

BOARD OF DIRECTORS

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

AGENDA REGULAR MEETING OF THE BOARD OF DIRECTORS THURSDAY, October 9, 2025, 6:00 P.M.

Pioneers Memorial Hospital | PMH Auditorium 207 W. Legion Road, Brawley, CA92227

Join Microsoft Teams
Meeting ID: 247 221 122 852 6
Passcode: NN3PX6i5

- 1. Call to Order
- 2. Swearing-In Ceremony for New Director Felipe Irigoyen
- 3. Roll Call
- 4. Pledge of Allegiance
- 5. Approval of Request for Remote Appearance by Board Member(s), if Applicable

6. 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.

7. 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 themself, 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.

8. 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

9. 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 September 11, 2025 and September 30, 2025
- b. Approve and file PMH Expenses/Financial Report August 2025

10. Items for Discussion and/or Board Action:

- a. Calexico Fire Chief Contreras presentation.
- b. Discussion and Possible Action to Revise Future Board Meeting Locations and Dates.
- c. Action Item: Policy and Procedure: Security Management Plan
- d. <u>Staff Recommends Action to Authorize:</u> Authorize the renewal of the Master Software and Services Agreement for coding software License & support fees between Imperial Valley Healthcare District/Pioneers Memorial Hospital and Solventum Health Information Systems, Inc. (formerly known as 3M)

<u>Presented by</u>: Carly Loper, CFO Contract Value: \$140,029.50

Contract Term: Renewing for another 3 yrs.

Budgeted: Yes

Budgeted Classification: Purchased Services

e. <u>Staff Recommends Action to Authorize:</u> Authorization to approve Amendment of Professional Service Agreement for Patrick Sweet, MD P.C.

Presented by: Christopher R. Bjornberg/Carly Zamora

Contract Value: Varies wRVU based

Contract Term: 2 years

Budgeted: Yes

Budgeted Classification: PSA

f. <u>Staff Recommends Action to Authorize:</u> Sanders Inc.

Presented by: Christopher R. Bjornberg/Tomas Virgen

Contract Value: \$256,346.48

Contract Term: None

Budgeted: No

Budgeted Classification: NA

11. 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

12. 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.

13. Closed Session

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

Name of Case: Arleen Fernandez v. Pioneers Memorial Healthcare District, et al.

Imperial County Superior Court Case No. ECU003635

14. Adjournment

a. The next regular meeting of the Board will be held on October 23, 2025, at 6:00 p.m.

POSTING STATEMENT

A copy of the agenda was posted October 03, 2025, at 601 Heber Avenue, Calexico, California 92231 at 10:30 p.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 SEPTEMBR 11, 2025 REGULAR BOARD MEETING

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN REGULAR SESSION ON THE 11th OF SEPTEMBER AT 601 HEBER AVENUE CITY OF CALEXICO, 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 6:08pm by Katie Burnworth.

2. ROLL CALL-DETERMINATION OF QUORUM:

President Katherine Burnworth

Secretary Arturo Proctor
Trustee Enola Berker
Trustee Rodolfo Valdez
Trustee James Garcia

ABSENT:

Laura Goodsell – Vice-President 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. <u>APPROVAL OF REQUEST FOR REMOTE APPEARANCE BY BOARD MEMBER(S)</u> None

5. CONSIDER APPROVAL OF AGENDA:

Motion was made by Director Berker and second by Director Proctor to pull item 9C Policy and Procedure: Executive Leadership Car Allowance Program and approve the agenda for September 11, 2025, Motion passed by the following vote wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garica

NOES: None

6. PUBLIC COMMENT TIME:

John Grass attended on behalf of the Woman Auxiliary personally invite the board to the GALA on October 16th.

7. BOARD COMMENTS:

a. Brief reports by Directors on meetings and events attended.

Director Berker reported that she attended the Auxiliary 1st meeting this year of the



season and they reported that they got scholarships and gave out 7 scholarships in total of \$5,000.00. They also reported that they are going to sell cancer awareness t-shirts. Director Berker reported to them that we were all in the process of moving forward.

Director Valdez reported that he had a conversation with the Calexico Fire Chief about the ambulance services and he invited them to attend one of our meetings to discuss.

Director Burnworth reported she attended a funeral service that had the Nurses Honor Guard and was something really cool to see.

Schedule of upcoming Board meetings and events.

None

c. Report of Merger Strategic Planning Ad-Hoc Committee

Attorney Adriana reported that they continue to meet. They had a pension group meeting this week meeting this week and had a regulatory meeting this week and she sent the regulatory work plan to the Ad-Hoc and the checklist so that they are aware of many checklist items that we have to complete before the merger. There is a strategic Ad-Hoc meeting tomorrow morning and there are a number of meetings coming up for progress.

8. CONSENT CALENDAR:

Motion was made by Director Berker and second by Director Garcia to approve the consent calendar for August 28, 2025. Motion passed by the following vote wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

9. ACTION ITEMS:

a. Approval of Resolution No. 2025-0911, Resolution of the Imperial Valley Healthcare District Board of Directors Declaring Vacancy on the Board of Directors.

Motion was made by Director Berker and second by Director Valdez to approve Resolution No. 2025-0911, Resolution of the Imperial Valley Healthcare District Board of Directors Declaring Vacancy on the Board of Directors. Motion passed by the following vote wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

Direction was given to the attorney to send out the notice of vacancy and send to the tribe.

The board agreed to have a special meeting on September 30th for interviews at the ECRMC facility at 6pm.

b. Approval of Shared Services Agreement between Imperial Valley Healthcare District and



El Centro Regional Medical Center.

Motion was made by Director Berker and second by Director Garcia to approve Shared Services Agreement between Imperial Valley Healthcare District and El Centro Regional Medical Center. Motion passed by the following wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

c. Action Item: Policy and Procedure: Executive Leadership Car Allowance Program.

Item was pulled from the agenda.

d. Action Item: Policy and Procedure: Breastfeeding.

Motion was made by Director Proctor and second by Director Berker to approve Policy and Procedure: Breastfeeding. Motion passed by the following wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

e. Action Item: Policy and Procedure: Organizational Performance Improvement Plan.

Motion was made by Director Proctor and second by Director Berker to approve Policy and Procedure: Organizational Performance Improvement Plan. Motion passed by the following wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

f. Action Item: Policy and Procedure: Quality Review Report.

Motion was made by Director Proctor and second by Director Berker to approve Policy and Procedure: Quality Review Report. Motion passed by the following vote wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

g. Action Item: Patient Safety Program.

Motion was made by Director Proctor and second by Director Berker to approve Patient Safety Program. Motion passed by the following vote wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

h. Action Item: Safety Management Plan.



Motion was made by Director Proctor and second by Director Berker to approve Safety Management Plan. Motion passed by the following vote wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

i. <u>Staff Recommends Action to Authorize:</u> Agreement between MTC Medical, LLC and Imperial Valley Healthcare District.

Presented by: Carol Bojorquez, CNO

Contract Value: Dependent of volume of cases sent to us for services.

MTC agrees to pay the following fees:

- Victim Sexual Assault Exam \$2250
- Suspect Sexual Assault Exam \$1150
- Response Fee/no exam \$300

Contract Term: 2 Years

Budgeted: Yes

Budgeted Classification: Clinical Services, SART program

Motion was made by Director Berker and second by Director Proctor to approve the Agreement between MTC Medical, LLC and Imperial Valley Healthcare District. Motion passed by the following vote wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

j. <u>Staff Recommends Action to Authorize</u>: Agreement between Touro University, Nevada and Imperial Valley Healthcare District.

Presented by: Carol Bojorquez, CNO

Contract Value: No cost associated with agreement

Contract Term: 2 Years

Budgeted: No

Budgeted Classification: N/A

Motion was made by Director Berker and second by Director Proctor to approve the Agreement between Touro University, Nevada and Imperial Valley Healthcare District. Motion passed by the following vote wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

k. <u>Staff Recommends Action to Authorize:</u> Agreement between Point Loma Nazarene University and Imperial Valley Healthcare District.

Presented by: Carol Bojorquez, CNO

Contract Value: No cost associated with agreement

Contract Term: 3 Years

Budgeted: No

Budgeted Classification: N/A

Motion was made by Director Berker and second by Director Proctor to approve the



Agreement between Point Loma Nazarene University and Imperial Valley Healthcare District. Motion passed by the following vote wit:

AYES: Burnworth, Proctor, Berker, Valdez, Garcia

NOES: None

I. Discussion and Action Regarding Future El Centro Facility Naming/Branding

This item was table for the special meeting on September 30th.

10. MANAGEMENT REPORTS:

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

None

- Hospital Operations: Carol Bojorquez, MSN, RN Chief Nursing Officer
 Carol went over the CNO report.
- c. Clinics Operation: Carly Zamora MSN, RN Chief of Clinic Operations
 Carly reported on the Clinic Operation report.
- d. Urgent Care: Tomas Virgen Administrative Coordinator/ Support for AB 918
 None
- e. Executive: Christopher R. Bjornberg Chief Executive Officer

Chris reported that they did decide to do a joint NFL kickoff party between the two facilities and two locations. The event was a success and there will be videos. The staff enjoyed it and liked the idea of doing that and being able to bring everyone together. They have also had multiple visits between the facilities going to multiple locations. They put eyes o all those spots to really get an understanding of what we have and as far as our arsenal for the different locations and it is kind of very interesting because we know we have the Brawley location that has the hospital and across the street you have most of the clinics and that is really together and then El Centro is kind of the same way. You've got the hospital, the MOB and then there is the RUC down the road. Then you come to Calexico and we have two RHC's, this building, we have some land that we own on the same street as the RHC's and we have the new facility and that's 5 different location's here in this area and its one of the areas that we need to work ion the most that we kind of looked at. He also reported that there has been a lot of movement with PMA which is our master planning group. He had a conversation with them yesterday and

had them come out. They brought out some actual ideas and renderings to present to us to kind of look over and see what we thought about what their thoughts were and next Thursday we are going to have another meeting with them. The team has a number of different meetings with the different areas that are going to be part of this process. Today



they met with the pharmacy group, showed the different options, went over their space requirements and which ones they like best and why do they like that. They will be doing that with each one of those groups until Thursday. When they have a meeting with PMA, they can tell them these are the thought processes that we have for this and what that needs to look like. They are going to present the plan on November 13th. It was Pablo's idea to have them come on October 23rd to have the come ahead of time and be able to have a conversation with you about the difference between the SPC, NP and what that means and understanding on why we have to make some of the changes we have so they are not doing that at the same time as we're seeing what's happening so you have a better understanding of the process before your see that an that will help that go so much better. They will be on the agenda for October 23rd.

f. Legal: Adriana Ochoa – General Counsel

None

11. ITEMS FOR FUTURE AGENDA:

Item 9C Policy and Procedure: Executive Leadership Car Allowance Program. Calexico Fire Department

BOARD ENTERED INTO CLOSED SESSION AT 7:37PM

12. CLOSED SESSION:

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

Name of Case: Arleen Fernandez v. Pioneers Memorial Healthcare District

Claim Number: 24-00131

BOARD RECONVENED INTO OPEN SESSION AT 8:40PM

No reportable action taken in closed session

13. ADJOURNMENT:

With no future business to discuss, Motion was made unanimously to adjourn meeting at 8:41 p.m.



MEETING MINUTES SEPTEMBER 30, 2025 SPECIAL BOARD MEETING

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN SPEICAL SESSION ON THE 30th OF SEPTEMBER AT 1271 ROSS AVENUE CITY OF EL CENTRO, 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 6:01pm 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

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. <u>APPROVAL OF REQUEST FOR REMOTE APPEARANCE BY BOARD MEMBER(S)</u> None

None

5. CONSIDER APPROVAL OF AGENDA:

Motion was made by Director Berker and second by Director Valdez to approve the agenda for September 30, 2025, Motion passed by the following vote wit:

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

NOES: None

6. PUBLIC COMMENT TIME:

None

7. ACTION ITEMS:

 a. MEDICAL STAFF REPORT – Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/ procedures/forms, or other related recommendations.

Motion was made by Director Berker and second by Director Proctor to approve the Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/ procedures/forms, or other related recommendations. Motion passed by the following vote wit:



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

NOES: None

Direction was given to the attorney to send out the notice of vacancy and send to the tribe.

The board agreed to have a special meeting on September 30th for interviews at the ECRMC facility at 6pm.

b. Discussion and Action Regarding Future El Centro Facility Naming/Branding

Motion was made by Director Goodsell and second by Director Berker to approve the following names for the El Centro Regional Medical Center Facilities:

- Imperial Valley Healthcare District dba Imperial Valley Health El Centro Hospital
- Imperial Valley Healthcare District dba Imperial Valley Health Calexico Clinic
- Imperial Valley Healthcare District dba Imperial Valley Health El Centro Clinic Motion passed by the following wit:

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

NOES: None

c. Interview Interested Applicants for Vacant Director Position

The board of directors interviewed the following interested applicants:

- Dr. Carlos Ramirez
- Dr. Mervat Minerva Kelada
- Matthew Cowie
- Ramon Castro
- Natalie Erickson
- Felipe Irigoyen
- Guillermo Hermosillo
- David Dhillon
- d. Discussion and Possible Action to Appoint Director to Vacant Board Position

Motion was made by Director Goodsell and second by Director Proctor to appoint Filipe Irigoyen to IVHD Board of Directors, subject to attestation qualifications. Motion passed by the following wit:

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

NOES: None

8. ITEMS FOR FUTURE AGENDA:

Future Board Meetings Locations and Dates

9. ADJOURNMENT:

With no future business to discuss, Motion was made unanimously to adjourn meeting at 8:34 p.m.

Imperial Valley HealthCare District

Title:		Policy No. EOC-00084
Security Management Plan		Page 1 of 3
Current Author: Jorge Mendoza		Effective: 01/01/1995
Latest Review/Revision Date: 06/2025	Manual	: EOC – Security Management

Collaborating Depa	artments: Risk, HR	Ke	yword	s: Security	
	Approval R	oute: List all	requir	ed approval	
	PSQC	Other: Safety	Commi	<u>ttee</u>	
Clinical Service	<u> </u>	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 provide a safe and secure environment to the patients, visitors and employees of Pioneers Memorial Healthcare District, by assessing our physical environment and training employees to recognize potential security risks.
- 2.0 Scope: District wide

3.0 Policy:

- 3.1 The Pioneers Memorial Hospital Security Plan describes the responsibilities, functions, and mechanisms the hospital carries out to secure the environment for patients, staff, visitors, vendors, and property.
- 3.2 The Security Plan is implemented by creating, maintaining, evaluating, and improving policies and procedures for managing security in the environment of care. The process for creating this action is through the Safety Committee and Security.
- 3.3 The Security Plan consists of these overlapping programs and functions:
 - 3.3.1 Risk Management
 - 3.3.2 Employee Orientation
 - 3.3.3 Education Program
 - 3.3.4 Safety Plan
 - 3.3.5 Security Management Plan
 - 3.3.6 Hazardous Material and Waste Management Plan
 - 3.3.7 Emergency Preparedness Plan
 - 3.3.8 Life Safety Plan
- 3.4 If an immediate threat is received, we will notify security, physicians, staff, human resources, and law enforcement.
- 3.5 The Security Vulnerability Assessment (SVA Attachment A) will be reviewed annually with the Security Management Plan to identify PMHs top security hazards. Procedures and controls will be implemented as necessary based on the level of risk identified in the SVA.
- **4.0 Definitions**: Not applicable

5.0 Procedure:

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

Imperial Valley HealthCare District

Title:		Policy No. EOC-00084
Security Management Plan		Page 2 of 3
Current Author: Jorge Mendoza		Effective: 01/01/1995
Latest Review/Revision Date: 06/2025	Manual	: EOC – Security Management

shall wear temporary identification bands.

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

Imperial Valley HealthCare District

Title:		Policy No. EOC-00084
Security Management Plan		Page 3 of 3
Current Author: Jorge Mendoza		Effective: 01/01/1995
Latest Review/Revision Date: 06/2025	Manual	: EOC – Security Management

be contacted for assistance.

- 5.5 Officers are responsible for completing incident reports and forwarding information to the security director for review. The security director shall be responsible for tracking and reporting all security incidents involving employees or patients to the Safety Committee at least every other month.
- 5.6 Employee shall be responsible for:
 - 5.6.1 Knowing who should legitimately be in their work area and request that all hospital staff display their identification badges.
 - 5.6.2 Secure offices not in use, utilize lockers and lock desks.
 - 5.6.3 Observe and report suspicious activities or approach unauthorized personnel.
 - 5.6.4 Whenever possible not only provide directions but take time to escort visitors to their destination.
 - 5.6.5 Notifying security immediately when a person is observed not wearing I.D. who acts suspicious.
 - 5.6.6 Enforcing all hospital policies and procedures as adopted by the Board of Directors

6.0 References:

- 6.1 California Senate Bill 1299, Workplace Violence Prevention Plans in Hospitals Cal-OSHA Section 6401.8
- 6.2 The National Integrated Accreditation for Healthcare Organizations (NIAHO) standards, specifically the Physical Environment (PE) chapter, have been updated by DNV, which took effect on April 28, 2025.
- 6.3 Health and Safety Code Section 1257.7

7.0 Attachment List:

7.1 Attachment A – The Security Vulnerability Assessment (SVA) 2025

8.0 Summary of Revisions:

- 8.1 Revised reference section 6.2 National Integrated Accreditation for Healthcare Organizations PE.4 Security Management System, Version 12, published 2018 to The National Integrated Accreditation for Healthcare Organizations (NIAHO) standards, specifically the Physical Environment (PE) chapter, have been updated by DNV,which took effect on April 28, 2025.
- 8.2 Revised PMHD to PMH
- 8.3 Changed the header.
- 8.4 Revised attachment A to The Security Vulnerability Assessment (SVA) 2025
- 8.5 Revised with no further changes.



SECURITY VULNERABILITY ASSESSMENT TOOL 2025

			SEVERIT	Y = (MAGNI	TUDE - MITI	GATION)		
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	RISK
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interuption of services	Preplanning	Time, effectivness, resouces	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Active Shooter	1	3	3	3	2	2	2	28%
Acts of Intent/Threat	2	2	2	2	2	2	2	44%
Bomb Threat/Explosion	1	3	3	3	2	2	2	28%
Civil Unrest	1	1	1	1	3	3	3	22%
Disorderly Conduct	3	3	2	2	2	2	2	72%
Forensic Admission	1	1	1	1	3	3	3	22%
Homeland Security Advisory System Changes	1	1	1	1	2	2	3	19%
Hostage Situation	1	2	1	3	2	2	1	20%
Patient Elopement	2	1	1	1	2	2	2	33%
Restraining Order	2	1	1	1	2	2	2	33%
Security Incident	2	2	1	1	2	2	2	37%
Security Sensitive Areas	2	2	3	2	1	2	2	44%
Security Staffing Augmentation	1	1	1	1	3	3	3	22%
Suicide	1	3	1	1	2	2	2	20%
Suspicious Package/ Substance	1	1	2	2	2	2	1	19%
Use of Force	2	2	2	2	2	2	2	44%
VIP/Media Situation	1	1	1	1	3	3	3	22%
Weapon	2	3	3	3	2	2	1	52%
Workplace Violence/Threat	3	2	2	2	2	2	2	67%
AVERAGE	3.00	3.50	3.20	3.30	4.10	4.20	4.00	124%

^{*}Threat increases with percentage.

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: September 11, 2025

SUBJECT:

Authorize the renewal of the Master Software and Services Agreement for coding software license & support fees between Imperial Valley Healthcare District/Pioneers Memorial Hospital and Solventum Health Information Systems, Inc. (formerly known as 3M)

BACKGROUND:

Pioneers Memorial Hospital has contracted with Solventum Health Information Systems, Inc. for coding software.

KEY ISSUES:

No changes to the terms of the prior contract. – Included language that allows termination for consolidation after merger of PMH and ECRMC.

CONTRACT VALUE: \$140,029.50

CONTRACT TERM: Renewing for another 3 yrs.

BUDGETED: Yes

BUDGET CLASSIFICATION: Purchased Services

RESPONSIBLE ADMINISTRATOR: Carly Loper, CFO

DATE SUBMITTED TO LEGAL: 09/05/25 REVIEWED BY LEGAL: X Yes No

FIRST OR SECOND SUBMITTAL: X 1st 2nd

RECOMMENDED ACTION:

That the Board authorizes the renewal of the Master Software and Services Agreement for coding software license as outlined.



AMENDMENT 5 TO THE MASTER SOFTWARE AND SERVICES AGREEMENT

THIS AMENDMENT to the **Master Software and Services Agreement**, dated **October 28, 2021** (the "Agreement") between **3M Health Information Systems, Inc.** ("Solventum") having an office at 575 West Murray Boulevard, Murray, Utah 84123-4611 and **Imperial Valley Healthcare District D/B/A Pioneers Memorial Hospital** ("Client") with offices at **207 W Legion Rd, Brawley, CA 92227-7799** is effective on the date last signed ("Effective Date").

Client and Solventum agree that the above referenced Agreement is amended as follows:

- Except as provided in this Amendment, all terms and conditions of the above referenced Agreement will remain in full force and effect.
- 2. Name Change. 3M Health Information Systems, Inc. is now known as Solventum Health Information Systems, Inc. with offices at the same location and with the same Federal Tax ID number and payment remittance information. All references in the Agreement to "3M" shall mean and refer to Solventum Health Information Systems, Inc. Client will continue to see rebranding activities until all such 3M Products have been rebranded.
- 3. Name Change. Pioneers Memorial Healthcare District, located at 207 W Legion Rd, Brawley, CA 92227-7799, is now known as Imperial Valley Healthcare District d/b/a Pioneers Memorial Hospital, located at the same location.
- 4. AMEND Schedule 1-2, the Annuity Products Fee Schedule, with the actions contained in the Schedule below.

Client has read this Amendment, and when applicable, each Exhibit, and Attachment hereto. To indicate the parties' acceptance and agreement to be bound by the terms and conditions of this Amendment, Solventum and Client have executed this Amendment on the date(s) indicated below, to be effective as of the Effective Date.

IMPERIAL VALLEY HEALTHCARE DISTRICT D/B/A PIONEERS MEMORIAL HOSPITAL	SOLVENTUM HEALTH INFORMATION SYSTEMS, INC.
BY:	BY: John C. Mathison
NAME:	NAME: John C. Mathison
TITLE:	TITLE: HIS Operations
DATE:	DATE: September 5, 2025
PLEASE EMAIL YOUR PURCHASE ORDER IN THE AMOU	INT OF \$140,029.50 AND THE SIGNED AMENDMENT TO:

ISSUE DATE / BY:	GPO:		BATCH NUMBER:	CLIENT SITE ID:	AGREEMENT NUMBER:	CLIENT EMR:
07/29/2025 MDJ	;	*****				
	VERSION:	CMR No:	O47926	2930299	Q14555-21	
8/1/2025 CAR	MSSA					

HISCONTRACTSUBMISSION@SOLVENTUM.COM

PROPRIETARY SOLVENTUM CONFIDENTIAL TRADE SECRET, COMMERCIAL OR FINANCIAL INFORMATION.

Do not release or disclose any information in this document under any Open Records Act, Freedom of Information Act, or equivalent law.

Release or disclosure is prohibited without Solventum consent. Immediately report any request to Solventum.

SCHEDULE 1-2

ANNUITY PRODUCTS FEE SCHEDULE

THE ITEMS LISTED HEREUNDER SHALL BE GOVERNED BY THE TERMS AND CONDITIONS OF THE AGREEMENT AND APPENDIX 1.

- ADD Section 1.1 License Term Extension.
 - 1.1 <u>License Term Extension</u>. Client agrees to license the Solventum Products listed in this Schedule from Solventum for an extended **three(3)** year term beginning September 27, 2025, and automatically terminates. Pursuant to Assembly Bill 918 (2023) ("AB 918"), Client ("IVHD") has executed an Asset Transfer Agreement for the acquisition of El Centro Regional Medical Center ("ECRMC") and will be taking over ECRMC's operations at some point in the next few months or in 2026. Solventum hereby acknowledges and agrees that if Solventum has any similar Agreement with ECRMC for similar services, Solventum will negotiate with Client in good faith to move all software licensed under the multiple agreements onto this Agreement, and to evaluate whether as part of the consolidation, Client is eligible for additional discounts.

S/O ITEM	CPU ACTION	SKU	AUTHORIZED SITE PRODUCT DESCRIPTION	SITE TYPE LIST PRICE	TOTAL 1 ST YR ANNUAL & ONE TIME FEE
398055	Web		ORACLE AMERICA, INC., 2800 ROCK CREEK PKWY, KANSAS CITY, MO 2230060	Host Site	
1	Renew	APC	APCfinder Software	\$0.00	\$0.00
2	Renew	APRDRGCAS	Advanced Analyzer	\$0.00	\$0.00
3	Renew	C&RSNOAA	Coding, Classification, and Reimbursement System without Advanced Analyzer	\$0.00	\$0.00
4	Renew	CODREF	Coding Reference Software	\$0.00	\$0.00
5	Renew	CODREFPL	Coding Reference Plus Software	\$0.00	\$0.00
6	Renew	CONNSFT BAS	Connections Software Basic	\$0.00	\$0.00
7	Renew	RCS APR CAMED	Reimbursement Calculation Software APR Med-Cali	\$0.00	\$0.00
8	Renew	S-APR-DRG	S-All Patient Refined DRG Software	\$0.00	\$0.00
			SITE SUBTOTAL:		\$0.00
398054			Imperial Valley Healthcare District d/b/a Pioneers Memorial Hospital, 207 W Legion Rd, BRAWLEY, CA 2930299	Install/Access Site	
10	Renew	APC	APCfinder Software	\$19,981.81	\$18,553.90
11	Renew	APRDRGCAS	Advanced Analyzer	\$23,787.26	\$22,597.90
12	Renew	C&RSNOAA	Coding, Classification, and Reimbursement System without Advanced Analyzer	\$52,606.92	\$49,547.75
13	Renew	CODREF	Coding Reference Software	\$5,609.53	\$5,609.53
14	Renew	CODREFPL	Coding Reference Plus Software	\$4,921.00	\$4,921.00
15	Renew	CONNSFT BAS	Connections Software Basic	\$3,683.00	\$3,683.00
16	Renew	RCS APR CAMED	Reimbursement Calculation Software APR Med-Cali	\$3,208.48	\$3,048.06
17	Renew	S-APR-DRG	S-All Patient Refined DRG Software	\$17,536.38	\$16,659.56
- 17	INGIIGW	O-AI IV-DIVO	SITE SUBTOTAL:	Ψ17,000.00	\$124,620.70
			SIL SUBTOTAL.		ψ124,020.70
		The	License Start Date for the above products begins on September 27, 2025.		
398055			ORACLE AMERICA, INC., 2800 ROCK CREEK PKWY, KANSAS CITY, MO 2230060	Host Site	
18	Add	MNAPC CA A&B	Medical Necessity for APCfinder CA A&B	\$0.00	\$0.00
			SITE SUBTOTAL:		\$0.00
398054			IMPERIAL VALLEY HEALTHCARE DISTRICT D/B/A PIONEERS MEMORIAL HOSPITAL, 207 W LEGION RD, BRAWLEY, CA 2930299	Install/Access Site	
19	Add	MNAPC CA A&B	Medical Necessity for APCfinder CA A&B	\$19,261.00	\$15,408.80
			SITE SUBTOTAL:		\$15,408.80

FEE SUMMARY:
ANNUAL SOFTWARE LICENSE & SUPPORT FEES:

\$140,029.50

*TOTAL ONE TIME, IMPLEMENTATION & TRAINING FEES:

\$0.00

**ANNUAL SERVICE FEES: TOTAL THIS SCHEDULE:

\$0.00 \$140,029.50

The fees stated above are guaranteed for a period of sixty (60) days from the Issue Date of this Schedule or December 31, 2025, whichever occurs first, unless this Schedule is fully executed prior to such date. Client acknowledges and agrees the fees shown above include discounts for Client's commitment to a term. Solventum reserves the right to rescind the multi-year discount and re-price the Solventum Product(s) on this Schedule in the event Client elects a term less than stated above.

In the event Client delays implementation of any module of Software or scheduling of Services, at no fault of Solventum, for more than one hundred fifty (150) days from the execution date of being added to this Schedule, Solventum may, at its option, increase the price of such Solventum Product(s) to the then-current list price or Solventum may terminate any such Solventum Product(s) from this Schedule.

I&T = Implementation and Training **PI** = Phone Installed **CI** = Client Installed

- Client acknowledges that due to Solventum's obligation to communicate the renewal License fees in advance of the conclusion of the license Term of this Schedule, some Software items licensed, or Services purchased by Client on amendment(s) issued after the Issue Date, shown above, will not be included in the Schedule above. In such event, the license for the Software item(s) or the Service(s) having annual reoccurring fees, for which Client has licensed from Solventum after the Issue Date of this Amendment, will be extended to be coterminous with the Extended Term defined by this Amendment.
- 3. Client's inclusion on a successor Solventum agreement. In the event Client is added to an existing software license agreement between Solventum and another Solventum customer ("Successor Agreement") as an Access or Installation Site with all of the same Software (provided, however, if the successor client does not license the same software, then Client may elect to discontinue licensing any particular item of Software not already licensed under the Successor Agreement), Client may at any time during the Renewal Term of the Agreement terminate this Agreement with sixty (60) days prior written notice to Solventum effective upon date Client is listed as an Access or Install site on the successor agreement; provided, however, Client has paid the then-current license fees under this Agreement in full. Client shall receive applicable unused portion credits from the date of coverage under the successor's agreement.

Imperial Valley HEALTHCARE DISTRICT

BOARD MEETING DATE: 10/9/2025

SUBJECT: Authorization to approve Amendment of Professional Service Agreement for Patrick Sweet, MD.P.C.

BACKGROUND: This agreement is for Family Medicine and Surgery Services, including specifically Gastrointestinal Endoscopy services (Specialty) and Emergency On-call services for Imperial Valley Health Care District

KEY ISSUES: Amendment: Added language Practitioner under this agreement, shall include subject to approval any physician that: has contract to provide medical services with Patrick Sweet, MD P.C.

CONTRACT VALUE: Varies wRVU based

CONTRACT TERM: 2 years

BUDGETED: yes

BUDGET CLASSIFICATION: PSA

RESPONSIBLE ADMINISTRATOR: Christopher R. Bjornberg/Carly Zamora

 DATE SUBMITTED TO LEGAL:
 REVIEWED BY LEGAL:
 X
 Yes
 No

 FIRST OR SECOND SUBMITTAL:
 X
 1st
 2nd

<u>RECOMMENDED ACTION</u>: Authorization to approve Amendment of Professional Service Agreement for Patrick Sweet, MD.P.C.

AMENDMENT NO. 1

TO

PROFESSIONAL SERVICES AGREEMENT BETWEEN

IMPERIAL VALLEY HEALTHCARE DISTRICT (Dated November 1, 2024, between Pioneers Memorial Healthcare District)

AND

PATRICK HENRY SWEET, M.D., P.C.

This Amendment No. 1 is effective as of _______, entered into by and between IMPERIAL VALLEY HEALTHCARE DISTRICT DBA. PIONEERS MEMORIAL HOSPITAL, a local healthcare district organized and operating under the California Health and Safety Code §§ 32000 et. seq. ("PMHD"), and Patrick Sweet, MD P.C., the California professional corporation and Patrick Henry Sweet, III, M.D, a physician licensed to provide medical services in the State of California ("Practitioner"). PMHD and Practitioner are sometimes individually referred to as a "Party," and collectively as "Parties."

RECITALS

- A. On November 1, 2024, Practitioner and PMH entered into a Professional Services Agreement ("**Agreement**").
- B. Practitioner and PMHD desire to amend the Agreement to modify the term Practitioner.

NOW, THEREFORE, the Parties agree as follows:

AGREEMENT

- 1. Practitioner under the Agreement, shall include, subject to the written approval of PMH (which approval may be denied in its sole discretion), any Physician that: has a contract to provide medical services with Patrick Sweet, MD P.C.; meets the requirements of Sections 1 and 2 of the Agreement; and signs a consent to be bound by the terms outlined in the Agreement.
- 2. Except as amended herein, the Agreement shall remain in full force and effect.
- 3. This Amendment No. 1 is the complete and entire understanding of the Parties with respect to this subject matter.
- 4. This Amendment No. 1 may be signed in any number of counterparts all of which taken together shall contribute to the same Agreement.

[Signature Page Follows.]

IN WITNESS WHEREOF, the parties have fully executed this Amendment No. 1 effective as of the date first written above.

IMPERIAL VALLEY HEALTHCARE DISTRICT	Practitioner	
Christopher P. Piormhora	Patrick Henry Sweet, III, M.D.	
Christopher R. Bjornberg	Data	
Chief Executive Officer	Date:	
nte:		

Imperial Valley Healthcare District

BOARD MEETING DATE: October 9th, 2025.
SUBJECT: Sanders Inc
BACKGROUND: Invoice- 400 Mary A Venue Property Modernization Medical and Imaging Clinic Architectural and Engineering
KEY ISSUES: Invoice for completed project.
CONTRACT VALUE: \$256,346.48
CONTRACT TERM: None
BUDGETED: No
BUDGET CLASSIFICATION: NA
RESPONSIBLE ADMINISTRATOR: Tomas Virgen/ Christopher R. Bjornberg
DATE SUBMITTED TO LEGAL: REVIEWED BY LEGAL: Yes x No
FIRST OR SECOND SUBMITTAL: x 1st 2nd
RECOMMENDED ACTION:

TO OWNER Heffeman Memorial	PROJECT: HMHD - Professional	APPLICATION NO: 028 - Retention	Distribution to:
Healthcare District	Building Modernization		OWNER
601 Heber Ave.		PERIOD TO: 02/01/25 - 05/31/25	ARCHITECT
FROM CONTRACTOR:	VIA ARCHITECT: Sanders Inc. Architecture		
George Mitchell Builders Inc.	1102 Industry Way, Suite A		
PO Box 952	El Centro, CA. 92243	PROJECT NOS:	
Brawley, CA. 92227 CONTRACT FOR:		CONTRACT DATE 11/10/2020	
CONTRACTOR'S APPLICATION FOR PAYMEN Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.	L	The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.	ie Contractor's knowledge, tion for Payment has been hat all amounts have been paid by for Payment were issued and nent shown herein is now due.
7 4 5 5	\$ 2,296,900.00 \$ 2,830,029.64 \$ 5,126,929.64 \$ 5,126,929.64	CONTRACTOR:	SOUGHT STATE
DATE (Column G on G703)		By: / (00000) // // 1/00/	Date: 0/13/2023
2. KELLAUMANDE: a. 5 % of Completed Work (Column D + E on G703) b. % of Stored Material \$ (Column F on G703)	256,346.48	State of: Subscribed and sworn to before me this day of Notary Public: My Commission expires:	ý of:
Total Retainage (Lines 5a + 5b or Total in Column I of G703) 6. TOTAL EARNED LESS RETAINAGE	\$ 256,346.48	ARCHITECT'S CERTIFICATE FOR PAYMENT In accordance with the Contract Documents, based on on-site observations and the data	OR PAYMENT 1-site observations and the data
(Line 4 Less Line 5 Total) 7. LESS PREVIOUS CERTIFICATES FOR	\$ 4 870 583 16	comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the mailtry of the Work is in accordance with the Contract Documents, and the Contractor	Owner that to the best or the has progressed as indicated, ct Documents, and the Contractor
PAYMENT (LIRE 9 HOM prior Certificate) 8. CURRENT PAYMENT DUE 9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	es	is entitled to payment of the AMOUNT CERTIFIED. AMOUNT CERTIFIED	40 40
CHANGE ORDER SUMMARY	ADDITIONS DEDUCTIONS	(Attach explanation if amount certified differs from the amount applied. Initial all figures on this	amount applied. Initial all figures on this
Total changes approved in previous months by Owner	\$2,830,029.64	Application and onthe Continuation Sheet that are changed to conjorm with the undount certified. ARCHITECT:	gea to conjorm with the amount certifica.)
Total approved this Month	\$0.00	By:	Date: 06-15-2025
TOTALS	\$2,830,029.64 \$0.00	This Certificate is not negonable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without	TIFIED is payable only to the ance of payment are without
NET CHANGES by Change Order	\$2,830,029.64	prejudice to any rights of the Owner or Contractor under this Contract.	r this Contract.
AIA DOCUMENT G702 · APPLICATION AND CERTIFICATION FOR PAYMENT · 1992 EDITION · AIA · •1992	YMENT · 1992 EDITION · ALA · €1992	THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVE., N.W., WASHINGTON, DC 20006-5292	.W., WASHINGTON, DC 20006-5292
NOTE: Th work reque	is payment application covers only the ested verbally and previously submitted	NOTE: This payment application covers only the original scope of work and retention. It does not include compensation for extra work requested verbally and previously submitted for review. We reserve all rights to pursue compensation for such items.	does not include compensation for extra sue compensation for such items.

PAGE 1 OF 4

AIA DOCUMENT G702

APPLICATION AND CERTIFICATION FOR PAYMENT

APPLICATION NO: 28-Retention

APPLICATION DATE:

PERIOD TO:

5/31/2025 5/31/2025

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

ARCHITECT'S PROJECT NO:

В	O	D	ш	Ŧ	Ð		H	I
DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED FROM PREVIOUS THIS APPLICATION (D + E)	PLETED THIS PERIOD	MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	(O ÷ D)	BALANCE TO FINISH (C - G)	KETAINAGE (IF VARIABLE RATE)
01 Allowances \$220,000						,		
COR01 AA-01: Abatement, Watkins	\$8,132.25	\$8,132.25	\$0.00		\$8,132.25	100.00%	\$0.00	\$406.61
COR02 AA-02: Western Environmental Report	port \$7,119.00	\$7,119.00	\$0.00		\$7,119.00	100.00%	\$0.00	\$355.95
COR03 AA-03: Project Sign	\$783.97	\$783.97	\$0.00		\$783.97	100.00%	\$0.00	\$39.20
COR04 AA-04: Demo Saltillo Tile	\$12,036.68	\$12,036.68	\$0.00		\$12,036.68	100.00%	\$0.00	\$601.83
COR05 AA-05: Additional Sewer Line	\$19,868,35	\$19,868.35	\$0.00		\$19,868.35	100.00%	\$0.00	\$993.42
COR06 AA-06: Correct south slab Elevs	\$75,261.00	\$75,261.00	\$0.00		\$75,261.00	100.00%	\$0.00	\$3,763.05
COR07 AA-07: Westcon & Blackman cost Increases	Increases \$27,576.29	\$27,576.29	\$0.00		\$27,576.29	100.00%	\$0.00	\$1,378.81
COR08 AA-08: Permits and Fees		\$13,663.34	\$0.00		\$13,663.34	100.00%	\$0.00	\$683.17
COR09 AA-09: Remove trash and concrete at new pa	at new p: \$8,112.83	\$8,112.83	\$0.00		\$8,112.83	100.00%	\$0.00	\$405.64
COR10 AA-10: Remove Operable partitions and doo	8	(\$60,575.45)	\$0.00		(\$60,575.45)	100.00%	\$0.00	(\$3,028.77)
CORII AA-11: Frame Windows & Doors Headers 7'-2-1/	lers 7'-2-1/2 \$85,292.60	\$85,292.60	\$0.00		\$85,292.60	100.00%	\$0.00	\$4,264.63
COR12 AA-12: Plumbing work due to new plan	r plan \$22,729.14	\$22,729.14	\$0.00		\$22,729.14	100.00%	\$0.00	\$1,136.46
CHANGE ORDER 01								
BrothersRoofing-Roofing	(\$39,504.00)	(\$39,504.00)	\$0.00		(\$39,504.00)	100.00%	\$0.00	(\$1,975.20)
Westcon-Site Concrete	(\$81,410.00)	(\$81,410.00)	\$0.00		(\$81,410.00)	100.00%	\$0.00	(\$4,070.50)
SunLandscape-Landscape	(\$55,245.00)	(\$55,245.00)	\$0.00		(\$55,245.00)	100.00%	\$0.00	(\$2,762.25)
ImperialPainters-Interior & Exterior painting	r painting (\$57,500.00)	(\$57,500.00)	\$0.00		(\$57,500.00)	100.00%	\$0.00	(\$2,875.00)
DLG-Restroom Accessories	(\$22,850.00)	(\$22,850.00)	\$0.00		(\$22,850.00)	100.00%	\$0.00	(\$1,142.50)
TotalTechnology-Data & Comm	(\$63,122.00)	(\$63,122.00)	\$0.00		(\$63,122.00)	100.00%	\$0.00	(\$3,156.10)
CT Flooring-Flooring	(\$85,489.00)	(\$85,489.00)	\$0.00		(\$85,489.00)	100.00%	\$0.00	(\$4,274.45)
JonesBrothers-Storefront Alum	(\$34,000.00)	(\$34,000.00)	\$0.00		(\$34,000.00)	100.00%	\$0.00	(\$1,700.00)
AllValleyFence-Iron Gates	(\$15,500.00)	(\$15,500.00)	\$0.00		(\$15,500.00)	100.00%	\$0.00	(\$775.00)
FernandezDrywall-Drywall, Insulation, T-Ga	٣	9	\$0.00		(\$112,600.00)	100.00%	80.00	(\$5,630.00)
GMB-HollowMetalDoors & Frames	ss (\$59,098.00)		\$0.00		(\$59,098.00)	100.00%	20.00	(\$2,954.90)
GMB-Cabinets	(\$15,034.00)	(\$15,034.00)	\$0.00		(\$15,034.00)	100.00%	80.00	(\$751.70)
GMB-ExteriorPlaster	(\$12,206.00)	(\$12,206.00)	\$0.00		(\$12,206.00)	100.00%	20.00	(\$610.30)
VicsAC-Units and Crane	(\$65,000.00)	(\$65,000.00)	\$0.00		(\$65,000.00)	100.00%	\$0.00	(\$3,250.00)
SupremeElectric-Lighting	(\$45,000.00)	(\$45,000.00)	\$0.00	X	(\$45,000.00)	100.00%	\$0.00	(\$2,250.00)

NOTE: This payment application covers only the original scope of work and retention. It does not include compensation for extra work requested verbally and previously submitted for review. We reserve all rights to pursue compensation for such items.

PAGE 3 OF 4 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 28-Retention APPLICATION DATE: 5/31/2025 5/31/2025 PERIOD TO:

ARCHITECT'S PROJECT NO:

AND LET. 1 his payment application covers only the original scope of work and recention. It is not include compensation for extra work requested verbally and previously submitted for the american institute of architects, 1735 new york avenue, n.w. washington, d.c. 2006-5232 review. We reserve all rights to pursue compensation for such items.

G703-1992

PAGE 4 OF 4 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 28-Retention APPLICATION DATE: 5/31/2025

5/31/2025 PERIOD TO:

ARCHITECT'S PROJECT NO:

THIS PERIOD PRESENTLY STORED (NOT IN DOR E) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	COMPLETED AND STORED TO DATE (D+E+F)	(O÷5)	TO FINISH (C - G)	(IF VARIABLE RATE)
\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	THE RESIDENCE OF THE PARTY OF T			
\$0.00 \$0.00 \$0.00 \$0.00				
\$0.00 \$0.00 \$0.00 \$0.00	\$55,200.00	100.00%	\$0.00	\$2,760.00
\$0.00 \$0.00 \$0.00	\$140,000.00	100.00%	\$0.00	\$7,000.00
\$0.00	\$16,300.00	100.00%	\$0.00	\$815.00
\$0.00	\$83,000.00	100.00%	\$0.00	\$4,150.00
	\$86,100.00	100.00%	\$0.00	\$4,305.00
\$0.00	\$117,100.00	100.00%	\$0.00	\$5,855.00
\$0.00	\$29,400.00	100.00%	\$0.00	\$1,470.00
\$0.00	\$60,500.00	100.00%	\$0.00	\$3,025.00
\$0.00	\$63,700.00	100.00%	\$0.00	\$3,185.00
\$0.00	\$21,800.00	100.00%	\$0.00	\$1,090.00
\$0.00	\$62,200.00	100.00%	\$0.00	\$3,110.00
\$0.00	\$134,300.00	100.00%	20.00	\$6,715.00
\$0.00	\$76,300.00	100.00%	\$0.00	\$3,815.00
\$0.00	\$22,200.00	100.00%	80.00	\$1,110.00
\$0.00	\$80,400.00	100.00%	80.00	\$4,020.00
\$0.00	\$15,800.00	100.00%	\$0.00	\$790.00
\$0.00	\$178,500.00	100.00%	\$0.00	\$8,925.00
\$0.00	\$267,200.00	100.00%	\$0.00	\$13,360.00
\$0.00	\$66,400.00	100.00%	\$0.00	\$3,320.00
\$0.00	\$89,700.00	100.00%	\$0.00	\$4,485.00
\$0.00	\$99,500.00	100.00%	\$0.00	\$4,975.00
\$0.00	\$60,400.00	100.00%	\$0.00	\$3,020.00
\$0.00	\$42,000.00	100.00%	\$0.00	\$2,100.00
\$0.00	\$24,100.00	100.00%	\$0.00	\$1,205.00
\$0.00	\$35,700.00	100.00%	\$0.00	\$1,785.00
\$0.00	\$14,900.00	100.00%	\$0.00	\$745.00
\$0.00	\$16,800.00	100.00%	\$0.00	\$840.00
\$0.00	\$59,300.00	100.00%	20.00	\$2,965.00
\$0.00	\$58,100.00	100.00%	\$0.00	\$2,905.00
	\$5 126 929 64		00 0\$	\$256.346.48
\$0.00	\$0.00	\$5,	\$59,300.00	\$59,300.00 100.00% \$58,100.00 100.00% \$5,126,929.64 \$

NOTE: This payment application covers only the original scope of work and retention. It does not include compensation for extra work requested verbally and previously submitted for review. We reserve all rights to pursue compensation for such items.

AA DOCUMENT G703 - CONTINUATION SHEET FOR G702 - 1992 EDITION - AIA - @1992 THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W. WASHINGTON, D.C. 20006-5232



To: Board of Directors

Katherine Burnworth, President

Laura Goodsell, Vice President

Arturo Proctor, Secretary

James Garcia, Treasurer

Enola Berker, Trustee

Rodolfo Valdez, Trustee

Additional Distribution:

Christopher R. Bjornberg, Chief Executive Officer

From: Carly Loper, Chief Financial Officer

Financial Report - August 2025

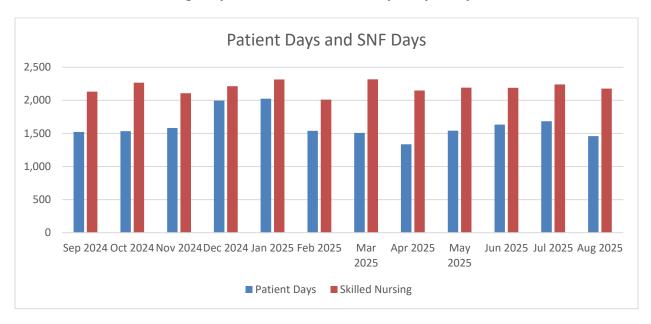
Overview:

Financial operations for the month of August resulted in a profit of \$1,563,395 against a budgeted loss of (\$1,188,845). The profit is preliminary due to the receipt of FEMA funds in the amount of \$1.4 Million.



Patient Volumes:

For the month of August, inpatient admissions fell below budget by (3.3%) and fell below the prior month by (9.9%). For the year-to-date period, inpatient admissions exceeded budget by 2.0% and exceeded the prior year by 8.4%. August inpatient days fell below budget by (8.3%) and fell below the prior month volumes by (13.4%). For the year-to-date period, inpatient admissions exceeded budget by 1.5% and exceeded the prior year by 16.4%.



Newborn deliveries in August exceeded July's deliveries by 9.5% but fell below the monthly budget by (42.5%). August's ED visits exceeded July's visits by 1.5% and exceeded budget for the month by less than 1.0%. Surgical case volumes fell below the prior month's volumes by (1.1%) and fell below the monthly budget by (16.5%).

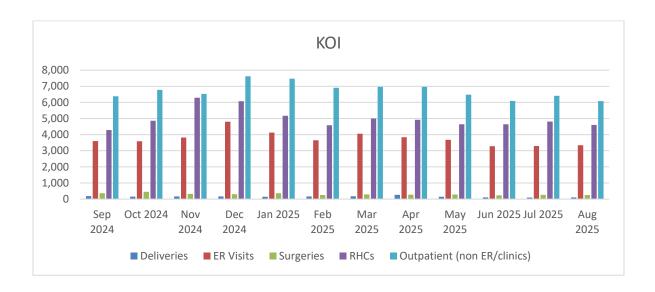
Pioneers Health Center (PHC) visits in August fell below the prior month's visits by (4.3%) but exceeded the monthly budget by 6.0%. The Calexico Health Center (CHC) volumes in August fell below the prior month volumes by (14.5%) but exceeded the monthly budget by 26.4%. The Pioneers Children's Health Center (PCHC) volumes exceeded July's volumes by 11.2% but fell below the monthly budget by (8.1%).

Hospital outpatient volumes i.e., Lab, Imaging, Respiratory and other services fell below July's volumes by (5.0%) and fell below the monthly budget by (12.4%).

For the month of August, Pioneers Memorial Skilled Nursing Center (PMSNC), formerly Imperial Heights Health and Wellness Center, inpatient days decreased from July's days by (2.8%) with 2,177 inpatient days in August compared to 2,239 inpatient days in July. PMSNC had an average daily census (ADC) of 70.2 for the month of August.

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

	Cı	urrent Perio	Year To Date			
	Act.	Bud	Prior Yr.	Act.	Bud	Prior Yr.
Deliveries	104	181	167	199	343	319
E/R Visits	3,346	3,338	3,498	6,643	6,847	7,226
Surgeries	258	309	403	519	644	715
GI Scopes	4	110	4	290	902	45
Calexico RHC	961	760	675	2,085	1,482	1,296
Pioneer Health	2,539	2,396	2,115	5,193	4,582	4,052



Gross Patient Revenues:

In August, gross inpatient revenues exceeded budget by \$892,152 or 2.1% and outpatient revenues exceeded budget by \$3,367,344 or 13.7%.

	Monthly Gross Revenue	Daily Gross Revenue
July	\$45,279,996	\$1,460,645
August	\$43,841,223	\$1,414,233

Net operating revenues (Gross revenues less contractual deductions) exceeded the monthly budget by \$1,909,950 or 16.3% but fell below the prior month's revenues by (\$435,054) or (3.1%).

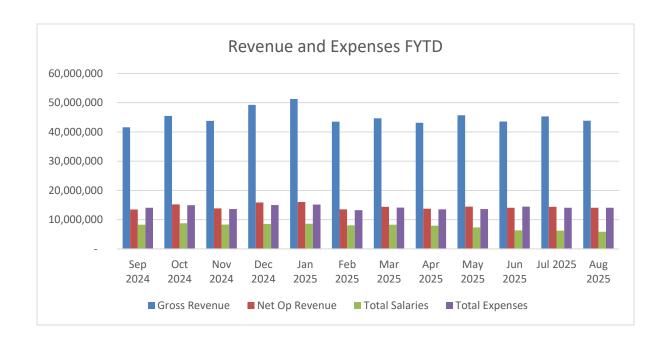
Operating Expenses:

In total, August operating expenses were over budget by (\$427,719) or (3.1%). Staffing expenses, which include Salaries, Benefits and Contract Labor were over budget by (\$485,090) or (5.9%). Non-salary expenses, which include Supplies, Professional Fees, Purchased Services and Other were over budget by (\$912,809) or (16.8%). For the month of August, Legal Fees were over budget by \$395,372 or (1,201.4%).

	Monthly Expenses	Daily Expenses
July	\$14,081,013	\$454,226
August	\$14,075,092	\$454,035

Below is a summary table of expenses compared to budget.

Exp. Category	Actual	Budget	Var.	Comment
Salaries	6,189	6,177	-0.2%	On Budget
Benefits	1,436	1,845	22.2%	Under Budget
Contract Labor	114	203		Under Budget
Pro Fees	1,733	1,265	-37.0%	Over Budget
Supplies	1,556	1,398	-11.3%	Over Budget
Purchased Serv	680	728	6.6%	Under Budget
Other	908	773	-17.5%	Over Budget

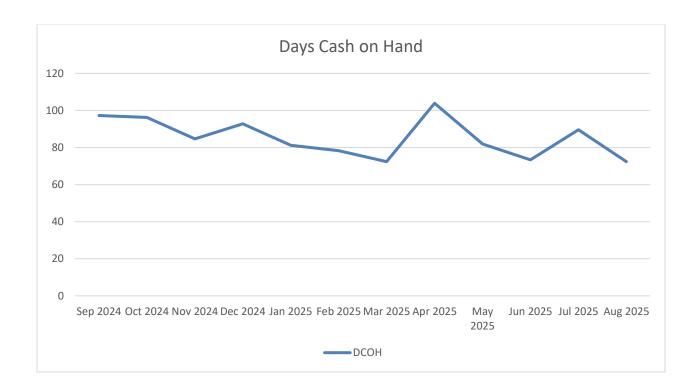


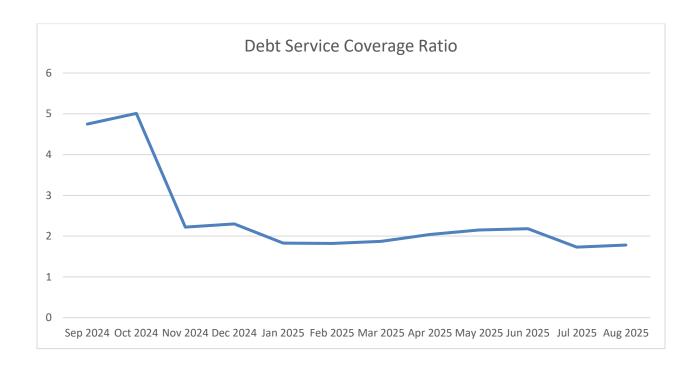
Bond Covenants:

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.

The District's days cash on hand decreased from the prior month with the following results:

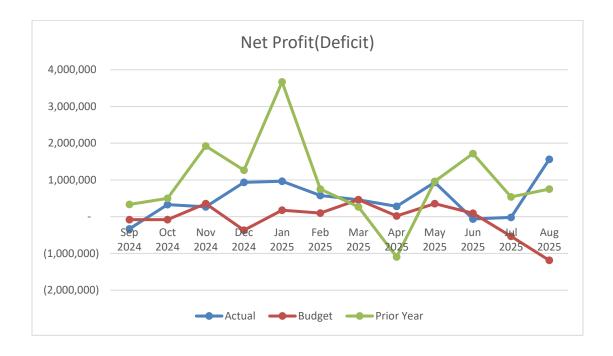
end of July 2025: 78.0 days cash on hand end of August 2025: 72.4 days cash on hand





Net Excess/(Deficit):

Fiscal year-to-date, District operations have resulted in a profit of \$1,543,093 against a budgeted loss of (\$1,726,846), which is ahead of the prior year-to-date profit of \$1,290,238.



IMPERIAL VALLEY HEALTHCARE DISTRICT STATEMENT OF REVENUE AND EXPENSE

					OTATEMENT OF REVENUE AND EXPENUE					
LAST MONTH	LAST YEAR	THIS MONTH	THIS MONTH	_	FOR THE PERIOD ENDING AUGUST 31, 2025	FYTD	FYTD		FYTD	
ACTUAL	ACTUAL	ACTUAL	BUDGET	%		ACTUAL	BUDGET	%	PRIOR YEAR	%
JULY	AUGUST	AUGUST	AUGUST	VAR		AUGUST	AUGUST	VAR	AUGUST	VAR
JULI	AUGUST	AUGUST	AUGUST	VAIN		AUGUST	AUGUST	VAIN	AUGUST	VAIN
4,647	3,200	4,044	3,735	8.26%	ADJ PATIENT DAYS	8,692	7,489	16.07%	6,533	33.05%
1,684	1,362	1,458	1,590	-8.30%	INPATIENT DAYS	3,142	3,095	1.52%	2,700	16.37%
555	487	500	517	-3.29%	IP ADMISSIONS	1,055	1,034	2.03%	973	8.43%
54	44	47	51	-8.30%	IP AVERAGE DAILY CENSUS	51	50	1.52%	44	16.37%
					GROSS PATIENT REVENUES					
16,407,174	18,282,908	15,807,716	18,282,908	-13.54%	INPATIENT REVENUE	32,214,890	35,777,660	-9.96%	35,777,660	-9.96%
28,872,822	24,666,163	28,033,507	24,666,163	13.65%	OUTPATIENT REVENUE	56,906,329	50,790,005	12.04%	50,790,005	12.04%
4= 0=0 000	40.040.074	40.044.000	40.040.074	0.000/	TOTAL DATIENT DEVENUES	00 101 010		0.0=0/		0.0=0/
45,279,996	42,949,071	43,841,223	42,949,071	2.08%	TOTAL PATIENT REVENUES	89,121,219	86,567,665	2.95%	86,567,665	2.95%
					REVENUE DEDUCTIONS					
10,914,920	9,837,519	12,363,658	10,864,589	-13.80%	MEDICARE CONTRACTUAL	23,278,580	20,698,722	-12.46%	20,129,285	-15.65%
13,887,933	12,888,442	12,783,150	13,652,261	6.37%	MEDICAL CONTRACTUAL	26,671,083	26,505,214	-0.63%	25,721,720	-3.69%
-1,322,496	-1,336,399	-1,481,965	-1,350,303	-9.75%	SUPPLEMENTAL PAYMENTS	-2,804,461	-2,793,803	-0.38%	-2,710,558	-3.46%
0	0	0	0	100.00%	PRIOR YEAR RECOVERIES	0	0	100.00%	0	
6,876,265	7,376,244	5,467,731	7,128,852	23.30%	OTHER DEDUCTIONS	12,343,996	15,942,763	22.57%	15,227,590	18.94%
2,926	44,424	6,207	32,138	80.69%	CHARITY WRITE OFFS	9,133	196,671	95.36%	147,472	93.81%
872,185	920,000	1,093,400	922,441	-18.53%	BAD DEBT PROVISION	1,965,585	1,950,600	-0.77%	1,857,839	-5.80%
0	-4,167	-4,167	-4,167	0.00%	INDIGENT CARE WRITE OFFS	-4,167	-8,544	51.23%	-8,334	-50.00%
31,231,733	29,726,063	30,228,014	31,245,812	3.26%	TOTAL REVENUE DEDUCTIONS	61,459,749	62,491,623	1.65%	60,365,014	-1.81%
14,048,263	13,223,008	13,613,209	11,703,259	16.32%	NET PATIENT REVENUES	27,661,470	24,076,042	14.89%	26,202,651	-5.57%
69.0%	69.2%	68.9%	72.8%		OTHER OPERATING REVENUE	69.0%	72.2%		69.7%	
0	0	0	0		GRANT REVENUES	0	0		0	#DIV/0!
339,253	307,025	424,312	461,008	-7.96%	OTHER	763,565	922,016	-17.19%	580,826	31.46%
*	•	•	•			•	*		•	
339,253	307,025	424,312	461,008	-7.96%	TOTAL OTHER REVENUE	763,565	922,016	-17.19%	580,826	31.46%
14,387,516	13,530,033	14,037,521	12,164,267	15.40%	TOTAL OPERATING REVENUE	28,425,035	24,998,058	13.71%	26,783,477	6.13%
14,307,310	13,330,033	14,037,321	12,104,207	15.40 /6	TOTAL OPERATING REVENUE	20,425,035	24,990,000	13.7170	20,703,477	0.13/0
					OPERATING EXPENSES					
6,223,056	5,850,323	6,189,444	6,177,465	-0.19%	SALARIES AND WAGES	12,412,500	12,338,256	-0.60%	11,699,973	-6.09%
1,346,466	1,773,423	1,436,464	1,845,428	22.16%	BENEFITS	2,782,930	3,188,678	12.72%	3,059,295	9.03%
191,671	187,727	114,483	202,588	43.49%	REGISTRY & CONTRACT	306,154	428,589	28.57%	398,867	23.24%
7,761,193	7,811,473	7,740,391	8,225,481	5.90%	TOTAL STAFFING EXPENSE	15,501,584	15,955,523	2.85%	15,158,135	-2.27%
1,562,084	1,238,459	1,733,156	1,265,319	-36.97%	PROFESSIONAL FEES	3,295,240	2,679,091	-23.00%	2,625,371	-25.52%
1,711,274	1,361,788	1,555,753	1,397,629	-11.31%	SUPPLIES	3,267,027	2,982,490	-9.54%	2,902,677	-12.55%
601,430	708,365	680,238	728,123	6.58%	PURCHASED SERVICES	1,281,668	1,429,122	10.32%	1,375,149	6.80%
713,336	445,422	617,305	462,276	-33.54%	REPAIR & MAINTENANCE	1,330,641	939,670	-41.61%	906,663	-46.76%
309,556	287,071	309,566	309,234	-0.11%	DEPRECIATION & AMORT	619,122	618,790	-0.05%	573,467	-7.96%
246,647 295,732	225,205	286,130	241,064	-18.69%	INSURANCE HOSPITALIST PROGRAM	532,777	517,941	-2.86%	486,223	-9.57% -11.47%
295,732 879,760	245,047 727,206	244,175 908,378	245,047 773,200	0.36% -17.48%	OTHER	539,907 1,788,138	484,368 1,706,431	-11.47% -4.79%	484,368 1,614,484	-11.47% -10.76%
013,100	727,200	300,370	773,200	-17.40/0	OTHER	1,700,130	1,700,431	-4.73 /0	1,014,404	-10.7076
14,081,013	13,050,036	14,075,092	13,647,373	-3.13%	TOTAL OPERATING EXPENSES	28,156,105	27,313,426	-3.09%	26,126,537	-7.77%
306,503	479,997	-37,571	-1,483,106	97.47%	TOTAL OPERATING MARGIN	268,930	-2,315,368	-111.61%	656,940	59.06%
300,303	413,331	-37,371	-1,403,100	31.41/0		200,530	-2,315,366	-111.01/0	650,540	33.00 /6
					NON OPER REVENUE(EXPENSE)					
-1,109,043	209,057	171,783	121,307	41.61%	OTHER NON-OP REV (EXP)	-937,260	242,614	-486.32%	505,877	-285.27%
715,753	0	1,362,695	0	0.00%	FEMA FUNDS	2,078,448	0	100.00%	0	0.00%
117,632 -51,144	117,632 -53,896	117,632 -51,144	225,987 -53,033	-47.95% 3.56%	DISTRICT TAX REVENUES INTEREST EXPENSE	235,264 -102,288	451,974 -106,066	-47.95% 3.56%	235,264 -107,843	0.00% 5.15%
-326,802	272,793	1,600,966	294,261	444.06%	TOTAL NON-OP REV (EXPENSE)	1,274,164	588,522	116.50%	633,298	101.19%
-20,300	752,790	1,563,395	-1,188,845	231.51%	NET EXCESS / (DEFICIT)	1,543,093	-1,726,846	189.36%	1,290,238	-19.60%
20,000	.02,.00	1,000,000	1,100,040	201.0170	Executive (DELIGHT)	1,0-10,000	1,120,040	.00.0070	1,200,200	10.0070
1,191.95	893.27	1,276.95	1,295.91	1.46%	TOTAL PAID FTE'S (Inc Reg & Cont.)	1,234.45	1,256.88	1.78%	1,121.29	-10.09%
1,049.86	794.94	1,137.05	996.13	-14.15%	TOTAL WORKED FTE'S	1,093.46	994.81	-9.92%	990.07	-10.44%
19.86	21.22	14.68	22.88	35.84%	TOTAL CONTRACT FTE'S	17.27	22.88	24.53%	15.68	-10.14%

	JULY 2025	AUGUST 2025	AUGUST 2024
ASSETS CURRENT ASSETS			
CURRENT ASSETS			
CASH	\$38,007,399	\$30,351,050	\$41,965,569
CASH - NORIDIAN AAP FUNDS	\$0	\$0	\$0
CASH - 3RD PRTY REPAYMENTS	\$2,618,646	\$2,618,646	\$0
CDs - LAIF & CVB	\$66,244	\$66,244	\$66,244
ACCOUNTS RECEIVABLE - PATIENTS	\$106,145,755	\$107,216,421	\$85,325,899
LESS: ALLOWANCE FOR BAD DEBTS	-\$4,079,008	-\$3,075,055	-\$4,826,040
LESS: ALLOWANCE FOR CONTRACTUALS	-\$73,157,209	-\$74,876,791	-\$65,571,390
NET ACCTS RECEIVABLE	\$28,909,538	\$29,264,575	\$14,928,469
	27.24%	27.29%	17.50%
ACCOUNTS RECEIVABLE - OTHER	\$31,812,241	\$34,917,506	\$30,257,748
COST REPORT RECEIVABLES	\$59,499	\$59,499	\$1,206,822
INVENTORIES - SUPPLIES	\$3,193,746	\$3,280,604	\$2,872,577
PREPAID EXPENSES	\$3,204,440	\$2,559,632	\$2,917,573
TOTAL CURRENT ASSETS	\$107,871,753	\$103,117,756	\$94,215,002
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OTHER ACCETS			
OTHER ASSETS			
PROJECT FUND 2017 BONDS	\$540,703	\$621,749	\$667,778
BOND RESERVE FUND 2017 BONDS	\$968,373	\$968,373	\$968,332
LIMITED USE ASSETS	\$4,890	\$1,830	\$48,050
NORIDIAN AAP FUNDS	\$0	\$0	\$0
GASB87 LEASES	\$60,529,359	\$60,529,359	\$64,931,450
OTHER ASSETS PROPERTY TAX PROCEEDS	\$269,688	\$269,688	\$505,438
OTHER INVESTMENTS	\$420,000	\$420,000	φοσο, .σσ
	3420,000	3420,000	
UNAMORTIZED BOND ISSUE COSTS			
TOTAL OTHER ASSETS	\$62,733,013	\$62,810,999	\$67,121,048
PROPERTY, PLANT AND EQUIPMENT			
LAND	\$2,633,026	\$6,240,526	\$2,623,526
BUILDINGS & IMPROVEMENTS	\$63,118,597	\$63,294,097	\$62,919,140
EQUIPMENT	\$66,396,600	\$67,563,427	\$63,618,532
CONSTRUCTION IN PROGRESS	\$363,359	\$380,993	\$958,976
LESS: ACCUMULATED DEPRECIATION	-\$103,691,348	-\$104,000,914	-\$100,322,460
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NET PROPERY, PLANT, AND EQUIPMENT	\$28,820,234	\$33,478,129	\$29,797,715
TOTAL ASSETS	\$199,425,000	\$199,406,884	\$191,133,765

	<u>JULY 2025</u>	<u>AUGUST 2025</u>	AUGUST 2024
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$4,126,629	\$3,898,391	\$3,539,628
ACCOUNTS PAYABLE - ACCRUALS	\$8,735,798	\$8,396,418	\$11,325,153
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$8,136,756	\$7,984,442	\$7,373,709
COST REPORT PAYABLES & RESERVES	\$2,618,646	\$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	\$335,000	\$335,000	\$320,000
INTEREST PAYABLE- GO BONDS	\$1,917	\$1,917	\$4,792
INTEREST PAYABLE- 2017 REVENUE BONDS	\$214,996	\$268,125	\$274,792
OTHER - TAX ADVANCE IMPERIAL COUNTY	\$0	\$0	\$0
DEFERRED HHS CARES RELIEF FUNDS	\$1,116,224	\$0	\$0
CURR PORTION- LEASE LIABILITIES (GASB 87)	\$4,071,774	\$4,071,774	\$3,756,205
SKILLED NURSING OVER COLLECTIONS	\$2,692,071	\$2,895,574	\$84,075
CURR PORTION- SKILLED NURSING CTR ADVANCE	\$0	\$0	\$0
CURRENT PORTION OF LONG-TERM DEBT	\$1,037,037	\$1,037,037	\$1,190,824
TOTAL CURRENT LIABILITIES	\$33,086,848	\$31,507,324	\$28,099,178
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	\$658,000	\$658,000	-\$251,338
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	\$14,127,047	\$14,125,062	\$14,483,885
LONG TERM LEASE LIABILITIES (GASB 87)	\$58,207,090	\$58,207,090	\$62,267,845
DEFERRED REVENUE -CHW	\$0	\$0	\$0
DEFERRED PROPERTY TAX REVENUE	\$275,438	\$275,438	\$511,188
TOTAL LONG TERM DEBT	\$100,230,538	\$100,228,553	\$107,741,313
FUND BALANCE AND DONATED CAPITAL	\$66,127,914	\$66,127,914	\$54,003,039
NET SURPLUS (DEFICIT) CURRENT YEAR	-\$20,300	\$1,543,095	\$1,290,236
TOTAL FUND BALANCE	\$66,107,614	\$67,671,009	\$55,293,275
TOTAL LIABILITIES AND FUND BALANCE	\$199,425,000	\$199,406,886	\$191,133,766

STATEMENT OF REVENUE AND EXPENSE - 1:	2 Month Trend												
	1	2	3	4	5	6	7	8	9	10	11	12	YTD
_	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Jul-25
ADJ PATIENT DAYS	2,948	3,036	3,243	3,868	3,776	2,876	3,264	2,707	3,686	3,714	4,647	4,044	41,527
INPATIENT DAYS IP ADMISSIONS	1,289 495	1,290 479	1,376 501	1,676 591	1,769 585	1,275 488	1,350 511	1,110 462	1,542 551	1,632 538	1,684 555	1,458 500	17,451 6,256
IP AVERAGE DAILY CENSUS	435	42	46	54	57	466	44	462	50	54	54	47	582
				•	•				•	٠.	٠.		
GROSS PATIENT REVENUES	40 400 270	40 226 700	40 500 045	24 220 240	24 026 450	40 200 442	40 474 007	47 672 470	40 422 205	40 422 400	46 407 474	15.807.716	227 224 074
INPATIENT REVENUE OUTPATIENT ANCILLARY	18,180,370 23,402,909	19,326,709 26,164,034	18,566,845 25,191,832	21,330,319 27,895,452	24,026,450 27,255,392	19,289,412 24,218,568	18,471,097 26,191,988	17,673,179 25,433,294	19,122,305 26,581,622	19,132,498 24,402,953	16,407,174 28,872,822	28,033,507	227,334,074 313,644,374
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TOTAL PATIENT REVENUES	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	43,841,223	540,978,448
REVENUE DEDUCTIONS													
MEDICARE CONTRACTUAL	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	9,513,796	128,512,131
MEDICAL CONTRACTUAL SUPPLEMENTAL PAYMENTS	11,976,873 -1,378,326	12,946,217 -1,374,159	13,222,415 -1,374,159	15,178,005 -1,374,159	18,178,743 -1,374,159	12,813,377 -1,378,326	12,785,203 -1,184,154	13,643,163 -1,378,326	13,219,010 -1,453,003	13,232,031 -1,378,326	13,887,933 -1,322,496	12,434,283 8,526,807	163,517,253 -6,442,786
PRIOR YEAR RECOVERIES	-1,370,326	-1,374,139	-1,374,139	-1,925,640	-1,374,159	-1,376,326	-1,164,154	-467,741	-1,455,005	-1,376,326	-1,322,490	994,668	-1,503,074
OTHER DEDUCTIONS	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	-4,235	79,337,505
CHARITY WRITE OFFS	60,153	10,063	12,363	26,134	25,780	7,162	0	8,600	188,266	1,012,366	2,926	159,173	1,512,986
BAD DEBT PROVISION	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	-1,396,479	8,638,868
INDIGENT CARE WRITE OFFS	-4,167	-4,167	-4,167	-4,167	-4,167	0	0	0	0	0	0	0	-20,835
TOTAL REVENUE DEDUCTIONS	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	30,228,014	373,552,048
NET PATIENT REVENUES	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	13,613,209	167,426,399
	69.39%	67.25%	69.27%	69.57%	69.40%	69.74%	68.97%	69.02%	69.03%	69.03%	68.97%	68.95%	69.05%
OTHER OPERATING REVENUE	•	•	•	•	•	•	•	•	•	•	•	•	•
GRANT REVENUES OTHER	0 728,012	0 296,651	0 392,693	0 909,432	0 343,185	0 362,386	0 535,886	0 372,539	0 311,185	0 571,500	0 339,253	0 424,312	5,587,034
-	,				,		•					,	
TOTAL OPERATING REVENUE	728,012	296,651	392,693	909,432	343,185	362,386	535,886	372,539	311,185	571,500 14,053,010	339,253	424,312 14,037,521	5,587,034
TOTAL OPERATING REVENUE	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	14,055,010	14,387,516	14,037,521	173,013,433
OPERATING EXPENSES		0.040.400	. =									0.400.444	
SALARIES AND WAGES	6,387,066 1.678.679	6,843,129	6,700,034 1,474,183	6,537,237	6,670,775	6,039,904	6,268,879 1.816.690	6,237,213	6,278,514	6,359,473	6,223,056	6,189,444	76,734,724
BENEFITS REGISTRY & CONTRACT	187,398	1,696,408 203,673	1,474,163	1,838,509 169,549	1,747,884 181,032	1,691,888 291,516	180,983	1,462,931 210,277	844,172 233,655	1,474,386 120,425	1,346,466 191,671	1,436,464 114,483	18,508,660 2,255,555
TOTAL STAFFING EXPENSE	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	7,740,391	97,498,939
PROFESSIONAL FEES	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	1,733,156	17,754,201
SUPPLIES	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	1,555,753	19,867,376
PURCHASED SERVICES	710,216	527,135	569,775	508,682	724,696	618,846	684,894	459,333	667,131	548,591	601,430	680,238	7,300,967
REPAIR & MAINTENANCE	675,929	847,788	668,786	795,518	820,025	266,691	723,397	662,344	733,946	591,319	713,336	617,305	8,116,384
DEPRECIATION & AMORT INSURANCE	288,299 226,415	288,299 241,953	288,299	293,647	399,610	282,356	282,356 204.757	331,604	305,281 222,120	299,579	309,556	309,566	3,678,452
HOSPITALIST PROGRAM	259,019	272,176	225,205 122,990	232,212 0	222,108 266,507	239,646 167,004	249,017	224,447 244,297	207,916	40,139 292,881	246,647 295,732	286,130 244,175	2,611,779 2,621,714
OTHER	923,137	728,810	741,486	944,621	839,501	977,589	786,002	784,904	1,008,868	1,021,103	879,760	908,378	10,544,159
-	•	,	,	•	•	•	,	•	, ,	, ,	,	•	
TOTAL OPERATING EXPENSES	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	14,075,092	169,993,971
TOTAL OPERATING MARGIN	-603,282	230,448	203,903	872,802	850,597	263,965	280,560	214,020	851,587	-414,071	306,504	-37,571	3,019,462
NON OPER REVENUE(EXPENSE)													
OTHER NON-OPS REVENUE	207,469	30,898	-2,357	-6,557	-6,426	245,308	114,595	344	16,003	286,161	-1,109,043	171,783	-51,822
FEMA FUNDS	0	0	_,00.	0,00.	0,0	0	0	0	0	0	715,753	0	715,753
DISTRICT TAX REVENUES	117,632	117,632	117,632	117,632	172,729	117,632	117,632	117,632	117,632	117,632	117,632	117,632	1,466,681
INTEREST EXPENSE	-53,846	-51,503	-53,369	-51,401	-51,350	-51,299	-51,247	-51,196	-51,144	-51,144	-51,144	-51,144	-619,787
CARES HHS/ FEMA RELIEF FUNDING	0	0	0	0	0	0	0	0	0	0	0	1,362,695	1,362,695
TOTAL NON-OPS REVENUE(EXPENSE)	271,255	97,027	61,906	59,674	114,953	311,641	180,980	66,780	82,491	352,649	-326,802	1,600,966	2,873,520
NET EXCESS / (DEFICIT)	-332,027	327,475	265,809	932,476	965,550	575,606	461,540	280,800	934,078	<u>-61,422</u>	-20,298	1,563,395	5,892,982
TOTAL DAID ETEIN (In. D. C.C. 1)													4.40=.00
TOTAL PAID FTE'S (Inc Reg & Cont.)	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	1,276.95	1,105.86
TOTAL WORKED FTE'S TOTAL CONTRACT FTE'S	770.43 23.20	748.59 16.78	748.38 16.57	948.70 16.29	993.61 17.57	1,051.28 24.10	981.75 20.84	837.21 21.15	915.77 21.06	991.52 15.28	1,049.86 19.86	1,137.05 14.68	931.18 18.95
PAID FTE'S - HOSPITAL WKD FTE'S - HOSPITAL	981.91 667.30	927.71 650.28	880.21 650.06	964.18 809.59	1,040.82 857.09	1,008.51 910.21	914.42 798.47	803.19 697.31	860.70 785.41	1,024.79 900.06	1,089.84 960.18	1,124.91	968.43 807.48
												1,003.78	
PAID FTE'S - SNF WORKED FTE'S - SNF	114.92	103.73	103.73	151.92	148.75 136.53	163.74	191.79	161.09	150.44 130.37	104.85 91.46	102.11 89.68	152.04	137.42
WORKED FIE 3 - SNF	103.13	98.32	98.32	139.11	136.53	141.07	183.28	139.90	130.37	31.40	09.00	133.26	123.70

Imperial Valley Healthcare District - Financial Indicators Report (Based on Prior 12 Months Activities) For The 12 Months Ending: August 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.

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:)

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.

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

IMPERIAL VALLEY HEALTHCARE DISTRICT 2 Months 8/31/2025

	Current	Year-To-Date
	Month	2 Month
	8/31/2025	8/31/2025
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	1,563,395	1,543,096
Adjustments to Reconcile Net Income to Net Cash	, ,	, ,
Provided by Operating Activities:		
Depreciation	\$309,566	\$619,123
(Increase)/Decrease in Net Patient Accounts Receivable	(\$355,036)	(\$1,151,100)
(Increase)/Decrease in Other Receivables	(\$3,105,264)	(\$5,067,951)
(Increase)/Decrease in Inventories	(\$86,858)	(\$231,768)
(Increase)/Decrease in Pre-Paid Expenses	\$644,808	(\$452,856)
(Increase)/Decrease in Other Current Assets	\$0	\$3,233,154
Increase/(Decrease) in Accounts Payable	(\$228,238)	\$632,360
Increase/(Decrease) in Notes and Loans Payable	(\$339,381)	(\$1,328,607)
Increase/(Decrease) in Accrued Payroll and Benefits	(\$152,314)	\$566,487
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	(\$1,063,095)	\$2,724,904
indicase, (Secrease) in other current Liabilities	(42,000,000)	Ψ2,72 1,30 1
Net Cash Provided by Operating Activities:	(2,812,418)	\$1,086,842
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(\$4,967,462)	(\$5,109,467)
(Increase)/Decrease in Limited Use Cash and Investments	\$3,060	(\$43)
(Increase)/Decrease in Other Limited Use Assets	(\$81,046)	(\$162,092)
(Increase)/Decrease in Other Assets	\$0	\$0
Not Cook Used by Investing Activities	(\$F 04F 449)	(\$F 271 602)
Net Cash Used by Investing Activities	(\$5,045,448)	(\$5,271,602)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(\$1,985)	(\$3,971)
Increase/(Decrease) in Capital Lease Debt	\$0	\$0
Increase/(Decrease) in Other Long Term Liabilities	\$203,502	\$404,685
Net Cash Used for Financing Activities	\$201,517	\$400,714
•		
(INCREASE)/DECREASE IN RESTRICTED ASSETS	\$0	\$0
Net Increase/(Decrease) in Cash	(\$7,656,348)	(\$3,784,045)
Cash, Beginning of Period	\$40,692,289	\$36,819,986
Cash, End of Period	\$33,035,941	\$33,035,941
•	<u> </u>	<u> </u>



Key Operating Indicators August 2025

	Month			YTD			
	ACTUAL	BUDGET	PRIOR YR	ACTUAL	BUDGET	PRIOR YR	
Volumes							
Admits	500	517	487	1,055	1,034	973	
Admits	500	317	407	1,033	1,034	373	
ICU	110	110	110	186	197	197	
Med/Surgical	894	946	946	1,964	1,910	1,910	
Newborn ICU	90	127	127	235	202	202	
Pediatrics	50	46	46	107	82	82	
Obstetrics	314	361	361	650	704	704	
Total Patient Days	1,458	1,590	1,590	3,142	3,095	3,095	
Adjusted Patient Days	4,044	3,735	3,735	8,692	7,489	6,533	
Average Daily Census	47	51	51	51	50	44	
Average Length of Stay	2.06	3.08	2.73	2.78	2.91	2.72	
Deliveries	104	181	167	199	343	319	
E/R Visits	3,346	3,338	3,498	6,643	6,847	7,226	
Surgeries	258	309	403	519	644	715	
Wound Care	281	160	327	578	357	597	
Pioneers Health Center	2,539	2,396	2,115	5,193	4,582	4,052	
Calexico Visits	961	760	675	2,085	1,482	1,296	
Pioneers Children	734	799	376	1,394	1,522	734	
Outpatients (non-ER/Clinics)	6,085	6,949	6,270	12,633	14,043	12,584	
Surgical Health	44	48	32	119	133	83	
Urology	257	341	390	610	709	777	
WHAP	373	513	443	751	891	773	
C-WHAP	657	457	95	1,395	922	226	
CDLD	89	0	-	224	0	-	
Skilled Nursing	2,177	2,435	2,200	4,416	4,870	4,440	
FTE's							
Worked	1,137.05	996.13	1,045.12	1,093.46	994.81	990.07	
Paid	1,276.95	1,295.91	1,162.74	1,234.45	1,256.88	1,121.29	
Contract FTE's	14.68	22.88	13.45	17.27	22.88	15.68	
FTE's APD (Worked)	8.72	8.27	8.67	7.80	8.24	9.40	
FTE's APD (Paid)	9.79	10.76	9.65	8.81	10.40	10.64	
Net Income							
Operating Revenues	\$14,037,521	\$12,164,267	\$13,530,033	\$28,425,037	\$25,002,224	\$26,783,477	
Operating Margin	-\$37,571	-\$1,483,106	\$479,998	\$268,932	-\$2,311,202	\$656,942	
Operating Margin %	-0.3%	-12.2%		0.9%	-9.2%	2.5%	
Total Margin	\$1,563,395	-\$1,188,845	\$752,791	\$1,543,095	-\$1,722,680	\$1,290,240	
Total Margin %	11.1%	-9.8%	5.6%	5.4%	-6.9%	4.8%	

Exhibit A - A	August 2025				[Key Volume Stats -Trend Analysis									
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
				'							•	•			
Deliveries															
	Actual	95	104	0	0	0	0	0	0	0	0	0	0	199	199
	Budget	162	181	195	171	187	200	162	156	178	177	177	177	2,123	343
	Prior FY 2025	152	167	184	159	167	170	148	169	178	266	141	110	2,201	319
E/R Visits													•		
	Actual	3,297	3,346	0	0	0	0	0	0	0	0	0	0	6,643	6,643
	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	6,847
	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	7,226
Surgeries															
	Total Actual	261	258	0	0	0	0	0	0	0	0	0	0	519	519
	Total Budget	335	309	275	295	301	331	312	219	275	295	295	295	3,537	644
	Prior FY 2025	312	403	369	452	323	304	366	251	299	277	287	233	3,510	715
Calexico															
	Actual	1,124	961	0	0	0	0	0	0	0	0	0	0	2,085	2,085
	Budget	722	760	831	906	776	891	957	944	1,074	873	873	873	10,480	1,482
	Prior FY 2025	621	675	829	915	1,119	1,232	1,012	948	1,074	1,174	923	1,034	11,556	1,296
Pioneers Healt	th Center														
	Actual	2,654	2,539	0	0	0	0	0	0	0	0	0	0	5,193	5,193
	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	4,582
	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	4,052
Pioneers Childr	en												•		
	Actual	660	734	0	0	0	0	0	0	0	0	0	0	1,394	1,394
	Budget	723	799	846	906	858	881	905	798	839	839	839	839	10,072	1,522
	Prior FY 2025	358	376	765	841	1,009	984	878	734	845	728	749	659	8,926	734
Outpatients															
-	Actual	6,548	6,085	0	0	0	0	0	0	0	0	0	0	12,633	12,633
	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	14,043
	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	12,584
Wound Care															
	Actual	297	281	0	0	0	0	0	0	0	0	0	0	578	578
	Budget	197	160	118	122	119	136	167	112	104	137	137	137	1,646	357
	Prior FY 2025	270	327	332	326	251	258	293	304	287	292	242	270	3,452	597
WHAP															
	Actual	378	373	0	0	0	0	0	0	0	0	0	0	751	751
	Budget	378	513	392	415	391	379	425	320	336	394	394	394	4,731	891
	Prior FY 2025	330	443	388	414	688	362	427	325	342	367	375	369	4,830	773
C-WHAP													· ·		
	Actual	738	657	0	0	0	0	0	0	0	0	0	0	1,395	1,395
	Budget	465	457	588	610	558	583	581	379	445	518	518	518	6,220	922
	Prior FY 2025	131	95	365	403	552	400	425	441	432	419	599	588	4,850	226

9/29/20254:44 PM 12-Exhibit A Stats August 2025



- DHDP is District Hospital Directed Program
- VRRP is known as Rate Range
- QIP is Quality Incentive Program
- Medi-Cal DSH is Disproportionate Share Hospital
- HQAF is Hospital Quality Assurance Fee
- AB 113 Medi-Cal FFS Inpatient
- AB 915 Medi-Cal FFS Outpatient

Cash Flow 2026

		Cash Out		Cash In
Program	\$mil	Timing	\$mil	Timing
FFS Based Supplemental Programs				
Medi-Cal DSH			\$0.38	Q1 2026 - Quarterly
AB 113	\$0.9	Apr 2026	\$1.6	May/June 2026
AB 915			\$0.27	May/June 2026
Managed Care Based Supplemental Pro	<u>ograms</u>			
HQAF			\$0.5	Q1 2026 - Quarterly
QIP	\$1.1	Feb 2026	\$1.1	Apr/May 2026
DHDP '24 Phase 1	\$2.2	Feb 2026	\$6.2	Apr/May 2026
DHDP '24 Phase 2	\$2.2	Aug 2026	\$6.2	Oct/Nov 2026
DHDP '25 Phase 1	\$9.6	Aug 2026	\$24.2	Oct/Nov 2026
Rate Range	\$3.2	Nov 2026	\$8.6	Jan/Feb 2027
TOTAL	\$19.2		\$49	

Cash Flow Notes

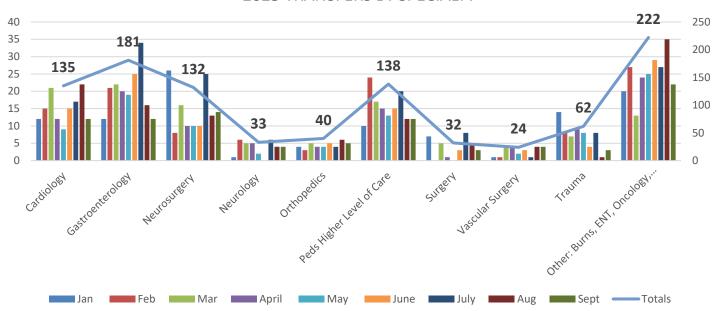
- Potential Distress Loan Payback in May 2026. Grant will apply in the amount of \$518,518.52
- DSH is subject to upper payment; may be required to be paid back in 2029
- DHDP '24 Phase 1 is Jan Jun 2024; Phase 2 is Jul Dec 2024
- DHDP '25 Phase 1 is expedited and overlaps with '24 Phase 2
- SNF Liability Payback could be anytime in 2026 (at least \$3M)
- PIP payments go away once the CHOW is approved

	Estimated	Assumptions	to Medi-Cal S	Supplemental	Payments du	e to H.R. 1
Program	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030+
AB 113	No Impact	-10%	-10%	-10%	-10%	-10%
AB 915	No Impact	-5%	-15%	-25%	-30%	-30%
HQAF Grants	No Impact*	-12.5%	-37.5%	-50%	-50%	-50%
Medi-Cal DSH	No Impact	-60%	-60%	-60%	-60%	-60%
VRRP	No Impact	-5%	-15%	-25%	-30%	-30%
DHDP	No Impact	-5%	-12.5%	-20%	-27.5%	-30%
QIP	No Impact	-5%	-12.5%	-20%	-27.5%	-30%



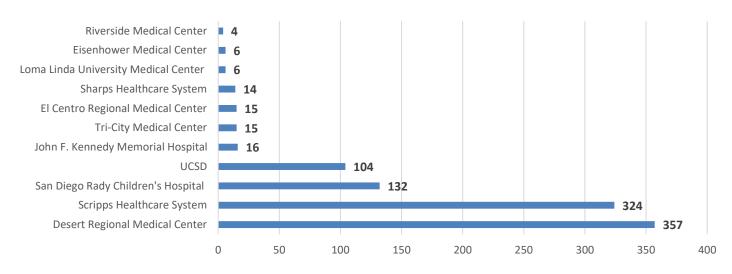
Board of Directors Meeting – Chief Nursing Officer Report October 2025

2025 TRANSFERS BY SPECIALTY



Specialty	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	Totals
Cardiology	12	15	21	12	9	15	17	22	12	135
Gastroenterology	12	21	22	20	19	25	34	16	12	181
Neurosurgery	26	8	16	10	10	10	25	13	14	132
Neurology	1	6	5	5	2	0	6	4	4	33
Orthopedic	4	3	5	4	4	5	4	6	5	40
Pediatrics	10	24	17	15	13	15	20	12	12	138
Surgery	7	0	5	1	0	3	8	5	3	32
Vascular Surgery	1	1	4	4	2	3	1	4	4	24
Trauma	14	8	7	9	8	4	8	1	3	62
Other: Burns, ENT, Oncology, Ophthalmology, Podiatry, Urology	20	27	13	24	25	29	27	35	22	222
January through September 2025	107	113	115	104	92	109	150	118	91	999

TRANSFERS BY ACCEPTING FACILITY JANUARY -SEPTEMBER 2025



Accepting Facility	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	Sept	Total
Scripps Healthcare System	40	42	37	42	39	59	46	15	4	324
Desert Regional Medical Center	38	27	51	36	30	23	56	54	42	357
San Diego Rady Children's Hospital	10	22	15	14	12	15	20	12	12	132
UCSD	5	6	4	8	7	7	17	28	22	104
Tri-City Medical Center	6	1	3	0	0	3	1	1	0	15
John F. Kennedy Memorial Hospital	1	4	2	1	3	0	1	2	2	16
Loma Linda University Medical Center	0	3	2	1	0	0	0	0	0	6
El Centro Regional Medical Center	2	3	0	0	0	1	2	3	4	15
Sharps Healthcare System	1	2	1	0	0	0	3	3	4	14
Eisenhower Medical Center	0	3	0	0	0	1	1	0	1	6
Riverside Medical Center	3	0	0	0	0	0	1	0	0	4
Banner University Medical Center Phoenix	1	0	0	0	0	0	0	0	0	1
Hospital Americano	0	0	0	1	0	0	0	0	0	1
UCLA Healthcare System	0	0	0	1	0	0	1	0	0	2
Children's Hospital Los Angeles	0	0	0	0	1	0	0	0	0	1
Kaiser Permanente Healthcare System	0	0	0	0	0	0	1	0	0	1
Total	107	113	115	104	92	109	150	118	91	999

From January through September, there were a total of 34,524 Emergency Department visits. Of these, 999 visits (2.89%♥) resulted in transfers to other facilities. The most commonly transferred specialties were Neurology/Neurosurgery, Gastroenterology, Cardiology, and Pediatrics. There were 22 cases transferred under "Other": 11 Urology; 2 ENT; 1 Hematology; 2 Transplant; 2 Ophthalmology; 1 Podiatry; and 2 Oncology.

In September 2025, we received five transfer requests from ECRMC—two obstetrics cases, one pediatric case, and two interventional radiology cases—with all accepted except the pediatric case, which was referred to Rady's Hospital for a higher level of care.

From January to October 2025, 161 inpatient cases have been transferred out of our facility.



Board of Directors Meeting – Chief Nursing Officer Report October 2025

Staffing:

	New Hires	In Orientation	FT to PD status	Resignations	Open Positions
Medical Surgical	3	4	0	0	2
Intensive Care Unit	0	1	0	1	2
Pediatrics	0	1 (new grad)	0	0	0
Emergency Department	3	11	0	0	3
Perioperative Services	2 (1 EVS, SCT)	5	0	1	4
Perinatal Services	4	7	1	0	3
NICU	3	3	0	0	0
Cardiopulmonary Services	1 RCP (PD)	1RCP	0	0	2 RCP (PD)
Case Management	0	0	0	0	0
Totals	16	33	1	2	16

Travelers:

- (3) Labor and Delivery Nurses: 2-day shift & 1-night shift
- (1) Emergency Department Night shift
- (1) Neonatal Intensive Care Unit Night shift

Notable Updates:

Nursing Administration:

Barcode Medication Administration:

	BCMA											
1Q2025	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025			
89.11%	83.70%	88.63%	90.71%	91.88%	91.4%	91.73%	92.58%	93.22%	91.89%			

Patient Experience - Q3 2025

	HCAHPS HCAHPS												
	1Q2024	2Q2024	3Q2024	4Q2024	1Q2025	2Q2025	JULY 2025	AUG 2025	SEP 2025				
Overall	73.7%	84.6%	69.7%	69.5%	66.7%	62.80%	71.79%	74.60%	69.26%				
Communication	79.6%	76.3%	78.2%	76.7%	80%	82.80%	80.66%	86.06%	80.35%				
With Nurses													
Communication	81.8%	82.8%	73.1%	80.2%	81%	83.44%	83.57%	88.22%	82.06%				
With Doctors													

- Creating a Customer Experience Campaign in collaboration with ECRMC
- Increasing Service Recovery
- Increasing patient rounding
- Creating patient and customer awareness regarding HCAHPS survey

Nurse Residency Program

- Nurse Residency Program: Cohort included 28 new nurses. 28 completed the program on September 26th. These nurses are now in the process of completing their department specific training. 19 out of 20 IVC graduates and 2 of the 8 SDSU cohort have successfully obtained RN licensure. 6 are scheduled to take their RN License exam. One individual is scheduled to retake RN license exam.
- Preceptor class 10/28
- High Fidelity Simulation codes continue
- Research Council- anticipating new projects with SDSU MSN/DNP enrollment

Emergency Department:

	ED Throughput Metrics												
INDICATOR	GOAL	1 ST QUARTER	MAY	JUNE	JUL	AUG	SEP						
Average Daily Visits	>125 Patients	137 Patients	130 Patients	123 Patients	119 Patients	119 Patients	137 patients						
Median Time to Triage	<10 minutes	10 minutes	8 minutes	7 minutes	8 minutes	6 minutes	9 minutes						
Average Length of Stay for Discharged Patients	<180 minutes	190 minutes	187 minutes	183 minutes	183 minutes	176 minutes	186 minutes						
Average Length of Stay for all Patients	<160 minutes	205 minutes	210 minutes	198 minutes	203 minutes	191 minutes	202 minutes						
Average Length of Stay for all Transfers	<160 minutes	511 minutes	446 minutes	515 minutes	473 minutes	499 minutes	413 minutes						

Medical Surgical Department:

Inpatient Throughput										
INDICATOR	GOAL	1Q2024	1Q2025	MAR	APR	MAY	JUN	JUL	AUG	SEP
				2025	2025	2025	2025	2025	2025	2025
Time of Orders Written to Head in Bed	90 min	372 min	220 min	130 min	111 min	123 min	185 min	152 min	145 min	136 min

Perioperative Services:

	Goal	JAN	FEB	MAR	APR	MAY	JUNE	JULY
		2025	2025	2025	2025	2025	2025	2025
First Case On-Time Starts (%)	≥ 90%	65.9	70.8	59.7	69.1	67.6	65.6	59
Day Of Surgery Cancellation Rate (%)	≤ 5%	3.2	2.5	2	4.1	3	2.2	2.4
Time-Out Compliance (%)	100%		98	98	99	98.21	94.52	98.27
Case Volumes Including Robotics	YTD-1578	497	348	385	348	477	373	418
Robotics	YTD-70	19	11	11	17	17	19	38
IUSS	0%	0	0	0	0	0	0	0



Board of Directors Meeting – Chief Nursing Officer Report October 2025

Case Management:

In	dicator	Goal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Average / Total
	Average Daily Census		57	46	44	46	50	54	54	47	n/a	49.7
Acute LOS	GMLOS (Expected)		3.62	3.49	3.53	3.5	3.37	3.62	3.46	3.38	3.53	3.50
	ALOS (Actual)	<4.50	3.75	2.93	2.65	2.56	2.76	3.16	2.88	2.84	2.94	2.94
Case Mix	Acute: Case Mix Index (CMI)	>1.40	1.473	1.41	1.28	1.33	1.29	1.353	1.257	1.34	1.40	1.35
Index	Acute: Medicare CMI	>1.55	1.59	1.54	1.48	1.47	1.62	1.357	1.438	1.51	1.61	1.51
Medicare	Medicare One- Day Stay Count		8	13	12	11	16	10	13	15	9	11.56
Medicare	% Medicare 1- day Stays		7	10	12	15	14	11	11	14	10	11.60
	Total Observation Cases		33	24	39	17	38	37	37	33	35	32.56
Observation	Observation to IP Converted		23	5	15	4	18	21	15	19	19	15.44
	Observation % Conversion Rate		69.7	20.8	38.5	23.5	47.4	56.8	40.5	57.6	54.3	44.35
Readmissions	All-Cause Hospital-Wide Readmissions (HWR)	<10	3.86	6.16	3.62	4.05	2.93	5.23	3.57	4.68	4.17	4.27

^{*}N/A= not available at time of report

Case Management:

• Most financially impactful Metrics for a General Acute Care Community Hospital are: 1) Length of Stay (LOS) and 2) Case Mix Index (CMI). We have been struggling with CMI for months, and we are happy to report that we met and exceeded our goals for September. Thanks, team and attending physicians.

Perinatal Department:

- San Diego Rady's Children Hospital will be coming soon to provide education to our nurses, and we are hoping to bring the Spinning Babies program to PMH.
- September Deliveries: 145 (96 vaginal, 23 primary C-Section, 26 secondary C-Section)
- September Non-Stress Tests conducted: 206
- September OB checks: 312

Neonatal Intensive Care Unit:

- Neonatal Stabilization funded project-received first payment from First 5; on planning stage for education of staff.
- Neonatal Crash Cart Standardization—on its final stage for completion.
- Skills Fair-Oct 9 & 10.

Pediatrics:

• Funded Asthma Prevention and management project—on planning stage. Collaborating with Cardiopulmonary to track data required by First 5. Planning includes educating both PEDS RNs and RCPs, and purchasing respiratory supplies as indicated in the grant.

Medical Surgical Unit:

- We have started the Telemedicine Intensivist Program; we now have intensivist coverage 7 days a week.
- New BD Alaris Infusion pumps have been deployed to all units.

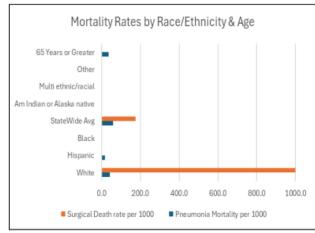
Cardio-Pulmonary:

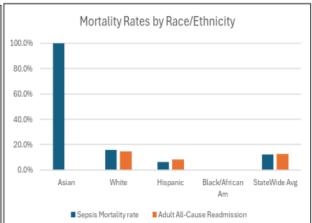
• First 5 Asthma Grant. CHAMPS Training will begin in October for RCPs (respiratory therapists) and Pediatrics RNs on referring patients to the ECRMC Asthma Program. The grant also supplies nebulizers and spacers for children 0–5 admitted with asthma. We will refer the patient to the Asthma Wellness Program for follow-up with their PCP and arrange home environmental visits based on their triggers.

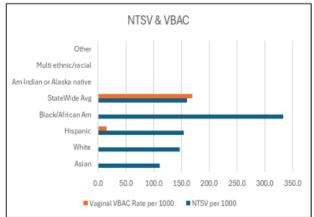
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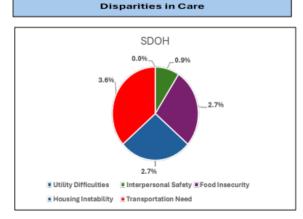
- CA AB 1204 Health Equity Plan submitted prior to deadline
- Spring 2025 Leapfrog Hospital Safety Grade "C"

Hospital Equity Dashboard











- 1 Structural Measure: equity leadership/policy
- 2 Cesarean Birth (NTSV)
- 3 Exclusive breast milk feeding
- 4 HCAHPS: patient satisfaction
- 5 HCAHPS: would recommend hospital
- 6 VBAC
- 7 Sepsis Mortality rate
- 8 Pneumonia Mortality rate
- 9 Death rate among surgical inpatients
- 10 All-cause unplanned 30-day readmission

Health Equity Plan

Achieve less than 23.6% NTSV cesarean birth rate in 2 years

Improve HCAHPS patient satisfaction score by 25% in 1 year

Improve SDOH referrals by 75% in 1 year

Reduce 30-day readmission for white patients to less than statewide average of 12.5% in 1 year

2025 Quarterly Summary – October PIONEERS MEMORIAL HEALTHCARE DISTRICT PLIALITY ASSURANCE PERFORMANCE IMPROVEMENT TEAM: Ob/Gyr

	QUALITY ASSUR	ANCE PERFORMA	NCE IMPR	OVEMENT TEAM:	Ob/Gyn			
GOAL : Decrease NTSV rate			<u>Tear</u>	n Leader: Ob/Gyı	1			
				25		YTD 2025	2025 Target	
Metric (from CMQCC)	2024 Baseline	May-25	June-25		-25			
NTSV Rate (PC-02)	25.9% 190/734	25.5% 12/47	31.0 13/4			29.6% 97/325	<or 23.6%<="" =="" th=""><th></th></or>	
*Monitoring: NTSV C-Sections after Labor Induction	34.1% 61/179	10.0% 57.1% 1/10 4/7		·		27.2% 28/103	< or = 29%	
Decrease the NTSV Rate		Monthly Co	mpliance		State	ewide Target: ≤23.6%		<u>—</u>
40%	% 31.3%	36.7%	35.0%	NMW235	754 n=22			
29.4% 30.2% 30.2% 30.2%	26.8%	5.4% 25.5	31.0%	NMW235	752 n=36			
24.5%	23.6%	22.9%		NMW235	841 n=82			
20%				A182	695 12.5% n=25	57		
400/				A125	372 15 % n	=60		
Security Resulty Meeting Meeting Meeting Preside Preside Meeting Meeti	Seligh Ocily Marily Decily Mi	to keptilo marilo portilo marilo	Jur. 25 Jul. 25	G48	685 18.5 %	n=27		
			·	A103	591 20.7 %	n=87	July 2023 – July 2025	
What Drives Our Nulliparous Term Singleton Ve	ertex Term Singleton Ver			A92	855 22.2%	n=18	(24m)	
CS Rate?		24 month	ıs	A67	036 24.5%	n=94		
Pioneers Memorial Healthcare District 9%	7.7%	9.3%	=	20A15	452 24.9 %	n=173		
CA MDC 8.9%	12.1%	3.8%	•	Pioneers Memorial Healthcare Dis		n=1404		
CA MIDC	12.176	3.676			362 26.6%	n=263		
		17.5% 20% 22.5% 25%	6 27.5% 30%			1 1 203	- 220	
Spontaneous Lal	bor 🔵 Induced Labor 💮 No L	ador		A101		1	n=229	
Spont	aneous Labor Induced La	bor No Labor Tota	al NTSV CS Rate		303 60%		n=55	
Pioneers Memorial Healthcare District	9.0% 7	.7% 9.3%	26.1%	4 providers with n	100% (1/1)			

24.9%

*Healthy People 2030 Target Rate

CA MDC

2025 Quarterly Summary – October PIONEERS MEMORIAL HEALTHCARE DISTRICT QUALITY ASSURANCE PERFORMANCE IMPROVEMENT TEAM: Ob/Gyn

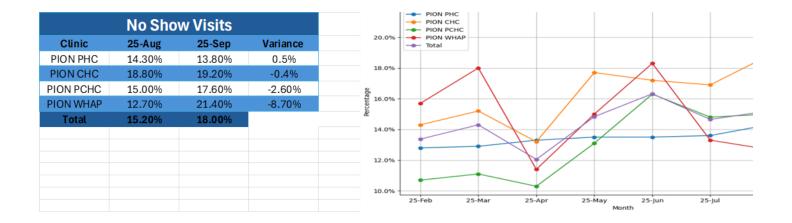
Progress What are the highlights from the past 30 days?	 There was a 4% increase from June to July, reaching 35%, which exceeds the target of 23.6%. Several providers achieving 12–22%, proving target is attainable Ongoing monthly monitoring and transparency in provider data a foundation for quality improvement
Barriers & Challenges Are there any constraints holding you back from achieving the goal?	 High no-labor CS rate (9.3% vs 3.8% statewide) = largest gap. Wide provider variation (from 12.5% up to 60%) signals inconsistent practices. Monthly rates fluctuate (20–36%), lacking sustained improvement. Patient preference + elective scheduling may contribute. Staffing constraints
Next Steps What do you plan to do next?	 Collaboration with BETA Coaching, case review, and standardization for high-rate providers. Reduce no-labor CS – strengthen trial-of-labor policies, require second-level review. Spread best practices from providers consistently Enhance labor support – doula access, mobility, patient education

REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: September 2025 Activity	Chief of Clinic Operations	Carly Zamora, MSN, RN

2025 IVHD/PMH AMBULATORY DIVISION RHC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Weekly Meetings. On-Site Clinic Site Visit 9/11/25 with ECRMC
Staffing:	Ongoing	N/A	1-PD LVN Offer Letter Sent
Provider Additions	50%	N/A	Behavioral Health tentative October 2025.
Education	100%	N/A	Ambulatory Skills Fair on 8/29 and 9/12 with 90% attendance
Quality Measures	100%	N/A	CHPIV Medical Record Audit 9/10/25 Completed/Passed with 93% CHPIV Site Review 9/15/25 Completed/Passed with 99%
Stats			

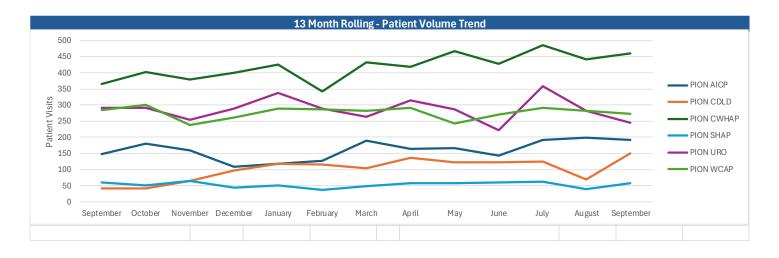
	Patient	Visits		5000
Clinic	25-Aug	25-Sep	Variance	
PION PHC	2693	2681	-12	4000
PION CHC	965	1004	39	8
PION PCHC	675	723	48	Patient Visits
PION WHAP	379	394	90	2000 - ati
Total	4712	4802		2000
				1000
	Locked	Motos		100.0
Clinic	25-Aug	25-Sep	Variance	97.5 -
PION PHC	90.30%	88.30%	-2.00%	95.0 -
PION CHC	99.70%	100.00%	0.30%	
PION PCHC	100.00%	100.00%	0.00%	92.5 - 0.0 - 0.0 -
PION WHAP	96.30%	94.20%	-2.10%	90.0 -
Total	96.57%	95.60%		87.5 -
				85.0 -
				82.5 -
				- 1



2025 IVHD/PMH AMBULATORY DIVISION OPD SPECIALITY CLINIC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Met with ECRMC, toured both facilities, weekly meetings to begin in October
Gl	Ongoing	None	Streamlining staffing due to added Provider, staff turnover
Staffing	Ongoing	N/A	1 Resignation – CWHAP, 1 Termination – CWHAP 1 FT Positions open in GI,
Infusion	Ongoing	N/A	Met with Team regarding Merger, beginning to plan for transition to ECRMC
Stats			See below:

Total Visits 1,377 1		Average No Show 9.7%		Total Locked Notes 89%		Average Pt Satis 21 - 63.7			
Pati	ent Visits			No Show Rate					
Clinic	Last Month	This Month	Variance	Clinic	Last Month	This Month	Variance		
Ambulatiory Infusion	198	192	-3%	Ambulatory Infusion	5.9%	5.4%	-8.59		
Center for Digestive & Liver Disease	68	150	121%	Center for Digestive & Liver Disease	12.6%	10.2%	-19.09		
Comprehensive Women's Health	442	461	4%	Comprehensive Women's Health	11.5%	9.6%	-16.59		
Surgical Health	38	57	50%	Surgical Health	3.6%	10.5%	191.79		
Surgical Health - Urology	283	245	-13%	Surgical Health - Urology	11.8%	15.0%	27.19		
Wound Clinic	281	272	-3%	Wound Clinic	9.3%	7.4%	-20.49		
Clos	sed Notes			Patient Satisfa	ction - Top E	Box Score			
Clinic	Last Month	This Month	Variance	Clinic	FY25 Q3	FY25 Q4	FY26 Q1		
Ambulatiory Infusion	100%	100%	0%	Ambulatiory Infusion	No Data	No Data	No data		
Center for Digestive & Liver Disease	100%	100%	0%	Center for Digestive & Liver Disease	No Data	69.14%	60.549		
Comprehensive Women's Health	88%	81%	-8%	Comprehensive Women's Health	No Data	74.17%	65.229		
Surgical Health	92%	89%	-3%	Surgical Health	No Data	95.45%	58.629		
Surgical Health - Urology	79%	66%	-16%	Surgical Health - Urology	No Data	55.26%	70.739		
Wound Clinic	97%	97%	0%	Wound Clinic	No Data	No Data	No Data		



2025 IVHD/PMH AMBULATORY DIVISION PHYSICAL THERAPY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Met with ECRMC 9/29, toured facilities, weekly meetings to begin in October
Staffing	Ongoing	N/A	1 PT Physical Therapy Assistant-Hold Reviewing with ECRMC
Cerner on-going	Ongoing	N/A	Working with patient accounting on Cerner Reviews and Reporting-Tickets Placed
Inpatient/Outpatient Review	Meetings Ongoing with Nursing	N/A	OP Volumes Consistent

2025 IVHD/PMH RADIOLOGY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Meetings being held Weekly.
Canon CT Project	Early Stages	. Payments will occur once the scanner is installed and operational	Currently in the early stages, Plans/Proposals being reviewed for general contracting.
PACS System	Ongoing	None	Working on the PACS Back Up Server- Early Stages
Staffing	Ongoing	None	Nuclear Medicine FT Position, 1 PD MRI Open and 1 PD Xray Tech opening
Radiology Monthly Meeting Schedule	100%	None	Radiology Meeting 9/26/25 Skills Fair for Radiology held 9/20/25
Stats:			

	24-Sept	YTD-24	25-Sept	YTD-25
Nuclear Med	25	316	53	377
DIAGNOSTIC	2,907	25,618	3,133	28,394
DEXA	55	520	119	695
Mammo	212	1,986	254	2,144
MRI	195	1,599	240	1,934
US	1,322	14,318	1,568	13,685
СТ	1,746	15,834	2,193	19,056

2025 IVHD/PMH LABRATORY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Meetings being held weekly.
Staffing	Ongoing	Contracting	3 FT Clinical Laboratory Scientist Positions open, Histology Tech Position (Reviewing with ECRMC)
Process Improvement	Ongoing	N/A	Reporting in November
Annual Health Fair	Scheduled		Employee TB & FLU Vaccinations started 9/9/25, Completed date 10/4 and 10/5

2025 IVHD/PMH PHARMACY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing	Ongoing	N/A	No Current Positions Open
IVHD Transition	Ongoing	N/A	Meetings being held weekly. Meet and greet completed 9/25
Policy Updates-IVHD PMHD	Ongoing	N/A	Policies and procedures are being reviewed and updated to reflect the IVHD PMH name change. This includes pharmacy operations, compliance documentation, and clinical protocols. Collaborating with ECRMC
Clean Room/Compounding Trailer/Pharmacy Space	Review Stages	N/A	Collaborating with ECRMC on space options for pharmacy compounding
Provider Collaboration	Ongoing	N/A	Ongoing work with providers to update policies and protocols. Formulary requests are being reviewed for drug efficiency and cost. Pharmacy attending Medical Staff Meetings.

2025 IVHD/PMH CHIEF OF CLINIC OPERATIONS/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Physician Updates	Ongoing	N/A	Recruitment Ongoing Contract Review Ongoing PD-Pediatric GI Physician-Review Ortho Spine Physician-In Review OBGYN: Site Visit 9/18/25 Urologist Resignation/Renewal in Review Urologists start date: January 2 nd , 2026 Wound Care Renewals in Review General Surgery Renewal in Review Psychiatrist in Review with Medical Staff Orthopedic Locum Contracts Finalizing Call Contract Meetings held for OBGYN Call Contracts
Contracts	Ongoing	N/A	Contract Review ongoing/Collaborating with ECRMC
Locums	Ongoing	N/A	Gaps in OB Call October-December. Gaps in Peds Call Ongoing
Projects:			
Centralized Scheduling	Ongoing	N/A	Meetings Held with Managers, Directors and Consulting Group. Innova initiating Review and Process Changes.
Ring Central	Ongoing	Monthly Expense	Ring Central Productivity being monitored and reviewed, Nurse line new process to be implemented
OP Infusion	Early Stages	N/A	Transition to ECRMC
Notable	Ongoing	N/A	QTR 3: 51% Delivered to Completed within all practice locations compared to 43% QTR 2. 82% start the process.
Wound Care	Ongoing	N/A	Transition Discussions being held
Grants	Ongoing	N/A	Reviewing New Grants for Submission Path Cited Grant Submitted 5/2/2025 waiting notification if awarded.
IVHD Transition	Ongoing	N/A	Meet weekly- Meet and Greets completed 9/3/25: QIP Teams 9/4/25: Radiology Weekly: Meeting with CNO 9/11/25: OP Centers 9/15: Radiology-Weekly 9/23: Infusion 9/25: Pharmacy-Weekly 9/29 and 10/1: Physical Therapy 10/1: Laboratory Executive Meetings every week, Biweekly Contract Review, Transition Call every week