station outlets, in accordance with NFPA 99 and 99C. The hospital inspects, tests, and maintains critical components of piped medical gas systems including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets.

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- 5.4 Medical gas systems are tested for cross connection, purity and pressure when systems are modified, repaired or installed in accordance with NFPA 99 and 99C. The hospital inspects, tests, and maintains critical components of piped medical gas systems including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets. The hospital test piped medical gas and vacuum systems when the systems are installed, modified, or repaired including cross-connection testing, piping purity testing, and pressure testing. The hospital maintains the main supply valve and area shutoff valves of piped medical gas and vacuum systems to be accessible and clearly labeled.
- 5.5 A Utility Safety Water Management Plan is in place to reduce the potential for organizational acquired illness, i.e. waterborne pathogens (legionella) found in domestic hot water, cooling tower and other aerosolizing water systems.
- 5.6 Pressure relationships, air exchange rates, and filtration efficiencies are inspected, tested and maintained for ventilation systems serving areas specifically designed to control airborne contaminants. This includes spaces such as operating rooms, special procedure rooms, delivery rooms, rooms for patients diagnosed or suspected of having airborne communicable diseases (e.g., pulmonary or laryngeal tuberculosis), rooms for patients in “protective isolation”.
- 5.7 Infection control guidelines are in place to minimize the risk of patient infection (e.g., aspergillus) and to reduce staff and visitor discomfort and inconvenience as a result of various types of construction projects.
- 5.8 A utility system operational plan is in place to ensure reliability, minimize risks and reduce failures.
- 5.9 Layouts and operational plans of the distribution of the utility system are maintained in the central plant electrical room. All controls, valves, and electric circuits, etc. are documented and tagged for partial or complete emergency shut down.
- 5.10 The hospital provides an emergency electrical power source, as required by the Life Safety Code occupancy requirements that supplies electricity to the following areas when normal electricity is interrupted:
  - 5.10.1 Alarm systems
  - 5.10.2 Exit route illuminations
  - 5.10.3 Emergency communication systems
  - 5.10.4 Illumination of exit signs
- 5.11 The hospital provides a reliable emergency power sources, as required by the services provided and patients served, that supplies electricity when normal electricity is interrupted.
- 5.12 The hospital tests each generator 12 times a year with testing intervals not less than 20 days and not more than 40 days apart. These tests shall be conducted for at least 30 continuous minutes under a dynamic load that is at least 30% of the nameplate rating of the generator.
- 5.13 The hospital tests all automatic transfer switches 12 times a year with testing intervals not less than 20 days and not more than 40 days apart.
- 5.14 Controls for partial and complete emergency shutdowns are labeled.
- 5.15 The hospital maintains an inventory of all utility equipment.

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- 5.16 The hospital conducts (4 hour) load bank testing on each emergency generator 1 time per year.
- 5.17 The hospital contracts for Boiler Inspection and Source Testing 1 time per year.
- 5.18 Management Overview
  - 5.18.1 PMHD physical plant has designed and implemented processes for minimizing utility system risks including: redundant or back up systems, removal or replacement of antiquated equipment and mechanical and electrical devices, a building inspection management plan to correct life safety deficiencies, a P.M. program to ensure proper inspection and operation of equipment, and training and instruction of employees.
- 5.19 Organization Role of Responsibility:
  - 5.19.1 The facility services department is responsible for identifying; evaluating and taking inventory of the critical operating components of the systems of the utility management program and evaluates the impact of utility systems on life support, infection control, environmental support, equipment support and communication systems.
  - 5.19.2 A preventative maintenance program equipment evaluation criteria procedure identified the critical operating systems and equipment. This evaluation criterion is to establish the classification of equipment for its level of inclusion in the inventory and maintenance frequency. This criterion establishes a priority rating scale based on the following outline.
    - 5.19.2.1 Equipment Ratings: Initial decisions regarding equipment inclusion in the Utility Equipment Plan will be based upon the equipment's function the risks associated with failure or malfunction, and maintenance requirements.
    - 5.19.2.2 Every piece of equipment is assigned an equipment maintenance (EM) number. The EM number is the sum of three individual values: Equipment Functions (EF) + Physical Risk (PR) + Maintenance Requirements (MR). The EF rating is number between 1 and 10 designed to rank the importance of the system's function in the healthcare organization. The PR rating, a number between 1 and 10 evaluates the physical risk that could result from a malfunction of various categories of equipment. The amount of Maintenance Requirements (the MR rating) on any piece of equipment is evaluated by referring to both the actual equipment repair history and the manufacturer's recommendations. A number from 1 to 5 is then assigned.
    - 5.19.2.3 If the EM number is equal to or greater than 11, the item will be included as part of the preventive maintenance program. These ratings are subjective and open to debate, but they do provide an excellent starting point for designing an equipment function, risk and maintenance requirement ratings.
    - 5.19.2.4 If the PR rating is 10, it is automatically classified as "Critical Equipment", whose failure could cause immediate death.

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Table1. Sample Equipment Function (EF) Ratings

<b>Ratings</b>	<b>System Type</b>	<b>Examples</b>
10	Utility Services:	Electricity, natural gas, water, emergency generators (EPS5) electrical equipment (i.e. transfer switches, transformers).
9	Safety/Life Safety:	Fire Alarm systems (i.e. pull stations, smoke detectors, sprinklers)
8	Environmental:	Heating, ventilation and air conditioning equipment, lighting
7	Patient Support:	Medical gases, vacuum systems, dietary equipment, ice machines, refrigerators, communication (i.e. Nurse Call)
6	Building Control:	Air Compressors, pneumatic controls
5	Public Support:	Water cooler, televisions, vending machines
4	Miscellaneous:	Office Equipment

Table2. Physical Risk (PR) Ratings

<b>Rating</b>	<b>Potential Risk Associated with Failure</b>
10	High Risk. Immediate Death
5	High Risk. Latent Death (Long term effects could produce fatality)
4	Serious risk
3	Moderate risk
2	No significant or only minor risk
1	No risk

Table3. Maintenance Requirements (MR) Ratings

<b>Ratings</b>	<b>Maintenance Requirement</b>	<b>Equipment Examples</b>
5	Extensive:(more than 25 hours per yr)	Centrifugal chiller; ETO sterilizer
4	Above average: (15-25 hours per yr.)	Cooling tower; reciprocating chillers; steam boiler; steam sterilizer
3	Average: (11-14 hours per yr.)	De-aerator tank; industrial compressor
2	Below average: (6-10 hours per yr.)	Control air compressor; fan coil unit
1	Minimal: (5 or less hours per yr.)	Compressed air dryer unit; centrifugal pump exhaust/return fan

5.19.2.5 Applying the rating systems: The following paragraphs list three examples to illustrate the use of these rating systems.

5.19.2.6 An emergency generator would have an equipment function (EF) rating of 10 because it is utility service equipment” (see Table 1), a physical risk (PR) rating of 10 “Critical Equipment” (see Table 2), and a maintenance equipment (ME) rating of 5 if it requires more than average maintenance (see Table 3). Thus, the emergency maintenance (EM) total rating would be 25 (EM = 10+10+5 = 25). The EM total rating is greater than 11, so it would be included in the preventive maintenance program and with a PR rating of 10 it would

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be classified as “Critical Equipment”, requiring a 100% PM completion standard to be met.

- 5.19.2.7 A steam boiler would have an equipment function (EF) rating of 8 because it is listed as environmental equipment (see Table 1, a physical risk (PR) rating of 4, it could cause serious injury if a malfunction occurs (see Table 2), and a maintenance equipment (ME) rating of 4 because it requires more than average maintenance boiler’s EM total rating would be 16 (EM = 8+4+4 = 16). The EM total rating is greater than 11, so it would be included in the preventive maintenance program equipment (PR<10) the completion standard for PM’s is 95%.
- 5.19.2.8 A control air compressor unit could have an equipment function (EF) rating of 6, a physical risk (PR) rating of 1, and a maintenance requirement (MR) rating of 2 for a total EM rating of 9 (EM = 6+1+2 = 9). Since it has a rating lower than 11, the air compressor may or may not be stated for preventive maintenance.
- 5.19.2.9 All systems evaluated and included in the Preventative Maintenance Program are identified in the computerized Maintenance Management System (PM) Inventory. The PM procedure includes the schedule, task service history and frequency. When new equipment is installed, it is included in the utility system distribution scheme if it meets the requirements to be included using the Equipment Rating system or at the discretion of the Facilities Services Director or Safety Committee.
- 5.19.2.10 The assessment of utility systems performance is through consistency of uninterrupted service. Each piece of equipment or system, after inclusion into the utility management program is monitored and assessed to evaluate and identify the components and systems that need improvement which may include increased frequency of maintenance, planned component replacement or needed repairs.
- 5.19.2.11 Maintenance strategies for all critical components on the inventory.
- 5.19.2.12 Intervals for inspecting, testing, and maintaining appropriate critical components on the inventory (i.e. those pieces of components on the inventory benefiting from scheduled activities to minimize the clinical and physical risks) that are based upon criteria such as manufacturers’ recommendations, risk levels, current organizational experience.
- 5.20 Standard of Performance:
  - 5.20.1 Physical plant staff assigned to the maintenance of system utilities is required to have a good working knowledge of the system, monitor, inspect and test utilities using the preventative maintenance program, making repairs and reporting incidents. All critical components are inspected, maintained and tested in accordance with their respective codes and other associated codes

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(medical gases, vacuum & air – NFPA 99 and 99C, electrical and emergency power – NFPA 70, 99 & 110, building and structures – NFPA 101 (2003 edition), sprinkler systems – NFPA 13, fire alarm systems – NFPA 72, dry chemical extinguisher systems – NFPA 17, halon extinguisher systems – NFPA 12A, bulk oxygen systems – NFPA 50, HVAC-NFPA 90A.

- 5.21 Information Collection and Evaluation System: Data and information is routinely collected and evaluated on utility systems.

5.21.1 Engineering staff collects data to evaluate system operation or to ascertain the effectiveness of a repair. Should the data indicate system performance is below expectations, a report is made and corrective action taken.

5.21.2 Outstanding work orders and PM are processed weekly and reviewed by the building maintenance superintendent.

5.21.3 Utility Outages are reported to the Facilities Services Manager and in turn to the Safety Committee.

- 5.22 Orientation

5.22.1 Physical plant employees that are responsible for maintaining and testing utility systems and are in-serviced in departmental orientation and annually receive education addressing; emergency shut offs, whom to contact in case of emergency, processes for reporting management problems, failures and user errors and knowledge of and skills to perform maintenance. Utility system users should have knowledge of capabilities, limitations, special applications and emergency procedures in the event of utility systems failures, to include but not limited to; gas, water, electricity, wastewater and emergency power.

5.22.2 The facilities services department will maintain drawings and documents which indicate the location of controls for the partial or complete shutdown of each utility system and to insure, through training of facilities services department personnel that proper procedures are followed in the shutdown of any utility system component. This hospital's drawings are located in the central plant and facilities services office.

5.22.3 Orientation for the general utility equipment processes for new employees occurs at the organization – wide new employee orientation.

5.22.4 Orientation and education for area-specific utility equipment issues occur at the department/service level.

5.22.5 Orientation and education for specific job-related hazards for utility equipment occurs at the department/service level.

5.22.6 The provision of utility equipment-related information for new technologies and changes occur at the department/service level and at the organization level as required.

5.22.7 Capabilities, limitations, and special applications of equipment occur at the department/service level and the organizational level as required.

5.22.8 Basic operating and safety procedures for equipment safety occur at the department/service level and the organizational level as required.

5.22.9 Emergency procedures in the event of equipment failure are accomplished through following the utility equipment failure policies.

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- 5.22.10 Information and skills necessary to perform assigned maintenance responsibilities are a department/service level responsibility of the engineering department.
- 5.22.11 Processes for reporting utility equipment problems, failures and user error are accomplished through following the work request procedure or emergency procedure system.
- 5.22.12 Additional employee training includes: lock out-tag out, confined space, work place violence, MSDS (Right-To-Know), fire safety, infection control and personal protective equipment.
- 5.23 Policy and Procedures:
  - 5.23.1 Emergency Procedures for Utility System Disruptions
    - 5.23.1.1 The Utilities Policy, Procedures and Work Instructions Manual provides specific procedures in the event of a utility system malfunction, identifies alternative sources of essential utilities, location and shut off procedures, emergency numbers and notification procedure, repair services and emergency clinical interventions when utility systems fail.
    - 5.23.1.2 When planning demolition, construction and renovation work, the organization conducts an Infection Control Risk Assessment (ICRA) using risk criteria to identify hazards that could potentially compromise patient care in occupied areas of the organization's buildings. The scope and nature of the activities should determine the extent of risk assessment required. The risk criteria should address the impact demolition, renovation or new construction activities have on air quality requirements, infection control, utility requirements, noise, vibration, and emergency procedures. As required, the organization selects and implements proper controls to reduce risk and minimize the impact of these activities.
    - 5.23.1.3 The utility system management plan is reviewed annually for effectiveness and updated as policy and procedures are changed as a result of code changes, construction additions and new methods are implemented. Annually, the Safety Committee will evaluate the Environment of Care Management Plans.
    - 5.23.1.4 The evaluation will be on the following:
      - 5.23.1.4.1 Determine if the Environment of Care Management Plans are meeting the needs of the institution.
      - 5.23.1.4.2 Problem identified.
      - 5.23.1.4.3 Resolutions to problem identified.
      - 5.23.1.4.4 Performance improvement standards.
      - 5.23.1.4.5 Performance standards.
      - 5.23.1.4.6 Staff knowledge – is staff knowledgeable of their role as it relates to the Environment of Care policies.

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**6.0 References:**

- 6.1 Center for Medicare/Medicaid Service
- 6.2 NFPA 99, Healthcare Facilities
- 6.3 ICRA, Joint Commission, IC.01.03.01
- 6.4 NFPA 101, Life Safety Code, Chapter 18/19.2.8, 18/19.2.9 – Emergency Lighting
- 6.5 NIAHO PE.8, SR.2, SR.3, SR.4, SR.6, SR.10, SR.1, SR.9, SR.5, SR.7
- 6.6 CDC Guidelines for Infection Control in Health-Care Settings

**7.0 Attachment List:** Not applicable**8.0 Summary of Revisions**

- 8.1 Section 5.17 added – Annual (4 hour) load bank testing 1 per year.
- 8.2 Section 5.17 added – Boiler inspection and source testing 1 per year.

**Pioneers Memorial Healthcare District**

Title: <b>Workforce Security (Administrative Safeguard)</b>		Policy No. HIP-00017
Current Author: Carrie Teague		Page 1 of 4
Latest Review/Revision Date: 06/30/2024		Effective: 1/26/2016
		Manual: Compliance / HIPAA Security

Collaborating Departments: Compliance and Privacy Officer, Human Resources		Keywords: Electronic Protected Health Information; HIPAA; Access; Authorization; Termination; Clearance		
Approval Route: List all required approval				
MARCC 8/9/2022	PSQC	Other:		
Clinical Service _____		MSQC	MEC	BOD 9/2022

**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 ensure that all members of Pioneers Memorial Healthcare District (PMHD) have appropriate access to electronic protected health information (ePHI) and proper authorization prior to being given access, and to prevent those workforce members who do not have access from obtaining access to ePHI.

**2.0 Scope:** District Wide**3.0 Policy:**

- 3.1 It is the policy of PMHD to protect the confidentiality, integrity, and availability of ePHI by implementing reasonable and appropriate safeguards to prevent unauthorized access to ePHI while ensuring that properly authorized workforce members' access to ePHI is permitted.

**4.0 Definitions:**

- 4.1 Electronic Protected Health Information (ePHI) – Any individually identifiable health information protected by HIPAA that is transmitted by or stored in electronic media.
- 4.2 Workforce – Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

**5.0 Procedure:**

- 5.1 Designation of HIPAA Security Official – The Director of Information Systems is the PMHD designated HIPAA Security Official.
- 5.2 HIPAA Security Official Responsibility – There shall be one designated security official for PMHD. Industry standard information security policies, procedures, standards and processes will serve as the basis for implementing PMHD specific policies and procedures. Security functions which come under the leadership of the security officer encompass all aspects of information technology (systems, network, etc.), physical and environmental protections and administrative and organizational aspects (training, planning, communications, etc.) The security officer works with PMHD departments, committees, and staff to:
- 5.2.1 Ensure data security, integrity, and protection of PMHD systems from external and internal threats

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- 5.2.2 Implement and maintain an effective security compliance program, and
- 5.2.3 Ensure compliance with the security provisions of federal, state, and local regulations, including HIPAA standards. The security officer may delegate portions of these duties to those with the skills or knowledge, but still remains responsible for compliance with this policy.
- 5.2.4 The HIPAA Security Official is responsible for establishing and maintaining an effective Information Security Program. This includes:
  - 5.2.4.1 Security policies, standards and procedures
  - 5.2.4.2 Risk assessments and mitigation planning
  - 5.2.4.3 Facilitating and promoting risk management
  - 5.2.4.4 Single point of coordination for all security incidents
  - 5.2.4.5 Leadership for communications of the security compliance standards
  - 5.2.4.6 Ensuring that information security training and awareness programs are conducted
  - 5.2.4.7 Providing leadership for security improvement activities
  - 5.2.4.8 Coordinating with department managers to ensure appropriate information security procedures are integrated into daily operations and procedures
  - 5.2.4.9 Providing leadership for contingency planning activities
- 5.3 Authorization and/or Supervision
  - 5.3.1 PMHD will take reasonable and appropriate steps to ensure that workforce members who have the ability to access ePHI or work in areas where ePHI might be accessed shall be properly authorized and/or supervised. PMHD will use its Minimum Necessary Policy (CMP-00520) which is one of the HIPAA Privacy policies, and other policies as appropriate, as the basis for the type and extent of authorized access.
  - 5.3.2 The Supervisor of the employee or the employee needing access to ePHI will have to request access to the ePHI via the Human Resources Department.
- 5.4 Workforce Clearance Procedure
  - 5.4.1 PMHD is committed to take reasonable and appropriate steps to ensure that workforce members have appropriate authorization to access ePHI.
  - 5.4.2 The appropriate Human Resources and hiring personnel of PMHD shall identify and define the security responsibilities for the defined organizational position. Security responsibilities include responsibilities for implementing or maintaining security and the protection of the confidentiality, integrity, and availability of PMHD information system or processes.
  - 5.4.3 PMHD shall review prospective workforce members' background during the hiring process and, as appropriate, shall perform verification checks on prospective workforce members. PMHD shall analyze prospective workforce members' access to and expected abilities to modify or change ePHI as one of the bases for the type and number of verification checks conducted. Verification checks may include:
    - 5.4.3.1 Confirmation of claimed academic and professional experience and

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- qualifications
      - 5.4.3.2 Professional license validation
      - 5.4.3.3 Credit check
      - 5.4.3.4 Criminal background check
      - 5.4.3.5 OIG Exclusion Checks
    - 5.4.4 PMHD workforce members who access ePHI will sign confidentiality agreements in which they agree not to provide ePHI to or to discuss confidential information with unauthorized persons. The appropriate Human Resources personnel will develop a system for retaining such agreements.
      - 5.4.4.1 All PMHD Staff will have signed the approved Confidentiality agreement upon hire and before work is to begin.
    - 5.4.5 The Supervisor of the employee or the employee needing access to ePHI will have to request access to the ePHI via the Human Resources Department.
  - 5.5 Termination Procedure
    - 5.5.1 Supervisors will notify the Human Resources Department regarding employee separation within 24 hours for voluntary separation. Notification will be immediate when separation is involuntary.
    - 5.5.2 Human Resources and/or Supervisor will notify the Information Systems Department upon notice that an employee will be separating from the organization whether it be voluntary or involuntary.

**6.0 References:**

- 6.1 NIST – An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule. October 2008.  
<http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/nist80066.pdf>
- 6.2 HIPAA Security Rule Standard – Workforce Security
  - 6.2.1 Section 164.308(a)(3)(ii)(A) of the HIPAA Security Rule.
    - 6.2.1.1 Authorization and/or Supervision: Implement procedures for authorized and/or supervision of workforce members who work be accessed.
    - 6.2.1.2 Section 164.308(a)(3)(ii)(B) of the HIPAA Security Rule
      - 6.2.1.2.1 Workforce Clearance Procedure: Implement procedures to determine that the access of a workforce member to electronic protected health information is appropriate.
    - 6.2.1.3 Section 164.308(a)(3)(ii)(B) of the HIPAA Security Rule
      - 6.2.1.3.1 Termination Procedure: Implement procedures for terminating access to electronic protected health information when the employment of a workforce member ends or as required by determinations made as specified in paragraph (a)(3)(ii)(B) of this section.
- 6.3 Pioneers Memorial Healthcare District Privacy Policies and Procedures. CMP-00520 Minimum Necessary Use and Disclosure of Protected Health Information (PHI).
- 6.4 Pioneers Memorial Healthcare District Human Resources Policies and Procedures. HRD-00060 Pre Placement Background Screening.

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- 6.5 New York University HIPAA Information Security Policies, Specifications, and Definitions. Policy 4 – Workforce Security.  
<https://www.nyu.edu/content/dam/nyu/compliance/documents/IT.HIPAA4.WorkforceSec.v10.041505Rev.020211.061413.072213.081413.pdf>
- 6.6 Oklahoma State University Center for Health Sciences Security Policies and Procedures. Section 2 – Workforce Security.  
<https://centernet.okstate.edu/hipaa/securityprocedures2.php>

**7.0 Attachment List:** Not applicable

**8.0 Summary of Revisions:** Not applicable.

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

## 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: 4:00 pm – 4:15 pm*)

President Santillan called the meeting to order at 4:01 pm in the PMH Auditorium

**A. Roll Call**

**BOARD MEMBERS:**

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

**STAFF:**

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

**GUESTS:**

Carly Zamora, CCO  
Charity Dale, CHRO

Absent: Rachel Fonseca, Secretary

**B. Approval of Agenda**

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

**II. BOARD MEMBER COMMENTS**

There were no 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*)

Mr. Bjornberg introduced Mr. Jonathan Owens, Interim Administrator to the Pioneers Memorial Skilled Nursing Center, to the Board. He comes to PMHD with a wide range of experience in skilled nursing facilities. The Board welcomed Mr. Owens to PMHD.

SECTION**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

A motion was made to approve the medical staff report with the exception of the reappointment of Dr. Hamid Zadeh by Director Rubin, seconded by Director Aguirre. **The motion was unanimously carried.**

**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

**No reportable actions were taken in closed session.**

**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

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

Director Berker asked if there will be a policy that addresses the professional side of billing. Ms. Loper advised that those policies are being worked on and should be brought to the Board for consideration in the future. A request was made that the revisions to the policies be shown in "redline" in the future. Also, attachments no longer need to be included with the policies. A motion was made to approve the policies by Director Rubin, seconded by Director Aguirre. **The motion was unanimously carried.**

## B. Approval of Minutes

1. 4/23/2024 Regular Meeting

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

## C. Update Reports

1. Women's Auxiliary

Director Rubin advised that the Women's Auxiliary is still looking for volunteers. The general meeting this month was the last meeting until they meet again in September.

2. LAFCO

There was nothing to report.

3. Funding Requests

- a. Imperial Valley Healthcare District Funding Request

A motion was made to deny the funding request by Director Rubin, seconded by Director Aguirre. In Favor=3; Opposed=0; Abstain=1; Absent=1. **Motion carries.**

- 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 Gastrosopes from Olympus America, Inc. Contract Value: \$100,396.<sup>80</sup>; 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.<sup>72</sup>; Contract Term: One time purchase; Budgeted: No; Budget Classification: Capital

- 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

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- 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.<sup>48</sup>; 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
- 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.<sup>90</sup>; Contract Term: Project completion; Budgeted: Yes; Budget Classification: Capital

ITEM P – Ms. Loper clarified that the actual cost for Stop loss is \$1 million. The wrong number was taken from the quote.

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ITEM Q – Ms. Zamora reported that no start date was added to the PSA with Dr. Suliman due to some delays requested by the physician. The Board asked that the contract start date be set to August 5, 2024.

ITEM I – Mr. Bjornberg clarified that the yearly amount is the maximum amount that would be paid as it is based on the number of providers issued a license to use the software.

A motion was made to approve Items D through V, with the exception of items D & G, by Director Rubin, seconded by Director Aguirre. **The motion was unanimously carried.**

ITEM D – Direction Rubin noted that she believes we need to move forward with this election even though the bill states that the members do not need to run again. It was confirmed that we must move forward with the resolution.

ITEM G – Director Aguirre asked if the insurance covers a lot. It does cover quite a bit of items as listed on the write up.

A motion was made to approve items D & G by Director Rubin, seconded by Director Aguirre. **The motion was unanimously carried.**

**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)

Mr. Bjornberg requested that the August Board meeting be moved to one week earlier since he will not be here the week of the regular meeting. A recommendation for a date and time will be brought to the Board for consideration at the June meeting. Director Aguirre asked if the seismic assessment has been done. Ms. Loper advised that the assessment was completed, and she received an email regarding the report today. She will review and advise the Board of the outcome. Mr. Bjornberg noted that the training is underway for the DaVinci. The first procedure will be scheduled for June 11<sup>th</sup> with Dr. Hassenein, but that will be dependent on the approval from HCAi. He advised the Board that the All Staff meetings started last week; one in the morning and one in the afternoon. These meetings will be conducted quarterly. Mr. Bjornberg mentioned that work is being done in revamping the organizational chart to better align staff.

2. Finance (Chief Financial Officer)

a) April 2024 Finance Report

Ms. Loper reported that the census decreased in April due to Cerner implementation. Due to Cerner, from April 15<sup>th</sup> through April 30<sup>th</sup>, only about 50% of surgeries were scheduled as well as scheduled volumes at the clinics. This was done to give providers and staff time to get used to Cerner and get additional training if needed. Revenues decreased to \$39.8 million. In terms of the regular charges, there are still some issues

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being experienced with Cerner. However, the charge amounts do reflect what has been seen on average during this time period. Finance is still trying to navigate the reporting side of Cerner to find the applicable reports. Director Santillan asked why Cerner is not assisting with that. Ms. Loper advised that Cerner provides some assistance, but there is a lot of back and forth trying to find reports that have all the needed information. There will be staff undergoing training on how to build reports in Cerner to better assist with this issue. A discussion ensued about the issues with Cerner and what should have been in place before the system went live. Ms. Loper mentioned there was a loss of about \$1.1 million in the month of April. The volumes have increased in the first two weeks of May. Fiscal year-to-date, operations resulted in a profit of \$7.9 million; however, if the funds received from 340B were removed, it would have resulted in a \$4.3 million profit. Cash days on hand increased to 95.6 days in April. There should be a decrease in May and June due to the Cerner implementation. No bills were sent out during the first two weeks of April to make sure all bills were accurate. Ms. Loper apologized for the delay in getting the proposed FYE 2025 budget to the Board. It should be completed next week and will be provided to the Board for review. Then it will be brought to the Board in June for consideration. A motion was made to approve the finance report by Director Aguirre, seconded by Director Berker. **The motion was unanimously carried.**

### 3. Hospital operations (Chief Nursing Officer)

Ms. Bojorquez reported that there are zero travelers in Med/Surg. There is still one traveler nurse in NICU. Four nurses have been hired for the OB department. A discussion ensued regarding the different types of education opportunities afforded to new nurses before and after they are placed on the floor. Ms. Bojorquez noted that recruitment efforts continue. There are about 22 interviews being conducted and 10 of those are going to be 20/40 students. A meeting was held with IVC to discuss how we can work together to improve the number of nursing students and their education. Work continues with the Hospitalist group regarding admissions and discharges given that we have are seeing high census numbers this month. The EMTALA violation corrective action was submitted to CDPH, and they were here last Thursday to review the process. We are confident that they will be closing the case after they review it with their superiors. The corrective action plan for the DNV findings was submitted last Friday. We should receive a response in the next 10 days as to whether it is approved. Ms. Bojorquez mentioned that Ms. Martha Plancarte has agreed to stay as the Interim NICU Director until June 30<sup>th</sup>. This will give the Nursing Administration enough time to look for a replacement. Director Berker asked what we are doing about the issues with the Hospitalists and the contract. Mr. Bjornberg advised that they are having discussions regarding this service and when more information is available it will be shared with the Board.

### 4. Clinics operations (Chief of Clinic Operations)

Ms. Zamora reported that the PHC hours will be reduced temporarily; it will now close at 6pm instead of 8pm. It did not make financial sense to continue after

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hours that late given that on average, we were only seeing 1.7 patients from 5:30pm-8:00pm. The goal was originally to offload volumes from the ER, but that did not pan out. Recruitment efforts continue for OB/GYN, family medicine providers, and GI providers. Mr. Bjornberg noted that the bill that was to allow the employment of physicians in California was not passed. There are talks about possibly bringing it back up next year for consideration. Cerner did not build the Wound Care workflow correctly, so that is being rebuilt; because of that reason, charges just started being dropped last week for billing. Same issues are being experienced regarding the running of reports and will continue to work on getting those done correctly.

5. Medical staff (Chief Nursing Officer)

Nothing further to report.

6. Human Resources (Chief Human Resources Officer)

a) April HR Report

Ms. Dale reported that 28 job offers were made in April; 25 of them were accepted. There were 19 terminations and only one was involuntary. The total number of employees is 1,038. She noted that HR has gone live on most of their ADP modules. There are still two that are being worked on. The open enrollment process went ok this year. There were several issues experienced with the EOI team that Gallagher provided to do the open enrollment. We were advised that there are 168 employees who did not receive an appointment and were not set up for benefits. HR staff will work to add them manually. The Training and Education Manager continues to make progress on the new employee orientation program. Work is being done to scan all the paper employee files from the Skilled Nursing Facility unto ADP. By the end of this year, there should no longer be any paper files at the SNF; they will all be digital. Ms. Dale reported that they were able to close all the deficiencies that DNV had issued from previous years. The only item now pending is working on performance evaluation completion. A position for volunteers was posted as some departments have express interest. HR received 38 applications. Plans are underway to have the recognition program restarted and hold the banquet sometime in July. There will also be a fundraiser raffle for the Little People Childcare Center for foam covering for the play area. A motion was made to approve the HR report by Director Aguirre seconded by Director Berker. **The motion was unanimously carried.**

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

The Cerner worksheet was provided to the Board. This is how the IT Director tracks all the expenses associated with the Cerner project. About \$457,000 is for unbudgeted items; however, there was about \$400,000 budgeted as a buffer in case there was a need.

8. Marketing (Director of Marketing)

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Nothing to report.

9. Facilities, logistics, construction, support

Nothing to report.

10. Quality resources - (Director of Quality Resources)

Nothing to report.

11. Board matters

Nothing to report.

B. Legal Counsel Report – Sally Nguyen

1. All matters to be discussed in Closed Session

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

The meeting was adjourned to the next meeting.

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Clerk of the Board

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Board Secretary

# Pioneers Memorial Healthcare District

## 2025 Budget Proposal

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# **Pioneers Memorial Healthcare District**

## **2025 Budget Proposal**

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## **Budgeted Financial Statement Summary**

- **Net Excess/(Deficit)** - The Budget for FY 2025 is projected as a Net Gain of \$408K against a FY 2024 projected profit of \$13 M.
- **Revenues** - Total gross revenues are budgeted to stay consistent with a slight increase of 0.1%. Other operating revenues such as QIP (PRIME II), grants, cafeteria sales, rebates and refunds and others are expected to decrease by 15.3% from the FY 2024 projected amounts.
- **Expenses** - Operating expenses are projected to increase 5.8%, from \$152.8 M for FY 2024 to \$161.7 M for FY 2025. Major budget additions are made to Salaries primarily due to the annual market adjustment. Increases in Professional Fees are due to new provider agreements.

## **Budget Highlights**

The following are key features of the proposed 2025 Budget:

- Traditional inpatient volumes are expected to remain steady with FY 2024 admission volumes.
- Outpatient volumes are projected to stay consistent with FY 2024 volumes.
- Admissions are expected to increase, but remain lower than FY 2019 volumes, mostly due to the increase in OB deliveries. Thus far in FY 2024, OB admits have increased by an average of 26.5%.
- Emergency Room volumes are projected to stay consistent with FY 2024.
- Surgical case volumes have increased in 2024 by 5.6% but are still under FY 2019 volumes by 9.0%. Volumes in FY 2025 are projected to stay consistent with FY 2024.
- Pioneers Health Center (PHC), Callexico Health Center (CHC), and the Pioneers Children's Health Clinic (PCHC) are projected to remain the same as FY 2024 in terms of volumes.
- Skilled Nursing Facility or DPNF volumes are projected at 29,219 visits, which is consistent with FY 2024 numbers.
- Professional fees are budgeted to increase from \$13.2 M to \$14.9 M for FY 2025 due to a newly acquired Gastroenterologist agreement and the three-year extension with fee increase for the Radiology group. For more detail, see Professional Fees in Section 1 - Page 6.
- The number of Paid FTEs is budgeted to increase 4.7% from 885.96 (as of March 2024) to 927.40 for FY 2025. The FTE increases are in various departments across the District, including CDLD, the Skilled Nursing Facility, Surgery and Recovery, Finance and Human Resources. For a breakdown of Paid FTEs by department, see Section 7, FTE Comparison Report.

## Major Volume Indicators

	Budget FY 2025	% from FY 2024	Projected FY 2024	% from FY 2023	Actual FY 2023	Actual FY 2022	Actual FY 2021	Actual FY 2020	Actual FY 2019
<b>Admissions</b>	5,323	0.0%	5,323	21.2%	4,393	4,419	4,059	4,435	5,146
<b>Patient Days</b>	19,460	0.0%	19,460	23.0%	15,816	18,607	19,840	17,507	18,817
<b>Surgeries</b>	4,764	0.0%	4,764	11.9%	4,257	3,945	3,805	4,738	4,931
<b>Deliveries</b>	2,228	0.0%	2,228	17.0%	1,904	1,629	1,406	1,524	1,689
<b>ER Visits</b>	45,828	0.0%	45,828	-1.1%	46,323	44,206	37,131	44,862	47,371
<b>RHC Visits</b>	60,863	-0.7%	61,322	-4.6%	63,800	64,254	56,382	58,276	61,755

## Payer Mix (Patient Days)

Medicare will remain the single largest payer class followed by Medi-Cal Managed Care. These governmental payers are budgeted to comprise 78.1% of all inpatient volumes.

	Budget FY 2025	% Total	Projected FY 2024	% Total	Actual FY 2023	% Total
<b>Medicare</b>	7,590	39.0%	7,590	39.0%	6,070	38.4%
<b>Medi-Cal State</b>	1,105	5.7%	1,105	5.7%	825	5.2%
<b>Medi-Cal MC</b>	6,495	33.4%	6,495	33.4%	5,389	34.1%
<b>HMO/PP0</b>	2,866	14.7%	2,866	14.7%	2,336	14.8%
<b>Private Pay</b>	1,403	7.2%	1,403	7.2%	1,196	7.6%
<b>Total Days:</b>	19,460	100.0%	19,460	100.0%	15,816	100.0%

## Gross Patient Revenues

In summary, gross revenues for inpatient and outpatient services are projected to slightly decrease 1.4% over FY 2024. Outpatient revenues are expected to remain the same with a slight increase of 1.0%.

	Budget FY 2025	Projected FY 2024	Dollars Variance	% Variance
<b>IP Revenues</b>	184,547,487	187,195,507	(2,648,020)	-1.4%
<b>OP Revenues</b>	328,400,552	325,301,010	3,099,542	1.0%
<b>Total Revenues</b>	512,948,039	512,496,517	451,522	0.1%

### Total Operating Revenues (Net Patient Revenues & Other Revenues)

Total Operating Revenues, which are comprised of Net Patient Revenues (Gross Revenues less Deductions) and Other Operating Revenues (Grants, Prime, Cafeteria and Miscellaneous), are budgeted to decrease 2.2%.

	Budget FY 2025	Projected FY 2024	Dollars Variance	% Variance
<b>Net Patient Revenues</b>	156,009,399	158,741,189	(2,731,790)	-1.7%
<b>Other Operating Revenues</b>	4,653,605	5,493,283	(839,678)	-15.3%
<b>Total Operating Revenues</b>	160,663,004	164,234,472	(3,571,468)	-2.2%

Net patient services revenues are budgeted to decrease 1.7% or \$2.7 M. This decrease is partly due to a projected reduction of DSH payments by the federal government and lower QAF Supplemental payments.

Other operating revenues are budgeted to decrease 15.3% from FY 2024. We are projecting that we will receive QIP funds in FY 2025 for meeting at least 60% of the performance metrics. We do not anticipate grants from CalAIM or Covid Test 2 Treat for FY 2025.

### Staffing Levels

Salary expenses are budgeted to increase by 9.6% for FY 2025. Most budgeted staffing levels were calculated on a workload unit adjusted basis. The calculation is done by assigning each department a productivity factor (worked hours allowed per statistic) and then it is applied to each department's budgeted statistic. This methodology was used to determine the total number of Full Time Equivalents (FTEs) to budget for each department as well as develop a benchmark for the departments' performance over the years. For more detail regarding workload units, see the Staffing Budget report in Section 6.

	Budget FY 2025	Projected FY 2024	Dollar Variance	% Variance
<b>Regular Salaries</b>	65,825,451	59,845,671	(5,979,780)	10.0%
<b>PTO and Sick</b>	7,589,706	7,155,948	(433,758)	6.1%
<b>Total Salary Costs</b>	\$ 73,415,157	\$ 67,001,619	\$ (6,413,538)	9.6%

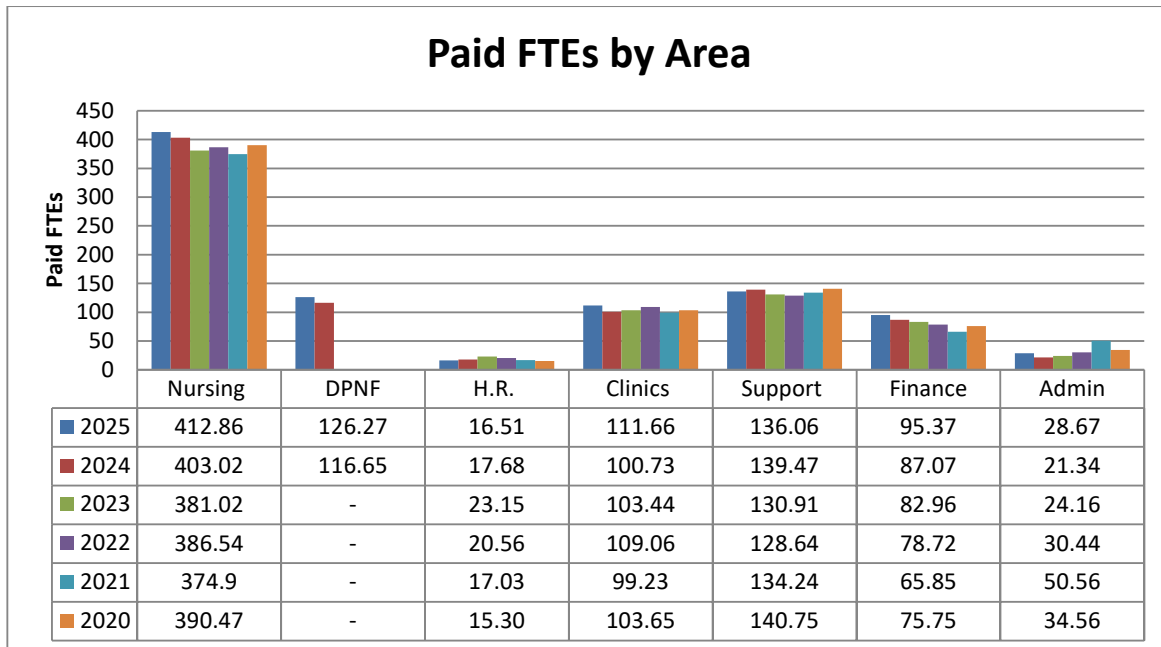
## Employee Pay Rates

Key assumptions used to calculate employee pay rates are shown below.

- A. Across-the-board pay rate adjustments (market adjustments) were included in the FY 2025 budget. These adjustments include an average of 5.0% merit that would increase salaries and employer taxes by \$3.8 M.
- B. A Holiday Bonus amount of \$500K was included in the FY 2025 Budget.

The graph below shows the number of Paid FTEs by Division for FY 2025 and the prior four years. In fourth quarter FY 2020, we redistributed FTEs from Ancillary departments between Nursing and Support Services administrators. At the end of FY 2024, Purchasing was moved under the Finance area. The total FTEs for each Fiscal Year are as follows:

	<u>FTEs</u>
FY 2025	927.40
FY 2024	885.96
FY 2023	754.64
FY 2022	753.96
FY 2021	741.81
FY 2020	760.48



## Registry and Contract Labor

Contract Labor is projected to have a decrease of 23.7% or \$837K. During FY 2024, nursing contract labor was reduced to minimal coverage. Nursing Administration will continue to recruit nursing staff so the future use of registry nurses is minimal.

	<b>Budget FY 2025</b>	<b>Projection FY 2024</b>	<b>Dollar Variance</b>	<b>% Variance</b>
<b>Nursing Services</b>	1,675,576	2,525,712	(850,136)	-33.7%
<b>Cardiac Cath</b>	-	-	-	0.0%
<b>Ancillary</b>	-	-	-	0.0%
<b>Skilled Nursing</b>	76,370	78,377	(2,007)	-2.6%
<b>Financial Serv.</b>	455,908	459,179	(3,271)	-0.7%
<b>Administration (COVID)</b>	-	-	-	0.0%
<b>Support Serv.</b>	486,276	468,275	18,002	3.8%
<b>Total</b>	2,694,130	3,531,541	(837,411)	-23.7%

## Employee Benefits

In total, Employee Benefits are expected to decrease by 0.9%. Payroll taxes will increase consistent with the increases in budgeted salary expenses. Workers' Compensation premiums are quoted to increase approximately 0.1% due to higher salaries.

	<b>Budget FY 2025</b>	<b>Projected FY 2024</b>	<b>Dollar Variance</b>	<b>% Variance</b>
<b>FICA Tax</b>	5,600,211	4,911,774	688,437	14.0%
<b>SUI Tax</b>	108,485	111,246	(2,761)	-2.5%
<b>Health Benefits</b>	9,384,793	10,019,927	(635,134)	-6.3%
<b>Life Insurance</b>	38,639	43,479	(4,840)	-11.1%
<b>Pension</b>	1,465,772	1,453,994	11,779	0.8%
<b>Workers Comp</b>	1,584,096	1,583,207	890	0.1%
<b>Other Benefits</b>	82,900	309,032	(226,132)	-73.2%
<b>Total</b>	18,264,896	18,432,657	(167,761)	-0.9%

## Professional Fees

Professional fees, which include legal and audit, are projected to increase 12.4% over FY 2024 projections. The largest variance for professional fees is Diagnostic Services (81.5% or \$880K) and Clinics (8.8% or \$518K).

	Budget FY 2025	Projected FY 2024	Dollar Variance	% Variance
<b>Nursing Services</b>	1,169,075	1,060,760	108,315	10.2%
<b>Ancillary</b>	480,269	478,961	1,309	0.3%
<b>Skilled Nursing</b>	112,200	56,175	56,025	99.7%
<b>Surgical Services</b>	4,434,653	4,344,237	90,416	2.1%
<b>Cardiac Cath</b>	-	-	-	0.0%
<b>Diagnostic Services</b>	1,961,549	1,080,653	880,897	81.5%
<b>Rural Health/Clinics</b>	6,391,601	5,873,246	518,356	8.8%
<b>Med Staff/Infection</b>	43,200	41,175	2,025	4.9%
<b>Legal and Audit</b>	321,084	332,720	(11,636)	-3.5%
<b>Total</b>	14,913,631	13,267,925	1,645,706	12.4%

## Supplies

The cost of supplies is expected to increase by 3.3% next year with the increase in census and inflation. Included in this increase is a 3.0% inflation rate for supplies and 7.0% for drugs.

	Budget FY 2025	Projected FY 2024	Dollar Variance	% Variance
<b>340-B Payments</b>	(109,272)	(106,089)	(3,183)	3.0%
<b>Drug Costs</b>	3,583,848	3,352,353	231,495	6.9%
<b>Net Drug Costs</b>	3,474,576	3,246,264	228,312	7.0%
<b>Prosthesis</b>	1,766,241	1,675,722	90,519	5.4%
<b>Medical Supplies</b>	10,787,945	10,377,408	410,537	4.0%
<b>Net Medical Cost</b>	16,028,762	15,299,394	729,368	4.8%
<b>Other Supplies</b>	2,964,699	3,093,903	(129,204)	-4.2%
<b>Total</b>	18,993,461	18,393,297	600,164	3.3%

### Purchased Services

The cost of Purchased Services is projected to decrease by 13.3% over FY 2024 costs. Advertising expenditures are expected to increase by 82%, while medical purchased services are expected to decrease by 4.4%. Other purchased services will decrease by 17.1% due to the permanent employment of the Chief Executive Officer and Revenue Cycle Director positions.

	<b>Budget FY 2025</b>	<b>Projected FY 2024</b>	<b>Dollar Variance</b>	<b>% Variance</b>
<b>Medical</b>	1,830,981	1,914,307	(83,326)	-4.4%
<b>Financial Serv</b>	285,948	316,218	(30,270)	-9.6%
<b>Advertising</b>	95,912	52,713	43,199	82.0%
<b>Other (I.T.)</b>	5,106,941	6,161,112	(1,054,171)	-17.1%
<b>Total</b>	7,319,782	8,444,350	(1,124,568)	-13.3%

### Repairs and Maintenance

Repairs and maintenance costs are expected to increase 14.8% or \$899K. The increase is attributed to the continued essential maintenance support for software systems.

### Other Expenses

Other expenses are expected to increase by 8.7% or \$793k due to the increase in license fees and the addition of a new call center software license.

### Depreciation

Depreciation expenses are budgeted to increase 28.7% or \$973K due to the increase in capital spending in FY 2025.

### Balance Sheet Key indicators

The table below provides a comparison of the key operating ratios between FY 2025 and FY 2024. The “Days Cash on Hand” is low compared to industry benchmarks but satisfies Bond covenants. The average age of plant is higher than industry benchmarks.

	Budget FY 2025	Projected FY 2024	Variance
Gross A/R Days	63.2	74.6	-15.3%
Days Cash on Hand	103.4	97.1	6.5%
Debt to Capital	57.6%	60.9%	-5.4%
Debt Service Coverage Ratio	2.18	3.32	-34.3%
Average Age of Plant (years)	23.8	29.4	-19.0%
Net Income Margin	0.25%	7.98%	-96.9%

### Non-Operating Revenue/(Expense)

District tax revenues are projected to be \$1,411,584 while the special tax assessment for the 1994 bonds (Refunded 2012) is budgeted to be \$0. Interest expense for the Series 2017 Revenue bonds is \$637,350.

### Three Year Capital Plan Fiscal Years 2025-2026-2027

The District compiles a three-year spending plan with each budget cycle. The Capital Plan represents the capital equipment needs of each department and District capital budget projects.

	FY 2025	FY 2026	FY 2027
Capital Equipment	\$4,706,924	\$3,323,667	\$ 11,667

(End of Proposal)

Pioneers Memorial Healthcare District  
Statement of Revenue and Expense  
For the Budget Year ending June 30, 2025

	Budget FY 2025	% Of Change	Bud vs Proj Difference	Unaudited FY 2024	% Of Change	Proj vs Act Difference	Actual 2023	% Of Change	Actual 2022
<b><u>Operating Revenue</u></b>									
Daily Hospital Service Revenue	\$90,789,235	-3.8%	-\$3,586,655	\$94,375,890	55.1%	\$33,545,379	\$60,830,511	1.7%	\$59,812,452
Inpatient Ancillary Revenue	\$93,758,252	1.0%	\$938,635	\$92,819,617	23.3%	\$17,533,803	\$75,285,814	-15.4%	\$88,986,814
Outpatient Ancillary Revenue	<u>\$328,400,552</u>	1.0%	\$3,099,542	<u>\$325,301,010</u>	3.5%	\$10,946,785	<u>\$314,354,225</u>	4.5%	<u>\$300,758,866</u>
Total Patient Service Revenue	\$512,948,039	0.1%	\$451,522	\$512,496,517	13.8%	\$62,025,968	\$450,470,549	0.2%	\$449,558,132
Less: Allowances & Est. Uncollectibl	<u>\$356,938,640</u>	-0.9%	\$3,183,312	<u>\$353,755,328</u>	-8.6%	\$28,123,631	<u>\$325,631,697</u>	0.0%	<u>\$325,594,418</u>
	69.6%			69.0%			72.3%		72.4%
Net Patient Service Revenue	\$156,009,399	-1.7%	-\$2,731,790	\$158,741,189	27.2%	\$33,902,337	\$124,838,852	0.7%	\$123,963,714
Other Operating Revenue	<u>\$4,653,605</u>	-15.3%	-\$839,678	<u>\$5,493,283</u>	-41.0%	<u>-\$3,817,722</u>	<u>\$9,311,005</u>	101.4%	<u>\$4,624,221</u>
Total Operating Revenue	\$160,663,004	-2.2%	-\$3,571,468	\$164,234,472	22.4%	\$30,084,615	\$134,149,857	4.3%	\$128,587,935
<b><u>Operating Expenses</u></b>									
Salaries and Wages	\$73,415,157	9.6%	\$6,413,538	\$67,001,619	22.2%	\$12,180,383	\$54,821,236	6.9%	\$51,269,201
Benefits	\$18,264,896	-0.9%	-\$167,761	\$18,432,657	10.9%	\$1,819,046	\$16,613,611	9.4%	\$15,184,670
Registry & Contract	<u>\$2,694,130</u>	<u>-23.7%</u>	<u>-\$837,411</u>	<u>\$3,531,541</u>	<u>-40.0%</u>	<u>-\$2,349,923</u>	<u>\$5,881,464</u>	<u>-29.5%</u>	<u>\$8,342,844</u>
Total Staffing Expense	\$94,374,183	6.1%	\$5,408,366	\$88,965,817	15.1%	\$11,649,507	\$77,316,310	3.4%	\$74,796,716
Professional Fees	\$14,913,631	12.4%	\$1,645,706	\$13,267,925	-14.4%	-\$2,230,097	\$15,498,022	-2.0%	\$15,815,125
Physician Guarantees	\$0	0.0%	\$0	\$0	0.0%	\$0	\$0	0.0%	\$0
Supplies	\$18,993,461	3.3%	\$600,164	\$18,393,297	3.1%	\$546,321	\$17,846,976	-21.4%	\$22,701,487
Purchased Services	\$7,319,782	-13.3%	-\$1,124,568	\$8,444,350	7.6%	\$594,766	\$7,849,584	-10.0%	\$8,725,179
Repairs & Maintenance	\$6,961,045	14.8%	\$899,152	\$6,061,893	0.7%	\$44,406	\$6,017,487	-2.6%	\$6,176,387
Depreciation and Amortization	\$4,367,629	28.7%	\$973,655	\$3,393,974	-5.0%	-\$179,005	\$3,572,979	-13.5%	\$4,128,969
Insurance	\$2,858,728	2.2%	\$61,541	\$2,797,187	26.3%	\$581,740	\$2,215,447	-1.6%	\$2,252,242
Hospitalist Program	\$2,061,763	-16.7%	-\$414,094	\$2,475,857	-7.0%	-\$185,198	\$2,661,055	46.5%	\$1,816,000
Other	<u>\$9,868,664</u>	8.7%	<u>\$793,861</u>	<u>\$9,074,803</u>	10.9%	<u>\$888,694</u>	<u>\$8,186,109</u>	5.4%	<u>\$7,765,370</u>
Total Operating Expenses	<u>\$161,718,886</u>	5.8%	<u>\$8,843,783</u>	<u>\$152,875,103</u>	8.3%	<u>\$11,711,135</u>	<u>\$141,163,968</u>	-2.1%	<u>\$144,177,475</u>
Income (Loss) From Operations	-\$1,055,882	-109.3%	(\$12,415,251)	\$11,359,369	-262.0%	\$18,373,480	-\$7,014,111	-55.0%	-\$15,589,540
Operating Margin %	-0.66%			6.92%			-5.23%		-12.12%
<b>Non-Operating Revenue (Expense)</b>									
Interest Expense	-\$675,796	0.0%	\$0	-\$675,796	3.3%	\$22,826	-\$698,622	3.4%	-\$722,954
District Tax Revenue	\$1,411,584	0.0%	\$0	\$1,411,584	-3.4%	-\$49,473	\$1,461,057	5.6%	\$1,383,909
District Tax - G.O. Bonds	\$0	-100.0%	-\$234,252	\$234,252	-87.5%	-\$1,640,484	\$1,874,736	1.1%	\$1,855,029
CARES HHS Relief Funding	\$0	0.0%	\$0	\$0	-100.0%	-\$4,098,989	\$4,098,989	100.0%	\$4,344,366
Other Non-Oper. Revenue (Expense)	<u>\$728,934</u>	6.1%	<u>-\$47,520</u>	<u>\$776,454</u>	-10.8%	<u>-\$94,371</u>	<u>\$870,825</u>	-337.0%	<u>-\$367,434</u>
Total Non-Operating Revenue (Expense)	<u>\$1,464,722</u>	-16.1%	<u>-\$281,772</u>	<u>\$1,746,494</u>	-77.0%	<u>-\$5,860,491</u>	<u>\$7,606,985</u>	17.2%	<u>\$6,492,916</u>
Excess of Revenues over Expenses	<u>\$408,840</u>	-96.9%	<u>-\$12,697,023</u>	<u>\$13,105,863</u>	2110.6%	<u>\$12,512,989</u>	<u>\$592,874</u>	-106.5%	<u>-\$9,096,624</u>

Pioneers Memorial Healthcare District  
 Subsidiary Schedules  
 For the Budget Year Ending June 30, 2025

	Budget 2025	% Of Change	Unaudited 2024	% Of Change	Actual 2023	% Of Change	Actual 2022
<b>Revenue</b>							
Inpatient - Daily Hospital Service	\$90,789,235	-3.8%	\$94,375,890	55.1%	\$60,830,511	1.7%	\$59,812,452
Inpatient - Ancillary	<u>93,758,252</u>	1.0%	<u>92,819,617</u>	23.3%	<u>75,285,814</u>	-15.4%	<u>88,986,814</u>
Total Inpatient Revenue	184,547,487	-1.4%	187,195,507	37.5%	136,116,324	-8.5%	148,799,266
 Outpatient - Ancillary	<u>328,400,552</u>	1.0%	<u>325,301,010</u>	3.5%	<u>314,354,225</u>	4.5%	<u>300,758,866</u>
Total Patient Revenue	<u>\$512,948,039</u>	0.1%	<u>\$512,496,517</u>	13.8%	<u>\$450,470,549</u>	0.2%	<u>\$449,558,132</u>
 <b>Deductions from Revenue</b>							
Medicare	112,340,876	-2.2%	114,906,318	8.4%	105,964,794	-2.0%	108,122,169
Medi-Cal	130,336,672	1.1%	128,966,489	-1.0%	130,236,660	-0.4%	130,715,279
Prior Year Recoveries	<u>0</u>	-100.0%	<u>-5,319,460</u>	-895.3%	<u>668,827</u>	-290.5%	<u>-351,132</u>
Total Program Deductions	242,677,548	1.7%	238,553,347	0.7%	236,870,282	-0.7%	238,486,316
 Provision for Bad Debts	11,695,236	-3.9%	12,166,573	22.6%	9,927,393	-1.7%	10,098,337
Charity Write-Offs	1,879,552	0.0%	1,879,552	114.3%	876,872	28.9%	680,271
Other Deductions	100,686,304	-0.5%	<u>101,155,856</u>	29.8%	<u>77,957,150</u>	2.1%	<u>76,329,494</u>
Total Deductions	<u>\$356,938,640</u>	0.9%	<u>\$353,755,328</u>	8.6%	<u>\$325,631,697</u>	0.0%	<u>\$325,594,418</u>
 <b>Expenses</b>							
Salaries and Wages	73,415,157	9.6%	67,001,619	22.2%	54,821,236	6.9%	51,269,201
Registry and Contract	2,694,130	-23.7%	3,531,541	-40.0%	5,881,464	-29.5%	8,342,845
Employee Benefits	<u>18,264,896</u>	-0.9%	<u>18,432,657</u>	10.9%	<u>16,613,611</u>	9.4%	<u>15,184,670</u>
Total Staffing Expense	<u>\$94,374,183</u>	6.1%	<u>\$88,965,817</u>	15.1%	<u>\$77,316,310</u>	3.4%	<u>\$74,796,716</u>

Pioneers Memorial Healthcare District  
Schedule of Operating Expenses  
Summarized By Natural Expense Classifications  
For the Budget Year Ending June 30, 2025

	Budget 2025	% Of Change	Projection 2024	% Of Change	Actual 2023	% Of Change	Actual 2022
Revenue Adjusted Patient days	53,893	1.2%	53,277	1.8%	52,342	-6.9%	56,216
Total Staffing Expense	\$94,374,183	6.1%	\$88,965,817	15.1%	\$77,316,310	3.4%	\$74,796,716
Per A.P.D.	\$1,751	4.9%	\$1,670	13.0%	\$1,477	11.0%	\$1,331
Professional Fees	\$14,913,631	12.4%	\$13,267,925	-14.4%	\$15,498,022	-2.0%	\$15,815,125
Per A.P.D.	\$277	11.1%	\$249	-15.9%	\$296	5.2%	\$281
Physician Guarantees	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0
Per A.P.D.	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0
Supplies	\$18,993,461	3.3%	\$18,393,297	3.1%	\$17,846,976	-21.4%	\$22,701,487
Per A.P.D.	\$352	2.1%	\$345	1.3%	\$341	-15.6%	\$404
Repairs and Maintenance	\$6,961,045	14.8%	\$6,061,893	0.7%	\$6,017,487	-2.6%	\$6,176,387
Per A.P.D.	\$129	13.5%	\$114	-1.0%	\$114.96	4.6%	\$109.87
Purchased Services	\$7,319,782	-13.3%	\$8,444,350	7.6%	\$7,849,584	-10.0%	\$8,725,179
Per A.P.D.	\$136	-14.3%	\$158	5.7%	\$150	-3.4%	\$155
Depreciation and Amortization	\$4,367,629	28.7%	\$3,393,974	-5.0%	\$3,572,979	-13.5%	\$4,128,969
Per A.P.D.	\$81	27.2%	\$64	-6.7%	\$68	-7.1%	\$73
All Other Expenses	\$14,789,155	3.1%	\$14,347,847	9.8%	\$13,062,610	10.4%	\$11,833,612
Per A.P.D.	\$274	1.9%	\$269	7.9%	\$250	18.6%	\$211
Total Operating Expenses	<u>\$161,718,886</u>	5.8%	<u>\$152,875,103</u>	8.3%	<u>\$141,163,968</u>	-2.1%	<u>\$144,177,475</u>
Per A.P.D.	<u>\$3,000.72</u>	4.6%	<u>\$2,869.45</u>	6.4%	<u>\$2,696.95</u>	5.2%	<u>\$2,564.71</u>

**Pioneers Memorial Healthcare District**  
**Productivity and Ratio Analysis**  
**Budget Year Ending June 30, 2025**

	<b>Budget</b>	<b>%</b>	<b>Projection</b>	<b>%</b>	<b>Actual</b>	<b>%</b>	<b>Actual</b>
	<b>FY 2025</b>	<b>Change</b>	<b>FY 2024</b>	<b>Change</b>	<b>FY 2023</b>	<b>Change</b>	<b>FY 2022</b>
<b>Gross A/R Days</b>	63.2	-15.3%	74.6	4.7%	71.2	8.1%	65.9
<b>Net A/R Days</b>	49.0	-8.0%	53.3	-7.7%	57.7	28.7%	44.8
<b>Days Cash On Hand</b>	103.4	6.5%	97.1	119.2%	44.3	-32.6%	65.7
<b>Current Ratio</b>	3.43%	-33.2%	5.13%	102.0%	2.54%	56.3%	1.63%
<b>Debt Service Coverage</b>	2.18	-34.3%	3.32	15.6%	2.87	-305.8%	(1.40)
<b>Debt to Capital</b>	57.6%	-5.3%	60.9%	-3.7%	63.2%	25.0%	50.5%
<b>Accounts Payable Days</b>	40.9	-5.8%	43.5	-21.6%	55.5	9.9%	50.5
<b>Average Age of Plant</b>	23.8	-18.9%	29.4	8.7%	27.0	19.2%	22.7
<b>Deductible Ratio</b>	69.59%	0.8%	69.03%	-4.5%	72.29%	-0.2%	72.43%
<b>Net Income Margin</b>	0.25%	-96.8%	7.98%	1705.7%	0.44%	-106.2%	-7.07%

**Pioneers Memorial Healthcare District**  
**Balance Sheets**  
**June 30, 2025 through 2022**

	<b>Budget FY 2025</b>	<b>Projection FY 2024</b>	<b>Actual FY 2023</b>	<b>Actual FY 2022</b>
<b>ASSETS</b>				
<b>Current Assets:</b>				
Cash & cash equivalents	44,569,642	39,658,720	16,749,082	16,165,878
Cash For Third Party Repayments	0	0	0	0
Patient accounts receivable, less allowances for uncollectibles & third-party contractual retentions	88,788,719	104,457,317	87,933,623	81,145,287
<b>Net patient accounts receivable</b>	<u>-67,834,582</u>	<u>-81,350,275</u>	<u>-68,184,744</u>	<u>-65,913,524</u>
	20,954,138	23,107,042	19,748,879	15,231,763
	-76.40%	-77.88%	-77.54%	-81.23%
Other Accounts Receivable	16,410,000	23,279,462	17,625,533	14,355,834
Inventories	3,371,522	3,210,974	3,316,624	3,520,142
Prepaid Expenses	<u>2,170,708</u>	<u>2,386,439</u>	<u>2,077,178</u>	<u>1,919,051</u>
<b>Total Current Assets</b>	<b>87,476,009</b>	<b>91,642,636</b>	<b>59,517,296</b>	<b>51,192,668</b>
<b>Assets Whose Use is Limited:</b>				
Other Limited Use Assets	46,282	42,074	37,063	57,578
Other Limited Use Assets GASB87 Leases	42,785,621	45,532,754	49,415,107	22,618,546
Bond Reserve/Debt Retirement Fund	305,215	538,090	594,002	540,125
<b>Total Non-Current Assets Whose Use is Limited</b>	43,137,118	46,112,918	50,046,172	23,216,249
<b>Property, Plant &amp; Equipment - Net</b>	29,479,282	29,115,004	29,316,946	31,762,900
<b>Other Assets</b>				
Debt Service Reserve Fund 2017	1,777,077	1,358,656	1,465,042	1,457,337
Other Assets- Noridian AAP Funds	0	0	0	<u>9,112,578</u>
<b>Total Other Assets</b>	<b>1,777,077</b>	<b>1,358,656</b>	<b>1,465,042</b>	<b>10,569,915</b>
<b>TOTAL ASSETS</b>	<b><u>\$161,869,486</u></b>	<b><u>\$168,229,214</u></b>	<b><u>\$140,345,456</u></b>	<b><u>\$116,741,732</u></b>
<b>LIABILITIES AND FUND BALANCES</b>				
<b>Current Liabilities:</b>				
Accounts Payable	9,410,781	9,792,263	12,682,135	12,371,194
Cost Report Payables and Reserves	0	0	0	0
Bonds payable	486,262	646,775	699,033	2,295,022
Accrued Payroll & Benefits	7,369,560	5,471,870	5,358,973	6,444,858
Noridian AAP Funds	0	0	0	9,112,578
Current portion Distressed Loan	6,339,624	0	0	0
Current portion CHFFA NDPH Loans	0	3,766,770		
Current portion GASB87 Leases	1,722,161	1,722,161	1,722,161	1,059,698
Current portion of long-term debt	<u>191,724</u>	<u>223,480</u>	<u>2,969,091</u>	<u>216,403</u>
<b>Total Current Liabilities</b>	<b>25,520,112</b>	<b>21,623,319</b>	<b>23,431,393</b>	<b>31,499,753</b>
Bonds Payable 2017 Series	14,171,826	14,487,854	14,831,679	15,160,502
Deferred Revenue	305,215	511,188	2,094,002	540,125
Distressed Loan	20,603,772	28,000,000		
Long-term CHFFA NDPH Loans	0	0	6,715,689	2,986,587
Long-term GASB87 Leases	42,785,623	45,532,756	48,170,072	21,651,051
Long-term Debt - Net	<u>703,567</u>	<u>703,566</u>	<u>837,952</u>	<u>1,231,919</u>
<b>Total Liabilities</b>	104,090,115	110,858,683	96,080,787	73,069,937
<b>Fund Balances</b>	<b><u>57,779,372</u></b>	<b><u>57,370,532</u></b>	<b><u>44,264,669</u></b>	<b><u>43,671,795</u></b>
<b>TOTAL LIABILITIES AND FUND BALANCES</b>	<b><u>\$161,869,487</u></b>	<b><u>\$168,229,215</u></b>	<b><u>\$140,345,456</u></b>	<b><u>\$116,741,732</u></b>

**Pioneers Memorial Healthcare District  
Balance Sheet - Subsidiary Schedule  
June 30, 2025 through 2022**

	<b>Budget FY 2025</b>	<b>Projection FY 2024</b>	<b>Actual FY 2023</b>	<b>Actual FY 2022</b>
<b>Detail of Property, Plant and Equipment</b>				
Land and Land Improvements	\$2,623,526	\$2,623,526	\$2,623,526	\$2,623,526
Buildings and Improvements	62,919,140	62,919,140	63,472,230	61,523,759
Fixed Equipment	10,751,418	10,426,418	10,370,524	10,068,334
Major Movable Equipment	<u>56,829,985</u>	<u>52,823,078</u>	<u>49,087,463</u>	<u>49,421,419</u>
Construction in Progress	<u>400,000</u>	<u>0</u>	<u>338,266</u>	<u>1,782,302</u>
	\$133,524,069	\$128,792,162	\$125,892,008	\$125,419,340
Less: Accumulated Depreciation	<u>-\$104,044,787</u>	<u>-\$99,677,158</u>	<u>-\$96,575,063</u>	<u>-\$93,656,440</u>
<b>Property, Plant and Equipment - Net</b>	<b><u>\$29,479,282</u></b>	<b><u>\$29,115,004</u></b>	<b><u>\$29,316,945</u></b>	<b><u>\$31,762,900</u></b>

**Pioneers Memorial Healthcare District  
Statement of Changes in Fund Balances  
For the Years Ending June 30, 2025 Through 2022**

	<b>Budget FY 2025</b>	<b>Projection FY 2024</b>	<b>Actual FY 2023</b>	<b>Actual FY 2022</b>
<b>Fund Balances, Beginning of Year</b>	<b>\$57,370,532</b>	<b>\$44,264,669</b>	<b>\$43,671,795</b>	<b>\$52,768,419</b>
<b>Excess of Revenues Over Expenses</b>	408,840	13,105,863	592,874	-9,096,624
<b>Fund Balances, End of Year</b>	<b><u>\$57,779,372</u></b>	<b><u>\$57,370,532</u></b>	<b><u>\$44,264,669</u></b>	<b><u>\$43,671,795</u></b>
Cash from Operations	\$408,840			
Add back: Depreciation	<u>\$4,367,629</u>			
Total Cash From Operations	\$4,776,469			
Principal pmts due	\$765,547			
Capital Requirements	<u>\$4,700,000</u>			
Cash over (Short)	-\$689,078			
Funding from Cash Reserves	<u>\$0</u>			
Cash Generated from Operations	<u>\$5,465,547</u>			

**PIONEERS MEMORIAL HEALTHCARE DISTRICT  
BUDGET STATISTICS SUMMARY  
PROJECTED YEAR ENDING JUNE 30, 2024 AND ESTIMATED BUDGET YEAR 2025**

<u>Department</u>	<u>2019 Actual</u>	<u>2020 Actual</u>	<u>2021 Actual</u>	<u>2022 Actual</u>	<u>2023 Actual</u>	<u>Y-T-D Mar 2024 Actual</u>	<u>2024 Projected</u>	<u>Budget 2025</u>	<u>Var % FY24</u>	<u>Var 23</u>	<u>Var 22</u>	<u>Var 21</u>	<u>Var 20</u>	<u>Var 19</u>
InPatient Admissions	5,146	4,435	4,059	4,419	4,393	3,992	5,323	5,323	0.0%	21.2%	20.5%	31.1%	20.0%	3.4%
<b>ADC</b>	<b>51.6</b>	<b>47.8</b>	<b>54.2</b>	<b>51.0</b>	<b>43.3</b>	<b>52.7</b>	<b>53.3</b>	<b>53.3</b>	0.0%	23.0%	4.6%	-1.6%	11.5%	3.4%
Total Days	18,817	17,507	19,840	18,607	15,816	14,451	19,460	19,460	0.0%	23.0%	4.6%	-1.9%	11.2%	3.4%
Intensive Care Patient Days	1,359	1,840	3,217	2,501	1,554	1,054	1,419	1,419	0.0%	-8.7%	-43.3%	-55.9%	-22.9%	4.4%
Neo-Natal Patient Days	908	804	802	840	1,027	1,025	1,380	1,380	0.0%	34.4%	64.3%	72.1%	71.6%	52.0%
DOU Patient Days	1,612	1,607	680	210	227	0	0	0	#DIV/0!	-100.0%	#####	-100.0%	-100.0%	-100.0%
Med/Surg Patient Days	10,224	9,367	11,988	11,033	8,169	8,178	11,013	11,013	0.0%	34.8%	-0.2%	-8.1%	17.6%	7.7%
Gyn Unit Patient Days	51	29	36	35	49	27	36	36	0.0%	-26.5%	2.9%	0.0%	24.1%	-29.4%
Pediatrics Patient Days	1,168	769	315	580	689	641	843	843	0.0%	22.4%	45.3%	167.6%	9.6%	-27.8%
Obstetrics Patient Days	3,495	3,091	2,802	3,408	4,101	3,526	4,769	4,769	0.0%	16.3%	39.9%	70.2%	54.3%	36.5%
Deliveries	1,689	1,524	1,406	1,629	1,904	1,671	2,228	2,228	0.0%	17.0%	36.8%	58.5%	46.2%	31.9%
Emergency Room	47,371	44,862	37,131	44,206	46,323	34,967	45,828	45,828	0.0%	-1.1%	3.7%	23.4%	2.2%	-3.3%
Rural Clinics (CHC,PHC,PCHC,WHAP)	61,755	58,276	56,382	64,254	63,800	44,824	61,322	60,863	-0.7%	-4.6%	-5.3%	7.9%	4.4%	-1.4%
Surgery Cases	4,931	4,738	3,805	3,945	4,257	3,370	4,764	4,764	0.0%	11.9%	20.8%	25.2%	0.5%	-3.4%
Skilled Nursing	0	0	0	0		22,147	29,219	29,219	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

**Pioneers Memorial Healthcare District**  
**FY 2025 Staffing Budget Report**  
**Sorted by Executive**

\* Includes Contract FTE's

		Actual	Actual	Actual	Actual	Actual	9 Months	Budget
		2019	2020	2021	2022	2023	2024	2025
<b>CNO</b>								
3010 ICU	Worked Hours*	41,531	44,008	43,976	44,478	46,228	30,966	40,851
	Worked FTEs	19.97	21.08	21.14	21.38	22.23	19.74	19.64
	Patient Days	1,359	1,840	3,217	2,501	1,554	1,054	1,419
	Hrs/Stat	30.56	23.92	13.67	17.78	29.75	29.38	28.79
3070 NICU	Worked Hours*	26,469	27,038	26,856	26,839	28,544	23,727	29,141
	Worked FTEs	12.73	12.95	12.91	12.90	13.72	15.12	14.01
	Patient Days	908	804	802	840	1,027	1,025	1,380
	Hrs/Stat	29.15	33.63	33.49	31.95	27.79	23.15	21.12
3150 DOU	Worked Hours*	28,364	25,774	11,871	2,880	1,500	68	0
	Worked FTEs	13.64	12.34	5.71	1.38	0.72	0.04	0.00
	Patient Days	1,612	1,607	680	210	227	0	0
	Hrs/Stat	17.60	16.04	17.46	13.71	6.61	#DIV/0!	0.00
3170 Med/Surg	Worked Hours*	146,408	129,523	134,540	133,081	122,791	111,570	148,367
	Worked FTEs	70.39	62.03	64.68	63.98	59.03	71.12	71.33
	Patient Days	10,224	9,367	11,988	11,033	8,169	8,178	11,013
	24 hours obs days	1,674	1,549	1,115	1,338	1,816	1,359	1,359
	Hrs/Stat	12.31	11.87	10.27	10.76	12.30	11.70	11.99
3290 Peds	Worked Hours*	20,269	15,732	11,161	15,423	17,662	13,155	17,826
	Worked FTEs	9.74	7.53	5.37	7.41	8.49	8.39	8.57
	Patient Days	1,168	769	315	580	689	641	843
	Hrs/Stat	17.35	20.46	35.43	26.59	25.63	20.52	21.15
3400 LDRP	Worked Hours*	100,481	85,139	89,183	96,112	105,535	89,715	118,913
	Worked FTEs	48.31	40.78	42.88	46.21	50.74	57.19	57.17
	Deliveries Adj.	1,909	1,722	1,589	1,841	2,152	1,888	2,228
	Hrs/Stat	52.64	49.44	56.13	52.21	49.04	47.52	53.37
4010 ER	Worked Hours*	137,614	124,410	118,909	127,115	131,321	100,866	132,782
	Worked FTEs	66.16	59.58	57.17	61.11	63.14	64.29	63.84
	Visits - OP and IP	47,371	44,862	37,131	44,206	46,323	34,967	45,828
	Hrs/Stat	2.91	2.77	3.20	2.88	2.83	2.88	2.90
4015 SART	Worked Hours*	176	69	32	29	3	16	208
	Worked FTEs	0.08	0.03	0.02	0.01	0.00	0.01	0.10
	Cases	14	13	5	11	8	5	6
	Hrs/Stat	12.57	5.31	6.40	2.64	0.38	3.20	34.67
4420 Surgery	Worked Hours*	50,236	44,758	40,903	43,441	42,279	35,776	50,523
	Worked FTEs	24.15	21.44	19.66	20.89	20.33	22.80	24.29
	Minutes	2,306	1,922	1,772	1,885	1,804	1,429	2,020
	Hrs/Stat	21.78	23.29	23.08	23.05	23.44	25.04	25.01
4427 Recovery	Worked Hours*	38,064	33,768	32,456	33,766	30,187	22,630	37,274
	Worked FTEs	18.30	16.17	15.60	16.23	14.51	14.42	17.92
	Minutes	10,377	9,251	9,013	11,238	9,688	8,205	11,599
	Hrs/Stat	3.67	3.65	3.60	3.00	3.12	2.76	3.21
4429 Vascular Access Ctr	Worked Hours*	7,109	5,154	4,099	2,728	0	0	0
	Worked FTEs	3.42	2.47	1.97	1.31	0.00	0.00	0.00
	OP Cases	522	611	432	460	428	574	765
	Hrs/Stat	13.62	8.44	9.49	5.93	0.00	0.00	0.00
8720 Nursing Admin	Worked Hours*	23,014	23,536	22,449	21,630	22,858	19,711	27,602
	Worked FTEs	11.06	11.27	10.79	10.40	10.99	12.56	13.27
	Nursing Paid FTEs	4,066	3,670	3,885	3,710	3,621	3,067	4,124
	Hrs/Stat	5.66	6.41	5.78	5.83	6.31	6.43	6.69

**Pioneers Memorial Healthcare District**  
**FY 2025 Staffing Budget Report**  
**Sorted by Executive**

\* Includes Contract FTE's

		Actual	Actual	Actual	Actual	Actual	9 Months	Budget
		2019	2020	2021	2022	2023	2024	2025
8730 Nursing Pool	Worked Hours*	1,859	1,458	166	235	904	584	0
	Worked FTEs	0.89	0.70	0.08	0.11	0.43	0.37	0.00
4570 Cardiac Cath	Worked Hours*	341	2,033	3,052	5,161	2,489	0	0
	Worked FTEs	0.16	0.97	1.47	2.48	1.20	0.00	0.00
	Procedures	0	0	549	2,408	2,352	1,023	0
	Hrs/Stat	0.00	0.00	5.56	2.14	1.06	0.00	0.00
4500 Clin Lab	Worked Hours*	74,759	63,908	63,593	64,081	64,282	46,701	60,840
	Worked FTEs	35.94	30.61	30.57	30.81	30.90	29.77	29.25
	Procedures	5,658	5,146	5,368	6,098	5,662	4,240	5,653
	Hrs/Stat	13.21	12.42	11.85	10.51	11.35	11.01	10.76
4520 Pathology	Worked Hours*	3,062	3,366	3,366	3,486	2,247	2,663	4,680
	Worked FTEs	1.47	1.61	1.62	1.68	1.08	1.70	2.25
	Procedures	7,128	7,160	8,386	8,157	9,724	5,863	7,817
	Hrs/Stat	0.43	0.47	0.40	0.43	0.23	0.45	0.60
8390 Pharmacy	Worked Hours*	31,713	31,781	31,625	33,417	32,964	23,392	32,435
	Worked FTEs	15.25	15.22	15.20	16.07	15.85	14.91	15.59
	Total Inpatient Days	18,817	17,507	19,840	18,607	15,816	14,451	19,460
	Hrs/Stat	1.69	1.82	1.59	1.80	2.08	1.62	1.67
8740 Training & Dev	Worked Hours*	1,635	643	63	51	64	23	1,904
	Worked FTEs	0.79	0.31	0.03	0.02	0.03	0.01	0.92
	Tot Rev Adj Days	55,105	51,516	52,218	55,955	53,093	39,668	53,083
	Hrs/Stat	0.03	0.01	0.00	0.00	0.00	0.00	0.04
8750 Case Mgmt	Worked Hours*	26,098	22,907	20,029	20,777	21,626	16,024	21,635
	Worked FTEs	12.55	10.97	9.63	9.99	10.40	10.21	10.40
	Tot Rev Adj Days	55,105	51,516	52,218	55,955	53,093	39,668	53,083
	Hrs/Stat	0.47	0.44	0.38	0.37	0.41	0.40	0.41
4560 EKG	Worked Hours*	1,408	1,507	1,022	1,008	854	590	2,059
	Worked FTEs	0.68	0.72	0.49	0.48	0.41	0.38	0.99
	Procedures	20,864	18,319	17,459	19,196	18,226	14,262	19,016
	Hrs/Stat	0.07	0.08	0.06	0.05	0.05	0.04	0.11
4590 ECHO	Worked Hours*	1,683	1,745	1,904	1,807	552	95	850
	Worked FTEs	0.81	0.84	0.92	0.87	0.27	0.06	0.41
	Procedures	4,909	4,076	4,086	4,084	3,223	2,864	3,819
	Hrs/Stat	0.34	0.43	0.47	0.44	0.17	0.03	0.22
4620 EEG	Worked Hours*	170	181	122	116	105	70	581
	Worked FTEs	0.08	0.09	0.06	0.06	0.05	0.04	0.28
	Procedures	869	712	635	423	644	299	399
	Hrs/Stat	0.20	0.25	0.19	0.27	0.16	0.23	1.46
4720 Respiratory	Worked Hours*	17,091	17,299	13,998	17,136	17,810	14,019	20,367
	Worked FTEs	8.22	8.28	6.73	8.24	8.56	8.94	9.79
	Treatments	22,526	21,684	27,203	20,562	15,988	11,842	15,789
	Hrs/Stat	0.76	0.80	0.51	0.83	1.11	1.18	1.29
4730 Cardio	Worked Hours*	385	306	122	116	105	70	581
	Worked FTEs	0.19	0.15	0.06	0.06	0.05	0.04	0.28
	Procedures	74	98	58	39	66	44	59
	Hrs/Stat	5.20	3.12	2.10	2.97	1.59	1.59	9.85
8475 Radio Room	Worked Hours*	0	0	0	0	878	6,529	9,423
	Worked FTEs	0.00	0.00	0.00	0.00	0.42	4.16	4.53

**Pioneers Memorial Healthcare District**  
**FY 2025 Staffing Budget Report**  
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\* Includes Contract FTE's

		Actual	Actual	Actual	Actual	Actual	9 Months	Budget
		2019	2020	2021	2022	2023	2024	2025
3580 Skilled Nursing Facility	Worked Hours*	0	0	0	0	57,595	172,163	237,875
	Worked FTEs	0.00	0.00	0.00	0.00	27.69	109.74	114.36
	Patient Days	0	0	0	0	8,385	22,147	29,219
	Hrs/Stat	0.00	0.00	0.00	0.00	6.87	7.77	8.14
<b>CNO</b>	<b>Total Worked FTE's</b>	<b>379.47</b>	<b>342.67</b>	<b>329.37</b>	<b>339.15</b>	<b>338.93</b>	<b>468.93</b>	<b>479.19</b>
<b>Clinics</b>								
4760 Gastro Int Services	Worked Hours*	8,633	10,658	11,182	6,620	2,067	132	8,252
	Worked FTEs	4.15	5.10	5.38	3.18	0.99	0.08	3.97
	Visits/Procedures	1,068	1,238	2,315	976	450	10	915
	Hrs/Stat	8.08	8.61	4.83	6.78	4.59	13.20	9.02
4083 Rural Health	Worked Hours*	58,530	45,592	28,013	22,862	21,958	12,479	18,720
	Worked FTEs	28.14	21.84	13.47	10.99	10.56	7.95	9.00
	Visits	21,857	18,240	12,799	11,752	11,102	7,171	9,838
	Hrs/Stat	2.68	2.50	2.19	1.95	1.98	1.74	1.90
4183 Pioneers Hlth Ctr	Worked Hours*	65,896	48,873	40,779	44,231	44,542	37,899	49,296
	Worked FTEs	31.68	23.41	19.61	21.26	21.41	24.16	23.70
	Visits	31,263	29,894	31,159	36,701	37,589	26,314	36,192
	Hrs/Stat	2.11	1.63	1.31	1.21	1.18	1.44	1.36
4186 PEDS RHC MAIN	Worked Hours*	17,639	12,719	11,764	12,806	11,541	9,486	15,496
	Worked FTEs	8.48	6.09	5.66	6.16	5.55	6.05	7.45
	Visits	8,635	8,973	7,361	9,931	9,751	6,976	9,475
	Hrs/Stat	2.04	1.42	1.60	1.29	1.18	1.36	1.64
4191 WHAP	Worked Hours*		2,760	12,362	12,988	12,160	9,030	12,168
	Worked FTEs		1.32	5.94	6.24	5.85	5.76	5.85
	Visits		1,169	5,063	5,870	5,358	4,363	5,358
	Hrs/Stat		0.42	0.41	0.45	0.44	2.07	2.27
4188 C-WHAP	Worked Hours*			13,168	16,890	17,039	11,990	14,976
	Worked FTEs			6.33	8.12	8.19	7.64	7.20
	Visits			1,976	3,452	4,195	3,414	4,195
	Hrs/Stat			0.15	0.20	0.25	3.51	3.57
4194 Cal Aim Grant	Worked Hours*	76	76	76	76	77	-6	9,360
	Worked FTEs	0.04	0.04	0.04	0.04	0.04	0.00	4.50
	Visits	0	0	0	0	0		0
	Hrs/Stat	0.00	0.00	0.00	0.00	0.00	0.00	#DIV/0!
4199 SHAP	Worked Hours*	9,965	4,494	3,245	3,555	2,821	1,968	4,680
	Worked FTEs	4.79	2.15	1.56	1.71	1.36	1.25	2.25
	Visits	2,650	894	491	817	736	521	695
	Hrs/Stat	3.76	5.03	6.61	4.35	3.83	3.78	6.73
4181 SCAP	Worked Hours*	2,535	1,932	2,255	3,649	939	0	0
	Worked FTEs	1.22	0.93	1.08	1.75	0.45	0.00	0.00
	Visits	149	283	559	741	244	0	0
	Hrs/Stat	17.01	6.83	4.03	4.92	3.85	#DIV/0!	0.00
4197 Urology Center	Worked Hours*	0	7,230	8,068	7,739	8,549	6,871	9,360
	Worked FTEs	0.00	3.46	3.88	3.72	4.11	4.38	4.50
	Visits	0	2,030	2,553	2,433	3,400	2,938	3,917
	Hrs/Stat	0.00	3.56	3.16	3.18	2.51	2.34	2.39
4640 Infusion Therapy	Worked Hours*	15,132	12,119	12,809	13,656	8,049	3,510	7,488
	Worked FTEs	7.28	5.80	6.16	6.57	3.87	2.24	3.60

**Pioneers Memorial Healthcare District**  
**FY 2025 Staffing Budget Report**  
**Sorted by Executive**

\* Includes Contract FTE's

		Actual	Actual	Actual	Actual	Actual	9 Months	Budget
		2019	2020	2021	2022	2023	2024	2025
	Procedures	4,931	4,999	6,102	4,853	969	0	0
	Hrs/Stat	3.07	2.42	2.10	2.81	8.31	#DIV/0!	0.00
4878 Wound Care	Worked Hours*	12,016	8,917	6,994	7,391	7,562	5,436	7,488
	Worked FTEs	5.78	4.27	3.36	3.55	3.64	3.46	3.60
	Procedures	5,299	5,306	3,768	3,662	4,618	2,956	3,941
	Hrs/Stat	2.27	1.68	1.86	2.02	1.64	1.84	1.90
7193 IVC Student Hlth	Worked Hours*	3,811	3,237	2,378	3,256	2,003	216	0
	Worked FTEs	1.83	1.55	1.14	1.57	0.96	0.14	0.00
7189 Clinics Admin Ctr	Worked Hours*		14,224	11,081	27,777	31,201	25,684	36,504
	Worked FTEs		6.81	5.33	13.35	15.00	16.37	17.55
4770 PT	Worked Hours*	17,516	13,637	12,624	13,392	12,170	10,736	14,508
	Worked FTEs	8.42	6.53	6.07	6.44	5.85	6.84	6.98
	Treatments	12,275	9,344	9,959	11,182	9,861	7,900	10,533
	Hrs/Stat	1.43	1.46	1.27	1.20	1.23	1.36	1.38
4780 Speech Therapy	Worked Hours*	308	1,201	1,542	1,592	1,602	758	936
	Worked FTEs	0.15	0.58	0.74	0.77	0.77	0.48	0.45
	Visits	378	658	957	1,192	792	688	917
	Hrs/Stat	0.81	1.83	1.61	1.34	2.02	1.10	1.02
<b>Clinics</b>	<b>Total Worked FTE's</b>	<b>101.91</b>	<b>89.85</b>	<b>79.37</b>	<b>87.27</b>	<b>80.37</b>	<b>86.81</b>	<b>96.09</b>
<b>Support Services</b>								
5321 Cafeteria	Worked Hours*	5,383	4,910	2,835	5,135	5,416	4,270	11,232
	Worked FTEs	2.59	2.35	1.36	2.47	2.60	2.72	5.40
	Meals	279,245	254,195	173,616	208,140	234,259	204,247	272,329
	Hrs/Stat	0.02	0.02	0.02	0.02	0.02	0.02	0.04
8380 Sterile Processing	Worked Hours*	9,356	7,840	9,408	10,516	12,063	9,744	11,248
	Worked FTEs	4.50	3.75	4.52	5.06	5.80	6.21	5.41
	Tot Rev Adj Days	55,105	51,516	52,218	55,955	53,093	39,668	53,083
	Hrs/Stat	0.17	0.15	0.18	0.19	0.23	0.25	0.21
8340 Dietary	Worked Hours*	34,423	34,061	31,812	30,758	29,585	24,093	27,248
	Worked FTEs	16.55	16.31	15.29	14.79	14.22	15.36	13.10
	Dietary Meals	91,504	73,326	102,424	75,092	75,094	67,975	90,633
	Hrs/Stat	0.38	0.46	0.31	0.41	0.39	0.35	0.30
8350 Laundry	Worked Hours*	1,435	1,660	1,682	818	0		0
	Worked FTEs	0.69	0.80	0.81	0.39	0.00	0.00	0.00
	Pounds	362,582	437,317	460,988	500,529	305,427	416,123	554,831
	Hrs/Stat	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8410 Grounds	Worked Hours*	3,766	2,638	1,835	369	0	0	0
	Worked FTEs	1.81	1.26	0.88	0.18	0.00	0.00	0.00
	Sq Feet	2,100	2,100	2,100	2,100	2,100	2,100	2,100
	Hrs/Stat	1.79	1.26	0.87	0.18	0.00	0.00	0.00
8420 Security	Worked Hours*	20,592	18,629	14,677	15,145	17,722	14,793	18,512
	Worked FTEs	9.90	8.92	7.06	7.28	8.52	9.43	8.90
	Sq Feet	2,100	2,100	2,100	2,100	2,100	2,100	2,100
	Hrs/Stat	9.81	8.87	6.99	7.21	8.44	7.04	8.82
8440 Housekeeping	Worked Hours*	63,691	59,100	61,819	57,496	60,275	50,806	62,712
	Worked FTEs	30.62	28.30	29.72	27.64	28.98	32.38	30.15
	Sq Feet	1,788	1,788	2,100	2,100	2,100	2,100	2,100

**Pioneers Memorial Healthcare District**  
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\* Includes Contract FTE's

		Actual	Actual	Actual	Actual	Actual	9 Months	Budget
		2019	2020	2021	2022	2023	2024	2025
	Hrs/Stat	35.62	33.05	29.44	27.38	28.70	24.19	29.86
8460 Plant	Worked Hours*	43,269	38,613	36,656	36,986	37,389	29,779	43,056
	Worked FTEs	20.80	18.49	17.62	17.78	17.98	18.98	20.70
	Sq Feet	2,100	2,100	2,100	2,100	2,100	2,100	2,100
	Hrs/Stat	20.60	18.39	17.46	17.61	17.80	14.18	20.50
8470 Communication	Worked Hours*	2,908	0	3,622	4,618	5,846	2,967	1,872
	Worked FTEs	1.40	0.00	1.74	2.22	2.81	1.89	0.90
	IP OP & ER Admits	167,812	155,426	152,318	169,451	171,453	125,639	167,565
	Hrs/Stat	0.02	0.00	0.02	0.03	0.03	0.02	0.01
8400 Purchasing	Worked Hours*	16,571	16,171	16,054	17,849	16,633	11,911	16,848
	Worked FTEs	7.97	7.74	7.72	8.58	8.00	7.59	8.10
	Tot Rev Adj Days	55,105	51,516	52,218	55,955	53,093	39,668	53,083
	Hrs/Stat	0.30	0.31	0.31	0.32	0.31	0.30	0.32
4630 Radiology	Worked Hours*	47,054	40,845	41,161	44,067	45,174	25,786	41,652
	Worked FTEs	22.62	19.56	19.79	21.19	21.72	16.44	20.03
	Procedures	46,846	40,457	35,188	39,840	40,798	30,230	40,307
	Hrs/Stat	1.00	1.01	1.17	1.11	1.11	0.85	1.03
4649 Interventional Radiology	Worked Hours*	331	1,772	959	4,533	5,152	4,066	9,360
	Worked FTEs	0.16	0.85	0.46	2.18	2.48	2.59	4.50
	Procedures	3,496	3,385	3,218	2,845	3,860	3,543	4,724
	Hrs/Stat	0.00	0.52	0.30	1.59	1.33	1.15	1.98
4650 Nuc Med	Worked Hours*	3,179	2,866	2,904	2,514	1,364	1,912	2,340
	Worked FTEs	1.53	1.37	1.40	1.21	0.66	1.22	1.13
	Procedures	612	540	511	447	447	664	885
	Hrs/Stat	5.19	5.31	5.68	5.62	3.05	2.88	2.64
4660 MRI	Worked Hours*	2,856	4,064	4,776	4,155	3,882	4,031	6,074
	Worked FTEs	1.37	1.95	2.30	2.00	1.87	2.57	2.92
	Procedures	2,040	2,112	1,983	2,373	2,175	1,551	2,068
	Hrs/Stat	1.40	1.92	2.41	1.75	1.78	2.60	2.94
4670 Ultrasound	Worked Hours*	12,285	11,361	10,624	9,766	9,760	12,493	14,508
	Worked FTEs	5.91	5.44	5.11	4.70	4.69	7.96	6.98
	Procedures	19,907	17,347	16,981	18,606	20,455	16,298	21,731
	Hrs/Stat	0.62	0.65	0.63	0.52	0.48	0.77	0.67
4680 CT	Worked Hours*	7,578	8,600	9,525	8,690	8,746	8,879	7,020
	Worked FTEs	3.64	4.12	4.58	4.18	4.20	5.66	3.38
	Procedures	17,370	15,112	14,813	17,562	18,476	14,690	19,586
	Hrs/Stat	0.44	0.57	0.64	0.49	0.47	0.60	0.36
<b>Support Services</b>	<b>Total Worked FTE's</b>	<b>127.56</b>	<b>117.48</b>	<b>115.84</b>	<b>116.78</b>	<b>118.72</b>	<b>131.01</b>	<b>131.58</b>
<b>Finance</b>								
5700 Med Rec	Worked Hours*	35,887	33,150	32,399	35,783	35,995	27,765	42,578
	Worked FTEs	17.25	15.88	15.58	17.20	17.31	17.70	20.47
	IP OP & ER Admits	167,812	155,426	152,318	169,451	171,453	125,639	167,565
	Hrs/Stat	0.21	0.21	0.21	0.21	0.21	0.22	0.25
8510 Accounting	Worked Hours*	15,542	14,043	11,685	12,704	12,288	9,645	18,720
	Worked FTEs	7.47	6.73	5.62	6.11	5.91	6.15	9.00
	Calendar Days	365	366	365	365	365	366	365
	Hrs/Stat	42.58	38.37	32.01	34.81	33.67	26.35	51.29
8530 Patient Acctg	Worked Hours*	36,261	36,146	30,251	31,431	39,129	33,160	50,544

**Pioneers Memorial Healthcare District**  
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\* Includes Contract FTE's

		Actual	Actual	Actual	Actual	Actual	9 Months	Budget
		2019	2020	2021	2022	2023	2024	2025
	Worked FTEs	17.43	17.31	14.54	15.11	18.81	21.14	24.30
	IP OP & ER Admits	167,812	155,426	152,318	169,451	171,453	125,639	167,565
	Hrs/Stat	0.22	0.23	0.20	0.19	0.23	0.26	0.30
8550 Credit & Collect	Worked Hours*	3,073	0	0	0	0	0	0
	Worked FTEs	1.48	0.00	0.00	0.00	0.00	0.00	0.00
	IP OP & ER, RHC Admits	167,812	155,426	152,318	169,451	171,453	125,639	167,565
	Hrs/Stat	0.02	0.00	0.00	0.00	0.00	0.00	0.00
8560 Admitting	Worked Hours*	50,023	48,282	45,285	46,063	48,168	36,398	46,800
	Worked FTEs	24.05	23.12	21.77	22.15	23.16	23.20	22.50
	Registrations	106,057	98,319	100,999	111,067	113,011	85,178	113,277
	Hrs/Stat	0.47	0.49	0.45	0.41	0.43	0.43	0.41
7198 PRIME	Worked Hours	4,035	4,309	4,209	0	0	1,103	3,744
	Worked FTE's	1.94	2.06	2.02	0.00	0.00	0.70	1.80
<b>Finance</b>	<b>Total Worked FTE's</b>	<b>69.63</b>	<b>65.10</b>	<b>59.53</b>	<b>60.57</b>	<b>65.18</b>	<b>68.89</b>	<b>78.07</b>
<b>Personnel</b>								
8650 Personnel	Worked Hours*	8,800	8,010	6,689	7,712	8,421	9,088	15,920
	Worked FTEs	4.23	3.84	3.22	3.71	4.05	5.79	7.65
	Total Paid FTEs	9,886	9,123	8,924	9,058	9,176	7,976	10,628
	Hrs/Stat	0.89	0.88	0.75	0.85	0.92	1.14	1.50
8660 EE Health	Worked Hours*	2,520	2,381	2,306	2,552	2,463	1,856	2,912
	Worked FTEs	1.21	1.14	1.11	1.23	1.18	1.18	1.40
	EE Health Visits	3,144	3,531	5,610	6,439	3,097	2,243	3,204
	Hrs/Stat	0.80	0.67	0.41	0.40	0.80	0.83	0.91
8665 Back to Work	Worked Hours*	3,021	2,804	1,953	3,397	3,507	1,658	2,065
	Worked FTEs	1.45	1.34	0.94	1.63	1.69	1.06	0.99
8670 Volunteers	Worked Hours*	0	0	0	0	0	0	0
	Worked FTEs	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Calendar Days	365	366	365	365	365	366	365
	Hrs/Stat	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8880 Day Care	Worked Hours*	8,853	7,040	7,869	8,014	8,320	6,058	8,424
	Worked FTEs	4.26	3.37	3.78	3.85	4.00	3.86	4.05
	Child Care Days	6,603	5,193	3,948	4,853	5,401	4,266	5,591
	Hrs/Stat	1.34	1.36	1.99	1.65	1.54	1.42	1.51
<b>Personnel</b>	<b>Total Worked FTE's</b>	<b>11.15</b>	<b>9.69</b>	<b>9.05</b>	<b>10.42</b>	<b>10.92</b>	<b>11.89</b>	<b>14.10</b>
<b>Adminstration</b>								
8630 PR	Worked Hours*	7,484	4,318	0	1,180	1,295	1,438	3,744
	Worked FTEs	3.60	2.07	0.00	0.57	0.62	0.92	1.80
	Calendar Days	365	366	365	365	365	366	365
	Hrs/Stat	20.50	11.80	0.00	3.23	3.55	3.93	10.26
7184/7194 COVID19 GRANT/CAL AI	Worked Hours*	2,803	2,107	0	0	2,072	513	9,360
	Worked FTEs	1.35	1.01	0.00	0.00	0.99	0.33	4.50
8610 Administration	Worked Hours*	9,932	10,011	9,701	9,086	5,309	2,880	7,488
	Worked FTEs	4.78	4.79	4.66	4.37	2.55	1.84	3.60
	Calendar Days	365	366	365	365	365	366	365
	Hrs/Stat	27.21	27.35	26.58	24.89	14.55	7.87	20.52
8710 Med Staff	Worked Hours*	7,055	6,864	6,328	5,990	5,709	3,958	5,616

**Pioneers Memorial Healthcare District**  
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* Includes Contract FTE's		Actual	Actual	Actual	Actual	Actual	9 Months	Budget
		2019	2020	2021	2022	2023	2024	2025
	Worked FTEs	3.39	3.29	3.04	2.88	2.74	2.52	2.70
	Active Med Staff	1,012	977	1,003	988	1,032	763	1,017
	Hrs/Stat	6.97	7.03	6.31	6.06	5.53	5.19	5.52
8796 Compliance	Worked Hours*	1,847	1,888	1,934	1,917	1,925	1,392	1,872
	Worked FTEs	0.88	0.90	0.93	0.92	0.93	0.89	0.90
8480 Info Sys	Worked Hours*	17,007	14,367	15,518	16,190	15,759	11,841	17,040
	Worked FTEs	8.18	6.88	7.46	7.78	7.58	7.55	8.19
	Calendar Days	365	366	365	365	365	366	365
	Hrs/Stat	46.59	39.25	42.52	44.36	43.18	32.35	46.68
8773 Community Hlth	Worked Hours*	1,539	1,630	1,930	449	0	0	0
	Worked FTEs	0.74	0.78	0.93	0.22	0.00	0.00	0.00
	Tot Rev Adj Days	55,105	51,516	52,218	55,955	53,093	39,668	53,083
	Hrs/Stat	0.03	0.03	0.04	0.01	0.00	0.00	0.00
8751 Infection Control	Worked Hours*	2,006	1,233	1,951	2,238	2,686	1,240	3,744
	Worked FTEs	0.96	0.59	0.94	1.08	1.29	0.79	1.80
	Tot Paid FTEs	9,886	9,123	8,924	9,058	9,176	7,976	10,628
	Hrs/Stat	0.20	0.14	0.22	0.25	0.29	0.16	0.35
8752 Risk Mgmt	Worked Hours*	1,782	1,562	1,485	1,591	1,539	625	1,875
	Worked FTEs	0.86	0.75	0.71	0.76	0.74	0.40	0.90
	Tot Rev Adj Days	55,105	51,516	52,218	55,955	53,093	39,668	53,083
	Hrs/Stat	0.03	0.03	0.03	0.03	0.03	0.02	0.04
8754 Quality	Worked Hours*	5,062	4,346	3,437	5,529	5,651	2,939	10,088
	Worked FTEs	2.43	2.08	1.65	2.66	2.72	1.87	4.85
	Tot Rev Adj Days	55,105	51,516	52,218	55,955	53,093	39,668	53,083
	Hrs/Stat	0.09	0.08	0.07	0.10	0.11	0.07	0.19
8620 Governing Board	Worked Hours*					1,870	1,553	1,872
	Worked FTEs					1.35	0.99	0.90
8615 misc/COVID	Worked Hours*		17,484	59,660	13,111	108	0	0
	Worked FTEs		12.63	43.08	9.47	0.08	0.00	0.00
Adminstration	Total Worked FTE's	27.17	35.77	63.41	30.70	20.24	17.10	30.14
GRAND TOTAL	Total Worked FTE's	716.87	660.56	656.58	644.89	634.36	784.63	829.17

## Pioneers Memorial Healthcare District FY 2025 Budget

### Total FTE Comparison

Dept # Department	Bud 25 Total Worked FTEs	Non Prod FTEs	Contract FTEs	Bud 25 Total Paid FTEs	YTD Mar 24 Act Total Paid FTEs	Bud 25 Mar 24 Act Paid FTE Variance
3010 INTENSIVE CARE	19.64	3.05	0.00	22.69	22.51	0.18
3070 NEO-NATAL	14.01	2.42	0.00	16.43	17.41	-0.98
3150 DEFINITIVE OBSERVATION	0.00	0.00	0.00	0.00	0.06	-0.06
3170 MED / SURG	67.33	7.54	4.00	78.87	77.48	1.39
3290 PEDIATRICS	8.57	1.16	0.00	9.73	9.41	0.32
3380 OBSTETRICS	0.00	0.00	0.00	0.00	0.49	-0.49
3400 LDRP	54.85	7.15	2.32	64.32	63.85	0.47
3530 NURSERY	0.00	0.00	0.00	0.00	0.08	-0.08
8750 CASE MANAGEMENT	10.40	1.20	0.00	11.60	11.74	-0.14
4010 EMERGENCY ROOM	63.01	9.94	0.83	73.78	72.58	1.20
4015 S.A.R.T.	0.10	0.00	0.00	0.10	0.01	0.09
4400 LABOR and DELIVERY	0.00	0.00	0.00	0.00	0.03	-0.03
4420 SURGERY	24.29	3.51	0.00	27.80	26.22	1.58
4427 RECOVERY	17.92	2.50	0.00	20.42	16.84	3.58
4450 ANESTHESIA	0.00	0.00	0.00	0.00	0.96	-0.96
4500 CLINICAL LAB	29.25	3.25	0.00	32.50	32.61	-0.11
4520 PATHOLOGY LAB	2.25	0.25	0.00	2.50	1.89	0.61
4560 E.K.G.	0.99	0.11	0.00	1.10	0.45	0.65
4590 ECHO	0.41	0.00	0.00	0.41	0.06	0.35
4620 E.E.G.	0.28	0.03	0.00	0.31	0.05	0.26
4720 RESPIRATORY THERAPY	9.79	1.09	0.00	10.88	10.18	0.70
4730 CARDIO PULMONARY	0.28	0.03	0.00	0.31	0.05	0.26
8390 PHARMACY EXPENSE	15.59	1.91	0.00	17.50	16.92	0.58
8475 RADIO ROOM	4.53	0.00	0.00	4.53	4.16	0.37
8720 NURSING ADMIN	13.27	2.06	0.00	15.33	14.61	0.72
8730 NURSING POOL	0.00	1.75	0.00	1.75	2.37	-0.62
<b>Total CHIEF NURSING OFFICER</b>	<b>459.33</b>	<b>59.65</b>	<b>8.55</b>	<b>412.86</b>	<b>403.02</b>	<b>9.84</b>
<b>With Contract Labor</b>	<b>467.87</b>					
3580 REHAB & WELLNESS CTR	112.96	11.90	1.40	126.27	116.65	9.62
<b>Total REHAB AND WELLNESS CENTER</b>	<b>112.96</b>	<b>11.90</b>	<b>1.40</b>	<b>126.27</b>	<b>116.65</b>	<b>9.62</b>
4083 RURAL HEALTH	9.00	1.00	0.00	10.00	9.14	0.86
4181 SPECIALTY CENTER AT	0.00	0.00	0.00	0.00	-0.07	0.07
4183 PIONEERS HLTH CTR -	23.70	2.55	0.00	26.25	27.00	-0.75
4186 PCHC (Peds on Main)	7.45	0.80	0.00	8.25	6.95	1.30
4188 C-WHAP CLINIC	7.20	0.80	0.00	8.00	8.45	-0.45
4191 WHAP	5.85	0.65	0.00	6.50	6.47	0.03
4194 CAL AIM GRANT	4.50	0.50	0.00	5.00	2.71	2.29
4197 UROLOGY CTR	4.50	0.50	0.00	5.00	5.11	-0.11
4199 SURGICAL HEALTH AT	2.25	0.25	0.00	2.50	1.43	1.07
4640 INFUSION THERAPY	3.60	0.40	0.00	4.00	2.61	1.39
4760 GASTRO INT SERVICES	3.97	0.44	0.00	4.41	0.09	4.32
4770 PHYSICAL THERAPY	6.98	0.78	0.00	7.75	7.30	0.45
4780 SPEECH THERAPY	0.45	0.05	0.00	0.50	0.50	0.00
4878 WOUND CARE	3.60	0.40	0.00	4.00	3.78	0.22
7184 TEST2TREAT COVID19	0.00	0.00	0.00	0.00	0.35	-0.35
7189 CLINICS ADMIN CTR	17.55	1.95	0.00	19.50	18.56	0.94
7193 I.V.C. STUDENT HLTH	0.00	0.00	0.00	0.00	0.35	-0.35
<b>Total CHIEF AMBULATORY SERVICES</b>	<b>100.59</b>	<b>11.07</b>	<b>0.00</b>	<b>111.66</b>	<b>100.73</b>	<b>10.93</b>

Dept # Department	Bud 25 Total Worked FTEs	Non Prod FTEs	Contract FTEs	Bud 25 Total Paid FTEs	YTD Mar 24 Act Total Paid FTEs	Bud 25 Mar 24 Act Paid FTE Variance
<b>With Contract Labor</b>	<b>100.59</b>					
5700 MEDICAL RECORDS	17.10	1.90	3.37	22.37	20.41	1.96
7198 PRIME	1.80	0.20	0.00	2.00	0.79	1.21
8400 PURCHASING	8.10	0.90	0.00	9.00	8.39	0.61
8510 GENERAL ACCTNG	9.00	1.00	0.00	10.00	7.09	2.91
8530 PATIENT ACCTNG	24.30	2.70	0.00	27.00	24.15	2.85
8560 ADMITTING	22.50	2.50	0.00	25.00	26.24	-1.24
<b>Total CHIEF FINANCIAL OFFICER</b>	<b>82.80</b>	<b>9.20</b>	<b>3.37</b>	<b>95.37</b>	<b>87.07</b>	<b>8.30</b>
<b>With Contract Labor</b>	<b>86.17</b>					
8480 INFO SYSTEMS	8.19	1.03	0.00	9.22	9.00	0.22
8610 ADMINISTRATION	3.60	0.40	0.00	4.00	2.08	1.92
8620 GOVERNING BOARD	0.90	0.10	0.00	1.00	1.17	-0.17
8625 EARTHQUAKE COSTS	0.00	0.00	0.00	0.00	0.20	-0.20
8630 PUBLIC REL	1.80	0.20	0.00	2.00	1.00	1.00
8710 MEDICAL STAFF	2.70	0.30	0.00	3.00	3.06	-0.06
8751 INFECTION CONTROL	1.80	0.20	0.00	2.00	0.92	1.08
8752 RISK MANAGEMENT	0.90	0.10	0.00	1.00	0.70	0.30
8754 QUALITY RESOURCE	4.85	0.60	0.00	5.45	2.17	3.28
8796 COMPLIANCE	0.90	0.10	0.00	1.00	1.04	-0.04
<b>Total CHIEF EXECUTIVE OFFICER</b>	<b>25.64</b>	<b>3.03</b>	<b>0.00</b>	<b>28.67</b>	<b>21.34</b>	<b>7.33</b>
<b>With Contract Labor</b>	<b>25.64</b>					
8650 PERSONNEL	7.65	0.85	0.00	8.50	6.60	1.90
8660 EMPLOYEE HEALTH	1.40	0.10	0.00	1.50	1.27	0.23
8665 BACK TO WORK	0.99	0.00	0.00	0.99	1.06	-0.06
8740 TRAINING &	0.92	0.10	0.00	1.02	0.01	1.00
8880 DAY CARE	4.05	0.45	0.00	4.50	4.39	0.11
8881 HOSPITAL BENEFITS	0.00	0.00	0.00	0.00	4.35	-4.35
<b>Total DIRECTOR, PERSONNEL</b>	<b>15.01</b>	<b>1.50</b>	<b>0.00</b>	<b>16.51</b>	<b>17.68</b>	<b>-1.17</b>
<b>With Contract Labor</b>	<b>15.01</b>					
4630 RADIOLOGY	20.03	2.23	0.00	22.25	18.89	3.36
4649 INTERVENTIONAL	4.50	0.50	0.00	5.00	3.44	1.56
4650 NUCLEAR MEDICINE	1.13	0.13	0.00	1.25	1.28	-0.03
4660 M.R.I.	2.92	0.33	0.00	3.25	3.02	0.23
4670 ULTRASOUND	6.98	0.78	0.00	7.75	8.55	-0.80
4680 CT SCANNER	3.38	0.38	0.00	3.75	6.37	-2.62
5321 CAFETERIA	5.40	0.60	0.00	6.00	3.08	2.92
8340 DIETARY	13.10	1.40	0.00	14.50	17.84	-3.34
8380 STERILE PROCESSING	5.41	0.60	0.00	6.01	7.08	-1.07
8420 SECURITY	0.90	0.10	8.00	9.00	9.53	-0.53
8440 HOUSEKEEPING	30.15	3.15	0.00	33.30	36.27	-2.97
8460 PLANT MAINTENANCE	20.70	2.30	0.00	23.00	21.32	1.68
8470 COMMUNICATIONS	0.90	0.10	0.00	1.00	2.80	-1.80
<b>Total ADMINISTRATOR FOR SUPPORT</b>	<b>115.48</b>	<b>12.58</b>	<b>8.00</b>	<b>136.06</b>	<b>139.47</b>	<b>-3.41</b>
<b>With Contract Labor</b>	<b>123.48</b>					
<b>Total Hospital FTE's</b>	<b>809.25</b>	<b>98.23</b>	<b>19.92</b>	<b>927.40</b>	<b>885.96</b>	<b>41.44</b>
<b>With Contract Labor</b>	<b>829.17</b>					

**Capital Budget**  
Fiscal Years  
2023, 2024, 2025

	Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2025	FY 2026	FY 2027
	ICU	6010	GE Central station monitors	OB	\$150,674	1	We need to replace the central station monitors due to being obsolete, we are getting errors in the central station and the monitors need to be replaced	\$150,674		
	ICU	6010	Stryker Atrix Unit	PS	\$26,067	1	In order to continue to treat patients with hypothermia protocols we need to replace cooling equipment that no longer works, also during the summer we get patients with heat strokes and do not have the equipment to cool down the patient. This item Dr Krutzik wants to make sure we have it available	\$26,067		
	Peds	6290	GE Central Station and 8 monitors	PS, OB	\$188,235	1	The current central station in Pediatrics es end of life and is no longer supported by GE. The monitors would allow for all 12 beds in pediatrics to be monitored beds. Dr. Alshareef requesting the importance of a monitor for each bed.		\$188,235	
	NICU	6070	Infant Bassinet, mattress and basket	PS, RG	\$2,914	10	Current Bassinets are breaking down, doors falling off and baskets are cracked.	\$14,570	\$14,570	
	NICU	6070	Infant Bili Blankets for Phototherapy	PS, RG	\$5,414	2	NICU keeps sharing Bili Blankets with pediatrics. Need more for new census	\$5,414	\$5,414	
	NICU	6070	GE Portable ECG Monitor	OB	\$16,378	1	High risk deliveries	\$16,378		
	Med/Surg	6170	Welch Allyn Vital signs monitos	PS	\$3,660	4	We need 3 vital sign machines in order to replace the cardiac monitors that were taken from MS area(DOU) this monitors were taken to OR department	\$14,640		
	Med/Surg	6170	MS bed	PS	\$15,281	2	We need to replace old med/surge beds, also when volumes are high, we are having to rent beds due to not having enough for all rooms in Med/Surge		\$30,562	
	LDRP	6400	OB/GYN Stretcher	PS	\$5,019	1	Currently we are borrowing ER OB stretcher.		\$5,019	
	LDRP	6400	Bed Side Cabinets	OB	\$638	23	Current bedside cabinets are broken		\$14,674	
	LDRP	6400	TV		\$501	10	The current TV stand is fading/wear and tear. Will remove TV stand and mount TV on the wall		\$5,010	
	LDRP	6400	Hexalux Examination Light	PS	\$3,817	5	Per the physician, our current examination lights are old and the lighting is not good.	\$11,451	\$7,634	
	LDRP	6400	Panda Warmers	PS	\$16,292	2	Missing two	\$32,584		
	ER	7010	Stryker gurneys	PS,PY	\$5,833	6	Put in service - Fast-ER & Overflow - Stryker Prime with 5th Wheel Stretcher. Essential for the treatment of the ER patient.	\$11,667	\$11,667	\$11,667
	ER	7010	Welch Allyn Connex NIBP/SaO2	OB,PS	\$9,980	3	Required for overflow areas expansion and main ED		\$29,940	
	ER	7010	Stryker Prime TC Transport Chair	PS, OB	\$8,214	3	Operationally required.	\$8,214	\$16,428	
	ER	7011	Zoll R Series Defibrillator	PS	\$20,000	1	To have a backup defibrillator when one is out for servicing	\$20,000		
	ER	7012	Verathon BladderScan i10	OB, OS	\$11,000	1	Current bladder scanner was removed due to being obsolete	\$11,000		
	LAB	7500	Blood Culture	OB, PS	\$147,000	1	Cost includes 1 year service agreement	\$147,000		

**Capital Budget**  
Fiscal Years  
2023, 2024, 2025

	Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2025	FY 2026	FY 2027
	LAB	7500	Centrifuge	PS, RG	\$15,000	2	Centrifuge in use is close to 'end of life'; multiple repairs performed	\$15,000	\$15,000	
	LAB	7500	Quantiferon Gold Analyzer	RG, NSR	\$53,000	1	Annual expense to test Quantiferon Gold for employees is over \$85-100K, paid to a reference lab	\$53,000		
	PATHOLOGY	7520	Tissue Processor	OB, PS	\$80,000	1	Current processor in use is showing signs of 'end of life'		\$80,000	
	PATHOLOGY	7520	Compound Microscope	PS, OB	\$15,000	1	Pathology is currently using a loaner from Pathology Associates of SoCal	\$15,000		
	Radiology	7630	Portable X-ray Machine	OB, PY	\$260,000	2	This unit was installed in 1998. Parts are no longer available. We have a total of 4 portable X-ray units, with two out of the four being obsolete.	\$260,000	\$260,000	
	Ultrasound	7670	Ultrasound Machine	PY	\$200,000	2	This equipment, now thirteen years old, is in need of an upgrade to keep pace with advancing technology. By investing in newer and faster equipment, we can significantly enhance our ultrasound throughput, leading to improved efficiency and better patient care.	\$200,000	\$200,000	
	Ultrasound	7670	Trophon2	PS	\$12,100	1	We are currently using an outdated method for cleaning our ultrasound probes. The Trophon2 is the standard high-level disinfectant method for our ultrasound probes.	\$12,100		
	Radiology	7640	GE Monitor	PS,OB	\$25,000	1	We currently have an obsolete GE monitor in CT that is being used to monitor patients. This item needs to be replaced for patient safety.	\$25,000		
	Radiology	7630	Redundant Server for Carestream PACS	PS	\$195,000	1	A redundant server is needed to guard against a single server failure and the absence of a backup server. System failure of our main PACS server will render us inoperable. In 2022, we experienced an outage that lasted for a few hours. Our doctors had to go to our machines to provide preliminary verbal reports to our ED providers but could not dictate and finalize our studies. This issue is critical.	\$250,000		
	Radiology	7630	Radiographic/Fluoroscopic Equip	OB,PY	\$374,000	1	Due to its age, the equipment in the Indio Room is 15 years old and runs unsupported software. Additionally, parts for this machine are no longer being manufactured. Our only fluoroscopic room desperately needs updating. The image quality on this unit is inadequate for the type of studies our radiologists are currently performing. This will be our fifth submission for this item. Services that may be affected in case this machine fails include Modified Barium Swallow, Barium Enemas, and other common fluoroscopic procedures	\$374,000		
	Ultrasound	7670	Ultrasound bed	PS	\$12,000	1	Added a new bay in ultrasound suite, but we are borrowing bed, from other department.	\$12,000		

**Capital Budget**  
Fiscal Years  
2023, 2024, 2025

	Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2025	FY 2026	FY 2027
	Cardiopulmonary	7720	Adult Ventilators Hamilton C1	OB	\$20,000	5	Replacement for End of Service PB 840s ----->Request to purchase five Hamilton C1 ventilators to replace our old PB 840 models. The Hamilton C1s are advanced and will improve patient safety because they adjust to each patient's breathing needs, reducing the risk of lung injuries. They work for all patients, from newborns to adults, so we can use them in many situations without needing different machines. Plus, they have an internal battery, which is perfect for safely moving patients between departments.  Investing in the Hamilton C1 ventilators will help us provide better respiratory care while improving patient safety, operational efficiency, and long-term cost savings. This purchase supports our commitment to using technology for better patient outcomes and operational excellence.	\$ 40,000	\$60,000	
	Cardiopulmonary	7720	AIRVO High Flow Oxygen Systems	OB	\$5,500	5	Replacement for V60 units which only had emergency pandemic FDA approval for High Flow use.-----> Request to purchase five Airvo 2 high-flow nasal systems to replace the software removed from our V60 BiPAP machines following recent FDA recalls. The Airvo 2 system is crucial for providing high-flow nasal cannula therapy, which has proven extremely beneficial in both pediatric and adult patient care. It can prevent the need for intubation in pediatric patients and liberate adult patients from invasive mechanical ventilation, leading to better patient outcomes and increased efficiency in handling respiratory distress cases across all age groups.	\$ 27,500	\$13,750	
	Cardiopulmonary	7720	AEROGEN VIBRATING MESH SYSTEM	NSR	\$800	8	Request to purchase eight Aerogen Vibrating Mesh Systems for medication delivery to intubated patients using non-invasive ventilation or high-flow nasal cannula. The Aerogen system delivers up to nine times more medication to the patient's lungs compared to standard nebulizers, ensuring full therapeutic benefit of medications and faster recovery. Its cost-effectiveness has been observed in hospitals that have switched to it from traditional metered-dose inhalers.  The Aerogen system prevents the need for more invasive treatments and supports faster recovery for pediatric patients and adults with conditions like asthma and COPD. Investing in the Aerogen Vibrating Mesh Systems will enhance respiratory care services and help provide patients with high-quality, efficient, and cost-effective care.	\$6,400	\$3,200	
	Pulmonary Lan	7730	MiniBox Pulmonary Function Test Machine	OB/NSR	\$18,000	1	Request to purchase the MiniBox Pulmonary Function Test Machine to replace our outdated spirometer. The MiniBox offers comprehensive testing capabilities, including lung volumes and DLCO, which are crucial for diagnosing a range of pulmonary diseases and enhancing our service offerings.  Investing in the MiniBox will enable us to conduct more tests efficiently, leading to higher productivity and increased revenue from diagnostic services. This purchase supports our commitment to using technology for better patient outcomes and operational excellence	\$18,000		
	Pharmacy	8390	Pyxis Cameras	PY, RG	\$3,000	20	Suggested by the DEA during past and present on-site visits. This is standard of practice and does meet due diligence requirements. These security cameras were recommended by Diversion Specialist Kimberly Knew in 2015 and the current DEA audit. Was approved FY22 but spending was frozen.		\$60,000	
	Pharmacy	8390	Delivery Car	RG	\$27,000	1	Staff continue to use personal vehicles to deliver medications to offsite departments throughout the county, this is something that Compliance disallows but we are forced to do when there is no vehicle etc.		\$27,000	
	Pharmacy	8390	Cold Storage Med/Vacc	RG, PS	\$15,000	10	Replacement of Dorm syle household gade fridges with pharmaceutical grade equipment.	\$15,000		

**Capital Budget**  
Fiscal Years  
2023, 2024, 2025

	Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2025	FY 2026	FY 2027
	Pharmacy	8390	Badge Reader for Med Rooms	RG	\$75,120	15	Med Room badge readers for security and control. Constant issues with personell gaining access through shared codes.		\$75,120	
	Pharmacy	8390	Pharmacy Relocation Remodel & Cleanrooms	PS,RG,OB	\$1,500,000	0	Pharmacy is 50-years plus past its shelf life, being untouched all this time. Space is a safety issue and doesn't meet the districts current and future needs. Pharmacy has insufficient space to store critical medication and lacks appropriate space for receiving and even preparation of medication for patients having only one table space which during pandemic was a struggle to make the 2,000 covid vaccines all while meeting direct patient care needs etc. State, and Federal laws and regulations require changes to compounding cleanrooms in order to be able to support current and future service lines, if unchanged the district will need to reevaluate future service lines and discontinue some service lines such as cath lab as the pharmacy department wouldn't be able to support the compounded medication needs, other service lines may need to be degraded in acuity due to inability of pharmacy to compound medications in a manner required due to current facilities in place.	\$400,000	\$1,100,000	
	C-WHAP	7188	Colposcope/Hysterscope Equipment	PS/PY	\$50,000	1	Old machine currently in use	\$50,000		
	PCHC	7186	Bilirubinometer	PS	\$8,340	1	Testing for newborns, monitoring	\$8,340		
	PHC	7183	Audiology Equipment	PY	\$20,000	1	Radys adding Audiology with ENT to PHC, equipment need for line of service-approved prior fiscal year, not purchased	\$20,000		
	PHC	7183	Helmer VFC Refrigerator	PY	\$8,000	1	Refrigerator has been having malfunction issues over the last year causing reporting to the VFC to be done		\$8,000	
	PHC	7183	Bilirubinometer	PS/PY	\$8,340	1	Testing for newborns, monitoring	\$8,340		
	PHC	7183	EKG Machine	PY/OB	\$15,954	1	Patient Testing, obsolete equipment not able to repair	\$15,954		
	CHC	7083	EKG Machine	PY/OB	\$15,954	1	Patient Testing, obsolete equipment not able to repair	\$15,954		
	PCHC	4186	Bilirubinometer	PS/PY	\$8,340	1	Testing for newborns, monitoring	\$8,340		
	Cal Aim	4194	Vehicle Purchase	NSR	\$75,000	1	Purchase of Vehicle throught grant funding to provide services needed to the community. Cost of vehicle and expenses throughout fiscal year.	\$75,000		
	Urology	7197	Urodynamics (procedure driven)	PY	\$34,769	1	Urodynamics is the investigation of the function of the lower urinary tract – the bladder and urethra – using physical measurements such as bladder pressure and flow rate as well as clinical assessment. Approved in prior fiscal year, not ordered.Will be shared between Urology and Womens Health Providers.	\$34,769		
	Dietary	8340	Meals for All - Emergency Meal Solutions	RG	\$22,000	1	Emergency Meal State requirement. Meals are good for 10 years.	\$22,000		
	Dietary	8340	Steamer	OB	\$25,000	1	Main cooking equipment for dietary. Current steamer is becoming obsolete	\$25,000		

**Capital Budget**  
Fiscal Years  
2023, 2024, 2025

	Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2025	FY 2026	FY 2027
	Sterile Processing	8380	Transfer Cart for Instruments	RG	\$15,000	1	Help speed up turnover time and will help limit overtime-between cases	\$15,000		
	Sterile Processing	8380	Bigger SPD Sink	PS	\$45,258	1	Ergonomical sink that is bigger to accommodate the increased cases/new service line	\$45,258		
	Interventional Radiology	4649	GE Monitors for monitoring patients	PS, OB	\$30,000	2	Current monitors are obsolete and required for patient safety	\$60,000		
	Interventional Radiology	4649	Stryker Gurneys	PS	\$10,000	2	Required Gurneys for IR room to accommodate patient for procedures		\$20,000	
	Surgery	7420	Anesthesia Machine	PS	\$83,000	1	Current anesthesia machine is obsolete and not repairable. Required for OR and new line of service asap to have all rooms with machine.	\$83,000		
	Surgery	7420	GE Monitors	RG, OB	\$30,000	2	Current monitors are obsolete and required to monitor patient for sedation in OR	\$60,000		
	Recovery	7427	Stryker Gurneys	PS	\$10,000	7	Required Gurneys for Pre-Op/Recovery room to accommodate patient for procedures	\$30,000	\$40,000	
	Surgery	7420	Neptune	RG, PS	\$170,000	10	Provides a closed waste management system where constant containment of surgical fluid, smoke, and airborne pathogens is possible.	\$170,000		
	Surgery	7420	Multilase Thulium Fiber Laser	PS, OB	\$120,000	1	Laser required for Urology cases involving stones procedures to break up stones	\$120,000		
	Surgery	7420	Helmet/Hood for Surgeon with Power pack	PS, OB	\$2,000	8	Hoods for surgeons for ortho cases-Joints. Current hoods are obsolete and cannot order batteries for hoods to be operational.		\$16,000	
	Surgery	7420	Knee Positioner	PS	\$14,789	1	Demayo Help on delays and to increase case load for Dr Lai total knees- Due to Dr. Lai increase of total knee cases	\$14,789		
	Surgery	7420	Power Source and Battery for Ortho Total Knee	PS	\$56,000	1	Power Help on delays and to increase case load for Dr Lai total knees-adding another to assist in Ortho cases. We currently have 5 and at least another one due to Dr. Lai increase volume.	\$56,000		
	Surgery	7420	Power Source for Podiatry Surgical Cases	PS, OB	\$30,506	1	Power for Araguas. Current Microare sets are obsolete and the other power source Desouter are not compatible with TREACE medical supplies		\$30,506	
	Cath Lab	7570	GE Monitor	PS, OB	\$30,000	1	Current monitors are obsolete and required to monitor patient for sedation in cath lab	\$30,000		
	Purchasing	8400	STOREROOM AND SUPPLY ROOMS REMODEL	OB	\$215,500	1	NEED TO MAKE IMPROVEMENTS TO OUR STOREROOM SHELVING UNITS, AS WELL AS SOME SUPPLY ROOMS THROUGH OUT THE HOSPITAL		\$215,500	
	Purchasing	8400	NEW GOLF CART	OB	\$15,950	1	NEED TO UPDATE EXISTING GOLF CART, IT IS END OF LIFE	\$15,950		
							<b>Hospital Total</b>	<b>\$3,176,353</b>	<b>\$2,553,229</b>	<b>\$11,667</b>

**Capital Budget**  
Fiscal Years  
2023, 2024, 2025

	Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2025	FY 2026	FY 2027
	Comm	8470	ELETROSURGERY ANALYZER	PS,OB,RG	\$10,829	1	Equipment needed as soon as possible for testing	\$10,829		
	Comm	8470	PHANTON ULTRASOUND	RG, PS	\$4,515	1	Equipment needed as soon as possible for testing	\$4,515		
	Comm	8470	NURSE CALL SYSTEM	PS,PY, OB	\$288,190	1	Equipment needed for test Ultrasound image depth	\$288,190		
	Plant Maint	8460	PMC server room	PS	\$8,000	1	A/C breaks down 3 times a year	\$8,000		
	Plant Maint	8460	Oncology 10 ton A/C	PS	\$18,000	1	Unit over 20 yrs	\$18,000		
	Plant Maint	8460	DOU A/C	PS	\$12,000	1	Hard to maintain temp	\$12,000		
	Plant Maint	8460	Northwing Chiller	OB	\$150,000	1	Old unit, a lot of down time	\$150,000		
	Plant Maint	8460	Nursing Home East/West	OB	\$22,000	2	Breaks down yearly	\$44,000		
	Plant Maint	8460	ICU Vacuum Ppump	OB	\$18,000	1	Yearly break down	\$18,000		
	DayCare	8880	A/C BACK TRAILER	OB	\$4,000	2	A/C IS NOT COOLING PROPERLY	\$8,000		
	DayCare	8880	Flooring - BACK TRAILER	OB	\$4,000	1	Carpet in the back trailer is coming apart	\$4,000		
	Security	8420	Hospital Cameras		\$54,975	1	Hospital Cameras Systems	\$54,975		
	Cap. Proj		Sewer Consolidation Project	RG	\$801,000	multiple yrs	carryover		\$801,000	
							<b>Eng Totals</b>	<b>\$620,509</b>	<b>\$801,000</b>	<b>\$0</b>
	IS	8480	Workstation Replacements	OB	\$150,000	1	Replace battery backup systems (UPS)	\$150,000		
	IS	8480	UPS Upgrades	OB	\$30,000	1	Replace battery backup systems (UPS)	\$30,000		
	IS	8480	Loaner Equipment Upgrades	OB	\$6,000	1	Laptop/Projector need to be upgraded	\$6,000		
	IS	8480	Wows	OB	\$120,000	1	Support BCMA in areas lacking in sufficient amount of WOWs	\$120,000		
	IS	8480	Access Control	OB	\$8,000	1	Replace keypad with RFID for datacenter	\$8,000		
	IS	8480	Server room network switches power supplies	OB	\$5,500	16	Server room network switches power supplies	\$5,500		
	IS	8480	Upgrade ICX7450 and ICX6610 EOL network switches	OB	\$250,000	41	Upgrade ICX7450 and ICX6610 EOL network switches	\$250,000		
	IS	8480	GE Anesthesia Carts and Monitor Integration BMDI	PS	\$50,000	1	IT needs for Operations	\$50,000		
	IS	8480	Cerner Anesthesia Implementation	PS	\$45,000	1	IT needs for Operations		\$45,000	
	IS	8480	Cerner Bridge Breast Milk	PS	\$25,000	1	IT needs for Operations	\$25,000		

Capital Budget  
Fiscal Years  
2023, 2024, 2025

	Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2025	FY 2026	FY 2027
	IS	8480	Zebra Handhelds	PS	\$25,000	1	IT needs for Operations	\$25,000		
	IS	8480	Anesthesia Computer Mounts/Install	PS	\$35,000	1	IT needs for Operations		\$35,000	
	District Wide	Varies	Additional Equipment Issues that arise	PS, RG		1	Placement for items that come up throughout the year but was not budgeted	\$240,562		
							IS Totals	\$910,062	\$80,000	\$0
							Total Hospital Capital Purchases	\$4,706,924	\$3,434,229	\$11,667



**\*PRELIMINARY  
FINANCIAL REPORT**

**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 – May 2024**

**Overview:**

Financial operations for the month of May 2024 resulted in a *preliminary estimated* profit of \$801,000 against a budgeted gain of \$432,432. As previously mentioned, due to the implementation of the new EMR system, Cerner, staff of the District are still learning to navigate in the system to locate the details and specifics for monthly results. They continue to uncover and understand more of the Cerner features as time goes on.

**Operating Expenses:**

In total, May operating expenses were over budget by (\$895K) or (7.2%). Staffing expenses, which include Salaries, Benefits and Contract Labor were over budget by (\$1.2 M) or (16.8%). Non-salary expenses, which include Supplies, Professional Fees, Purchased Services and Other were under budget by \$277,549 or 5.2%.

Below is a summary table of expenses compared to budget.

Exp. Category	Actual	Budget	Var.	Comment
Salaries	5,994	5,070	-18.2%	Over Budget
Benefits	1,928	1,631	-18.2%	Over Budget
Contract Labor	253	153	-65%	Over Budget; contract nursing
Pro Fees	1,248	1,201	-3.9%	Over Budget
Supplies	1,125	1,451	22.5%	Under Budget
Purchased Serv	656	649	-1.1%	On Budget
Other Operating	900	855	-5.3%	Over Budget

### **Cash Position:**

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

end of April 2024:	\$39,491,171 (95.6 days cash on hand)
end of May 2024:	\$40,020,749 (96.9 days cash on hand)- <i>preliminary</i>

### **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 *preliminary estimated* profit of \$8,606,192 against a budgeted gain of \$3,081,442 which is a favorable result compared to the prior year-to-date loss of (\$4,467,164). Based on fiscal year-to-date, without prior year recoveries, which includes the 340b settlement, the District has a profit of \$5,037,465.

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: May 17 <sup>th</sup> , 2024	PMHD Human Resources Report	Charity Dale, Chief Human Resources Officer

### MAY LABOR SUMMARY

NEW HIRE	18
JOBS OFFERED	18
VOLUNTARY TERMINATIONS	9
INVOLUNTARY TERMINATIONS	5
HOSPITAL AND CLINIC TOTAL HEADCOUNT	971
PIONEERS SKILLED NURSING TOTAL HEAD COUNT	141
PIONEERS MEMORIAL HEALTHCARE DISTRICT TOTAL HEADCOUNT	1,112

NEW HIRE	TERMINATIONS		
DEPARTMENT		DEPARTMENT	
NURSING	3	NURSING	3
CLINICAL PROFESSIONAL	6	CLINICAL PROFESSIONAL	3
ALLIED HEALTH	0	ALLIED HEALTH	0
PT. SERVICES	0	PT. SERVICES	0
SUPPORT SERVICES	6	SUPPORT SERVICES	2
CLINICS	3	CLINICS	1
SKILLED NURSING	0	SKILLED NURSING	5

### 2024 PMHD HR PROJECTS

PROJECT	PERCENT COMPLETE	NOTES
ADP WORKFORCE NOW BENEFIT IMPLEMENTATION	90%	We have all modules live, but we are still working out some of the backside issues with voluntary deductions.
ADP BENEFIT CARRIER FEED BUILDOUT	60%	We have all the foundation work ready for the go live feed on 7/1/2024
REVAMP OF NEW NURSE NEW HIRE ORIENTATION	75%	Education Report
SKILLED NURSING FACILITY HR Personell Addition	50%	We are currently looking for an HR assistant for the skilled nursing facility. Ensuring the HR/ Benefits/ Policy questions/LOA and all day to day needs of our employees are being met in a timely manner.
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	652
DENTAL	92
VISION	602
STD	793
LTD	793
LIFE	824

CRITICAL ILLNESS	652
Pharmacy Plan	652

### LEAVE OF ABSENCE

LEAVE	# EMPLOYEES
FMLA/ CFRA	31
INTERMITTENT FMLA	18
PERSONAL LEAVE	4
BONDING	6
WORKMENS COMP	0
MILITARY LEAVE	1
COVID	2
Covid/ W/C	0
SICK LEAVE LESS THAN 2 WEEKS	12

### VOLUNTEERS/ STUDENTS

PROGRAM	# STUDENTS/ VOLUNTEERS
CRNA	47 (ER)
PHYSICIAN ASSISTANT	4 (2 in EM, 1 in PEDS, 1 in WOMEN'S CENTER)
CNA – CERTIFIED NURSES AIDE	1 (OR)
RN- REGISTERED NURSE STUDENT	10 (MEDSURG)
VOLUNTEERS	0 ACTIVE, 2 DECLINED DURING ONBOARDING PROCESS
TOTAL VOLUNTEERS/ STUDENTS	0 VOLUNTEERS, 62 STUDENTS
EDUCATION REIMBURSEMENT PROGRAM (Bachelor/Master's Program)	1

### RECRUITMENT ACTIVITIES

DEPARTMENT	# OF OPEN POSITIONS
NURSING	29
CLINICAL NON -NURSING	1
CLINICAL PROFESSIONAL	7
ALLIED HEALTH	7
PT. SERVICES	7
SUPPORT SERVICES	3
CLINICS	0
SKILLED NURSING FACILITY	4
Travel Staff by Department/Shift	
OB Days	8
OB Nights	2
NICU Days	1
NICU Nights	0
Med Surg Days	1

Med Surg Nights	0
<b>TOTAL</b>	<b>12</b>

### 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	
LEADERSHIP EDUCATION OPPORTUNITY PROGRAM	NEW		
REPORTING TIME PAY	HRD-00046	UNDER REVIEW	
STANDARDS OF CONDUCT	HRD-00021	UNDER REVIEW	

### 2024 PIONEERS ACTIVITIES COMMITTEE

EVENT	MONTH OF EVENT
Employee Recognition Banquet	Planning banquet for September 2024
Monthly Employee Recognition Program	In progress

### EMPLOYEE HEALTH / EDUCATION REPORT

#### Workers' Compensation Summary

N/A

#### HR Recruiter

June 6 IVC Graduation

We sign on to PMHD Team

MS 6, ICU 4, OB 4

### Child Care Center

.We have 34 employee Children / 21 non-employee children.

We are in the process of getting estimates to paint the outside of both trailers and replace the flooring in the back trailer.

We will also be looking at quotes to replace the sand with a foam type ground covering under the play areas and replace broken outside toys and playground equipment before the summer.

## **EDUCATION REPORT**

- **3-day NHNO starting 07/3/2024 (Initial start date was 6/19 but no RNs hired). The last day is exclusive to skills lab**
- **5-week EKG classes started on 6/7**
- **Annual orientation to start soon on ADP with updated content**
- **Sexual harassment training for employees and supervisors will be assigned this month**
- **Policies regarding education reimbursement will be updated**
- **I am revisiting the fetal monitoring course I found. I would like all LDRP nurses to take the beginner and intermediate classes. This also counts as CE credits.**
- **Planning a basic American Sign Language class for staff and community.**