



BOARD OF DIRECTORS

Katherine Burnworth, President | Laura Goodsell, Vice-President | Donald W. Medart Jr., Treasurer Arturo Proctor, Secretary | Enola Berker, Director | Rodolfo Valdez, Director | James Garcia, Director

AGENDA

**REGULAR MEETING OF THE BOARD OF DIRECTORS
THURSDAY, August 28, 2025, 6:00 P.M.**

**El Centro Regional Medical Center | MOB Conference Room 1&2
1271 Ross Avenue, El Centro, CA. 92243**

[Join Microsoft Teams](#)

Meeting ID: 223 620 620 756 6

Passcode: fv6Tb2az

1. Call to Order

2. Roll Call

3. Pledge of Allegiance

4. Approval of Request for Remote Appearance by Board Member(s), if Applicable

5. Consider Approval of Agenda

In the case of an emergency, items may be added to the agenda by a majority vote of the Board of Directors. An emergency is defined as a work stoppage, a crippling disaster, or other activity that severely imperils public health, safety, or both. Items on the agenda may be taken out of sequential order as their priority is determined by the Board of Directors. The Board may take action on any item appearing on the agenda.

6. Public Comments

At this time the Board will hear comments on any agenda item. If any person wishes to be heard, they shall stand; address the president, identify themselves, and state the subject for comment. Time limit for each speaker is 3 minutes individually per item to address the Board. Individuals who wish to speak on multiple items will be allowed four (4) minutes in total. A total of 15 minutes shall be allocated for each item for all members of the public. The board may find it necessary to limit the total time allowable for all public comments on

items not appearing on the agenda at anyone one meeting to one hour.

7. Board Comments

Reports on meetings and events attended by Directors; Authorization for Director(s) attendance at upcoming meetings and/or events; Board of Directors comments.

- a. Brief reports by Directors on meetings and events attended
- b. Schedule of upcoming Board meetings and/or events
- c. Report by Merger Strategic Planning Ad-Hoc Committee

8. Consent Calendar

Any member of the Board may request that items for the Consent Calendar be removed for discussion. Items so removed shall be acted upon separately immediately following approval of items remaining on the Consent Calendar.

- a. Approve minutes for meetings of August 14, 2025
- b. Approve and file PMH Expenses/Financial Report July 2025

9. Items for Discussion and/or Board Action:

- a. Fourth Amendment to Professional Services Agreement between Imperial Valley Healthcare District and Berkeley Research Group, LLP for Financial Strategist Services.
- b. Discussion and Appointment of IVHD Board Treasurer Position.
- c. Discussion and Appointment of IVHD Standing Committees:
 - Finance & Budget
 - Hospital Operations & Integration
 - Governance
 - Quality Audit, Compliance & Ethics
 - Advocacy & Outreach
- d. MEDICAL STAFF REPORT – Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/ procedures/forms, or other related recommendations.
- e. Action Item: Policy and Procedure: Executive Leadership Car Allowance Program
- f. Action Item: Appointment of Dr. Michael Krutzik, M.D., as Medical Director, Cardiopulmonary Department
- g. Action Item: Appointment of Dr. Michael Krutzik, M.D., as Medical Executive Committee Chair of Department of Medicine

- h. Action Item: Authorization to approve seventh amendment to the Professional Service Agreement for Rady's Children's Specialist of San Diego
- i. Staff Recommends Action to Authorize: Purchase of six (6) GE HealthCare Panda iRes Warmer Beds with upgraded technology for the Neonatal Intensive Care Unit (NICU).
Presented by: Carol Bojorquez, CNO, Christopher R. Bjornberg CEO
Contract Value: \$104,418.92 (grant-funded; no additional District cost anticipated).
Contract Term: Grant period July 1, 2025 - June 30, 2026.
Budgeted: Yes- fully funded by First 5 Imperial grant award.
Budgeted Classification: Equipment Purchases (per approved FY 2025–2026 project budget, Exhibit E).
- j. Staff Recommends Action to Authorize: Cannon CT Replacement
Presented by: Sean Beckham
Contract Value: \$702,640.00
Contract Term: Approximately 4 months for completion

10. Management Reports

- a. Finance: Carly C. Loper, MAcc – Chief Financial Officer
- b. Hospital Operations: Carol Bojorquez, MSN, RN – Chief Nursing Officer
- c. Clinics Operation: Carly Zamora MSN, RN – Chief of Clinic Operations
- d. Urgent Care: Tomas Virgen – Administrative Coordinator/ Support for AB 918
- e. Executive: Christopher R. Bjornberg – Chief Executive Officer
- f. Legal: Adriana Ochoa – General Counsel

11. Items for Future Agenda

This item is placed on the agenda to enable the Board to identify and schedule future items for discussion at upcoming meetings and/or identify press release opportunities.

12. Adjournment

- a. The next regular meeting of the Board will be held on September 11, 2025, at 6:00 p.m.

POSTING STATEMENT

A copy of the agenda was posted August 23, 2025, at 601 Heber Avenue, Calexico, California 92231 at 10:30 a.m. and other locations throughout the IVHD pursuant to CA Government code 54957.5. Disclosable public records and writings related to an agenda item distributed to all or a majority of the Board, including such records and written distributed less than 72 hours prior to this meeting are available for public inspection at the District Administrative Office where the IVHD meeting will take place. The agenda package and material related to an agenda item submitted after the packets distribution to the Board is available for public review in the lobby of the office where the Board

meeting will take place.

In compliance with the Americans with Disabilities Act, if any individuals request special accommodations to attend and/or participate in District Board meetings please contact the District at (760)970- 6046. Notification of 48 hours prior to the meeting will enable the District to make reasonable accommodation to ensure accessibility to this meeting [28 CFR 35.102-35.104 ADA title II].



MEETING MINUTES
August 14, 2025
REGULAR BOARD MEETING

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN REGULAR SESSION ON THE 14th OF AUGUST AT 207 W. LEGION ROAD CITY OF BRAWLEY, CA. ON THE DATE, HOUR AND PLACE DULY ESTABLISHED OR THE HOLDING OF SAID MEETING.

1. TO CALL ORDER:

The regular meeting was called to order in open session at 6:03 pm by Katie Burnworth.

2. ROLL CALL-DETERMINATION OF QUORUM:

President	Katherine Burnworth
Vice-President	Laura Goodsell
Secretary	Arturo Proctor
Trustee	Enola Berker
Trustee	Rodolfo Valdez
Trustee	James Garcia

ABSENT:

Donald W. Medart Jr. – Treasurer

GUESTS:

Adriana Ochoa – Legal/Snell & Wilmer
Christopher R. Bjornberg - Chief Executive Officer
Tomas Virgen - Support for IVHD (AB 918)

3. PLEDGE OF ALLEGIANCE WAS LED BY DIRECTOR BURNWORTH.

4. APPROVAL OF REQUEST FOR REMOTE APPEARANCE BY BOARD MEMBER(S)

None

5. CONSIDER APPROVAL OF AGENDA:

Motion was made by Director Goodsell and second by Director Berker to approve the agenda for August 14, 2025, with the changes addressed by the attorney. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garica

NOES: None

6. PUBLIC COMMENT TIME:

Flavio Grijalva, the Teamster Local Union Rep for ECRMC is here to report that they are currently in negotiations for successor contracts for several contracts moving forward with El Centro Regional Medical Center. The first two that have started for the dietary department and the lab department. They each have their own individual contracts. He is bringing this up to let the board know because of what is going on right now with the current lab and dietary. They are proposing change to the contractor language that's already in place. There is a little bit of concern that are coming up on their end where



they are being advised, being told is that the current central board of trustees wants current labor reps to review every single word and letter that's in the current contract which is kind of putting. They meet with the hospital in two weeks, and they will see how it goes.

Ron Rubin first comment is when will the board going to have a meeting to tell the community how they are going to pay for a merger and how that is going to go because that is one of the things to do on the to do list. The second comment is the last meeting that was held in Calexico where the board had a contract for anesthesiologists here in Brawley. There is a clause in there that really disturbed him.

7. CRITICAL ELEMENTS OF EFFECTIVE GOVERNANCE BY JEFF BILL WITH CONFIDENCE CONSULTING PART 3

Jeff Bill gave part 3 training in Critical Elements of Effective Governance.

8. BOARD COMMENTS:

- a. Brief reports by Directors on meetings and events attended. Schedule of upcoming Board meetings and events.

Director Berker reported she attended the ribbon cutting ceremony for the campus Brawley for new STEM building at SDSU.

Director Goodsell went to airport and a meeting with one of the companies that's lining for the new contract, and she listened to their presentation and was very interesting and informative.

Director Valdez reported that he received a call from the Calexico Fire Chief. He wanted to meet with the new board IVHD and City Council and Director Valdez provided him Directors Brownworth's contact information.

- b. Report by Education and Outreach Ad-Hoc Committee

None

- c. Report by AB 918 Ad Hoc Negotiation Committee re AB 918

Attorney Adriana reported that they have met at least once or twice since the last board meeting and will give the update when we get to 10a.

9. CONSENT CALENDAR:

Motion was made by Director Goodsell and second by Director Berker to approve the consent calendar for July 24, 2025. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garcia

NOES: None

10. ACTION ITEMS:



- a. Update Regarding Asset Transfer Agreement with City of El Centro and El Centro Regional Medical Center (ECRMC)

Attorney Adriana is very pleased to report that we have a fully executed version of the asset transfer agreement that's been exchanged and signed between the parties. The schedules are finalized and signatures received and everything buttoned up yesterday. We have that fully executed version and we're proceeding into escrow and the diligence phase of regulatory approval, the regulatory group has met, the contracting group has mapped. Chris, Carly, Carly Loper, Carol and herself participated in a contracting session with the principals and C suites at ECRMC to go over all outstanding contracts and to start discussing everything from expiration dates and renewals to creation of merged contract and that group is going to meet again next Friday with recommendations on how to proceed with either consolidated or a plan for contracting moving forward. They also met with representative from Oka to discuss regulatory approvals that are going to be necessary for the merged hospitals and the changes of ownership and the approvals for the ATA. It is really great news that the city approved and that we've got a final ATA in place.

- b. Discussion and Possible Action Regarding Future ECRMC Hospital Facility Naming/Branding

Chris recommended having that team put some ideas together and then they would bring those to the board and say, "Here are three options and this is why we think that they would work," and the board would make a choice at that point in time.

Director Burnworth thinks that is perfect.

Chris recommends having a deadline to bring this back to the board.

Direction was given to bring proposals back to the September board meeting for the board's consideration, have staff work up.

Chris will get together with Matt and Frank and get something put together to present.

- c. Action Item: Policy and Procedure: Aerosol Transmissible Plan Attachment D

Motion was made by Director Berker and second by Director Garcia to approve Policy and Procedure: Aerosol Transmissible Plan Attachment D. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garcia
NOES: None

- d. Action Item: Policy and Procedure: Aerosol Transmission Plan (ATP)

Motion was made by Director Berker and second by Director Garcia to approve Policy and

Procedure: Aerosol Transmission Plan (ATP). Motion passed by the following vote wit:



AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garica
NOES: None

- e. Action Item: Policy and Procedure: Chemical Materials and Waste Management Plan

Motion was made by Director Berker and second by Director Garcia to approve Policy and Procedure: Chemical Materials and Waste Management Plan. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garica
NOES: None

- f. Action Item: Policy and Procedure: Aerosol Transmissible Diseases/Pathogens: Appendix A

Motion was made by Director Berker and second by Director Garcia to approve Policy and Procedure: Aerosol Transmissible Diseases/Pathogens: Appendix A. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garcia
NOES: None

- g. Staff Recommends Action to Authorize: Sanders Inc
Presented by: Christopher R. Bjornberg CEO/ Tomas Virgen
Contract Value: \$35,863.00
Contract Term: None
Budgeted Classification: Progress Invoice No 0424-01

Chris requested this item to be removed. They received another invoice for the final amount and Thomas, and he need to have a conversation before any action.

- h. Staff Recommends Action to Authorize: Xpedient Communication Security System.
Presented by: Christopher R. Bjornberg CEO/ Jorge Mendoza
Contract Value: \$ 52,287.01-Milestone Server and Devices Base
\$13,908.00-Xprotect Professional and Device License
Total: \$67,902.22 (Sales Tax \$1707.21)
Contract Term: None
Budgeted: Yes

Motion was made by Director Goodsell and second by Director Proctor to approve the Xpedient Communication Security System. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garcia
NOES: None

- i. Staff Recommends Action to Authorize: Purchase of two Stryker Towers for General, Urology and GYN cases.



Presented by: Carol Bojorquez, CNO

Contract Value: \$372,858.92

Contract Term: One time purchase

Budgeted: Yes

Budgeted Classification: Medical Equipment, Perioperative Services Department

Motion was made by Director Berker and second by Director Garcia to approve the Purchase of two Stryker Towers for General, Urology and GYN cases. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garcia

NOES: None

- j. Staff Recommends Action to Authorize: Authorize the Statement of Work between INNOVA Revenue Group and Imperial Valley Healthcare District ("IVHD")

Presented by: Carly Loper, CFO

Contract Value: Not to exceed \$2,400 per week

Contract Term: 6 Month Agreement

Budgeted: No

Budgeted Classification: Purchased Services

Motion was made by Director Garcia and second by Director Proctor to approve the Statement of Work between INNOVA Revenue Group and Imperial Valley Healthcare District ("IVHD"). Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garica

NOES: None

- k. Discussion and Possible Action to Approve Amended and Restated IVHD Board Bylaws

Attorney Adriana presented and went over a clean version and a read line version of the amended and restated bylaws with the board.

Motion was made by Director Goodsell and second by Director Proctor to approve Amended and Restated IVHD Board Bylaws subject to striking the second full sentence in the third full paragraph, page six of the red line and members of the initials should all be eligible. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garcia

NOES: None

- l. Discussion and Possible Action to Dissolve IVHD Education and Outreach AD HOC

Motion was made by Director Berker and second by Director Garcia to approve Dissolving

IVHD Education and Outreach AD HOC. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garcia

NOES: None



m. Discussion and Possible Action to Appoint Members to Standing Committees:

- Finance & Budget
- Hospital Operations & Integration
- Governance
- Quality Audit, Compliance & Ethics
- Advocacy & Outreach

This item will be brought back to the next board meeting with board chairperson's recommendations.

n. Discussion and Possible Action Regarding Board Treasurer Position

Board Member Burnworth reported that she received an email from Director Medart Jr. stating that he understands that there are certain responsibilities to be the treasurer and he lives an hour away and it's harder for him to get here. He is requesting down as treasurer because he felt that he has not been able to fulfill his duties.

Attorney Adriana referred to the bylaws, the bylaws do allow officers to resign and what we would do is after having sort of discussion, we'll put this on the next agenda appointment of board treasurer.

This item will be brought back to the next meeting.

o. Discussion and Possible Action to Appoint AD HOC Committee for ECRMC Merger Strategic Planning

Motion was made by Director Proctor and second by Director Garcia to approve Appointing AD HOC Committee for ECRMC Merger Strategic Planning. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Berker, Valdez, Garcia
NOES: None

p. Discussion and Possible Action to Approve Ordinance No. 2025-0814 an Ordinance of the Imperial Valley Healthcare District Board of Directors Establishing Compensation of Directors

Attorney Adriana went over Ordinance No. 2025-0814.

Motion was made by Director Garcia and second by Director Goodsell to approve the Ordinance No. 2025-0814 an Ordinance of the Imperial Valley Healthcare District Board of Directors Establishing Compensation of Directors. Motion passed by the following vote wit:

AYES: 6



NOES: 0

ABSENT: 1

ROLL CALL VOTE:

Director Burnworth: Yes

Director Goodsell: Yes

Director Proctor: Yes

Director Berker: Yes

Director Valdez: Yes

Director Garcia: Yes

11. MANAGEMENT REPORTS:

- a. Finance: Carly C. Loper, MAcc – Chief Financial Officer

None

- b. Hospital Operations: Carol Bojorquez, MSN, RN – Chief Nursing Officer

None

- c. Clinics Operation: Carly Zamora MSN, RN – Chief of Clinic Operations

Carly went over the Clinic Operations report.

- d. Urgent Care: Tomas Virgen – Administrative Coordinator/ Support for AB 918

None

- e. Executive: Christopher R. Bjornberg – Chief Executive Officer

Chris reported he had some good news from the master planning updates. We already had a group working on those structural engineering and as we worked with the master planning group, and we had a handful of meeting to this point on phone or on via teams and then one where they came out on site her and ECRMC did the main campus walk through so they could see what everything looked like. Had a good meeting with them today and they asked both the facilities for a handful of information and we have been getting all that information and they are coming back in September 9th or the 3rd to the Calexico building and the outpatients buildings to see what they all look like so they can get a fill for the layouts and what kind of changes we might be looking at making there and once all that happens that's when they'll start to sit down with groups and kind of discuss like areas if we're going to redo. Those are conversations that will start to happen and after we get into September and this again, just as

a reminder we're on a very tight time frame on this one because they'll have to get it to us in October to review, finalize and make everything look okay and get it to be able to get it you in November for approval. It is a very condense time frame. They're doing a great job of getting the information together as well. Al lot of work happening there.



On the other side of that with benefits, Chris met with our group today Gallagher to talk about potential time frame of number folks that's going to be involved in that and then they are going

to do some analysis on that on what that will mean and how we can make that work. We will get a bit more information there. We're about to be done on the benefit side for the retirement plans. There's one little piece that we have to get some wording on just right because of the transition from PMHD to IVHD. Once we have that piece then that will be finalized, then we'll be able to roll them in. That part's already done as far as those conversations were really good on the benefit side. We will have more information on what that will look like once we have them finish up that analysis for us.

We have had our marking meetings. We had another good meeting today. Frank was able to secure some spots during the high school games, the broadcasting to be able to do our commercials. We are even working to see what we might be able to do with the big bell game and some fun with that and so we're working on giving the schools to see what we can do there. There are still a number of press releases that will be coming out.

f. Legal: Adriana Ochoa – General Counsel

None

12. ITEMS FOR FUTURE AGENDA:

Discussion and Possible Action Regarding Board Treasurer Position

Discussion and Possible Action to Appoint Members to Standing Committees:

BOARD ENTERED INTO CLOSED SESSION AT 8:52PM

13. CLOSE SESSION:

a. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION (Gov. Code 54956.9(d)(1))**

Name of Case: Jennifer and Hector Ledezma v. Pioneers Memorial Healthcare District

Imperial County Superior Court

BETA Claim No. 23-001571

BOARD RECONVENED INTO OPEN SESSION AT 9:47PM

No reportable action taken in closed session

14. ADJOURNMENT:

With no future business to discuss, Motion was made unanimously to adjourn meeting at 9:48 p.m.



To: Board of Directors

Katherine Burnworth, President

Laura Goodsell, Vice President

Arturo Proctor, Secretary

Donald W. Medart Jr., Treasurer

Enola Berker, Trustee

Rodolfo Valdez, Trustee

James Garcia, Trustee

Additional Distribution:

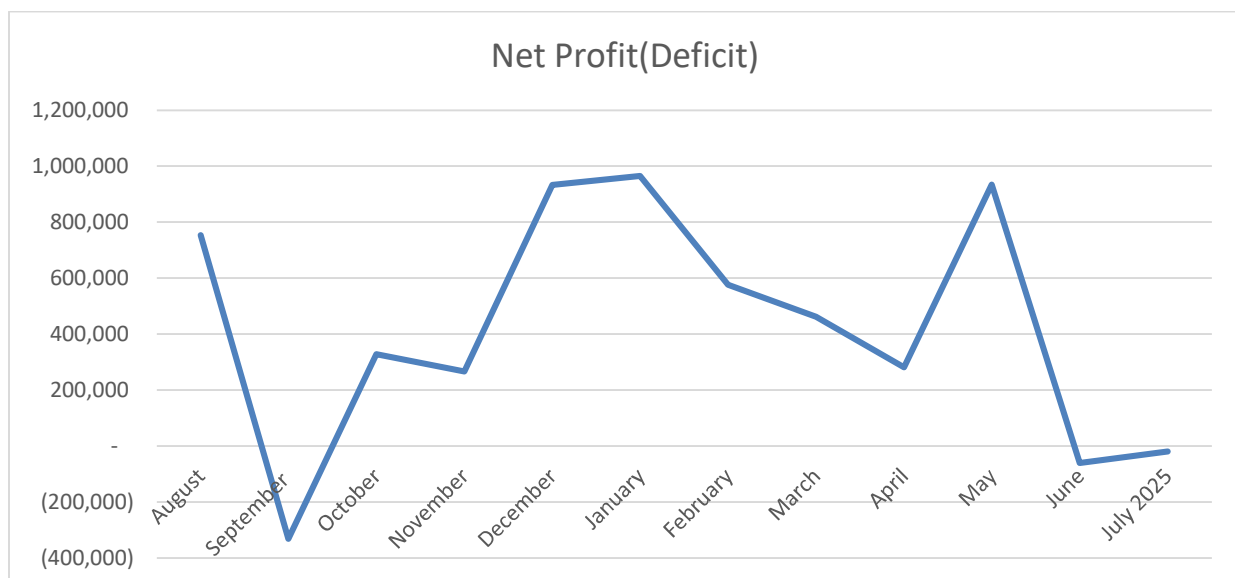
Christopher R. Bjornberg, Chief Executive Officer

From: Carly Loper, Chief Financial Officer

Financial Report – July 2025

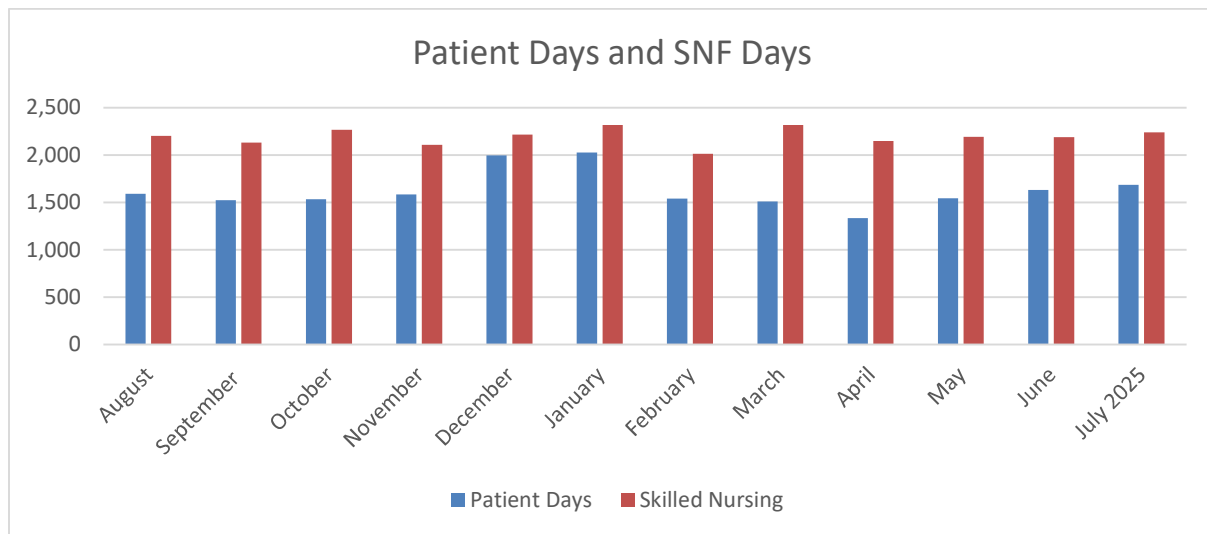
Overview:

Financial operations for the month of July resulted in a loss of (\$20,300) against a budgeted loss of (\$533,835).



Patient Volumes:

For the month of July, inpatient admissions exceeded budget by 7.4% and exceeded the prior month by 3.2%. July inpatient days exceeded budget by 11.9% and exceeded the prior month volumes by 3.2%.



Newborn deliveries in July fell below June's deliveries by (13.6%) and fell below the monthly budget by (41.4%). July's ED visits exceeded June's visits by 0.4% but fell below the budget for the month by (6.0%). Surgical case volumes exceeded the prior month's volumes by 12.0% but fell below the monthly budget by (22.1%).

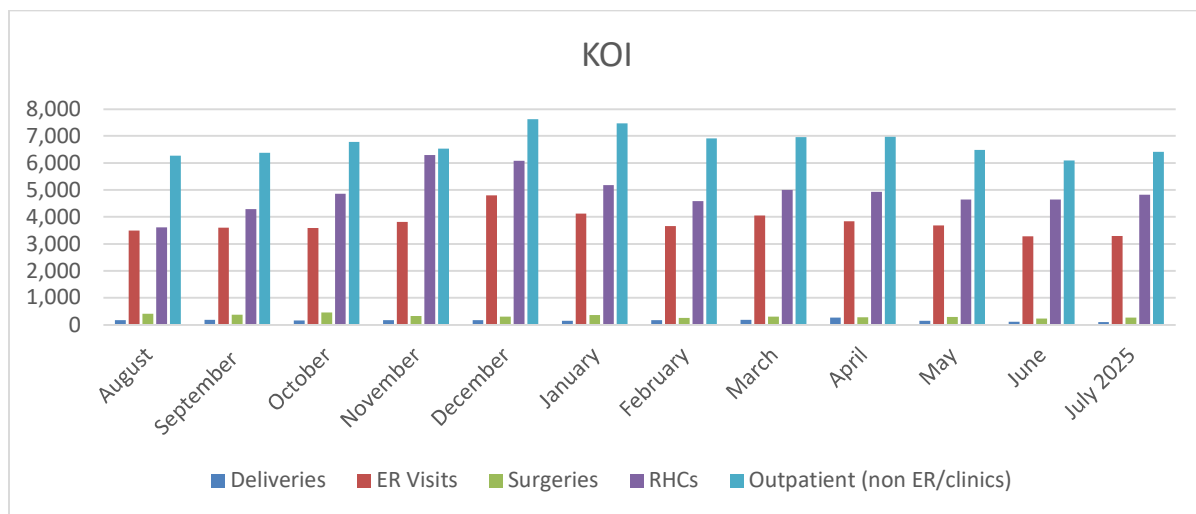
Pioneers Health Center (PHC) visits in July exceeded the prior month's visits by 2.7% and exceeded the monthly budget by 21.4%. The Calexico Health Center (CHC) volumes in July exceeded the prior month volumes by 8.7% and exceeded the monthly budget by 55.7%. The Pioneers Children's Health Center (PCHC) had one more visit when compared to June's volumes (660 vs. 659) but fell below the monthly budget by (8.7%).

Hospital outpatient volumes i.e., Lab, Imaging, Respiratory and other services exceeded June's volumes by 5.2% but fell below the monthly budget by (9.7%).

For the month of July, Pioneers Memorial Skilled Nursing Center (PMSNC), *formerly Imperial Heights Health and Wellness Center*, inpatient days increased from June's days by 2.3% with 2,239 inpatient days in July compared to 2,189 inpatient days in June. PMSNC had an average daily census (ADC) of 72.2 for the month of July.

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	95	162	152	95	2,123	2,011
E/R Visits	3,297	3,509	3,728	3,297	44,015	45,669
Surgeries	261	335	312	261	3,537	3,876
GI Scopes	41	29	41	290	902	290
Calexico RHC	1,124	722	621	1,124	10,480	11,556
Pioneer Health	2,654	2,186	1,937	2,654	29,531	32,035
Children's RHC	660	723	358	660	10,072	8,926
O/P Visits	0	5,158	6,314	0	62,135	80,777



Gross Patient Revenues:

In July, gross inpatient revenues exceeded budget by 3.8% and outpatient revenues exceeded budget by 10.5%.

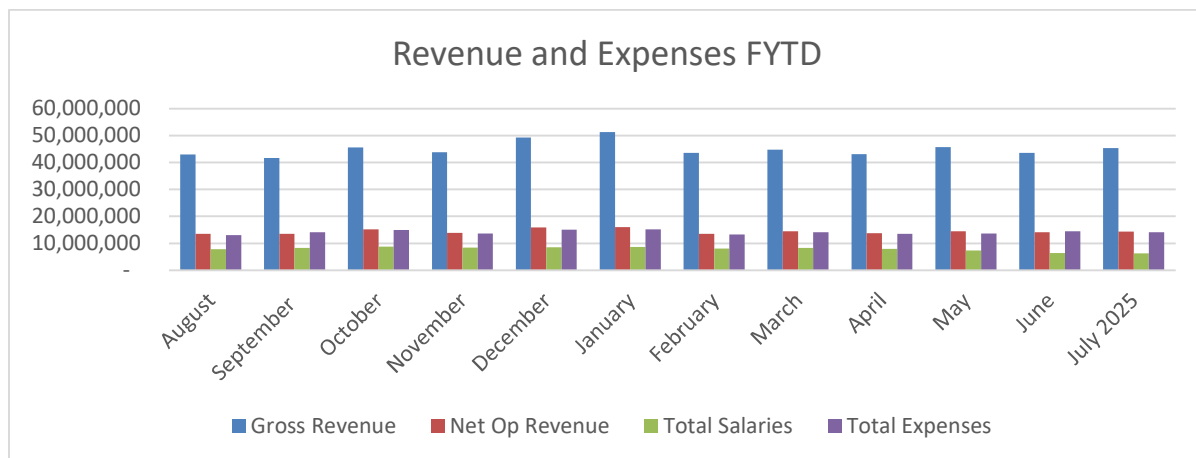
Net operating revenues (Gross revenues less contractual deductions) exceeded the monthly budget by \$1,675,481 or 13.5% and exceeded the prior month's revenues by \$566,753 or 4.2%.

Operating Expenses:

In total, July operating expenses were over budget by (\$414,960) or (3.0%). Staffing expenses, which include Salaries, Benefits and Contract Labor were over budget by (\$31,151) or (0.4%). Non-salary expenses, which include Supplies, Professional Fees, Purchased Services and Other were over budget by (\$383,809) or (6.5%).

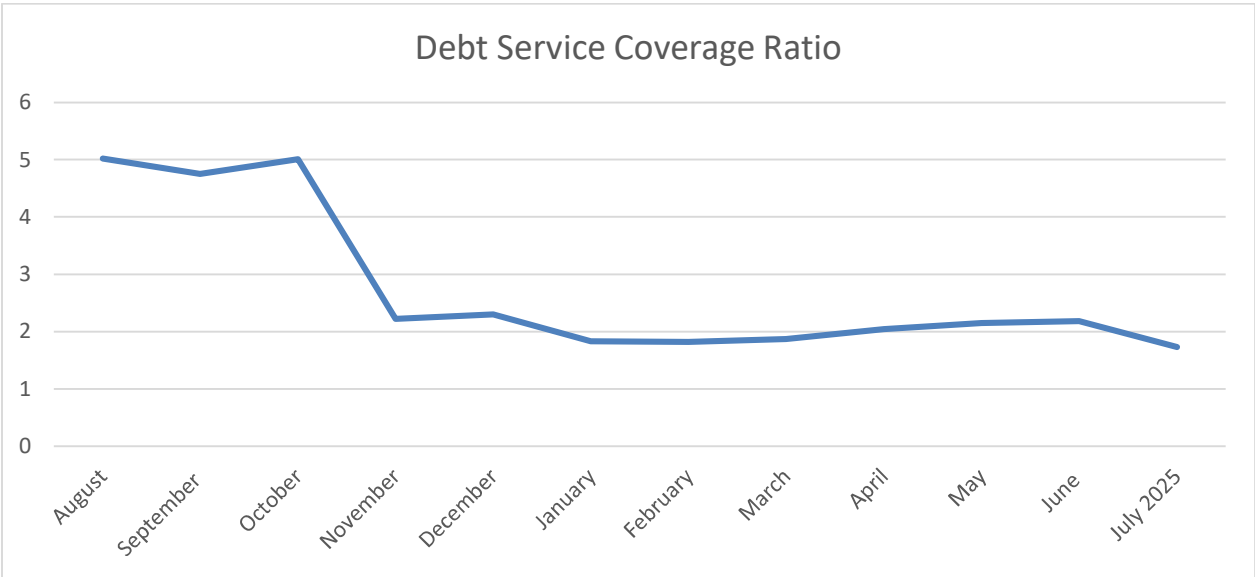
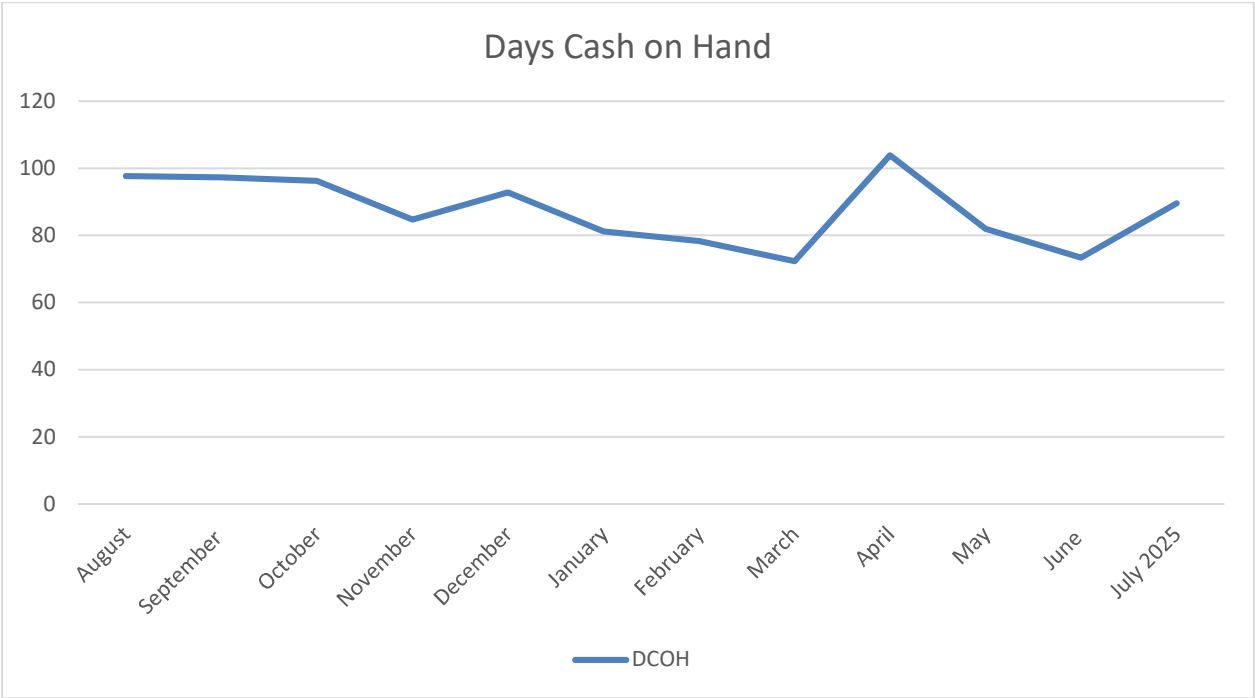
Below is a summary table of expenses compared to budget.

Exp. Category	Actual	Budget	Var.	Comment
Salaries	6,223	6,161	-1.0%	On Budget
Benefits	1,346	1,343	-0.2%	On Budget
Contract Labor	192	226	15.0%	Under Budget
Pro Fees	1,562	1,414	-10.5%	Over Budget
Supplies	1,711	1,585	-7.9%	Over Budget
Purchased Serv	601	701	14.3%	Under Budget
Other	880	933	5.7%	Under Budget



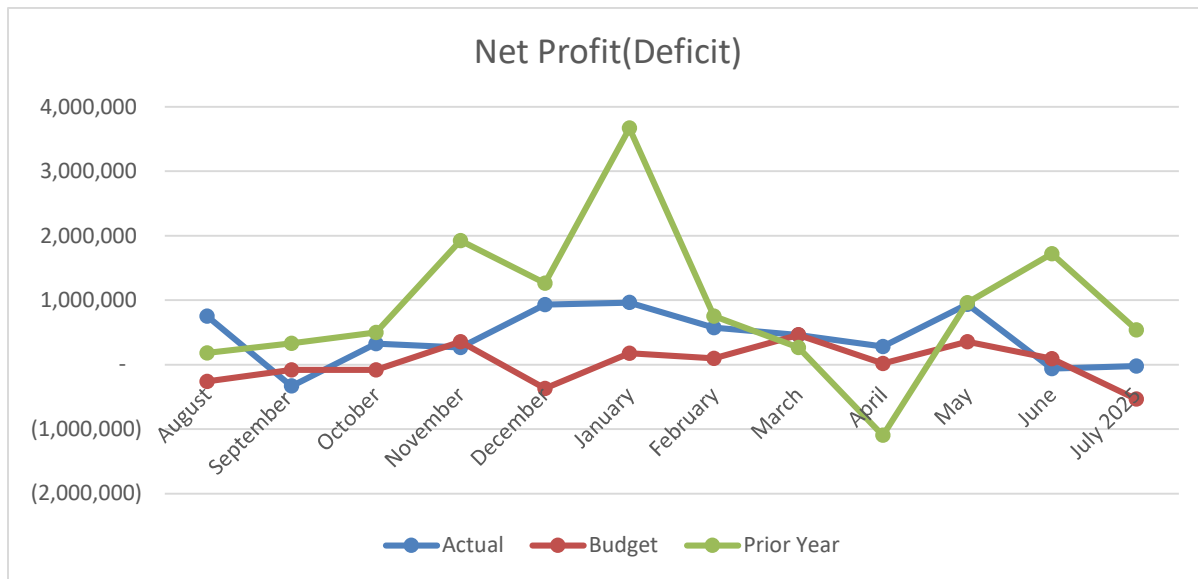
Bond Covenants:

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 of 50 days) and profitability (debt service coverage ratio of 1.20). 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 loss of (\$20,300) against a budgeted loss of (\$533,835), which falls below the prior year-to-date profit of \$537,448.



END OF REPORT

**IMPERIAL VALLEY HEALTHCARE DISTRICT
STATEMENT OF REVENUE AND EXPENSE**

FOR THE PERIOD ENDING JULY 31, 2025

LAST MONTH ACTUAL JUNE	LAST YEAR ACTUAL JULY	THIS MONTH ACTUAL JULY	THIS MONTH BUDGET JULY	% VAR		FYTD ACTUAL JULY	FYTD BUDGET JULY	% VAR	FYTD PRIOR YEAR JULY	% VAR
3,714	3,336	4,647	3,752	23.86%	ADJ PATIENT DAYS	4,647	3,752	23.86%	3,752	23.86%
1,632	1,338	1,684	1,505	11.89%	INPATIENT DAYS	1,684	1,505	11.89%	1,505	11.89%
538	486	555	517	7.35%	IP ADMISSIONS	555	517	7.35%	486	14.20%
54	43	54	49	11.89%	IP AVERAGE DAILY CENSUS	54	49	11.89%	49	11.89%
GROSS PATIENT REVENUES										
19,132,498	17,494,752	16,407,174	17,494,752	-6.22%	INPATIENT REVENUE	16,407,174	17,494,752	-6.22%	17,494,752	-6.22%
4,467,121	4,135,558	1,774,557	4,135,558	-57.09%	DAILY HOSPITAL SERVICES	1,774,557	4,135,558	-57.09%	4,135,558	-57.09%
14,665,377	13,359,194	14,632,616	13,359,194	9.53%	INPATIENT ANCILLARY	14,632,616	13,359,194	9.53%	13,359,194	9.53%
24,402,953	26,123,842	28,872,822	26,123,842	10.52%	OUTPATIENT REVENUE	28,872,822	26,123,842	10.52%	26,123,842	10.52%
43,535,451	43,618,594	45,279,996	43,618,594	3.81%	TOTAL PATIENT REVENUES	45,279,996	43,618,594	3.81%	43,618,594	3.81%
REVENUE DEDUCTIONS										
10,067,042	10,291,765	10,914,920	31,245,812	65.07%	MEDICARE CONTRACTUAL	10,914,920	31,245,812	65.07%	10,291,766	-6.05%
13,232,031	12,833,278	13,887,933	0	#DIV/0!	MEDICAL CONTRACTUAL	13,887,933	0	#DIV/0!	12,833,278	-8.22%
-1,378,326	-1,374,159	-1,322,496	0	#DIV/0!	SUPPLEMENTAL PAYMENTS	-1,322,496	0	#DIV/0!	-1,374,159	3.76%
0	0	0	0	100.00%	PRIOR YEAR RECOVERIES	0	0	100.00%	0	
6,238,570	7,851,346	6,876,265	0	#DIV/0!	OTHER DEDUCTIONS	6,876,265	0	#DIV/0!	7,851,346	12.42%
1,012,366	103,048	2,926	0	#DIV/0!	CHARITY WRITE OFFS	2,926	0	#DIV/0!	103,048	97.16%
882,258	937,839	872,185	0	#DIV/0!	BAD DEBT PROVISION	872,185	0	#DIV/0!	937,839	7.00%
0	-4,167	0	0	#DIV/0!	INDIGENT CARE WRITE OFFS	0	0	#DIV/0!	-4,167	-100.00%
30,053,941	30,638,951	31,231,733	31,245,812	0.05%	TOTAL REVENUE DEDUCTIONS	31,231,733	31,245,812	0.05%	30,638,952	-1.93%
13,481,510	12,979,643	14,048,263	12,372,782	13.54%	NET PATIENT REVENUES	14,048,263	12,372,782	13.54%	12,979,642	-8.23%
69.0%	70.2%	69.0%	71.6%			69.0%	71.6%		70%	
OTHER OPERATING REVENUE										
0	0	0	4,167		GRANT REVENUES	0	4,167		0	#DIV/0!
571,500	273,801	339,253	461,008	-26.41%	OTHER	339,253	461,008	-26.41%	273,801	23.90%
571,500	273,801	339,253	465,175	-27.07%	TOTAL OTHER REVENUE	339,253	465,175	-27.07%	273,801	23.90%
14,053,010	13,253,444	14,387,516	12,837,957	12.07%	TOTAL OPERATING REVENUE	14,387,516	12,837,957	12.07%	13,253,443	8.56%
OPERATING EXPENSES										
6,359,473	5,849,650	6,223,056	6,160,791	-1.01%	SALARIES AND WAGES	6,223,056	6,160,791	-1.01%	5,849,650	-6.38%
1,474,386	1,285,872	1,346,466	1,343,250	-0.24%	BENEFITS	1,346,466	1,343,250	-0.24%	1,285,872	-4.71%
120,425	211,140	191,671	226,001	15.19%	REGISTRY & CONTRACT	191,671	226,001	15.19%	211,140	9.22%
7,954,285	7,346,662	7,761,193	7,730,042	-0.40%	TOTAL STAFFING EXPENSE	7,761,193	7,730,042	-0.40%	7,346,662	-5.64%
2,217,574	1,386,912	1,562,084	1,413,772	-10.49%	PROFESSIONAL FEES	1,562,084	1,413,772	-10.49%	1,386,912	-12.63%
1,501,610	1,540,888	1,711,274	1,584,861	-7.98%	SUPPLIES	1,711,274	1,584,861	-7.98%	1,540,888	-11.06%
548,591	666,784	601,430	700,999	14.20%	PURCHASED SERVICES	601,430	700,999	14.20%	666,784	9.80%
591,319	461,240	713,336	477,394	-49.42%	REPAIR & MAINTENANCE	713,336	477,394	-49.42%	461,240	-54.66%
299,579	286,396	309,556	309,556	0.00%	DEPRECIATION & AMORT	309,556	309,556	0.00%	286,396	-8.09%
40,139	261,018	246,647	276,877	10.92%	INSURANCE	246,647	276,877	10.92%	261,018	5.51%
292,881	239,321	295,732	239,321	-23.57%	HOSPITALIST PROGRAM	295,732	239,321	-23.57%	239,321	-23.57%
1,021,103	887,279	879,760	933,231	5.73%	OTHER	879,760	933,231	5.73%	887,279	0.85%
14,467,081	13,076,501	14,081,013	13,666,053	-3.04%	TOTAL OPERATING EXPENSES	14,081,013	13,666,053	-3.04%	13,076,501	-7.68%
-414,071	176,943	306,503	-828,096	137.01%	TOTAL OPERATING MARGIN	306,503	-828,096	-137.01%	176,943	-73.22%
NON OPER REVENUE(EXPENSE)										
286,161	296,820	-1,109,043	121,307	-1014.25%	OTHER NON-OP REV (EXP)	-1,109,043	121,307	-1014.25%	296,820	-473.64%
0	0	715,753	0	0.00%	FEMA FUNDS	715,753	0	100.00%	0	
117,632	117,632	117,632	225,987	-47.95%	DISTRICT TAX REVENUES	117,632	225,987	-47.95%	117,632	0.00%
-51,144	-53,947	-51,144	-53,033	3.56%	INTEREST EXPENSE	-51,144	-53,033	3.56%	-53,947	5.20%
352,649	360,505	-326,802	294,261	-211.06%	TOTAL NON-OP REV (EXPENSE)	-326,802	294,261	-211.06%	360,505	-190.65%
-61,423	537,448	-20,300	-533,835	96.20%	NET EXCESS / (DEFICIT)	-20,300	-533,835	96.20%	537,448	103.78%
1,129.64	1,079.85	1,191.95	1,217.85	2.13%	TOTAL PAID FTE'S (Inc Reg & Cont.)	1,191.95	1,217.85	2.13%	1,079.85	-10.38%
991.52	935.01	1,049.86	993.50	-5.67%	TOTAL WORKED FTE'S	1,049.86	993.50	-5.67%	935.01	-12.28%
15.28	17.91	19.86	22.88	13.22%	TOTAL CONTRACT FTE'S	19.86	22.88	13.22%	17.91	-10.87%
1,024.79	938.27	1,089.84	1,100.98	1.01%	PAID FTE'S - HOSPITAL	1,089.84	1,100.98	1.01%	938.27	-16.15%
900.06	812.98	960.18	882.62	-8.79%	WORKED FTE'S - HOSPITAL	960.18	882.62	-8.79%	812.98	-18.11%
104.85	141.57	102.11	116.87	12.63%	PAID FTE'S - SNF	102.11	116.87	12.63%	141.57	100.00%
91.46	122.03	89.68	110.88	19.12%	WORKED FTE'S - SNF	89.68	110.88	19.12%	122.03	100.00%

IMPERIAL VALLEY HEALTHCARE DISTRICT
BALANCE SHEET AS OF JULY 31, 2025

	<u>JUNE 2025</u>	<u>JULY 2025</u>	<u>JULY 2024</u>
ASSETS			
CURRENT ASSETS			
CASH	\$35,992,199	\$37,945,485	\$45,949,831
CASH - NORIDIAN AAP FUNDS	\$0	\$0	\$0
CASH - 3RD PRY REPAYMENTS	\$0	\$2,618,646	\$0
CDs - LAIF & CVB	\$66,244	\$66,244	\$66,244
ACCOUNTS RECEIVABLE - PATIENTS	\$111,012,836	\$114,453,755	\$84,466,897
LESS: ALLOWANCE FOR BAD DEBTS	-\$5,147,400	-\$5,175,810	-\$5,727,620
LESS: ALLOWANCE FOR CONTRACTUALS	-\$79,443,980	-\$85,721,683	-\$65,527,378
NET ACCTS RECEIVABLE	\$26,421,456	\$23,556,262	\$13,211,899
	23.80%	20.58%	15.64%
ACCOUNTS RECEIVABLE - OTHER	\$28,105,420	\$31,143,899	\$28,104,499
COST REPORT RECEIVABLES	\$59,499	\$59,499	\$1,206,822
INVENTORIES - SUPPLIES	\$3,372,704	\$3,517,614	\$2,690,552
PREPAID EXPENSES	\$2,106,777	\$3,204,440	\$3,164,814
TOTAL CURRENT ASSETS	\$96,124,299	\$102,112,089	\$94,394,661
OTHER ASSETS			
PROJECT FUND 2017 BONDS	\$778,424	\$859,470	\$586,647
BOND RESERVE FUND 2017 BONDS	\$968,353	\$968,353	\$968,328
LIMITED USE ASSETS	\$131,562	\$134,665	\$27,634
NORIDIAN AAP FUNDS	\$0	\$0	\$0
GASB87 LEASES	\$64,931,450	\$64,931,450	\$64,931,450
OTHER ASSETS PROPERTY TAX PROCEEDS	\$269,688	\$269,688	\$505,438
OTHER INVESTMENTS	\$420,000	\$420,000	\$0
UNAMORTIZED BOND ISSUE COSTS			
TOTAL OTHER ASSETS	\$67,499,477	\$67,583,626	\$67,019,497
PROPERTY, PLANT AND EQUIPMENT			
LAND	\$2,633,026	\$2,633,026	\$2,623,526
BUILDINGS & IMPROVEMENTS	\$63,118,597	\$63,118,597	\$62,919,140
EQUIPMENT	\$66,243,320	\$66,396,600	\$63,455,124
CONSTRUCTION IN PROGRESS	\$315,838	\$363,359	\$834,438
LESS: ACCUMULATED DEPRECIATION	-\$103,381,792	-\$103,691,348	-\$100,035,389
NET PROPERTY, PLANT, AND EQUIPMENT	\$28,928,989	\$28,820,234	\$29,796,837
TOTAL ASSETS	\$192,552,765	\$198,515,949	\$191,210,995

IMPERIAL VALLEY HEALTHCARE DISTRICT
BALANCE SHEET AS OF JULY 31, 2025

	<u>JUNE 2025</u>	<u>JULY 2025</u>	<u>JULY 2024</u>
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$3,204,117	\$4,064,715	\$5,102,086
ACCOUNTS PAYABLE - ACCRUALS	\$9,867,566	\$9,306,231	\$10,702,720
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$7,442,964	\$8,185,414	\$7,033,734
COST REPORT PAYABLES & RESERVES	\$0	\$2,618,646	\$0
NORIDIAN AAP FUNDS	\$0	\$0	\$0
CURR PORTION- GO BONDS PAYABLE	\$0	\$0	\$230,000
CURR PORTION- 2017 REVENUE BONDS PAYABLE	\$0	\$0	\$320,000
INTEREST PAYABLE- GO BONDS	\$1,917	\$1,917	\$3,833
INTEREST PAYABLE- 2017 REVENUE BONDS	\$480,642	\$533,771	\$220,329
OTHER - TAX ADVANCE IMPERIAL COUNTY	\$0	\$0	\$0
DEFERRED HHS CARES RELIEF FUNDS	\$0	\$1,116,224	\$0
CURR PORTION- LEASE LIABILITIES(GASB 87)	\$3,756,205	\$3,756,205	\$3,756,205
SKILLED NURSING OVER COLLECTIONS	\$2,490,889	\$2,692,071	\$43,050
CURR PORTION- SKILLED NURSING CTR ADVANCE	\$0	\$0	\$0
CURRENT PORTION OF LONG-TERM DEBT	\$1,037,037	\$1,037,037	\$1,209,818
TOTAL CURRENT LIABILITIES	\$28,281,337	\$33,312,231	\$28,621,775
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	\$658,000	\$658,000	\$54,097
NOTES PAYABLE - EQUIPMENT PURCHASES	\$0	\$0	\$0
LOANS PAYABLE - DISTRESSED HOSP. LOAN	\$26,962,963	\$26,962,963	\$26,962,963
LOANS PAYABLE - CHFFA NDPH	\$0	\$0	\$3,766,770
BONDS PAYABLE G.O BONDS	\$0	\$0	\$0
BONDS PAYABLE 2017 SERIES	\$14,464,033	\$14,462,047	\$14,485,870
LONG TERM LEASE LIABILITIES (GASB 87)	\$62,267,845	\$62,267,845	\$62,267,845
DEFERRED REVENUE -CHW	\$0	\$0	\$0
DEFERRED PROPERTY TAX REVENUE	\$275,438	\$275,438	\$511,188
TOTAL LONG TERM DEBT	\$104,628,279	\$104,626,293	\$108,048,733
FUND BALANCE AND DONATED CAPITAL	\$54,003,028	\$60,597,725	\$54,003,038
NET SURPLUS (DEFICIT) CURRENT YEAR	\$5,640,121	-\$20,300	\$537,448
TOTAL FUND BALANCE	\$59,643,149	\$60,577,425	\$54,540,486
TOTAL LIABILITIES AND FUND BALANCE	\$192,552,765	\$198,515,949	\$191,210,994

IMPERIAL VALLEY HEALTHCARE DISTRICT
STATEMENT OF REVENUE AND EXPENSE - 12 Month Trend

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Jul-25
ADJ PATIENT DAYS	3,200	2,948	3,036	3,243	3,868	3,776	2,876	3,264	2,707	3,686	3,714	4,647	40,787
INPATIENT DAYS	1,362	1,289	1,290	1,376	1,676	1,769	1,275	1,350	1,110	1,542	1,632	1,684	17,355
IP ADMISSIONS	487	495	479	501	591	585	488	511	462	551	538	555	6,243
IP AVERAGE DAILY CENSUS	44	43	42	46	54	57	46	44	46	50	54	54	48
GROSS PATIENT REVENUES													
DAILY HOSPITAL SERVICES	4,245,778	4,185,658	4,425,452	3,960,883	4,306,327	4,623,907	3,923,533	4,460,991	4,502,920	4,627,358	4,467,121	1,774,557	49,504,485
INPATIENT ANCILLARY	14,037,130	13,994,712	14,901,257	14,605,962	17,023,992	19,402,543	15,365,879	14,010,106	13,170,259	14,494,947	14,665,377	14,632,616	180,304,781
OUTPATIENT ANCILLARY	24,666,163	23,402,909	26,164,034	25,191,832	27,895,452	27,255,392	24,218,568	26,191,988	25,433,294	26,581,622	24,402,953	28,872,822	310,277,030
TOTAL PATIENT REVENUES	42,949,071	41,583,279	45,490,743	43,758,677	49,225,771	51,281,842	43,507,980	44,663,085	43,106,473	45,703,927	43,535,451	45,279,996	540,086,296
REVENUE DEDUCTIONS													
MEDICARE CONTRACTUAL	9,837,519	9,148,238	11,152,895	9,362,592	11,681,500	13,186,192	11,368,853	11,713,712	10,228,981	10,173,409	10,067,042	10,914,920	128,835,853
MEDICAL CONTRACTUAL	12,888,442	11,976,873	12,946,217	13,222,415	15,178,005	18,178,743	12,813,377	12,785,203	13,643,163	13,219,010	13,232,031	13,887,933	163,971,412
SUPPLEMENTAL PAYMENTS	-1,336,399	-1,378,326	-1,374,159	-1,374,159	-1,374,159	-1,374,159	-1,378,326	-1,184,154	-1,378,326	-1,453,003	-1,378,326	-1,322,496	-16,305,992
PRIOR YEAR RECOVERIES	0	0	0	0	-1,925,640	0	-15,505	-88,856	-467,741	0	0	0	-2,497,742
OTHER DEDUCTIONS	7,376,244	8,022,745	6,839,814	8,171,185	9,491,219	4,827,640	6,597,941	6,978,258	6,797,466	8,500,637	6,238,570	6,876,265	86,717,984
CHARITY WRITE OFFS	44,424	60,153	10,063	12,363	26,134	25,780	7,162	0	8,600	188,266	1,012,366	2,926	1,398,237
BAD DEBT PROVISION	920,000	1,030,122	1,020,000	920,000	1,171,548	749,234	950,000	600,000	920,000	920,000	882,258	872,185	10,955,347
INDIGENT CARE WRITE OFFS	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	0	0	0	0	0	0	-25,002
TOTAL REVENUE DEDUCTIONS	29,726,063	28,855,638	30,590,663	30,310,229	34,244,440	35,589,263	30,343,502	30,804,163	29,752,143	31,548,319	30,053,941	31,231,733	373,050,097
NET PATIENT REVENUES	13,223,008	12,727,641	14,900,080	13,448,448	14,981,331	15,692,579	13,164,478	13,858,922	13,354,330	14,155,608	13,481,510	14,048,263	167,036,198
	69.21%	69.39%	67.25%	69.27%	69.57%	69.40%	69.74%	68.97%	69.02%	69.03%	69.03%	68.97%	69.07%
OTHER OPERATING REVENUE													
GRANT REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	307,025	728,012	296,651	392,693	909,432	343,185	362,386	535,886	372,539	311,185	571,500	339,253	5,469,747
TOTAL OTHER REVENUE	307,025	728,012	296,651	392,693	909,432	343,185	362,386	535,886	372,539	311,185	571,500	339,253	5,469,747
TOTAL OPERATING REVENUE	13,530,033	13,455,653	15,196,731	13,841,141	15,890,763	16,035,764	13,526,864	14,394,808	13,726,869	14,466,793	14,053,010	14,387,516	172,505,945
OPERATING EXPENSES													
SALARIES AND WAGES	5,850,323	6,387,066	6,843,129	6,700,034	6,537,237	6,670,775	6,039,904	6,268,879	6,237,213	6,278,514	6,359,473	6,223,056	76,395,603
BENEFITS	1,773,423	1,678,679	1,696,408	1,474,183	1,838,509	1,747,884	1,691,888	1,816,690	1,462,931	844,172	1,474,386	1,346,466	18,845,619
REGISTRY & CONTRACT	187,727	187,398	203,673	170,892	169,549	181,032	291,516	180,983	210,277	233,655	120,425	191,671	2,328,799
TOTAL STAFFING EXPENSE	7,811,473	8,253,143	8,743,210	8,345,109	8,545,295	8,599,691	8,023,308	8,266,552	7,910,421	7,356,341	7,954,285	7,761,193	97,570,021
PROFESSIONAL FEES	1,238,459	1,267,728	1,442,258	1,406,374	1,241,747	1,352,522	1,142,132	1,463,172	1,490,185	1,435,269	2,217,574	1,562,084	17,259,504
SUPPLIES	1,361,788	1,455,049	1,874,654	1,269,214	2,456,239	1,960,507	1,545,327	1,454,101	1,405,314	1,678,334	1,501,610	1,711,274	19,673,411
PURCHASED SERVICES	708,365	710,216	527,135	569,775	508,682	724,696	618,846	684,894	459,333	667,131	548,591	601,430	7,329,094
REPAIR & MAINTENANCE	445,422	675,929	847,788	668,786	795,518	820,025	266,691	723,397	662,344	733,946	591,319	713,336	7,944,501
DEPRECIATION & AMORT	287,071	288,299	288,299	288,299	293,647	399,610	282,356	282,356	331,604	305,281	299,579	309,556	3,655,957
INSURANCE	225,205	226,415	241,953	225,205	232,212	222,108	239,646	204,757	224,447	222,120	40,139	246,647	2,550,854
HOSPITALIST PROGRAM	245,047	259,019	272,176	122,990	0	266,507	167,004	249,017	244,297	207,916	292,881	295,732	2,622,586
OTHER	727,205	923,137	728,810	741,486	944,621	839,501	977,589	786,002	784,904	1,008,868	1,021,103	879,760	10,362,986
TOTAL OPERATING EXPENSES	13,050,035	14,058,935	14,966,283	13,637,238	15,017,961	15,185,167	13,262,899	14,114,248	13,512,849	13,615,206	14,467,081	14,081,012	168,968,914
TOTAL OPERATING MARGIN	479,998	-603,282	230,448	203,903	872,802	850,597	263,965	280,560	214,020	851,587	-414,071	306,504	3,537,031
NON OPER REVENUE(EXPENSE)													
OTHER NON-OPS REVENUE	209,057	207,469	30,898	-2,357	-6,557	-6,426	245,308	114,595	344	16,003	286,161	-1,109,043	-14,548
FEMA FUNDS	0	0	0	0	0	0	0	0	0	0	0	715,753	715,753
DISTRICT TAX REVENUES	117,632	117,632	117,632	117,632	117,632	172,729	117,632	117,632	117,632	117,632	117,632	117,632	1,466,681
INTEREST EXPENSE	-53,896	-53,846	-51,503	-53,369	-51,401	-51,350	-51,299	-51,247	-51,196	-51,144	-51,144	-51,144	-622,539
TOTAL NON-OPS REVENUE(EXPENSE)	272,793	271,255	97,027	61,906	59,674	114,953	311,641	180,980	66,780	82,491	352,649	-326,802	1,545,347
NET EXCESS / (DEFICIT)	752,791	-332,027	327,475	265,809	932,476	965,550	575,606	461,540	280,800	934,078	-61,422	-20,298	5,082,378
TOTAL PAID FTE'S (Inc Reg & Cont.)	1,162.74	1,096.83	1,031.44	983.93	1,116.10	1,189.57	1,172.24	1,106.21	964.28	1,011.14	1,129.64	1,191.95	1,096.34
TOTAL WORKED FTE'S	1,045.12	770.43	748.59	748.38	948.70	993.61	1,051.28	981.75	837.21	915.77	991.52	1,049.86	923.52
TOTAL CONTRACT FTE'S	13.45	23.20	16.78	16.57	16.29	17.57	24.10	20.84	21.15	21.06	15.28	19.86	18.85
PAID FTE'S - HOSPITAL	1,020.05	981.91	927.71	880.21	964.18	1,040.82	1,008.51	914.42	803.19	860.70	1,024.79	1,089.84	959.69
WKD FTE'S - HOSPITAL	921.90	667.30	650.28	650.06	809.59	857.09	910.21	798.47	697.31	785.41	900.06	960.18	800.65
PAID FTE'S - SNF	142.68	114.92	103.73	103.73	151.92	148.75	163.74	191.79	161.09	150.44	104.85	102.11	136.64
WORKED FTE'S - SNF	123.23	103.13	98.32	98.32	139.11	136.53	141.07	183.28	139.90	130.37	91.46	89.68	122.87

Imperial Valley Healthcare District - Financial Indicators Report
(Based on Prior 12 Months Activities)
For The 12 Months Ending: July 31, 2025
excludes: GO bonds tax revenue, int exp and debt.

1. Debt Service Coverage Ratio

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

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

$$\text{DSCR} = \frac{\$9,360,872}{\$5,415,781} = \mathbf{1.73}$$

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

2. Days Cash on Hand Ratio

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

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

$$\text{DCOHR} = \frac{\$40,630,375}{\frac{\$165,576,974}{365}} = \mathbf{89.6}$$

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

3. Long-Term Debt to Capitalization Ratio

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

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

$$\text{L.T.D.-C.R.} = \frac{\$108,486,097}{\$169,043,222} = \mathbf{64.2}$$

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

1 Month 7/31/2025

	Current Month 7/31/2025	Year-To-Date 1 Month 7/31/2025
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	(20,300)	(20,300)
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	\$309,556	\$309,556
(Increase)/Decrease in Net Patient Accounts Receivable	\$5,365,193	\$5,365,193
(Increase)/Decrease in Other Receivables	(\$3,018,180)	(\$3,018,180)
(Increase)/Decrease in Inventories	(\$144,910)	(\$144,910)
(Increase)/Decrease in Pre-Paid Expenses	(\$1,097,664)	(\$1,097,664)
(Increase)/Decrease in Other Current Assets	\$0	\$0
Increase/(Decrease) in Accounts Payable	\$860,597	\$860,597
Increase/(Decrease) in Notes and Loans Payable	(\$561,336)	(\$561,335)
Increase/(Decrease) in Accrued Payroll and Benefits	\$742,451	\$742,451
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	\$3,787,999	\$3,787,998
Net Cash Provided by Operating Activities:	\$6,223,407	\$6,223,407
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(\$200,801)	(\$200,801)
(Increase)/Decrease in Limited Use Cash and Investments	(\$3,103)	(\$3,103)
(Increase)/Decrease in Other Limited Use Assets	(\$81,046)	(\$81,046)
(Increase)/Decrease in Other Assets	\$0	\$0
Net Cash Used by Investing Activities	(\$284,950)	(\$284,950)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(\$1,985)	(\$1,985)
Increase/(Decrease) in Capital Lease Debt	\$0	\$0
Increase/(Decrease) in Other Long Term Liabilities	\$201,184	\$201,184
Net Cash Used for Financing Activities	\$199,199	\$199,199
(INCREASE)/DECREASE IN RESTRICTED ASSETS	\$934,276	\$934,276
Net Increase/(Decrease) in Cash	\$7,071,932	\$7,071,932
Cash, Beginning of Period	\$36,058,444	\$36,058,444
Cash, End of Period	\$43,130,375	\$43,130,375



Key Operating Indicators July 2025

	Month			YTD		
	ACTUAL	BUDGET	PRIOR YR	ACTUAL	BUDGET	PRIOR YR
Volumes						
Admits	555	517	486	555	517	486
ICU	76	87	87	76	87	87
Med/Surgical	1,070	964	964	1,070	964	964
Newborn ICU	145	75	75	145	75	75
Pediatrics	57	36	36	57	36	36
Obstetrics	336	343	343	336	343	343
Total Patient Days	1,684	1,505	1,505	1,684	1,505	1,505
Adjusted Patient Days	4,647	3,752	3,752	4,647	3,752	3,752
Average Daily Census	54	49	49	54	49	49
Average Length of Stay	2.28	2.91	2.71	2.85	2.91	2.71
Deliveries	95	162	152	95	162	152
E/R Visits	3,297	3,509	3,728	3,297	3,509	3,728
Surgeries	261	335	312	261	335	312
Wound Care	297	197	270	297	197	270
Pioneers Health Center	2,654	2,186	1,937	2,654	2,186	1,937
Calexico Visits	1,124	722	621	1,124	722	621
Pioneers Children	660	723	358	660	723	358
Outpatients (non-ER/Clinics)	6,408	7,094	6,314	6,408	7,094	6,314
Surgical Health	75	85	51	75	85	51
Urology	353	368	387	353	368	387
WHAP	378	378	330	378	378	330
C-WHAP	738	465	131	738	465	131
CDLD	135	0	-	135	0	-
Skilled Nursing	2,239	2,435	2,240	2,239	2,435	2,240
FTE's						
Worked	1,049.86	993.50	935.01	1,049.86	993.50	935.01
Paid	1,191.95	1,217.85	1,079.85	1,191.95	1,217.85	1,079.85
Contract FTE's	19.86	22.88	17.91	19.86	22.88	17.91
FTE's APD (Worked)	7.00	8.21	7.72	7.00	8.21	7.72
FTE's APD (Paid)	7.95	10.06	8.92	7.95	10.06	8.92
Net Income						
Operating Revenues	\$14,387,516	\$12,837,957	\$13,253,443	\$14,387,518	\$12,837,957	\$13,253,443
Operating Margin	\$306,503	-\$828,096	\$176,942	\$306,506	-\$828,096	\$176,943
Operating Margin %	2.1%	-6.5%	1.3%	2.1%	-6.5%	1.3%
Total Margin	-\$20,300	-\$533,835	\$537,447	-\$20,300	-\$533,835	\$537,448
Total Margin %	-0.1%	-4.2%	4.1%	-0.1%	-4.2%	4.1%

Exhibit A - July 2025		Key Volume Stats -Trend Analysis													
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
Deliveries															
	Actual	95	0	0	0	0	0	0	0	0	0	0	0	95	95
	Budget	162	181	195	171	187	200	162	156	178	177	177	177	2,123	162
	Prior FY 2025	152	167	184	159	167	170	148	169	178	266	141	110	2,201	152
E/R Visits															
	Actual	3,297	0	0	0	0	0	0	0	0	0	0	0	3,297	3,297
	Budget	3,509	3,338	3,463	3,408	3,629	4,624	3,804	3,442	3,794	3,668	3,668	3,668	44,015	3,509
	Prior FY 2025	3,728	3,498	3,597	3,590	3,817	4,803	4,125	3,654	4,055	3,839	3,678	3,285	43,064	3,728
Surgeries															
	Total Actual	261	0	0	0	0	0	0	0	0	0	0	0	261	261
	Total Budget	335	309	275	295	301	331	312	219	275	295	295	295	3,537	335
	Prior FY 2025	312	403	369	452	323	304	366	251	299	277	287	233	3,510	312
Calexico															
	Actual	1,124	0	0	0	0	0	0	0	0	0	0	0	1,124	1,124
	Budget	722	760	831	906	776	891	957	944	1,074	873	873	873	10,480	722
	Prior FY 2025	621	675	829	915	1,119	1,232	1,012	948	1,074	1,174	923	1,034	11,556	621
Pioneers Health Center															
	Actual	2,654	0	0	0	0	0	0	0	0	0	0	0	2,654	2,654
	Budget	2,186	2,396	2,320	2,678	2,377	2,305	2,809	2,483	2,594	2,461	2,461	2,461	29,531	2,186
	Prior FY 2025	1,937	2,115	2,308	2,688	3,473	3,496	2,856	2,580	2,744	2,655	2,599	2,584	32,035	1,937
Pioneers Children															
	Actual	660	0	0	0	0	0	0	0	0	0	0	0	660	660
	Budget	723	799	846	906	858	881	905	798	839	839	839	839	10,072	723
	Prior FY 2025	358	376	765	841	1,009	984	878	734	845	728	749	659	8,926	358
Outpatients															
	Actual	6,408	0	0	0	0	0	0	0	0	0	0	0	6,408	6,408
	Budget	7,094	6,949	7,889	7,775	5,951	6,154	7,941	7,663	6,516	7,104	7,104	7,104	85,244	7,094
	Prior FY 2025	6,314	6,270	6,378	6,780	6,531	7,619	7,471	6,911	6,961	6,966	6,484	6,092	80,777	6,314
Wound Care															
	Actual	297	0	0	0	0	0	0	0	0	0	0	0	297	297
	Budget	197	160	118	122	119	136	167	112	104	137	137	137	1,646	197
	Prior FY 2025	270	327	332	326	251	258	293	304	287	292	242	270	3,452	270
WHAP															
	Actual	378	0	0	0	0	0	0	0	0	0	0	0	378	378
	Budget	378	513	392	415	391	379	425	320	336	394	394	394	4,731	378
	Prior FY 2025	330	443	388	414	688	362	427	325	342	367	375	369	4,830	330
C-WHAP															
	Actual	738	0	0	0	0	0	0	0	0	0	0	0	738	738
	Budget	465	457	588	610	558	583	581	379	445	518	518	518	6,220	465
	Prior FY 2025	131	95	365	403	552	400	425	441	432	419	599	588	4,850	131

**FOURTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT
BETWEEN IMPERIAL VALLEY HEALTHCARE DISTRICT
AND BERKELEY RESEARCH GROUP, LLP
FOR FINANCIAL STRATEGIST SERVICES**

THIS FOURTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT (this “**Fourth Amendment**”) is entered into by and between **IMPERIAL VALLEY HEALTHCARE DISTRICT (“IVHD”)**, and **BERKELEY RESEARCH GROUP, LLC (“CONTRACTOR”)**, an independent contractor, collectively referred to herein as “**parties**” or individually as “**party**,” dated effective as of August 28, 2025.

RECITALS

- A. IVHD and Contractor are parties to that certain Professional Services Agreement having an Effective Date of September 10, 2024 (the “**Professional Services Agreement**”).
- B. IVHD and Contractor executed an Amendment to this Professional Services Agreement on December 12, 2024, to increase the Payment Cap in the Professional Services Agreement to Three Hundred Fifty Thousand Dollars (\$350,000.00).
- C. IVHD and Contractor executed a Second Amendment to this Professional Services Agreement on February 21, 2025, to increase the Payment Cap in the Professional Services Agreement to Five Hundred Fifty Thousand Dollars (\$550,000.00).
- D. IVHD and Contractor executed a Third Amendment to this Professional Services Agreement on June 12, 2025, to increase the Payment Cap in the Professional Services Agreement to Eight Hundred Thousand Dollars (\$800,000.00).
- E. IVHD and Contractor desire to amend the Professional Services Agreement in accordance with the terms and provisions of this Fourth Amendment to eliminate the Payment Cap [alternative: increase the Payment Cap by two hundred fifty thousand dollars (\$250,000.00)] in order to accommodate the continuing need for financial consulting services relating to the ongoing merger between IVHD and El Centro Regional Medical Center, the scope of which is set forth in the Second Amendment.

AGREEMENT

NOW, THEREFORE, in consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound, IVHD and Contractor agree as follows:

1. Amendment to Payment Cap. **Article 3** of the Professional Services Agreement is hereby amended so that all references to the total amount of the “Payment Cap” shall be eliminated [optional: increased by \$250,000] in order to provide flexibility and accommodate the

continuing need for financial consulting services. The Professional Services Agreement's prior references to the Payment Cap, as amended, are hereby **deleted accordingly/modified accordingly**. Hereinafter, the relevant amended portions of Article 3 of the Professional Services Agreement, and the associated calculations related to the Payment Cap, shall be amended as follows:

- a. "Compensation paid for Services performed pursuant to this Agreement shall be calculated on an hourly basis in one-tenth increments subject to review by the IVHD CEO and Board Chair. Contractor's Contractor shall not increase its hourly rates without the prior written consent of the IVHD CEO or Board Chair."
- b. "CONTRACTOR shall promptly notify IVHD's Board Chair and CEO, in writing, at kburnworth@iv-hd.com and cbjornberg@iv-hd.com, when fees and expenses incurred under this Agreement have exceeded or are expected to exceed **One Hundred Fifty Thousand Dollars (\$150,000.00)** per month.

2. Other than as amended by this Fourth Amendment, all other terms of the Professional Services Agreement shall remain in full force and effect. The provisions in this Fourth Amendment shall control over all other provisions in the Professional Services Agreement, as amended.

3. This Amendment is hereby incorporated into the terms of the Professional Services Agreement as though set forth fully therein. Capitalized terms not otherwise defined in this Fourth Amendment shall have the definitions and meanings provided in the Professional Services Agreement.

4. This Fourth Amendment may be executed in one or more counterparts, each of which shall be deemed an original and when taken together will constitute one instrument.

IN WITNESS WHEREOF, this Third Amendment has been executed as of the date set forth above.

**IMPERIAL VALLEY HEALTHCARE
DISTRICT:**

Signature

Name

Title

Date

CONTRACTOR:

Signature

Name

Title

Date

DATE: August 19, 2025

TO: Imperial Valley Healthcare District Board of Directors

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

SUBJ: PMH 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 September 1, 2025** for the following:
 - Akrami, Kevan, MD Telehealth/Telemedicine
 - Aasar, Abdul, MD Teleradiology
 - Gujrathi, Sunil, MD Teleradiology
 - Hedayati, Amir, MD Teleradiology
 - Jansen, Jeremiah, MD Teleradiology
 - McCoy, Justin, MD Teleradiology
 - Patel, Tejal, MD Teleradiology
 - Ramnath, Venkatesh, MD Telehealth/Telemedicine (Effective August 29, 2025)
2. Recommend **Reappointment** effective **September 1, 2025** for the following:
 - Ansari, Athar, MD Interventional Cardiology
 - Buenaflor, Jay, MD Pediatrics (Consulting)
 - Cajas-Monson, Luis, MD Vascular Surgery
 - Gerds, Ethan, MD Emergency Medicine
 - Gwon, Seung, MD General Surgery
 - Huynh, Anthony, MD Dermatology
 - Hwang, Chenduen, MD Pathology
 - Kayal, Anas, MD Nephrology
 - Kosofsky, Michael, MD Emergency Medicine
 - Ramones, Maria Theresa, MD General Surgery
 - Saeed, Oday, MD Nephrology
 - Sullivan, Kevin, DO Emergency Medicine
 - Tariq, Sohaib, MD Internal Medicine
 - Tyson, Brian, MD Family Medicine
 - Vo, Qui Jeff, MD Radiology
 - Yamamoto, Shota Teleradiology
 - Simpson, Pamela, CNM Certified Nurse Midwife
3. Recommend **Release from Proctoring and/or Advancement** effective **September 1, 2025:**
 - Suliman, Idrees, MD Gastroenterology (Advancement)
 - Foret, Jacob, CRNA Nurse Anesthetist
 - Garcia, Daniel, CRNA Nurse Anesthetist
4. Recommend acceptance of the following **Resignations from Staff** effective **August 31, 2025** (unless otherwise noted):
 - Connolly, Michael, MD Teleradiology
 - Hermann, Matthew, MD Teleradiology
 - Silva Sepulveda, Jose, MD Pediatric Cardiology
 - Brubaker, McQuade, PA Physician Assistant (Did not return reappointment)

7. Mr. Bjornberg discussed the signing of the Asset Transfer Agreement, we are now officially in the closing process and hope to complete by the end of the year. Physicians were requested to appear in a commercial for the merging of the two facilities, important for the community.
8. The presence of the Chief of Staff or designee was discussed. It was determined that, if there is a physician issue that needs to be discussed in the Closed Session of the Board meetings, a physician would be requested to attend that portion of the meeting.
9. It was reported that we had a loss of \$61k in the month of June, pre-audit. We are at 73.2 days Cash on Hand and the Debt Ratio is within the limits of the bond covenants. We are reporting a profit year to date of \$5M.
10. Notification was sent to the providers with regards to Prior Authorization and the change to the Tax ID and NPI of Pioneers. New pre-authorization will be required once this is approved. Billers need to be aware that the new numbers should be effective as soon as October 1, 2025 potentially.
11. Respiratory Mask Fit Testing compliance is currently 77% for the Medical/Allied Health Staff. Reminders have been sent to those who have not complied with the requirement.
12. Transfer Report for Jan – June, 2025 indicates 640 total transfers, 109 in June. Top three reasons for transfer remain Gastro, Neurosurgery and Pediatrics. We are working to smooth out the transfer process with UCSD as well as the other facilities we normally transfer to.
13. IVHD Board is currently in the process of determining service lines present at each campus. At this time, Wound Care will be in Brawley and Oncology will be in El Centro. More work is being done to define which will be at each.
14. Hospitalists report that they will be working with Tele-Intensivists who may be available from 7:30 – 9:30am Friday to Sunday.
15. Clinical Service and Committee Reports:
 - o Medicine – Dr. Krutzik had no report.
 - o Emergency Medicine – Dr. Nelson was not present. No report.
 - o Surgery/Anesthesia/Pathology – No additional were provided.
 - o OB/GYN – No meeting was held, no updates.
 - o Pediatrics – No meeting was held. No updates were given.



- Medical Imaging – Dr. Rapp reported that one of the MRI tech is retiring this month, MRI services may be every other weekend. Our Nuc Med tech has a six month contract which may have been extended.
- Ambulatory Services – Dr. Fareed reported that things are going well with Ambulatory Medicine.
- Credentials & Bylaws – Approved information above.
- MSQC –approved policies as listed above.
- Utilization Management – No update available.

RECOMMENDATION: That Imperial Valley 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 authorize the chief executive officer to sign any documents to implement the same.

Respectfully submitted,
Ameen Alshareef, MD
Vice-Chief of Staff, Pioneers Health Center.
AA/cb

POLICIES FOR APPROVAL AT BOARD

	Policy	Policy No.	Page #	Revisions (see policy for full description)
1.	Organizational Performance Improvement Plan	ADM-00058	• 1-14	- Updated Current Author - Updated Revision Date - Updated 3.2.3.8.2 - Updated 3.6.2 and 3.6.8 - Deleted 3.8 - Added 3.11.5 - Added 5.4.3.11 - Added 5.4.4 (new) and its sub bullets - Updated 5.6.1 - Added attachments C, D, E, F - Updated 1.1
2.	Patient Safety Program	ADM-00055	• 15-18	- Updated 6.1 and 6.2 - Added patient rights to 5.1.3.2 - Updated current Author/Reviewer - Updated Review date - Added 5.1.2.4 - Updated 5.1.4.1
3.	Quality Review Report	ADM-00481	• 19-36	- Updated Current Author/Reviewer - Updated date of latest review
4.	Release of Surgically Removed Foreign Objects to Law Enforcement Agencies	CLN-01485	• 37-39	- Changed Authors 8.2 1.1 Grammatical changes by Dr. Whyte, they should be given to a legal, identified representative of the appropriate law enforcement agency. 5.7 Grammatical changes by Dr. Whyte, added –d released

Imperial Valley Healthcare District

Title: Organizational Performance Improvement Plan		Policy No. ADM-00058
Current Author: Biké Enwezoh		Page 1 of 7
Latest Review/Revision Date: 11/4/2024		Effective: 12/28/2005
Manual: Administrative / Quality		

Collaborating Departments: Dr. Su, Dr. Nelson, Administration		Keywords: PI, PDCA, rapid cycle, Quality Plan, QMS, ISO, Quality Management System	
Approval Route: List all required approval			
PSQC 12/2024	Other:		
Clinical Service _____	MSQC 4/2025	MEC 4/2025	BOD 4/2025

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 This policy establishes a structured approach to identifying, addressing, and resolving threats to patient outcomes by providing a formal ongoing process by which the organization and stakeholders utilize objective measures to monitor and evaluate quality of service, patient safety and risk reduction strategies. Our hospital commits to the outcomes of safety, quality, good experience, and reasonable efficiency
- 1.2 To serve as the authorizing document for ISO quality management system by:
 - 1.2.1 Identifying policies and objectives related to the quality of products and services provided to patients/customers.
 - 1.2.2 Identifies the management representatives' assigned authority and responsibility for implementing and maintaining the policies and objectives
 - 1.2.3 Authorizes the procedures which defines plans and process to be established and maintained in support of these policies and procedures
 - 1.2.4 Identifies exclusions to ISO 9001-2015

2.0 Scope: District wide

3.0 Policy:

- 3.1 IVHD will implement an organizational-wide quality assessment and performance improvement efforts to address priorities for improved quality of care, patient safety and risk reduction by ensuring corrective and preventative actions are implemented and evaluated for effectiveness.
- 3.2 The Organizational Performance Improvement Plan will serve as the Quality Manual for addressing performance improvement, patient safety and risk reduction, IVHD selects projects or similar activities that focus attention on various processes, functions, and areas of the organization.
 - 3.2.1 The number and scope of these projects will be prioritized and determined at least annually by the Board with Senior Leadership, as well as the Patient Safety and Quality Committee (PSQC)
 - 3.2.2 These projects will be documented to include the rationale for selection and measureable progress achieved.
 - 3.2.3 Improvement opportunities may be based on, but not limited to:
 - 3.2.3.1 IVHD's mission, vision, and strategic goals
 - 3.2.3.2 Sentinel Event Activities
 - 3.2.3.3 Root Cause Analysis outcomes

Imperial Valley Healthcare District

Title: Organizational Performance Improvement Plan		Policy No. ADM-00058
Current Author: Biké Enwezoh		Page 2 of 7
Latest Review/Revision Date: 11/4/2024		Effective: 12/28/2005
		Manual: Administrative / Quality

- 3.2.3.4 Failure, Modes, Effects, and Analysis results
- 3.2.3.5 Risk Management and insurer's recommendations to minimize risk
- 3.2.3.6 Direction adjustment in response to unusual or urgent events, including identification and management of sentinel events
- 3.2.3.7 Internal Audit findings
- 3.2.3.8 Quality Measures
 - 3.2.3.8.1 The PSQC may request a formal PI project for any measures that are trending negatively, or that have not shown improvement for 3 consecutive quarters.
 - 3.2.3.8.2 Results of study/project will be reported to PSQC until consistent improvement is observed and monitored monthly at the QAPI meetings (sub-committee of PSQC).
 - 3.2.3.8.3 Decision to request a formal PI project will be considered based on feasibility of project, resources and strategic goals priorities.
- 3.2.4 IVHD Board of Directors and Senior Leadership are accountable and responsible for establishing a culture of continual improvement by dedicating adequate resources for measuring, assessing, improving and sustaining organizational quality, safety, and risk reduction.
- 3.1 Design and Development (§8.3) of the ISO 9001-2015 standards will be *excluded* from the QMS as IVHD does not design or develop any products or processes for use in the healthcare industry.
- 3.2 The following documented procedures have been established in accordance to ISO 9001-20015 standards.
 - 3.2.1 Policy *ADM-00074; Control of Documents*; §7.5.3.1
 - 3.2.2 Policy *ADM-00073; Control of Records*; §7.5.3.2
 - 3.2.3 Policy *ADM-00060; Internal Audits*; §9.2.2
 - 3.2.4 Policy *ADM-00059; Control of Nonconforming Product or Service*; §8.7
 - 3.2.5 Policy *ADM-00075; Non-Conformity and Corrective Action*; §10.2
 - 3.2.6 Policy *ADM-00076; Preventive Action*; §8.5.1
- 3.3 IVHD Senior Leadership has appointed the Quality Director as the management representative with the responsibilities and authority that include:
 - 3.3.1 Provide staff support to the Organizational Performance Improvement Plan
 - 3.3.2 Assist in coordinating the collection of information needed by the Performance Improvement Program
 - 3.3.3 Uses efficient data gathering procedures, methods and systems that avoid duplication of effort and generation of useless data
 - 3.3.4 Prepares, arranges and displays performance improvement data in meaningful and useful formats for those who must analyze and use the data
 - 3.3.5 Provides guidance and instruction on data availability, gathering procedures, evaluation techniques and external requirement to the Board of Directors, Medical Staff, organizational leadership, and other personnel involved in the Performance Improvement (PI)
 - 3.3.6 Documents the performance improvement activities and prepares complete, timely and reliable reports

Imperial Valley Healthcare District

Title: Organizational Performance Improvement Plan		Policy No. ADM-00058
		Page 3 of 7
Current Author: Biké Enwezoh		Effective: 12/28/2005
Latest Review/Revision Date: 11/4/2024		Manual: Administrative / Quality

- 3.3.7 Shares reports with Board of Directors, Medical Staff leadership and organizational leadership in an effort to avoid duplication of PI activities
- 3.4 IVHD Senior Leadership reviews the organizational performance initiatives, at least annually, to ensure its continuing suitability, adequacy and effectiveness
 - 3.4.1 The review assesses opportunities for improvement and the need for changes to the organizational priorities, including quality policies and objectives
 - 3.4.2 Records of Management Review are maintained by the Quality Resource Department.
- 3.5 Medical Staff Quality Council (MSQC), a multidisciplinary medical staff committee functions to provide feedback regarding prioritization of quality, patient safety and risk reduction initiatives for PI activities.
 - 3.5.1 Hospital wide PI reports are submitted by the Patient Safety Quality Council (PSQC) quarterly for review.
- 3.6 Patient Safety Quality Council (PSQC), a multidisciplinary committee with representatives of the organization's leadership and medical staff functions to:
 - 3.6.1 Oversee all Performance Improvement (PI) activities in a continual, systematic, and collaborative manner.
 - 3.6.2 Set expectations of organizational PI projects and other measures as delineated by Regulatory Agencies (i.e. AHRQ), the California Department of Public Health (CDPH), Centers for Medicare and Medicaid Services (CMS), and accrediting body based on adopted criteria.
 - 3.6.3 Receive PI reports, assist in analysis or plans of action as necessary, and submit reports to Board of Directors at least annually.
 - 3.6.4 Charter hospital wide PI team projects and Failure Mode Effects Analysis (FMEA), at least annually.
 - 3.6.5 Determine the education and training needs of the organization related to PI and Patient Safety.
 - 3.6.6 Evaluate the effectiveness of PI activities by annually weighing the importance in relation to the mission, risk, volume, problem prone, cost benefit, and regulatory obligations.
 - 3.6.7 Assure credible and thorough root cause analyses (RCA) are performed, action plans implemented; and assessment(s) are completed and reported as scheduled.
 - 3.6.8 Ensure PI reports submitted to Quality Resource Department based on the QAPI Cadance schedule (see Attachment C) at least monthly with quarterly and annual summary-reports due the last day of the month of the following quarter.
- 3.7 Pioneers Rehabilitation and Wellness Center Quality Management System
 - 3.7.1 The quality management program for this location will be the responsibility of the Pioneers Rehabilitation and Wellness Center Administrator.
 - 3.7.2 The Administrator or designee will be responsible for communicating quality management efforts to IVHD's overall QMS program.
 - 3.7.3 Pioneers Rehabilitation and Wellness Center Administrator_will be represented at the PSQC committee.
- 3.8 Risk Management functions to:

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- 3.8.1 Contribute to PI through risk identification, evaluation, control and education.
- 3.8.2 Submit reports to Safety Committee and PSQC quarterly and annually.
- 3.9 Departments and staff functions include:
 - 3.9.1 Submitting PI plan at least annually for priority areas (*Attachment A – Performance Improvement Project Plan*).
 - 3.9.2 Collecting data and documenting activities.
 - 3.9.3 Submitting PI reports to Quality Resource Department at least quarterly with an annual summary (*Attachment B – Performance Improvement Project Report*) reports due on the last day of the month of the following quarter.
 - 3.9.4 Communicating PI activities and results to staff.
- 3.10 Quality Resource Department functions to:
 - 3.10.1 Provide training and education on Performance Improvement.
 - 3.10.2 Facilitate and centralize the facility's PI efforts.
 - 3.10.3 Assist PI team leaders and members to create PI reports.
 - 3.10.4 Maintain Hospital-wide PI documentation.
 - 3.10.5 Facilitate Monthly Hospital Wide Quality Assurance and Performance Improvement (QAPI) meeting (see Attachment C).
- 3.11 Compliance Office functions to:
 - 3.11.1 Coordinate IVHD activities related to regulatory compliance
 - 3.11.2 Assist management in the development and implementation of a formal Compliance Program through work with the Compliance Committee and the Board of Directors
 - 3.11.3 Serve as a resource to IVHD areas related to regulatory compliance issues

4.0 Definitions: Not applicable

5.0 Procedure:

- 5.1 Plan Do Check Act (PDCA) is the organization's systematic method for process improvement.
- 5.2 The PDCA model looks at how a process is currently performing to meet customer needs and expectations, as well as to plan changes for improvement (see Table 1 on page 5).
- 5.3 Rapid Cycle PDCA
 - 5.3.1 Uses the PDCA model, on a smaller, more frequent scale, i.e. multiple cycles in rapid succession.
 - 5.3.2 Uses small data samples to test change in rapid succession – "What can we do by next Tuesday?"
 - 5.3.3 Tests ideas side by side with existing processes or sequentially.
 - 5.3.4 Guidelines for Rapid Cycle PDCA use:
 - 5.3.4.1 When a quick change is needed
 - 5.3.4.2 When baseline measurements already exist
 - 5.3.4.3 When there are multiple ideas to test
 - 5.3.4.4 When change ideas are not expensive, invasive, or hard to reverse
- 5.4 PI Measures

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5.4.1 Data and Data Collection

- 5.4.1.1 Data and monitoring performance is the foundation of PI activities.
- 5.4.1.2 Data provides information for informed decisions, identifying opportunities or need to redesign.
- 5.4.1.3 Data parameters and criteria for measurement are explicitly defined.
- 5.4.1.4 Data criteria are periodically reviewed and evaluated against internal aggregate information, external benchmarks, and organizational objectives.
- 5.4.1.5 Data collection, when possible, should be incorporated into daily work processes.

5.4.2 Aggregate and Analyze Data

- 5.4.2.1 Data obtained is interpreted in order to measure performance, analyze variation, and determine a course of action when indicated.
- 5.4.2.2 Analytical statistical techniques and tools are used appropriately in the assessment process.
- 5.4.2.3 Analysis process incorporates four basic comparisons:
 - 5.4.2.3.1 Performance over time internally run charts or longitudinal study
 - 5.4.2.3.2 Comparable organizations with similar processes-benchmarks
 - 5.4.2.3.3 Standards – CDPH, CMS, etc.
 - 5.4.2.3.4 Best practices-evidence based research

5.4.3 Performance Measures or Indicators can arise from multiple areas including but not limited to:

- 5.4.3.1 PSQC recommendations and Quality or Organization Strategic Plan
- 5.4.3.2 Patient Satisfaction surveys or physician and employee satisfaction reports
- 5.4.3.3 Medical record review and monitoring
- 5.4.3.4 Regulatory standards and Hospital Quality/Core Measures
- 5.4.3.5 Outcome management and case management performance
- 5.4.3.6 Peer Review or Medical Staff indicators
- 5.4.3.7 Accreditation Survey findings
- 5.4.3.8 Current processes-high risk, high-volume, problem prone and trigger tools if applicable
- 5.4.3.9 Patient and Environmental Safety rounds
- 5.4.3.10 Risk Management findings
- 5.4.3.11 Compliance auditing & monitoring activities

5.4.4 The Systematic Process PI Methodology

- 5.4.4.1 Define the Opportunity
- 5.4.4.2 Analyze Current State
- 5.4.4.3 Identify Root Causes
- 5.4.4.4 Design Future State
- 5.4.4.5 Improve and Sustain: Improvement and design/redesign methods include Lean Six-Sigma, RCA, Data Analysis, Organizational Development, Change Acceleration Process.

5.5 Program Evaluation

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5.5.1 The Performance Improvement Plan is reviewed and approved by the PSQC and Board of Directors annually.

5.5.2 The effectiveness of PI activities and special teams is evaluated by PSQC annually.

5.6 Training and Education

5.6.1 Process Improvement education will be provided during annual orientation and as needed before the start of a PI project.

5.7 Confidentiality of Information

5.7.1 Appropriate safeguards restrict access to highly sensitive and confidential PI information protected against disclosure and discoverability through California Evidence Code Sections 1145 and 1157, and HIPAA.

Table 1

Plan	- Identify a problem or opportunity to improve and the dimension of performance affected - Prioritize with consideration of high volume, risk, cost and problem prone opportunities - Establish baseline data and determine methods for data collection - Set a goal or establish a target or benchmark - Determine individuals or teams to be involved - Develop an implementation plan
Do	- Implement the change - Carry out a test (see rapid cycle) - Document procedures and observations - Gather data to track progress
Check	- Analyze data and compare to target or benchmark - Evaluate the impact of the change by plotting data over time; i.e. run chart or longitudinal data - Determine if improvement has occurred - If results are not as expected, skip ACT and return to PLAN
Act	- Adopt or maintain the change - Determine what changes must be permanent - Identify the support structures necessary to complete or maintain the gains - If necessary to abandon the change, return to PLAN

6.0 References:

- 6.1 DNV-NIAHIO Standard QM.1, QM.3, QM.6, QM.7 and QM.8
- 6.2 American National Standard ANSI/ISO/ASQ Q9001-2015
- 6.3 California Evidence Code §1145
- 6.4 California Evidence Code §1157

7.0 Attachment List:

- 7.1 Attachment A – Performance Improvement Project Plan

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- 7.2 Attachment B – Performance Improvement Project Report
- 7.3 Attachment C – Quality Assurance and Performance Improvement (QAPI) Cadance
- 7.4 Attachment D – QAPI Reporting Template
- 7.5 Attachment E - PDCA Cycle Diagram
- 7.6 Attachment F – Lean Six Sigma Methodology Diagram

8.0 Summary of Revisions:

- 8.1 Updated Current Author
- 8.2 Updated Revision Date
- 8.3 Updated 3.2.3.8.2
- 8.4 Updated 3.6.2 and 3.6.8
- 8.5 Deleted 3.8
- 8.6 Added 3.11.5
- 8.7 Added 5.4.3.11
- 8.8 Added 5.4.4 (new) and its sub bullets
- 8.9 Updated 5.6.1
- 8.10 Added attachments C, D, E, F
- 8.11 Updated 1.1



Performance Improvement Project Title - Year

Department:

Goals/Description:

Why it is important: (regulatory, strategic, financial, pt. safety, etc.)

Team Leader:

Team Members:

Data Source:

Data Abstractor:

Frequency of review/reporting:

Key Processes (steps/elements to improve or required elements)	Description (how are you going to do this)	Target/Goal



Title of your project

Reporting Period (mm/dd/yyyy through mm/dd/yyyy)

Goal:

Type what did you wanted to accomplish here

Why it is important:

type your reason for selecting this project (strategic, financial, patient safety, regulatory, etc.)

Analysis:

type your analysis – what does the data say/show?

True Cause:

Type your root cause of why you did not meet your defined goal/goals

Actions:

type your actions here – what did you do according to the data you captured, what actions did you take to improve or continue your improvement?

Paste or type your graph title here (delete of none)

Paste your graph here

Submitted by:

Date:

PIONEERS MEMORIAL HEALTHCARE DISTRICT

QAPI - 2025

Quality Improvement Activities				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cardiology	PI/DNV	PIC	Catalina Holt	x			x			x			x		
Respiratory Therapy	PI/DNV	PIC	Catalina Holt	x			x			x			x		
Work Place Violence	OSHA/CDC	PIC	Jorge Mendoza	x			x			x			x		
Environment of Care	OSHA/CMS	PIC	Jorge Mendoza	x			x			x			x		
FANS (food & nutrition srvc)	PI/DNV/CMS	PIC	Jenna Middleton	x			x			x			x		
Imaging Services /Nuc.Med./MRI/CT	PI/DNV	PIC	Derek Tapia/AndresGarcia	x			x			x			x		
Bio-Med	PI/DNV	PIC	Mario Garcia	x			x			x			x		
Therapy Services	PI/DNV	PIC	Mimi Viray	x			x			x			x		
Risk - Complaints & Events Analysis	System Initiative/CMS	PIC	Merlina Esparza	x			x			x			x		
Medication Diversion (errors)/Narcotic	DNV/CMS	PIC	Liz Reyes/Pharmacy	x			x			x			x		
Antimicrobial Stewardship (P&T)	DNV/CMS	PIC	John Teague	x			x			x			x		
Patient Safety Reports/Teams				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Sepsis	System Initiative/CMS	PIC	Jeanine Mora		x			x			x			x	
Perinatal	CMS/CMQCC	PIC	Alexis Garcia		x			x			x			x	
Suicide Prevention/Risk (IP) - pending	CMS		Gerry Ibarra		x			x			x			x	
Anticoagulant (Nursing-Heparin)	DNV/CMS	PIC	Gerry Ibarra		x			x			x			x	
Dialysis	DNV/CMS	PIC	Vendor/Gerry Ibarra		x			x			x			x	
ED - Suicide Risk/Behavioral Restraints,	DNV/CMS	PIC	Osman Valencia		x			x			x			x	
Resuscitation Outcomes	DNV/CMS	PIC	Osman Valencia		x			x			x			x	
Stroke	DNV/CMS	PIC	Osman Valencia		x			x			x			x	
Procedural Areas/High Level Disinfection	DNV/CMS	PIC	Erika Arias/Michael Cajigas		x			x			x			x	
Medication Reconciliation	DNV/CMS	PIC	Nursing/Med Staff		x			x			x			x	
Med. Staff Monitoring Functions		Reports to	Leader	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Communication /Patient Identification	CMS/JC	PIC	Annabel Limentang			x			x			x			x
Blood & Blood Component/Tissue	CMS/JC	PIC	Annabel Limentang			x			x			x			x
Organ Procurement	CMS	PIC	Vendor/Gerry Ibarra			x			x			x			x
IP Restraints	DNV	PIC	Gerry Ibarra			x			x			x			x
Utilization Management	CMS	PIC	Ashraf Malik			x			x			x			x
Infection Control Metrics/EVS	System Initiative/CMS	PIC	Angela McElvaney			x			x			x			x
HIM Metrics	CMS	PIC	Lorena Santana			x			x			x			x
Pediatrics/NICU	CPQCC/AHRQ	PIC	Fidelita Cortes			x			x			x			x
Security	OSHA/CMS	PIC	Jorge Mendoza			x			x			x			x
Health Equity	System Initiative/CMS	PIC	CEO?			x			x			x			x
Pioneers 2024 Quality SPlan & Board Goals				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Patient Experience (HCAHPS)	System Initiative/CMS	PIC	Carol Bojorquez / Biké Enwezoh	x	x	x	x	x	x	x	x	x	x	x	x
Fall Prevention (Progressive Mobility)	System Initiative/CMS	PIC	Gerry Ibarra	x	x	x	x	x	x	x	x	x	x	x	x
Pressure Ulcer Prevention (HAPU)/Wound Care	System Initiative/CMS	PIC	Gerry Ibarra	x	x	x	x	x	x	x	x	x	x	x	x
Through-put/Patient Flow (IP/ED)	System Initiative/CMS	PIC	Osman Valencia	x	x	x	x	x	x	x	x	x	x	x	x
CMS/DNV Metrics/PI				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
EKG Timeliness	DNV	PIC	Osman Valencia	x	x	x	x	x	x	x	x	x	x	x	x
Transfers ED	DNV	PIC	Osman Valencia	x	x	x	x	x	x	x	x	x	x	x	x
Pain Management/Reassessment	DNV	PIC	Gerry Ibarra	x	x	x	x	x	x	x	x	x	x	x	x

PIONEERS MEMORIAL HEALTHCARE DISTRICT

QAPI - 2025

HR/Employee Health	DNV	PIC	Charity Dale / Lizbette Cordova	x	x	x	x	x	x	x	x	x	x	x	x
Chart Prep for QIP	System Initiative	PIC	Laura Green/Israel Samaniego	x	x	x	x	x	x	x	x	x	x	x	x

Department: Emergency Department (SR/Restraints)										Director/Manager:										
Metric/Indicator (Rationale - Regulatory)	Baseline (CY 2023)	Jan	Feb	Mar	Q1	April	May	June	Q2	July	Aug	Sept	Q3	Oct	Nov	Dec	Q4	Year End 2024	Target	
ED SUICIDE RISK																				
C-SSRS tool	New																		95%	
Reassessments Q 15 minutes	New																		95%	
ED BEHAVIOURAL RESTRAINTS																				
Behavioral Restraints Overall	New																		90%	
Q15mins	New																		90%	
PDCA																				
	Q1 Analysis					Q2 Analysis					Q3 Analysis					Q4 and Year End Analysis				
Plan: Establish Plan of Action & Measure, Goals/Success Criteria (identify baseline & target goal) - what are some of the barriers & challenges. Plan to get better metrics (maybe change in existing process),																				
Do: Implement Program/Project (test pilot) - Progress (what are the highlights from the past 30 days?). Doing to meet goal (do small test run)																				
Check: Measure Actual Outcomes Against Planned . Check/Study – analyze result and see if close to goal																				
Act: Next Steps:Suggest Improvements (either adjust, adopt or abandon). Act – based on lesson learned, plan for next step or keep as std. (sustainment)																				

PDCA Cycle

Plan Phase:

Establish Plan of Action & Measure, Goals/Success Criteria (identify baseline & target goal)

Do Phase:

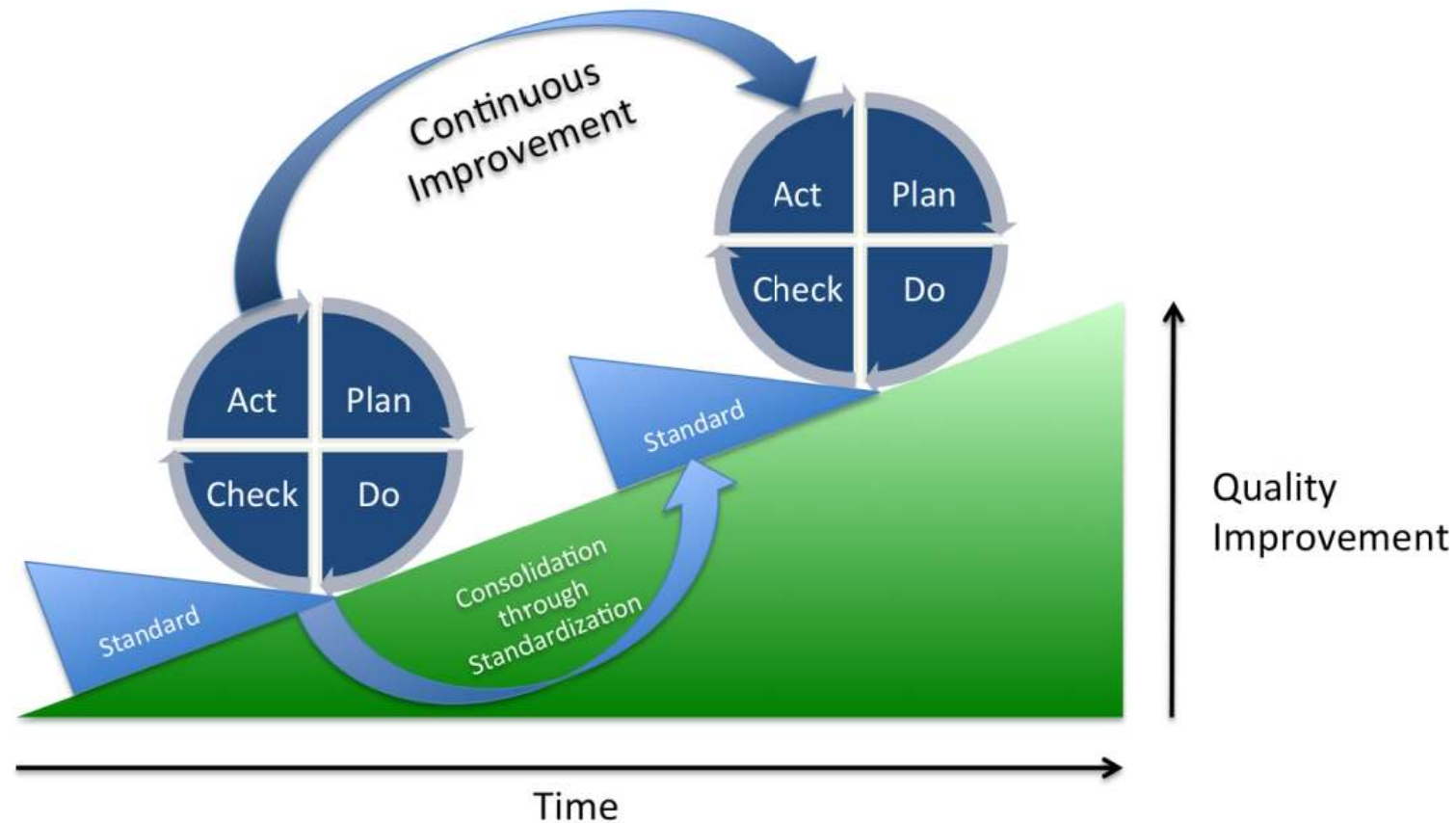
Implement Program/Project (test pilot)

Check Phase:

Measure Actual Outcomes Against Planned

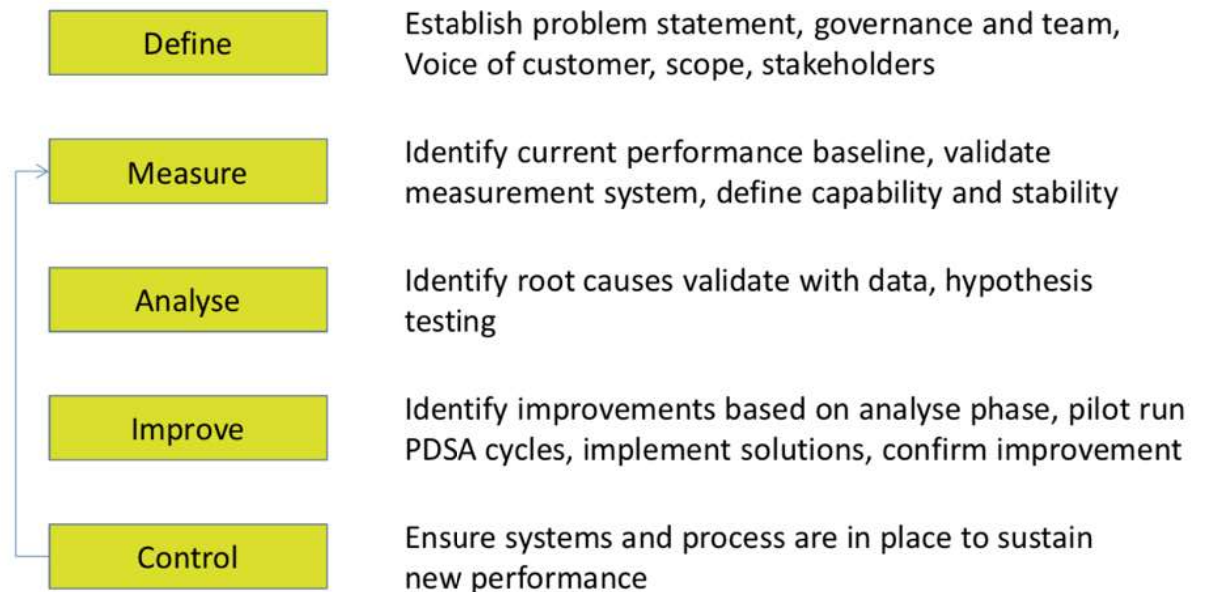
Act Phase:

Suggest Improvements (either adjust, adopt or abandon)



Lean Six Sigma Methodology

DMAIC



Imperial Valley Healthcare District

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Current Author/Reviewer: Bike Enwezoh		Page 1 of 4
Latest Review/Revision Date: 9/26/2024		Effective: 7/23/2001
Manual: Administrative / Quality		

Collaborating Departments: Dr. Su, Dr. Papp, Dr. Nelson, Nursing, Ancillary, Administration	Keywords: error, reporting		
Approval Route: List all required approval			
PSQC 12/2024	Other:		
Clinical Service _____	MSQC 4/2025	MEC 4/2025	BOD 4/2025

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 purpose of the Patient Safety Program is to establish an organizational approach to patient safety, risk reduction and medical error prevention and reporting.

2.0 Scope: District wide

3.0 Policy:

- 3.1 Patient Safety Quality Council (PSQC) is responsible for the development, implementation and revision of the Patient Safety Program.
 - 3.1.1 The membership is multidisciplinary and includes representatives of Administration, Medical Staff, Nursing and support managers, and others.
- 3.2 The Patient Safety Program is approved by administration, medical staff and the Board of Directors.
- 3.3 Leaders of IVHD provide adequate resources, human, material, and capital to measure, assess and improve patient safety

4.0 Definitions:

- 4.1 Patient Safety – Care and intervention practices that reduce actual and potential risks contributing to patient injury or unintended adverse patient outcomes
- 4.2 Near Miss or Good Catch – any process variation that did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome
- 4.3 No Harm Error – unintended acts, either of omission or commission, or acts that do not achieve their intended outcome, that do not result in an action or potential negative outcome
- 4.4 Error – unintended acts either of omission or commission, or acts that do not achieve their intended outcome, that result in an identified mild to moderate adverse outcome
 - 4.4.1 Mild Outcome – may include error that require additional monitoring, but no harm
 - 4.4.2 Moderate Outcome – may include adverse drug reactions, blood transfusion reactions, or require intervention or treatment causing temporary harm
- 4.5 Hazardous Condition – Any set of circumstances, exclusive of the disease or condition for which the patient is being treated, which significantly increases the likelihood of a serious physical or psychological adverse patient outcome. The error occurred may result in initial or prolonged hospitalization and temporary patient harm
- 4.6 Sentinel Event – An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof, not related to the natural course of the patients illness or underlying condition. <Refer to policy ADM-00480; Sentinel Event>

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- 4.7 Medication Errors – Shall be categorized utilizing the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) Index
- 4.8 Failure Mode and Effects Analysis (FMEA) – Examination of the high-risk or high vulnerability safety process for proactive risk assessment
- 4.9 Quality Review Report (QRR) – Internal form for reporting medical errors, incidents, or complaints
- 4.10 Patient Safety Hotline (extension 4555): – Staff can call extension 4555 to report safety and quality concerns anonymously

5.0 Procedure:

5.1 Patient Safety Program Activities

- 5.1.1 Data related to variances in patient safety and quality are measured, monitored and analyzed in the following categories including but not limited to:
 - 5.1.1.1 Threats to patient safety (i.e. falls, pt. identification, injuries)
 - 5.1.1.2 Medication therapy/medication use; to include medication reconciliation, look alike / sound alike medications and the use of dangerous abbreviations
 - 5.1.1.3 Operative and invasive procedures; to include wrong site/wrong patient/wrong procedure surgery
 - 5.1.1.4 Anesthesia/moderate sedation
 - 5.1.1.5 Blood and blood components
 - 5.1.1.6 Restraint use/seclusion
 - 5.1.1.7 Effectiveness of pain management system
 - 5.1.1.8 Infection control system, including hospital acquired infections (HAI)
 - 5.1.1.9 Utilization Management System
 - 5.1.1.10 Patient flow issues, to include reporting of patients held in the Emergency Department or the PACU for extended periods of time (as defined by the organization)
 - 5.1.1.11 Customer satisfaction, both clinical and support areas
 - 5.1.1.12 Discrepant pathology reports
 - 5.1.1.13 Unanticipated deaths, adverse and/or sentinel events
 - 5.1.1.14 Near misses
 - 5.1.1.15 Other adverse events
 - 5.1.1.16 Critical and/or pertinent processes, both clinical and supportive
 - 5.1.1.17 Medical record delinquency
 - 5.1.1.18 Physical Environment Management Systems
- 5.1.2 Education
 - 5.1.2.1 New staff is introduced to patient safety and quality during the orientation process.
 - 5.1.2.2 Existing staff are re-educated throughout the year with recurring in-service/training via multiple media.
 - 5.1.2.3 Each employee is required to complete at least six hours of in-service/training specific to patient safety annually.
 - 5.1.2.4 Training is provided through in-person sessions, e-learning, and

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departmental meetings.

5.1.3 Patient and Family Involvement

5.1.3.1 Patients and their families/representatives are encouraged to be actively involved in their care and patient safety.

5.1.3.2 The admission packet contains information regarding patient rights and patient safety.

5.1.4 Proactive Assessment of Patient Safety

5.1.4.1 At least annually, staff is surveyed to assess safety culture and reporting attitudes, and suggestions for improving patient safety.

5.1.4.2 Annually, leadership with the Patient Safety Quality Council select at least one high-risk or high vulnerability safety process for proactive risk assessment, typically in the form of an FMEA.

5.1.4.2.1 The process selected is determined through the use of internal and external data

5.1.4.2.1.1 Internal data may include QRRs, internal audits and staff suggestions.

5.1.4.2.1.2 External data may include, occurrence reporting from regulatory sources and literature.

5.1.5 Reporting Errors and Near Misses/Good Catches

5.1.5.1 Medical/healthcare errors are reported in a systematic non-punitive manner.

5.1.5.1.1 Individuals should report without fear of discipline or retaliation from employer.

5.1.5.1.2 The organization can provide support for staff who is involved in any significant occurrence, including personal counseling via Employee Assistance Program.

5.1.5.1.3 Errors will be viewed from a process, not person, stand point when possible.

5.1.5.2 Internal reporting is processed through completion of QRRs *<Refer to policy ADM-00481; Quality Review Reporting>* and/or anonymously by calling the Patient Safety Hotline at extension 4555.

5.1.5.2.1 Errors to report via QRR include but not limited to near misses/good catches, error causing any harm, error not causing harm, hazardous conditions, and sentinel events.

5.1.5.3 External reporting is performed in accordance with state, federal, and other regulatory organizations.

5.1.6 Disclosing Medical/Healthcare Errors

5.1.6.1 If the patient has experienced a significant error, the patient, and when appropriate, the family (support persons) shall be informed.

5.1.6.2 The attending physician, pharmacist or appropriate qualified designee informs the patient and family (support persons). *<Refer to policy ADM-00134; Communication with the Patient / Family after a Harm Event>*

5.1.7 Responsibility for reporting actual or potential errors are addressed as follows:

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- 5.1.7.1 All staff and managers are responsible for
 - 5.1.7.1.1 Immediately notifying his/her manager of any actual error
 - 5.1.7.1.2 Documenting occurrence on a QRR
- 5.2 Oversight and Evaluation of the Patient Safety Program
 - 5.2.1 PSQC provides oversight and evaluation of the Patient Safety Program by:
 - 5.2.1.1 Reviewing aggregated and benchmarked data and reports regarding patient safety
 - 5.2.1.2 Prioritizing patient safety activities based on, but not limited to, high risk processes, results of patient satisfaction survey, and incident reporting and staff perception of patient safety survey.
 - 5.2.1.3 Submitting patient safety reports to the Board of Directors at least annually and to the Medical Executive Committee as appropriate
 - 5.2.2 The Governing Board has the final authority and responsibility for:
 - 5.2.2.1 Reviewing aggregated and benchmarked data and reports regarding patient safety
 - 5.2.2.2 Empowering IVHD leadership with the responsibility for implementing improvement strategies
 - 5.2.2.3 Reviewing administration's recommendations in planning and goals for patient safety

6.0 References:

- 6.1 NIAHO Accreditation Requirements (Revision 24-0), QM.3 Quality Outline/Plan
- 6.2 NIAHO Accreditation Requirements (Revision 24-0), QM 7 Measurement, Monitoring, Analysis
- 6.3 IVHD policy ADM-00134; Communication with the Patient / Family after a Harm Event
- 6.4 IVHD policy ADM-00480; Sentinel Event
- 6.5 IVHD policy ADM-00481; Quality Review Reporting

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Updated 6.1 and 6.2
- 8.2 Added patient rights to 5.1.3.2
- 8.3 Updated current Author/Reviewer
- 8.4 Updated Review date
- 8.5 Added 5.1.2.4
- 8.6 Updated 5.1.4.1

Imperial Valley Healthcare District

Title: Quality Review Report		Policy No. ADM-00481
Current Author/Reviewer: Bike Enwezoh and Merlina Esparza		Page 1 of 4
Latest Review/Revision Date: 9/24/2024		Effective: 12/02/1998
Manual: Administrative		

Collaborating Departments: Dr. Su, Dr. Nelson Quality Resource		Keywords: QRR, incident report, variance report	
Approval Route: List all required approval			
PSQC 12/2024	Other:		
Clinical Service _____	MSQC 4/2025	MEC 4/2025	BOD 4/2025

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 mechanism for communicating incidents or adverse events, including near misses that potentially or actually affect the quality of patient care, patient safety and/or safety in general
- 1.2 To aggregate data from Quality Review Reports (QRR) for identifying trends and/or significant quality of care issues, that can lead to performance improvement activities.

2.0 Scope: District Wide

3.0 Policy:

- 3.1 QRR data is a source of quality measurement provided to the Medical Staff committees, Patient Safety Quality Council and the Board of Directors.
- 3.2 QRRs will be completed via Remote Data Entry (Attachment A: Remote Data Entry-QRR)
 - 3.2.1 In the event QRR submission is not available electronically, paper QRRs may be completed.
 - 3.2.2 Paper QRR forms are located in the Quality/Risk Department and on clinical units in computer downtime folders.
- 3.3 A QRR should be completed within 24 hours by a hospital employee or medical staff member who was directly involved or discovered the occurrence.
- 3.4 Information documented in the report must be factual and objective, inappropriate comments that place blame or establish negligence shall be avoided.
- 3.5 Once a QRR is submitted an email notification will be sent to the location director/designee.
- 3.6 QRRs will be entered under patients' name when care is affected
- 3.7 The location director/designee will investigate and document findings, as well as plan of correction if warranted.
- 3.8 All QRRs will be visible to the Quality/Risk Department via the electronic database.
- 3.9 Sentinel Events, Never Events or incidents causing patient harm must be reported via phone IMMEDIATELY to Administration and Quality/Risk Department in addition to completing a QRR (See policy #ADM-00480, Sentinel Event Policy).
- 3.10 An incident or adverse event reported on a QRR that has the potential to become a claim against the organization will be marked on the QRR as "potential litigation", examples include but are not limited to:

Imperial Valley Healthcare District

Title: Quality Review Report		Policy No. ADM-00481
		Page 2 of 4
Current Author/Reviewer: Bike Enwezoh and Merlina Esparza		Effective: 12/02/1998
Latest Review/Revision Date: 9/24/2024		Manual: Administrative

- 3.10.1 Falls resulting in any type of injury
- 3.10.2 Medication Errors resulting in any type of reactions or injury regardless of the severity
- 3.10.3 Injuries resulting from restraints
- 3.10.4 Any patient, visitor or physician injuries while on the organizations premises
- 3.10.5 Any provision of care or procedures resulting injury or harm
- 3.10.6 Incorrect diagnosis, diagnostic readings or interpretations resulting in injury or harm
- 3.10.7 Blood component transfusion reactions
- 3.10.8 Any instance resulting in injury to a person on the hospital premises
- 3.10.9 Any instance were a threat of suit is verbally voiced
- 3.10.10 Disruptive behavior by physician or employee
- 3.10.11 Allegations of harassment of any type which may potentially lead to legal action
- 3.10.12 Inappropriate documentation by physician or employee
- 3.10.13 Sentinel Events and Never 28 events.
- 3.11 The organizations liability carrier (Beta Healthcare Group) will be notified of any potential risk for litigation (See policy # ADM-00477, Claims Management).
- 3.12 QRRs are not used in lieu of workers compensation claim for reporting an employee injury.
- 3.13 QRRs prepared by employees and medical staff will be protected from discovery by California Evidence Code 1157.
 - 3.13.1 The privilege of confidentiality may be waived, if the report is disclosed to anyone other than hospital personnel or members of the medical staff or if subpoenaed.
- 3.14 The QRR is intended to be protected by attorney-client privilege and must not be disclosed to anyone outside the administrative/risk management department.
- 3.15 To ensure confidentiality, QRRs must NOT be:
 - 3.15.1 Completed by or shared with a patient or visitor
 - 3.15.2 Disclosed to a patient or visitor upon initiation or completion
 - 3.15.3 Made reference to in the medical record
 - 3.15.4 Made reference to in the employee's personnel record
 - 3.15.5 Openly displayed, e.g., left out on a nursing unit desk, left open on computer screen
 - 3.15.6 Removed from the premises
 - 3.15.7 Copied, duplicated or printed in any way
- 3.16 The Quality/Risk Department will oversee the reporting process to ensure appropriate documentation and referral, including incidences requiring medical staff peer review.
- 3.17 The Quality/Risk Department will trend QRR data and report to Patient Safety Quality Council and Medical Staff Committees to facilitate continual improvement in patient safety and quality care.
- 3.18 QRRs will be addressed timely by the Department Director or Designee.
 - 3.18.1 Initial acknowledgment/investigation will occur within 2 business days.
 - 3.18.2 Final Resolution will occur within 14 days

Imperial Valley Healthcare District

Title: Quality Review Report		Policy No. ADM-00481
		Page 3 of 4
Current Author/Reviewer: Bike Enwezoh and Merlina Esparza		Effective: 12/02/1998
Latest Review/Revision Date: 9/24/2024		Manual: Administrative

3.18.2.1 Quality/ Risk Management may extend 14-day time frame to up to 30 days, due to extenuating circumstances.

4.0 Definitions:

- 4.1 Adverse Event – A negative result stemming from medical intervention
- 4.2 Sentinel Event – An unexpected occurrence, not related to the normal course of illness or condition, involving death or serious physical or psychological harm or the risk thereof (any process variation for which a reoccurrence would carry a significant chance of a serious adverse outcome). Serious injury specifically includes loss of limb or function.
- 4.3 Never Event – An adverse event or series of events that cause the death or serious disability of a patient, personnel or visitor.
- 4.4 Near Miss – A process variation which did not affect an outcome, but a reoccurrence carries a significant change of serious adverse outcome.
- 4.5 Human Error – Inadvertent action; lapse, mistake
- 4.6 At Risk Behavior – A choice: risk not recognized or believed justified.
- 4.7 Reckless Behavior – Conscious disregard of unreasonable risk (Note: Repetitive at-risk behaviors may become reckless but manager must rule out system's contribution to the repetitive behaviors)

5.0 Procedure:

- 5.1 Access the Quality Review Report (QRR) via the hospital's intranet (See Attachment-Remote Data Entry (RDE)-QRR (Risk Event).
 - 5.1.1 After 20 minutes the program will close and information will not be saved and the process will need to be restarted.
- 5.2 Complete all required information in the designated spaces, required areas will be identified by **bold text**.
- 5.3 Select the risk category that is most applicable to the incident.
- 5.4 Enter the event date, may use calendar on the right.
- 5.5 Select patient or non-patient.
 - 5.5.1 If the incident potentially or actually affects a patient enter the patient name not the name of employee who provided or failed to provide care.
 - 5.5.2 If the incident involves a visitor, volunteer, physician or other, choose non-patient, write in the person's name or department, and identifying type.
 - 5.5.3 If entering for equipment, enter the name of the equipment and the identification number is applicable.
- 5.6 Enter time of occurrence using military time.
- 5.7 Enter location of occurrence.
 - 5.7.1 May click magnifying glass on the right-hand side of the screen and choose the location from the drop down menu.
- 5.8 Complete patient/family information if applicable.
- 5.9 Enter employee and non-employee witnesses in the assigned areas.
 - 5.9.1 The person reporting and/or witnessing the incident should be listed.

Imperial Valley Healthcare District

Title: Quality Review Report		Policy No. ADM-00481
		Page 4 of 4
Current Author/Reviewer: Bike Enwezoh and Merlina Esparza		Effective: 12/02/1998
Latest Review/Revision Date: 9/24/2024		Manual: Administrative

- 5.10 Comments are to be typed in the designated area and must include all pertinent facts.
- 5.11 Do not assign blame or establish negligence.
- 5.12 When reporting medication errors the name of the drug must be documented.
- 5.13 Once submitted, the director/designee, or Risk Manager will select the severity of outcome after the incident is investigated, if it is not immediately known.
- 5.14 As part of the investigation process the Director will also conduct an investigation and determine the type of behavior that led to the event objectively using the three classifications of behaviors: Human Error, At Risk Behavior, and Reckless Behavior. If it is applicable to the event.

6.0 References:

- 6.1 Policy # ADM-00480 Sentinel Event Policy
- 6.2 Policy # ADM-00477 Claims Management
- 6.3 California Senate Bill 1301
- 6.4 California Evidence Code 1157

7.0 Attachment List:

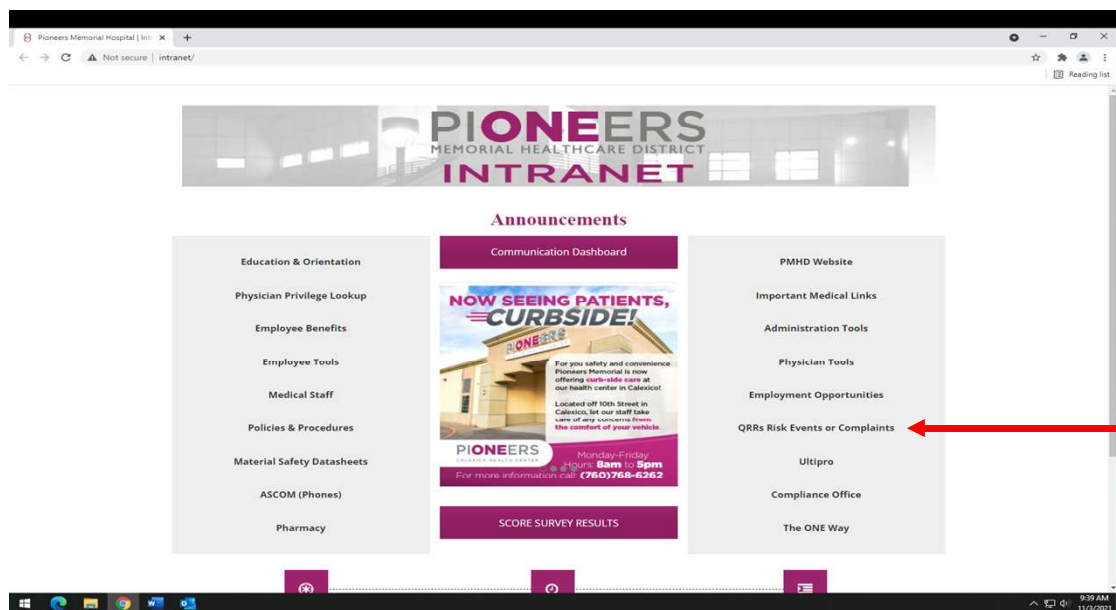
- 7.1 Attachment A – Remote Data Entry (RDE)-QRR (Risk Events)
- 7.2 Attachment B – Quality Review Report: Investigation, Documentation & Corrective Action

8.0 Summary of Revisions:

- 8.1 Updated Current Author/Reviewer
- 8.2 Updated date of latest review

ON-LINE INCIDENT REPORTING THROUGH MIDAS+ REMOTE DATA ENTRY (RDE) – ORR (Risk Events)

To report any incidents that you used to report on a QRR form, you will need to access a hospital computer. You will not need a password, but will simply “click” on the Intranet Page Icon on the desktop to take you to the following screen. Select the **ORRs Risk Events or Complaint** button.



Once you click on this, select a **Risk Form**, this will bring up a list of the forms. Select the specific form for the type of incident you are reporting. (Fall, medication, etc.)

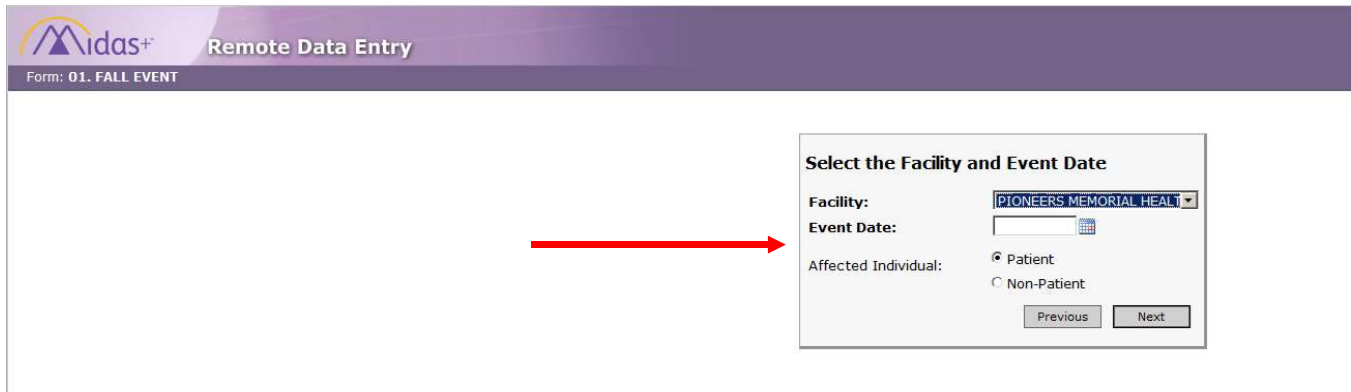
***All patient complaint related issues need to be entered in Complaint button.**

The image shows a software window titled 'Midas+ Remote Data Entry'. Inside, there is a 'Select a Form' dialog box. This dialog has two main sections: 'Risk' and 'Patient Relations'. The 'Risk' section contains a list of 13 incident types, with '06. CARDIAC / RESPIRATORY EVENT' highlighted by a red arrow. The 'Patient Relations' section has a dropdown menu currently showing 'COMPLAINT/GRIEVANCE ENTRY'. A 'Help' button is located at the bottom right of the dialog box.

Enter the date the incident occurred.

Select Patient or Non-Patient

- Always tie incident to a patient when possible
- Choose Non-Patient for visitor, volunteer, equipment not used on patient only when applicable



If you choose patient, you will be taken to another screen to identify the patient by name or medical record number.

- A list of patients who were at your facility on the date selected with the name or number you have entered will be brought up.
- Once you identify that this is the patient you wish to report on, you can click on the patient's name to continue.
- You will only be able to enter data on a patient that has had an encounter with the facility for the date the incident occurred.



Event Screen for patient

- All bold text area are mandatory to complete
- Click drop downs for options

Form: 01. FALL EVENT

Name: [Redacted] Birth Date: <Blocked> <Block> Sex: <Block> MRN: [Redacted] Start: 9/29/2014 5:57 PM

Facility: <Blocked> Account No. [Redacted]

FALL EVENT

Event No.: 14-1795

Facility: PIONEERS MEMORIAL HEALTH

Event Date: 9/30/2014

Time of Incident:

Shift:

Location: [Redacted]

Entered by: [Redacted]

Fall Type: [Redacted]

Current Diagnosis:

Was Patient Aware of Incident? ☐ Yes ☐ No ☐ N/A ☒ <blank>

Was a physician notified? ☐ Yes ☐ No

If a physician was notified who? [Redacted]

Time the physician was informed: [Redacted]

If Physician not notified, why? [Redacted]

Was the patient examined? ☐ Yes ☐ No ☐ N/A ☒ <blank>

If Examined, by whom? [Redacted]

Was Family Notified? ☐ Yes ☐ No ☐ N/A ☒ <blank>

PT/Family Attitude: [Redacted]

Was incident documented in medical record? ☐ Yes ☐ No ☐ N/A ☒ <blank>

Slip/Fall Related to: [Redacted]

Submit, Description, Close, Help

If you choose non- patient, you will be taken to event entry screen

- Identify the Non Patient type
- If the Non-Patient is a person enter his/her name under Non-Patient Name
- Click drop downs for options
- All bold text area are mandatory to complete

Form: 01. FALL EVENT

Name: [Redacted] Birth Date: <Blocked> <Block> Sex: <Block> MRN: [Redacted] Start: 9/29/2014 5:57 PM

Facility: <Blocked> Account No. [Redacted]

FALL EVENT

Non-Patient ID: [Redacted]

Non-Patient Name: [Redacted]

Event No.: 14-1795

Facility: PIONEERS MEMORIAL HEALTH

Event Date: 9/30/2014

Time of Incident:

Shift:

Location: [Redacted]

Entered by: [Redacted]

Fall Type: [Redacted]

Current Diagnosis:

Was Patient Aware of Incident? ☐ Yes ☐ No ☐ N/A ☒ <blank>

Was a physician notified? ☐ Yes ☐ No

If a physician was notified who? [Redacted]

Time the physician was informed: [Redacted]

If Physician not notified, why? [Redacted]

Was the patient examined? ☐ Yes ☐ No ☐ N/A ☒ <blank>

If Examined, by whom? [Redacted]

Was Family Notified? ☐ Yes ☐ No ☐ N/A ☒ <blank>

PT/Family Attitude: [Redacted]

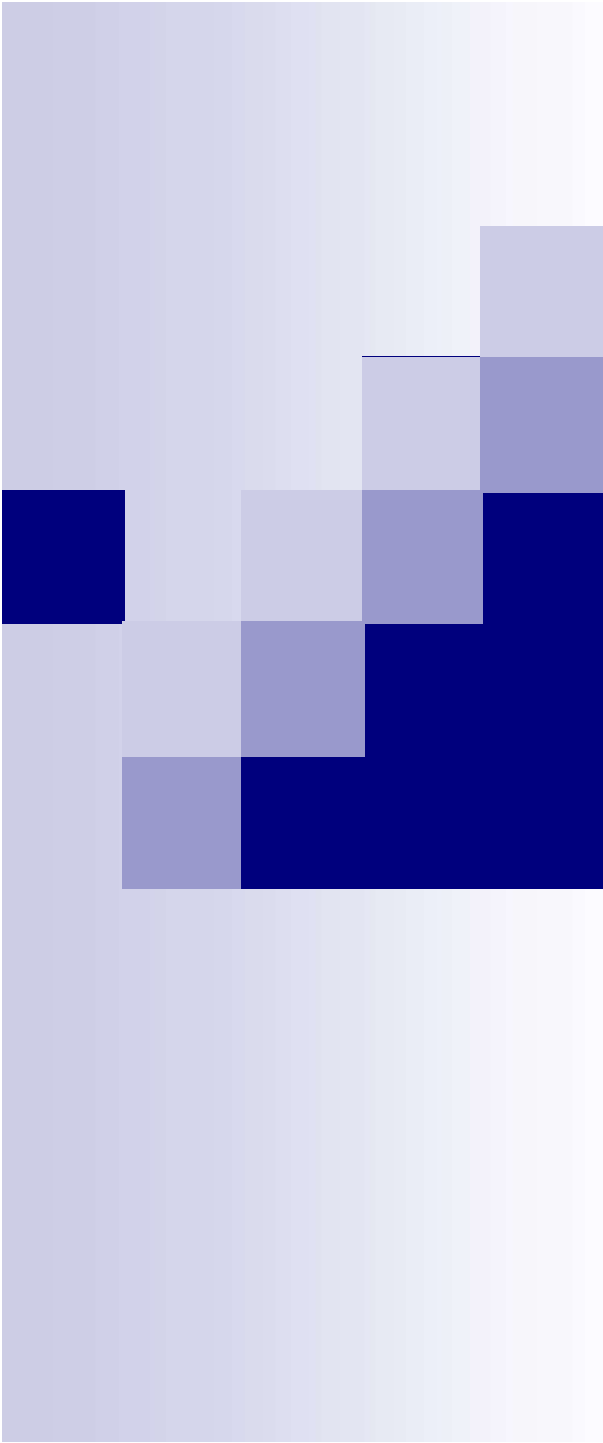
Was incident documented in medical record? ☐ Yes ☐ No ☐ N/A ☒ <blank>

Slip/Fall Related to: [Redacted]

Submit, Description, Close, Help

19:53 until timeout User: NOT AUTHENTICATED Version: 2011.2.4 (MAA on pmh-midas)

Once you have entered all required fields, and entered all information as completely and accurately as possible, click on the Save button. The incident information will be automatically forwarded to the location leader and the Risk Management Department.



Quality Review Report: Investigation, Documentation and Corrective Action

2013

General Tab

Midas+ Care Management (TEST AREA) - Risk Event Entry - MOUSE, MINNIE 5/29/2013 2:43 PM OUTPATIENT DX

File Edit View Function SmartMenu Tools Window Help

Name: Birth Date: Sex: MRN: Enc. Type:

Facility: Account No.: Start Date: Start Time:

Admitting Phys.: Location: Room: End Date: End Time:

Discharge Phys.: Principal Payer: LOS:

General | Witnesses | Outcomes | Attribution | Referrals | Comments | User Fields

Facility:

Date Received:

Event Date:

Event No.:

Location:

Event Type:

Event Parameter

Entered By:

Info Source:

Time: Shift:

Significance:

Room:

Quantity:

Physician Notified: ☒

Notified Phys.:

Status:

Potential Liability: ☐

Date Closed:

Save
Save & Print
DOCUMENTS
Delete
Copy To QM
Files
Close

Help

Start | Inbox - Microsoft Outlook | Launch Midas+ - Window... | Midas+ Core Manage...

12:30 PM

Witnesses Tab

The screenshot shows a software window titled "Witnesses Tab" with a menu bar (File, Edit, View, Function, Reports, Tools, Window, Help). The main area is divided into several sections:

- Header Section:** Contains fields for Name (JAMES HENRY), Birth Date (05/04/1971), Sex (M), MRB (JAMES), Inc. Type (OUTPATIENT), Facility (HONORABLE HENRY HENRY), Account No. (100000000), Start Date (01/01/2011), Start Time (01:00 PM), Discharge Date (01/01/2011), Discharge Time (11:00 PM), Location (OUTPATIENT), Reason (), End Date (01/01/2011), End Time (11:00 PM), Discharge Place (), and Principal Player (JAMES HENRY).
- General Tab:** Contains a list of witnesses. The list is currently empty.
- Witnesses Tab:** Contains a list of witnesses. The list is currently empty.
- Outcomes Tab:** Contains a list of outcomes. The list is currently empty.
- Attribution Tab:** Contains a list of attribution. The list is currently empty.
- Referrals Tab:** Contains a list of referrals. The list is currently empty.
- Comments Tab:** Contains a list of comments. The list is currently empty.
- User Profile Tab:** Contains a list of user profiles. The list is currently empty.

On the right side of the window, there are buttons for "Save", "Save & Print", "Print", "Delete", "Copy to Clipboard", "Paste", and "Close".

Any witness to the incident should be listed

Outcomes Tab

The screenshot shows a software window titled "Miles+ Case Management (1151 MW)" with a sub-header "Risk Event Entry - MURDERER 07/20/2013 04:30 PM OUTPATIENT 00". The window contains several input fields for patient and event information, including Name, Birth Date, Sex, MRN, Etc. Type, Facility, Account No., Start Date, Start Time, Discharge Phys., Current Location, Location, Reason, End Date, End Time, and Principal Phys. Below these fields are tabs for "General", "Witness", "Outcomes", "Attribution", "Referrals", "Comments", and "User Profile". The "Outcomes" tab is selected, showing a list of outcomes with a search bar and a "Filter" button. The list is currently empty. On the right side of the window, there are buttons for "Save", "Save & Print", "Print", "Delete", "Copy to Clipboard", "Paste", and "Close". The Windows taskbar at the bottom shows the Start button and several open applications: "Index - Microsoft Outlook", "Launch Firefox - Windows...", "Miles+ Case Management", and "Documents - Microsoft...".

We really do not use, however it is available

Attribution

Medica Case Management (1151 MW) - Risk Event Entry - RUISEMPN01 5/25/2011 5:43 PM OUTPATIENT 00

File Edit View Function Report Menu Tools Window Help

Name: RUISEMPN01 Birth Date: 05/01/1980 Sex: F MRN: 000000 Enc. Type: OUTPATIENT 00

Facility: RUISEMPN01 Account No.: 000000 Start Date: 05/25/2011 Start Time: 05:43 PM

Discharge Phys.: RUISEMPN01 Location: OUTPATIENTS Reason: End Date: 05/25/2011 End Time: 11:30 PM

Discharge Phys.: Principal Phys.: DEPT PGP LOS: 1

General | Witness | Outcomes | Attribution | Referrals | Comments | User Profile

Department: Employee: Physician:

Save & Print | Close | Help

Start | Internet | Microsoft Outlook | Launch Medica Case Management | Document - Medica Case Management

11:30 PM

Incidents can be attributed to a physician, employee or department.

Completing allows data to be trended and can assist with PI projects.

Referrals Tab (my personal favorite)

Never refer to a department

Click on the arrow for "Details for Reason" and "Comments"

Always date the referral
Always add who is referring
Always add who the referral is to

Why are you referring

You can respond to the referral here or in the comments section

Response	Percentage
Yes, the current government is responsible	92%
No, the current government is not responsible	8%

Add your investigation here, be very detailed and specific
Determine and document the root cause of the incident if possible
Document what will be or has been done to prevent further occurrences

Response	Percentage
Yes, the current government is responsible	92%
No, the current government is not responsible	8%

33

Age Group	Percentage
18-24	15%
25-34	25%
35-44	20%
45-54	18%
55-64	12%
65-74	8%
75-84	5%
85+	3%

34

Response	Percentage
Yes, the current government is responsible	92%
No, the current government is not responsible	8%

Action Plan to prevent reoccurrence can be documented here also



Reminders

- Do not document a QRR was completed in the medical record
- Investigate, document and initiate a corrective action as quickly as possible
 - If you add documentation 30 days later the QRR will reappear on everyone's work list
- Complete all areas of the QRR before they are closed
- Encourage reporting

Imperial Valley Healthcare District

Title: Release of Surgically Removed Foreign Objects to Law Enforcement Agencies		Policy No. CLN-01485
		Page 1 of 2
Current Author: Erika Arias MSN, RN Daniel Camillo MSN, RN Dr. Whyte		Effective: 2/1/2002
Latest Review/Revision Date: 12/2024		Manual: Clinical

Collaborating Departments: Risk Management Safety/Security/EP		Keywords: Foreign Objects Release To Enforcement Agencies	
Approval Route: List all required approval			
PSQC		Other:	
Clinical Service Surgery 5/2025	MSQC 6/2025	MEC 6/2025	BOD 7/2025

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 preserve the chain of evidence/custody of a foreign object/s, weaponry fragments, or instruments requested by law enforcement agencies removed during surgery, they should be given to a legal, identified representative of the appropriate law enforcement agency.

2.0 Scope: Surgery Department

3.0 Policy:

- 3.1 Surgically removed foreign object/s, weaponry fragments, or instruments will be handled in a manner that indicates specific disposition and documentation (including photographs) or removal of said objects.

4.0 Definitions: Not applicable

5.0 Procedure:

- 5.1 The appropriate law enforcement agency representative will provide personal identification, (agency, badge number method of contact) and request custody of foreign objects removed by completing a written request form prior to taking possession of the object.
- 5.2 The law enforcement representative may then wear appropriate scrub attire and enter the operating suite at the direction of the circulator/charge RN.
- 5.3 At the appropriate time, the surgeon may then release custody of the removed object/s to the direct possession of the law enforcement representative who may then withdraw from the operating suite.
- 5.4 The circulator/charge RN will complete the form documenting
 - 5.4.1 Description of the article removed (metal, glass plastic)
 - 5.4.2 Verify name of person assuming custody of the object
 - 5.4.3 Time the object was removed
 - 5.4.4 Specific location (OR suite) where object was removed.
- 5.5 The circulator/charge RN will complete the form and place it on the patient's chart.

Imperial Valley Healthcare District

Title: Release of Surgically Removed Foreign Objects to Law Enforcement Agencies		Policy No. CLN-01485
		Page 2 of 2
Current Author: Erika Arias MSN, RN Daniel Camillo MSN, RN Dr. Whyte		Effective: 2/1/2002
Latest Review/Revision Date: 12/2024		Manual: Clinical

5.6 The circulator/charge RN will complete Quality Review Report (QRR) for unusual occurrence of the release of a specimen and forward it through the appropriate process for notification to Administration and Risk Management.

5.7 Under no circumstance are any specimens to be released to patients or family members.

6.0 References: Not applicable

7.0 Attachment List:

7.1 Attachment A - Release Form of Surgically Removed Foreign Object/s

8.0 Summary of Revisions:

8.1 Changed Authors

8.2 1.1 Grammatical changes by Dr. Whyte, **they should be given** to a legal, identified representative of the appropriate law enforcement agency.

8.3 5.7 Grammatical changes by Dr. Whyte, added **–d released**

IMPERIAL VALLEY HEALTHCARE DISTRICT
DEPARTMENT OF SURGERY
RELEASE FORM FOR SURGICALLY REMOVED FOREIGN OBJECT

DATE: _____

I, _____ representing _____
Hereby request to take physical custody of foreign object/s to be removed during a surgical procedure
performed on (Subject's name) _____
the _____ day of _____ 20____.

Person requesting object custody: _____

Badge/ID Number: _____

Supervisor's Name: _____

Law Enforcement Agency: _____

Address: _____ Phone Number: _____

Person assuming custody of object/s: _____

Badge/ID Number: _____

Description of object: metal, glass, plastic, other: _____

Time object/s removed: _____ OR Suite: _____

Surgeon: _____

Anesthesiologist: _____

Comments: _____

Circulator/charge RN signature: _____

Imperial Valley Healthcare District

Title: Executive Leadership Car Allowance Program		Policy No. ADM-00185
Current Author: Christopher Bjornberg		Page 1 of 2
Latest Review/Revision Date: June 17, 2025		Effective:
		Manual: Administration

Collaborating Departments: None		Keywords:		
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service _____	MSQC	MEC		BOD x

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 outline the policy and procedures for providing a car allowance reimbursement to members of the Executive Leadership Team who are required to travel between facilities within the same health district and to other locations as part of their official job responsibilities in fulfilling executive responsibilities.

2.0 Scope:

- 2.1 This policy applies to the Chief Executive Officer's designated Executive Leadership Team members and the like, whose job duties include regular inter-facility travel.

3.0 Policy:

- 3.1 Eligible executives will be provided with a monthly car allowance. This allowance is provided to offset the cost of personal vehicle use for work-related travel and does not apply to commuting between home and primary work location.
 - 3.1.1 Eligibility
 - 3.1.1.1 Applies to Executive Leadership Team members who are required to travel between facilities within the health district or other locations as a regular part of their job duties.
 - 3.1.1.2 Must have a valid driver's license and personal auto insurance.
 - 3.1.2 Monthly Allowance:
 - 3.1.2.1 Executives may receive a fixed monthly car allowance as compensation for regular travel of \$250 per month.
 - 3.1.3 Conditions:
 - 3.1.3.1 Executives must be available to travel to any facility within the district at any time.
 - 3.1.3.2 Executives must maintain a personal vehicle in good working condition and meet all insurance requirements.

4.0 Definitions:

- 4.1 NA

5.0 Procedure:

- 5.1 Eligible Executives may complete Car Allowance Acknowledgment Form subject to the Chief Executive Officer's approval.

Imperial Valley Healthcare District

Title: Executive Leadership Car Allowance Program		Policy No. ADM-00185
		Page 2 of 2
Current Author: Christopher Bjornberg		Effective:
Latest Review/Revision Date: June 17, 2025	Manual: Administration	

- 5.2 After approval, payroll shall disburse a monthly allowance payment consistent with this policy on the first day of the month following approval, and each subsequent pay period thereafter.
- 5.3 Legal and Finance shall perform an annual review of eligibility and amount to be reimbursed.
- 5.4 This policy shall take effect on the first day of the month after adoption. No retroactive payment of car allowances shall be permitted.

6.0 References: Not Applicable

7.0 Attachment List:

- 7.1 Attachment A: Car Allowance Acknowledgment Form.

8.0 Summary of Revisions: New Policy



Car Allowance Reimbursement Acknowledgment Form

Executive Information

Name: _____

Title/Position: _____

Primary Work Location: _____

Acknowledgment of Car Allowance Policy

I acknowledge that I have read and understood the **Car Allowance Reimbursement Policy** and agree to the following:

- I am a member of the Executive Leadership Team, or the like as designated by the Chief Executive Officer.
- I am required, as part of my regular job duties, to travel between facilities within the health district and/or to other locations for official business.
- I possess a valid driver's license and carry active personal automobile insurance that meets California state requirements.
- I will maintain a personal vehicle in good working condition and be available to travel to any facility within the district as needed.
- I understand that the car allowance of **\$250 per month** is intended to offset the cost of work-related travel and does not apply to commuting between my home and primary work location.
- I understand that no retroactive payments will be made, and the allowance will begin on the first day of the month following CEO approval.
- I agree to inform Human Resources and my supervisor immediately if I become ineligible for this allowance for any reason (e.g., change in job duties, license/insurance status).

Executive Signature

Signature

Printed Name

Date

Approval

Chief Executive Officer

Signature

Printed Name

Date

Routing Instructions:

- Completed and signed forms must be submitted to Human Resources for processing and retained in the employee file.
- A copy will be sent to Payroll to initiate the monthly allowance.

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: August 28th, 2025

SUBJECT: Appointment of Dr. Michael Krutzik, M.D., as Medical Director, Cardiopulmonary Department

BACKGROUND: To comply with California Title 22 and CMS Conditions of Participation for hospitals, a Medical Director is required to supervise and oversee cardiopulmonary services. This ensures quality assurance, protocol oversight, and alignment with federal and state regulations for patient care.

KEY ISSUES:

- State and federal laws require us to have a qualified Medical Director to remain compliant and keep our hospital license.
- Our previous Cardiopulmonary Medical Director resigned on 6/30/2025.

CONTRACT VALUE: Annual sum of \$18,000, paid in monthly installments.

CONTRACT TERM: Initial one-year period with automatic expires unless mutually extended

BUDGETED: Yes

BUDGET CLASSIFICATION: Professional Services/Medical Directorship

RESPONSIBLE ADMINISTRATOR: Carol Bojorquez/Christopher R. Bjornberg

DATE SUBMITTED TO LEGAL: 8/2025 **REVIEWED BY LEGAL:** ☒ Yes ☐ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION: Appointment of Dr. Michael Krutzik, M.D., as Medical Director, Cardiopulmonary Department

Comp-01, Compliance Officer 2/2025



MEDICAL DIRECTOR AGREEMENT

THIS MEDICAL DIRECTOR AGREEMENT (“**Agreement**”) is entered into and executed as of _____ (“**Effective Date**”), by and between Imperial Valley Healthcare District dba. Pioneers Memorial Hospital, a Local Healthcare District, organized and existing in the State of California pursuant to the California Health and Safety Code, §§32000 *et seq.* (“**Hospital**”), and Michael Krutizik, M.D., (“**Director**”). Director and Hospital are sometimes individually referred to hereafter as a “Party,” and collectively as “Parties.”

This Medical Director Agreement is entered into with respect to the following facts:

RECITALS

- A. Hospital owns and operates a general acute care hospital located in Brawley, California and rural health clinics (“RHCs”), in Calexico, California and Brawley, California and by the start date, may also own and operate a second general acute hospital located in El Centro, California.
- B. Hospital operates a Cardiopulmonary Department (the “Department”);
- C. Director is a duly qualified and licensed physician and surgeon, is qualified and authorized to practice in the specialty of Pulmonary and Critical Care.

AGREEMENT

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, it is mutually agreed as follows:

1. Director Availability and Reporting. Hospital hereby contracts with Director to act as its medical director of the Cardiopulmonary components of the Department. In connection with the services furnished by Director hereunder. Should Director be unavailable due to vacation plans, continuing medical education, or for any other reason for a period of two or more weeks during the term of this Agreement, Director shall assist the Hospital in finding an appropriate physician to assume the Directorship responsibilities required by this Agreement. This alternate physician shall be approved in writing, in advance, by the Hospital Administrator. To facilitate the proper administration of this section and to assure the parties compliance with applicable state and federal law, Director shall complete and submit to Hospitals administrator on a monthly basis for the term of this Agreement, a time sheet (a copy of which is affixed to this Agreement as ***Exhibit A*** (“**Time and Activity Log**”) and is incorporated herein by this reference) by the 10th day of the month after services describing the services performed and the amount of time expended in the prior month.

2. Director Services. Director services provided herein shall include the following:

a. Supervision and Oversight. Director will supervise and oversee the health services provided at the Department as outlined in ***Exhibit B*** (“**Medical Director Duties**”) of this agreement.

b. Development of New Services. Director will assist Hospital in developing and implementing new services for Department as appropriate for the changing needs of the community it serves.

c. DNV Accreditation. Director shall meet with Hospital and RHCs personnel to assure that the RHCs’ practices meet or exceed current Det Norske Veritas Healthcare, Inc. (“DNV”) guidelines as related to the operation of the Cardiopulmonary program at Department. Director shall further assist personnel in preparing for DNV surveys.

d. Standards. Director shall conduct all Services consistent with relevant law and regulation, Hospital’s bylaws, policies, and code of conduct, and pursuant to professional and ethical standards.

e. Hospital Privileges. Director shall maintain in good standing membership and staff privileges on the active medical staff of Hospital.

3. No Personal Use of Department. Unless otherwise expressly agreed to in writing, no part of the hospital’s premises shall be used at any time by Director as an office for personal use or for the private practice of medicine.

4. No Unauthorized Disclosure of Records. Director and Hospital agree to keep confidential and take all reasonable precautions to prevent the disclosure of records required to be prepared and/or maintained pursuant to this Agreement, unless such disclosure is authorized by patient or by law; provided, however, that to the extent required by 42 U.S.C.A. section 1395x(v)(1)(I) of Title II and any amendment thereto, revision or subsequent legislative enactment pertaining to the subject matter of said section, the parties agree to retain such records, and make them available for the appropriate governmental agencies, for a period of ten (10) years after the expiration of the termination of this agreement.

5. Establishment of Fees. The Hospital is solely responsible for establishing the fees for medical services.

6. Directorship Compensation. Hospital shall pay Director according to the compensation schedule set forth in ***Exhibit C*** (“**Hours & Compensation**”). Hospital shall pay the compensation owed on or before the fifteenth (15th) day of each calendar month, for services provided by Practitioner during the immediately preceding calendar month; provided that Practitioner has delivered a timely Time and Activity Log to Hospital in the form attached hereto as ***Exhibit A*** (“**Time and Activity Log**”) for the immediately preceding calendar month.

7. Independent Contractor. Director is engaged as an independent contractor with Hospital in performing all work, duties, and obligations hereunder. Hospital shall not exercise any control or direction over the methods by which Director performs his work and functions, except

that Director shall perform at all times in strict accordance with then currently approved methods and practices in Director's specialty. The Hospital's sole interest is to ensure that Director performs and renders services in a competent manner in accordance with medical and administrative standards. The parties expressly agree that no work, act, commission or omission of Director pursuant to the terms and conditions of this Agreement shall be construed to make or render Director an agent or servant of Hospital. Director shall not be entitled to receive vacation pay, sick leave, retirement benefits, Social Security, workers compensation, disability or unemployment insurance, or any other employee or pension benefit of any kind.

8. Insurance. Director shall provide and maintain current for the term of this Agreement, medical malpractice insurance as required by the Hospital Bylaws governing Hospital medical staff physicians in a minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) annual aggregate. If the insurance is "claims-made" rather than "occurrence based," such coverage must include, at Director's expense, an extended reporting endorsement ("tail insurance") upon Termination of this Agreement.

9. Term and Termination. The term of this Agreement shall be one (1) year commencing on the Effective Date, unless terminated earlier as provided herein. This Agreement will automatically expire at the end of its current term unless extended in writing by mutual agreement of the parties.

a. Termination for Cause. Either party may, for cause ("cause" being defined herein as a material breach of an obligation contained or set forth in this Agreement) terminate this Agreement, provided, however, that the breaching party has been provided with notice and has failed to cure said breach within fourteen (14) days of such notice.

b. Immediate Termination. The Hospital may terminate this Agreement immediately for the following reasons:

1. The revocation, restriction, suspension or termination of Director's license to practice medicine in the State of California.

2. Any act or omission on the part of Director that results in the cancellation of the Director's medical malpractice insurance or loss of ability to participate as a healthcare provider in any federal or state reimbursement program (i.e., Medicare or MediCal).

3. The attempted assignment or other unauthorized delegation of any of Director's duties or obligations hereunder.

4. The election of Director to file bankruptcy.

5. The revocation or suspension of Medical Staff privileges.

6. The failure of Director to provide the Directorship services.

7. Any material breach of this Agreement.

c. Early Termination Without Cause. Either party shall have the right to terminate this Agreement without penalty or cause effective at any time. Either party may then terminate this Agreement without cause upon thirty (30) days' advanced written notice to the other party.

10. No Assignment by Director. Director shall not assign, sell, or transfer any rights conferred by this Agreement, without the prior written consent of Hospital.

11. Attorneys' Fees. In the event that either party initiates legal proceedings to enforce or interpret the terms of this Agreement, the party prevailing in such proceedings shall be entitled to recover reasonable attorneys' fees incurred as a result of such proceeding. The prevailing party shall be deemed by the Court as the party to have most prevailed in the proceeding irrespective of whether that party prevailed on any issue.

12. No Waiver. Failure by either party to enforce any provision of this Agreement shall not constitute a waiver of such provision.

13. Severability. If any provision of this Agreement or the application thereof to any person or circumstance shall, at any time or to any extent, be invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each such provision shall be valid and enforceable to the fullest extent permitted by law. However, if either party in good faith determines that the finding of illegality or unenforceability adversely affects the material consideration for its performance under this Agreement, such party at its sole option may, by giving written notice to the other party, terminate this Agreement.

14. Entire Agreement. This Agreement embodies the entire agreement between the parties hereto and supersedes all other previous agreements and understandings, written or oral, between the parties hereto. There are no other Agreements between the parties hereto as to the subject matter hereof other than those set forth in this Agreement.

15. Applicable Law and Venue. This Agreement shall be governed by and construed interpreted and enforced in accordance with the laws of the State of California. The venue for any legal proceeding relating to, or arising out of, this Agreement shall be in the County of Imperial, State of California.

16. Access to Records. Hospital agrees that during normal business hours in accordance with state and federal law, and only to the extent required by state and federal law, Director shall have access to and the right to examine records which relate to any services provided under this Agreement for a period of not less than two (2) years following the termination or expiration of this agreement. Upon written request of Director, such access shall be extended with respect to any records which Director identifies as the actual or potential matter of investigation or litigation.

17. Headings. Headings have been included solely as a convenience to the reader and are not intended nor shall they be construed in the interpretation of this Agreement.

18. Compliance with Non-Discrimination Laws.

a. Non-Discrimination. During the performance of this Agreement, Director and his subcontractors shall not unlawfully discriminate, harass or allow harassment, against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and denial of family care leave. Director and his subcontractors shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Director and his subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Government Code, Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Division 4, Subchapter 1, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990(a-f), set forth in California Code of Regulations, Title 2, Division 4, Chapter 5, are incorporated into this contract by reference as if duly set forth herein. Director and his subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. Director shall include the nondiscrimination and compliance provisions of this Agreement in all subcontracts to perform work under this Agreement.

b. Access to Determine Compliance. Director shall permit access by the representatives of the Department of Fair Employment and Housing and the Department of Corrections, upon reasonable notice at any time during normal business hours, but in no case less than twenty-four (24) hour's notice, to such of its books, records, accounts, other sources of information and its facilities as such agencies shall require to ascertain compliance with this clause.

19. Access to Books and Records. Until the expiration of ten (10) years after the furnishing of any services pursuant to this Agreement, Director shall make available upon written request of the Secretary of the United States Department of Health and Human Departments or of the United States Comptroller General, or of any of their duly authorized representatives, this Agreement and such books, documents, and records of the Department as are necessary to certify the nature and the reasonable cost of services of the Hospital. If Director enters into an agreement with any related organization to provide services pursuant to this Agreement with a value or cost of ten thousand dollars (\$10,000) or more over a twelve (12) month period, such agreement shall contain a clause to the effect that until expiration of ten (10) years after the furnishing of services pursuant to such agreement, the related organization shall make available, upon written request, of the Secretary or to the Comptroller General, or of any of their duly authorized representatives, the agreement and any books, documents, and records of such organization that are necessary to verify the nature and extent of such costs. This Section shall be of no force and effect if it is not required by law. Ownership of all records, books, and documents remains with the Hospital.

20. Notices

Any notice to be given to any party hereunder shall be deposited in the United States Mail, duly registered or certified, with return receipt requested, with postage thereon paid, and addressed to the party for which intended, at the following addresses, or to such other address or addresses as the parties may hereafter designate in writing to each other.

Hospital: Christopher R. Bjornberg
Chief Executive Officer
IVHD-Pioneers Memorial Hospital
207 Legion Road
Brawley, CA 92227

Director: Micheal Krutzik, M.D.

21. Confidentiality. Director will comply with all confidentiality laws and requirements including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and California Civil Code Section 56.10 *et. seq.* as applicable.

22. Offset. In the event Director is indebted or financially obligated to Hospital for any reason and has failed to repay as required any such debt or obligation for 60 days or more, then Hospital in its sole discretion may offset the amount of such unpaid debt or obligation owed by Director from any compensation due and payable under this agreement to Director. Hospital shall provide Director written notice of the exercise of its offset rights under this paragraph at any time before, or at the time of exercise of the offset. Any offset(s) exercised by the Hospital shall not affect or change any other conditions or provisions of contracts or agreements between Hospital and Director. Further, Hospital's exercise of any offset shall not be considered a waiver of any interest or penalty amount due and payable to the Hospital from Director.

23. General Interpretation. The terms of this Agreement have been negotiated by the parties hereto and the language used in this Agreement shall be the language chosen by the parties hereto to express their mutual intent. This Agreement shall be construed without regard to any proscription or rule requiring construction against the party causing such instrument or any portion thereof to be drafted. No rule of strict construction will be applied against any person.

24. Retention of Professional and Administrative Responsibility. Hospital shall retain administrative responsibility for the services rendered as outlined in this Agreement.

25. Compliance with Disclosure Requirements of Hospital's Conflict of Interest Code. In accordance with the California Political Reform Act, the Hospital has promulgated its Conflict of Interest Code ("Code"). By executing this Agreement, Director is a contract physician for purposes of the Code and is required by law to make certain disclosures each year of the term of this Agreement on Form 700 Statement of Economic Interests ("Form"). Hospital will provide Director with this Form annually. Director agrees to complete and return this Form timely each year as required by law. (Additional information can be obtained from the California Fair Political Practices Commission at (866) 275-3772 and www.fppc.ca.gov.)

26. Other Agreements between Director and Hospital. Hospital and Director may enter, or may have entered, into other agreements for services such as On-Call or Coverage Services Agreements. Such agreements are maintained in a contracts management system and will be made

available to any State or Federal entities that require access.

27. Compliance with Laws. Director shall comply with the policies and procedures of the Hospital as may be in effect from time to time in his/her performance of the Director Services. Director shall comply with all applicable laws, rules and regulations of all governmental authorities and accrediting agencies having authority over the Hospital, physicians, and/or this Agreement including all professional licensure and reimbursement laws, regulations and policies in his/her performance of the Director Services.

28. Anti-Referral Laws. Nothing in this Agreement, or any other written or oral agreement, or any consideration in connection with this Agreement contemplates or requires the admission or referral of any patient to the Hospital. This Agreement is not intended to influence Director's judgment in choosing the proper care and treatment of his/her patients.

IN WITNESS WHEREOF, the parties have fully executed this Agreement effective on the date first written above.

IMPERIAL VALLEY HEALTHCARE DISTRICT:

By _____
Christopher R. Bjornberg
Chief Executive Officer

Date _____

DIRECTOR:

Michael Krutzik, M.D.

Date _____

EXHIBIT A
Pioneers Memorial Healthcare District
207 West Legion Road
Brawley, California 92227
PHYSICIAN - TIME AND ACTIVITY LOG

Physician's Name: _____

Hospital Department: _____

Month: _____

Date	Services Performed	Time

I certify that I have performed the services set forth above and understand that this Time and Activity Log may be made available to law enforcement or other regulatory agencies to confirm compliance with applicable state and federal law if requested.

Physician's Signature: _____ Date: _____

EXHIBIT B
MEDICAL DIRECTOR DUTIES

The responsibilities of the Director shall include, but not limited to the following:

- 1) Provide medical direction for the Department's health care activities including leadership of any Cardiopulmonary-specific health care staff.
- 2) Assist with public education and outreach including providing the community with information regarding services offered by Department.
- 3) Recommend and assist in developing and implementing new service lines in line with the changing needs of the community.
- 4) Ensures the annual review of practice guidelines/protocols designed to promote quality, safe and appropriate Cardiopulmonary patient care.
- 5) Leads the process to ensure provider quality via review of medical records, peer review, evaluation of operations and co-signing of medical records, if required, in accordance with California State regulations.
- 6) Work with Department leadership in resolving patient grievances and complaints within the scope of the Cardiopulmonary service.
- 7) Support leadership in ensuring proper use of the EHR by Cardiopulmonary providers including the provider's compliance with documentation and billing standards/timelines.
- 8) Assist Department leadership as needed with medical staff scheduling for the program
- 9) Oversee, recommend, and approve ongoing education for program providers.
- 10) Director shall be available to Department providers and Department leadership for consultation, assistance with urgent issues and other instances where program operation warrants the Director's intervention/participation.
- 11) Participate in meetings with department leadership to review operational considerations such as productivity, strategic initiatives, financial performance and staff development/concerns.

EXHIBIT C
Hours & Compensation

Hospital shall pay to Director an annual salary of eighteen thousand dollars (\$18,000) which shall be paid in monthly installments.

Hospital anticipates that Director shall work, on average, twelve (12) hours per month providing director services duties pursuant to this agreement.

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: August 28th, 2025

SUBJECT: Appointment of Dr. Michael Krutzik, M.D., as Medical Executive Committee Chair of Department of Medicine

BACKGROUND: . Chairpersons of the MEC have been paid a stipend for the work they do as chairs of the Chair of Department of Medicine. Dr. Krutzik will be starting term as Chair of the committee.

KEY ISSUES: There is no increase from 2024 or previous Chair agreement

CONTRACT VALUE: approx. \$3,000 annually

CONTRACT TERM: 18 Months

BUDGETED: Yes

BUDGET CLASSIFICATION: Professional Fees

RESPONSIBLE ADMINISTRATOR: Christopher R. Bjornberg

DATE SUBMITTED TO LEGAL: 8/2025 **REVIEWED BY LEGAL:** ☒ Yes ☐ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION: Appointment of Dr. Michael Krutzik, M.D., as Medical Executive Committee Chair of Department of Medicine.

MEDICAL EXECUTIVE COMMITTEE PROFESSIONAL SERVICES AGREEMENT

This Medical Executive Committee Professional Services Agreement ("Agreement") is entered into and executed effective as of July 1st 2025 ("Effective Date"), by and between Michael Krutzik M.D., ("Physician"), and Imperial Valley Healthcare District, an acute care clinical facility and a local healthcare district, organized and existing pursuant to the California Health and Safety Code, Sections 32000 *et seq.* ("Hospital"). Physician and Hospital are sometimes referred to below individually as "Party" and collectively as "Parties."

RECITALS

WHEREAS, Hospital owns and operates a general acute care hospital located in Brawley, California, licensed by the State of California that has a Medical Staff governed by Medical Staff Bylaws;

WHEREAS, Physician is an Active Member of the Hospital's Medical Staff and has been elected to the Medical Executive Committee for an 18-month term;

WHEREAS, Hospital desires to enter into this Agreement to remain compliant with applicable state and federal laws; and

WHEREAS, Physician desires to enter into this Agreement to provide services as the Chairperson of the Clinical Service of Medical Committee on the Medical Executive Committee thereby assisting Hospital in remaining compliant with applicable state and federal laws.

NOW, THEREFORE, in consideration of the promises and covenants contained in this Agreement, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

I. PROFESSIONAL DUTIES OF MEDICAL EXECUTIVE COMMITTEE MEMBER

Physician shall serve as a member of the Medical Executive Committee to assist in the operation of Hospital. As a member of the Medical Executive Committee, Physician shall provide the following services as a member of, and in conjunction with, the Medical Executive Committee (the "Services"):

1. Represent and act on behalf of the Medical Staff during the periods between Medical Staff meetings, subject to such limitations as may be imposed by the Medical Staff Bylaws;
2. Coordinate and implement the professional and organizational activities and policies of the Medical Staff;
3. Receive and act upon reports and recommendations from Medical Staff clinical services committees and assigned activity groups;
4. Recommend actions to the Hospital Board of Directors on matters of a medical-

administrative nature;

5. Adopt policies regarding the structure of the Medical Staff, the mechanisms to review credentials and delineate individual clinical privileges, the criteria for privileges, the granting of individual staff memberships and privileges, the organization of quality assessment and improvement activities and mechanisms of the Medical Staff, termination of Medical Staff membership and fair hearing procedures, needed changes to Medical Staff bylaws, and other matters relevant to the operation of an organized Medical Staff;

6. Evaluate the medical care rendered to patients in the Hospital;

7. Participate in the development of all Medical Staff and hospital policy, practice, and planning;

8. Review the qualifications, credentials, performance and professional competence, and character of applicants and staff members, and make recommendations to the board of directors at least quarterly regarding staff appointments and reappointments, assignments to clinical services, clinical privileges, and corrective action;

9. Take reasonable steps to promote ethical conduct and competent clinical performance on the part of all members including the initiation of and participation in Medical Staff corrective or review measures when warranted;

10. Take reasonable steps to develop continuing education activities and programs for the Medical Staff;

11. Designate such committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Medical Staff and approve or reject appointments to those committees by the chief of staff;

12. Report to the Medical Staff at each regular staff meeting;

13. Assist in the obtaining and maintenance of accreditation;

14. Develop and maintain methods for the protection and care of patients and others in the event of internal or external disaster;

15. Appoint such special or ad hoc committees as may seem necessary or appropriate to assist the medical executive committee in carrying out its functions and those of the Medical Staff;

16. Review the quality and appropriateness of services provided by contract physicians;

17. Review and approve the designation of the hospital's authorized representative for National Practitioner Data Bank purposes;

18. Establish a mechanism for dispute resolution between Medical Staff members (including

limited license practitioners) involving the care of a patient;

19. Implement, enforce and safeguard the self-governance rights of the Medical Staff pursuant to California Business & Professions Codes Section 2282.5;

20. Take such steps as appropriate to meet and confer in good faith to resolve any dispute with the board of directors, or any other person or entity, regarding any self-governance rights of the Medical Staff; and

21. Appoint a sub-committee to perform the functions relating to the identification and management of matters of member health.

II. COMPENSATION

1. Beginning on the thirteenth (13th) month of this Agreement, Hospital will pay Physician a flat rate of six hundred and ninety four dollars and fifty cents (\$694.50) per quarter as compensation for performance of those duties rendered as a member of the Medical Executive Committee outlined in Section I of this Agreement, such time is not expected to exceed five (5) hours per quarter Physician will submit a time log to Hospital at the end of each quarter prior to receiving compensation for performance of the Services, as set forth in **Exhibit A**.

2. Hospital will pay Physician within thirty (30) days after the completion of each quarter in which the consultative services described in Section I of this Agreement were performed.

III. TERM & TERMINATION

The term (as hereinafter defined) of this Agreement shall be eighteen (18 months) commencing on the Effective Date and ending on December 31, 2026 (Term"), provided that the Term (and any Term Extension) may be extended for additional two-year periods ("Term Extension") upon the mutual written agreement of the Parties. The word "Term" as used hereinafter shall mean the period of time beginning with commencement of the Term or any Term Extension and ending on the expiration date of the last Term Extension. This Agreement will terminate either (i) at the end of the Term if no Term Extension is agreed to between the Parties, or (ii) on the effective date on which Physician is removed, or resigns, from the Medical Executive Committee before expiration of the Term.

IV. GENERAL PROVISIONS

1. Independent Contractor. Physician is engaged as an independent contractor with Hospital in performing all consultative services and assistance under this Agreement. The Parties expressly agree that no work, act, commission, or omission of Physician pursuant to the terms and conditions of this Agreement shall be construed to make or render Physician the agent or servant of Hospital. Physician shall not be entitled to receive vacation pay, sick leave, retirement benefits, social security, workers' compensation, disability, or unemployment insurance or any other employee or pension benefit of any kind.

2. Anti-Kickback Law. Each Party represents that the terms of this Agreement are consistent with fair market value in arms-length transactions and are not determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between the Parties for which payment may be made in whole or in part under Medicare, Medicaid or Federal health care programs. Each Party also represents that the aggregate consultative services contracted for under this Agreement do not exceed those which are reasonably necessary to accomplish the commercially reasonable business purpose of the provision of consultative services as a member of the Medical Executive Committee. C.E.O. _____ (Initial)
_____ (Physician Initial)

3. No Direct Contact with Patients. Each Party represents that none of the duties outlined in Section I of this Agreement involve direct clinical intervention with Hospital patients.

4. Entire Agreement. This Agreement and all agreements and documents therein executed contemporaneously herewith, embody the entire agreement between the Parties hereto and supersede all other previous agreement and understandings, written or oral, between the Parties hereto with respect to the subject matter of this Agreement.

5. Mandatory Non-Binding Mediation. Both Parties agree to attempt to settle any disputes stemming from this Agreement through non-binding mediation by the American Arbitration Association ("AAA") under its Commercial Mediation Rules prior to resorting to litigation. Mediation may be initiated by either Party by filing with the AAA a Demand for Mediation together with the appropriate filing fee. The Demand for Mediation must be made within a reasonable time from the date the claim, dispute or controversy arose but in no event, later than the date legal proceedings would be barred by the applicable statute of limitations. The Parties agree to utilize a single mediator appointed by the AAA pursuant to its Commercial Mediation Rules. Upon the initiation of mediation with AAA, both Parties agree to equally share the filing fee, mediator's expense and any additional administrative fees charged by the AAA. Each Party shall be responsible for their own attorneys' fees and costs incurred with respect to said mediation. The mediator shall fix the date and time of the mediation session. The mediation process and conference shall remain confidential and privileged and will be governed by the Commercial AAA's Mediation Rules.

6. Choice of Law and Venue. This Agreement shall be governed by and construed, interpreted and enforced in according with the laws of the State of California. The venue for any legal proceeding relating to or arising out of this Agreement shall be the County of Imperial, State of California.

7. Waiver of Jury Trial. If the Parties are unable to resolve the dispute(s) through the mediation process set forth in Section 2 above, then either Party shall be entitled to initiate litigation against the other Party or any potential non-party to the mediation process. HOWEVER, HOSPITAL AND PHYSICIAN HEREBY IRREVOCABLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY LAW, ALL RIGHTS TO TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM RELATING TO THIS AGREEMENT OR THE

SERVICES.

8. Section Headings. The headings contained in the Agreement are for reference purposes only and shall not affect, in any way, the meaning or interpretation of the Agreement.

9. Confidentiality. Unless required by law, the Parties agree to maintain confidential the terms and conditions of this Agreement and not to disclose any of its terms and conditions to any third party without the prior written consent of the other Party. Further, Physician will comply with all confidentiality laws and requirements, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and California Civil Code Section 56.10 *et. seq.* as applicable.

10. Notice. Any and all notices, including change of the following addresses, required to be given pursuant to the terms of this Agreement may be given personally or by registered or certified mail, return receipt requested, addressed to Hospital or Physician at the following addresses:

TO HOSPITAL:
Imperial Valley Healthcare District
207 West Legion Road
Brawley, California 92227
Attention: Hospital C.E.O.

TO PHYSICIAN:

Michael Krutzik MD

11. No Payment After Termination. After termination of this agreement. Physician understands that there will be no further payment made for the services which are the subject of this Agreement until Physician has executed a new agreement.

12. Written Amendments/Waivers. No revision or amendment to this Agreement shall be valid unless such revision or amendment is in writing and executed by all Parties.

13. Non-Waiver of Rights. The failure by any Party to enforce at any time any of the provisions of this Agreement, or any rights with respect thereto, or to exercise any election herein provided, shall in no way affect the validity of this Agreement. The exercise by any Party of any rights or elections under the terms or conditions of this Agreement shall not preclude or prejudice any Party from exercising the same or any other it may have under this Agreement, regardless of any previous action or proceeding taken by the Parties.

14. Severability. If any provision of this Agreement shall be deemed invalid, illegal, or unenforceable by a court of appropriate jurisdiction, then such invalid, illegal, or unenforceable provision shall be deemed deleted from this Agreement. All remaining provisions of the Agreement shall be deemed to be in full force and effect.

15. Construction. The Parties acknowledge that they and their respective legal counsel have had the opportunity to carefully review this Agreement and participate equally in the drafting of this Agreement. In the event of a dispute, no Party shall be treated, for any purpose, as the author of this Agreement nor have any ambiguity resolved against it on account thereof.

16. Assignment of Contract. Neither Party to this Agreement may assign, subcontract, or transfer any of its rights or obligations under this Agreement to a third party without the prior written consent of the other Party.

17. Counterpart Signature. This Agreement may be executed in one or more counterparts (facsimile transmission, email or otherwise), each of which counterparts shall be deemed an original Agreement and all of which shall constitute but one Agreement.

18. Retention of Professional and Administrative Responsibility. Hospital shall retain professional and administrative responsibility for the services rendered as outlined in this Agreement.

19. Other Agreements Between Physician and Hospital. Hospital and Physician may enter, or may have entered, into other agreements for services such as Emergency Room On-Call, Directorship, or Supervisory Services agreements. Such agreements are maintained in an online contracts management system, MediTract, and will be made available to any State or Federal entity that require access to such contracts.

IN WITNESS WHEREOF, Hospital and Physician have caused this Agreement to be fully executed and effective as of the date first set forth above.

HOSPITAL:
IMPERIAL VALLEY HEALTHCARE DISTRICT

By: _____
Christopher R. Bjornberg
Chief Executive Officer

Date

PHYSICIAN:

By: _____
Dr. Michael Krutzik

Date

EXHIBIT A

INVOICE FORM

The following Services were provided by [_____, M.D (“Physician”) during the quarter of _____, 202__ to _____, 202__. Physician acknowledges and certifies that he is providing these Services pursuant to that certain MEC Professional Services Agreement by and between Imperial Valley Healthcare District, and Physician executed as of _____, 202__.

(Use as many sheets as necessary)

Physician acknowledges that he/she is not to exceed five (5) hours per quarter for Services.

<u>Date</u>	<u>Description of Professional Services Provided</u>	<u>Number of Hours</u>
Total Hours (maximum of 5 per quarter)		
= Total Compensation (\$694.50 per quarter)		\$694.50

I hereby certify the above statement to the best of my knowledge and belief; it is a true and complete statement.

Print Name

Signature

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: August 28th, 2025

SUBJECT: Authorization to approve seventh amendment to the Professional Service Agreement for Rady's Children's Specialist of San Diego

BACKGROUND: This amendment is to the Professional service agreement to continue the service line in the hospital clinics.

KEY ISSUES: Rady will be compensated on an as-needed basis. Practitioners shall be compensated for per 3-hour session (Half Day) as listed in schedule 4.1. Change to fee schedule of 8% increase, third change to fee schedule since initial agreement in 2020. Changes for the following:

- Otolaryngology from \$901.53 to \$973.65

CONTRACT VALUE: Compensation is based on coverage and depends on volumes, approximately \$25,000 annually.

CONTRACT TERM: 1 year

BUDGETED: Yes

BUDGET CLASSIFICATION: Professional Fees

RESPONSIBLE ADMINISTRATOR: Carly Zamora/Christoper R. Bjornberg

DATE SUBMITTED TO LEGAL: 8/2025 **REVIEWED BY LEGAL:** ☒ Yes ☐ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION: Authorization to approve an amendment to the Professional Service Agreement for Rady's Children's Specialist of San Diego

Comp-01, Compliance Officer 8/2018

SEVENTH AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT

This Seventh AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT (this “**Amendment**”) is made and entered into as of July 1, 2025 (“**Amendment Date**”) by and between Imperial Valley Healthcare District dba. Pioneers Memorial Hospital, a California local health care district (“**District**”) and Rady Children's Hospital- San Diego, a nonprofit public benefit corporation d/b/a Rady Children's Specialists of San Diego, A Medical Foundation, (“**RCSSD**”), each a “**Party**” and collectively as the “**Parties**.”

RECITALS

- A. District and RCSSD are parties to that certain Professional Services Agreement effective April 17, 2020, as amended by First Amendment, Second Amendment, Third Amendment, Fourth Amendment, Fifth Amendment, and Sixth Amendment (collectively, the “**Agreement**”).
- B. Under the terms of the Existing Agreement, District engaged RCSSD to provide, and RCSSD provides, professional medical services (the “**Medical Services**”) at the District clinic location(s) designated by District in advance (as applicable, the “**Clinic**”).
- C. District and RCSSD wish to update existing fee schedules to reflect negotiated changes in rates.
- D. District and RCSSD wish to extend the agreement for an additional year.
- E. WHEREAS, pursuant to AB 918, Imperial Valley Healthcare District dissolved Pioneers Memorial Healthcare District effective January 21, 2025 and by law all contract obligations were transferred to Imperial Valley Healthcare District as the successor agency. Capitalized terms used but not otherwise defined herein have the meanings ascribed to them in the Existing Agreement.

NOW, THEREFORE, in consideration of the recitals above, and the mutual covenants, conditions and promises between the Parties, the Parties agree as follows:

- 1. Schedule 4.1 is hereby deleted in its entirety and is replaced by the Schedule 4.1 attached hereto.
- 2. Term of the Agreement. Pursuant to section 5.1 of the Agreement, the term of the Agreement shall be renewed for an additional period of one (1) year beginning on the Amendment date specified above.
- 3. Holdover Services. If RCSSD continues to provide Services on a month to month basis after the expiration date set forth in the Agreement, as Amended, on the same terms and conditions set forth in the Agreement, the arrangement continued to comply with the requirements of the Stark Law Personal Services Exception at the time of the Agreement’s expiration, and the holdover arrangement continued to meet the elements of the exception, it shall continue as a holdover arrangement (the “**Holdover Period**”) unless and until the Parties either (i) terminate the holdover arrangement in writing, or (ii) enter into a new written agreement for Services or a written amendment to this Agreement further extending the Term and making such other modifications as agreed upon by the Parties. During the Holdover Period, the Compensation rates for the services provided under this Agreement will automatically increase by five (5%) upon

the commencement of the Holdover Period and again on each anniversary of the beginning of the Holdover Period.

4. Effective January 21, 2025, all references in the Agreement to “Pioneers Memorial Healthcare District” shall be deleted and replaced with “Imperial Valley Healthcare District”.
5. Effects of Amendment. Except as expressly set forth in this Amendment, the Agreement remains unchanged and in full force and effect. If any provision of the Agreement is inconsistent with the terms of this Amendment, the language of this Amendment shall control.
4. Counterparts. This Amendment may be executed in two or more counterparts, including by fax, email, or other customary electronic methods, each of which shall be deemed an original, but all of which taken together shall constitute one and the same instrument. The Parties expressly agree that signatures of the Parties delivered by electronic facsimile, email .pdf and other customary electronic methods of delivery are acceptable for purpose of execution of this Agreement.

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date set forth herein.

Pioneers Memorial Healthcare District, a
California local health care district d/b/a
Pioneers Memorial Hospital

By: _____
Print Name: Christopher R. Bjornberg
Its: Chief Executive Officer

Rady Children's Hospital — San Diego d/b/a
Rady Children's Specialists of San Diego, A
Medical Foundation

By: _____
Print Name: James Uli
Its: Senior Vice President & Chief Financial
Officer

Schedule 4.1

Fee Schedule

Pediatric Specialty	Fee per 3 hour session**
Pediatric Otolaryngology	\$973.65

**Such fees are based on an hourly rate multiplied by three for a 3 hour session. If in the future, the parties mutually agree that there is a need to increase sessions to 4 hour sessions, such fees shall be increased accordingly to the same hourly rate multiplied by four for a 4 hour session. The currently designated 3 hour blocks are 9:00 AM-12:00 PM, and 1:00 PM-4:00 PM, and any changes to those time blocks are subject to approval of the parties.

Commercial Payors: Notwithstanding the above, it is the intent of the parties that the Medical Services provided by RCSSD pursuant to this Agreement and compensated under the above Fee Schedule are for government payor patients only (not Commercial Payors). For Commercial Payor patients, RCSSD will submit the bill and collect for all Medical Services performed by RCSSD Physicians pursuant to this Agreement, which bill shall be submitted by RCSSD no later than five (5) days following the date on which District Provides the applicable billing information to RCSSD (or such earlier date as is required by the applicable Commercial Payor contract). All monies collected by RCSSD for such commercial bills will be paid to District no later than fifteen (15) business days following the beginning of each calendar month for business in the month prior and shall include an accounting and back-up documentation supporting such payment. As consideration for RCSSD's billing and collection activities, RCSSD shall retain from the Commercial Payor payment a fee of \$1,500 for each year ending June 30 (the "Commercial Payor Service Fee") (i.e. all Medical Services provided to the applicable patient on the day of service by RCSSD pursuant to this Agreement). The parties agree to evaluate this fee on an ongoing basis.

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: August 28, 2025

SUBJECT: Purchase of six (6) GE HealthCare Panda iRes Warmer Beds with upgraded technology for the Neonatal Intensive Care Unit (NICU).

BACKGROUND:

The NICU currently uses newborn beds that lack advanced safety and resuscitation features. First 5 Imperial awarded the Imperial Valley Healthcare District a grant of \$139,994 (FY 2025-2026) to fund improvements in care for infants 0–5 years. As part of this award, the proposal included acquiring six (6) Panda Warmer Beds equipped with enhanced technology to support safe newborn resuscitation, along with staff training prior to patient use.

KEY ISSUES:

- Current NICU beds do not provide integrated oxygen/air delivery for resuscitation, nor do they provide accurate heart rate monitoring.
- The new Panda Beds include built-in safety technology, precise oxygen/medical air delivery, and heart rate assessment tools to support evidence-based neonatal resuscitation.
- Training of physicians, nurses, and respiratory staff will be required before the beds are put into clinical service.
- Acquiring this equipment aligns with the First 5 Imperial-funded project scope to improve neonatal outcomes using grant funding.

CONTRACT VALUE: \$104,418.92 (grant-funded; no additional District cost anticipated).

CONTRACT TERM: Grant period July 1, 2025 - June 30, 2026.

BUDGETED: Yes- fully funded by First 5 Imperial grant award.

BUDGET CLASSIFICATION: Equipment Purchases (per approved FY 2025–2026 project budget, Exhibit E).

RESPONSIBLE ADMINISTRATOR: Carol Bojorquez, CNO, Christopher R. Bjornberg

DATE SUBMITTED TO LEGAL: 8/21/2025 **REVIEWED BY LEGAL:** ☒ Yes ☐ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION: That the IVHD Board approve purchase of the GE six (6) GE HealthCare Panda iRes Warmer Beds.

Comp-01, Compliance Officer 2/2025

ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:**Datex-Ohmeda, Inc.****Tax ID (22-3029570)**Pioneers Imperial Valley Healthcare District
207 W Legion Rd
Brawley, CA92227-7780

This Agreement (as defined below) is by and between the Customer and the GE HealthCare business ("GE HealthCare"), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is this Quotation (including line/catalog details included herein) and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE HealthCare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation.

GE HealthCare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE HealthCare ("Quotation Acceptance"). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE HealthCare's prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	HPG - LCS (see Gov Agreement Reference Page below)
Discount Tier	
Terms of Delivery	FOB Destination
Billing Terms	80% delivery / 20% Installation
Payment Terms	NET 30
Sales and Use Tax Exemption	No Certificate on File
Total Quote Net Selling Price	\$104,418.92

IMPORTANT CUSTOMER ACTIONS:

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

☐ Cash☐ GE HFS Loan☐ GE HFS Lease☐ Other Financing Loan☐ Other Financing Lease

Provide Finance Company Name _____

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Pioneers Imperial Valley Healthcare District

Signature: _____**Print Name:** _____**Title:** _____**Date:** __________
Purchase Order Number, if applicable

Datex-Ohmeda, Inc.

Signature: John DeAngelo**Title:** Product Sales Specialist, Maternal Infant Care, Patient Care Solutions**Date:** July 29, 2025

Document Instructions

Please sign and return this quotation together with any Purchase Order(s) to:

Name: John DeAngelo

Email john.deangelo@gehealthcare.com

Phone: (480) 476-4358

Fax:

Payment Instructions

Please **remit** payment for invoices associated with this quotation to:

Datex-Ohmeda, Inc.

PO Box 641936

Pittsburgh, PA 15264-193

FEIN: 22-3029570

Vendor Number: 904100

Pioneers Imperial Valley Healthcare District

Bill To: PIONEERS IMPERIAL VALLEY HEALTHCARE
DISTRICT

Ship To: PIONEERS IMPERIAL VALLEY HEALTHCARE
DISTRICT

Addresses:

207 W LEGION RD BRAWLEY CA 92227-7780

207 W LEGION RD BRAWLEY CA 92227-7780

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- Source of Funds (choice of Cash/Third Party Load or GE HFS Lease Loan or Third Party Lease through _____), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE HealthCare).
- If your purchasing process requires a purchase order, please make sure it includes:
 - The correct Quote number and Version number above
 - The correct Remit To information as indicated in "Payment Instructions" above
 - Your correct SHIP TO and BILL TO site name and address
 - The correct Total Price as indicated above

Evidence of the agreement to contract terms. Either: (a) the quotation signature filled out with signature and P.O. number; or (b) Verbiage on the purchase order stating one of the following:

- (i) "Per the terms of Quotation # _____";
- (ii) "Per the terms of GPO # _____";
- (iii) "Per the terms of MPA# _____"; or
- (iv) "Per the terms of SAA # _____".

Quote Summary

Line number	Qty	Description	RTF Image	Contract Price(USD)	Discount	Extended Net Selling Price(USD)
1	6	MIC Panda iRes Warmer		\$154,489.50	34.03%	\$101,918.92
2	1	USA MIC Training and Installation		\$2,500.00	0.00%	\$2,500.00

Total Quote List Price: \$156,989.50**Total Quote Discount: 33.49%****Total Quote Subtotal: \$104,418.92****Total Quote Net Selling Price: \$104,418.92**

DETAILED CONFIGURATION**MIC Panda iRes Warmer**

Line number	Catalog number	Qty	Description	Contract Price(USD)	Discount	Net Price Each(USD)	Extended Net Selling Price(USD)
1	M1112198	6	Panda Ires Warmer				
2	2071262-207	6	United States	Incl.	Incl.	Incl.	Incl.
3	M1110875	6	115V Elevating Base with Procedure Light	\$13,734.00	35.00%	\$8,927.10	\$53,562.60
4	M1111537	6	T-Piece with Blender	\$5,155.70	35.00%	\$3,351.21	\$20,107.23
5	M1111539	6	DISS	Incl.	Incl.	Incl.	Incl.
6	2064253-001	6	Patient Probe, Scale Ready, and Nellcor OxiMax SpO2	\$1,269.85	35.00%	\$825.40	\$4,952.42
7	M1111638	6	Single Drawer - Standard	\$490.50	35.00%	\$318.83	\$1,912.95



8	M1111782	6	North American Power Cord	Incl.	Incl.	Incl.	Incl.
9	2075969-001	6	English Software	Incl.	Incl.	Incl.	Incl.
10	2093561-009	6	Panda Om-Labels English Us	Incl.	Incl.	Incl.	Incl.
11	2064253-601	6	Unique Device Identifier Label 1	\$1.09	35.00%	\$0.71	\$4.25
12	M1125055	6	Scale, Panda In-Bed	\$2,168.15	36.00%	\$1,387.62	\$8,325.70
13	6600-1334-500	6	Giraffe and Panda X-Ray Tray Accessory Kit	\$59.95	36.00%	\$38.37	\$230.21
14	2070857-001	6	Warmer gas cylinder catch bracket and mesh (one pair)	\$354.25	36.00%	\$226.72	\$1,360.32
15	5900100-010	6	Giraffe Panda Disposable Infant Skin Temperature Probe, 10/BX	\$130.00	53.85%	\$60.00	\$359.97



16	6600-0513-801	6	Swivel instrument shelf - 360° Rotating (12" x 12")	\$490.50	36.00%	\$313.92	\$1,883.52
17	M1187887	6	Dovetail Rail Basket	\$327.00	36.00%	\$209.28	\$1,255.68
18	6700-0458-804	6	8' Oxygen Hose Assembly DISS H-I-T	\$88.29	36.00%	\$56.51	\$339.03
19	6700-0458-803	6	8' Air Hose Assembly DISS H-I-T	\$64.31	36.00%	\$41.16	\$246.95
20	6700-0501-800	6	CHEMTRON NCG Adapter w/ DISS Male / 02 Round GREEN	\$62.13	36.00%	\$39.76	\$238.58
21	6700-0500-803	6	CHEMTRON 1/8" NPT Male Adapter AIR Rectangle YELLOW	\$58.86	36.00%	\$37.67	\$226.02
22	0204-7638-535	6	CHEMTRON DISS Male to 1/8 inch NPT Female w/o HEX / AIR	\$38.37	36.00%	\$24.56	\$147.34

23	2109061-001	6	T-Piece Neonatal Patient Circuit Kit, Disposable with Size 1 Mask, NF-157-1GE, 10/BX	\$185.30	36.00%	\$118.59	\$711.55
24	2008773-001	6	Nellcor OxiMax SpO2 Cable DOC-10 (10 ft)	\$150.00	40.60%	\$89.10	\$534.60
25	2083497-001	6	Infant Care Installation Fee	\$250.00	Incl.	\$250.00	\$1,500.00
26	WHITE_GLOVE_DELIVERY	6	Enhanced delivery experience including debris removal	\$250.00	Incl.	\$250.00	\$1,500.00
27	SV-LCS-EXTWARR-MIC+1	6	1-year Extended Warranty: Includes parts and labor	\$420.00	Incl.	\$420.00	\$2,520.00

Configuration Total

\$101,918.92

USA MIC Training and Installation

Line number	Catalog number	Qty	Description	Contract Price(USD)	Discount	Net Price Each(USD)	Extended Net Selling Price(USD)
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28	CE2022006	1	MIC Clinical Education - 1 Day	\$2,500.00	Incl.	\$2,500.00	\$2,500.00
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MIC Clinical Education - 1 Day provides 1 day of onsite and 2 hours of remote clinical education training or product configuration designed to provide flexible training options that promote learner retention and support staff skill development. This training offering is available Monday through Friday, has a term of 12 months and is non-discountable. Requests for training on weekends or business-designated holidays must be mutually agreed upon and will result in 2x decrement to remaining days available (Saturday = 2 days, Sunday = 2 days, Holiday = 2 days). Days and Hours unused at the end of the 12 month term are forfeited without refund or credit. Additional training credits/hours/days to be delivered remotely or onsite are available for purchase separately.

Configuration Total **\$2,500.00**

Total Quote List Price: **\$156,989.50**

Total Quote Discount: **33.49%**

Total Quote Net Selling Price: **\$104,418.92**

ENSURE REQUISITION/PURCHASE ORDER IS ISSUED TO:

Datex-Ohmeda, Inc.

Tax ID (22-3029570)

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>



GE HealthCare



Mothers and babies deserve your very best care

The Extended Warranty program helps ensure devices operate at peak performance

You are doing your best to adapt to new norms, but staff shortages, the need for ongoing employee training, and turnover issues can get in the way of delivering top-notch care. In this new world of unpredictability, there is something you can do to help ensure equipment downtime doesn't become an additional daily challenge. By simply adding GE HealthCare's Extended Warranty coverage to your Maternal Infant Care equipment, you're looking out for mothers, babies, and their families. It's a cost-effective and proactive solution that helps ensure your devices are operating at peak performance long after their warranties have expired.

Experts in ensuring equipment longevity

Extended warranty plans are administered by GE HealthCare service, one of the largest service providers in healthcare technology management. With dedicated 2,600 service engineers across the U.S., we are confident issues can be addressed quickly.

Products covered by our extended warranty:

Giraffe Incubator
Carestation

Giraffe Infant
Warmer

Giraffe OmniBed
Carestation

Giraffe Shuttle

Panda™ Warmer

[gehealthcare.com](https://www.gehealthcare.com)



85K+ parts¹ and accessories available via services.gehealthcare.com



3.3 million devices¹ in service history



68% remote fix rate¹ for Maternal Infant Care equipment

Rely on us to help make sure mothers and babies go home healthy

When you add Extended Warranty coverage to your Maternal Infant Care equipment, you're helping ensure there are fewer disruptions in patient care. This enables clinicians to focus on doing what they do best: care for mother and baby. This allows your Remote Technical Support team to quickly root cause your issue. Should you need a repair, you'll also have quick and easy access to critical parts and onsite support to help minimize downtime.



Extended Warranty coverage includes:

- Expert GE HealthCare labor
- On-site support for corrective repairs²
- Full OEM parts coverage with free, next-day shipping and no purchase orders required
- 24x7 Remote Technical Support

Which plan is right for you?

You can continue your equipment's one year standard manufacturing warranty for an additional one or two years, depending on the plan you choose.

Save 5%

on a one-year extended warranty when purchased with your equipment

Save 10%

on a two-year extended warranty when purchased with your equipment

Extended Warranty is peace of mind

We're passionate about Maternal Infant Care, and we know you are too. That's why you invested in our cutting edge solutions to address the unique and ever-changing needs of mothers, babies, and their families. With an Extended Warranty plan, for a fraction of the cost of your original equipment investment, you can rest assured that your investment is OEM-insured for years. This added peace of mind helps clinicians focus on sending moms and babies home healthy.

Contact your service representative to determine the right plan for your facility

Footnotes:

1. GE HealthCare internal data.
2. Does not include Planned Maintenance (PM).
3. Maternal Infant Care Technical Support available M-F 8-5 CST.

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JB01562XU



GE HealthCare

Governing Agreement Reference Information

Customer:	Pioneers Imperial Valley Healthcare District
Contract Name:	HPG - LCS
Billing Terms:	80% delivery / 20% Installation
Payment Terms:	NET 30
Shipping Terms	FOB Destination

Offer subject to the Terms and Conditions of the applicable Governing Agreement currently in effect between GE HealthCare and HealthTrust Purchasing Group.

For a copy of the GPO contract or summary, please go to your GPO Membership login page scrubs.healthtrustpg.com. If a copy of the contract is not available on your membership page, please contact your GPO client manager.

This product offering is made per the terms and conditions of HealthTrust/GE HealthCare GPO Agreements as follows:

The following list identifies the Life Care Solutions ("LCS") agreements currently in effect between GE HealthCare and HealthTrust Purchasing Group ("HPG"). The Governing Agreement applicable to this GE HealthCare Quotation is that from the list below which, by its terms, covers the type of LCS product and services being purchased. This GE HealthCare Quotation and use of the products and services described herein is governed by the Terms and Conditions of the Governing Agreement (in the event of a conflict, the Governing Agreement shall prevail, as per the Governing Agreement).

HPG Contract Number	Effective Date	Segment
HPG-40268	December 1, 2024	Phototherapy and Bilirubin
HPG-69353	February 1, 2012	Patient Monitoring—Maternal and Fetal
HPG-500072	November 1, 2024	MIC

If applicable, for more information on this devices' operating system, please visit GE HealthCare's product security portal at: <https://securityupdate.gehealthcare.com/en/products>

PIONEERS MEMORIAL HEALTHCARE DISTRICT

BOARD MEETING DATE APPROVED:

SUBJECT: Cannon CT Replacement

BACKGROUND: Jenco proposal includes breakout and removal of 85 SF and installation of new 6" concrete slab, provide temporary power and sanitary facilities, provide crane for new HVAC installation, provide and install wall mounted digital programmable thermostat and low voltage wiring for HVAC units.

KEY ISSUES: Current CT machine is outdated and parts are becoming obsolete

CONTRACT VALUE: \$702,640.00

CONTRACT TERM: Approximately 4 months for completion

BUDGETED:

BUDGET CLASSIFICATION:

RESPONSIBLE ADMINISTRATOR: Sean Beckham

DATE SUBMITTED TO LEGAL: Renewal of existing **REVIEWED BY LEGAL:** ☐ Yes ☐ No

RECOMMENDED ACTION:



August 8, 2025

Oscar Clemente

Re: IVHD/Pioneers Memorial Hospital – CT Replacement S250968-13-00
207 West Legion Road,
Brawley, CA 92227

JENCO is pleased to provide you with our proposal for your CT Replacement project. Our price for this work is \$702,640.00. This is based on the following documents. This proposal is good for 30 days.

We anticipate approximately four (4) months to complete the CT Imaging Room and CT Control Room scope. This schedule is contingent on timely approvals, inspections, and design information, and will be adjusted for delays beyond our control, including HCAI-related changes or review timelines, without penalty

Documents

1. Cuningham 100% Construction documents dated 6/20/2025

Qualifications

1. All qualifications & exclusion included on page #2

Thank you again for the opportunity to provide a proposal for your project. If you have any questions, please feel free to contact Brett Hickey (619) 672-3262

Jennifer Hickey

A handwritten signature in blue ink that reads "Jen Hickey".

President
619-654-6231
Jen@jencobg.com



5173 Waring Rd.
San Diego CA 92120
619.431.1104
info@jencobbg.com
Lic. 1045619

ITEM	Qualifications and Exclusions
<u>I</u>	<u>Qualifications</u>
1	Pricing is based exclusively on the 100% Construction Documents prepared by Cuningham, dated June 20, 2025. No adjustments have been made for any pre-bid information, as no pre-bid RFIs were permitted or issued at the time of bid. Any clarifications, revisions, or additional requirements identified after bid submission may result in a change to the contract value and/or schedule.
2	This proposal is based on commencing construction in the first quarter of 2026. No specific start date was provided at the time of bid. Pricing is valid for thirty (30) calendar days from the date of this proposal. Any changes to the anticipated start date, or commencement beyond the validity period, may result in adjustments to pricing, labor availability, material costs, and/or the overall project schedule.
3	Bid based on entering into a mutually acceptable contract agreement
4	Owner to carry special inspection cost
5	Price includes breakout and removal of 85 SF and Install new 6" concrete slab per detail 4/S501
6	Temporary power included
7	Temporary sanitary facilities included
8	Provide one (1) crane lift for installation of new HVAC equipment as per plans
9	Provide & install wall mounted digital programmable thermostat(s) and low voltage wiring for HVAC units as per plans.
10	Price includes prevailing wages
11	Laydown area to be provided by owner for storage of construction materials
<u>II</u>	<u>Exclusions</u>
1	Permits (except fire protection), plan check fees, or other governing agency fees
2	Builders Risk Insurance
3	Holidays, overtime or non-weekday work
4	Work required to bring existing conditions into current code compliance
5	Performance and Payment bonds
6	Special Testing and Inspection & soils testing and inspections costs
7	Digging, blasting, and handling of rock
8	Removal, excavation, treatment, remediation, testing or otherwise handling Hazardous, Toxic and Unsuitable Materials
9	Insulation
10	Reworking fire sprinklers
11	HVAC Equipment (Fan coil unit, VRF Controller and NEMA 3r enclosure and rooftop condenser unit) OFCI
12	Owner to provide new Cannon CT scanner and all required equipment
13	CT Scanner anchorage, hook up, and start up (to be done by CT Mfg rep)
14	Welding or welding procedures
15	Moisture testing existing concrete
16	EMS and DDC controls, control wiring, monitoring, controls, etc.
17	Fire detection system hook up or line voltage wiring
18	All required rooftop vision screens, etc.
19	Utility/phone company charges, fees and assessments
20	Phone systems
21	Security systems
22	Sealing of existing or new concrete slabs
23	Furniture, Fixtures and Equipment
24	Signage