



BOARD OF DIRECTORS

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

**AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS
THURSDAY, APRIL 23, 2026, 6:00 P.M.**

**Pioneers Memorial Hospital | PMH Auditorium
207 W. Legion Road, Brawley, CA. 92227**

[Join Microsoft Teams](#)

Meeting ID: 231 198 673 486 86

Passcode: dD2k7wd3

~ CLOSED SESSION ~ 6:00 p.m.

- a. CONFERENCE WITH REAL PROPERTY NEGOTIATORS (Gov. Code § 54956.8)
Property: El Centro Regional Medical Center, 1415 Ross Avenue El Centro, CA 92243 and related healthcare facilities
Agency negotiators: IVHD Ad Hoc (Katherine Burnworth, James Garcia, Laura Goodsell), Legal Counsel (Adriana Ochoa, Victor Roehm), IVHD CEO Christopher Bjornberg
Negotiating parties: Pablo Velez, ECRMC, City of El Centro
Under negotiation: Closing conditions related to Asset Transfer Agreement
- b. HEARINGS (Gov. Code § 32155)
Subject Matter: Quality Assurance Matters
 1. **Call to Order – 6:30**
 2. **Roll Call**
 3. **Pledge of Allegiance**
 4. **Approval of Request for Remote Appearance by Board Member(s), if Applicable**
 5. **Consider Approval of Agenda**
In the case of an emergency, items may be added to the agenda by a majority vote of the Board of Directors. An emergency is defined as a work stoppage, a crippling disaster, or other activity that severely imperils public

health, safety, or both. Items on the agenda may be taken out of sequential order as their priority is determined by the Board of Directors. The Board may take action on any item appearing on the agenda.

6. Public Comments

At this time the Board will hear comments on any agenda item. If any person wishes to be heard, they shall stand; address the president, identify themselves, and state the subject for comment. Time limit for each speaker is 3 minutes individually per item to address the Board. Individuals who wish to speak on multiple items will be allowed four (4) minutes in total. A total of 15 minutes shall be allocated for each item for all members of the public. The board may find it necessary to limit the total time allowable for all public comments on items not appearing on the agenda at anyone one meeting to one hour.

7. Board Comments

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

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

8. Consent Calendar

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

- a. Approve minutes for meetings of April 9, 2026
- b. Approval and file PMH Expenses/Financial Report March 2026

9. Items for Discussion and/or Board Action:

- a. Action Item: Approval of Reimbursement Agreement for Professional Services by and between Imperial Valley Healthcare District and Imperial County Local Agency Formation Commission
Presented by: Adriana Ochoa
- b. Update and Discussion: Strategic Planning
Presented by: Pablo Velez, ECRMC CEO

10. Management Reports

- a. Finance: Carly C. Loper, MAcc – Chief Financial Officer
- b. Hospital Operations: Carol Bojorquez, MSN, RN – Chief Nursing Officer
- c. Clinics Operation: Carly Zamora MSN, RN – Chief of Clinic Operations
- d. Executive: Christopher R. Bjornberg – Chief Executive Officer
- e. Legal: Adriana Ochoa – General Counsel

11. Items for Future Agenda

This item is placed on the agenda to enable the Board to identify and

schedule future items for discussion at upcoming meetings and/or identify press release opportunities.

12. Adjournment

- a. The next regular meeting of the Board will be held on May 14, 2026, at 6:00 p.m. at El Centro Regional Medical Center, 1271 Ross Avenue, El Centro, Ca. 92243

POSTING STATEMENT

A copy of the agenda was posted April 17, 2026, at 601 Heber Ave. Calexico, CA. 92231 at 9:30 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
APRIL 09, 2026
REGULAR BOARD MEETING**

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN REGULAR SESSION ON THE 9TH OF APRIL AT 601 HEBER AVENUE, CALEXICO, CA. ON THE DATE, HOUR AND PLACE DULY ESTABLISHED OR THE HOLDING OF SAID MEETING.

CLOSED SESSION – 6:06 p.m.

- a. **CONFERENCE WITH REAL PROPERTY NEGOTIATORS**
Property: El Centro Regional Medical Center, 1415 Ross Avenue El Centro, CA 92243 and related healthcare facilities
Agency negotiators: IVHD Ad Hoc (Katherine Burnworth, James Garcia, Laura Goodsell), Legal Counsel (Adriana Ochoa), IVHD CEO Christopher Bjornberg
Negotiating parties: Pablo Velez, ECRMC, City of El Centro
Under negotiation: Closing conditions related to Asset Transfer Agreement
- b. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION (Gov. Code 54956.9(d)(1)):**
 - a. **Name of Cases:**
 - i. Garcia (Imperial County Superior Court Case No. ECU003564)
 - ii. Bradkowski (Imperial County Superior Court Case No. ECU003564)
 - iii. Martinez (Imperial County Superior Court Case No. ECU003593)
 - iv. Robledo (Imperial County Superior Court Case No. ECU004097)
 - v. Roman (Imperial County Superior Court Case No. ECU004041)
 - vi. Pacheco (Imperial County Superior Court Case No. ECU004220)
 - vii. Castro (Imperial County Superior Court Case No. ECU004252)
 - viii. Covarrubias-Nunez (Imperial County Superior Court Case No. ECU004362)
 - ix. Bucio (Imperial County Superior Court Case No. ECU004556)

BOARD RECONVENED INTO OPEN SESSION AT 7:02 p.m.

- a. **No reportable action taken in closed session.**

1. TO CALL ORDER:

The regular meeting was called to order in open session at 7:02 p.m. by Director Burnworth.

2. ROLL CALL-DETERMINATION OF QUORUM:

President	Kathie Burnworth
Vice-President	Laura Goodsell
Treasurer	James Garcia
Secretary	Enola Berker
Trustee	Rodolfo Valdez
Trustee	Felipe Irigoyen
Trustee	Arturo Proctor

GUESTS:

Adriana Ochoa – Legal/Snell & Wilmer



Christopher R. Bjornberg - Chief Executive Officer

3. PLEDGE OF ALLEGIANCE WAS LED BY DIRECTOR BURNWORTH.

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

None

5. CONSIDER APPROVAL OF AGENDA:

Motion was made by Director Berker and second by Director Proctor to approve the agenda for April 09, 2026. Motion passed by the following vote wit:

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

NOES: None

6. PUBLIC COMMENT TIME:

James Gonzalez President for the Autism Support in Imperial County. They are a parent support group that provides information and guidance for families. They have started a new project a couple of years back from a grant they received from the state of California to build us up a custom trailer to do Autism evaluations mobily throughout the county. The grant paid for the truck and the construction of the trailer. They received an award for a 2nd grant through the state through the department of developmental disabilities. This grant will pay for an evaluation team. They are going to have paid phycologist and paid evaluations. The goal is to do over 120 evaluations through Imperial County y the end of 2028. On Saturday they are going to have an Autism event at Eager Park from 10am-2pm.

7. BOARD COMMENTS:

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

None

- b. Schedule of upcoming Board meetings and events.

None

- c. Report by Merger Strategic Planning Ad-Hoc Committee

Legal Adriana reported that the Strategic Planning Ad-Hoc Committee continues to meet with the bondholder and hopes to negotiate be able to achieve a successful close soon.

- d. Finance Committee Update.

None

8. CONSENT CALENDAR:

Motion was made by Director Valdez and second by Director Goodsell to approve the consent calendar items. Motion passed by the following vote wit:



- a. Minutes for March 26, 2026

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

NOES: None

9. ACTION ITEMS:

- a. Action Item: Policy and Procedures: Funds Investment

Motion was made by Director Garcia and second by Director Berker to approve Policy and Procedures: Funds Investment. Motion passed by the following wit:

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

NOES: None

- b. Action Item: Policy and Procedures: Chaperone Care 4908-2879-1709

Motion was made by Director Garcia and second by Director Berker to approve Policy and Procedures: Chaperone Care 4908-2879-1709. Motion passed by the following wit:

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

NOES: None

- c. Action Item: Policy and Procedures: Claims Management – Work Instruction

Motion was made by Director Garcia and second by Director Berker to approve Policy and Procedures: Claims Management – Work Instruction. Motion passed by the following wit:

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

NOES: None

- d. Action Item: Policy and Procedures: Pharmaceutical Services for Neonates in the NICU

Motion was made by Director Garcia and second by Director Berker to approve Policy and Procedures: Pharmaceutical Services for Neonates in the NICU. Motion passed by the following wit:

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

NOES: None

- e. Action Item: Policy and Procedures: Service Recovery

Motion was made by Director Garcia and second by Director Berker to approve Policy and Procedures: Service Recovery. Motion passed by the following wit:

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

NOES: None



- f. Action Item: Policy and Procedures: Life Safety Management Plan

Motion was made by Director Garcia and second by Director Berker to approve Policy and Procedures: Life Safety Management Plan. Motion passed by the following wit:

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

- g. Action Item: Adoption of Resolution No. 2026-0409 Resolution of the Board of Directors of the Imperial Valley Healthcare District to Amend its Conflict-of-Interest Code

Motion was made by Director Berker and second by Director Goodsell to approve Adoption of Resolution No. 2026-0409 Resolution of the Board of Directors of the Imperial Valley Healthcare District to Amend its Conflict-of-Interest Code. Motion passed by the following wit:

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

- h. Action Item: Adoption of Resolution No. 2026-0409B Resolution of the Board of Directors of the Imperial Valley Healthcare District Making Certain Authorizations and Establishing Certain Policies Pursuant to Senate Bill 707 (2025)

Motion was made by Director Garcia and second by Director Berker to approve Adoption of Resolution No. 2026-0409B Resolution of the Board of Directors of the Imperial Valley Healthcare District Making Certain Authorizations and Establishing Certain Policies Pursuant to Senate Bill 707 (2025). Motion passed by the following wit:

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

- i. Staff Recommends Action to Authorize: Approve and authorize the Ordering Document and Public Sector Agreement for Oracle Cloud Services between Oracle America, Inc. ("Oracle") and Imperial Valley Healthcare District ("IVHD").

Presented by: Carly Loper

Contract Value: \$539,385.00

Contract Term: Five-Year Agreement (May 2026 - May 2031)

Budgeted: Yes

Budgeted Classification: Licensing and Maintenance

Motion was made by Director Berker and second by Director Garcia to approve and authorize the Ordering Document and Public Sector Agreement for Oracle Cloud Services between Oracle America, Inc. ("Oracle") and Imperial Valley Healthcare District ("IVHD"). Motion passed by the following wit:

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



- j. Staff Recommends Action to Authorize: GE Healthcare-Anesthesia Carestation Machine
Presented by: Carol Bojorquez
Contract Value: \$180,761.24 (2 Units)
Contract Term: One Time Purchase
Budgeted: Only 1 (\$93,174, 1 unit)
Budgeted Classification: Capital

Motion was made by Director Garcia and second by Director Valdez to approve one purchase of the GE Healthcare-Anesthesia Carestation Machine. Motion passed by the following wit:

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

NOES: None

10. MANAGEMENT REPORTS:

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

Carly reported that she had news from Meridian yesterday they had an internal meeting and they are still having fairs, so we are not being paid on the outpatient side but we're still holding our Medicare, but we are getting our biweekly payments for the inpatient side. They are going to follow up on Monday.

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

None

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

None

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

None

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

Chris reported that the piece that they did of amendment for the clinic those are all taken care of now. We have the south side, and we are ready to go there. There is one thing that we have to finalize just to make the board aware that the building there is, even though it has two separate areas we do not have it metered for two areas so the water meter, electric meter all those things are just one at this point. We do have a metrology to be able to split those utilities. It's already in the contract. We just have to enact that when we take over that south side and actually start utilizing it. The other side of that is grounds. Currently they are taking care of the ground. Majority of it is obviously on the south side so we are working out that language as well. When we get to that point when we start utilizing the space over on the south side and we split that, that will just go to them in a bill every month for their portion of it. They will just do with their rent for the month as well.



He also reported that on the IT side they have got it to the point where Pablo, Dave and the C team from El Centro all have IVHD emails now and those are all working and able to utilize them. It is set up for the rest of the team as well to be able to kick over. We were waiting until the merger finalized but we have some issues with the servers that were utilizing at El Centro. They are fairly old and with that we are running into some issues and because of that issue we are going to go ahead and go early and move everyone over so that they don't have some of those issues that are happening. With that they have synced up the two domains from both campuses. They are going to do some validation on those over this next week or so which will make it so that it won't matter where you are you can log in without going through all these hoops. All that stuff from that perspective is coming together.

f. Legal: Adriana Ochoa – General Counsel

Adriana introduced Tyler Salcido as the Executive Officer for LAFCO, who is going to discuss a little bit about an item that the board can expect to see on the April 23rd agenda. If you recall that SB 1070, which is the current legislation that requires IVHD, but a funding mechanism on the ballot, on or before the November 2026 election, requires IVHD board of directors to collaborate with LAFCO in coming up with what that funding mechanism should be. We have WipFli on board that did present it, that presented on the debt capacity study last board meeting, and we're continuing to work with WipFli to figure out the funding mechanisms, source and we had meetings with some holsters to determine what would make the most sense. We can get some data for the board as we move into the next few months, and determination about what that funding mechanism should look like. Tyler from LAFCO brought to her attention on March 23rd that they received a proposal from RSG, Inc. to be an independent consultant for LAFCO to assist them with basically the collaboration required under SB 1070. LAFCO is separately obligated to conduct an MSR by the end of this year. That is a deadline that we are working with LAFCO to try to kick out to the end of next year in light of the merger and in current timelines just to make it make more sense, but LAFCO's expectation is that IVHD would be the funding source for the RSG study and the RSG study is about 108,000. So, as she discussed with LAFCO is we need the board's approval before we agree to reimburse or fund any study for LAFCO. So, Tyler is going to explain sort of why LAFCO believes that this is a necessary expenditure. And then if, depending on sort of the board's appetite, what we could do is put a reimbursement agreement on the agenda for April 23rd so that we can have a contract with LAFCO in a not to exceed amount to fund the study and so that we have clarity on terms and we don't have this kind of loose invoicing system going on with that LAFCO or funding or the board or the district would be funding on those things. She told Tyler he could have some time during her update tonight to introduce this item, and then there will be a full-fledged agenda, item, on the 23rd.

Tyler Salcedo, Executive Office for LAFCO interduce himself and he commended the board because they have a huge heavy lift and they have been asked to build basically a new countywide health district from scratch. Tyler elaborated more on SB1070 and the proposal from RSG. This item will be discussed more at the next meeting.

11. ITEMS FOR FUTURE AGENDA:

None



12. ADJOURNMENT:

With no future business to discuss, Motion was made unanimously to adjourn meeting at 7:57 p.m.



To: Board of Directors

Katherine Burnworth, President

Laura Goodsell, Vice President

Enola Berker, Secretary

James Garcia, Treasurer

Arturo Proctor, Trustee

Rodolfo Valdez, Trustee

Felipe Irigoyen, Trustee

Additional Distribution:

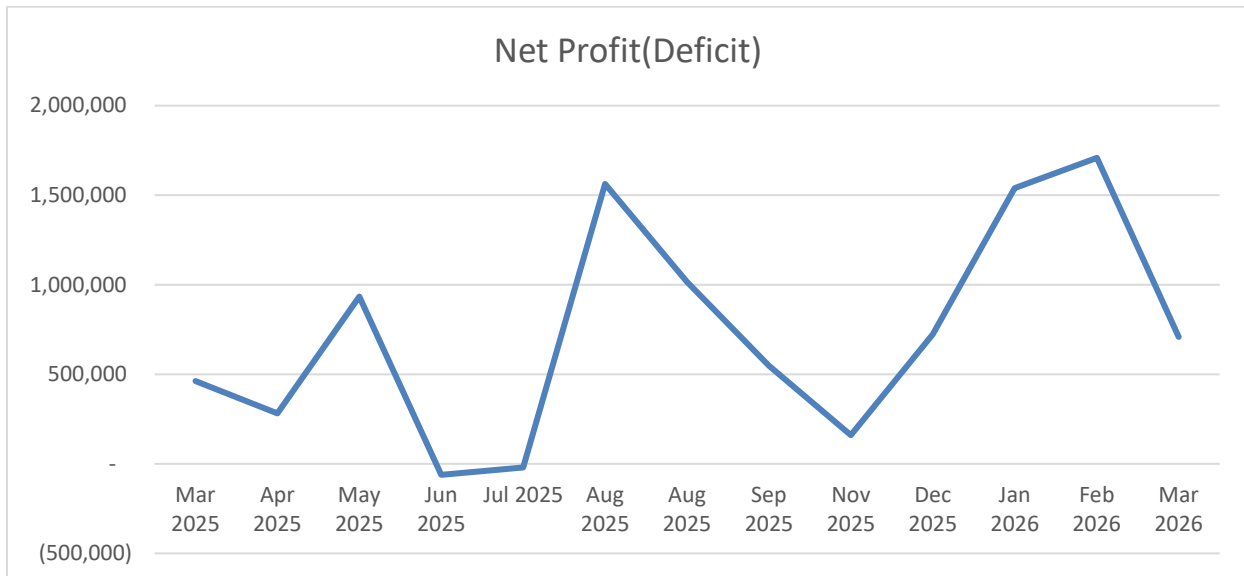
Christopher R. Bjornberg, Chief Executive Officer

From: Carly Loper, Chief Financial Officer

Financial Report – March 2026

Overview:

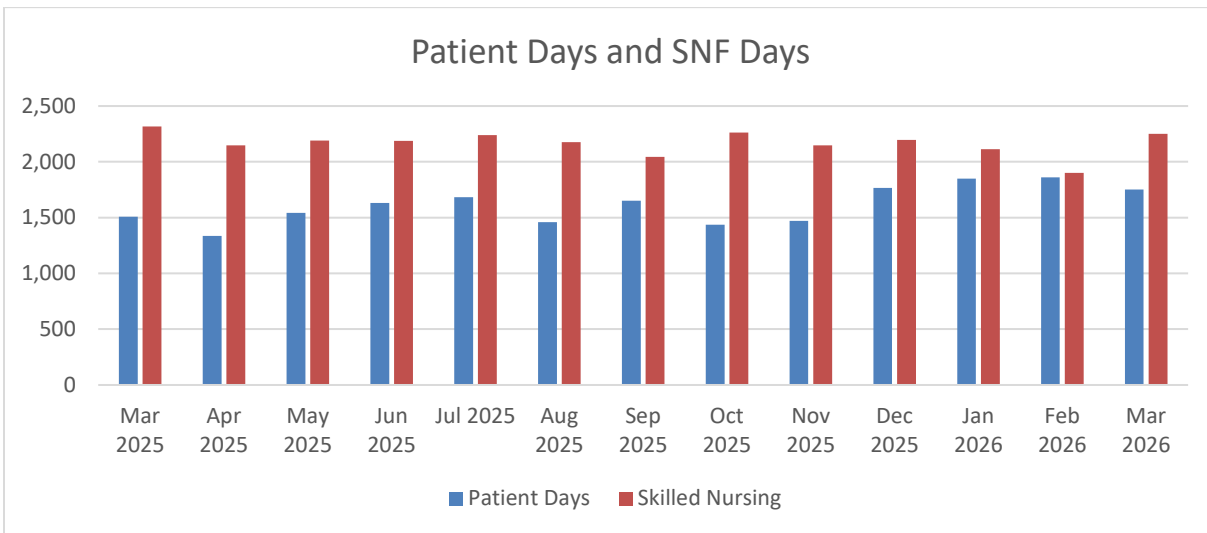
Financial operations for the month of March resulted in a profit of \$708,512 against a budgeted loss of (\$455,736). It should be noted that due to an internal error in the Noridian system, many billing claims have not been submitted to Noridian (Medicare) for payment. As of March 31, 2026, the total billing claims on hold are at an estimated value of \$8.5M.



Patient Volumes:

In March, inpatient days exceeded budget by 16.2% but fell below the prior month volumes by (5.9%). For the year-to-date period, inpatient days were under budget and prior year volumes by (0.9%).

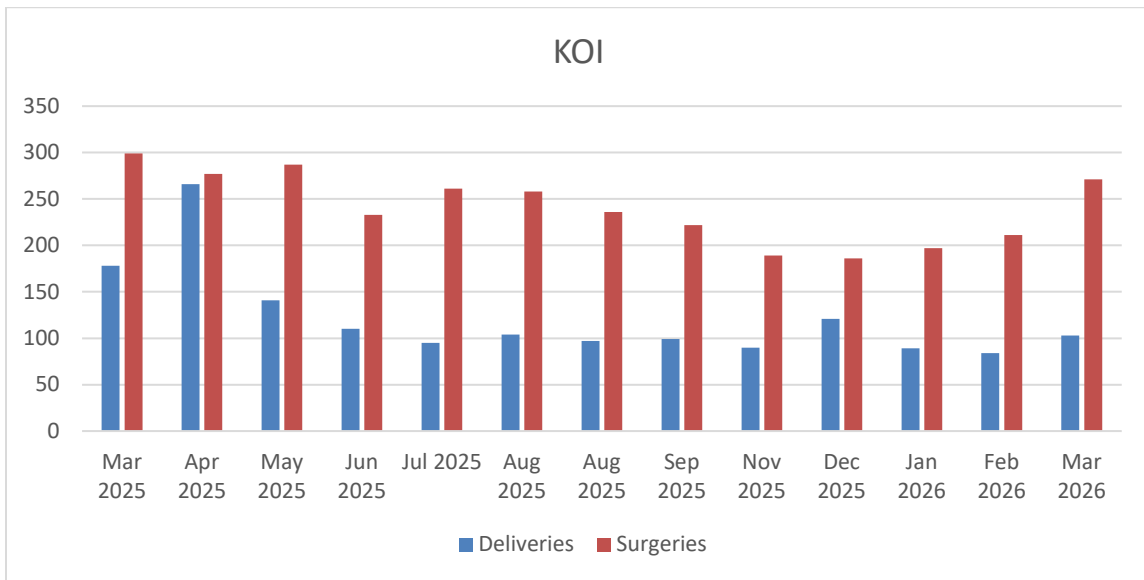
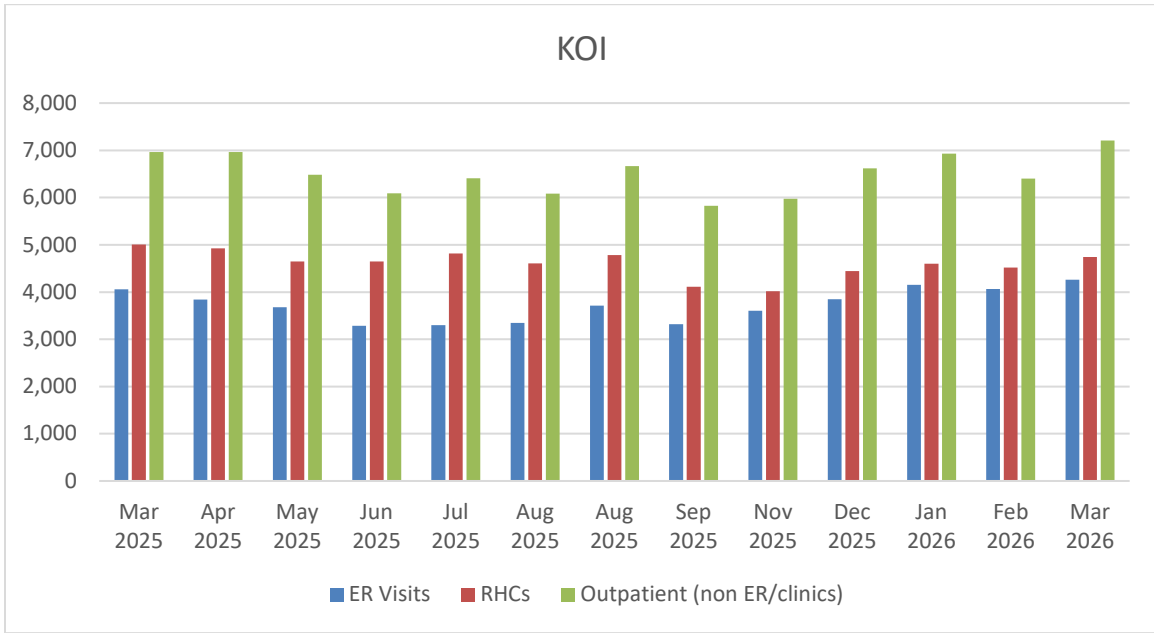
March inpatient days for Pioneers Memorial Skilled Nursing Center (PMSNC) were 2,252 compared to 1,901 inpatient days in February. PMSNC had an average daily census (ADC) of 72.6 for the month of March.



For the month of March, Deliveries exceeded the prior month volumes by 22.6% but fell below the monthly budget by (42.1%). Emergency Room visits exceeded the prior month volumes by 4.9% and exceeded the monthly budget by 12.4%. Surgeries for the month of March exceeded the prior month volumes by 28.4% but fell below the monthly budget by (1.5%). Calexico Health Center, Pioneers Health Center and Outpatient (non-ER) visits/volumes for March exceeded the prior month visits while Pioneers Children Health Center visits/volumes fell below the prior month visits/volumes. All fiscal year-to-date volumes, except for the Calexico Health Center, are lower than prior year volumes. For actual compared to budget fiscal year-to-date, the visits/volumes for Pioneers Children Health Center and Outpatient (non-ER) fell below budget while Pioneers Health Center and Calexico Health Center visits exceeded budget.

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

	Current Period			Year To Date		
	Act.	Bud	Prior Yr.	Act.	Bud	Prior Yr.
Deliveries	103	178	178	882	1,592	1,494
E/R Visits	4,263	3,794	4,055	33,604	33,011	34,867
Surgeries	271	275	299	2,031	2,652	3,079
GI Scopes	21	88	21	290	902	274
Calexico RHC	1,021	1,074	1,074	8,840	7,861	8,425
Pioneer Health	2,641	2,594	2,744	22,527	22,148	24,197



Gross Patient Revenues:

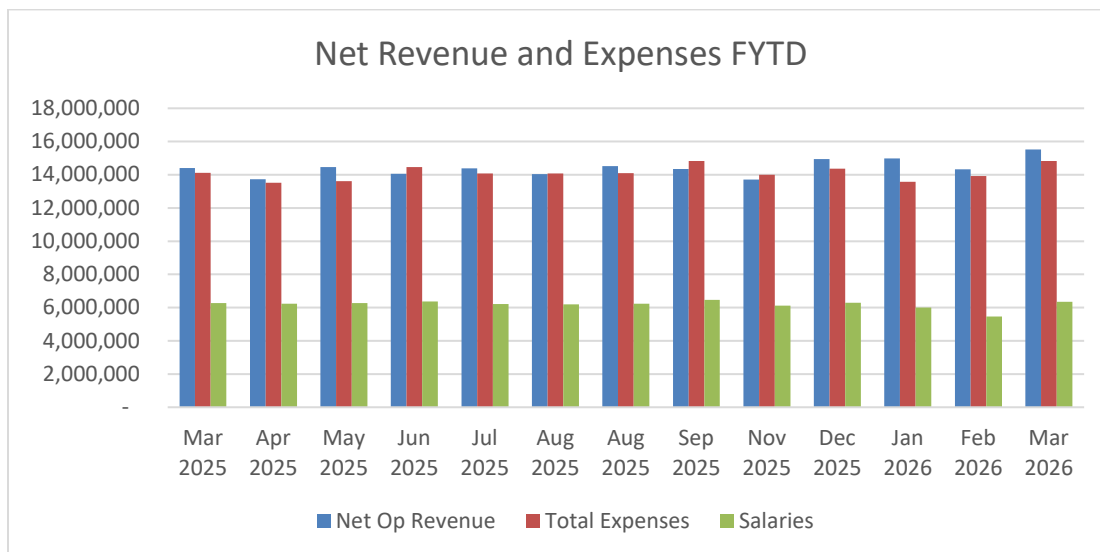
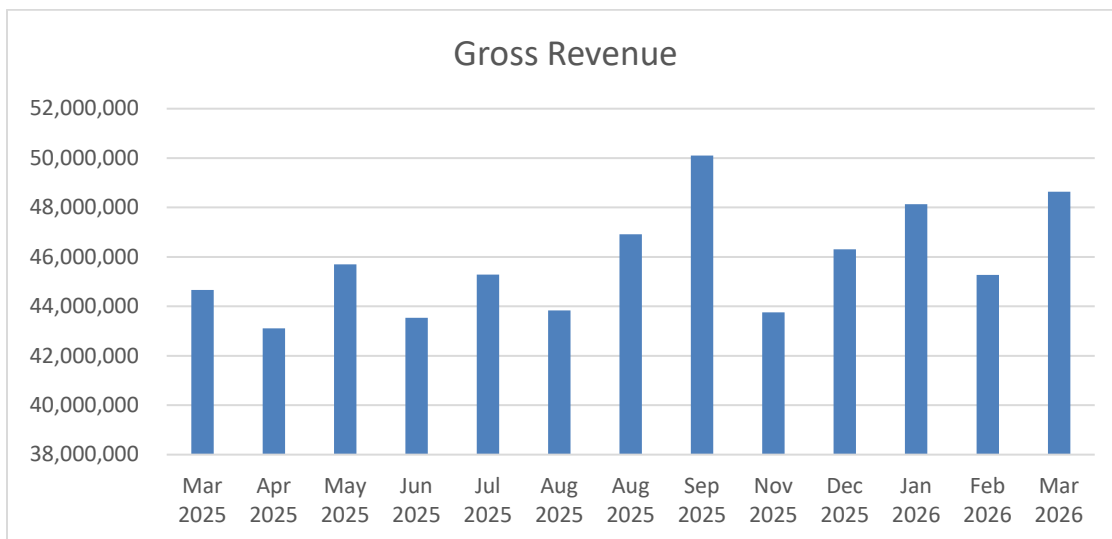
In March, gross revenues exceeded budget by \$3,976,402 or 8.9% and exceeded the prior month's revenues by \$3,363,958 or 7.4%.

	Monthly Gross Revenue	Daily Gross Revenue
February	\$45,275,530	\$1,616,983
March	\$48,639,488	\$1,569,016

Operating Expenses:

In total, March operating expenses were over budget by (\$194,875) or (1.3%). March's daily expenses were \$478,301 per day, which was lower than February's monthly expenses at \$497,062 per day. Total staffing expenses for March were over budget by (2.5%) while Benefits expenses were over budget by (22.5%). Total expenses for March exceeded the prior month expenses by (\$909,594) or (6.5%).

	Monthly Expenses	Daily Expenses
February	\$13,917,726	\$497,062
March	\$14,827,320	\$478,301

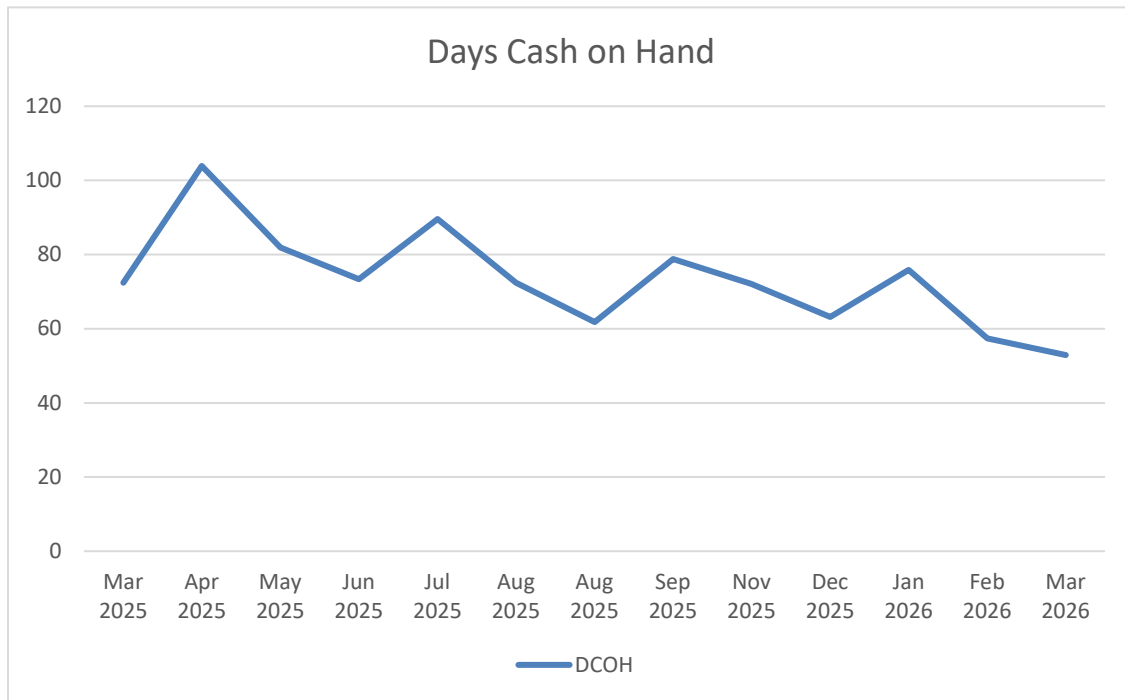


Bond Covenants:

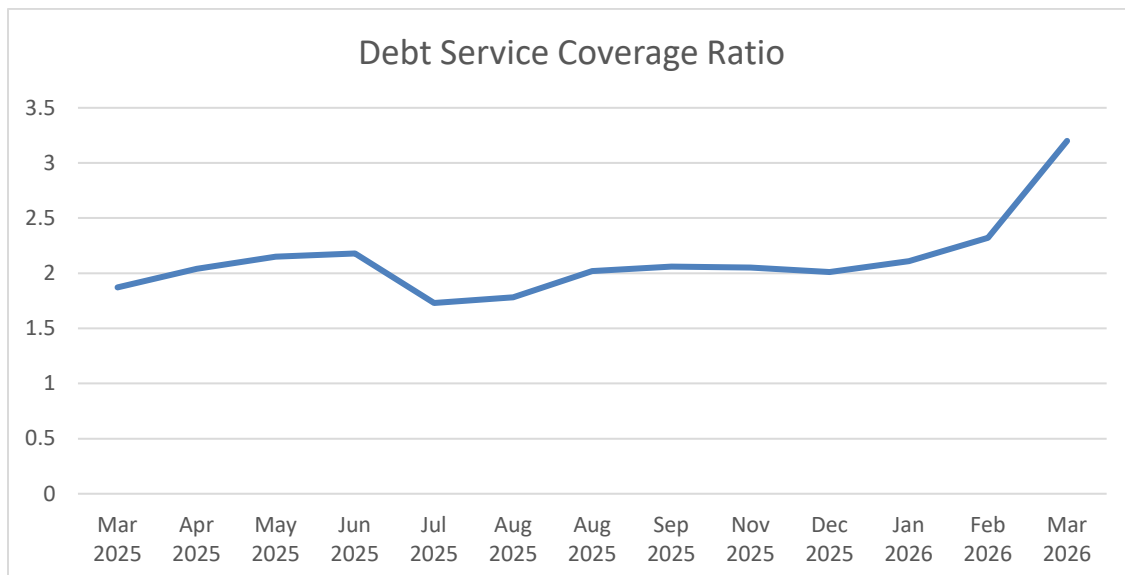
As part of the Series 2017 Bond issue, the District is required to maintain certain covenants or “promises” to maintain liquidity (days cash on hand of 50 days) and profitability (debt service coverage ratio of 1.20). A violation of either will allow the Bond Trustee (U.S. Bank) authorization to take 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 February 2026: 57.4 days cash on hand
end of March 2026: 52.9 days cash on hand

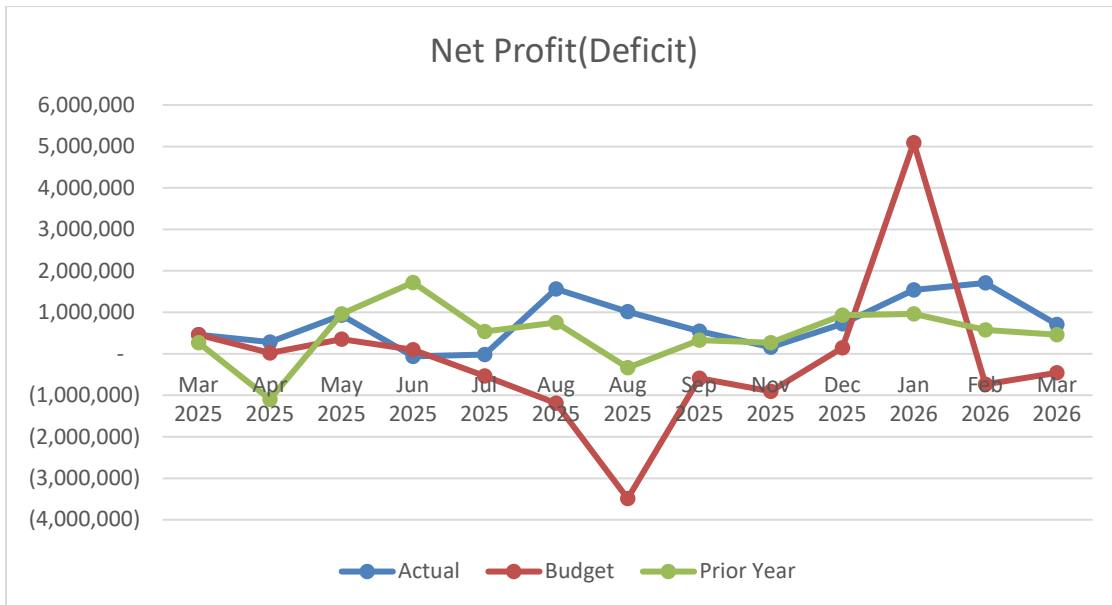


The District’s debt service coverage ratio for February 2026 was 2.32 while the debt service coverage ratio for March 2026 was 3.20.



Net Excess/(Deficit):

Fiscal year-to-date, District operations have resulted in a profit of \$7,945,707 against a budgeted profit of \$82,515, which is ahead of the prior year-to-date profit of \$4,486,665. Of the current year profit, approximately \$1.2 M is from FEMA reimbursement.



END OF REPORT

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

LAST MONTH ACTUAL FEBRUARY	LAST YEAR ACTUAL MARCH	THIS MONTH ACTUAL MARCH	THIS MONTH BUDGET MARCH	%	FOR THE PERIOD ENDING MARCH 31, 2026					
					FYTD ACTUAL MARCH	FYTD BUDGET MARCH	% VAR	FYTD PRIOR YEAR MARCH	% VAR	
5,048	3,264	5,132	3,646	40.73%	ADJ PATIENT DAYS	40,609	34,351	18.22%	34,351	18.22%
1,862	1,350	1,752	1,508	16.18%	INPATIENT DAYS	14,929	14,801	0.86%	14,801	0.86%
535	511	551	548	0.55%	IP ADMISSIONS	4,799	4,932	-2.70%	4,623	3.81%
60	45	57	49	16.18%	IP AVERAGE DAILY CENSUS	54	54	0.86%	54	0.86%
					GROSS PATIENT REVENUES					
16,698,885	18,471,097	16,606,443	18,471,098	-10.09%	INPATIENT REVENUE	153,557,271	174,968,864	-12.24%	174,968,862	-12.24%
1,812,095	4,460,991	2,133,453	4,460,991	-52.18%	DAILY HOSPITAL SERVICES	17,441,171	38,268,087	-54.42%	38,268,087	-54.42%
14,886,790	14,010,106	14,472,990	14,010,106	3.30%	INPATIENT ANCILLARY	136,116,100	136,700,776	-0.43%	136,700,775	-0.43%
28,576,645	26,191,988	32,033,045	26,191,988	22.30%	OUTPATIENT REVENUE	264,135,937	231,110,179	14.29%	231,110,180	14.29%
45,275,530	44,663,085	48,639,488	44,663,086	8.90%	TOTAL PATIENT REVENUES	417,693,208	406,079,043	2.86%	406,079,042	2.86%
					REVENUE DEDUCTIONS					
12,701,740	11,713,712	11,687,747	12,779,537	8.54%	MEDICARE CONTRACTUAL	107,753,613	115,015,834	6.31%	97,743,267	-10.24%
12,526,206	12,785,203	16,654,605	13,214,896	-26.03%	MEDICAL CONTRACTUAL	127,605,446	118,934,068	-7.29%	122,822,553	-3.89%
-1,558,849	-1,184,154	-1,836,204	-1,518,546	-20.92%	SUPPLEMENTAL PAYMENTS	-15,518,801	-13,666,918	-13.55%	-12,148,000	-27.75%
0	-88,856	0	0	100.00%	PRIOR YEAR RECOVERIES	-243,579	0	100.00%	-2,030,001	
6,762,298	6,978,258	5,856,425	5,408,650	-8.28%	OTHER DEDUCTIONS	60,812,192	48,677,851	-24.93%	66,156,392	8.08%
0	0	0	0	0.00%	CHARITY WRITE OFFS	1,775,956	0	#DIV/0!	289,127	-514.25%
833,587	600,000	1,188,218	1,365,442	12.98%	BAD DEBT PROVISION	7,578,165	12,288,978	38.33%	8,298,743	8.68%
-4,167	0	-4,167	-4,167	0.00%	INDIGENT CARE WRITE OFFS	-33,336	-37,503	11.11%	-29,169	14.28%
31,260,815	30,804,163	33,546,625	31,245,812	-7.36%	TOTAL REVENUE DEDUCTIONS	289,729,657	281,212,309	-3.03%	281,102,912	-3.07%
14,014,715	13,858,922	15,092,863	13,417,274	12.49%	NET PATIENT REVENUES	127,963,551	124,866,734	2.48%	124,976,130	-2.39%
69.0%	69.0%	69.0%	70.0%			69.4%	69.3%		69.2%	
					OTHER OPERATING REVENUE					
0	0	0	4,167		GRANT REVENUES	32,748	37,501		0	#DIV/0!
315,660	535,886	438,451	461,008	-4.89%	OTHER	4,137,787	4,149,071	-0.27%	4,149,071	-0.27%
315,660	535,886	438,451	465,175	-5.74%	TOTAL OTHER REVENUE	4,170,535	4,186,572	-0.38%	4,149,071	0.52%
14,330,375	14,394,808	15,531,314	13,882,449	11.88%	TOTAL OPERATING REVENUE	132,134,086	129,053,306	2.39%	129,125,201	2.33%
					OPERATING EXPENSES					
5,464,696	6,268,879	6,355,786	6,557,453	3.08%	SALARIES AND WAGES	55,346,954	59,909,874	7.62%	57,146,997	3.15%
1,678,127	1,816,690	2,315,581	1,889,992	-22.52%	BENEFITS	14,676,512	15,622,860	6.06%	15,003,536	2.18%
232,175	180,983	170,968	182,843	6.49%	REGISTRY & CONTRACT	1,623,387	1,878,657	13.59%	1,783,909	9.00%
7,374,998	8,266,552	8,842,335	8,630,289	-2.46%	TOTAL STAFFING EXPENSE	71,646,852	77,411,391	7.45%	73,934,442	3.09%
1,722,820	1,463,172	1,453,400	1,480,766	1.85%	PROFESSIONAL FEES	14,369,573	12,175,580	-18.02%	11,941,304	-20.34%
1,942,921	1,454,101	1,702,698	1,490,784	-14.21%	SUPPLIES	14,971,550	15,335,008	2.37%	14,917,768	-0.36%
593,279	684,894	557,492	702,369	20.63%	PURCHASED SERVICES	5,905,001	5,864,555	-0.69%	5,719,394	-3.25%
621,776	723,397	520,643	739,050	29.55%	REPAIR & MAINTENANCE	5,544,884	5,847,376	5.17%	5,704,797	2.80%
371,466	282,356	371,466	287,374	-29.26%	DEPRECIATION & AMORT	2,971,742	2,640,033	-12.56%	2,696,334	-10.21%
227,964	204,757	217,145	220,616	1.57%	INSURANCE	2,300,641	2,221,251	-3.57%	2,078,519	-10.69%
222,178	249,017	262,387	249,017	-5.37%	HOSPITALIST PROGRAM	1,951,860	2,066,401	5.54%	1,821,082	-7.18%
840,324	786,002	899,754	832,180	-8.12%	OTHER	8,102,950	8,057,543	-0.56%	7,555,630	-7.24%
13,917,726	14,114,248	14,827,320	14,632,445	-1.33%	TOTAL OPERATING EXPENSES	127,765,053	131,619,138	2.93%	126,369,270	-1.10%
412,649	280,560	703,994	-749,996	193.87%	TOTAL OPERATING MARGIN	4,369,033	-2,565,832	-270.28%	2,755,931	-58.53%
					NON OPER REVENUE(EXPENSE)					
194,298	114,595	-61,970	121,307	-151.09%	OTHER NON-OP REV (EXP)	-135,075	1,091,762	-112.37%	1,088,807	-112.41%
0	0	0	0	0.00%	FEMA FUNDS	2,078,448	0	100.00%	0	0.00%
1,152,541	117,632	117,632	225,987	-47.95%	DISTRICT TAX REVENUES	2,093,597	2,033,884	2.94%	1,113,785	87.97%
-51,144	-51,247	-51,144	-53,033	3.56%	INTEREST EXPENSE	-460,296	-477,298	3.56%	-471,858	2.45%
1,295,695	180,980	4,518	294,260	-98.46%	TOTAL NON-OP REV (EXPENSE)	3,576,674	2,648,347	35.05%	1,730,734	106.66%
1,708,344	461,540	708,512	-455,736	255.47%	NET EXCESS / (DEFICIT)	7,945,707	82,515	-9529.40%	4,486,665	-77.10%
1,359.90	1,106.21	928.31	1,064.12	12.76%	TOTAL PAID FTE'S (Inc Reg & Cont.)	1,145.51	1,346.40	14.92%	1,249.96	8.36%
1,218.48	981.75	839.30	758.04	-10.72%	TOTAL WORKED FTE'S	1,012.21	1,056.18	4.16%	1,029.15	1.65%
22.88	20.84	16.49	18.51	10.90%	TOTAL CONTRACT FTE'S	18.23	21.52	15.29%	20.84	12.52%

IMPERIAL VALLEY HEALTHCARE DISTRICT
BALANCE SHEET AS OF MARCH 31, 2026

	<u>FEBRUARY 2026</u>	<u>MARCH 2026</u>	<u>MARCH 2025</u>
ASSETS			
CURRENT ASSETS			
CASH	\$26,279,893	\$24,333,089	\$32,548,213
CASH - PEER ACCT	\$0	\$0	\$0
CASH - NORIDIAN AAP FUNDS	\$0	\$0	\$0
CASH - 3RD PRTY REPAYMENTS	-\$435,703	-\$435,703	\$0
CDs - LAIF & CVB	\$66,244	\$66,244	\$66,244
ACCOUNTS RECEIVABLE - PATIENTS	\$107,651,920	\$112,138,447	\$93,968,163
LESS: ALLOWANCE FOR BAD DEBTS	\$1,357,424	\$2,467,494	-\$3,293,239
LESS: ALLOWANCE FOR CONTRACTUALS	-\$69,461,001	-\$73,739,650	-\$73,379,787
NET ACCTS RECEIVABLE	\$39,548,343	\$40,866,291	\$17,295,137
	36.74%	36.44%	18.41%
ACCOUNTS RECEIVABLE - OTHER	\$28,265,887	\$30,998,823	\$37,771,153
COST REPORT RECEIVABLES	\$59,499	\$59,499	\$59,499
INVENTORIES - SUPPLIES	\$3,558,926	\$3,609,117	\$3,069,724
PREPAID EXPENSES	\$2,331,638	\$2,272,682	\$3,542,517
TOTAL CURRENT ASSETS	\$99,674,728	\$101,770,042	\$94,352,487
OTHER ASSETS			
PROJECT FUND 2017 BONDS	\$1,109,107	\$1,190,424	\$588,415
BOND RESERVE FUND 2017 BONDS	\$968,373	\$968,373	\$968,353
LIMITED USE ASSETS	\$103,614	\$96,117	-\$798,790
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	\$269,688
OTHER INVESTMENTS	\$420,000	\$420,000	\$420,000
UNAMORTIZED BOND ISSUE COSTS			
TOTAL OTHER ASSETS	\$63,400,141	\$63,473,960	\$66,379,116
PROPERTY, PLANT AND EQUIPMENT			
LAND	\$6,883,276	\$6,883,276	\$2,633,026
BUILDINGS & IMPROVEMENTS	\$63,870,530	\$63,870,530	\$63,118,597
EQUIPMENT	\$68,736,772	\$69,276,813	\$65,510,645
CONSTRUCTION IN PROGRESS	\$6,022,182	\$6,355,536	\$107,758
LESS: ACCUMULATED DEPRECIATION	-\$106,150,805	-\$106,522,271	-\$102,445,327
NET PROPERTY, PLANT, AND EQUIPMENT	\$39,361,956	\$39,863,883	\$28,924,699
TOTAL ASSETS	\$202,436,824	\$205,107,886	\$189,656,302

IMPERIAL VALLEY HEALTHCARE DISTRICT
BALANCE SHEET AS OF MARCH 31, 2026

	<u>FEBRUARY 2026</u>	<u>MARCH 2026</u>	<u>MARCH 2025</u>
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$4,195,628	\$4,511,686	\$3,645,266
ACCOUNTS PAYABLE - ACCRUALS	\$3,515,241	\$3,844,451	\$9,080,736
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$6,398,312	\$7,102,168	\$6,638,820
COST REPORT PAYABLES & RESERVES	-\$435,703	-\$435,703	\$0
NORIDIAN AAP FUNDS	\$0	\$0	\$0
CURR PORTION- GO BONDS PAYABLE	\$0	\$0	\$0
CURR PORTION- 2017 REVENUE BONDS PAYABLE	\$335,000	\$335,000	\$0
INTEREST PAYABLE- GO BONDS	\$1,917	\$1,917	\$1,917
INTEREST PAYABLE- 2017 REVENUE BONDS	\$586,900	\$640,029	\$321,254
OTHER - TAX ADVANCE IMPERIAL COUNTY	\$0	\$0	\$0
DEFERRED HHS CARES RELIEF FUNDS	\$0	\$0	\$0
CURR PORTION- LEASE LIABILITIES(GASB 87)	\$4,071,774	\$4,071,774	\$3,756,205
SKILLED NURSING OVER COLLECTIONS	\$3,392,861	\$3,595,143	\$1,846,445
CURR PORTION- SKILLED NURSING CTR ADVANCE	\$0	\$0	\$0
CURRENT PORTION OF LONG-TERM DEBT	\$1,037,037	\$1,037,037	\$1,056,440
TOTAL CURRENT LIABILITIES	\$23,098,968	\$24,703,502	\$26,347,083
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	-\$241,801	\$118,199	\$841,305
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	\$0
BONDS PAYABLE G.O BONDS	\$0	\$0	\$0
BONDS PAYABLE 2017 SERIES	\$14,113,151	\$14,111,165	\$14,469,988
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	\$275,438
TOTAL LONG TERM DEBT	\$99,316,841	\$99,674,856	\$104,817,539
FUND BALANCE AND DONATED CAPITAL	\$72,783,818	\$72,783,818	\$54,003,028
NET SURPLUS (DEFICIT) CURRENT YEAR	\$7,237,198	\$7,945,710	\$4,488,652
TOTAL FUND BALANCE	\$80,021,016	\$80,729,528	\$58,491,680
TOTAL LIABILITIES AND FUND BALANCE	\$202,436,825	\$205,107,886	\$189,656,302

IMPERIAL VALLEY HEALTHCARE DISTRICT

STATEMENT OF REVENUE AND EXPENSE - 12 Month Trend

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Mar-26
ADJ PATIENT DAYS	2,707	3,686	3,714	4,647	4,044	4,407	3,843	3,835	4,616	5,099	5,048	5,454	50,736
INPATIENT DAYS	1,110	1,542	1,632	1,684	1,458	1,651	1,435	1,472	1,766	1,849	1,862	1,862	19,323
IP ADMISSIONS	462	551	538	555	500	518	486	519	591	544	535	535	6,334
IP AVERAGE DAILY CENSUS	46	50	54	54	47	55	48	49	57	60	60	60	641
GROSS PATIENT REVENUES													
INPATIENT REVENUE	17,673,179	19,122,305	19,132,498	16,407,174	15,807,716	17,579,003	18,708,455	16,577,828	17,717,202	17,454,567	16,698,885	16,606,443	209,485,255
DAILY HOSPITAL SERVICES	4,502,920	4,627,358	4,467,121	1,774,557	1,896,971	1,848,468	1,986,576	1,928,149	2,046,747	2,014,155	1,812,095	2,133,453	31,038,570
INPATIENT ANCILLARY	13,170,259	14,494,947	14,665,377	14,632,616	13,910,745	15,730,535	16,721,879	14,649,679	15,670,455	15,440,412	14,886,790	14,472,990	178,446,685
OUTPATIENT ANCILLARY	25,433,294	26,581,622	24,402,953	28,872,822	28,033,507	29,339,945	31,397,710	26,610,818	28,589,731	30,681,714	28,576,645	32,033,045	340,553,807
TOTAL PATIENT REVENUES	43,106,473	45,703,927	43,535,451	45,279,996	43,841,223	46,918,948	50,106,165	43,188,646	46,306,933	48,136,281	45,275,530	48,639,488	550,039,062
REVENUE DEDUCTIONS													
MEDICARE CONTRACTUAL	10,228,981	10,173,409	7,188,611	10,914,920	9,513,796	13,253,122	12,400,237	12,107,072	10,865,907	11,459,208	12,701,740	11,687,747	132,494,750
MEDICAL CONTRACTUAL	13,643,163	13,219,010	9,340,656	13,887,933	12,434,283	13,701,424	15,868,842	14,854,153	13,155,413	14,173,721	12,526,206	16,654,605	163,459,409
SUPPLEMENTAL PAYMENTS	-1,378,326	-1,453,003	-1,026,703	-1,322,496	8,526,807	-1,574,256	-1,573,242	-3,053,795	-1,558,849	-1,559,145	-1,558,849	-1,836,204	-9,368,061
PRIOR YEAR RECOVERIES	-467,741	0	0	0	994,668	0	-243,579	0	0	0	0	0	283,348
OTHER DEDUCTIONS	6,797,466	8,500,637	6,006,617	6,876,265	-4,235	5,605,549	7,821,997	4,893,665	9,044,769	8,483,492	6,762,298	5,856,425	76,644,945
CHARITY WRITE OFFS	8,600	188,266	133,030	2,926	159,173	1,375,831	390,992	0	0	0	0	0	2,258,819
BAD DEBT PROVISION	920,000	920,000	650,079	872,185	-1,396,479	38,784	1,106,077	1,006,077	500,000	939,836	833,587	1,188,218	7,578,364
INDIGENT CARE WRITE OFFS	0	0	0	0	0	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-29,169
TOTAL REVENUE DEDUCTIONS	29,752,143	31,548,319	22,292,290	31,231,733	30,228,014	32,396,287	35,767,157	29,803,005	32,003,073	33,492,945	31,260,815	33,546,625	373,322,405
NET PATIENT REVENUES	13,354,330	14,155,608	21,243,161	14,048,263	13,613,209	14,522,661	14,339,008	13,385,641	14,303,860	14,643,336	14,014,715	15,092,863	176,716,657
	69.02%	69.03%	51.20%	68.97%	68.95%	69.05%	71.38%	69.01%	69.11%	69.58%	69.05%	68.97%	67.87%
OTHER OPERATING REVENUE													
GRANT REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	372,539	311,185	571,500	339,253	424,312	457,484	887,444	322,016	642,090	343,826	315,660	438,451	5,425,760
TOTAL OTHER REVENUE	372,539	311,185	571,500	339,253	424,312	457,484	887,444	322,016	642,090	343,826	315,660	438,451	5,425,760
TOTAL OPERATING REVENUE	13,726,869	14,466,793	21,814,661	14,387,516	14,037,521	14,980,145	15,226,452	13,707,657	14,945,950	14,987,162	14,330,375	15,531,314	182,142,417
OPERATING EXPENSES													
SALARIES AND WAGES	6,237,213	6,278,514	6,361,973	6,223,056	6,189,444	6,240,870	6,463,090	6,119,637	6,289,771	6,000,604	5,464,696	6,355,786	74,224,654
BENEFITS	1,462,931	844,172	1,692,653	1,346,466	1,436,464	1,241,463	1,598,931	1,838,087	1,727,228	1,494,165	1,678,127	2,315,581	18,676,268
REGISTRY & CONTRACT	210,277	233,655	149,099	191,671	114,483	157,463	183,055	183,990	184,189	205,392	232,175	170,968	2,216,417
TOTAL STAFFING EXPENSE	7,910,421	7,356,341	8,203,725	7,761,193	7,740,391	7,639,796	8,245,076	8,141,714	8,201,188	7,700,161	7,374,998	8,842,335	95,117,339
PROFESSIONAL FEES	1,490,185	1,435,269	3,832,524	1,562,084	1,733,156	1,691,793	1,474,067	1,353,338	1,713,260	1,665,655	1,722,820	1,453,400	21,127,551
SUPPLIES	1,405,314	1,678,334	1,854,283	1,711,274	1,555,753	1,562,601	1,893,608	1,529,212	1,620,743	1,452,740	1,942,921	1,702,698	19,909,481
PURCHASED SERVICES	459,333	667,131	719,599	601,430	680,238	693,069	730,849	728,043	675,807	644,794	593,279	557,492	7,751,064
REPAIR & MAINTENANCE	662,344	733,946	601,686	713,336	617,305	666,485	471,500	603,894	674,653	655,292	621,776	520,643	7,542,860
PHYSICIAN GUARANTEES	0	0	0	0	0	0	0	0	0	0	0	0	0
DEPRECIATION & AMORT	331,604	305,281	299,579	309,556	309,566	309,556	309,556	309,555	309,555	371,466	371,466	371,466	3,908,206
INSURANCE	224,447	222,120	58,380	246,647	286,130	292,266	273,371	326,217	223,636	207,264	227,964	217,145	2,805,587
HOSPITALIST PROGRAM	244,297	207,916	292,881	295,732	244,175	253,042	256,382	164,853	0	253,111	222,178	262,387	2,696,954
OTHER	784,904	1,008,868	1,741,873	879,760	908,378	989,919	1,170,707	849,319	948,025	616,764	840,324	899,754	11,638,595
TOTAL OPERATING EXPENSES	13,512,849	13,615,206	17,604,530	14,081,012	14,075,092	14,098,527	14,825,116	14,006,145	14,366,867	13,567,247	13,917,726	14,827,320	172,497,637
TOTAL OPERATING MARGIN	214,020	851,587	4,210,131	306,504	-37,571	881,618	401,336	-298,488	579,083	1,419,915	412,649	703,994	9,644,780
NON OPER REVENUE(EXPENSE)													
OTHER NON-OPS REVENUE	344	16,003	94,548	-1,109,043	171,783	68,041	79,378	391,419	77,861	53,158	194,298	-61,970	-24,180
FEMA FUNDS	0	0	0	715,753	0	0	0	0	0	0	0	0	715,753
DISTRICT TAX REVENUES	117,632	117,632	350,067	117,632	117,632	117,632	117,632	117,632	117,632	117,632	1,152,541	117,632	2,678,928
INTEREST EXPENSE	-51,196	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-613,780
CARES HHS/ FEMA RELIEF FUNDING	0	0	0	0	1,362,695	0	0	0	0	0	0	0	1,362,695
TOTAL NON-OPS REVENUE(EXPENSE)	66,780	82,491	393,471	-326,802	1,600,966	134,529	145,866	457,907	144,349	119,646	1,295,695	4,518	4,119,416
NET EXCESS / (DEFICIT)	280,800	934,078	4,603,602	-20,298	1,563,395	1,016,147	547,202	159,419	723,432	1,539,561	1,708,344	708,512	13,764,196
TOTAL PAID FTE'S (Inc Reg & Cont.)	964.28	1,011.14	1,129.64	1,191.95	1,276.95	954.26	1,017.98	1,107.43	1,195.88	1,290.19	1,359.90	928.31	1,118.99
TOTAL WORKED FTE'S	837.21	915.77	991.52	1,049.86	1,137.05	853.38	922.31	987.18	1,017.82	1,098.47	1,218.48	839.30	989.03
TOTAL CONTRACT FTE'S	21.15	21.06	15.28	19.86	14.68	16.53	17.51	18.53	18.77	19.23	22.88	16.49	18.50
PAID FTE'S - HOSPITAL	803.19	860.70	1,024.79	1,089.84	1,124.91	850.19	913.90	999.88	1,085.17	1,139.27	1,252.57	827.59	997.67
WKD FTE'S - HOSPITAL	697.31	785.41	900.06	960.18	1,003.78	762.67	831.61	896.47	933.80	975.26	1,127.18	751.52	885.44

Imperial Valley Healthcare District - Financial Indicators Report
(Based on Prior 12 Months Activities)
For The 12 Months Ending: March 31, 2026
excludes: GO bonds tax revenue, int exp and debt,

1. Debt Service Coverage Ratio

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

$$\begin{aligned} \text{Formula:} & \quad \frac{\text{Cash Flow} + \text{Interest Expense}}{\text{Principal Payments Due} + \text{Interest}} \\ \text{DSCR} = & \quad \frac{\$18,286,167}{\$5,722,591} = \mathbf{3.20} \end{aligned}$$

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

2. Days Cash on Hand Ratio

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

$$\begin{aligned} \text{Formula:} & \quad \frac{\text{Cash} + \text{Marketable Securities}}{\text{Operating Expenses, Less Depreciation}} \times 365 \text{ Days} \\ \text{DCOHR} = & \quad \frac{\$23,963,630}{\$165,451,995} \times 365 = \mathbf{52.9} \end{aligned}$$

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

3. Long-Term Debt to Capitalization Ratio

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

$$\begin{aligned} \text{Formula:} & \quad \frac{\text{Long-term Debt}}{\text{Long-term Debt} + \text{Fund Balance (Total Capital)}} \\ \text{L.T.D.-C.R.} = & \quad \frac{\$104,390,029}{\$184,930,561} = \mathbf{56.4} \end{aligned}$$

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

9 Months 3/31/2026

	Current Month 3/31/2026	Year-To-Date 9 Month 3/31/2026
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	708,509	7,945,707
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	\$371,466	\$2,971,744
(Increase)/Decrease in Net Patient Accounts Receivable	(\$1,317,948)	(\$11,802,351)
(Increase)/Decrease in Other Receivables	(\$2,732,936)	(\$1,149,269)
(Increase)/Decrease in Inventories	(\$50,190)	(\$560,280)
(Increase)/Decrease in Pre-Paid Expenses	\$58,956	(\$165,905)
(Increase)/Decrease in Other Current Assets	\$0	\$3,233,154
Increase/(Decrease) in Accounts Payable	\$316,058	\$846,559
Increase/(Decrease) in Notes and Loans Payable	\$329,210	(\$6,075,190)
Increase/(Decrease) in Accrued Payroll and Benefits	\$0	(\$7,417,955)
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	\$756,985	\$7,144,628
Net Cash Provided by Operating Activities:	(1,559,890)	(\$5,029,159)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(\$873,393)	(\$7,142,692)
(Increase)/Decrease in Limited Use Cash and Investments	\$7,497	(\$94,330)
(Increase)/Decrease in Other Limited Use Assets	(\$81,317)	(\$730,767)
(Increase)/Decrease in Other Assets	\$0	\$0
Net Cash Used by Investing Activities	(\$947,213)	(\$7,967,789)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(\$1,985)	(\$17,867)
Increase/(Decrease) in Capital Lease Debt	\$0	\$0
Increase/(Decrease) in Other Long Term Liabilities	\$562,282	\$564,453
Net Cash Used for Financing Activities	\$560,296	\$546,586
(INCREASE)/DECREASE IN RESTRICTED ASSETS	\$0	\$0
Net Increase/(Decrease) in Cash	(\$1,946,807)	(\$12,450,361)
Cash, Beginning of Period	\$25,910,434	\$36,413,989
Cash, End of Period	\$23,963,628	\$23,963,627



Key Operating Indicators March 2026

	Month			YTD		
	ACTUAL	BUDGET	PRIOR YR	ACTUAL	BUDGET	PRIOR YR
Volumes						
Admits	551	548	511	4,799	4,932	4,623
ICU	66	85	85	895	1,033	1,033
Med/Surgical	1,248	853	853	9,852	8,788	8,788
Newborn ICU	82	119	119	877	1,013	1,013
Pediatrics	71	77	77	568	595	595
Obstetrics	285	374	374	2,737	3,372	3,372
Total Patient Days	1,752	1,508	1,508	14,929	14,801	14,801
Adjusted Patient Days	5,132	3,646	3,646	40,609	34,351	34,351
Average Daily Census	57	49	49	54	54	54
Average Length of Stay	2.37	2.75	2.76	1.78	3.03	2.84
Deliveries	103	178	178	882	1,592	1,494
E/R Visits	4,263	3,794	4,055	33,604	33,011	34,867
Surgeries	271	275	299	2,031	2,652	3,079
Wound Care	325	104	287	2,590	1,235	2,648
Pioneers Health Center	2,641	2,594	2,744	22,527	22,148	24,197
Calexico Visits	1,021	1,074	1,074	8,840	7,861	8,425
Pioneers Children	722	839	845	6,252	7,555	6,790
Outpatients (non-ER/Clinics)	7,209	6,516	6,961	58,259	63,932	61,235
Surgical Health	62	56	47	523	561	481
Urology	275	215	263	2,284	2,948	3,102
WHAP	357	336	342	3,020	3,549	3,719
C-WHAP	529	445	432	4,561	4,666	3,244
CDLD	252	105	104	1,496	555	648
Skilled Nursing	2,252	2,435	2,317	19,334	21,914	19,802
FTE's						
Worked	839.30	758.04	981.75	1,012.21	1,056.18	1,029.15
Paid	928.31	1,064.12	1,106.21	1,145.51	1,346.40	1,249.96
Contract FTE's	16.49	18.51	20.84	18.23	21.52	20.84
FTE's APD (Worked)	5.07	6.44	8.35	6.83	8.42	8.21
FTE's APD (Paid)	5.61	9.05	9.40	7.73	10.74	9.97
Net Income						
Operating Revenues	15,531,314	13,882,449	14,394,808	\$132,134,088	\$129,053,306	\$129,125,201
Operating Margin	703,994	(749,996)	280,560	\$4,369,033	-\$2,565,832	\$2,755,931
Operating Margin %	4.5%	-5.4%	1.9%	3.3%	-2.0%	2.1%
Total Margin	708,512	(455,736)	461,540	\$7,945,707	\$82,515	\$4,486,665
Total Margin %	4.6%	-3.3%	3.2%	6.0%	0.1%	3.5%

Exhibit A - March 2026

Key Volume Stats -Trend Analysis

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
Deliveries														
Actual	95	104	97	99	90	121	89	84	103	0	0	0	882	882
Budget	162	181	195	171	187	200	162	156	178	177	177	177	2,123	1,592
Prior FY 2025	152	167	184	159	167	170	148	169	178	266	141	110	2,201	1,494
E/R Visits														
Actual	3,297	3,346	3,710	3,318	3,605	3,849	4,154	4,062	4,263	0	0	0	33,604	33,604
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	33,011
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	34,867
Surgeries														
Total Actual	261	258	236	222	189	186	197	211	271	0	0	0	2,031	2,031
Total Budget	335	309	275	295	301	331	312	219	275	295	295	295	3,537	2,652
Prior FY 2025	312	403	369	452	323	304	366	251	299	277	287	233	3,510	3,079
Calexico														
Actual	1,124	961	1,002	914	900	958	974	986	1,021	0	0	0	8,840	8,840
Budget	722	760	831	906	776	891	957	944	1,074	873	873	873	10,480	7,861
Prior FY 2025	621	675	829	915	1,119	1,232	1,012	948	1,074	1,174	923	1,034	11,556	8,425
Pioneers Health Center														
Actual	2,654	2,539	2,630	2,251	2,269	2,485	2,552	2,506	2,641	0	0	0	22,527	22,527
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	22,148
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	24,197
Pioneers Children														
Actual	660	734	766	622	573	673	754	748	722	0	0	0	6,252	6,252
Budget	723	799	846	906	858	881	905	798	839	839	839	839	10,072	7,555
Prior FY 2025	358	376	765	841	1,009	984	878	734	845	728	749	659	8,926	6,790
Outpatients														
Actual	6,548	6,085	6,669	5,825	5,974	6,617	6,933	6,399	7,209	0	0	0	58,259	58,259
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	63,932
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	61,235
Wound Care														
Actual	297	281	272	323	237	272	280	303	325	0	0	0	2,590	2,590
Budget	197	160	118	122	119	136	167	112	104	137	137	137	1,646	1,235
Prior FY 2025	270	327	332	326	251	258	293	304	287	292	242	270	3,452	2,648
WHAP														
Actual	378	373	383	324	276	327	321	281	357	0	0	0	3,020	3,020
Budget	378	513	392	415	391	379	425	320	336	394	394	394	4,731	3,549
Prior FY 2025	330	443	388	414	688	362	427	325	342	367	375	369	4,830	3,719
C-WHAP														
Actual	738	657	651	424	403	414	362	383	529	0	0	0	4,561	4,561
Budget	465	457	588	610	558	583	581	379	445	518	518	518	6,220	4,666
Prior FY 2025	131	95	365	403	552	400	425	441	432	419	599	588	4,850	3,244

REIMBURSEMENT AGREEMENT FOR PROFESSIONAL SERVICES BY AND BETWEEN IMPERIAL VALLEY HEALTHCARE DISTRICT AND IMPERIAL COUNTY LOCAL AGENCY FORMATION COMMISSION

This Reimbursement Agreement for Professional Services by and between Imperial Valley Healthcare District and Imperial County Local Agency Formation Commission (“Agreement”) is made and entered into this 23rd day of April, 2026, by and between the Imperial Valley Healthcare District (“IVHD”), California healthcare district organized pursuant to Health & Safety Code §§ 32000, and the Imperial County Local Agency Formation Commission (“LAFCO”), a California public agency organized pursuant to Government Code §§ 56000 et seq. IVHD and the LAFCO are sometimes individually referred to herein as the “Party” and collectively as the “Parties.”

RECITALS

A. IVHD is a local health care district in the County of Imperial formed pursuant to AB 918 (2023), which legislation, as modified by SB 1070 (2024), requires the IVHD Board of Directors recommend a permanent funding source mechanism to be presented to and approved by voters via ballot measure on or before the November 2026 election;

B. Pursuant to AB 918, IVHD, in collaboration with the Imperial County LAFCO, is required to use a financial feasibility study conducted by the Imperial County LAFCO to determine the funding source mechanism (the “Feasibility Study”); and

C. Pursuant to AB 918, LAFCO is also required to conduct a municipal service review (“MSR”) regarding IVHD’s health care service provision within the boundaries of the district pursuant to Section 56430 of the Government Code;

D. LAFCO plans to enter into an agreement for Professional Services (“Professional Services Agreement”) with RGS, Inc. (“Consultant”), which agreement commences on April 23, 2026, a copy of which is attached as Exhibit “A.” The services Consultant provides under the Professional Services Agreement includes a financial feasibility & validation study for IVHD’s funding mechanism, as well as a MSR Peer Review; and

E. The Professional Services Agreement requires LAFCO to compensate the Consultant for services rendered in an amount not to exceed One Hundred Eight Thousand One Hundred Eighty Dollars and No Cents (\$108,180.00); and

F. IVHD desires to reimburse the LAFCO for the cost of Professional Services performed by Consultant pursuant to the Professional Services Agreement, as amended.

IN CONSIDERATION of the mutual promises set forth in this Agreement, the Parties agree as follows:

AGREEMENT

1. Reimbursement to LAFCO. IVHD agrees to reimburse LAFCO for Professional Services rendered by Consultant under the Professional Services Agreement.

2. Maximum Reimbursement. IVHD's total reimbursement obligation under the term of this Agreement shall not exceed One Hundred Eight Thousand One Hundred Eighty Dollars (\$180,108.00) for Professional Services by Consultant, irrespective of the total amount paid by LAFCO to Consultant for services under the Professional Services Agreement.

3. Contingent Obligations. IVHD's obligation to reimburse the LAFCO for Consultant's services is contingent upon Consultant's delivery of the required Feasibility Study on or before July 15, 2026, and the MSR Peer Review on or before December 2027.

4. Invoicing. LAFCO shall submit an invoice to IVHD for reimbursement of the services provided under the Professional Services Agreement by no later than thirty (30) days after Consultant's production of the Feasibility Study. LAFCO shall submit a second invoice to IVHD for reimbursement of the services provided under the Professional Services Agreement by no later than thirty (30) days after Consultant's production of the MSR Peer Review. The invoices shall contain documentation of the hours the Consultant spent providing services through the date of the invoice. IVHD shall remit payment within thirty (30) calendar days of receipt of the invoice.

5. Term and Termination. This Agreement, once signed by both parties, shall begin on the date first set forth above and terminate upon the earlier of (1) December 30, 2027; or (2) termination of the Professional Services Agreement by LAFCO or the Consultant. Upon termination of this Agreement, IVHD shall pay the LAFCO for any outstanding Professional Services performed by Consultant, subject to the contingent obligations set forth above, and the obligation of IVHD to the LAFCO shall thereupon cease and terminate and no further sums shall be payable or paid under this Agreement. The term of this Agreement may be extended in a writing signed by both Parties.

6. Notice. Unless notified in writing of a change of address, all notices, payments, or correspondence relating to this Agreement may be given by personal delivery or by mail as follows:

To IVHD: Christopher Bjornberg Chief Executive Officer Imperial Valley Healthcare District 207 West Legion Road Brawley, CA 92227	To LAFCO: Attn: Tyler Salcido Executive Officer Imperial LAFCo 1122 W. State Street, Suite D El Centro, CA 92243 tylers@iclafco.com
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7. Laws, Venue, and Attorneys' Fees. This Agreement shall be interpreted in accordance with the laws of the State of California; any action to enforce the terms of this Agreement shall be brought in a state or federal court situated in the County of Imperial, State of

California. In the event of any such litigation between the Parties, the prevailing Party shall be entitled to recover from the losing Party all reasonable costs incurred, including reasonable attorneys' fees, as determined by the court.

8. Amendments; Modifications; Severability. No supplement, modification, or amendment of this Agreement shall be binding unless executed in writing and signed by both Parties. The unenforceability, invalidity, or illegality of any provision (s) of this Agreement shall not render the other provisions unenforceable, invalid, or illegal.

9. Integration. This Agreement represents the entire understanding of the Parties as to those matters contained herein, and supersedes and cancels any prior oral or written understanding, promises, or representations with respect to those covered hereunder.

10. Counterparts. This Agreement may be executed in counterparts and shall be fully effective when executed by all the Parties and their respective legal representatives. A copy of this Agreement manually executed by a party and transmitted to the other parties by facsimile or e-mail shall have the same effect for all purposes as the delivery of a manually executed copy to the recipient of the facsimile or e-mail copy. The Parties agree the electronic signatures or DocuSign may be used to execute this Agreement.

IVHD and LAFCO execute this Agreement as of the date above, indicating that they have read and understood the terms of this Agreement, and indicate their full and complete consent to its terms:

Dated:

Imperial County Healthcare District

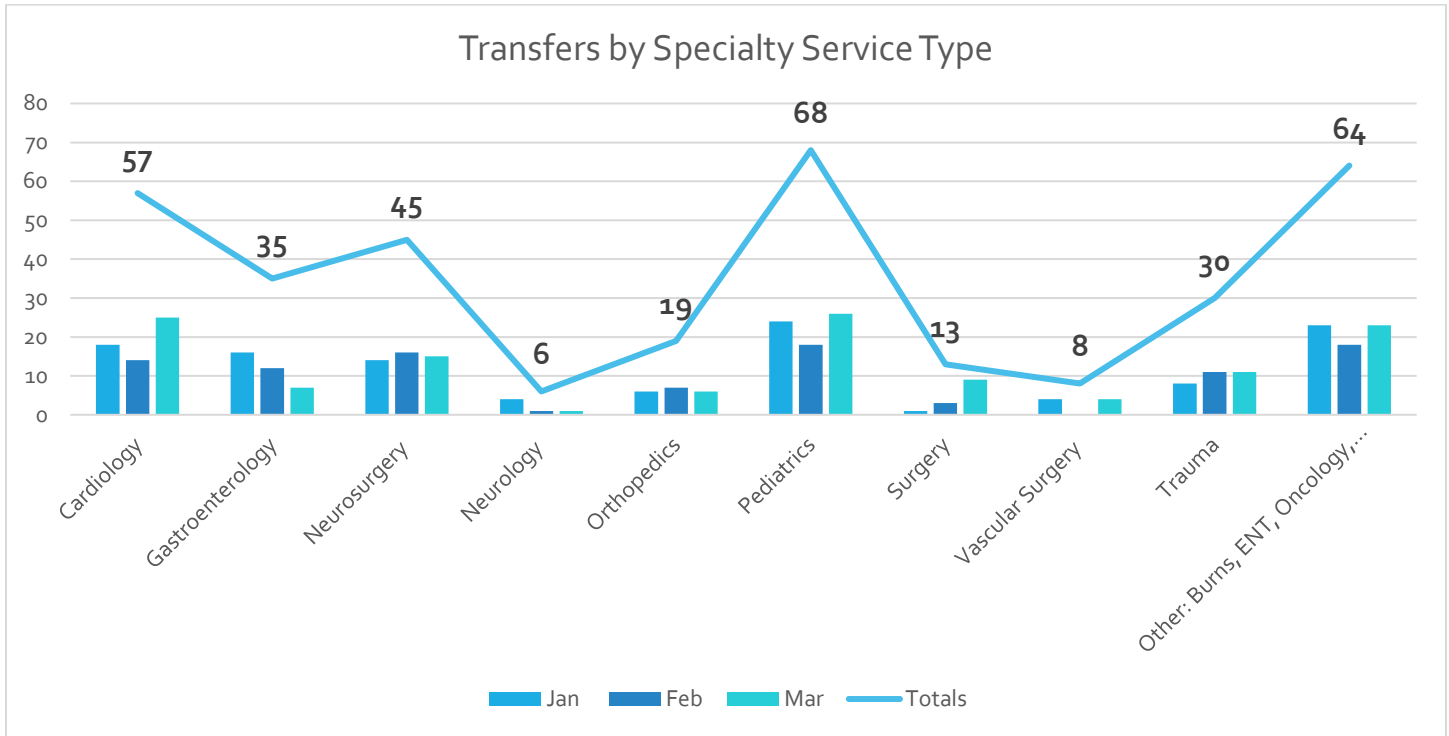
By: _____
Christopher R. Bjornberg, CEO

Dated:

Imperial County Local Agency Formation Commission

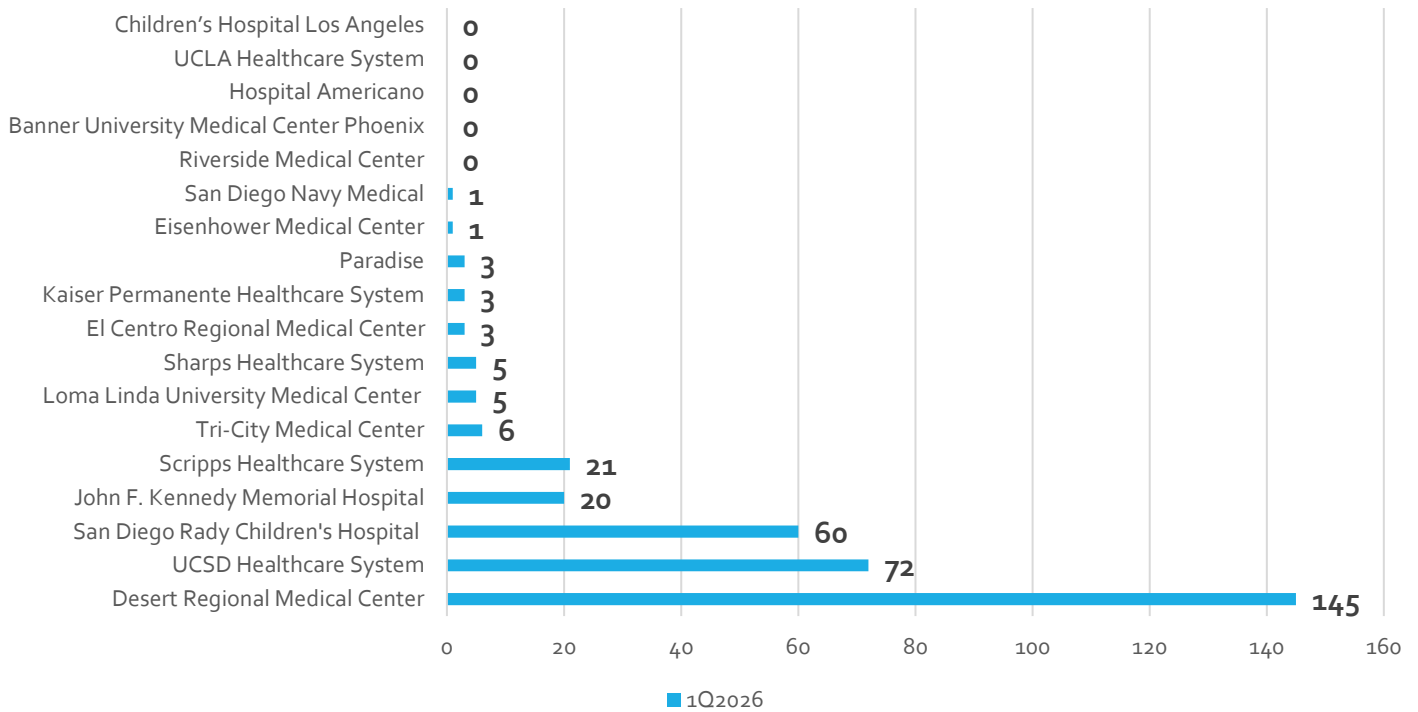
By: _____
Tyler Salcido, Executive Officer

Board of Directors Meeting – Chief Nursing Officer Report April 2026



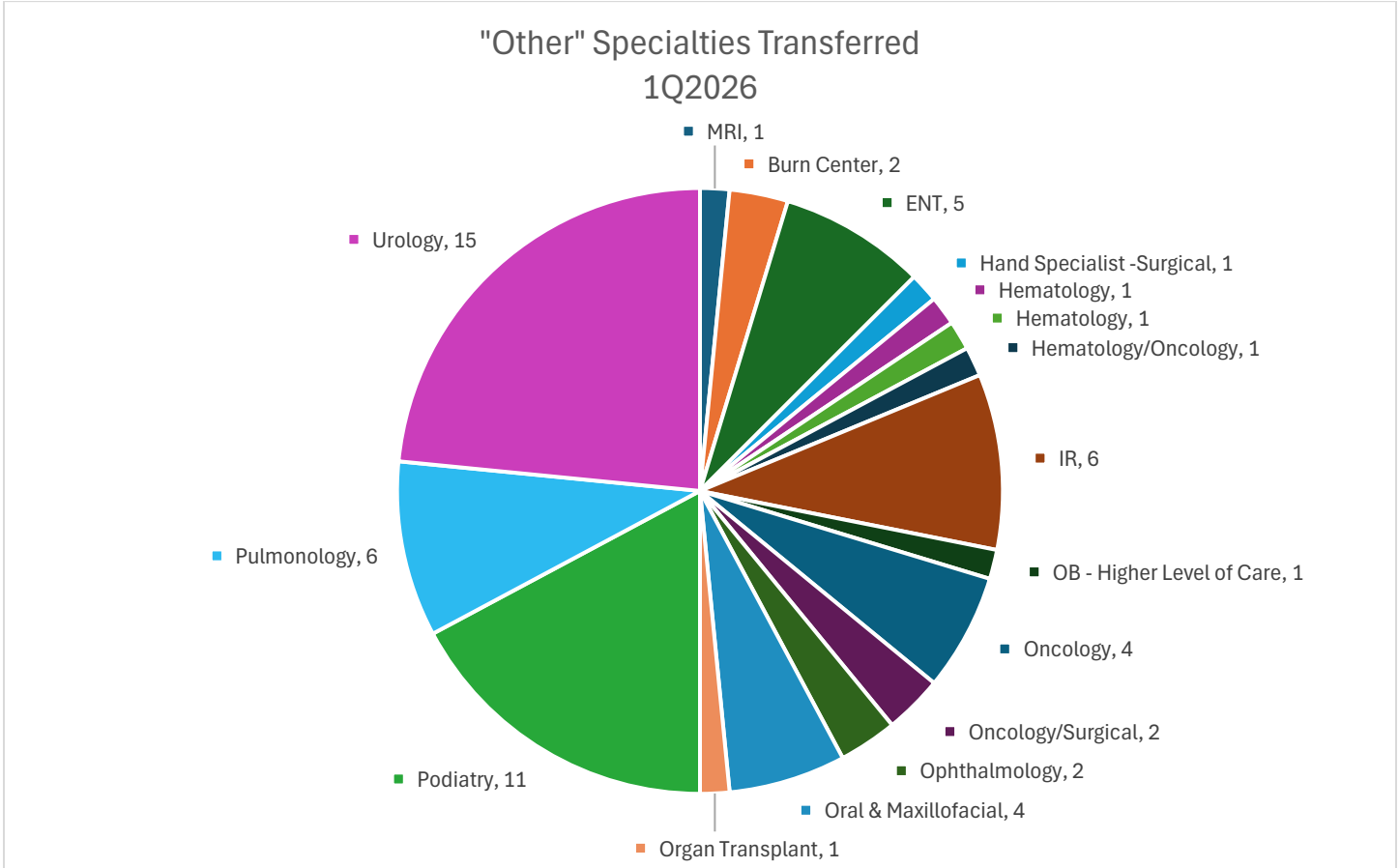
Specialty	1Q2025	2Q2025	3Q2025	4Q2025	1Q2026
Cardiology	48	36	51	45	57
Gastroenterology	55	64	62	42	35
Neurosurgery	50	30	52	43	45
Neurology	12	7	14	13	6
Orthopedic	12	13	15	41	19
Pediatrics	51	43	44	70	68
Surgery	12	4	16	10	13
Vascular Surgery	6	9	9	5	8
Trauma	29	21	12	34	30
Other: Burns, ENT, Oncology, Ophthalmology, Podiatry, Urology	60	78	84	74	64
Totals	335	305	359	377	345

Transfers by Accepting Facility 1Q2026



Accepting Facility	1Q2025	2Q2025	3Q2025	4Q2025	1Q2026
Scripps Healthcare System	119	140	65	27	21
Desert Regional Medical Center	116	89	152	169	145
San Diego Rady Children's Hospital	47	41	44	64	60
UCSD Healthcare System	15	22	67	73	72
Tri-City Medical Center	10	3	2	10	6
John F. Kennedy Memorial Hospital	7	4	5	14	20
Loma Linda University Medical Center	5	1	0	7	5
El Centro Regional Medical Center	5	1	9	5	3
Sharps Healthcare System	4	0	10	3	5
Eisenhower Medical Center	3	1	2	2	1
Riverside Medical Center	3	0	1	2	0
Banner University Medical Center Phoenix	1	0	0	0	0
Hospital Americano	0	1	0	0	0
UCLA Healthcare System	0	1	1	0	0
Children's Hospital Los Angeles	0	1	0	0	0
Kaiser Permanente Healthcare System	0	0	1	1	3
San Diego Navy Medical	0	0	0	0	1
Paradise	0	0	0	0	3
Total	335	305	359	377	345

Board of Directors Meeting – Chief Nursing Officer Report
April 2026



From January through March of 2026, the Emergency Department recorded 12,925 visits. Of these, 345 (2.66%) resulted in transfers to other facilities. The most frequently transferred specialties included Neurology/Neurosurgery, Gastroenterology, Cardiology, and Pediatrics. There were 23 cases transferred categorized as "Other"

In March 2026, ECRMC submitted 3 transfer requests: 1 Interventional Radiology (IR) and 2 Obstetrics. All requests were accepted except for the Interventional Radiology case as it did not meet necessity for transfer.

There was a total of 73 inpatient transfers out of our facility during 1st Quarter: 24 inpatient cases being transferred out of our facility in the month of March.

Staffing:

	New Hires	In Orientation	FT to PD status	Resignation	Open Positions
Medical Surgical	5 (3 RN's, 2 C.N.A)	4	0	1	1
Intensive Care Unit	0	2	1	0	1
Pediatrics	0	0	0	0	0
Emergency Department	0	6 RN's 1 ED Technicians	0	0	1 (experience RN)
Perioperative Services	0	2 Circulators RNs 1 PACU RN	0	2	4 circulator RNs (2 FT/ 2 PD) 1 SPD Tech
Perinatal Services	0	3	0	0	3 (Educator, Lactation Consultant, PD Labor)
NICU	1	0	1	0	1
Cardiopulmonary	0	0	0	0	2 (1 temp FT, 1 PD)
Case Management	0	0	0	0	2
Total	6	19	2	3	16

Travelers:

- (1) Labor and Delivery Nurses – Day Shift
- (3) Neonatal Intensive Care Unit – 1 Day shift, 2 Night shift
- (1) Respiratory Therapist – Night shift

Notable Updates:

Nursing Administration:

ECRMC/IVHD Nursing Services

- We continue to be prepared for our TJC accreditation survey. TJC surveyors are expected at any time after March 31st
- The Patient Safety and Employee Engagement Survey was administered
 - We have 57% participation rate
 - We will proceed with debriefings, setting goals and action plans
- Graduating Nurses Mixer will be held at PMH – Collaborative effort
- National Nurse Week will be celebrated from May 6th to May 12th, May 6th being National Nurses Day.

Barcode Medication Administration:

BCMA					
2025 Average	3Q2025	4Q2025	January 2026	February 2026	March 2026
91.55%	92.56%	94.30%	95.37%	92.43%	92.87%

Patient Experience – Month of October 2025

HCAHPS						
	Score Goal	Percentile Rank Goal	2025 Average	3Q2025	4Q2025	1Q2026
Likelihood to Recommend	78.54%	76	76.57%	75.57%	78.21%	73.68%
Overall			66.90%	69.26%	68.83%	68.94%
Communication With Nurses			81%	77.13%	83.31	81.67%
Communication With Doctors			83%	80.87%	86.05%	84.08%

Board of Directors Meeting – Chief Nursing Officer Report April 2026

Emergency Department:

2025 ED Throughput Metrics							
INDICATOR	GOAL	2025 Total	3 rd QUARTER	4 th QUARTER	JAN 2026	FEB 2026	MAR 2026
Average Daily Visits	>125 Patients	131 Patients	124 Patients	133 Patients	147 Patients	155 Patients	148 Patients
Median Time to Triage	<10 minutes	8 minutes	8 minutes	7 minutes	8 minutes	10 minutes	9 minutes
Average Length of Stay for Discharged Patients	<180 minutes	182 minutes	182 minutes	174 minutes	183 minutes	182 minutes	179 minutes
Average Length of Stay for all Patients	<160 minutes	196 minutes	199 minutes	187 minutes	191 minutes	194 minutes	201 minutes
Average Length of Stay for all Transfers	<160 minutes	474 minutes	461 minutes	412 minutes	413 minutes	493 minutes	454 minutes
Average Left Against Medical Advice (AMA)					44 (0.96%)	51 (1.15%)	41 (0.88%)
Left without Being Seen (LWBS)					40 (0.87%)	77 (1.74%)	64 (1.38%)

Medical Surgical Department:

Inpatient Throughput							
INDICATOR	GOAL	2025 Average Total	3Q2025	4Q2025	JAN 2026	FEB 2026	MAR 2026
Time of Orders Written to Head in Bed	120 min	164 min	142 min	151 min	244	323	203

	Goal	2025 Totals	3Q 2025	4Q 2025	JAN 2026	FEB 2026	MAR 2026
Case Volumes Including Robotics	90%	4,729	393	374	356	295	368
Robotics	N/A	233	27.33	19	14	15	15

NA= not available

Case Management:

	Indicator	Goal	2025 AVG Total	3Q2025	4Q2025	1Q2026
	Average Daily Census		51	51	51	60
Acute LOS	ALOS (Actual)	<4.0	3.30	3.85	3.42	4.32
Case Mix Index	Acute: Case Mix Index (CMI)	>1.40	1.47	1.69	1.48	1.517
	Acute: Medicare CMI	>1.50	1.59	1.72	1.64	1.508
Medicare	Medicare One-Day Stay Count		13.5	18	13	22
	% Medicare 1-day Stays		13	17	12	21
Observation	Total Observation Cases-DC		28.66	25	27	29
	Observation Days-DC		31.5	30	33	36
Readmissions	All-Cause Hospital-Wide Readmissions (HWR)	<10	4.57	4.13	5.53	5.15

Perinatal Department:

- March Deliveries: 146 (103 vaginal, 18 primary C-Section, 25 secondary C-Section)
- March Non-Stress Tests conducted: 208
- March OB checks: 262
- Developing a Triage system that is based on a severity index

Medical Surgical Unit/ICU:

- Improvement initiatives include: Telemetry utilization, decreasing falls, and improving management of pressure ulcers.

Cardio-Pulmonary:

- Currently managing staffing constraints with six RCPs out on ESL/FMLA, which continues to impact scheduling flexibility and coverage. Actively collaborating with Torrie (Cardiopulmonary Director) on asthma program initiatives and strategic planning in preparation for the upcoming merger. Focus remains on maintaining safe staffing levels while supporting transition planning.

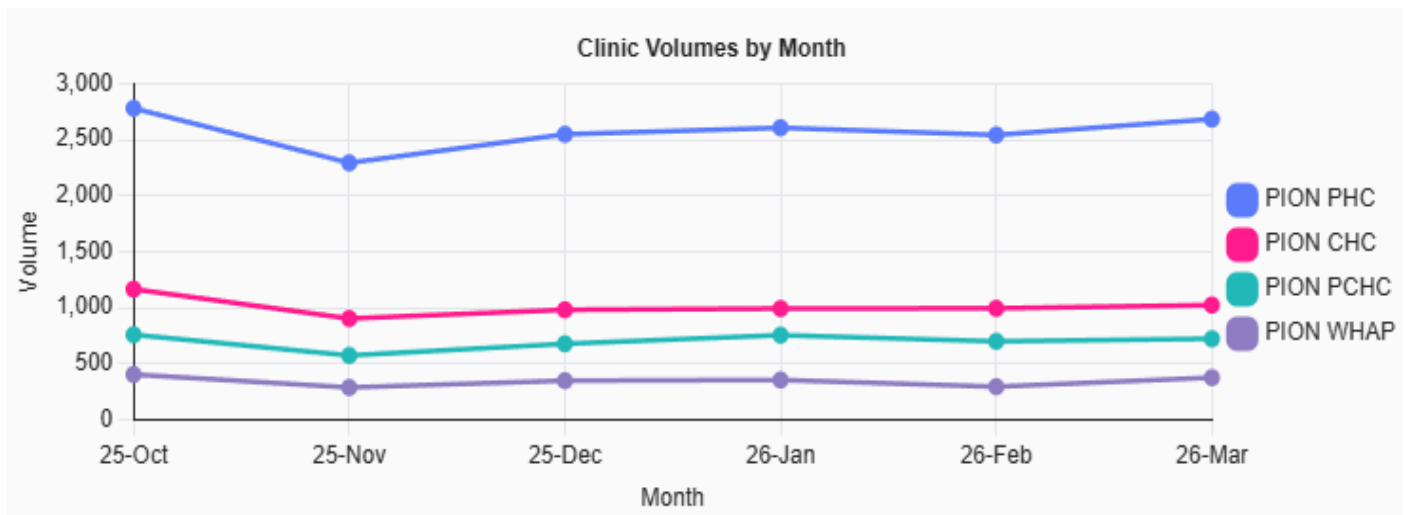
REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: March 2026 Activity	Chief of Clinic Operations	Carly Zamora, MSN, RN

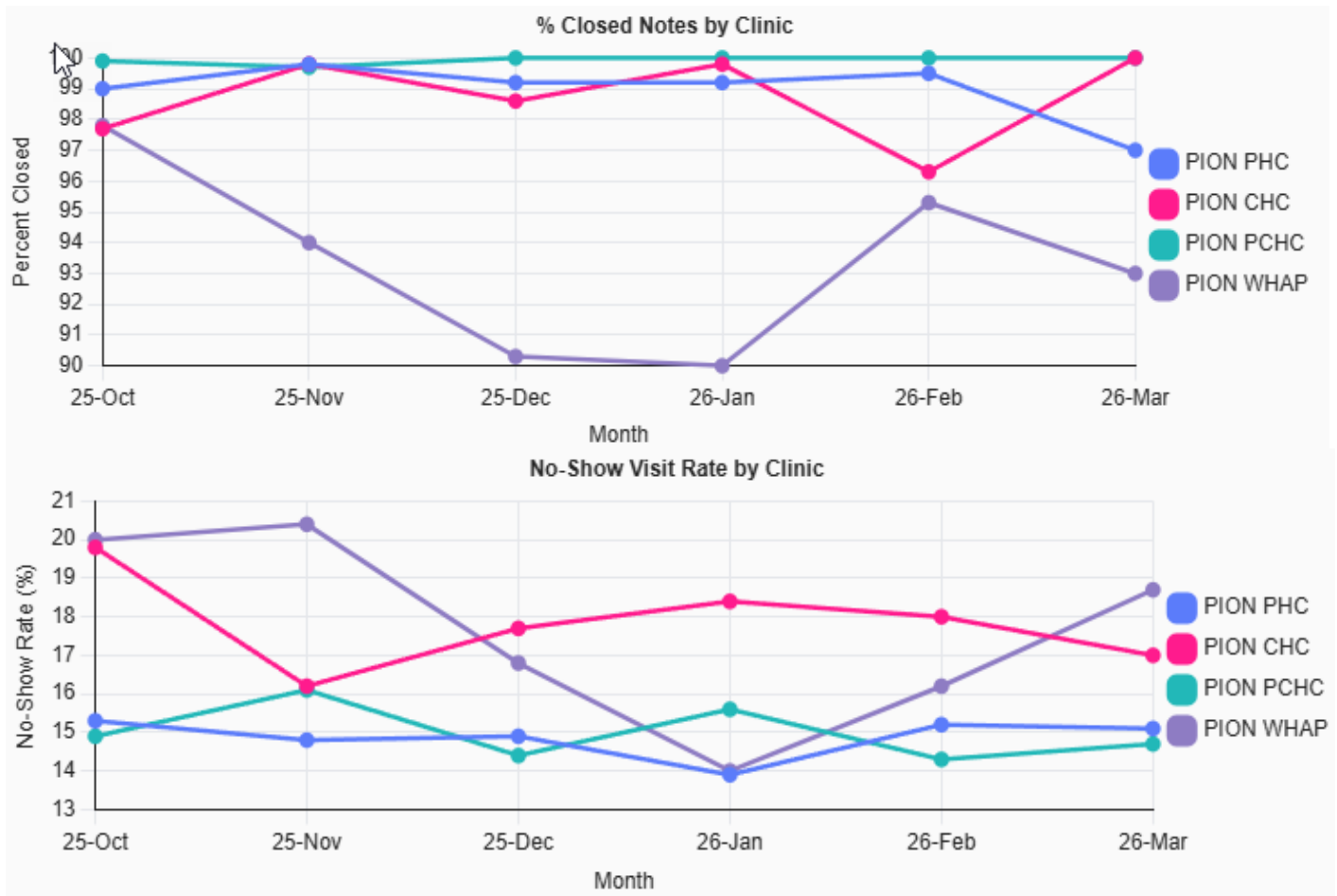
2025 IVHD/PMH AMBULATORY DIVISION RHC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Bi-Weekly Meetings Ongoing with Directors and Managers at all RHC locations (PMH and ECRMC Locations)
Staffing:	Ongoing	N/A	1 PD LVN filled, 1 FT RN (Women's Health), FT MA accepted
Quality Measures	Ongoing	N/A	Meetings with ECRMC Quality Team Initiated for QIP and HEDIS-
Audits	Scheduled	N/A	VFC Audit March 5th, 2026, Completed, no Findings
Stats			

Patient Visits			No Show Rate		
Clinic	Last Month	This Month	Clinic	Last Month	This Month
Pioneers Health Center	2542	2684	Pioneers Health Center	15.20%	15%
Ca lexico Health Center	994	1023	Ca lexico Health Center	18%	17%
Pioneers Childrens Health Center	699	722	Pioneers Childrens Health Center	14.30%	14.70%
Women's Health Center	294	375	Women's Health Center	16.20%	18.70%
Total	4529	4804	Total	15.90%	16.30%

Closed Notes			Patient Satisfaction - Top Box Score		
Clinic	Last Month	This Month	Clinic	FY26 Q1	FY26 Q2
Pioneers Health Center	99.5%	97.0%	Pioneers Health Center	No Data	No Data
Ca lexico Health Center	96.3%	100.0%	Ca lexico Health Center	No Data	No Data
Pioneers Childrens Health Center	100.0%	100.0%	Pioneers Childrens Health Center	No Data	No Data
Women's Health Center	95.3%	93.0%	Women's Health Center	No Data	No Data
Total	99.0%	98.0%			



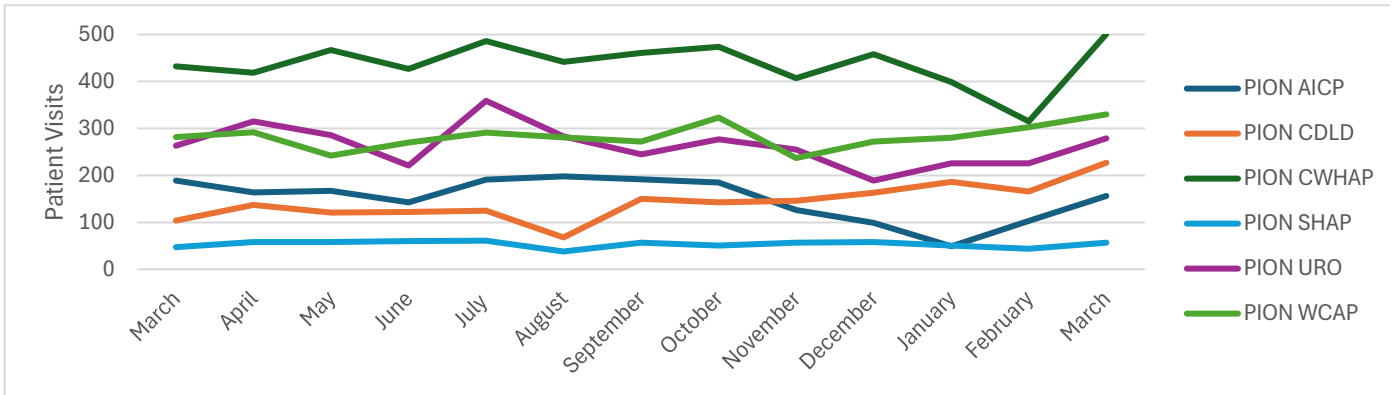


2025 IVHD/PMH AMBULATORY DIVISION OPD SPECIALITY CLINIC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Bi-Weekly meetings Ongoing with Directors and Managers, reviewing service lines expansion
GI	Ongoing	N/A	Volumes consistent
Staffing	Ongoing	N/A	2 FT Medical Assistant opening for Women's Health PD for 1 PD Infusion Center RN, Grant positions opened
Urology	Ongoing	N/A	Working with New Urology Provider on procedures and equipment, volumes consistent
Infusion	Ongoing	N/A	Meeting with Team Weekly regarding Transition, volumes increasing month over month.
Stats			See below:

Patient Visits				No Show Rate			
Clinic	Last Month	This Month	Variance	Clinic	Last Month	This Month	Variance
Ambulatory Infusion	103	156	51%	Ambulatory Infusion	3.9%	3.9%	0.0%
Center for Digestive & Liver Disease	166	227	37%	Center for Digestive & Liver Disease	13.4%	12.6%	-6.0%
Comprehensive Women's Health	315	501	59%	Comprehensive Women's Health	9.2%	8.2%	-10.9%
Surgical Health	44	57	30%	Surgical Health	10.2%	7.2%	-29.4%
Surgical Health - Urology	226	279	23%	Surgical Health - Urology	8.3%	8.3%	0.0%
Wound Clinic	303	325	7%	Wound Clinic	5.6%	1.0%	-82.1%

Closed Notes				Patient Satisfaction - Top Box Score			
Clinic	Last Month	This Month	Variance	Clinic	FY26 Q1	FY26 Q2	FY26 Q3
Ambulatory Infusion	100%	100%	0%	Ambulatory Infusion	No Data	No Data	Pending
Center for Digestive & Liver Disease	77%	92%	20%	Center for Digestive & Liver Disease	60.54%	50.56%	Pending
Comprehensive Women's Health	96%	74%	-23%	Comprehensive Women's Health	65.22%	52.00%	Pending
Surgical Health	100%	89%	-11%	Surgical Health	58.62%	80.00%	Pending
Surgical Health - Urology	99%	98%	-1%	Surgical Health - Urology	70.73%	77.53%	Pending
Wound Clinic	94%	98%	5%	Wound Clinic	No Data	No Data	Pending



2025 IVHD/PMH AMBULATORY DIVISION PHYSICAL THERAPY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Meetings being held regarding transition
Staffing	Ongoing	N/A	1 PT Physical Therapy Assistant, 2 FT Physical Therapist opening- 1 PD Physical Therapist
Education	Ongoing with Nursing	N/A	Working with Departments on Mobility
Inpatient/Outpatient Review	Meetings Ongoing with Nursing	N/A	OP Volumes decreased in March; Inpatient volumes remain consistent.

2025 IVHD/PMH RADIOLOGY ACTIVITIES/UPDATES

	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Meetings being held Weekly with Director and Managers (PMH and ECRMC Locations)
Canon CT Project	Early Stages	. Payments will occur once the scanner is installed and operational	Currently in the early stages, Review of Alternate locations being reviewed with engineering and discussion with ECRMC.
Projects	Ongoing	None	Cardiac Software-awaiting installation MRI Lighting being replaced, working with engineering for placement in April 2026 Mammo ACR Accreditation Audit Completed-No findings
Staffing	Ongoing	None	MRI extended hours Monday-Sunday. Ultrasound hours of operation extended 1 Ultrasound Tech position and 1 Rad Tech position opening. PMH Mammo Tech trained at ECRMC
Radiology Monthly Meeting Schedule	100%	None	Radiology Meeting May 2026
Stats:			

	26-Feb	2025	26-March	YTD-26
Nuclear Med	35	517	49	126
DIAGNOSTIC	3,386	38,051	3,589	10,534
DEXA	55	4,174	81	210
Mammo	205	2,942	264	699
MRI	259	2,570	169	628
US	1,426	18,105	1,680	4,596
CT	2,050	21,982	2,383	6,797

2025 IVHD/PMH LABORATORY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Meetings being held Bi-weekly onsite twice a week
Projects	Ongoing	TBD	Chemistry Analyzer Installation Completed
Staffing	Ongoing	Contracting	3 FT Clinical Laboratory Scientist Positions open, working with ECRMC on staffing
Contracts/Policies	Ongoing	N/A	All policies and contracts being reviewed with ECRMC

2025 IVHD/PMH PHARMACY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Staffing	Ongoing	N/A	Pharmacy Manager position filled. Infectious Diseases Pharmacist position remains vacant. Evaluating revision of TelNet-Rx agreement to support expanded 24/7 order verification and maintain continuity of operations and antimicrobial stewardship activities during recruitment.
IVHD Transition	Ongoing	N/A	Meetings being held Bi-Weekly with ECRMC, reviewing contracts
Pharmacy Space/Storage Compliance	Ongoing	TBD	Alternative storage solutions and space reconfiguration under evaluation.
Pharmacy Procurement / GPO Alignment	Ongoing	N/A	Monitoring transition to Premier GPO and coordination with current wholesaler. Evaluating medication contract alignment, cost impact, and supply continuity.
IV Solutions Workflow Transition	Ongoing	N/A	Transition of IV solution management to Pharmacy underway to improve oversight, charge capture, and patient safety; temporary exceptions remain in procedural areas pending space and equipment readiness.
Regulatory Readiness (TJC)	Ongoing	N/A	Preparing for transition to The Joint Commission standards. Ongoing review of medication management practices, storage compliance, and antimicrobial stewardship documentation to ensure survey readiness.

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 Ortho Spine Physician-Interviewed, Site Visit Pending OB/GYN: Call Agreements in review Internal Medicine Physicians- Two Candidates Specialty Physicians in Review
Contracts	Ongoing	N/A	Contract Review ongoing/Collaborating with ECRMC
Locums	Ongoing	N/A	Gaps in OB Call Ongoing. Gaps in Peds Call Ongoing, 2026. All gaps covered with locums. OB and Peds continued Locum Coverage
Projects:			
Centralized Scheduling	Ongoing	N/A	Meetings Held with Managers and Directors Process changes have been initiated and streamlined. Implementing workflows with ECRMC
Ring Central	Ongoing	Monthly Expense	Ring Central Productivity being monitored and reviewed daily
OP Infusion	Early Stages	N/A	Transition to ECRMC discussions on hold-PMH Volumes Increasing month over month.
Notable	Ongoing	Ongoing	Reviewing Utilization Monthly, additional modules in review
Wound Care	Ongoing	N/A	Workflows in Review
Clinical AI Agent	Ongoing	Ongoing	87% utilization with 13 providers utilizing at PMH Location, ECRMC implementation ongoing

Grants	Ongoing	N/A	Reviewing New Grants for Submission
IVHD Transition	Ongoing	N/A	Meet Daily- Ongoing with Directors and Managers Executive Meetings every week, Biweekly Contract Review, Transition Call weekly



Imperial Valley Healthcare District Strategic Plan Update

Board of Directors Meeting
April 23, 2026

Executive Summary

In preparation for the proposed transaction, targeted planning efforts were activated to kick-start priorities guided by the Strategic Plan Focus Areas.

Through the joint efforts of our management teams and staff, significant pre-work has established a strong readiness foundation, that will enable rapid mobilization and accelerated execution once the transaction is completed.

Pre-close integration activities are essential to post-merger success.

- Early alignment
- Risks identified
- Readiness on Day One

While our ability to fully execute integration activities prior to close is inherently limited by regulatory requirements, confidentiality constraints, and lack of operational control, we note that decisions and activities will accelerate post-close.

Imperial Valley Health District Strategic Plan – Strategic Focus Areas



Operational & Clinical Excellence

- We will **strengthen patient safety, improve clinical outcomes, and enhance operational efficiency** through standardized practices, innovative technologies, and continuous performance improvement



Growth & Program Development

- We will grow strategically by **developing high-demand service lines, enhancing access to specialty care, and pursuing partnerships** that expand our reach and capabilities
- We will **commit to keeping healthcare and services** in the Imperial Valley Community



Workforce Development & Recruitment

- We will **recruit top talent, strengthen retention through career growth opportunities, and invest in training, education, and leadership development** to ensure clinical and operational excellence



Culture & Transformation

- We will commit to **building a culture that prioritizes respect, empathy, and service excellence** in every interaction
- By fostering teamwork, accountability, and a service-first mindset, we will **strengthen trust within our community**

Strategic Focus – Clinical and Operational Excellence (1 of 2)

Strengthen patient safety, improve clinical outcomes, and enhance operational efficiency through standardized practices, innovative technologies, and continuous performance improvement

IVHD GOAL: Improve overall quality and patient safety performance as evidenced by internal quality and CMS Benchmarks

In Process:

- Integrate quality committees, identify shared governance best practices in patient experience initiatives across campuses, standardized training and leadership rounding
- Develop shared scorecards, understand baselines to develop improvement targets
- Prepare for Joint Commission readiness, strengthen system-wide quality, safety, and regulatory compliance.
- Consolidate nursing coordination, staffing models, and care pathways
- Evaluate recommendations for length of stay (LOS) improvements
- Assess Magnet Status gap analysis, readiness

Post-Closing:

- Define LeapFrog application and CMS reporting, pending timing



Strategic Focus – Clinical and Operational Excellence (2 of 2)

Strengthen patient safety, improve clinical outcomes, and enhance operational efficiency through standardized practices, innovative technologies, and continuous performance improvement

IVHD GOAL: Strengthen financial performance through operational efficiency, cost management, expense reduction

In Process:

- Develop centralized float pool of cross-trained staff; standardize for efficiency
- Address high-risk retention areas - experienced staff leaving critical units
- Implement targeted staffing alternatives (control OT expense) and shift incentives; better manage overall labor costs
- Request waiver (Dec 2025) and submit plan requirements for state mandated seismic design for facility (March 2026)

Post-Closing:

- Lease terminations, system integrations, purchasing and payor contract alignment
- Application for Sole Community Hospital and Urban designation
- Evaluate eligibility for Rural Hospital transformation Program



Strategic Focus – Growth & Program Development

Grow strategically by developing high-demand service lines, enhancing access to specialty care, and pursuing partnerships that expand our reach and capabilities. Commit to keeping healthcare and services in the Imperial Valley Community.

IVHD GOAL: Establish and grow select service lines, keeping care in the community

In Process:

- Active provider recruitments
- Evaluate offerings in specialty care, i.e., orthopedic, GI, behavioral health, tele-stroke services
- Assess feasibility in retail pharmacy
- Consolidate infusion clinics to reduce redundancy
- Activate catheterization lab services with providers and staff training
- Development of look-alike Federally Qualified Health Centers (FQHC) clinics

Post-Closing:

- Consolidate infusion licensing
- Wound Care clinic



Strategic Focus – Workforce Development & Recruitment

Enhance organizational stability and efficiency by building a loyal, committed workforce, reducing staffing and premium cost challenges, aligning operations with legislative opportunities, and optimizing contracts and purchasing practices.

IVHD GOAL: Reduce vacancies, create culture of loyalty and commitment. Develop strategic relationships for training programs

In Process:

- Define baseline and goals to align staffing and workload balance
- Address early-turnover and increase internal transfers vs external exits
- Establish designated clinical recruiter to focus sourcing for hard to fill positions
- Manage position replacements strategically

Post-Closing:

- Compile database of training programs for nursing, physical therapy, pharmacy, laboratory scientists
- Identify key drivers causing premium and agency spend and implement recruitment plan



Strategic Focus – Culture & Transformation

Foster a unified, high-performing culture by providing patients with excellent care.

IVHD GOAL: Create a culture based on patient safety and customer service excellence

In Process:

- Define baseline and goals to launch Culture & Engagement survey
- Establish customer service team to engage post-closing

Post-Closing:

- Integrated dashboard with goals identified from surveys and pre-closing learnings
- Develop training teams and training programs



In closing... meaningful progress has been made against the strategic plan.

The Management Teams advanced key elements of the strategic plan through focused work that enhances clarity, alignment, and readiness. While full execution remains contingent on transaction close, the foundation is in place to position the healthcare district for successful progress.

Major milestones achieved:

- Seismic design and plan to respond to state mandated requirements
- Standardize Medical Staff Bylaws for consistency across campuses
- Eliminate redundant credentialing process for provider community
- Redefine financial reporting for alignment and improved comparability
- Identify key risks early in order to outline mitigation plans
- \$2.6 million in annualized savings identified across both facilities

Management Team remains focused on disciplined execution, risk management, and maintaining momentum through and after closing. Ongoing efforts supports alignment with community needs and informs the feasibility of the need for additional funding sources.