

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

Thursday, September 19, 2024  
4:00 pm  
PMH Auditorium

## **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. 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: 4:30 pm – 5:45 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. PMHD v. IVHD
2. Fernandez v. PMHD

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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

**V. RECONVENE TO OPEN SESSION** (*time: 5:45 – 5:50 pm*)

- A. Take Actions as Required on Closed Session Matters

**VI. POLICIES/PROCEDURES/REVIEW OF OTHER ITEMS** – The Board will consider and may take action on the following: (*time: 5:50 pm – 6:30 pm*)

- A. Hospital Policies
  1. Stand-by (On-Call) and Call-Back Pay
- B. Approval of Minutes
  1. 8/20/24 Special Meeting
  2. 8/27/24 Regular Meeting
  3. 9/5/24 Special Meeting
- C. Update Reports
  1. Women's Auxiliary
  2. LAFCO
- D. Authorize Addendum No. 5 to Services Agreement with Health Revenue Management Group  
Contract Value: estimated \$265,000; Contract Term: Two (2) years; Budgeted: Yes; Budget Classification: Purchased Services
- E. Authorize Amendment No. 3 to Supplemental Funding Enhancement Program Agreement with Steve Clark & Associates  
Contract Value: \$90,000/yr.; Contract Term: One (1) year and three (3) months; Budgeted: Yes; Budget Classification: Purchased Services
- F. Authorize Security Services Agreement with Securitas Security Services USA, Inc.  
Contract Value: \$550,241/yr; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Purchased Services
- G. Authorize 2024 Wage Increase for PMHD Employees  
Contract Value: estimated \$5.0 million; Contract Term: Effective September 2, 2024; Budgeted: Yes, partially; Budget Classification: Salaries
- H. Authorize Implementation of AcuityPlus Productivity Software with Harris OnPoint  
Contract Value: \$101,323.<sup>40</sup>; Contract Term: ongoing; Budgeted: Year 1; Budget Classification: Purchased Services/Repairs & Maintenance
- I. Authorize Purchase of ICU Cardiac Central Station from GE HealthCare  
Contract Value: \$150,673.<sup>75</sup>; Contract Term: One time purchase; Budgeted: Yes; Budget Classification:

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## Capital

J. Authorize Purchase Agreement for Atrix Machine with Stryker Sales, LLC  
Contract Value: \$26,067.<sup>03</sup>; Contract Term: One time purchase; Budgeted: Yes; Budget Classification: Capital

K. Authorize Purchase of Anesthesia Machine and Adjunct Equipment  
Contract Value: not to exceed \$115,000; Contract Term: One time purchase; Budgeted: Yes; Budget Classification: Capital

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

## A. Operations Reports –

1. Finance (Chief Financial Officer)
  - a) August 2024 Finance Report
  - b) Seismic Update
  - c) Facilities, logistics, construction, support
  - d) Information Technology
2. Hospital operations (Chief Nursing Officer)
  - a) Operations report
  - b) Medical staff
  - c) Quality resources
3. Clinics operations (Chief of Clinic Operations)
4. Human Resources (Chief Human Resources Officer)
  - a) August 2024 HR Report
  - b) Marketing
5. Board matters

## B. Legal Counsel Report – Sally Nguyen

1. All matters to be discussed in Closed Session

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

**Pioneers Memorial Healthcare District**

Title: Stand-by (On-Call) and Call-Back Pay		Policy No. HRD-00010
		Page 1 of 3
Current Author: Carol Bojorquez/Charity Dale		Effective: 1974
Latest Review/Revision Date: 9/9/2024		Manual: Human Resources

Collaborating Departments: Administration, Nursing, Finance	Keywords: Stand-by, On-Call, Call-Back, Pay		
<b>Approval Route: List all required approval</b>			
PSQC	Other:		
Clinical Service _____	MSQC	MEC	BOD 9/2024

*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 Due to the emergent nature of a hospital's operation, stand-by status is frequently a requirement as a condition of employment.

**2.0 Scope:** Clinical Departments and Sterile Processing Department**3.0 Policy:**

- 3.1 Employees required to be on stand-by receive special compensation. For purposes of overtime, stand-by is not considered to be time worked. Stand-by stops when working on call-back time.

**4.0 Definitions:**

- 4.1 Stand-by (on-call) time: That time a non-exempt employee is required to be available to report to work when needed. Employees on stand-by must have a phone number or pager number where they can be reached should they be needed at work, and they must make that number available to their supervisor. Merely carrying a pager/phone does not warrant stand-by pay. Stand-by compensation is based on employee pay rate.
- 4.2 Call-back time: That time the employee actually spends at work after being called to return to work while on stand-by status.
- 4.3 Work Day- a fixed recurring period beginning at 0700 and ending at 0659.

**5.0 Procedure:**

- 5.1 It is each employee's responsibility to indicate stand-by and call-back time on their time sheet.
- 5.2 There is no minimum guaranteed stand-by hours.
- 5.3 Only the appropriate Administrator and the Chief Human Resources Officer can approve call-back eligibility for a department and job classification.
- 5.4 Stand-by status can only be assigned by the department manager or designee.
- 5.5 The call-back of an employee may only be made with the authorization of the department manager or designee or House Supervisor.
- 5.6 Stand-by non-exempt employees who are called to work and then released from both stand-by duty and work shall be paid at their straight-time hourly rate for the hours

Pioneers Memorial Healthcare District

Title: Stand-by (On-Call) and Call-Back Pay	Policy No. HRD-00010
	Page 2 of 3
Current Author: Carol Bojorquez/Charity Dale	Effective: 1974
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worked on their regularly scheduled shift. This is true even if the shift begins less than nine hours after such release.

- 5.7 Employees contacted to return to work prior to their next normally scheduled shift, but who have not been designated as being on stand-by are not eligible for stand-by or call-back pay.
- 5.8 The minimum call back period is two (2) hours and extends to all time worked more than the two (2) hours when the employee is called back from standby. In cases where an employee is called back and actual work time is less than two (2) hours, the employee will be paid the two (2) hour minimum of the applicable rate. Each call back period within a scheduled standby period stands alone. One call back or multiple call backs within the same scheduled standby period will be paid the two (2) hour minimum.
- 5.9 Under no circumstances is the overlapping, pyramiding, or stacking of standby, call back or call is permitted. Example: standby pay is not paid during hours qualified as call back and call back pay is not paid during hours qualified as standby. Standby pay ends when call back begins and may resume when call back or the call back minimum period ends
- 5.10 Call back and call in hours worked qualify for shift differentials
- 5.11 Call back and call in hours are considered hours worked and therefore must be included when determining overtime.
- 5.12 Call back pay does not apply where an employee is asked during his /her normal work day to work beyond his/her normal shift or is scheduled to work overtime.
- 5.13 Employees called off during their regularly scheduled work day may be placed on authorized standby so that the staff member remains available to return to work. If called in to work within the hours of their regularly scheduled shift, they will receive on call pay for hours on call and will be paid normal rate of pay for the hours worked unless they move into an OT situation.
- 5.14 All scheduled standby is considered uncontrolled and unrestricted unless otherwise designated. The employee is not restricted as to place or activity but must be able to be at their work location within thirty (30) minutes of being paged/called unless otherwise agreed based on location of primary residence. Disciplinary action will be imposed on employees who fail to answer a call back request when on standby schedule.
- 5.15 Due to the volatile schedules of the surgical areas which include sterile processing, taking on call outside their regularly scheduled work shift will receive (2) times the employees' regular rate when called back to work while on a standby schedule. The rate of double-time does not apply if employee was placed on call for their regularly scheduled shift and due to volumes was placed on call or was sent home early then was asked to take call for the remainder of the shift and is called back in during that time period. The hours worked in that instance will be paid as straight time unless employee is working in an overtime situation.
- 5.16 PMHD has 4 call back pay tiers based on employees rate of pay  
5.16.10-\$15                    \$2/hr

**Pioneers Memorial Healthcare District**

Title: Stand-by (On-Call) and Call-Back Pay		Policy No. HRD-00010
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5.16.2 \$15.01-\$20 \$3/hr  
 5.16.3 \$20.01 and up \$4/hr  
 5.16.4 Pharmacist on call \$7/hr

5.17 Employees assigned to stand-by status who do not or who are unable to respond to call-back will forfeit all stand-by compensation for that period and will be subject to disciplinary action which may include discharge.

**6.0 References:** Not applicable

**7.0 Attachment List** Not applicable

**8.0 Summary of Revisions:**

8.1 Added Sterile Processing to section 5.15  
 8.2 Added Sterile Processing to Scope

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

Tuesday, August 20, 2024  
3:00 pm  
PMH Pool Conference Room

**Minutes**

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

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

**I. CALL TO ORDER** (*time: 3:00 pm – 3:15 pm*)

President Santillan called the meeting to order at 3:00 pm in the Pool Conference Room.

A. Roll Call

**BOARD MEMBERS:**

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

**STAFF:**

Sally Nguyen, General Counsel

**GUESTS:**

None.

B. Approval of Agenda

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

**II. BOARD MEMBER COMMENTS**

Director Aguirre mentioned that Dr. Almaden passed away. The Board sends their deepest sympathies to his family.

**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: 3:15 pm – 3:30 pm*)

**There were no comments.**

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**IV. 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: 3:30 pm – 4:55 pm)*

- A. CONSIDERATION OF MATTERS INVOLVING TRADE SECRETS – Safe Harbor: Health and Safety Code §32106, subparagraph (b)
  - 1. Based on the Board's prior findings regarding Trade Secret classification, as contained in Resolution 2023-01, consideration, and discussion of possible initiation of the following:
    - a. Updating Certain District Strategic Planning Initiatives

**V. RECONVENE TO OPEN SESSION** *(time: 4:55 pm – 5:15 pm)*

- A. Take Actions as Required on Closed Session Matters

The Board approved two press releases in closed session. InFavor=4; Opposed=1.  
**Motion carried.**

**VI. ADJOURNMENT** *(time: 5:15 pm)*

Meeting was adjourned to next meeting.

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Clerk of the Board

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Board Secretary

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

Tuesday, August 27, 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  
Rachel Fonseca, Secretary  
Linda Rubin, Treasurer  
Nick Aguirre, Asst. Treasurer/Secretary

**STAFF:**

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

**GUESTS:**

Carly Zamora, Chief of Clinics  
Charity Dale, CHRO

B. Approval of Agenda

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

Ms. Loper, CFO, introduced Mr. Brett Steigerwald, the new Senior Director of Revenue Cycle. Mr. Steigerwald gave the Board a brief overview of revenue cycle activities. He noted that with the implementation of Cerner, the average daily revenue is starting to

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climb up. Days in A/R for professional billing is about 74 and for the hospital it is about 43 days in A/R. The target that the staff is working towards is 30 days in A/R. Director Santillan asked what the timeframe is to reach that goal. Mr. Steigerwald advised it would probably be about two months if all goes well for both professional and hospital A/R. The staff is working on first getting back to the historic averages and then exceeding those averages. One initiative is to provide education and address any questions physicians have with Cerner to improve coding and billing. Director Santillan would like metrics on how many physicians participate in this initiative. Next week, Cerner will be on site to address a lot of the pending issues and provide additional education. Another area that will be considered and analyzed is clinic copays within Cerner. The Board welcomed Mr. Steigerwald to Pioneers and thanked him for the update.

**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

Dr. Indudhara will not be able to attend the meeting as he is completing another military service. A motion was made to approve the medical staff report by Director Berker, 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 – 5:45 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)

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
3. Fernandez 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: 5:45 – 5:50 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: 5:50 pm – 6:30 pm*)**A. Hospital Policies**

1. Car Seat
2. Dress and Appearance Guidelines
3. Education Certification Requirements
4. Education Reimbursement Program
5. Emergency Management Plan
6. Emergency Operations Plan
7. Eye Exam for Premature Infants
8. Focused Professional Practice Evaluation
9. Group Purchasing Organization
10. High Risk Infant Follow Up
11. Hospital Emergency Codes
12. Intermediate NICU Bioethics and Bioethics Consultation
13. Intra-Facility Transport of the Immediate NICU Patient
14. Moderate Sedation
15. Nurse Preceptor Pay
16. Obstetrics Cash Discount FY 2025
17. Ongoing Professional Practice Evaluation
18. Requisition and Purchase of Special Items Including Services
19. Teleworking
20. Travel and Reimbursement 2024
21. Use of Restraint and Seclusion

**B. Approval of Minutes**

1. 6/24/24 Regular Meeting
2. 7/26/24 Special Meeting

**C. Update Reports**

1. Women's Auxiliary
2. LAFCO

**D. Discussion Related to Honoring Physicians and Staff**

**E. 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

**F. Biannual Review of PMHD Conflict of Interest****G. Revision of PMHD Bylaws**

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- H. Authorize Retroactively Consulting Agreement with Brabec Healthcare Management, Inc.  
Contract Value: \$8,250/mo.; Contract Term: Project completion; Budgeted: Yes; Budget Classification: Purchased Services
- I. Authorize Renewal of Agreement with NeoGenomics Laboratories, Inc.  
Contract Value: \$24,569/yr.; Contract Term: Ongoing with 30-day out; Budgeted: Yes; Budget Classification: Purchased Services
- J. Authorize Renewal of GeneXpert Service Agreement with Cepheid  
Contract Value: 75,268/yr.; Contract Term: Four (4) years; Budgeted: Yes; Budget Classification: Repairs & Maintenance
- K. Authorize Renewal of MUSE Service Agreement with GE Healthcare  
Contract Value: \$191,575; Contract Term: Five (5) years; Budgeted: Yes; Budget Classification: Software/Repairs & Maintenance
- L. Authorize Agreement for the Replacement of Chiller 3 with Cunningham Group Architecture  
Contract Value: \$114,470; Contract Term: Project completion; Budgeted: Yes; Budget Classification: Capital
- M. Authorize Addendum to Physician Advisor Services Agreement with Peter Su, MD  
Contract Value: \$6,125/mo.; Contract Term: Coterminous with current contract; Budgeted: Yes; Budget Classification: Professional Fees
- N. Authorize Cross Product Placement Agreement with Stryker Sales, LLC  
Contract Value: \$152,200.<sup>48</sup>; Contract Term: Five (5) years; Budgeted: No; Budget Classification: Maintenance & Repairs
- O. Authorize Medical Directorship Agreement for Pioneers Skilled Nursing Facility with Mehboob Ghulam, D.O.  
Contract Value: not to exceed \$48,000/yr.; Contract Term: Three (3) years; Budgeted: Yes; Budget Classification: Professional Fees
- P. Authorize Purchase of BACT/Alert Virtuo and Lab Equipment Supply Agreement with McKesson Medical Surgical  
Contract Value: \$127,168.<sup>80</sup>; Contract Term: Purchase; Budgeted: Yes; Budget Classification: Capital
- Q. Authorize Agreement for Automation of Registration and Intake with Notable  
Contract Value: \$450,417; Contract Term: Three (3) years; Budgeted: No; Budget Classification: Purchased Services
- R. Authorize Professional Services Agreement and Emergency Medical On-Call Agreement Mahomed Suliman, MD  
Contract Value: depends on volumes; Contract Term: Three (3) years; Budgeted: No; Budget Classification: Professional Fees
- S. Authorize Purchase of Canon Aquilion Prime SP CT, Financing and Service Agreement with Canon Medical Systems USA, Inc.  
Contract Value: Dependent on financing/Service Agreement; Contract Term: Up to Five (5) years; Budgeted: No; Budget Classification: Capital/Repairs & Maintenance
- T. Authorize Ancillary Provider Services Agreement for Pioneers Memorial Skilled Nursing Center with Molina Healthcare of California  
Contract Value: depends on volumes; Contract Term: One (1) year; Budgeted: N/A; Budget Classification: Revenue
- U. Authorize Proposal and Agreement for Professional Services with Walter P Moore & Associates  
Contract Value: estimated \$138,000; Contract Term: approx. six (6) months; Budgeted: Yes; Budget Classification: Purchased Services
- V. Authorize Telemedicine Services Agreement with The Regents of the University of California – San Diego Health (UCSD)  
Contract Value: \$6,044/mo.; Contract Term: Ongoing with 60-day out; Budgeted: Yes; Budget Classification: Professional Fees

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- W. Authorize Mutual Nondisclosure Agreement with Alertive Healthcare Medical Group  
Contract Value: based on analysis; Contract Term: 12-months; Budgeted: undefined; Budget  
Classification: Professional Fees
- X. Authorize Emergency Medical Care On-Call Coverage Agreement with Hussein El Newihi, MD  
Contract Value: depends on volumes; Contract Term: One (1) year; Budgeted: No; Budget  
Classification: Professional Fees
- Y. Authorize Seventeenth Amendment to Fee for Service Hospital Agreement with California Physicians Service dba Blue Shield of California Pending Legal Review  
Contract Value: depends on volume; Contract Term: Three (3) years; Budgeted: N/A; Budget  
Classification: Revenue

A motion was made to approve Items A through Y, with the exception of items D, E, H, L, M, V, W and Z by Director Fonseca, seconded by Director Aguirre. **The motion was unanimously carried.**

ITEM D – It was noted that it had been brought up in the past on ideas as to how to honor providers who have passed. After some discussion, it was decided to appoint an Ad Hoc Committee. **Director Santillan and Director Rubin were designated to the Ad Hoc Committee to review the honoring of providers that have passed away.**

ITEM E – This item was tabled for consideration in December 2024.

ITEM H – Director Rubin noted that the proposal mentioned that the impact of project would be measured; however, no metrics were identified in the contract. Mr. Bjornberg will be sending the tools and templates that Mr. Brabec has for monitoring and measuring performance improvement to the full Board. Director Berker asked what Erika Arias does. Ms. Bojorquez advised that Ms. Arias is doing all the data collection as Mr. Brabec is focusing on the interview portion of the project. Ms. Arias took the initiative to collaborate with the Revenue Cycle Director and the OR team. She is also working with Scripps on developing a process improvement and has an onsite visit scheduled for the 29<sup>th</sup>. Mr. Brabec should be a mentor to Ms. Arias and not duplicate any of the work required for this project. Both Mr. Bjornberg and Ms. Bojorquez will be meeting regularly with Mr. Brabec and Ms. Arias to make sure they stay on course.

ITEM L – Director Rubin asked what the cost of a new chiller is. Ms. Loper stated it would be around \$900,000 for a brand-new chiller.

ITEM M – Dr. Su will be doing five additional hours for this service.

ITEM V – Director Rubin asked if anyone else was considered for this service. This is for weekend coverage for the ICU. Mr. Bjornberg reported that other organizations were contacted, but none were interested.

ITEM W – Director Berker asked who bills for the service. Mr. Bjornberg advised that Alertive would bill in addition to their fee of \$3.7 million. They are going through the GME program. A discussion ensued regarding concerns as to how this would be carried out. Mr. Bjornberg clarified that this is only to seek approval for the non-

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disclosure agreement to get the process started; there is no actual agreement at this time.

A motion was made to approve items D, H, L, M, V and W with the exception of Item E by Director Rubin, seconded by Director Aguirre. **The motion was unanimously carried.**

**Z. Authorize 2024 Wage Increase for PMHD Employees**

Contract Value: estimated \$5.0 Million; Contract Term: Effective September 2, 2024; Budgeted: Yes, partially; Budget Classification: Salaries

A motion was made to approve the wage increase for all staff except the Board's direct reports and all the chiefs by Director Berker, seconded by Director Aguirre. **The motion was unanimously carried.**

Director Santillan and Director Rubin were designated to an Ad Hoc Committee to address the wage increase for Board direct reports and all chiefs.

**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)**

Regarding the SNF, room 5 was approved, so we will not lose those beds. There are still some items in the kitchen that need to be completed, but they are in the works. The new Director and DNO of the SNF are a good team and are working well.

**2. Finance (Chief Financial Officer)**

**a) June/July 2024 Finance Report**

Ms. Loper reported that the District had a profit of \$537,000 for the month of July. Days cash on hand increased to 108.6 days. The District received \$4 million in supplemental payments and \$1.3 million from Noridian. There were also good cash collections from Cerner of about \$9 million in July, which is like pre-Cerner days. Updated ratios were provided to the Board which show the 108.6 days cash on hand and the debt coverage ratio at 4.97. Ms. Loper reported that the fiscal year 2024, pre-audit numbers is a \$10.7 million profit. 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 noted that the transfer data is being gathered through Cerner. It has been difficult to get the data; however, up to May, there have been 480 transfers. As always, the top specialties being transferred are GI, Cardio, Peds and Neuro. Ms. Bojorquez advised that at the last affiliation meeting with Scripps, they mentioned that they are experiencing some difficulty with their GI

coverage. She reported that there is now a director who will oversee the NICU and Pediatrics – Fidelita Cortez. There is also a new director of quality, Biké Enwezoh. They both come with many years of experience, and we are happy to have them here.

4. Clinics operations (Chief of Clinic Operations)

Ms. Zamora updated the Board regarding the physician recruitment efforts. She is in the process of interviewing an oncologist and two rheumatologists. These providers are all looking to move to southern California, and all have families in the San Diego area. Efforts continue for the recruitment of GI and primary care providers. Director Berker asked what the hours were for the after-hours clinic. Ms. Zamora noted that there are no after-hours clinics due to only seeing one or two patients during those extended hours. This will be re-evaluated in the winter to see if the volumes are there. Interviews for Radiology Director are underway as well.

5. Medical staff (Chief Nursing Officer)

Nothing further to report.

6. Human Resources (Chief Human Resources Officer)

a) June/July 2024 HR Report

Director Rubin stated that she noticed there are five new positions posted for HR. She was wondering how many people there are going to be in that department. Ms. Dale noted that they are not new positions, rather she is replacing staff members who have tended their resignations. She also advised that Ms. Estella Chavaria will now be the HR Manager. Ms. Dale mentioned that she has been advised that the Training and Education Manager is considering a position at Eisenhower as her spouse works there. A motion was made to approve the HR report by Director Rubin, seconded by Director Aguirre. **The motion was unanimously carried.**

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

Nothing further to report.

8. Marketing (Director of Marketing)

Nothing further to report.

9. Facilities, logistics, construction, support

Nothing further to report.

10. Quality resources - (Director of Quality Resources)

Nothing further to report.

11. Board matters

Nothing further 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  
207 West Legion Road, Brawley, CA 92227  
**SPECIAL MEETING OF THE BOARD OF DIRECTORS**

Thursday, September 5, 2024  
4:00 pm  
PMH Pool Conference Room

## Minutes

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

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

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

President Santillan called the meeting to order at 4:00 pm in the PMH Pool Conference Room.

A. Roll Call

**BOARD MEMBERS:**

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

**STAFF:**

Sally Nguyen, General Counsel

**GUESTS:**

None.

B. Approval of Agenda

A motion was made to approve the agenda by Director Aguirre, seconded by Director Fonseca. **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. Jaime Cristobal, former PMHD employee, addressed the Board regarding his dismissal. He noted that he was disappointed and shocked at how this was handled. He was a long-time employee of the organization and feels this was not fair. He provided an

SECTION

overview of all of his concerns. Ms. Rae Jean Murray spoke to the Board as to Mr. Cristobal's character. She feels that it is no longer of value to be a long-time employee of the organization. Ms. Murray stated that she feels "old timers" are considered obsolete. There are new leaders in the organization that she doesn't feel care about PMHD. Ms. Yolanda Smith spoke to the Board and echoed Ms. Murray's sentiments regarding the value of long-term employees. The Board thanked Mr. Cristobal, Ms. Murray and Ms. Smith for their comments.

**IV. 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: 4:30 pm – 5:55 pm)

- A. PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL RELEASE (§54957.6)
- B. 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
- C. PENDING OR THREATENED LITIGATION – Safe Harbor: Subdivision (b) of Government Code Section 54956.9
  - 1. Potential Cases: 1

**V. RECONVENE TO OPEN SESSION** (time: 5:55 pm – 6:15 pm)

- A. Take Actions as Required on Closed Session Matters

**The board voted to exercise the no-cause termination clause of the CEO agreement.**

**VI. ADJOURNMENT** (time: 6:15 pm)

The meeting was adjourned to the next meeting.

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Clerk of the Board

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Board Secretary



**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: N/A**

**From:** Carly Loper, Chief Financial Officer

**Financial Report – August 2024**

**Overview:**

Financial operations for the month of August 2024 resulted in a profit of \$752,791 against a budgeted loss of (\$261,284). The favorable results for the month of August are due to higher inpatient revenues.

**Patient Volumes:**

For the month of August, inpatient admissions exceeded budget by 17.1% and stayed consistent with the prior month by 0.2%. August inpatient days fell below budget by (13.7%) but exceeded the prior month by 1.8%.

Newborn deliveries in August stayed consistent with July's deliveries by 1.3% and exceeded with the monthly budget (154 deliveries in August compared to 127 budgeted deliveries). August ED visits were below July's visits by (6.2%) and fell slightly below budget for the month by (2.5%). Surgical case volumes exceeded prior month volumes by 29.2% and below the monthly budget by (1.7%). GI Scopes fell below the prior month and budget, (4 scopes in August compared to 41 in July).

Pioneers Health Center (PHC) visits in August exceed the prior month visits by 9.2% and fell below budget by (44.0%). The Calexico Health Center (CHC) volumes in August exceeded prior month volumes by 8.7% but fell short of the monthly budget by (27.1%). The Pioneers Children's Health Center (PCHC) surpassed the prior month's volumes by 5.0% but fell below the monthly budget by (60.8%).

Hospital outpatient volumes i.e., Lab, Imaging, Respiratory and other services stayed consistent with July's volumes by (0.7%) and exceeded the monthly budget by 16.0%.

For the month of August, Pioneers Memorial Skilled Nursing Center (PMSNC), *formerly Imperial Heights Health and Wellness Center*, stayed consistent with July's days by (1.7%) with 2,200 inpatient days in August compared to 2,240 inpatient days in July. PMSNC had an average daily census (ADC) of 70.97 for the month of August.

**See Exhibit A (Key Volume Stats – Trend Analysis) for additional detail.**

	Current Period			Year To Date		
	Act.	Bud	Prior Yr.	Act.	Bud	Prior Yr.
Deliveries	154	127		145	306	280
E/R Visits	3,498	3,588		3,614	7,226	7,326
Surgeries	403	410		316	715	738
GI Scopes	4	110		94	44	139
Calexico RHC	675	926		926	1,296	1,622
Pioneer Health	2,115	3,774		3,774	4,052	5,717
Children's RHC	376	959		959	734	1,735
O/P Visits	6,270	5,407		5,697	12,584	10,565
						10,603

### **Gross Patient Revenues:**

In August, gross inpatient revenues exceeded budget by 32.2% while outpatient revenues were under budget by (8.9%).

Net operating revenues (Gross revenues less contractual deductions) exceeded the monthly budget by \$783,686 or 6.3% and exceeded the prior month's revenues by \$243,366 or 1.9%.

### **Operating Expenses:**

In total, August operating expenses were under budget by \$161,904 or 1.2%. Staffing expenses, which include Salaries, Benefits and Contract Labor were over budget by (\$105,576 or 1.4%). Non-salary expenses, which include Supplies, Professional Fees, Purchased Services and Other were over budget by (\$267,480 or 4.9%).

**Below is a summary table of expenses compared to budget.**

Exp. Category	Actual	Budget	Var.	Comment
Salaries	5,850	5,977	2.1%	On Budget
Benefits	1,773	1,522	-16.5%	Over Budget
Contract Labor	188	206	8.7%	Under Budget
Pro Fees	1,238	1,243	0.4%	On Budget
Supplies	1,362	1,497	9.0%	Under Budget
Purchased Serv	708	572	-23.8%	Over Budget
Other Operating	727	802	9.4%	Under Budget

**Cash Position:**

The District's total cash reserves decreased from the prior month due to lower cash collections in August with the following results:

end of June 2024:	\$40,030,991 (96.2 days cash on hand)
end of July 2024:	\$46,016,075 (108.6 days cash on hand)
end of August 2024:	\$42,031,813 (98.9 days cash on hand)

**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.

**Net Excess/(Deficit):**

Fiscal year-to-date, District operations have resulted in a profit of \$1,290,240 against a budgeted loss of (\$619,440) which is a favorable result compared to the prior year-to-date profit of \$218,874.

**END OF REPORT**

**PIONEERS MEMORIAL HOSPITAL****PAGE 4****02 Mos 06/30/25**

	<b>Current Month 8/31/2024</b>	<b>Year-To-Date 2 Months 8/31/2024</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Net Income (Loss)	\$752,790	\$1,290,235
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	\$287,071	\$573,467
(Increase)/Decrease in Net Patient Accounts Receivable	(\$1,716,570)	\$494,900
(Increase)/Decrease in Other Receivables	(\$2,153,249)	\$543,966
(Increase)/Decrease in Inventories	(\$182,025)	(\$37,331)
(Increase)/Decrease in Pre-Paid Expenses	\$247,241	(\$964,041)
(Increase)/Decrease in Other Current Assets	\$0	\$1,314,600
Increase/(Decrease) in Accounts Payable	(\$899,000)	(\$961,315)
Increase/(Decrease) in Notes and Loans Payable	\$0	\$0
Increase/(Decrease) in Accrued Payroll and Benefits	\$34,540	\$454,656
Increase/(Decrease) in Accrued Expenses	\$0	\$0
Increase/(Decrease) in Patient Refunds Payable	\$0	\$0
Increase/(Decrease) in Third Party Advances/Liabilities	\$0	\$0
Increase/(Decrease) in Other Current Liabilities	\$55,422	\$110,842
<b>Net Cash Provided by Operating Activities:</b>	<b>(\$3,573,780)</b>	<b>\$2,819,979</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchase of property, plant and equipment	(\$287,946)	(\$607,886)
(Increase)/Decrease in Limited Use Cash and Investments	(\$20,416)	(\$7,091)
(Increase)/Decrease in Other Limited Use Assets	(\$81,135)	(\$162,270)
(Increase)/Decrease in Other Assets	\$0	\$0
<b>Net Cash Used by Investing Activities</b>	<b>(\$389,497)</b>	<b>(\$777,247)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Increase/(Decrease) in Bond/Mortgage Debt	(\$1,985)	(\$3,971)
Increase/(Decrease) in Capital Lease Debt	(\$18,994)	(\$37,937)
Increase/(Decrease) in Other Long Term Liabilities	\$0	\$0
<b>Net Cash Used for Financing Activities</b>	<b>(\$20,979)</b>	<b>(\$41,908)</b>
<b>(INCREASE)/DECREASE IN RESTRICTED ASSETS</b>	<b>\$0</b>	<b>\$0</b>
<b>Net Increase/(Decrease) in Cash</b>	<b>(\$3,984,256)</b>	<b>\$2,000,824</b>
Cash, Beginning of Period	\$46,016,075	\$40,030,991
<b>Cash, End of Period</b>	<b>\$42,031,819</b>	<b>\$42,031,815</b>

SPECIAL MEETING OF THE BOARD OF DIRECTORS - VII. MANAGEMENT REPORTS

PIONEERS MEMORIAL HEALTHCARE STATEMENT OF REVENUE AND EXPENSE FOR THE PERIOD ENDING AUGUST 31, 2024															
LAST MONTH ACTUAL JULY	LAST YEAR ACTUAL AUGUST	THIS MONTH ACTUAL AUGUST	THIS MONTH BUDGET AUGUST	THIS MONTH ACT-BUD VARIANCE	FYTD ACTUAL AUGUST	FYTD BUDGET AUGUST	FYTD ACT-BUD VARIANCE	FYTD PRIOR YEAR AUGUST	FYTD ACT-PRIOR VARIANCE						
3,336	4,575	3,200	4,671	-1,472	ADJ PATIENT DAYS	6,533	8,412	-1,879	8,506	-1,973					
1,338	1,507	1,362	1,579	-217	INPATIENT DAYS	2,700	2,909	-209	2,822	-122					
486	416	487	416	71	IP ADMISSIONS	973	782	191	782	191					
43	49	44	51	-7	IP AVERAGE DAILY CENSUS	44	47	-3	46	-2					
GROSS PATIENT REVENUES															
4,135,558	7,037,864	4,245,778	6,802,710	-2,556,932	DAILY HOSPITAL SERVICES	8,381,336	13,580,150	-5,198,814	13,887,251	-5,505,915					
13,359,194	6,646,681	14,037,130	7,022,970	7,014,160	INPATIENT ANCILLARY	27,396,324	14,478,643	12,917,681	12,307,606	15,088,718					
26,123,842	27,863,130	24,666,163	27,073,945	-2,407,782	OUTPATIENT ANCILLARY	50,790,005	53,079,607	-2,289,602	52,762,103	-1,972,098					
43,618,594	41,547,675	42,949,071	40,899,625	2,049,446	TOTAL PATIENT REVENUES	86,567,665	81,138,400	5,429,265	78,956,960	7,610,705					
REVENUE DEDUCTIONS															
10,291,766	9,445,769	9,837,519	8,957,437	880,082	MEDICARE CONTRACTUAL	20,129,285	17,770,141	2,359,144	17,837,139	2,292,146					
12,833,278	14,201,748	12,888,442	11,707,136	1,181,306	MEDICAL CONTRACTUAL	25,721,720	23,225,110	2,496,610	25,793,836	-72,116					
-1,374,159	-1,423,762	-1,336,399	-1,314,814	-21,585	SUPPLEMENTAL PAYMENTS	-2,710,558	-2,608,384	-102,174	-2,848,157	137,599					
0	0	0	0	0	PRIOR YEAR RECOVERIES	0	0	0	0	0					
7,851,346	6,362,202	7,376,244	8,028,166	-651,922	OTHER DEDUCTIONS	15,227,590	15,926,614	-699,024	12,638,630	2,588,960					
103,048	60,096	44,424	149,865	-105,441	CHARITY WRITE OFFS	147,472	297,309	-149,837	158,458	-10,986					
937,839	732,322	920,000	936,500	-16,500	BAD DEBT PROVISION	1,857,839	1,857,868	-29	1,670,161	187,678					
-4,167	-4,167	-4,167	-3,987	-180	INDIGENT CARE WRITE OFFS	-8,334	-7,910	-424	-8,333	-1					
30,638,951	29,374,208	29,726,063	28,460,303	1,265,760	TOTAL REVENUE DEDUCTIONS	60,365,014	56,460,748	3,904,266	55,241,734	5,123,280					
12,979,643	12,173,467	13,223,008	12,439,322	783,686	NET PATIENT REVENUES	26,202,651	24,677,652	1,524,999	23,715,226	2,487,425					
70.2%	70.7%	69.2%	69.6%			69.7%	69.6%		70.0%						
OTHER OPERATING REVENUE															
0	0	0	0	0	GRANT REVENUES	0	0	0	125,000	-125,000					
273,801	358,626	307,025	389,274	-82,249	OTHER	580,826	775,236	-194,410	625,912	-45,086					
273,801	358,626	307,025	389,274	-82,249	TOTAL OTHER REVENUE	580,826	775,236	-194,410	750,912	-170,086					
13,253,444	12,532,093	13,530,033	12,828,596	701,437	TOTAL OPERATING REVENUE	26,783,477	25,452,888	1,330,589	24,466,138	2,317,339					
OPERATING EXPENSES															
5,849,650	5,448,775	5,850,323	5,977,446	-127,123	SALARIES AND WAGES	11,699,973	11,834,709	-147,36	10,763,477	936,496					
1,285,872	1,480,341	1,773,423	1,522,353	251,070	BENEFITS	3,059,295	3,044,706	14,589	3,091,721	-32,426					
211,140	270,972	187,727	206,098	-18,371	REGISTRY & CONTRACT	398,867	413,544	-14,677	511,773	-112,906					
7,346,662	7,200,088	7,811,473	7,705,897	105,576	TOTAL STAFFING EXPENSE	15,158,135	15,292,959	-134,824	14,366,971	791,164					
1,386,912	1,216,625	1,238,459	1,242,802	-4,343	PROFESSIONAL FEES	2,625,371	2,485,604	139,767	2,219,022	406,349					
1,540,888	1,376,384	1,361,788	1,496,665	-134,877	SUPPLIES	2,902,676	3,029,445	-126,769	2,696,732	205,944					
666,784	683,743	708,365	571,631	136,734	PURCHASED SERVICES	1,375,149	1,116,685	258,464	1,043,300	331,849					
461,240	463,212	445,422	580,089	-134,667	REPAIR & MAINTENANCE	906,662	1,160,178	-253,516	1,004,873	-98,211					
286,396	284,892	287,071	370,949	-83,878	DEPRECIATION & AMORT	573,467	741,898	-168,431	569,381	4,086					
261,018	213,969	225,205	235,867	-10,662	INSURANCE	486,223	479,506	6,717	476,688	9,535					
239,321	285,679	245,047	206,321	38,726	HOSPITALIST PROGRAM	484,368	412,642	71,726	551,645	-67,277					
887,279	754,174	727,205	801,718	-74,513	OTHER	1,614,484	1,597,529	16,955	1,463,228	151,256					
13,076,500	12,478,766	13,050,035	13,211,939	-161,904	TOTAL OPERATING EXPENSES	26,126,535	26,316,446	-189,911	24,391,840	1,734,695					
176,944	53,327	479,998	-383,343	863,341	TOTAL OPERATING MARGIN	656,942	-863,558	1,520,500	74,298	582,644					
NON OPER REVENUE(EXPENSE)															
296,820	48,493	209,057	60,744	148,313	OTHER NON-OPS REV (EXP)	505,877	121,488	384,389	59,913	445,964					
0	0	0	0	0	CARES HHS RELIEF FUNDING	0	0	0	0	0					
117,632	137,153	117,632	117,632	0	DISTRICT TAX REVENUES	235,264	235,264	0	274,306	-39,042					
-53,947	-57,648	-53,896	-56,317	2,421	INTEREST EXPENSE	-107,843	-112,634	4,791	-115,345	7,502					
0	0	0	0	0	CARES HHS/ FEMA RELIEF FUNDING	0	0	0	0	0					
360,505	127,998	272,793	122,059	150,734	TOTAL NON-OP REV (EXPENSE)	633,298	244,118	389,180	218,874	414,424					
537,449	181,325	752,791	-261,284	1,014,075	NET EXCESS / ( DEFICIT)	1,290,240	-619,440	1,909,680	293,172	997,068					
1,079.85	893.27	1,162.73	911.12	251.61	TOTAL PAID FTE'S (Inc Reg & Cont.)	1,121.29	913.29	208.00	887.37	233.92					
935.01	794.94	1,045.12	814.48	230.64	TOTAL WORKED FTE'S	990.07	816.90	173.17	782.03	208.04					
17.91	21.22	13.45	20.61	-7.16	TOTAL CONTRACT FTE'S	15.68	20.28	-4.60	19.17	-3.49					
938.27	762.02	1,020.05	786.94	233.11	PAID FTE'S - HOSPITAL	979.17	789.63	189.54	762.91	216.26					
812.98	667.23	921.89	701.97	219.92	WORKED FTE'S - HOSPITAL	867.44	704.91	162.53	660.80	206.64					
141.57	131.25	142.68	124.18	18.50	PAID FTE'S - SNF	142.13	123.66	18.46	124.46	17.67					
122.03	127.70	123.23	112.51	10.72	WORKED FTE'S - SNF	122.63	111.99	10.64	121.23	1.40					

SPECIAL MEETING OF THE BOARD OF DIRECTORS - VII. MANAGEMENT REPORTS

**PIONEERS MEMORIAL HEALTHCARE**  
**BALANCE SHEET AS OF AUGUST 31, 2024**

	<u>JULY 2024</u>	<u>AUGUST 2024</u>	<u>AUGUST 2023</u>
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
CASH	\$45,949,831	\$41,965,569	\$11,877,445
CASH - NORIDIAN AAP FUNDS	\$0	\$0	\$0
CASH - 3RD PRTY REPAYMENTS	\$0	\$0	\$934,015
CDs - LAIF & CVB	\$66,244	\$66,244	\$63,595
ACCOUNTS RECEIVABLE - PATIENTS	\$84,466,897	\$85,325,899	\$91,043,757
LESS: ALLOWANCE FOR BAD DEBTS	-\$5,727,620	-\$4,826,040	-\$5,172,270
LESS: ALLOWANCE FOR CONTRACTUALS	-\$65,527,378	-\$65,571,390	-\$65,805,330
NET ACCTS RECEIVABLE	\$13,211,898	\$14,928,469	\$20,066,157
	15.64%	17.50%	22.04%
ACCOUNTS RECEIVABLE - OTHER	\$28,104,499	\$30,257,748	\$20,460,645
COST REPORT RECEIVABLES	\$1,206,822	\$1,206,822	\$0
INVENTORIES - SUPPLIES	\$2,690,552	\$2,872,577	\$3,199,733
PREPAID EXPENSES	\$2,801,051	\$2,553,810	\$3,189,174
<b>TOTAL CURRENT ASSETS</b>	<b>\$94,030,897</b>	<b>\$93,851,239</b>	<b>\$59,790,764</b>
<b>OTHER ASSETS</b>			
PROJECT FUND 2017 BONDS	\$586,647	\$667,778	\$659,054
BOND RESERVE FUND 2017 BONDS	\$968,328	\$968,332	\$968,300
LIMITED USE ASSETS	\$27,634	\$48,050	\$45,122
NORIDIAN AAP FUNDS	\$0	\$0	\$0
GASB87 LEASES	\$47,170,860	\$47,170,860	\$49,415,107
OTHER ASSETS PROPERTY TAX PROCEEDS	\$505,438	\$505,438	\$594,002
<b>TOTAL OTHER ASSETS</b>	<b>\$49,258,908</b>	<b>\$49,360,458</b>	<b>\$51,681,585</b>
<b>PROPERTY, PLANT AND EQUIPMENT</b>			
LAND	\$2,623,526	\$2,623,526	\$2,623,526
BUILDINGS & IMPROVEMENTS	\$62,919,140	\$62,919,140	\$63,472,230
EQUIPMENT	\$63,455,124	\$63,618,532	\$60,070,696
CONSTRUCTION IN PROGRESS	\$834,438	\$958,976	\$339,036
LESS: ACCUMULATED DEPRECIATION	-\$100,035,389	-\$100,322,460	-\$97,144,444
<b>NET PROPERTY, PLANT, AND EQUIPMENT</b>	<b>\$29,796,837</b>	<b>\$29,797,715</b>	<b>\$29,361,044</b>
<b>TOTAL ASSETS</b>	<b>\$173,086,642</b>	<b>\$173,009,412</b>	<b>\$140,833,393</b>

**PIONEERS MEMORIAL HEALTHCARE**  
**BALANCE SHEET AS OF AUGUST 31, 2024**

	<u>JULY 2024</u>	<u>AUGUST 2024</u>	<u>AUGUST 2023</u>
<b>LIABILITIES AND FUND BALANCES</b>			
<b>CURRENT LIABILITIES</b>			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$4,738,323	\$3,175,865	\$2,247,963
ACCOUNTS PAYABLE - ACCRUALS	\$9,832,102	\$10,454,535	\$9,539,955
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$7,033,734	\$7,373,709	\$6,210,092
COST REPORT PAYABLES & RESERVES	\$0	\$0	\$934,015
NORIDIAN AAP FUNDS	\$0	\$0	\$0
CURR PORTION- GO BONDS PAYABLE	\$230,000	\$230,000	\$220,000
CURR PORTION- 2017 REVENUE BONDS PAYABLE	\$320,000	\$320,000	\$305,000
INTEREST PAYABLE- GO BONDS	\$3,833	\$4,792	\$9,375
INTEREST PAYABLE- 2017 REVENUE BONDS	\$220,329	\$274,792	\$279,875
OTHER - TAX ADVANCE IMPERIAL COUNTY	\$0	\$0	\$0
DEFERRED HHS CARES RELIEF FUNDS	\$0	\$0	\$0
CURR PORTION- LEASE LIABILITIES(GASB 87)	\$1,837,932	\$1,837,932	\$1,722,161
SKILLED NURSING OVER COLLECTIONS	\$43,050	\$84,075	\$0
CURR PORTION- SKILLED NURSING CTR ADVANCE	\$0	\$0	\$2,500,000
CURRENT PORTION OF LONG-TERM DEBT	\$172,781	\$153,787	\$369,667
<b>TOTAL CURRENT LIABILITIES</b>	<b>\$24,432,084</b>	<b>\$23,909,486</b>	<b>\$24,338,103</b>
<b>LONG TERM DEBT AND OTHER LIABILITIES</b>			
PMH RETIREMENT FUND - ACCRUAL	\$54,097	-\$251,338	\$245,000
NOTES PAYABLE - EQUIPMENT PURCHASES	\$0	\$0	\$154,980
LOANS PAYABLE - DISTRESSED HOSP. LOAN	\$28,000,000	\$28,000,000	\$0
LOANS PAYABLE - CHFFA NDPH	\$3,766,770	\$3,766,770	\$6,715,689
BONDS PAYABLE G.O BONDS	\$0	\$0	\$230,000
BONDS PAYABLE 2017 SERIES	\$14,485,870	\$14,483,885	\$14,827,708
LONG TERM LEASE LIABILITIES (GASB 87)	\$46,343,159	\$46,343,159	\$48,170,072
DEFERRED REVENUE -CHW	\$0	\$0	\$1,000,000
DEFERRED PROPERTY TAX REVENUE	\$511,188	\$511,188	\$594,002
<b>TOTAL LONG TERM DEBT</b>	<b>\$93,161,084</b>	<b>\$92,853,664</b>	<b>\$71,937,451</b>
FUND BALANCE AND DONATED CAPITAL	\$54,956,026	\$54,956,026	\$44,264,668
NET SURPLUS (DEFICIT) CURRENT YEAR	\$537,448	\$1,290,236	\$293,171
<b>TOTAL FUND BALANCE</b>	<b>\$55,493,474</b>	<b>\$56,246,262</b>	<b>\$44,557,839</b>

SPECIAL MEETING OF THE BOARD OF DIRECTORS - VII. MANAGEMENT REPORTS

PIONEERS MEMORIAL HEALTHCARE  
BALANCE SHEET AS OF AUGUST 31, 2024

	<u>JULY 2024</u>	<u>AUGUST 2024</u>	<u>AUGUST 2023</u>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>\$173,086,642</b>	<b>\$173,009,412</b>	<b>\$140,833,393</b>

SPECIAL MEETING OF THE BOARD OF DIRECTORS - VII. MANAGEMENT REPORTS

PIONEERS MEMORIAL HEALTHCARE

STATEMENT OF REVENUE AND EXPENSE - 12 Month Trend

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Aug-24
ADJ PATIENT DAYS	4,323	4,293	4,419	4,244	4,593	4,526	4,579	3,866	3,358	3,210	3,336	3,200	47,638
INPATIENT DAYS	1,611	1,440	1,633	1,612	1,832	1,785	1,716	1,486	1,486	1,348	1,338	1,362	18,649
IP ADMISSIONS	437	410	450	467	515	482	449	441	441	461	486	487	5,526
IP AVERAGE DAILY CENSUS	54	46	54	52	59	62	55	50	48	45	43	44	51
<b>GROSS PATIENT REVENUES</b>													
DAILY HOSPITAL SERVICES	7,648,067	7,743,003	8,180,437	8,081,968	9,052,842	8,323,683	8,290,928	4,476,718	3,457,051	3,768,895	4,135,558	4,245,778	77,404,928
INPATIENT ANCILLARY	8,070,090	6,955,919	7,967,412	8,132,128	9,334,575	9,111,982	8,075,951	10,834,144	15,797,333	13,081,272	13,359,194	14,037,130	124,757,129
OUTPATIENT ANCILLARY	26,464,317	29,121,776	27,550,243	26,475,939	27,714,724	26,778,158	27,307,713	24,524,724	24,253,745	23,272,916	26,123,842	24,666,163	314,254,258
<b>TOTAL PATIENT REVENUES</b>	<b>42,182,474</b>	<b>43,820,697</b>	<b>43,698,091</b>	<b>42,690,034</b>	<b>46,102,140</b>	<b>44,213,823</b>	<b>43,674,592</b>	<b>39,835,586</b>	<b>43,508,129</b>	<b>40,123,083</b>	<b>43,618,594</b>	<b>42,949,071</b>	<b>516,416,315</b>
<b>REVENUE DEDUCTIONS</b>													
MEDICARE CONTRACTUAL	10,459,117	8,959,671	10,252,253	9,104,183	10,722,137	9,269,712	8,554,308	9,191,349	9,442,613	7,771,266	10,291,766	9,837,519	113,855,894
MEDICAL CONTRACTUAL	13,494,193	13,450,294	13,765,750	13,232,351	11,549,295	8,429,421	13,814,652	13,814,652	13,341,498	10,267,611	12,833,278	12,888,442	150,881,439
SUPPLEMENTAL PAYMENTS	-1,819,749	-1,820,382	-1,849,267	-2,043,332	-1,423,762	-1,934,098	-1,423,762	-1,423,762	-1,423,762	-1,335,395	-1,374,159	-1,336,399	-19,207,829
PRIOR YEAR RECOVERIES	0	0	-538,605	11,171	3,018,873	0	0	0	-11,210	-11,210	-424,603	0	-3,993,330
OTHER DEDUCTIONS	6,728,185	8,772,193	6,670,103	7,294,298	10,662,695	14,647,971	8,906,501	5,975,717	8,030,632	7,494,293	7,851,346	7,376,244	100,410,179
CHARITY WRITE OFFS	147,750	489,506	166,539	72,869	76,720	141,193	121,201	211,042	435,081	144,857	103,048	44,424	2,154,229
BAD DEBT PROVISION	954,288	875,807	943,075	1,506,177	1,174,968	1,044,337	947,592	928,000	928,000	966,744	937,839	920,000	12,126,827
INDIGENT CARE WRITE OFFS	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-3,450	-4,167	-4,167	-49,284
<b>TOTAL REVENUE DEDUCTIONS</b>	<b>29,959,618</b>	<b>30,722,922</b>	<b>29,405,681</b>	<b>29,173,550</b>	<b>29,739,014</b>	<b>31,594,370</b>	<b>30,916,326</b>	<b>28,681,622</b>	<b>30,738,685</b>	<b>24,881,323</b>	<b>30,638,952</b>	<b>29,726,063</b>	<b>356,178,125</b>
<b>NET PATIENT REVENUES</b>													
	12,222,856	13,097,775	14,292,410	13,516,484	16,363,127	12,619,453	12,758,266	11,153,964	12,769,444	15,241,760	12,979,642	13,223,008	160,238,190
	71.02%	70.11%	67.29%	68.34%	64.51%	71.46%	70.79%	72.00%	70.65%	62.01%	70.24%	69.21%	68.97%
<b>OTHER OPERATING REVENUE</b>													
GRANT REVENUES	25,000	0	0	0	0	400,000	30,000	0	0	0	273,801	0	728,801
OTHER	442,058	628,184	260,516	549,658	330,327	275,529	442,789	630,641	1,211,651	581,000	273,801	307,025	5,933,178
<b>TOTAL OTHER REVENUE</b>	<b>467,058</b>	<b>628,184</b>	<b>260,516</b>	<b>549,658</b>	<b>330,327</b>	<b>675,529</b>	<b>472,789</b>	<b>630,641</b>	<b>1,211,651</b>	<b>581,000</b>	<b>547,601</b>	<b>307,025</b>	<b>6,661,979</b>
<b>TOTAL OPERATING REVENUE</b>	<b>12,689,914</b>	<b>13,725,959</b>	<b>14,552,926</b>	<b>14,066,143</b>	<b>16,693,454</b>	<b>13,294,982</b>	<b>13,231,055</b>	<b>11,784,605</b>	<b>13,981,095</b>	<b>15,822,760</b>	<b>13,527,244</b>	<b>13,530,033</b>	<b>166,900,169</b>
<b>OPERATING EXPENSES</b>													
SALARIES AND WAGES	5,408,669	5,818,969	5,873,915	5,738,047	5,317,248	5,747,324	5,802,826	5,558,720	5,928,983	5,967,105	5,849,650	5,850,323	68,861,780
BENEFITS	1,403,444	1,419,506	1,444,891	1,923,835	1,697,167	1,307,874	1,105,314	1,393,022	1,928,464	1,374,803	1,285,872	1,773,423	18,057,614
REGISTRY & CONTRACT	288,768	210,466	446,540	308,791	293,707	294,316	262,207	156,732	252,532	232,219	211,140	187,727	3,145,145
TOTAL STAFFING EXPENSE	7,100,881	7,448,940	7,765,346	7,970,673	7,308,122	7,349,515	7,170,347	7,108,474	8,109,979	7,574,127	7,346,662	7,811,473	90,064,539
PROFESSIONAL FEES	1,113,241	1,145,937	1,095,694	1,051,559	1,139,305	1,080,527	1,275,655	1,174,225	1,248,137	1,370,827	1,386,912	1,238,459	14,320,477
SUPPLIES	1,602,474	1,824,914	1,473,961	1,434,513	1,745,191	1,484,374	1,688,498	1,412,912	1,124,876	2,651,168	1,540,888	1,361,788	19,345,558
PURCHASED SERVICES	766,263	705,850	715,474	739,535	830,636	828,494	898,144	778,764	656,064	800,378	666,784	708,365	9,094,752
REPAIR & MAINTENANCE	423,999	512,628	477,558	506,915	576,682	538,600	602,092	642,261	439,958	661,148	461,240	445,422	6,288,503
DEPRECIATION & AMORT	281,874	285,974	294,238	293,729	292,229	245,227	271,882	249,006	293,150	278,685	286,396	287,071	3,359,461
INSURANCE	253,101	200,896	220,649	259,001	205,038	249,418	230,334	228,743	184,849	237,438	261,018	225,205	2,755,689
HOSPITALIST PROGRAM	251,337	287,540	5,728	33,529	318,946	201,846	189,631	302,635	263,626	223,290	239,321	245,047	2,562,476
OTHER	644,882	900,037	681,971	733,459	846,097	780,140	836,466	1,165,304	899,713	972,395	887,279	727,205	10,074,948
<b>TOTAL OPERATING EXPENSES</b>	<b>12,438,051</b>	<b>13,312,716</b>	<b>12,730,618</b>	<b>13,022,912</b>	<b>13,262,247</b>	<b>12,758,140</b>	<b>13,163,049</b>	<b>13,062,324</b>	<b>13,220,352</b>	<b>14,769,456</b>	<b>13,076,501</b>	<b>13,050,035</b>	<b>157,866,401</b>
<b>TOTAL OPERATING MARGIN</b>													
	251,863	413,243	1,822,308	1,043,230	3,431,207	536,842	68,006	-1,277,719	760,743	1,053,304	450,743	479,998	9,033,768
<b>NON OPER. REVENUE(EXPENSE)</b>													
OTHER NON-OPS REVENUE	923	5,177	22,923	139,598	157,197	131,903	116,358	98,665	135,084	603,478	296,820	209,057	1,917,183
CARES HHS RELIEF FUNDING	0	0	0	0	0	0	0	0	0	0	0	0	0
DISTRICT TAX REVENUES	137,153	137,153	137,153	137,153	137,153	137,153	137,153	137,153	117,632	117,632	117,632	117,632	1,567,752
INTEREST EXPENSE	-57,599	-56,633	-58,214	-54,297	-54,247	-54,197	-54,148	-54,098	-54,047	-53,997	-53,947	-53,896	-659,320
<b>TOTAL NON-OPS REVENUE(EXPENSE)</b>	<b>80,477</b>	<b>85,697</b>	<b>101,862</b>	<b>222,454</b>	<b>240,103</b>	<b>214,859</b>	<b>199,364</b>	<b>181,720</b>	<b>198,669</b>	<b>667,113</b>	<b>360,505</b>	<b>272,793</b>	<b>2,825,615</b>
<b>NET EXCESS / ( DEFICIT)</b>	<b>332,339</b>	<b>498,940</b>	<b>1,924,170</b>	<b>1,265,684</b>	<b>3,671,310</b>	<b>751,701</b>	<b>267,370</b>	<b>-1,095,999</b>	<b>959,412</b>	<b>1,720,417</b>	<b>811,248</b>	<b>752,791</b>	<b>11,859,383</b>
<b>TOTAL PAID FTE'S (Inc Reg &amp; Cont.)</b>													
TOTAL WORKED FTE'S	877.93	856.84	874.35	915.62	884.29	902.69	890.71	914.92	976.70	1,056.50	1,079.85	1,162.74	949.43
TOTAL CONTRACT FTE'S	770.17	780.90	740.86	789.35	781.18	844.22	809.70	844.02	892.08	929.50	935.01	1,045.12	846.84
PAID FTE'S - HOSPITAL	19.77	17.30	25.11	24.32	22.58	24.35	18.49	16.25	20.76	17.13	17.91	13.45	19.79
WKD FTE'S - HOSPITAL	670.42	747.57	761.66	799.92	771.62	781.71	774.12	794.44	852.00	948.45	938.27	1,021.16	830.11
PAID FTE'S - SNF	107.51	109.27	112.69	115.70	112.67	120.98	116.59	120.48	124.69	108.06	141.57	141.57	119.32
WORKED FTE'S - SNF	103.25	102.83	104.83	105.05	101.22	114.33	107.56	111.14	111.08	93.43	122.03	122.03	108.23

**Pioneers Memorial Healthcare District - Financial Indicators Report**  
**(Based on Prior 12 Months Activities)**  
**For The 12 Months Ending: August 31, 2024**  
**excludes: GO bonds tax revenue, int exp and debt.**

**1. Debt Service Coverage Ratio**

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

$$\begin{array}{l}
 \text{Formula:} \\
 \hline
 \text{Cash Flow + Interest Expense} \\
 \hline
 \text{Principal Payments Due + Interest} \\
 \hline
 \text{DSCR} = \frac{\$15,409,668}{\$2,962,973} = 5.20
 \end{array}$$

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

**2. Days Cash on Hand Ratio**

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

$$\begin{array}{l}
 \text{Formula:} \\
 \hline
 \text{Cash + Marketable Securities} \\
 \hline
 \text{Operating Expenses, Less Depreciation} \\
 \hline
 \text{DCOHR} = \frac{365 \text{ Days}}{\frac{\$42,031,813}{\$155,157,680}} = 98.9
 \end{array}$$

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

**3. Long-Term Debt to Capitalization Ratio**

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

$$\begin{array}{l}
 \text{Formula:} \\
 \hline
 \text{Long-term Debt} \\
 \hline
 \text{Long-term Debt + Fund Balance (Total Capital)} \\
 \hline
 \text{L.T.D.-C.R.} = \frac{\$94,905,533}{\$151,151,795} = 62.8
 \end{array}$$

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



## Key Operating Indicators

August 2024

	Month			YTD		
	ACTUAL	BUDGET	PRIOR YR	ACTUAL	BUDGET	PRIOR YR
<b>Volumes</b>						
Admits	487	416	416	973	782	782
ICU	36	110	114	40	206	234
Med/Surgical	847	853	786	1,759	1,597	1,480
Newborn ICU	75	107	139	116	200	246
Pediatrics	46	65	33	89	121	67
Obstetrics	357	441	432	695	780	785
GYN	1	3	3	1	5	10
DOU	0	-	-	-	-	-
Total Patient Days	1,362	1,579	1,507	2,700	2,909	2,822
Adjusted Patient Days	3,200	4,458	4,575	6,533	8,176	8,506
Average Daily Census	44	51	49	44	47	46
Average Length of Stay	2.73	3.80	3.40	2.72	3.71	3.43
Deliveries	154	127	145	306	280	320
E/R Visits	3,498	3,588	3,614	7,226	7,326	7,114
Surgeries	403	410	316	715	738	619
GI Scopes	4	110	94	45	139	119
Vascular Access	46	64	75	104	128	129
Wound Care	327	415	399	597	726	765
Pioneers Health Center	2,115	3,774	3,774	4,052	5,717	5,717
Calexico Visits	675	926	926	1,296	1,622	1,623
Pioneers Children	376	959	959	734	1,735	1,735
Outpatients (non-ER/Clinics)	6,270	5,407	5,697	12,584	10,565	10,603
Surgical Health	32	94	76	83	139	125
Urology	390	351	249	777	621	499
WHAP	443	491	520	773	873	950
C-WHAP	95	341	376	226	644	605
CDLD	0	87	-	0	160	10
<b>FTE's</b>						
Worked	1049.58	814.48	794.94	935.01	816.90	782.03
Paid	1167.19	911.12	893.27	1079.85	913.29	887.37
Contract FTE's	13.45	20.61	21.22	17.91	20.28	19.17
FTE's APD (Worked)	10.17	5.66	5.39	8.87	6.19	5.70
FTE's APD (Paid)	11.31	6.34	6.05	10.25	6.93	6.47
<b>Net Income</b>						
Operating Revenues	\$13,530,033	\$12,828,596	\$12,532,092	\$26,783,477	\$25,452,887	\$24,466,138
Operating Margin	\$711,844	-\$383,343	\$53,327	\$888,788	-\$863,559	\$74,298
Operating Margin %	5.3%	-3.0%	0.4%	3.3%	-3.4%	0.3%
Total Margin	\$984,637	-\$261,284	\$181,324	\$1,522,086	-\$619,441	\$293,172
Total Margin %	7.3%	-2.0%	1.4%	5.7%	-2.4%	1.2%

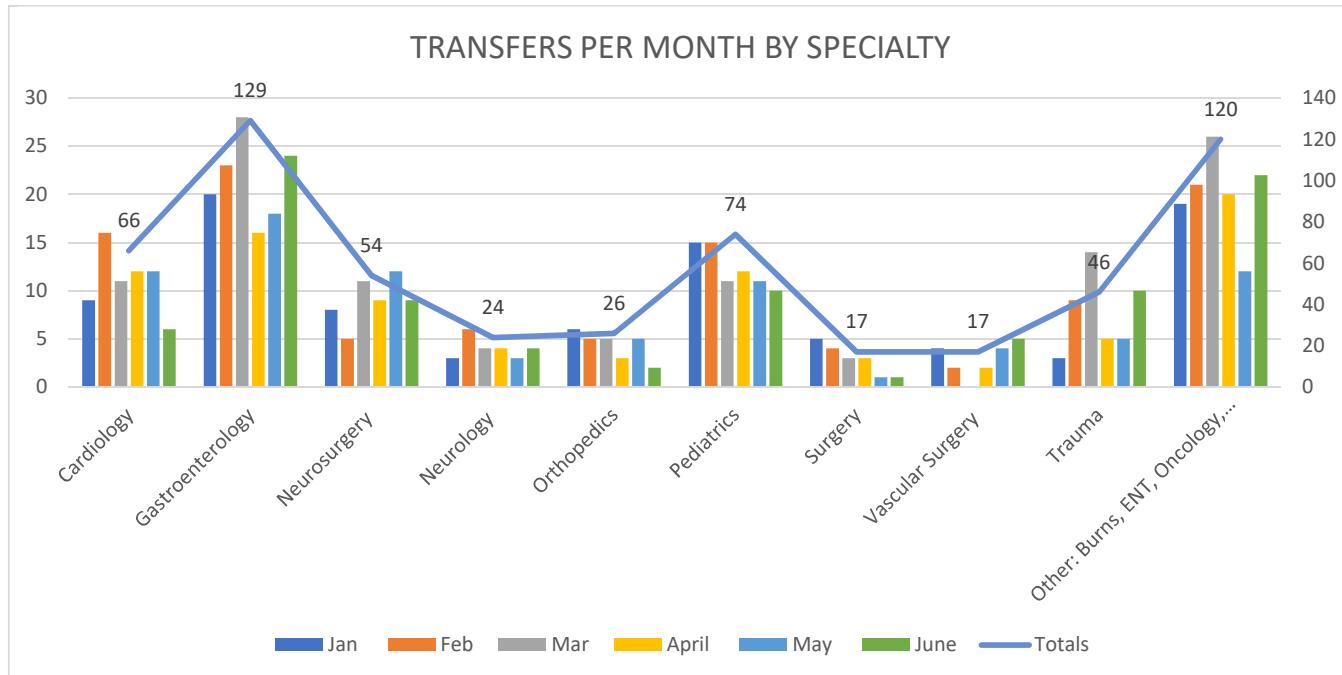
Exhibit A - August 2024		Key Volume Stats -Trend Analysis													
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
<b>Deliveries</b>															
Actual		152	154	0	0	0	0	0	0	0	0	0	0	306	306
Budget		153	127	185	173	176	157	181	160	196	127	159	177	1,972	280
Prior FY 2024		175	145	211	198	201	179	206	183	173	239	152	139	2,201	320
<b>E/R Visits</b>															
Actual		3,728	3,498	0	0	0	0	0	0	0	0	0	0	7,226	7,226
Budget		3,738	3,588	3,678	4,141	4,714	3,978	3,738	3,476	3,906	3,570	3,891	3,410	45,828	7,326
Prior FY 2024		3,500	3,614	3,500	3,985	3,867	4,467	3,931	4,071	4,032	3,996	4,101	0	43,064	7,114
<b>Surgeries</b>															
IP Actual		128	143	0	0	0	0	0	0	0	0	0	0	271	271
IP Budget		96	107	126	100	105	102	114	115	145	124	123	112	1,369	203
OP Actual		225	264	0	0	0	0	0	0	0	0	0	0	489	489
OP Budget		232	303	260	299	277	247	270	255	355	288	328	281	3,395	535
Total Actual		312	405	0	0	0	0	0	0	0	0	0	0	717	717
Total Budget		328	410	386	399	382	349	384	370	500	412	451	393	4,764	738
Prior FY 2024		303	316	289	324	272	273	290	296	291	299	281	276	3,510	619
<b>GI Scopes</b>															
Total Actual		41	2	0	0	0	0	0	0	0	0	0	0	43	43
Total Budget		29	110	97	119	84	90	109	92	88	61	23	66	968	139
Prior FY 2024		25	94	97	75	110	76	94	74	71	57	104	82	959	119
<b>Vascular Access</b>															
Actual		58	46	0	0	0	0	0	0	0	0	0	0	104	104
Budget		64	63	63	64	64	64	64	64	64	64	64	63	765	127
Prior FY 2024		54	75	60	69	67	37	72	64	76	50	52	60	736	129
<b>Calexico</b>															
Actual		621	675	0	0	0	0	0	0	0	0	0	0	1,296	1,296
Budget		696	926	844	792	731	793	816	769	860	891	896	824	9,838	1,622
Prior FY 2024		697	926	844	792	731	793	816	769	803	522	599	630	8,922	1,623
<b>Pioneers Health Center</b>															
Actual		1,937	2,115	0	0	0	0	0	0	0	0	0	0	4,052	4,052
Budget		1,943	3,774	2,818	2,955	2,954	3,016	3,094	2,890	3,149	2,937	3,800	2,862	36,192	5,717
Prior FY 2024		1,943	3,774	2,818	2,955	2,954	3,016	3,094	2,890	2,870	1,173	1,897	2,038	31,422	5,717
<b>Pioneers Children</b>															
Actual		358	376	0	0	0	0	0	0	0	0	0	0	734	734
Budget		776	959	719	939	835	671	767	713	798	702	861	735	9,475	1,735
Prior FY 2024		776	959	719	940	835	671	767	713	596	275	435	351	8,037	1,735
<b>Outpatients</b>															
Actual		6,314	6,270	0	0	0	0	0	0	0	0	0	0	12,584	12,584
Budget		5,158	5,407	5,487	5,913	4,848	4,269	4,886	4,640	5,535	5,113	5,359	5,520	62,135	10,565
Prior FY 2024		4,906	5,697	5,128	5,721	5,024	4,584	4,956	5,024	5,179	5,602	5,601	5,428	62,850	10,603
<b>Wound Care</b>															
Actual		270	327	0	0	0	0	0	0	0	0	0	0	597	597
Budget		311	415	366	357	285	364	370	341	333	267	270	262	3,941	726
Prior FY 2024		366	399	314	294	307	270	333	324	349	262	245	206	3,669	765
<b>WHAP</b>															
Actual		330	443	0	0	0	0	0	0	0	0	0	0	773	773
Budget		382	491	428	411	402	322	433	422	510	455	564	538	5,358	873
Prior FY 2024		430	520	477	512	436	348	631	533	476	295	604	543	5,805	950
<b>C-WHAP</b>															
Actual		131	95	0	0	0	0	0	0	0	0	0	0	226	226
Budget		303	341	308	325	358	310	301	330	338	426	478	377	4,195	644
Prior FY 2024		229	376	348	186	316	398	524	513	524	255	200	148	4,017	605

# PIONEERS

MEMORIAL HEALTHCARE DISTRICT

BOARD OF DIRECTORS MEETING  
CNO REPORT  
9/19/2024

**Transfers:**



2024 TRANSFER TOTALS							
Specialty	Jan	Feb	Mar	April	May	June	Totals
Cardiology	9	16	11	12	12	6	66
Gastroenterology	20	23	28	16	18	24	129
Neurosurgery	8	5	11	9	12	9	54
Neurology	3	6	4	4	3	4	24
Orthopedics	6	5	5	3	5	2	26
Pediatrics	15	15	11	12	11	10	74
Surgery	5	4	3	3	1	1	17
Vascular Surgery	4	2	0	2	4	5	17
Trauma	3	9	14	5	5	10	46
Other: Burns, ENT, Oncology, Ophthalmology, Podiatry	19	21	26	20	12	22	120
<b>TOTALS Year To Date</b>	<b>92</b>	<b>106</b>	<b>113</b>	<b>86</b>	<b>83</b>	<b>93</b>	<b>573</b>

There were a total of 573 transfers January through June of 2024. Top specialty services transferred were Gastroenterology, Cardiology, Pediatrics, and Neurology/Neurosurgery. Cases were transferred to the following facilities: 36 to Desert Regional Medical Center; 32 to Scripps Healthcare System; 10 to UCSD; 10 to Rady Children's Hospital; 3 to Tri City Medical Center; and 2 to ECRMC.

**Leadership Updates:****Reporting structure change:**

- **Medical Staff reports to Chief Nursing Officer**

**Staffing:**

	New Hires	In Orientation	FT to PD status	Resignations	Open Positions
<b>Medical Surgical</b>	0	8	0	0	4
<b>Intensive Care Unit</b>	2	2	0	0	1
<b>Pediatrics</b>	0	0	0	0	0
<b>Emergency Department</b>	3	5	4	0	4
<b>Perioperative Services</b>	1	4 (scrub techs)	0	1	1 scrub tech 2 circulators 1 IR RN
<b>Perinatal Services</b>	2	4	0	0	1
<b>NICU</b>	1	1	0	0	1
<b>Cardio Pulmonary Services</b>	1	1	0	1	1
<b>Case Management</b>	2	1	0	0	3

**Travelers:**

- Labor and Delivery Total 6: 4 day shift, 2 Night shift
- NICU total 1: 1 Night shift

**Recruiting:****Training:**

- **Preceptor Program Class 9/20.**
- **PMHD Infection Prevention and Control Fair October 23<sup>rd</sup> and 24<sup>th</sup>**
- **Nursing Team Skills Fair November 13<sup>th</sup> and 14<sup>th</sup>**

**Notable Updates:**

- Emergency Department
  - Updating Wound Care Protocols and documentation
  - Will provide MICN training in October: port of entry calls and updated county policies
- Perioperative Services:
  - Da Vinci Robotics Program: 36 cases since July 9, 2024
  - Working with Frank Brabec (consultant) and Scripps on special initiatives (billing, first case start times)
    - OR leadership team met with Scripps team and will be implementing some process improvement ideas to help improve the OR efficiency.
  - Making modifications to OR 9 (GI room)
- Medical Surgical Dept:
  - Admission times from **Admission Orders to Head in Bed** have decreased from >400 minutes to less than 200 minutes over time. Average time in September 169 minutes compared to 171 minutes in August. Current goal is HIB less than 90 min.
  - Winter planning: MS Nursing staff to cover overflow area

- Updating Wound Care Protocols and documentation
- Cardio Pulmonary Dept:
  - Facilitated soft go live of OxyMask in the ED(9/10). The full hospital wide implementation is scheduled for the November skills fair.
    - OxyMask devise improves patient comfort and compliance, Broad range of FIO2 (replaces several masks), potential for cost savings.
- Perinatal Services:
  - Revamping Exclusive Breastfeeding initiatives, implementing golden hour, and skin to skin contact immediately following birth.
- NICU
  - Standardize practices when stabilizing neonates during delivery, especially those that require resuscitation.
  - Collaborating with Cardiopulmonary services so that a respiratory therapist attends all high risk deliveries.
- Pediatrics:
  - Cross training of NICU and Pediatric nurses.
- Case management:
  - Working to decrease denial cases
  - Monitoring Observation vs Inpatient cases.

**Quality Department:**

- Revising Scorecards and setting new benchmarks
- Received BETA Healthcare Group Awards for:
  - BETA HEART: Culture of Safety
  - ED Quest for Zero
    - Tier Two: Emergency Department Risk Assessment
  - OB Quest for Zero
    - Tier One: Fetal Monitoring (Nursing)
    - Tier Two: Communication (Huddles)

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: September, 2024	Chief of Clinic Operations	Carly Zamora, MSN, RN

#### 2024 PMHD AMBULATORY DIVISION RHC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing:	75%	N/A	2 FTE onboarded- 1 pending onboarding, no current positions open
Partnered/Met with Elevation Health	Early Stages	None	Collaboration with HealthNet, Healthnet has assigned a coach to help the team develop new programs, policies, interventions, track progress in real-time to improve Quality metrics, goal is to improve by 50%. Reports being run to review metrics.
Reviewing Expansion of RHC	Early Stages	N/A	Pending Compliance Team

#### 2024 PMHD AMBULATORY DIVISION OPD ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
GI Expansion	100%	None	Dr. Suliman Started in CHC and CDLD
ECM Expansion			
Staffing ECM:	100%	N/A	1 lead Care Manager and 1 CHW onboarded
Staffing ECM	50%	TBD	Grant expansion to Children, hiring 1 CHW and 1 RN
Wound Care- Cerner	Ongoing	N/A	Meeting Regularly to discuss Cerner workflow (Billing)
Staffing GI	100%	N/A	3 Medical Assistants Onboarded
NP Positions	75%	N/A	Urology/Primary Care NP accepted Job Offer GI NP accepted Job Offer-Onboarding

#### 2024 PMHD AMBULATORY DIVISION PHYSICAL THERAPY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing	100%	N/A	PT Aide accepted offer letter
Cerner on-going	Ongoing	N/A	Reviewing billable codes daily and working with the departments to address documentation errors.

**2024 PMHD PHARMACY ACTIVITIES/UPDATES**

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
OB Hemorrhage Carts	100%	Auxiliary	Working with Public Relations for Carts to be advertised and work with Auxiliary on advertising.

**2024 PMHD RADIOLOGY ACTIVITIES/UPDATES**

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Radiology will be moving 2 schedulers to centralized scheduling and will be taking on registering patients.	Work in Progress	None	This change aims to streamline operations and improve efficiency. Target date for completion 10/2024.
Purchase of Canon CT	Early Stages	Payments will start once the CT scanner is installed and operational per OSFHD.	Currently in early planning stages.
9/3 implemented registering CT patients in Radiology.	Work in progress	None	We are developing a workflow to register patients while minimizing disruption for walk-ins and those needing to be registered. Other modalities to follow.
Review of Purchasing Portable X-ray Machine	Early Stages	None	Currently reviewing pricing/Quotes.

**2024 PMHD LABRATORY ACTIVITIES/UPDATES**

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Review of QuantiFERON Gold Purchase	50%	None	Awaiting final review, cost savings of \$40,000 per year
Annual Employee Health Fair	50%	None	FLU Vaccines, Labs being drawn for employees

**2024 PMHD CHIEF OF CLINIC OPERATIONS/UPDATES**

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
<b>Physician Updates</b>	Ongoing	N/A	Recruitment ongoing
Projects:			
IT Project (Notable)	Early Stages	Pending	Implementation stages
Centralized Scheduling	75%	\$16,000	Cubicles, chairs, monitors-Call Center moved to Centralized Scheduling
Expansion of Centralized Scheduling	Early Stages	N/A	Reached out to CDPH, awaiting response
Expansion of OP Infusion	Early Stages	N/A	Reached out to CDPH to expand transfusing blood products in the Infusion Center

SPECIAL MEETING OF THE BOARD OF DIRECTORS - VII. MANAGEMENT REPORTS

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: August 2024	PMHD Human Resources Report	Charity Dale, PMHD CHRO

AUGUST LABOR SUMMARY	
NEW HIRE	25
JOB OFFERED	27 (includes two rescinded offers)
VOLUNTARY TERMINATIONS	18
INVOLUNTARY TERMINATIONS	0
HOSPITAL AND CLINIC TOTAL HEADCOUNT	913
PIONEERS SNF TOTAL HEADCOUNT	123
PMHD TOTAL HEADCOUNT	1036

NEW HIRE		TERMINATIONS		
DEPARTMENT	#	DEPARTMENT	VOLUNTARY	INVOLUNTARY
NURSING	2	NURSING	7	-
CLINICAL PROFESSIONAL	8	CLINICAL PROFESSIONAL	2	-
ALLIED HEALTH	0	ALLIED HEALTH	0	-
PT SERVICES	1	PT SERVICES	0	-
SUPPORT SERVICES	1	SUPPORT SERVICES	3	-
CLINICS	4	CLINICS	0	-
SNF	9	SNF	6	-

2024 PMHD HR PROJECTS

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PROJECT	COMPLETED PERCENTILE	NOTES
Wage Increase	90%	HR diligently worked on the wage increase proposal, increases due to roll out early September.
ADP	60%	ADP began testing file capability in regard to the cafeteria/badge issue.

## SPECIAL MEETING OF THE BOARD OF DIRECTORS - VII. MANAGEMENT REPORTS

## BENEFIT PARTICIPANTS

Plan	NUMBER OF ACTIVE PARTICIPANTS
457B	520
401A	873
MEDICAL	661
DENTAL	599
VISION	579
STD	810
LTD	810
LIFE	810
TRANSPLANT PROGRAM	661
Rx PLAN	661

## LEAVE OF ABSENCE

LEAVE TYPE	NUMBER OF EMPLOYEES
FMLA/CFRA	30
INTERMITTENT LEAVE	10
PERSONAL LEAVE	3
BONDING	2
WORKERS COMPENSATION	14
MILITARY LEAVE	1
COVID	34 COVID; 5 in isolation at time of report
COVID W/C	0 reported in August, 2 long term (still out)
SICK LEAVE (LESS THAN 2 WEEKS)	16

## VOLUNTEERS/STUDENTS

PROGRAM	NUMBER OF STUDENTS/VOLUNTEERS
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SPECIAL MEETING OF THE BOARD OF DIRECTORS - VII. MANAGEMENT REPORTS

RN - REGISTERED NURSE STUDENT	117
PHYSICIAN ASSISTANT	3
LVN	44
VOLUNTEERS: Radiology(1), Pharmacy(1), Front Lobby/Greeter(1)	3
<b>TOTAL VOLUNTEERS/STUDENTS</b>	<b>167</b>

RECRUITMENT ACTIVITIES

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DEPARTMENT	NUMBER OF OPEN POSITIONS
NURSING	17
CLINICAL NON-NURSING	17
CLINICAL PROFESSIONAL	8
ALLIED HEALTH	0
PT SERVICES	4
SUPPORT SERVICES	8
CLINICS	9
SKILLED NURSING FACILITY	5
<b>TOTAL OPEN REQUISITIONS</b>	<b>68</b>

TRAVEL STAFF BY DEPT/SHIFT

OB Days	5
OB Nights	2
NICU Days	0
NICU Nights	1
Med/Surg Days	0
Med/Surg Nights	0
<b>TOTAL TRAVEL STAFF</b>	<b>8</b>

2024 PIONEERS ACTIVITIES COMMITTEE

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EVENT	MONTH OF EVENT
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SPECIAL MEETING OF THE BOARD OF DIRECTORS - VII. MANAGEMENT REPORTS

Employee of the Month: Sylvia Chavarin, Medical Staff Coordinator	Aug-24
Employee Award Gala at the Stockmen's Club	September 27th 2024

EMPLOYEE HEALTH/EDUCATION REPORT

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EMPLOYEE HEALTH

We had 34 employees with COVID illnesses in August. Thirty-three positives from acute care; one from the SNF. One cluster was identified in the lab (6 employees). The annual TB screening will be taking place during the 2nd and 3rd week of September. Flu vaccines will be offered during these same days at the annual wellness clinic for employees. Reminder flyers have been sent by email. Fit testing completion continues to increase with 166 tests completed (July-146 tests completed, June-89 tests completed, May-19 tests completed); this includes employees and medical staff.

CHILD CARE CENTER

Still waiting on the trailer to be painted, the request was made 6 months ago.  
New toys are needed for the playground, in need of an approved budget to get the children toys.

EDUCATION REPORT

Annual Orientation, Sexual Harassment, and Slips/Trips/Falls education on ADP

\*All Staff: Incomplete for 181 employees (overdue notification sent to employees and supervisors)

\*All Clinical: Incomplete for 153 employees (overdue notification sent to employees and supervisors)

\*RN/LVN: Incomplete for 75 employees

\*Sexual Harassment: Incomplete for 144 employees

\*Sexual Harassment (Supervisor): Incomplete for 50 people (due at the end of September)

Assigned education upon request from department supervisors from Finance, Materials Management, and Security.

Uploaded ADP training on addiction medicine for ED RN's and LVN's.

Upcoming training on active shooter response.

108 RN and LVN students began rotations at PMHD 8/19/2024.

Upcoming pediatric insulin pump training moved to 9/23/24. Working with Anne Laymon, Rady Children's liaison, to provide further training to PMHD RN's.

NHNO began, sent out surveys with good feedback. Adjusting agenda as we go based on feedback from RN educators and attendees. Currently working with Jose Mora to make several modules of NHNO more hands-on experience using dummies (trainings may include PCA pump, continuous bladder irrigation, NG tubes, CVP, arterial lines, etc.)

#### WORKER'S COMPENSATION SUMMARY

\*20 employee injuries were reported in August. 14 of the 21 injuries were reported to BETA as work comp claims. 18 injuries from acute care: 4 sharp injuries, 4 shoulder sprains, 2 insect bites, 1 laceration with sutures, 1 smoke inhalation, 2 abdominal pains, 1 hand sprain, 1 head contusion, 1 slip/fall, 1 food spit to face.

\*2 injuries from SNF: 1 low back sprain, 1 elbow contusion.

\*No WPV incidents reported in August.

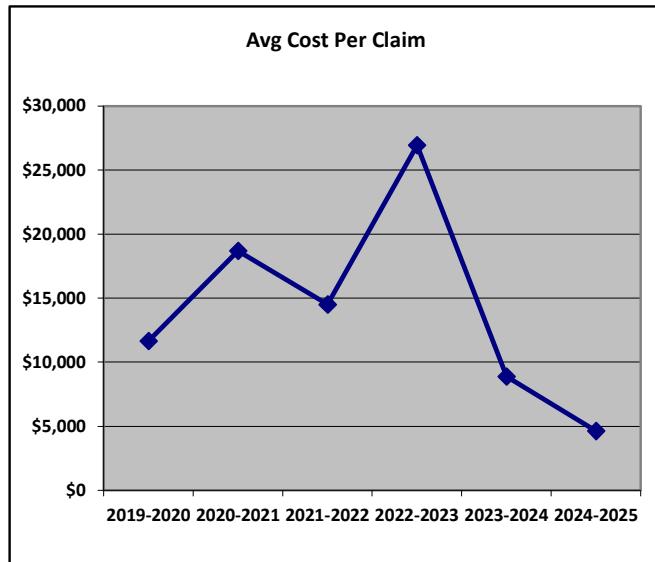
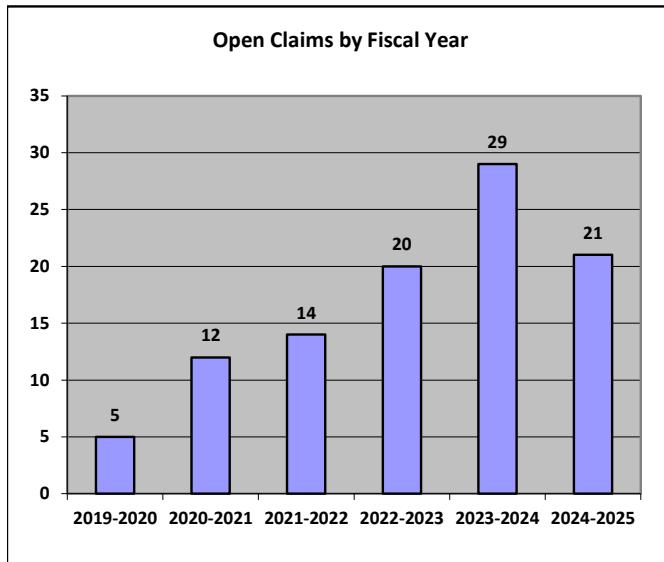
\*On 07/17/24 we had a site visit by an OSHA enforcement officer here to investigate an injury that occurred in April. PMHD reported an employee injury (04/03/2024) that resulted in hospital admission due to a trip and fall accident with two fracture injuries. Employee tripped and fell over a box of ream of papers. Final OSHA report received 09/05/24 with citation and notification of penalty under general clause for obstruction on floor; the violation was corrected prior to inspection. Notice of Citation & Penalty posted per requirement.



# Workers' Compensation Scorecard

August 2024

Pioneers Memorial Healthcare District



Month	Claim Activity by Month		
	Current Fiscal Year		
	2024-2025	Last 5 Years	
Month	Count	Closed	Closed
Jul	8	2	-
Aug	15	-	9
Sep	-	-	-
Oct	-	-	-
Nov	-	-	-
Dec	-	-	-
Jan	-	-	-
Feb	-	-	-
Mar	-	-	-
Apr	-	-	-
May	-	-	-
Jun	-	-	-
<b>Total 2024-2025</b>	<b>23</b>	<b>2</b>	<b>9</b>

