



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, JUNE 11, 2026, 5:00 P.M.**

~Note Special 5pm Start Time~

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

[Join Microsoft Teams](#)

Meeting ID: 295 627 114 856 362

Passcode: iV7Hu7Es

- 1. Call to Order – 5:00 p.m.**
- 2. Roll Call**
- 3. Pledge of Allegiance**
- 4. Board Training: Critical Elements of Effective Governance by Jeff Bills with Confidence Consulting Part 5 (Estimated Time: One Hour)**

~ CLOSED SESSION ~ 6:00 p.m. or immediately after Board Training

- 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. **PUBLIC EMPLOYMENT APPOINTMENT (Gov. Code 54957)**
Title: Interim Chief Executive Officer
- c. **REPORT OF QUALITY ASSURANCE ACTIVITIES Pursuant to Health and Safety Code Section 32155 and Evidence Code Section 1157**

Report and discussion regarding hospital quality assurance matters, including accreditation survey findings and corrective action planning.

- d. **REPORT OF QUALITY ASSURANCE ACTIVITIES Pursuant to Health and Safety Code Section 32155 and Evidence Code Section 1157**
Report and discussion regarding the Quality Assurance and Performance Improvement (QAPI) program, including quality risk reporting and patient grievance review for the first quarter of 2026.

~ OPEN SESSION ~ 6:30 p.m. or immediately after Closed Session

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 May 23, 2026
- b. Approve and Authorize Board Secretary to Send Notice of Elections to County Elections Official

9. Items for Discussion and/or Board Action:

- a. Action Item: Discussion and Action to Approve IVHD Executive Employment Agreement (Interim CEO) with Carly Zamora (Legal Counsel Adriana Ochoa)
- b. Discussion Regarding Proposed IVHD Funding Mechanism with BAE Urban Economics (2023 Report Attached) (Legal Counsel Adriana Ochoa, Matt Kowta, Managing Principal)
- c. Review and Discussion Regarding Draft Resolution to Place Funding Mechanism on Ballot for Voter Approval (draft attached) (Legal Counsel Adriana Ochoa)
- d. Action Items: Policy and Procedure: Qualifications, Duties and Responsibilities of Laboratory Medical Director
- e. Action Items: Policy and Procedure: Choose to Lose
- f. Action Items: Policy and Procedure: Hospital Emergency Codes
- g. Action Items: Policy and Procedure: Infection Control Plan 2026
- h. Action Items: FY 2027 Budget Proposal
Presented by: Carly Loper
- i. Staff Recommends Action to Authorize: Renewal of 3M Coding software fees for 2026/2027 term.
Presented by: Carly Loper
Contract Value: \$147,039.99
Contract Term: 1 year
Budgeted: Yes
Budgeted Classification: Computer Software

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: Carly Zamora – Interim Chief Executive Officer
- e. Legal: Adriana Ochoa – General Counsel
 - a) Memo Regarding Candidate Information and Deadlines

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 June 25, 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 June 5, 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].



May 15, 2026

Christopher Bjornberg
CEO
Imperial Valley Healthcare District
207 West Legion Road,
Brawley, CA 92227

Joint Commission ID #: 9767
Program: Hospital Accreditation
Accreditation Activity: Initial Unannounced Full
Event
Accreditation Activity Completed: 5/14/2026

Dear Mr. Bjornberg:

The accreditation process helps enable and affirm the highest standards of healthcare quality and patient safety for all. We appreciated the active engagement and dialogue between our organizations during the recent survey from May 12, 2026 to May 14, 2026.

The attached final Accreditation Report provides an executive summary of the survey results and prioritized requirements for improvement. For each requirement for improvement, an evidence of standards compliance must be submitted as outlined in the Accreditation report prior to rendering an accreditation decision. If any additional survey activities are required, those are included in the survey report along with specific requirements for improvement that will be reviewed during those additional events.

The Accreditation Report is posted on your secure extranet site, Joint Commission Connect. Please be assured that Joint Commission will keep the report confidential, except as required by law.

Your attention during the accreditation process demonstrates your commitment to upholding the highest standards of healthcare quality and safety for your patients, workforce and community. We share that commitment and value the ongoing collaboration between our organizations so that all people experience the safest, highest quality, best value healthcare across all settings.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Grubbs".

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations



Final Accreditation Report

**Imperial Valley Healthcare District
207 West Legion Road
Brawley, CA 92227**

**Organization Identification Number: 9767
Initial Unannounced Full Event: 5/12/2026 - 5/14/2026**

**Program Surveyed
Hospital**

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Joint Commission Follow-up Activity

Program	Survey Dates	Event Outcome	Follow-up Activity	Follow-up Time Frame or Submission Due Date
Hospital	05/12/2026 - 05/14/2026	Requirements for Improvement	Clarification (Optional)	Submit within 10 Business Days from the final posted report date
			Unannounced Medicare Deficiency Survey	Survey within 45 Calendar Days from the last day of survey
			Evidence of Standards Compliance (ESC)	Submit within 60 Calendar Days from the final posted report date

Joint Commission Executive Summary

Program: Hospital

Standard	EP	SAFER [®] Placement	CoP	EP Description	Included in the Unannounced Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standards Compliance (within 60 Calendar Days)
IC.06.01.01	3	High / Widespread	§482.42(a)(3)	Activities to Reduce HAIs	✓	✓
		High / Widespread	§482.42	Activities to Reduce HAIs	✓	✓
HR.11.04.01	1	High / Limited	§482.42(c)(2)(iv)	Staff Competency Assessment	✓	✓
NPG.05.01.01	1	High / Limited		Identification of IPC Risks		✓
MM.11.01.01	1	Moderate / Limited	§482.25(b)	Med Procure/Store/Dist Law Reg		✓
MS.18.02.01	2	Moderate / Limited		FPPE: Initial Priv Request		✓
PE.04.01.01	3	Moderate / Limited	§482.41(d)(4)	Proper Vent/Light/Temp		✓
LD.13.01.01	1	Low / Pattern	§482.11(a)	Pt Care- Law & Reg Compliance		✓
PE.04.01.01	2	Low / Pattern	§482.41(d)(2)	Equipment Safe Operating Cond		✓
NPG.09.02.01	2	Low / Limited		Tissue Preparation Instruction		✓
NPG.12.05.01	2	Low / Limited		Staff Competency - Ongoing		✓
PE.03.01.01	1	Low / Limited		Life Safety Drawings		✓
PE.03.01.01	3	Low / Limited	§482.41(b)	Comply with Life Safety Code		✓
PE.03.02.01	1	Low / Limited		Written ILSM Policy		✓

Joint Commission

Standard	EP	SAFER [®] Placement	CoP	EP Description	Included in the Unannounced Medicare Deficiency Survey (within 45 Calendar Days)	Included in the Evidence of Standards Compliance (within 60 Calendar Days)
PE.04.01.01	1	Low / Limited	§482.41(c)	NFPA Compliance		✓
RC.11.02.01	1	Low / Limited	§482.24(c)(2)	Rec Entry Authenticated		✓
RC.12.01.01	3	Low / Limited	§482.24(c)(4)(v)	Med Record - Informed Consent		✓

Joint Commission

SAFER[®] (Survey Analysis for Evaluating Risk[®]) Matrix

Program: Hospital

Likelihood to harm a Patient / Visitor / Staff	ITHS	ITHS		
	High	HR.11.04.01 EP 1-Staff Competency Assessment NPG.05.01.01 EP 1-Identification of IPC Risks		IC.06.01.01 EP 3-Activities to Reduce HAIs
	Moderate	MM.11.01.01 EP 1-Med Procure/Store/Dist Law Reg MS.18.02.01 EP 2-FPPE: Initial Priv Request PE.04.01.01 EP 3-Proper Vent/Light/Temp		
	Low	NPG.09.02.01 EP 2-Tissue Preparation Instruction NPG.12.05.01 EP 2-Staff Competency - Ongoing PE.03.01.01 EP 1-Life Safety Drawings PE.03.01.01 EP 3-Comply with Life Safety Code PE.03.02.01 EP 1-Written ILSM Policy PE.04.01.01 EP 1-NFPA Compliance RC.11.02.01 EP 1-Rec Entry Authenticated RC.12.01.01 EP 3-Med Record - Informed Consent	LD.13.01.01 EP 1-Pt Care- Law & Reg Compliance PE.04.01.01 EP 2-Equipment Safe Operating Cond	
		Limited	Pattern	Widespread
		Scope		

Joint Commission

The Centers for Medicare and Medicaid Services (CMS) Summary

Program: Hospital

CoP(s)	Tag	CoP Score	Corresponds to:	Included in the Unannounced Medicare Deficiency Survey (within 45 Calendar Days)
§482.42	A-0747	Condition	HAP/IC.06.01.01/EP3	✓
§482.42(a)(3)	A-0750		HAP/IC.06.01.01/EP3	✓
§482.42(c)(2)(iv)	A-0775		HAP/HR.11.04.01/EP1	✓
§482.11	A-0020	Standard	HAP	
§482.11(a)	A-0021		HAP/LD.13.01.01/EP1	
§482.24	A-0431	Standard	HAP	
§482.24(c)(2)	A-0454		HAP/RC.11.02.01/EP1	
§482.24(c)(4)(v)	A-0466		HAP/RC.12.01.01/EP3	
§482.25	A-0489	Standard	HAP	
§482.25(b)	A-0500		HAP/MM.11.01.01/EP1	
§482.41	A-0700	Standard	HAP	
§482.41(b)	A-0709		HAP/PE.03.01.01/EP3	
§482.41(c)	A-0720		HAP/PE.04.01.01/EP1	
§482.41(d)(2)	A-0724		HAP/PE.04.01.01/EP2	
§482.41(d)(4)	A-0726		HAP/PE.04.01.01/EP3	

Joint Commission

Requirements for Improvement in the Unannounced Medicare Deficiency Survey

This section identifies the Requirements for Improvement (RFIs) to be included in the scope of the Medicare Deficiency Survey that will occur within 45 calendar days from the last day of survey.

Program: Hospital

SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
High Widespread	IC.06.01.01	3	The hospital implements activities for the surveillance, prevention, and control of health care-associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital.	1) Observed in Tracer Activities at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The organization was not following the manufacturer's instructions for use for the test strips used to confirm the "minimum recommended concentration (MRC)" of the 2% accelerated hydrogen peroxide (AHP) solution used in the organization's endoscopy unit as evidenced by not performing the required quality control testing of the test strips when a new vial of test strips is opened. The observation was confirmed by department leadership.	§482.42(a)(3) - (3) The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and
				2) Observed in Tracer Activities at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The organization was not following the manufacturer's instructions for use for the test strips used to confirm the "minimum recommended concentration (MRC)" of the 2% accelerated hydrogen peroxide (AHP) solution in the organization's radiology department as evidenced by not performing the required quality control testing of the test strips when a new vial of test strips is opened. In addition, the open vial of test strips observed did not have the date the vial was opened and documentation of a "revised expiration date of 180 days after the vial of test strips was opened". The observation was confirmed by department leadership.	§482.42(a)(3) - (3) The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and

Joint Commission Requirements for Improvement in the Unannounced Medicare Deficiency Survey

Program: Hospital

SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
				<p>3) Observed in Tracer Activities at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The organization was not following the manufacturer's instructions for use for the 2% accelerated hydrogen peroxide (AHP) solution as evidenced by not checking the temperature of the high level disinfection (HLD) solution prior to the reprocessing of the endocavity ultrasound probes used for vaginal ultrasound examinations. Of note, the temperature of the room on the day of survey where the endocavity probes undergo high level disinfection was 71 degrees. The radiology staff stated that the endocavity probes are generally used and reprocessed daily. The observation was confirmed by department leadership.</p>	<p>§482.42 - §482.42 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</p> <p>The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration</p>

Joint Commission Requirements for Improvement in the Unannounced Medicare Deficiency Survey

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
					with the hospital-wide quality assessment and performance improvement (QAPI) program.
				4) Observed in Tracer Activities at Imperial Valley Healthcare District (751 W. Legion Road, STE 103, Brawley, CA) site . The organization was not following the manufacturer's instructions for use for the 2% accelerated hydrogen peroxide (AHP) solution as evidenced by not checking the temperature of the high level disinfection (HLD) solution prior to the reprocessing of the endocavity ultrasound probes used for transrectal ultrasound examinations and they were not recording the soak times. Of note, the temperature of the room on the day of survey where the endocavity probes undergo high level disinfection was 70 degrees. The observation was confirmed by Chief Nursing Officer.	§482.42(a)(3) - (3) The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and

Joint Commission Requirements for Improvement in the Unannounced Medicare Deficiency Survey

Program: Hospital

SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
High Limited	HR.11.04.01	1	Staff competence is initially assessed and documented as part of orientation and once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.	1) Observed in Tracer Activities at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The organization was not following their organizational practice where employees performing high level disinfection for reprocessing reusable medical devices must complete competency-based training for high level disinfection on an annual basis. This was evidenced by the lead ultrasound technician performing high level disinfection (HLD) of endocavity ultrasound probes not having documented competencies for performing HLD activities. The observation was confirmed by department leadership.	§482.42(c)(2)(iv) - (iv) Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on the practical applications of infection prevention and control guidelines, policies, and procedures.
				2) Observed in Tracer Activities at Imperial Valley Healthcare District (751 W. Legion Road, STE 103, Brawley, CA) site . The organization was not following their organizational practice where employees performing high level disinfection for reprocessing reusable medical devices must complete competency-based training for high level disinfection on an annual basis. This was evidenced by the RN that is performing high level disinfection (HLD) of transrectal ultrasound probes in the Urology clinic did not having documented competencies for performing HLD activities. The observation was confirmed by the Chief Nursing Officer.	§482.42(c)(2)(iv) - (iv) Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on the practical applications of infection prevention and control guidelines, policies, and procedures.

Joint Commission Requirements for Improvement

This section identifies the Requirements for Improvement (RFIs) that require submission of an Evidence of Standards Compliance to occur within 60 days from the final posted report date.

Program: Hospital

SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
High Widespread	IC.06.01.01	3	The hospital implements activities for the surveillance, prevention, and control of health care-associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital.	1) Observed in Tracer Activities at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The organization was not following the manufacturer's instructions for use for the test strips used to confirm the "minimum recommended concentration (MRC)" of the 2% accelerated hydrogen peroxide (AHP) solution used in the organization's endoscopy unit as evidenced by not performing the required quality control testing of the test strips when a new vial of test strips is opened. The observation was confirmed by department leadership.	§482.42(a)(3) - (3) The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and
				2) Observed in Tracer Activities at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The organization was not following the manufacturer's instructions for use for the test strips used to confirm the "minimum recommended concentration (MRC)" of the 2% accelerated hydrogen peroxide (AHP) solution in the organization's radiology department as evidenced by not performing the required quality control testing of the test strips when a new vial of test strips is opened. In addition, the open vial of test strips observed did not have the date the vial was opened and documentation of a "revised expiration date of 180 days after the vial of test strips was opened". The observation was confirmed by department leadership.	§482.42(a)(3) - (3) The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
				<p>3) Observed in Tracer Activities at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The organization was not following the manufacturer's instructions for use for the 2% accelerated hydrogen peroxide (AHP) solution as evidenced by not checking the temperature of the high level disinfection (HLD) solution prior to the reprocessing of the endocavity ultrasound probes used for vaginal ultrasound examinations. Of note, the temperature of the room on the day of survey where the endocavity probes undergo high level disinfection was 71 degrees. The radiology staff stated that the endocavity probes are generally used and reprocessed daily. The observation was confirmed by department leadership.</p>	<p>§482.42 - §482.42 Condition of participation: Infection prevention and control and antibiotic stewardship programs.</p> <p>The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.</p>

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
				4) Observed in Tracer Activities at Imperial Valley Healthcare District (751 W. Legion Road, STE 103, Brawley, CA) site . The organization was not following the manufacturer's instructions for use for the 2% accelerated hydrogen peroxide (AHP) solution as evidenced by not checking the temperature of the high level disinfection (HLD) solution prior to the reprocessing of the endocavity ultrasound probes used for transrectal ultrasound examinations and they were not recording the soak times. Of note, the temperature of the room on the day of survey where the endocavity probes undergo high level disinfection was 70 degrees. The observation was confirmed by Chief Nursing Officer.	§482.42(a)(3) - (3) The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and
High Limited	HR.11.04.01	1	Staff competence is initially assessed and documented as part of orientation and once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.	1) Observed in Tracer Activities at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The organization was not following their organizational practice where employees performing high level disinfection for reprocessing reusable medical devices must complete competency-based training for high level disinfection on an annual basis. This was evidenced by the lead ultrasound technician performing high level disinfection (HLD) of endocavity ultrasound probes not having documented competencies for performing HLD activities. The observation was confirmed by department leadership.	§482.42(c)(2)(iv) - (iv) Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on the practical applications of infection prevention and control guidelines, policies, and procedures.

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
				2) Observed in Tracer Activities at Imperial Valley Healthcare District (751 W. Legion Road, STE 103, Brawley, CA) site . The organization was not following their organizational practice where employees performing high level disinfection for reprocessing reusable medical devices must complete competency-based training for high level disinfection on an annual basis. This was evidenced by the RN that is performing high level disinfection (HLD) of transrectal ultrasound probes in the Urology clinic did not having documented competencies for performing HLD activities. The observation was confirmed by the Chief Nursing Officer.	§482.42(c)(2)(iv) - (iv) Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the hospital, on the practical applications of infection prevention and control guidelines, policies, and procedures.
High Limited	NPG.05.01.01	1	To prioritize the program's activities, the hospital identifies risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following: <ul style="list-style-type: none"> - Its geographic location, community, and population served - The care, treatment, and services it provides - The analysis of surveillance activities and other infection control data - Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the hospital Note: Risks may include organisms with a propensity for transmission within health care facilities based on published reports and the occurrence of clusters of patients (for example, norovirus, respiratory syncytial virus, influenza, measles, organisms with antimicrobial resistance such as Carbapenem-resistant Enterobacterales [CRE] and Candida auris).	1) Observed in Infection Control Tracer at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The organization did not address high level disinfection (HLD) and sterilization as a potential risk during their annual risk assessment when infection control issues related to high level disinfection (HLD) and sterilization were identified as evidenced by the organization's "Imperial Valley Healthcare District 2026 Infection Prevention and Control Risk Assessment" not identifying and incorporating high level disinfection as a "Risk/Infection Event" in conjunction with observed deviations in practice and not following the manufacture's instructions for use in the three locations identified where HLD is being performed. The observation was confirmed by organizational leadership.	

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
Moderate Limited	MM.11.01.01	1	<p>Drugs and biologicals are procured, stored, controlled, and distributed in accordance with federal and state laws and accepted standards of practice.</p> <p>Note: The hospital stores medications, including sample medications, according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.</p>	<p>1) Observed in Record Review at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . Observed during open record review of a patient in the post anesthesia care unit (PACU), the patient had two (2) medication orders for the same indication without prioritization, representing therapeutic duplication. The patient orders included acetaminophen 1000 mg IV PRN pain and hydromorphone 0.5 mg IV PRN severe pain. The patient was noted to have severe pain and was given two doses of hydromorphone followed by administration of IV acetaminophen, all for severe pain. There was no process in place to guide the staff to which medication to administer first. The observation was confirmed by the Director of Pharmacy that this represented therapeutic duplication.</p>	<p>§482.25(b) - §482.25(b) Standard: Delivery of Services</p> <p>In order to provide patient safety, drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice, consistent with Federal and State law.</p>
Moderate Limited	MS.18.02.01	2	<p>A period of focused professional practice evaluation is implemented for all initially requested privileges.</p>	<p>1) Observed in Credentialing and Privileging at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The medical staff did not follow their policy "Focused Professional Practice Evaluation (FPPE), last revised 04/09/2024" as evidenced by two (2) out of (2) credentialing and privileging files for recently appointed members to the medical staff not having performance of a FPPE. The observation was confirmed by medical staff office leadership.</p>	

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
Moderate Limited	PE.04.01.01	3	The hospital has proper ventilation, lighting, and temperature control in all pharmaceutical, patient care, and food preparation areas.	1) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . Using a handheld airflow indicator, airflow was confirmed to move from the men's and women's locker rooms into the Sterile Processing clean core. The clean core is intended to be maintained at a higher level of environmental control and should be positive to adjacent support spaces. Verified by the Facilities director.	§482.41(d)(4) - (4) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.
Low Pattern	LD.13.01.01	1	The hospital provides care, treatment, and services in accordance with licensure requirements and federal, state, and local laws, rules, and regulations. Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The hospital meets the Centers for Medicare & Medicaid Services' (CMS) definition of a hospital in accordance with 42 CFR 482.1(a)(1) and (b). (Refer to https://www.ecfr.gov/ for the language of this CMS requirement)	1) Observed in Record Review at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . Observed during evaluation of the organization's tissue management processes, the organization could not provide evidence that they were retaining the manufacturer's instructions for use/package inserts and outdated publications for a minimum of 10 years. The observation was confirmed by department leadership.	§482.11(a) - (a) The hospital must be in compliance with applicable Federal laws related to the health and safety of patients.

Joint Commission Requirements for Improvement

Program: Hospital

SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
Low Pattern	PE.04.01.01	2	<p>The hospital maintains essential equipment in safe operating condition.</p> <p>Note 1: For fire/smoke detection, alarm, and extinguishing system testing: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p> <p>Note 2: For all other equipment: Inspection, testing, and maintenance activities are documented in accordance with manufacturer's recommendations or established alternative equipment maintenance (AEM) activities and frequencies defined in the AEM program.</p>	<p>1) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . Two ice machines in Labor and Delivery were observed to be heavily soiled. This was verified by the director of Facilities. The surveyor has validated while onsite the organization completed an Interim Life Safety Measure (ILSM) risk assessment for the identified Life Safety Code deficiency. The organization's assessment has shown that no ILSM is needed.</p>	<p>§482.41(d)(2) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.</p>
Low Limited	NPG.09.02.01	2	<p>The hospital identifies, in writing, the materials and related instructions used to prepare or process tissues.</p>	<p>1) Observed in Record Review at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . Observed during closed record review, two (2) out of two (2) patients who received tissue implantation that required reconstitution and/or thaw/rinsing with normal saline did not have the lot number and expiration date of the normal saline used recorded in the medical record or any other tissue management documents. The observation was confirmed by department leadership.</p>	

Joint Commission Requirements for Improvement

Program: Hospital

SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
Low Limited	NPG.12.05.01	2	The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. Staff are evaluated based on performance expectations that reflect their job responsibilities. This evaluation is documented.	1) Observed in Competency Session at Imperial Valley Healthcare District (205 West Legion Rd, Brawley, CA) site . During the competency review session,there was not a completed RN annual evaluation for 2025. The facility policy Performance Appraisal System dated 09/2022 requires an annual evaluation to be completed on all employees. The Human Resource Director and Chief Nursing Officer was in attendance for this session.	
Low Limited	PE.03.01.01	1	The hospital maintains current and accurate drawings denoting features of fire safety and related square footage. Fire safety features include the following: <ul style="list-style-type: none"> - Areas of the building that are fully sprinklered (if the building is partially sprinklered) - Locations of all hazardous storage areas - Locations of all fire-rated barriers - Locations of all smoke-rated barriers - Sleeping and non-sleeping suite boundaries, including the size of the identified suites - Locations of designated smoke compartments - Locations of chutes and shafts - Any approved equivalencies or waivers 	1) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . Life Safety drawings were not current and did not accurately identify suite boundaries, hazardous rooms, and smoke and fire barriers. this was verified by the director of facilities.	

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
Low Limited	PE.03.01.01	3	<p>The hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).</p> <p>Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.</p> <p>Note 2: For hospitals that use Joint Commission accreditation for deemed status purposes: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in hospitals.</p> <p>Note 3: For hospitals that use Joint Commission accreditation for deemed status purposes: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & Human Services, CMS may waive, for periods deemed appropriate, specific provisions of the Life Safety Code that would result in unreasonable hardship upon a hospital, but only if the waiver will not adversely affect the health and safety of the patients.</p> <p>Note 4: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.</p>	<p>1) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . Two penetrations were observed above the ceiling in Sterile Processing. The area is protected by automatic sprinklers and smoke detection. The annular spaces exceeded 1/8 inch and had not been sealed. Verified by facilities director. The surveyor has validated while onsite the organization completed an Interim Life Safety Measure (ILSM) risk assessment for the identified Life Safety Code deficiency. The organization's assessment has shown that no ILSM is needed.</p>	<p>§482.41(b) - §482.41(b) Standard: Life Safety from Fire</p> <p>The hospital must ensure that the life safety from fire requirements are met.</p>

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
				2) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . A Cubical wall was erected to separate a section of the SPD but was blocking access to a required means of egress. Verified by the director of Facilities. The surveyor has validated while onsite the organization completed an Interim Life Safety Measure (ILSM) risk assessment for the identified Life Safety Code deficiency. The organization's assessment has shown that no ILSM is needed.	§482.41(b) - §482.41(b) Standard: Life Safety from Fire The hospital must ensure that the life safety from fire requirements are met.
				3) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road Brawley, CA) site . The fire-rated door located between Labor and Delivery and the Definitive Observation Unit did not positively latch when tested. Verified by the director of facilities. The surveyor has validated while onsite the organization completed an Interim Life Safety Measure (ILSM) risk assessment for the identified Life Safety Code deficiency. The organization's assessment has shown that no ILSM is needed.	§482.41(b) - §482.41(b) Standard: Life Safety from Fire The hospital must ensure that the life safety from fire requirements are met.
				4) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road Brawley, CA) site . On the second floor outside Labor and Delivery, the trash chute intake door did not self-close and positively latch. This was verified by the Director of Facilities. The surveyor has validated while onsite the organization completed an Interim Life Safety Measure (ILSM) risk assessment for the identified Life Safety Code deficiency. The organization's assessment has shown that no ILSM is needed.	§482.41(b) - §482.41(b) Standard: Life Safety from Fire The hospital must ensure that the life safety from fire requirements are met.

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
				<p>5) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road Brawley, CA) site . The fire exit stair enclosure at the rear of Labor and Delivery contained a stair chair and skedco which were mounted to the wall within the stairwell. Verified by the Director of Facilities. The surveyor has validated while onsite the organization completed an Interim Life Safety Measure (ILSM) risk assessment for the identified Life Safety Code deficiency. The organization's assessment has shown that no ILSM is needed.</p>	<p>§482.41(b) - §482.41(b) Standard: Life Safety from Fire</p> <p>The hospital must ensure that the life safety from fire requirements are met.</p>
				<p>6) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . Orthopedic supply boxes were stored in a non-suite corridor outside the OR for longer than 30 minutes. The boxes were not on wheels and reduced the required width of the means of egress. This was verified by the Director of Facilities. The surveyor has validated while onsite the organization completed an Interim Life Safety Measure (ILSM) risk assessment for the identified Life Safety Code deficiency. The organization's assessment has shown that no ILSM is needed.</p>	<p>§482.41(b) - §482.41(b) Standard: Life Safety from Fire</p> <p>The hospital must ensure that the life safety from fire requirements are met.</p>

Joint Commission Requirements for Improvement

Program: Hospital

SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
Low Limited	PE.03.02.01	1	<p>The hospital has a written interim life safety measures (ILSM) policy that covers situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital implements PE.03.02.01, EPs 2–15, to compensate for increased life safety risk. The criteria include the assessment process to determine when ILSM are implemented.</p> <p>Note: For any Life Safety Code deficiency that cannot be immediately corrected during survey, the hospital identifies which ILSM in its policy will be implemented until the issue is corrected.</p>	<p>1) Observed in Document Review at Imperial Valley Healthcare District (207 West Legion Road Brawley, CA) site . In 2025, the organization identified 46 fire and smoke dampers that failed required inspection and testing. No Interim Life Safety Measures (ILSM) assessments were completed for any of the failed dampers, and no documentation was available to demonstrate compensatory measures implemented to mitigate the resulting impairment to the fire and smoke barrier system. Verified by the Facilities Director. The surveyor has validated while onsite the organization completed an Interim Life Safety Measure (ILSM) risk assessment for the identified Life Safety Code deficiency. The organization’s assessment has shown that no ILSM is needed.</p>	
Low Limited	PE.04.01.01	1	<p>The hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).</p> <p>Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.</p> <p>Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the hospital, the Centers for Medicare & Medicaid Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.</p>	<p>1) Observed in Tracer Activities at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . Observed during tour of operating room 10, a relocatable power tap (RPT) was identified laying on the floor and not part of a fixed, tested assembly. Items plugged into the RPT included the operating room table/bed, a patient warming blanket and an IV infusion pump that was mounted on a pole. The observation was confirmed by department leadership.</p>	<p>§482.41(c) - (c) Standard: Building safety.</p> <p>Except as otherwise provided in this section, the hospital must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12–2, TIA 12–3, TIA 12–4, TIA 12–5 and TIA 12–6).</p>

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
				<p>2) Observed in Building Tour at Imperial Valley Healthcare District (207 West Legion Road Brawley, CA) site . In the Definitive Observation Unit, panel F had breakers 16, 19, and 20 in the "on" position that were not identified in the panel directory. Verified by the Director of Facilities. The surveyor discussed the Life Safety deficiency with the organization, and it was determined that the following ILSMs will be implemented until the deficiency has been resolved and according to the organization's ILSM policy:</p>	<p>§482.41(c) - (c) Standard: Building safety.</p> <p>Except as otherwise provided in this section, the hospital must meet the applicable provisions and must proceed in accordance with the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5 and TIA 12-6).</p>

Joint Commission Requirements for Improvement

Program: Hospital

SAFER® Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
Low Limited	RC.11.02.01	1	All orders, including verbal orders, are dated, timed, and authenticated by the ordering physician or other licensed practitioner who is responsible for the patient's care and who is authorized to write orders, in accordance with hospital policy, law and regulation, and medical staff bylaws, rules, and regulations.	1) Observed in Surveyor review but corrected onsite pending acceptable Evidence of Standards Compliance at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . The medical staff did not follow the "General Rules and Regulations of the Medical Staff, dated March 2015" as evidenced by not authenticating telephone/verbal orders for restraints "within 24 hours". The Rules and Regulations state in section III.C - Restraints: "the physician must authenticate all verbal orders or telephone orders at his/her next visit to the hospital and in no more than 24 hours of the intervention (1 hour for behavioral restraint orders)". Two orders were identified in two separate patient medical records being reviewed during the closed medical record review of restraints. The restraint orders (telephone) were placed in the first record on 12/16/2025 and authenticated on 12/20/2025 and the restraint order for the second record was placed on 02/20/2026 and authenticated on 03/12/2026. The observations were confirmed by staff assisting with closed medical record review.	§482.24(c)(2) - (2) All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.

Joint Commission Requirements for Improvement

Program: Hospital

SAFER [®] Placement	Standard	EP	EP Text	Observation	CoP and CoP Text
Low Limited	RC.12.01.01	3	<p>The medical record contains any informed consent, when required by hospital policy or federal or state law or regulation.</p> <p>Note: The properly executed informed consent is placed in the patient's medical record prior to surgery, except in emergencies. A properly executed informed consent contains documentation of a patient's mutual understanding of and agreement for care, treatment, and services through written signature; electronic signature; or, when a patient is unable to provide a signature, documentation of the verbal agreement by the patient or surrogate decision-maker.</p>	<p>1) Observed in Record Review at Imperial Valley Healthcare District (207 West Legion Road, Brawley, CA) site . During a closed record review of a patient in the ER on 3-10-2026 who had a procedure for a reduction of right hip the consent form lacked a signature for a witness. This does not follow the organizational policy Informed Consent dated 2-25-2026. The Chief Nursing Officer and QM Scribe was in attendance.</p>	<p>§482.24(c)(4)(v) - (v) Properly executed informed consent forms for procedures and treatments specified by the medical staff, or by Federal or State law if applicable, to require written patient consent.</p>

Joint Commission

Appendix

SAFER[®] (Survey Analysis for Evaluating Risk[®]) Matrix Description

All Requirements for Improvement (RFIs) are plotted on the SAFER matrix according to the likelihood the issue could cause harm to patient(s), staff, and/or visitor(s), and the scope at which the RFI is observed. Combined, these characteristics identify a risk level for each RFI, which in turn will determine the level of required post-survey follow up. As the risk level of an RFI increases, the placement of the standard and Element of Performance moves from the bottom left corner to the upper right. The definitions for the Likelihood to Harm a Patient/Staff/Visitor and Scope are as follows:

Likelihood to Harm a Patient/Staff/Visitor:

- Low: harm could happen, but would be rare
- Moderate: harm could happen occasionally
- High: harm could happen any time

Scope:

- Limited: unique occurrence that is not representative of routine/regular practice
- Pattern: multiple occurrences with potential to impact few/some patients, staff, visitors and/or settings
- Widespread: multiple occurrences with potential to impact most/all patients, staff, visitors and/or settings

The Evidence of Standards Compliance (ESC) or Plan of Correction (POC) forms with findings of a higher risk will require two additional fields within the ESC or POC. The organization will provide a more detailed description of Leadership Involvement and Preventive Analysis to assist in sustainment of the compliance plan. Additionally, these higher risk findings will be provided to surveyors for possible review or onsite validation during any subsequent onsite surveys, up until the next full survey occurs. The below legend illustrates the follow-up activity associated with each level of risk.

SAFER [®] Matrix Placement	Required Follow-Up Activity
HIGH/LIMITED HIGH/PATTERN HIGH/WIDESPREAD	<ul style="list-style-type: none"> Two additional areas surrounding Leadership Involvement and Preventive Analysis will be included in the ESC or POC Finding will be highlighted for potential review by surveyors on subsequent onsite surveys up to and including the next full survey or review
MODERATE/PATTERN MODERATE/WIDESPREAD	
MODERATE/LIMITED LOW/PATTERN LOW/WIDESPREAD	<ul style="list-style-type: none"> ESC or POC will not include Leadership Involvement and Preventive Analysis
LOW/LIMITED	

Joint Commission

Appendix

Clarification Instructions

Documents not available at the time of survey

Any required documents that are not available at the time of survey will no longer be eligible for the clarification process. These RFIs will become action items in the post-survey ESC process.

Clerical Errors

Clerical errors in the report will no longer be eligible for the clarification process. The Joint Commission will work with the organization to correct the clerical error, so that the report is accurate. The corrected RFIs will become action items in the post-survey process.

The clarification process provides an organization the opportunity to demonstrate compliance with standards that were scored “not compliant” at the time of the survey. The organization has 10 business days from the date the report is published on the extranet site to submit the clarification. *The Evidence of Standards Compliance (ESC) due dates will remain the same whether or not the organization submits a clarification and/or is successful in the clarification process.*

Clarifications may take either of the following forms:

- An organization believes it had adequate evidence available to the surveyor(s) and was in compliance **at the time of the survey**. (Please note that actions taken during or immediately after the survey will not be considered). The organization must use the clarification form to support their contention.
- The organization has detailed evidence that was not immediately available **at the time of the survey**. The clarification must include an explanation as to why the surveyor(s) did not have access to the information or why it was not provided to the surveyor(s) at the time of the survey. However, any required documents that are not available at the time of survey are not eligible for the Clarification Process. These RFIs will become action items in the post-survey ESC process.
- Please do not submit supplemental documentation unless requested by The Joint Commission. If additional information is requested, the organization will be required to highlight the relevance to the standards in the documentation.



May 15, 2026

Christopher Bjornberg
CEO
Imperial Valley Healthcare District
207 West Legion Road
Brawley, CA 92227

Re: # 9767
CCN: # 050342
Deemed Program: Hospital
Accreditation Deferred Date: May 15, 2026

Dear Mr. Bjornberg:

This letter confirms that your May 12, 2026 - May 14, 2026 unannounced initial survey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through Joint Commission's deemed status survey process.

As a result of receiving a Condition-level Deficiency during an initial deemed status survey, your organization is required to participate in an unannounced Medicare deficiency follow-up survey within 45 calendar days from the end of the survey identified above for the Medicare Conditions of Participation/Conditions for Coverage listed below. Your organization is also required to submit written Evidence of Standards Compliance for all Requirements for Improvement identified in the official accreditation survey report.

§482.42 Condition of Participation: Infection Control

As required by Medicare, Joint Commission must defer making a recommendation for Medicare certification until full compliance with all Medicare and Accreditation requirements has been achieved. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13.

This recommendation applies to the following location(s):

Imperial Valley Healthcare District
207 West Legion Road, Brawley, CA, 92227

Imperial Valley Healthcare District
d/b/a Pioneers Health Center Women's Health
751 W Legion Rd Suite 201, Brawley, CA, 92227

Imperial Valley Healthcare District
d/b/a Pioneers Children's Health Center
565 Main Street, Brawley, CA, 92227

Imperial Valley Healthcare District
d/b/a Rehabilitation Services
751 West Legion Rd, Suite 101, Brawley, CA, 92227



Imperial Valley Healthcare District
d/b/a The Wound Care Center at Imperial Valley Healthcare District
751 West Legion Rd, Suite 300, Brawley, CA, 92227

Imperial Valley Healthcare District
d/b/a Surgical Health at Pioneers
751 West Legion Rd, Suite 305, Brawley, CA, 92227

Imperial Valley Healthcare District
d/b/a Outpatient Infusion Center
205 West Legion Rd, Brawley, CA, 92227

Please be assured that Joint Commission will keep the report confidential, except as required by law or court order. To ensure that Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Grubbs", is positioned below the word "Sincerely,".

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Quality, Safety & Oversight Group/Division of Continuing and Acute Care Providers
CMS/SOG Location 9 /Survey and Certification Staff

Please enter your hospital's data and review this information to ensure that Leapfrog recorded the correct measure score from each publicly available data source.

More information about the Leapfrog Hospital Safety Grade and its methodology can be found at:

<https://www.hospitalsafetygrade.org/for-hospitals/data-review/review-login>

Means, standard deviations, and measure weights have been finalized following the Safety Grade Review Period as a result of changes that occurred during the review process (February 24, 2026 - March 17, 2026).

Instructions for the Hospital Safety Grade Calculator
1. Enter your hospital's source data in Column E (Your Hospital's Score)
2. If you have a score of zero (0), enter 0, not N/A, into the calculator
3. If you have a score of Not Available or Declined to Report for a measure, enter N/A into the calculator
4. If your score includes an asterisk or hashtag, enter only the numerical score into the calculator

Additional Information	
Final Safety Grade	The final calculated letter grade is found on the last row of the Hospital Safety Grade Calculator (row 33).
Reporting Periods	Please see the the third sheet in this file labeled "Reporting Periods" to view the reporting periods of each Safety Grade Measure.
Standard Weights	The standard weights will be applied unless you are scored as Not Available or Declined to Report for a measure. Please refer to column S to determine the final weight that was applied to each measure.
Negative z-scores	To ensure that a single measure does not dominate a hospital's overall score in an unintended way, Leapfrog truncated negative z-scores at -5.00. Hospitals that have a calculated z-score below -5.00 on a measure will receive a modified z-score of -5.00 on that measure.

Note: If you have a score of:
 -- zero (0), enter 0, in Column E.
 -- Not Available or Declined to Report for a measure, enter N/A in Column E.

April 2026

Measure Domain	Measure	Enter Your Hospital's Score Here (Do NOT Leave Blanks)	Mean	Standard Deviation	Z-Score ¹		Inputs to Weighting Individual Measures ²				Weight ³		Weighted Measure Score (Modified Z-Score x Final Weight)
					Original Z-Score	Modified Z-Score	Evidence	Opportunity	Impact	Number of Component Measures ⁴	Standard Weight	Final Weight (N/A redistributes)	
Process/Structural Measures	Computerized Physician Order Entry (CPOE)	40	83.55	31.80	-1.3696	-1.3696	2	1.38	3	1	6.1%	6.1%	-0.0836
	Bar Code Medication Administration (BCMA)	75	86.14	27.81	-0.4004	-0.4004	2	1.32	3	1	5.9%	5.9%	-0.0237
	ICU Physician Staffing (IPS)	5	68.99	42.38	-1.5099	-1.5099	2	1.61	3	1	6.8%	6.8%	-0.1027
	Safe Practice 1: Culture of Leadership Structures and Systems	101.54	117.78	6.91	-2.3493	-2.3493	1	1.06	2	1	3.1%	3.1%	-0.0728
	Safe Practice 2: Culture Measurement, Feedback, & Intervention	90	117.68	11.66	-2.3730	-2.3730	1	1.10	2	1	3.2%	3.2%	-0.0754
	Total Nursing Care Hours per Patient Day	100	79.73	30.45	0.6657	0.6657	2	1.38	2	1	4.7%	4.7%	0.0315
	Hand Hygiene	100	78.21	34.63	0.6292	0.6292	2	1.44	2	1	4.9%	4.9%	0.0305
	H-COMP-1: Nurse Communication	88	90.55	2.35	-1.0847	-1.0847	1	1.03	2	1	3.0%	3.0%	-0.0329
	H-COMP-2: Doctor Communication	80	90.11	2.36	-4.2906	-4.2906	1	1.03	2	1	3.0%	3.0%	-0.1301
	H-COMP-3: Staff Responsiveness	80	82.06	4.21	-0.4894	-0.4894	1	1.05	2	1	3.1%	3.1%	-0.0151
	H-COMP-5: Communication about Medicines	74	74.83	3.93	-0.2107	-0.2107	1	1.05	2	1	3.1%	3.1%	-0.0065
	H-COMP-6: Discharge Information	83	85.65	3.54	-0.7482	-0.7482	1	1.04	2	1	3.1%	3.1%	-0.0229
	Outcome Measures	Foreign Object Retained	0	0.011	0.04	0.2672	0.2672	1	3.00	2	1	4.2%	5.9%
Air Embolism		0	0.001	0.01	0.1101	0.1101	1	3.00	1	1	2.4%	3.4%	0.0037
Falls and Trauma		0	0.339	0.37	0.9233	0.9233	2	2.08	3	1	4.9%	6.9%	0.0638
CLABSI		n/a	0.550	0.49	N/A	N/A	2	1.88	3	1	4.6%	0.0%	0.0000
CAUTI		2.281	0.497	0.47	-3.7783	-3.7783	2	1.95	3	1	4.7%	6.6%	-0.2486
SSI: Colon		n/a	0.819	0.67	N/A	N/A	2	1.81	2	1	3.4%	0.0%	0.0000
MRSA		n/a	0.657	0.53	N/A	N/A	2	1.81	3	1	4.4%	0.0%	0.0000
C. Diff.		0.289	0.347	0.29	0.1971	0.1971	2	1.85	3	1	4.5%	6.3%	0.0125
PSI 4: Death rate among surgical inpatients with serious treatable conditions		n/a	173.37	23.81	N/A	N/A	1	1.14	2	1	2.0%	0.0%	0.0000
CMS Medicare PSI 90: Patient safety and adverse events composite		1.15	1.00	0.20	-0.7575	-0.7575	1	1.20	2	10	15.0%	21.0%	-0.1588
Process Measure Domain Score:		-0.5037											
Outcome Measure Domain Score:		-0.3118											
Process/Outcome Domains - Combined Score:		-0.8155											
Normalized Numerical Score:		2.1845											
Hospital Safety Grade (Letter Grade):		D											

Additional Resources:


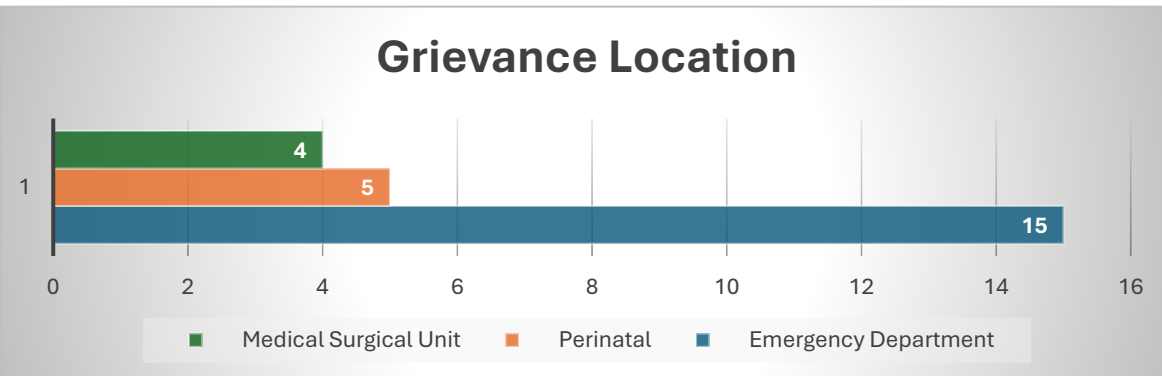
- ¹Please refer to the 'Calculating Z-scores' section of the methodology document for more details.
- ²Please refer to the 'Weighting Individual Measures' section of the methodology document for more details.
- ³Please refer to the 'Dealing with Missing Data' section of the methodology document for more details.
- ⁴Please refer to the 'Number of Component Measures' section of the methodology document for more details.

Spring 2026

Measure Domain	Measure	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Process/Structural Measures	Computerized Physician Order Entry (CPOE)	2025 Leapfrog Hospital Survey	2025	Imputation Model ⁱ	N/A
	Bar Code Medication Administration (BCMA)	2025 Leapfrog Hospital Survey	2025	Imputation Model ⁱ	N/A
	ICU Physician Staffing (IPS)	2025 Leapfrog Hospital Survey	2025	Imputation Model ⁱ	N/A
	Safe Practice 1: Culture of Leadership Structures and Systems	2025 Leapfrog Hospital Survey	2025	N/A	N/A
	Safe Practice 2: Culture Measurement, Feedback, & Intervention	2025 Leapfrog Hospital Survey	2025	N/A	N/A
	Total Nursing Care Hours per Patient Day	2025 Leapfrog Hospital Survey	01/01/2024 - 12/31/2024 or 07/01/2024 - 06/30/2025	N/A	N/A
	Hand Hygiene	2025 Leapfrog Hospital Survey	2025	Imputation Model ⁱ	N/A
	H-COMP-1: Nurse Communication	CMS	01/01/2024 - 12/31/2024	N/A	N/A
	H-COMP-2: Doctor Communication	CMS	01/01/2024 - 12/31/2024	N/A	N/A
	H-COMP-3: Staff Responsiveness	CMS	01/01/2024 - 12/31/2024	N/A	N/A
	H-COMP-5: Communication about Medicines	CMS	01/01/2024 - 12/31/2024	N/A	N/A
	H-COMP-6: Discharge Information	CMS	01/01/2024 - 12/31/2024	N/A	N/A
	Outcome Measures	Foreign Object Retained	CMS	07/01/2022 - 06/30/2024	N/A
Air Embolism		CMS	07/01/2022 - 06/30/2024	N/A	N/A
Falls and Trauma		CMS	07/01/2022 - 06/30/2024	N/A	N/A
CLABSI		2025 Leapfrog Hospital Survey	07/01/2024 - 06/30/2025	CMS	01/01/2024 - 12/31/2024
CAUTI		2025 Leapfrog Hospital Survey	07/01/2024 - 06/30/2025	CMS	01/01/2024 - 12/31/2024
SSI: Colon		2025 Leapfrog Hospital Survey	07/01/2024 - 06/30/2025	CMS	01/01/2024 - 12/31/2024
MRSA		2025 Leapfrog Hospital Survey	07/01/2024 - 06/30/2025	CMS	01/01/2024 - 12/31/2024
C. Diff.		2025 Leapfrog Hospital Survey	07/01/2024 - 06/30/2025	CMS	01/01/2024 - 12/31/2024
PSI 4: Death Rate among Surgical Inpatients with Serious Treatable Conditions		CMS	07/01/2022 - 06/30/2024	N/A	N/A
CMS Medicare PSI 90: Patient safety and adverse events composite		CMS	07/01/2022 - 06/30/2024	N/A	N/A

ⁱSee the methodology document for more information on the imputation methodology used for hospitals that did not submit a Leapfrog Hospital Survey by November 30, 2025. Hospitals with Step 1 imputation will be publicly reported as having a secondary data source of “2024 Leapfrog Hospital Survey” and reporting period of “2024”.

Quarterly Summary
Imperial Valley Healthcare District
Pioneers Memorial Hospital
QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)
GRIEVANCES – 1ST QUARTER (01/01/2026 TO 03/31/2026)

Indicator/Measure	Findings/Actions/Recommendations	Improvements in Patient Care/Safety																		
<p>Grievances</p>	<p>In the first quarter, 32 grievances were reported, representing a 15.8% decrease from the fourth quarter (38 grievances). Monthly totals included 16 grievances in January, 8 in February, and 14 in March. The most common grievance categories involved employee conduct (e.g., rudeness, attitude, inattentiveness), concerns related to physician care, lack of communication, and overall perception of care. The departments with the highest number of grievances were the Emergency Department, Perinatal Services, and the Medical-Surgical units.</p> <div style="text-align: center;">  <p>Grievance Type</p> <table border="1"> <tr><th>Category</th><th>Count</th></tr> <tr><td>Perception of Care</td><td>4</td></tr> <tr><td>Lack of Communication</td><td>6</td></tr> <tr><td>Physician Care</td><td>7</td></tr> <tr><td>Employee (rudeness, insensitivity, attitude, inattentive)</td><td>10</td></tr> </table> </div> <div style="text-align: center;">  <p>Grievance Location</p> <table border="1"> <tr><th>Location</th><th>Count</th></tr> <tr><td>Medical Surgical Unit</td><td>4</td></tr> <tr><td>Perinatal</td><td>5</td></tr> <tr><td>Emergency Department</td><td>15</td></tr> </table> </div>	Category	Count	Perception of Care	4	Lack of Communication	6	Physician Care	7	Employee (rudeness, insensitivity, attitude, inattentive)	10	Location	Count	Medical Surgical Unit	4	Perinatal	5	Emergency Department	15	<p>Policy ADM-00056 Patient Complaints and Grievances, acknowledges grievances within 10 days and a final letter is sent with a resolution within 30 days.</p> <p>Grievances received are investigated thoroughly. The investigation includes a review of medical records, interviewing the front-line staff directly involved in the issue, as well as interviewing the department heads. When necessary, the MDs are involved.</p> <p>IVHD takes all grievances seriously and it is used as an opportunity to improve processes, education and making sure that a culture of safety is maintained. We continuously strive to improve quality and safety while mitigating risks.</p>
Category	Count																			
Perception of Care	4																			
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Merlina Esparza MSN, RN
 Q1-2026

Proprietary information please ensure confidentiality is kept.

Quarterly Summary
Pioneers Memorial Healthcare District
QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)
QUALITY RISK REPORTING (QRR) – 1st QUARTER (01/01/2026 – 03/31/2026)

Indicator/Measure	Findings/Actions/Recommendations	Improvements in Patient Care/Safety																																																																																
Events	<p>1st Quarter 2026 recorded 403 total events, compared to 380 events in 4th Quarter, reflecting a 6.1% increase in reporting. Reported events include both substantiated and unsubstantiated cases.</p> <table border="1"> <caption>QRR Events Data</caption> <thead> <tr> <th>Category</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> </tr> </thead> <tbody> <tr><td>INFECTION CONTROL</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>INJURY RELATED</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>OB/GYN</td><td>1</td><td>1</td><td>4</td></tr> <tr><td>EMERGENCY</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>SURGERY</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>CARDIAC</td><td>2</td><td>2</td><td>4</td></tr> <tr><td>EQUIPMENT</td><td>2</td><td>2</td><td>4</td></tr> <tr><td>SECURITY</td><td>4</td><td>4</td><td>5</td></tr> <tr><td>MEDICAL STAFF RELATED</td><td>2</td><td>3</td><td>5</td></tr> <tr><td>IV/BLOOD</td><td>3</td><td>3</td><td>5</td></tr> <tr><td>AMA</td><td>2</td><td>3</td><td>7</td></tr> <tr><td>FALL RELATED</td><td>3</td><td>3</td><td>8</td></tr> <tr><td>OTHER</td><td>4</td><td>4</td><td>8</td></tr> <tr><td>MED/SURG</td><td>4</td><td>5</td><td>9</td></tr> <tr><td>PROCEDURES</td><td>3</td><td>3</td><td>8</td></tr> <tr><td>NURSING RELATED</td><td>3</td><td>4</td><td>13</td></tr> <tr><td>CSST</td><td>9</td><td>11</td><td>14</td></tr> <tr><td>SKIN</td><td>12</td><td>14</td><td>16</td></tr> <tr><td>MEDICATION</td><td>43</td><td>50</td><td>54</td></tr> </tbody> </table>	Category	Jan-26	Feb-26	Mar-26	INFECTION CONTROL	1	1	1	INJURY RELATED	1	1	1	OB/GYN	1	1	4	EMERGENCY	1	2	3	SURGERY	1	2	3	CARDIAC	2	2	4	EQUIPMENT	2	2	4	SECURITY	4	4	5	MEDICAL STAFF RELATED	2	3	5	IV/BLOOD	3	3	5	AMA	2	3	7	FALL RELATED	3	3	8	OTHER	4	4	8	MED/SURG	4	5	9	PROCEDURES	3	3	8	NURSING RELATED	3	4	13	CSST	9	11	14	SKIN	12	14	16	MEDICATION	43	50	54	<p>CCST committee resumed; new diversion prevention compliance monitoring system initiated -Blue Sight went live 6/27/24. Continuing with the IRIS worklist & Diversion watch list.</p> <p>Fall Prevention Program education and policy revision.</p> <p>Wound Care Prevention Fair</p> <p>Monitoring BCMA Hospital wide.</p>
Category	Jan-26	Feb-26	Mar-26																																																																															
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Falls	<ul style="list-style-type: none"> A total of 17 falls were reported in 1Q, compared to 11 in 4Q, representing a 54.5% increase. One fall resulted in major harm, while the remaining incidents involved minimal to no documented harm. All clinical areas implemented post-fall huddle following each fall event. 	<p>Fall Prevention Program: Policy revised Hourly Rounding (HRF) Post Fall Huddle Form BMAT Visible Signage MS Log: High Risk Fall Patients</p>																																																																																
Medication Events/CSST	<ul style="list-style-type: none"> 181 combined Medication and CSST events for 1Q vs 4Q 190. (4.7% decrease). Deficiencies related to med omissions, unauthorized orders, medication storage, near miss, wrong patient, wrong drug, wrong dose, wrong rate, extra dose, incomplete medication reconciliation and medication not on file for BCMA. CSST will track and trend Non-compliance to Controlled Substance (CS) Policy and anomalous or risky behaviors such as: Unreconciled transaction: non-documentation of final disposition of CS removed (given, 	<p>BCMA 1st Q: 90.57% Hospital wide BCMA goal: Greater than 90%</p> <p>CSST: New diversion software initiated</p>																																																																																

Quarterly Summary
Pioneers Memorial Healthcare District
QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT (QAPI)
QUALITY RISK REPORTING (QRR) – 1st QUARTER (01/01/2026 – 03/31/2026)

	returned, or wasted). Wasting practices: delayed wasting of partial doses, pattern, and frequency of removing CS then wasting the whole amount, witness to wasting. Dispensing practices: dispensing after patient has been discharged, dispensing to temporary patients, overrides that is aimed to provide insights to trends that are risks for potential diversion, or trends that may be due to process or system issues, thus driving a more directed approach to investigations and actions, i.e. diversion investigation and response, or process/system review and modification to improve compliance.																									
Skin Integrity	<ul style="list-style-type: none"> A total of 42 events were reported in 1Q, compared to 8 events in 4Q, representing a significant increase in reporting. One case reported to CDPH and resulted in deficiency and corrective action plan. Most were skin tears, bruises and PU present on admission. 	Cerner photo capability Please see RCA for detailed CAP.																								
Insurance Grievances	<ul style="list-style-type: none"> 10 insurance grievances received, investigated and responded to. Trending referral timeliness and QOC in Outpatient area. 																									
CDPH Events	<ul style="list-style-type: none"> 4 CDPH visits 1st Q <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Case Number</th> <th>Location</th> <th>Event Type</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>CA00988426</td> <td>ED/OP</td> <td>Defective Equipment</td> <td>Closed w/o deficiencies</td> </tr> <tr> <td>CA00989726</td> <td>ICU</td> <td>Unstageable Pressure Ulcer, Late Reporting (self-report)</td> <td>Corrective Action Plan</td> </tr> <tr> <td>CA00990168</td> <td>OB</td> <td>Medication Error</td> <td>Pending Response</td> </tr> <tr> <td>CA00991633</td> <td>ED</td> <td>QOC Practices, IC Practices and Patient's Rights</td> <td>Closed w/o deficiencies</td> </tr> <tr> <td>CA00000000</td> <td>OB</td> <td>Fetal Death (self-report)</td> <td>Pending</td> </tr> </tbody> </table>	Case Number	Location	Event Type	Status	CA00988426	ED/OP	Defective Equipment	Closed w/o deficiencies	CA00989726	ICU	Unstageable Pressure Ulcer, Late Reporting (self-report)	Corrective Action Plan	CA00990168	OB	Medication Error	Pending Response	CA00991633	ED	QOC Practices, IC Practices and Patient's Rights	Closed w/o deficiencies	CA00000000	OB	Fetal Death (self-report)	Pending	CAP initiated Wound Care Management and Reporting of Adverse Events.
Case Number	Location	Event Type	Status																							
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CA00000000	OB	Fetal Death (self-report)	Pending																							
RCAs	<p>Delayed identification of an unstageable pressure ulcer upon admission Delayed reporting of adverse event to CDPH</p> <p>Corrective Action Plan: 1:1 employee education Education Referrals for non-conformity ADP Module Wound Care (91%) Lessons Learned Wound Care Fair- in person mandatory training Policy revision ADP Module -Sentinel Event (66%)</p>	<p>Sentinel Event Module: 66% completion rate. Due Date was 02/27/2026.</p> <p>Wound care Module: 91% completion rate. Due Date 02/13/2026.</p>																								



**MEETING MINUTES
MAY 28, 2026
REGULAR BOARD MEETING**

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN REGULAR SESSION ON THE 28TH OF MAY AT 601 HEBER AVENUE, CALEXICO, CA. ON THE DATE, HOUR AND PLACE DULY ESTABLISHED OR THE HOLDING OF SAID MEETING.

CLOSED SESSION – 6:00 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. **PUBLIC EMPLOYMENT (Gov. Code 54957)**
Title: Interim Chief Executive Officer
- c. **Conference with Legal Counsel – Significant Exposure to Litigation (Gov. Code 54956.9 (d)(2))**
 - One government claim (George Mitchell Builders)
- d. **Conference with Legal Counsel – Existing Litigation (Gov. Code 54956.9 (d)(1))**
 - Francisca Parra v. Pioneers Memorial Hospital Foundation, a California Nonprofit Corporation
San Diego County Superior Court Case No. 26CU018477C
- e. **REPORT OF QUALITY ASSURANCE ACTIVITIES Pursuant to Health and Safety Code Section 32155 and Evidence Code Section 1157**
Report and discussion regarding hospital quality assurance matters, including accreditation survey findings and corrective action planning.
- f. **REPORT OF QUALITY ASSURANCE ACTIVITIES Pursuant to Health and Safety Code Section 32155 and Evidence Code Section 1157**
Report and discussion regarding the Quality Assurance and Performance Improvement (QAPI) program, including quality risk reporting and patient grievance review for the first quarter of 2026.

BOARD RECONVENED INTO OPEN SESSION AT 7:20 p.m.

- a. No reportable action taken in closed session.
- b. Motion was made by Director Goodsell and second by Director Garcia to appoint Carly Zamora as Interim Chief Executive Officer effective June 1, 2026, with the intention of returning to the June 11 board meeting with an employment agreement for approval in the open session. Motion passed by the following wit:

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



- c. **Motion was made by Director Goodsell and second by Director Berker to Reject the Government Claim submitted by George Mitchell Builders. Motion passed by the following wit:**

AYES: Valdez, Berker, Goodsell, Burnworth, Garcia

NOES: None

- d. **No reportable action taken in closed session**
- e. **The item was tabled for the next board meeting**
- f. **The item was tabled for the next board meeting**

Director Burnworth left the meeting after closed session at 7:20 p.m.

1. TO CALL ORDER:

The regular meeting was called to order in open session at 7:28 p.m. by Director Goodsell.

2. ROLL CALL-DETERMINATION OF QUORUM:

President	Kathie Burnworth (left after closed session)
Vice-President	Laura Goodsell
Treasurer	James Garcia
Secretary	Enola Berker
Trustee	Rodolfo Valdez

ABSENT:

Felipe Irigoyen - Trustee

Arturo Proctor - Trustee

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 Valdez to approve the agenda for May 28, 2026. Motion passed by the following vote wit:

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

NOES: None

6. PUBLIC COMMENT TIME:

Blanca Morales, the CEO for the Calexico Wellness Center. She shared some information about Urgent



Care that is located at 420 Heffernan Ave on the second floor, the hospital on wheels and a meeting with All Valley Urgent Care on developing a triage and shared some concerns she had with All Valley Urgent Care.

7. BOARD COMMENTS:

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

Director Berker reported that she attended the Women’s Auxiliary meeting. They gave an update and have been doing a good job.

Director Irigoyen reported that he attended the groundbreaking for the Substance Disorder Facility.

- b. Schedule of upcoming Board meetings and events.

None

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

Adriana reported that the Strategic Planning Ad-Hoc Committee continue to meet to discuss the merger and continues to be the only action item the bondholder’s consent, so we continue to negotiate with the bondholders.

- d. Finance Committee Update.

Director Garcia reported that the Finance Committee met on May 26 and recommended the following action items for approval by the board of directors’ consent agenda item 8B, 9H, 9I, 9J, 9K, 9L subject to legal review 9M, 9N, 9P, 9R, 9S subject to named party being changed to Imperial Valley Health Center. The following items were tabled and not voted on 9O, 9Q (pending legal review)

Carly Zamora requested to pull item 9J.

8. CONSENT CALENDAR:

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

- a. Minutes for May 14, 2026
- b. PMH Expenses/Financial Report April 2026

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

9. 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 Recommendation.

Motion was made by Director Berker and second by Director Garcia 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 wit:

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

b. Presentation of Tax Measure Polling Results by Probolsky Research

Adam Probolsky gave a presentation on the Tax Measure Polling Results by Probolsky Research.

c. Action Items: Policy and Procedure: Radiology Peer Review

Motion was made by Director Berker and second by Director Garcia to approve Policy and Procedure: Radiology Peer Review. Motion passed by the following wit:

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

d. Action Items: Policy and Procedure: Procurement of Medications

Motion was made by Director Berker and second by Director Garcia to approve Policy and Procedure: Procurement of Medications. Motion passed by the following wit:

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

e. Action Items: Policy and Procedure: Scope of Pharmacy Services & Staffing Guidelines

Motion was made by Director Berker and second by Director Garcia to approve Policy and Procedure: Scope of Pharmacy Services & Staffing Guidelines. Motion passed by the following wit:

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

f. Action Items: Policy and Procedure: Electronic Signature, Attestation and Authorship

Motion was made by Director Berker and second by Director Garcia to approve Policy and Procedure: Electronic Signature, Attestation and Authorship. Motion passed by the following wit:



AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

- g. Action Items: Policy and Procedure: Pharmacy Employee Theft and Impairment Reporting Requirements

Motion was made by Director Berker and second by Director Garcia to approve Policy and Procedure: Pharmacy Employee Theft and Impairment Reporting Requirements. Motion passed by the following wit:

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

- h. Staff Recommends Action to Authorize: Authorization to approve the Employee Leasing Agreement between Rady Children's Hospital San Diego (RCHSD) and IVHD for audiology staff to provide basic audiology testing locally in our clinics.

Presented by: Carly Zamora

Contract Value: Approximately \$10,000.00

Contract Term: 1 year

Budgeted: Yes

Budgeted Classification: Professional Fees

Motion was made by Director Valdez and second by Director Garcia to approve Authorization to approve the Employee Leasing Agreement between Rady Children's Hospital San Diego (RCHSD) and IVHD for audiology staff to provide basic audiology testing locally in our clinics. Motion passed by the following wit:

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

- i. Staff Recommends Action to Authorize: Authorization to approve Emergency Medical Care On-Call for Jason J. Chiu, MD. Inc.

Presented by: Carly Zamora

Contract Value: approximately \$300,000 value varies depending on Call Coverage and needs.

Contract Term: 2 years

Budgeted: Yes

Budgeted Classification: On-Call

Motion was made by Director Valdez and second by Director Garcia to approve Authorization to approve Emergency Medical Care On-Call for Jason J. Chiu, MD. Inc. Motion passed by the following wit:

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

- j. Staff Recommends Action to Authorize: Authorization to approve Professional Service



Agreement for Dr. Koorosh Kooros, M.D.
Presented by: Carly Zamora

Contract Value: approximately \$25,000 annual value varies depending on demand
Contract Term: 3 years
Budgeted: No
Budgeted Classification: PSA

This item was pulled out.

- k. Staff Recommends Action to Authorize: Authorization to approve Professional Service Agreement for Sayed Monis, M.D.
Presented by: Carly Zamora
Contract Value: Approximately \$50,000 annually, value varies based on volumes and clinic coverage
Contract Term: 3 years
Budgeted: Yes
Budgeted Classification: Professional Fees

Motion was made by Director Garcia and second by Director Berker to approve Authorization to approve Professional Service Agreement for Sayed Monis, M.D. Motion passed by the following wit:

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

- l. Staff Recommends Action to Authorize: Authorization to approve Progressive Healthcare Consulting Agreement
Presented by: Carly Zanora
Contract Value: Not to exceed \$120,000 for professional services in a year unless written approval to exceed due to special projects
Contract Term: 1 year
Budgeted: Yes
Budgeted Classification: Consulting Services

Motion was made by Director Berker and second by Director Garcia to approve Authorization to approve Progressive Healthcare Consulting Agreement subject finalization of legal counsel. Motion passed by the following wit:

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

- m. Staff Recommends Action to Authorize: Appointment of Dr. Lisa Bean, M.D., as Medical Executive Committee Chair of OBGYN Services.
Presented by: Carly Zamora
Contract Value: approx. \$3,000 annually
Contract Term: 1 year



Budgeted: Yes

Budgeted Classification: Professional Fees

Motion was made by Director Berker and second by Director Garcia to approve Appointment of Dr. Lisa Bean, M.D., as Medical Executive Committee Chair of OBGYN Services. Motion passed by the following wit:

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

- n. Staff Recommends Action to Authorize: Review and authorize property insurance coverage provided through broker, Alliant Insurance Services, Inc. (“Alliant”). Property insurance includes coverage for Property, Boiler & Machinery, Commercial Cyber Liability and Pollution
Presented by: Carly Loper, CFO

Contract Value: Not to exceed \$985,368.90

(Earthquake coverage premium consists of 41% or \$404,001.25 of premium)

Contract Term: One Year Agreement (July 1, 2026 – June 30, 2027)

Budgeted: Yes

Budgeted Classification: Insurance

Motion was made by Director Gacia and second by Director Berker to approve Review and authorize property insurance coverage provided through broker, Alliant Insurance Services, Inc. (“Alliant”). Property insurance includes coverage for Property, Boiler & Machinery,

Commercial Cyber Liability and Pollution. Motion passed by the following wit:

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

- o. Staff Recommends Action to Authorize: Authorize the renewal of Healthcare Entity Comprehensive Liability (HCL) Coverage, Directors & Officers Liability Coverage and Automobile Coverage with BETA Risk Management Authority (“BETARMA”).

Presented by: Carly Loper, CFO

Contract Value: estimated \$2,177,159 annual contribution

Contract Term: One Year Term (July 1, 2026 – June 30, 2027)

Budgeted: Yes

Budgeted Classification: Liability Insurance

Motion was made by Director Garcia and second by Director Berker to approve Authorize the renewal of Healthcare Entity Comprehensive Liability (HCL) Coverage, Directors & Officers Liability Coverage and Automobile Coverage with BETA Risk Management Authority (“BETARMA”). Motion passed by the following wit:

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

- p. Staff Recommends Action to Authorize: Authorize the renewal of Workers’ Compensation



Coverage with BETA Risk Management Authority (“BETARMA”) for coverage in the State of California.

Presented by: Carly Loper, CFO

Contract Value: \$2,051,049 annual contribution (to be paid in monthly installments)

Contract Term: One Year Agreement (July 1, 2026 – June 30, 2027)

Budgeted: Yes

Budgeted Classification: Workers’ Compensation Insurance

Motion was made by Director Berker and second by Director Garcia to approve Authorize the renewal of Workers’ Compensation Coverage with BETA Risk Management Authority (“BETARMA”) for coverage in the State of California. Motion passed by the following wit:

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

- q. Staff Recommends Action to Authorize: Co-Applicant Documents for the Imperial Valley Health Centers

Presented by: Carly Zamora

Contract Value: N/A

Contract Term: N/A

Budgeted: N/A

Budgeted Classification: Clinics

This item will be tabled for the June 11th meeting.

- r. Staff Recommends Action to Authorize: Authorization to approve eighth amendment to the Professional Service Agreement for Rady’s Children’s Specialist of San Diego

Presented by: Carly Zamora

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

Contract Term: 1 year

Budgeted: Yes

Budgeted Classification: Professional Fees

Motion was made by Director Berker and second by Director Garcia to approve Authorization to approve eighth amendment to the Professional Service Agreement for Rady’s Children’s Specialist of San Diego. Motion passed by the following wit:

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

- s. Staff Recommends Action to Authorize: Authorization to approve Medical Directorship agreement for Alidad Zadeh, D.O. at Imperial Valley Health Centers.

Presented by: Carly Zamora

Contract Value: not to exceed \$24,000 annually

Contract Term: 3 years

Budgeted: Yes



Budgeted Classification: NO- New Service Line

Motion was made by Director Berker and second by Director Garica to approve Authorization to approve Medical Directorship agreement for Alidad Zadeh, D.O. at Imperial Valley Health Centers subject to changing the name to Imperial Valley Health Center. Motion passed by the following wit:

AYES: Goodsell, Garcia, Berker, Valdez

NOES: None

10. MANAGEMENT REPORTS:

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

Carly reported that Meridian fixed everything.

- b. 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 went over the Clinic Operations report.

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

Chris reported that they had got someone to come clear the property out that we have here in Calexico and that was taken care of.

He informed everyone that the team has done a phenomenal job with the joint commission prepping, getting ready for them to come back and together the report so that we can get that back to them timely. We are anticipating for them to come back the second week of June for the lab and there is a good chance that they could do their 30-day return at that point if we have everything ready to go.

- e. Legal: Adriana Ochoa – General Counsel

Adriana reported that all though the mandatory deadline to start complying with SP707 is July 1st we did our tester for the Spanish agenda. The Spanish version of the agenda was published to make available online.

11. ITEMS FOR FUTURE AGENDA:

None

- 12. ADJOURNMENT:** With no future business to discuss, Motion was made unanimously to adjourn meeting at 8:32 p.m.



207 West Legion Road, Brawley, CA 92227 voice 760.351.3250 ~ fax 760.351.4489

June 4, 2026

VIA EMAIL AND U.S. MAIL

Linsey J. Dale, Registrar of Voters
940 W. Main Street, Suite 206
El Centro, CA 92243-2839
linseydale@co.imperial.ca.us

**Re: NOTICE OF ELECTION — IMPERIAL VALLEY HEALTHCARE
DISTRICT BOARD OF DIRECTORS ELECTION, NOVEMBER 3, 2026
STATEWIDE GENERAL ELECTION**

Dear Ms. Dale:

On behalf of the Imperial Valley Healthcare District (“IVHD”), a California healthcare district established by the California Legislature pursuant to Assembly Bill 918 (2023), Health and Safety Code section 32499.5 et seq., and pursuant to California Elections Code § 10509, I am writing to formally notify the Imperial County Registrar of Voters of the IVHD Board of Director seats that should be on the ballot for the November 3, 2026 Statewide General Election.

This will be the first election for IVHD Board of Directors seats since the District’s formation.

BOARD SEATS AND VOTING DISTRICTS UP FOR ELECTION:

Pursuant to IVHD Resolution No. 2024-01 (attached herein as “Exhibit 1”), adopted by the Board of Directors on June 13, 2024, the District was divided into seven voting districts in accordance with Health and Safety Code section 32499.7. One member of the Board shall be elected by the electors of each voting district. The following four voting districts are up for election at the November 3, 2026 General Election:

Voting District 1 — Four-year term of office, pursuant to IVHD Resolution No. 2024-01, Section 4. The seat is currently held by an appointed Board member whose appointed term ends upon the election and qualification of a successor at the November 2026 General Election.

Voting District 2 — Four-year term of office, pursuant to IVHD Resolution No. 2024-01, Section 4. The seat is currently held by an appointed Board member whose appointed term ends upon the election and qualification of a successor at the November 2026 General Election.

Voting District 3 — Four-year term of office, pursuant to IVHD Resolution No. 2024-01, Section 4. The seat is currently held by an appointed Board member whose appointed term ends

upon the election and qualification of a successor at the November 2026 General Election.

Voting District 7 — Short term (two year term). This seat was declared vacant on September 11, 2025, pursuant to IVHD Resolution No. 2025-0911 (attached herein as “Exhibit 2”). The Board appointed Felipe Irigoyen to fill the vacancy pursuant to California Government Code section 1780(d)(1). The person elected to fill the vacancy for District 7 at the November 2026 General Election shall hold office until the person who is elected at the November 2028 General Election has been qualified, consistent with Government Code section 1780(d)(2) and IVHD Resolution No. 2024-01.

A copy of the voting district map adopted by the Board of Directors is attached to Exhibit 1 for your reference.

Furthermore, Pursuant to Elections Code section 13307(f), the IVHD Board of Directors has determined that no charge shall be levied against candidates for the publication of a candidate’s statement of qualifications in the county voter information guide. IVHD will bear the cost of printing, handling, translating, and mailing candidate statements for this election.

Should you have any questions regarding this notice, the IVHD Board composition, or any other matter related to the November 2026 election, please do not hesitate to contact me.

Sincerely,

Enola Berker
IVHD Secretary

EXHIBIT 1

RESOLUTION NO. 2024 - 01

RESOLUTION OF THE BOARD OF DIRECTORS OF IMPERIAL VALLEY HEALTHCARE DISTRICT ESTABLISHING VOTING DISTRICTS PURSUANT TO HEALTH AND SAFETY CODE SECTION 32499.7, AS ADDED BY CALIFORNIA ASSEMBLY BILL 918 (2023)

WHEREAS, Imperial Valley Healthcare District (“IVHD”) is a California healthcare district established by the California Legislature pursuant to Assembly Bill 918 (2023), Health and Safety Code section 32499.5 *et seq.*, that is duly organized and existing under the laws of the State of California;

WHEREAS, Health and Safety Code section 32499.7 provides that on or before July 1, 2024, the IVHD Board of Directors (“Board”) shall adopt a resolution to divide the district into seven voting districts, number the voting districts consecutively, and elect members of the Board by voting district beginning with the next district election occurring after January 1, 2024;

WHEREAS, the Board contracted with National Demographics Corporation to assist the Board with gathering demographic and other data about Imperial County, providing information to the community at public hearings, and creating voting district maps for the Board’s consideration;

WHEREAS, in accordance with Elections Code section 10010(a)(1), before drawing the draft map or maps of the proposed voting districts, the Board held public hearings on April 11, 2024 and April 25, 2024, at which the public was invited to provide input regarding the composition of the districts;

WHEREAS, in accordance with Elections Code section 21130(b), IVHD conducted an analysis to determine whether is possible to create an election district or districts in which a minority group is sufficiently large and geographically compact to constitute a majority in a single-member district, and published the analysis on the IVHD website on May 16, 2024;

WHEREAS, in accordance with Elections Code section 10010(a)(2) and Health and Safety Code section 32499.7(b), IVHD published three draft maps and the potential sequence of elections for purpose of staggered terms of office on the IVHD website on May 2, 2024, and published a fourth draft map on May 16, 2024, and;

WHEREAS, the Board held two additional public hearings on May 9, 2024 and June 13, 2024, at which the public was invited to provide input regarding the content of the draft map and the proposed sequence of elections;

WHEREAS, in accordance with Health and Safety Code section 32499.7(a)(2), IVHD through its Board members, legal counsel, and consultant collaborated with the Imperial County Local Agency Formation Commission in establishing the voting districts; and

WHEREAS, this Board now desires to fulfill its obligations under Health and Safety Code section 32499.7 by adopting this resolution establishing voting districts for IVHD, which

shall be effective for subsequent IVHD elections, commencing with the next statewide general election occurring on November 5, 2024.

NOW, THEREFORE, this Board of Directors of IVHD does hereby find, resolve, and order as follows:

Section 1. The seven voting districts of IVHD and their geographic boundaries, as set forth in the map attached hereto as Exhibit A (and known as map Green B), are hereby approved and adopted and shall be used for subsequent elections. The voting districts provide for voter representation in accordance with demographic, including population, and geographic factors of the entire area of IVHD. (Health & Saf. Code, § 32499.7(b).)

Section 2. One member of the Board shall be elected by the electors of each of the voting districts. A person shall not be eligible to hold the office of member of the Board unless they have been a resident of the voting district from which they are elected for thirty (30) days next preceding the date of the election. A member of the initial Board, appointed pursuant to Health and Safety Code section 32499.6, shall not be eligible to become an elected Board member for the first round of elections for each respective Board seat. (Health & Saf. Code, § 32499.7(e).)

Section 3. Board members appointed pursuant to subdivisions (A), (B), and (C) of Health and Safety Code section 32499.6(a)(1) shall hold office until their successor is elected and takes office as a result of the general election occurring in November of 2026. Board members appointed pursuant to subdivisions (D), (E), (F), and (G) of Health and Safety Code section 32499.6(a)(1) shall hold office until their successor is elected and takes office as a result of the general election occurring in 2028. (Health & Saf. Code, § 32499.6(c)(1).)

Section 4. Board seats in voting districts 1, 2, and 3 shall be up for election at the general election occurring in November 2026. Board seats in voting districts 4, 5, 6, and 7 shall be up for election at the general election occurring in November 2028. Board member terms of office shall be four years. (Health & Saf. Code, § 32100.) The Board of Directors shall consist of all elected members by the conclusion of the 2028 general election.

Section 5. Within twenty one (21) days from the date of this resolution, National Demographics Corporation is directed and authorized to issue a report in accordance with Elections Code section 21130(f) that explains the basis on which the Board made its decisions in achieving compliance with the Fair And Inclusive Redistricting for Municipalities And Political Subdivisions (FAIR MAPS) Act of 2023, Elections Code section 21100 *et seq.* (Elec. Code, § 21130(f).)

Section 6. Adriana S. Ochoa, as legal counsel for IVHD, or her designee(s), acting alone or together, is(are) hereby authorized and directed to take or cause to be taken all such other actions as may be required to fulfill the purposes of this resolution. If necessary to facilitate the implementing of this resolution, Ms. Ochoa or her designee is authorized to make technical adjustments as necessary to the district boundaries that do not substantively affect the population in the voting areas, and shall report to the Board regarding any such adjustments.

Section 7. This resolution shall take effect immediately upon its adoption.

IT IS SO RESOLVED. PASSED, ADOPTED AND SIGNED ON THIS 13TH DAY OF JUNE, 2024.

SECRETARY'S CERTIFICATE

I, Arturo Proctor, Secretary of the Board of Directors of Imperial Valley Healthcare District, a California healthcare district, County of Imperial, California, hereby certify as follows:

The attached is a full, true, and correct copy of the resolution(s) duly adopted at a meeting of the Board of Directors of Imperial Valley Healthcare District, which was duly held on June 13, 2024 at which meeting a quorum of the members of the Board of Directors was present; and at such meeting such resolution(s) was/were adopted by the following vote: **7-0**

AYES: **Garcia (M), Medart Jr. (second), Burnworth, Goodsell, Proctor,**

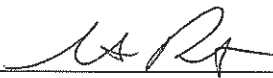
NOES: **— Berker, Valdez**

ABSTAIN: **—**

ABSENT: **—**

I have carefully compared the same with the original minutes of such meeting on file and of record in my office; the attached resolution is a full, true, and correct copy of the original resolution adopted at such meeting and entered in such minutes; and such resolution has not been amended, modified, or rescinded since the date of its adoption, and the same is now in full force and effect.

WITNESS my hand this 13th day of June, 2024

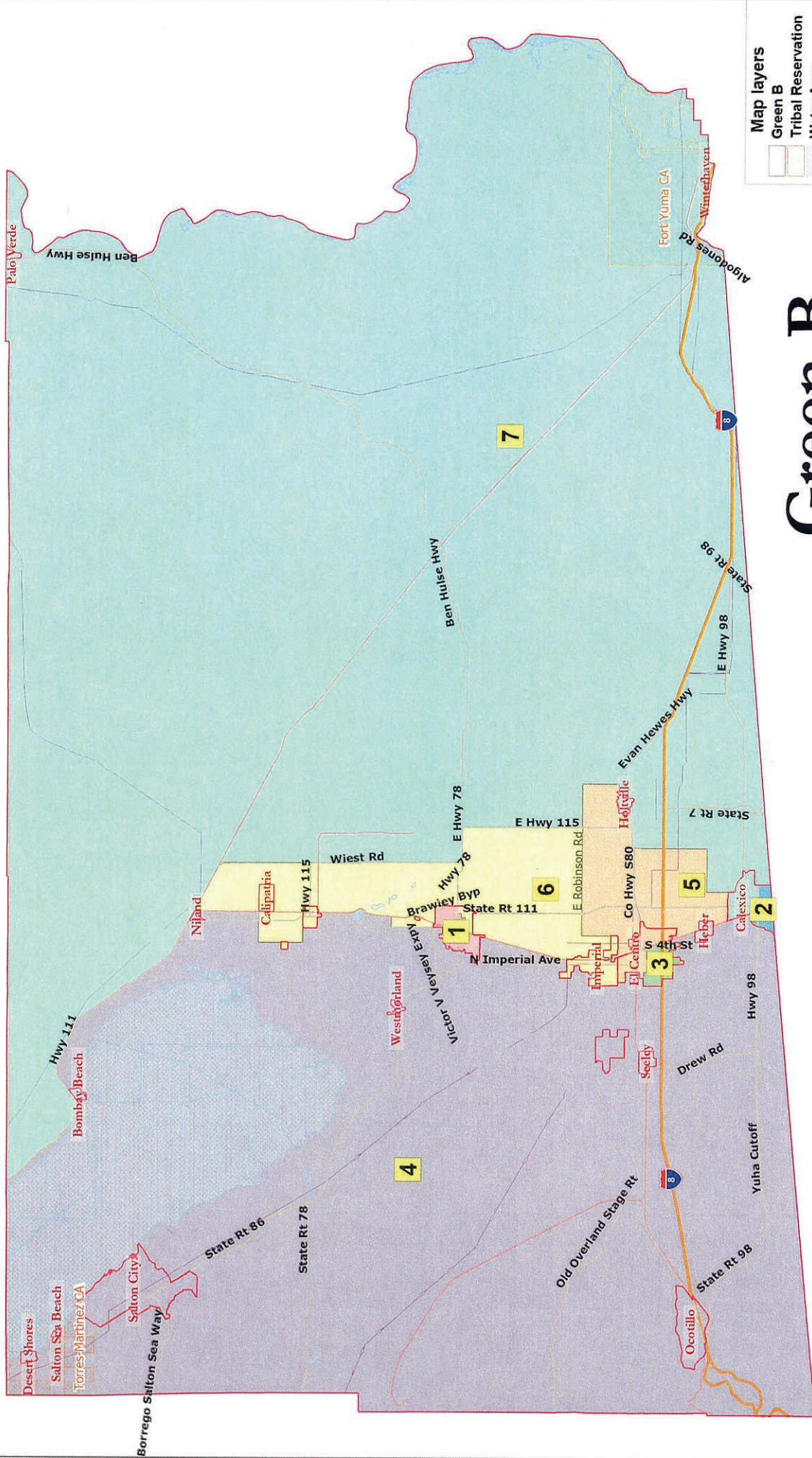


Secretary
Imperial Valley Healthcare District

EXHIBIT A

[VOTING DISTRICT MAP]

Imperial Valley Health Care District 2024 Districting



Map Layers	
	Green B
	Tribal Reservation
	Water Area
	Pipeline Power Line
	Railroad
	Streets
	City / CDP

Green B

Green B

District		1	2	3	4	5	6	7	Total
	Total Pop	25,445	24,233	24,346	24,737	23,697	25,451	25,817	173,626
	Deviation from ideal	641	-571	-458	-67	-1,207	647	1,013	2,220
	% Deviation	2.58%	-2.30%	-1.85%	-0.27%	-4.87%	2.61%	4.08%	8.95%
Total Pop	% Hisp	85.8%	98%	84%	81%	89%	84%	82%	86%
	% NH White	11%	1%	11%	15%	7%	11%	9%	9%
	% NH Black	1%	0%	2%	1%	2%	2%	0%	1%
	% Asian-American	1%	1%	2%	1%	1%	2%	2%	1%
Citizen Voting Age Pop	Total	14,339	12,292	14,665	15,864	12,323	14,918	13,702	98,104
	% Hisp	77%	98%	81%	73%	85%	76%	79%	81%
	% NH White	21%	1%	13%	22%	10%	17%	13%	14%
	% NH Black	1%	0%	4%	4%	4%	3%	1%	2%
	% Asian/Pac.Isl.	1%	0%	1%	1%	1%	3%	2%	1%
Voter Registration (Nov 2022)	Total	12,322	12,694	13,571	11,215	10,671	13,129	13,216	86,818
	% Latino est.	79%	95%	77%	74%	85%	78%	83%	82%
	% Spanish-Surnamed	71%	85%	69%	66%	77%	70%	75%	73%
	% Asian-Surnamed	1%	1%	2%	1%	1%	1%	1%	1%
	% Filipino-Surnamed	1%	1%	1%	1%	1%	2%	1%	1%
	% NH White est.	16%	1%	18%	18%	8%	14%	10%	12%
% NH Black	1%	0%	2%	1%	1%	3%	0%	1%	
Voter Turnout (Nov 2022)	Total	4,797	3,445	5,521	3,789	3,131	4,780	4,516	29,979
	% Latino est.	68%	96%	67%	59%	74%	69%	77%	72%
	% Spanish-Surnamed	61%	86%	60%	53%	67%	62%	69%	65%
	% Asian-Surnamed	1%	1%	2%	1%	2%	2%	2%	1%
	% Filipino-Surnamed	1%	1%	1%	1%	1%	2%	1%	1%
	% NH White est.	27%	1%	27%	29%	14%	20%	16%	20%
% NH Black	1%	0%	3%	2%	2%	4%	0%	2%	
Voter Turnout (Nov 2020)	Total	8,069	7,384	9,488	7,089	6,258	8,701	8,464	55,453
	% Latino est.	73%	94%	72%	65%	81%	73%	81%	77%
	% Spanish-Surnamed	68%	88%	66%	61%	74%	67%	75%	71%
	% Asian-Surnamed	1%	1%	2%	1%	1%	2%	2%	1%
	% Filipino-Surnamed	1%	1%	1%	1%	1%	2%	1%	1%
	% NH White est.	26%	3%	28%	26%	14%	23%	16%	20%
% NH Black est.	2%	0%	1%	2%	4%	4%	0%	2%	
ACS Pop. Est.	Total	25,526	23,976	23,982	26,308	22,906	26,241	24,474	173,413
Age	age0-19	33%	30%	32%	28%	34%	38%	34%	33%
	age20-60	52%	48%	47%	55%	47%	45%	48%	49%
	age60plus	15%	22%	20%	18%	19%	17%	19%	19%
Immigration	immigrants	27%	46%	25%	29%	35%	24%	34%	31%
	naturalized	47%	48%	59%	45%	53%	65%	58%	53%
Language spoken at home	english	35%	4%	30%	29%	18%	32%	24%	25%
	spanish	64%	95%	68%	70%	81%	65%	74%	74%
	asian-lang	0%	0%	1%	1%	1%	2%	1%	1%
	other lang	1%	0%	0%	0%	1%	1%	1%	1%
Language Fluency	Speaks Eng. "Less than Very Well"	35%	63%	24%	32%	35%	26%	38%	36%
Education (among those age 25+)	hs-grad	60%	40%	58%	60%	52%	59%	56%	55%
	bachelor	13%	16%	13%	11%	8%	13%	13%	12%
	graduatedegree	3%	3%	9%	3%	2%	5%	5%	4%
Child in Household	child-under18	40%	38%	41%	33%	41%	42%	41%	39%
Pct of Pop. Age 16+	employed	46%	42%	56%	44%	47%	49%	46%	47%
Household Income	income 0-25k	22%	30%	17%	32%	31%	18%	26%	25%
	income 25-50k	22%	26%	17%	24%	29%	18%	17%	22%
	income 50-75k	14%	17%	15%	16%	17%	14%	13%	15%
	income 75-200k	36%	25%	42%	24%	22%	43%	36%	33%
	income 200k-plus	7%	3%	8%	4%	1%	6%	7%	5%
Housing Stats	single family	70%	64%	83%	89%	53%	79%	84%	75%
	multi-family	30%	36%	17%	11%	47%	21%	16%	25%
	rented	46%	58%	32%	25%	67%	35%	39%	42%
	owned	54%	42%	68%	75%	33%	65%	61%	58%

Total population data from the 2020 Decennial Census.

Surname-based Voter Registration and Turnout data from the California Statewide Database.

Latino voter registration and turnout data are Spanish-surname counts adjusted using Census Population Department undercount estimates. NH White and NH Black registration and turnout counts estimated by NDC. Citizen Voting Age Pop., Age, Immigration, and other demographics from the 2018-2022 5-year American Community Survey and Special Tabulation data.

EXHIBIT 2

RESOLUTION NO 2025 - 0911

**RESOLUTION OF THE IMPERIAL VALLEY HEALTHCARE DISTRICT
BOARD OF DIRECTORS DECLARING VACANCY ON THE BOARD OF DIRECTORS**

WHEREAS, Mr. Donald Medart Jr. was appointed to the Imperial Valley Healthcare District (“IVHD”) Board of Directors by the Quechan tribe pursuant to Health & Safety Code 32499.6(a)(1)(E) and was duly sworn-in to the position on February 2, 2024;

WHEREAS, the IVHD Board of Directors received a letter of voluntary resignation from Mr. Medart Jr. with an effective resignation date of September 11, 2025;

WHEREAS, Section 6 of IVHD’s Amended and Restated Bylaws, dated August 14, 2025, states that a voluntary resignation from any member of the Board of Directors is effective immediately upon receipt or any such later time specified therein;

WHEREAS, Mr. Medart was absent from more than three consecutive regular meetings of the IVHD Board of Directors, which meetings were held on July 10, 2025; July 24, 2025; August 14, 2025; and August 28, 2025.

WHEREAS, Section 7 of IVHD’s Amended and Restated Bylaws and Health and Safety Code § 32100.2 each provide that the term of any member of the board of directors shall expire if he or she is absent from three consecutive regular meetings, or from three of any five consecutive meetings of the board and the board by resolution declares that a vacancy exists on the board;

NOW THEREFORE, this Board of Directors of IVHD does hereby find, resolve, and order the following:

SECTION 1. Mr. Medart Jr.’s seat on the IVHD Board of Directors is hereby declared vacant effective September 11, 2025.

SECTION 2. The remaining members of the IVHD Board of Directors intend to fill the vacancy by appointment within 60 days pursuant to Government Code § 1780(d).

SECTION 3. IVHD shall notify the county elections official of the vacancy no later than 15 days from the date of this Resolution, and shall post a notice of the vacancy in three or more conspicuous places in the District at least 15 days before the District Board makes the appointment pursuant to Government Code § 1780(b)&(d).

SECTION 4. The person appointed to fill the vacancy shall hold office until the person who is elected to fill the vacancy at the next general District election (November 2026) has been qualified pursuant to Government Code § 1780(d)(2). The person elected to fill the vacancy shall be elected from District 7 and shall hold office for the unexpired balance of the term of office, or until the November 2028 election, consistent with IVHD Resolution No. 2024-01.

SECTION 5. This resolution shall take effect immediately upon its adoption.

IT IS SO RESOLVED, PASSED AND ADOPTED AND SIGNED ON THIS 11th DATE OF SEPTEMBER 2025.

SECRETARY'S CERTIFICATE

I, Arturo Proctor, Secretary of the Board of Directors of Imperial Valley Healthcare District, a California healthcare district, County of Imperial, California, certify as follows:

The attached is a full, true, and correct copy of Resolution 2025-0911, duly adopted at the meeting of the Board of Directors of Imperial Valley Healthcare District, which was duly held September 11, 2025, at which meeting a quorum of the members of the Board of Directors were present; and at such meeting such resolution was adopted by the following vote:

YES: 1st Berker, 2nd Valdez, Burnworth, Proctor and Garcia

NO: None

ABSTAIN: None

ABSENT: Goodsell

I have carefully compared the same with the original minutes of such meeting on file and of record in my office; the attached resolution is a full, true and correct copy of the original resolution adopted at such meeting and entered in such minutes; and such resolution has not been amended, modified, or rescinded since the date of its adoption, and the same is now in full force and effect.

WITNESS my hand this 11th day of September 2025



Secretary
Imperial Valley Healthcare District

Approved as to Form:



Adriana R. Ochoa
Legal Counsel for Imperial Valley Healthcare District



**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. 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 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.

Memorandum

To: Jurg Heuberger, Executive Officer, Imperial LAFCo

From: Matt Kowta, MCP, Managing Principal

Date: November 7, 2023

Re: Hospital Fiscal Projections

The attached printouts detail the fiscal projections prepared by BAE for two hospital district expansion scenarios considered by Imperial LAFCo. These include Option 1, a countywide expansion of the Pioneers Memorial Hospital District (PMHD) that would absorb both El Centro Regional Medical Center (ECRMC) and the Heffernan Memorial Hospital District (HMHD), and Option 2, an expansion of the PMHD to the entire county except the City of El Centro. Under Option 2, PMHD would not absorb ECRMC but would absorb HMHD. The analysis assumes that projected annual funding gaps would need to be filled by a newly established, voter-approved parcel tax within each respective Option's service area (i.e., countywide for Option 1, countywide minus the City of El Centro for Option 2).

Table 1 outlines the key features and assumptions for Option 1 and Option 2.

Table 2 summarizes the projected ongoing annual funding gap for Option 1.

Table 3 summarizes the projected ongoing annual funding gap for Option 2.

Table 4 summarizes the estimated average annual tax levy that would need to be applied to each taxable parcel in order to close the projected annual funding gaps identified at the bottom of Tables 2 and 3. Table estimates higher annual parcel tax levies for an initial six-year period during which debt to the State's Distressed Hospital Loan Program (DHL) would be repaid, and then lower ongoing annual parcel tax levies for subsequent years, once the DHL program debts are paid off.

Appendix A summarizes historical budget information for PMHD and ECRMC which was used to estimate the Existing Structural Budget Gaps for the two hospital systems.

Appendix B provides detail on Estimated Administrative Costs for PMHD and ECRMC, for the purposes of estimating potential administrative cost savings under Option 1.

Appendix C provides detail on PMHD Earthquake Retrofit and IT Capital Upgrade Debt Service Assumptions.

The assumptions and calculations included in the attached tables and appendices were reviewed in draft form on several occasions with Imperial County hospital system stakeholders, including representatives of PMHD, ECRMC, Imperial LAFCo, City of El Centro and County of Imperial.

At a meeting of stakeholders convened by LAFCo on November 2, 2023, BAE presented a draft set of Hospital Fiscal Projections to the stakeholder group for review and discussion. The group agreed that the projections provided a reasonable representation of the funding needs under the two hospital district expansion options considered. BAE subsequently made some minor labeling adjustments to the tables for clarity and is now providing the attached set of calculations for LAFCo's use.

Table 1: Summary of Hospital District Options and Assumptions

Description	Option 1:	Option 2:
	<u>Countywide Expansion</u>	<u>Countywide Expansion Minus El Centro</u>
Description	Pioneers expands to cover entire county and absorbs El Centro Regional Medical Center and Heffernan Memorial Healthcare District	Pioneers expands to entire county, less City of El Centro, and also absorbs Heffernan Memorial Healthcare District
Comment	Potential economies of scale and creation of countywide taxing district	No economies of scale; ECRMC remains independent; expanded taxing district for Pioneers is countywide less City of El Centro
Existing Structural Budget Gaps		
Pioneers	~\$1 million/year	~\$1 million/year
ECRMC	~\$10 million/year	N.A.
Cost Savings		
Administrative Costs	Save 25% of estimated current admin. costs for PMHD and ECRMC	N.A.
UCSD Synergies (KH)	~\$7.5 million/per year	N.A.
Performance Improvement (KH)	~\$5 million/year	N.A.
Outmigration Mitigation (KH)	~\$0.8 million/year	N.A.
Increased Debt Service	Annual Debt Service for ~\$130 million capital cost for Pioneers seismic upgrades	Annual Debt Service for ~\$130 million capital cost for Pioneers seismic upgrades
	\$20 million for IT upgrades to enable UCSD Synergies	N.A.
	\$9.3 million/yr Loan Repayment (\$56 million total, averaged over 6-year repayment period) for Distressed Hospital Loan Program Loans for PMHD and ECRMC	\$4.7 million/yr Loan Repayment (\$28 million total, averaged over 6-year repayment period) for Distressed Hospital Loan Program for PMHD only
Potential Revenue Losses		
Reduction in Supplemental Payments (SCA)	~\$2.2 million/yr	N.A.
Potential Revenue Increases		
Increased Medicare Reimbursement, Sole Community Hospital Status (PMHD)	~\$5 million/yr	N.A.
Transfer of Heffernan Property Tax to Expanded District	\$853,000 in 2022-2023 \$	\$853,000 in 2022-2023 \$
Taxing District	Countywide	Countywide minus City of El Centro

Sources: Kaufman-Hall, 2023; Steve Clark & Associates, ECRMC, PMHD, HHMD, County of Imperial, BAE, 2023.

Table 2: Option 1: Countywide Hospital District Expansion

Existing Net Change in Position (Annual)

Pioneers Memorial Health Care District (a)	(\$1,000,000) per year
El Centro Regional Medical Center (b)	(\$10,000,000) per year

Potential Cost Savings/Revenue Increases (Annual)

Combined Administrative Savings (c)	\$4,390,000 per year
Other Combined Operating Impacts (d)	\$13,300,000 per year

Increased Debt Service (Annual)

Pioneers New Debt Service (e)	(\$12,220,000) per year
Distressed Hospital Loan Repayment (f)	(\$9,333,333) per year, 6 fiscal years

Potential Revenue Losses/New Revenue Needs

Reduction in Supplemental Payments (g)	(\$2,200,000)
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Potential Revenue Increases (Annual)

Consolidated District Revenue Increase (h)	\$5,000,000 per year
Transfer of HHMD Property Tax Base	\$850,000 per year

TOTAL FUNDING GAP, ANNUAL (First 6 Fiscal Years) (\$11,213,000) per year

Total Funding Gap, Annual (Fiscal Years 7+) (\$1,879,667) per year

Notes:

(a) See Appendix A

(b) See Appendix A

(c) Assumes 25% savings from combined PMHD and ECRMC administrative costs estimated in Appendix B.

(d) From Kaufmann-Hall 2023 Executive Summary: UCSD Synergies, Performance Improvement, Outmigration Mitigation.

(e) See Appendix C.

(f) \$56 million combined PMHD and ECRMC loans, interest free, divided equally over 6 fiscal years.

(g) Potential decrease in supplemental payments (e.g., Medi-Cal QIP) estimated by Steve Clark & Associates.

(h) Estimated increase in Medicare reimbursements for single, countywide hospital district, estimated by PMHD.

Sources: Kaufman-Hall, Steve Clark & Associates, PMHD, BAE, 2023.

Table 3: Option 2: Countywide Hospital District Minus City of El Centro

Existing Net Change in Position (Annual)

Pioneers Memorial Health Care District (a)	(\$1,000,000) per year
El Centro Regional Medical Center	not applic.

Potential Cost Savings/Revenue Increases (Annual)

Combined Administrative Savings	not applic.
Combined Operating Efficiencies	not applic.

Increased Debt Service (Annual)

Pioneers New Debt Service (b)	(\$10,148,024) per year
Distressed Hospital Loan Repayment (c)	(\$4,666,667) per year, 6 fiscal years

Potential Revenue Losses

Reduction in Supplemental Payments	not applic.
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Potential Revenue Increases (Annual)

Consolidated District Revenue Increase	not applic.
Transfer of HHMD Property Tax Base	\$850,000 per year

TOTAL FUNDING GAP, ANNUAL (First 6 Fiscal Years)

(\$14,960,000) per year

Total Funding Gap, Annual (Fiscal Years 7+)(\$10,293,333) per year

Notes:

(a) See Appendix A

(b) See Appendix C

(c) \$28 million PMHD loan, interest free, divided equally over 6 fiscal years.

Source: BAE, 2023.

Table 4: Estimated Parcel Levies, Options 1 and 2

Years 1-6 (Until Emergency Loan Repayments Are Complete) (2023\$)

	Option 1 (Countywide Hospital District)	Option 2 (Countywide Hospital District Less City of El Centro)
Estimated Annual Deficit	<u>(\$11,213,000)</u>	<u>(\$14,960,000)</u>
Total Taxable Parcels	79,841 (a)	69,600 (b)
Average Annual Tax Per Parcel (c)	\$140.44	\$214.94

Years 7+ (2023 \$)

	Option 1 (Countywide Hospital District)	Option 2 (Countywide Hospital District Less City of El Centro)
Estimated Annual Deficit (d)	<u>(\$1,879,667)</u>	<u>(\$10,293,333)</u>
Total Taxable Parcels	79,841 (a)	69,600 (b)
Average Annual Tax Per Parcel (c)	\$23.54	\$147.89

Notes:

(a) Total parcels countywide with County taxability code of 000, 60, 70, 200, 800, 801, 860.

(b) Total parcels countywide, minus parcels in City of El Centro, with County taxability code of 000, 60, 70, 200, 800, 801, 860.

(c) Average levy per taxable parcel necessary to generate revenues sufficient to offset projected annual revenue shortfall.

(d) Estimated annual deficit from Years 1-6 minus Distress Hospital Loan repayment amount.

Sources: County of Imperial, 2023; BAE, 2023.

Appendix A: Hospital District Budget Summaries and Change in Net Position 2016/17 to 2023/24

	Actual 16/17	Actual 17/18	Actual 18/19	Actual 19/20	Actual 20/21	Actual 21/22	Unaudited 22/23	Budgeted 23/24	7-Year Average
Pioneers Memorial Healthcare District									
Operating Revenues	\$117,777,372	\$126,497,891	\$126,397,043	\$116,352,607	\$126,433,402	\$128,588,031	\$126,968,394	\$156,445,540	
Operating Expenses	\$121,140,409	\$124,503,091	\$131,933,752	\$130,427,530	\$136,604,641	\$144,177,596	\$139,160,947	\$154,419,170	
Net Operating Income (Loss)	(\$3,363,037)	\$1,994,800	(\$5,536,709)	(\$14,074,923)	(\$10,171,239)	(\$15,589,565)	(\$12,192,553)	\$2,026,370	
Non-Operating Revenues (Expenses)									
District Tax Revenues	\$3,039,653	\$3,019,504	\$3,116,580	\$3,186,692	\$3,221,789	\$3,238,942	\$3,228,671	\$1,645,830	
Investment Income	\$411,453	\$132,344							
Interest Expense	(\$390,751)	(\$681,051)	(\$918,015)	(\$855,998)	(\$846,324)	(\$722,961)	(\$692,534)	(\$666,672)	
Contributions, net	\$95,627	\$98,874							
Other non-operating income (expenses)	(\$252,993)	(\$286,803)	\$1,216,033	\$13,970,522	\$10,914,057	\$3,976,933	\$4,775,969	\$539,565	
Change in Net Position	(\$460,048)	\$4,277,668	(\$2,122,111)	\$2,226,293	\$3,118,283	(\$9,096,651)	(\$4,880,447)	\$3,545,093	(\$991,002)
Net Position									
Beginning of Year	\$45,728,344	\$45,268,296	\$49,545,964	\$47,423,853	\$49,650,146	\$52,768,429	\$43,671,778	\$38,791,331	
End of Year	\$45,268,296	\$49,545,964	\$47,423,853	\$49,650,146	\$52,768,429	\$43,671,778	\$38,791,331	\$42,336,424	
El Centro Regional Medical Center									
Operating Revenues	\$131,014,558	\$156,801,391	\$163,792,187	\$153,709,185	\$166,205,189	\$164,111,822	\$152,505,000	\$156,078,000	
Operating Expenses	\$142,573,997	\$154,502,982	\$166,354,132	\$168,610,738	\$187,091,952	\$184,124,064	\$173,986,000	\$161,490,000	
Net Operating Income (Loss)	(\$11,559,439)	\$2,298,409	(\$2,561,945)	(\$14,901,553)	(\$20,886,763)	(\$20,012,242)	(\$21,481,000)	(\$5,412,000)	
Non-Operating Revenues (Expenses)									
District Tax Revenues	-	-	-	-	-	-	-	-	
Investment Income	\$250,995	\$721,292	\$2,189,924	\$3,195,868	\$5,769,935	(\$2,527,065)	\$510,000	\$83,000	
Interest Expense	(\$921,893)	(\$1,970,575)	(\$4,291,609)	(\$5,015,847)	(\$4,657,158)	(\$7,390,971)	(\$7,456,000)	(\$7,268,000)	
Contributions, net	\$283,995	\$476,362	\$843,487	\$14,854,667	\$21,815,438	\$5,040,463	\$684,000	\$677,000	
Other non-operating income (expenses)	\$96,683	(\$2,821,349)	\$30,442	\$334,576	\$15,394	\$149,378	\$1,152,000	\$2,130,000	
Change in Net Position	(\$11,849,659)	(\$1,295,861)	(\$3,789,701)	(\$1,532,289)	\$2,056,846	(\$24,740,437)	(\$26,591,000)	(\$9,790,000)	(\$9,677,443)
Net Position									
Beginning of Year	\$64,600,281	\$52,750,622	\$51,454,761	\$47,665,060	\$42,762,362	\$44,819,208	\$20,078,771	(\$6,512,229)	
End of Year	\$52,750,622	\$51,454,761	\$47,665,060	\$46,132,771	\$44,819,208	\$20,078,771	(\$6,512,229)	(\$16,302,229)	

Sources: Respective Hospital District Budget Summaries; BAE, 2023.

Appendix B: PMHD Administrative Costs and ECRMC Administrative Cost Estimate

PMHD Responsibility Comparison Income Statement Administrative Cost Breakdown												
Income Statement	8610-ADMINISTRATIVE (a) Jun 24 Bud YTD	8650-PERSONNEL Jun 24 Bud YTD	8510-GENERAL ACCTNG Jun 24 Bud YTD	8630-PUBLIC REL Jun 24 Bud YTD	QUALITY (b) Jun 24 Bud YTD	8796-COMPLIANCE Jun 24 Bud YTD	8620-GOVERNING BOARD Jun 24 Bud YTD	8480-INFO SYSTEMS Jun 24 Bud YTD	8530-PATIENT ACCTNG Jun 24 Bud YTD	8710- MEDICAL STAFF Jun 24 Bud YTD	5700- MEDICAL RECORDS Jun 24 Bud YTD	Total
NET INCOME	-2,391,616	-633,852	-878,000	-377,214	-727,062	-251,017	-652,515	-4,432,604	-2,263,012	-318,398	-1,935,365	-14,860,655
OPERATING MARGIN	-2,391,616	-633,852	-878,000	-377,214	-727,062	-251,017	-652,515	-4,432,604	-2,263,012	-318,398	-1,935,365	-14,860,655
Other Operating Revenue												2,608
TOTAL OPERATING EXPENSES	2,391,616	633,852	878,000	377,214	727,062	251,017	652,515	4,432,604	2,263,012	318,398	1,937,973	14,863,263
SALARIES	608,753	430,044	567,603	89,576	671,442	222,176	324,120	872,867	1,170,768	226,570	1,025,437	6,209,356
ALL NON-LABOR	1,782,863	203,808	310,397	287,638	55,620	28,841	328,395	3,559,737	1,092,244	91,828	912,536	8,653,907
CONTRACT LABOR											460,404	460,404
PRO FEES	0	0	113,000	0	21,000	0	280,000	0	0	38,068	0	452,068
SUPPLIES	52,732	4,681	7,962	13,924	1,075	1,177	1,276	22,947	14,626	23,829	20,424	164,653
PURCHASED SERVICES	1,232,729	147,821	9,921	268,937	12,000	6,164	8,215	193,850	898,369	18,500	223,000	3,019,506
REPAIRS and MAINTENANCE	48,776	24,717	0	0	0	0	0	2,315,572	93,000	0	203,851	2,685,916
OTHER EXPENSE	448,626	26,589	179,514	4,777	21,545	21,500	38,904	1,027,368	86,249	11,431	4,857	1,871,360
Page 1 of 1 Tuesday, September 5, 2023 1:24:09 PM												
Benefits, 30% of Salaries	182,625.90	129,013.20	170,280.90	26,872.80	201,432.60	66,652.80	97,236.00	261,860.10	351,230.40	67,971.00	307,631.10	1,862,807
Chief Nursing/Chief Clinics + benefits (c)	508,109											508,109
Pioneers 2023-24 Administrative Salaries and Benefits (d)												\$8,580,272
Pioneers 2023-2024 Operating Expenses												\$154,419,170
Administrative as % of Operating Expense												5.56%

Estimated ECRMC Administrative Costs	
ECRMC 2023-2024 Operating Expenses	\$161,490,000
ECRMC 2023-2024 Estimated Administrative Expenses (e)	\$8,973,161

Estimated Combined PMHD+ ECRMC Administrative Costs \$17,553,433

Notes:

- (a) Admin has CEO (6 months), CFO, Half time Assistant
- (a) Admin 6 months is part of Purchase Serv is Interim CEO contract
- (b) Quality is Quality, Risk and Infection Control
- (c) Includes salaries and benefits for two positions that provide administrative oversight over all PMHD nursing and clinics operations.
- (d) For study purposes, includes only gray highlighted Salaries plus Benefits. Additional potential Non-Labor administrative cost savings not included.
- (e) Assumes that ECRMC administrative cost is same % of operating budget as PMHD.

Sources: PMHD, BAE, 2023.

Appendix C: PMHD Earthquake Retrofit and IT Capital Upgrade Debt Service Assumptions

	<u>Scenario 1</u>	<u>Scenario 2</u>
Funding Needed for Seismic Upgrades (a)	\$130,000,000	\$130,000,000
IT Capital for UCSD Synergy Realization	\$20,000,000	n.a.
Working Capital	\$6,500,000	n.a.
<i>Sub-Total, Net Bond Proceeds Needed</i>	<i>\$156,500,000</i>	<i>\$130,000,000</i>
Costs of Issuance, Capitalized Interest, Debt Service Reserve, etc. (b)	\$31,300,000	\$26,000,000
Total Bond Size	\$187,800,000	\$156,000,000
Bond Term (years)	30	30
Bond Interest Rate (annual)	5.0%	5.0%
Annual Bond Debt Service	\$12,216,660	\$10,148,024

Note:

(a) Assumes \$130 million capital improvement program for PMHD facilities earthquake upgrades.

(b) Estimated at 20% of Net Bond Proceeds Needed.

Sources: County of Imperial, CA Debt and Investment Advisory Commission, BAE, 2023.

RESOLUTION NO. 2026-0625

A RESOLUTION OF THE BOARD OF DIRECTORS OF IMPERIAL VALLEY HEALTHCARE DISTRICT CALLING FOR THE CONSOLIDATION OF AN ELECTION WITH THE NOVEMBER 3, 2026, GENERAL ELECTION TO CONFIRM A SPECIAL TAX UPON ALL TAXABLE PARCELS OF REAL PROPERTY WITHIN THE DISTRICT; ESTABLISHING A DEADLINE DATE FOR RECEIPT OF WRITTEN ARGUMENTS FOR AND AGAINST THE MEASURE; AND REQUESTING IMPERIAL COUNTY TO CONSOLIDATE THE ELECTION ON BEHALF OF THE DISTRICT

WHEREAS, the Imperial Valley Healthcare District ("IVHD") was formed pursuant to Assembly Bill 918 (Chapter 549, Statutes of 2023), which added Chapter 11 (commencing with Section 32499.5) to Division 23 of the Health and Safety Code, establishing a local health care district designated as the Imperial Valley Healthcare District within the County of Imperial, with the territory of the district including all of the County of Imperial; and

WHEREAS, AB 918 required the initial board of directors of IVHD to recommend a permanent funding source mechanism to be presented to and approved by voters via ballot measure; and

WHEREAS, Senate Bill 1070 (Chapter 1013, Statutes of 2024) amended Section 32499.6 of the Health and Safety Code to require the initial board of directors, elected board of directors, or a combination of the initial and elected board of directors of IVHD to recommend a permanent funding source mechanism to be presented to voters via ballot measure, and further required that the funding source mechanism be placed on the ballot on or before the November 2026 election; and

WHEREAS, IVHD is the successor to the Heffernan Memorial Healthcare District and the Pioneers Memorial Healthcare District, and upon their dissolution, all assets, rights, and responsibilities of those districts were transferred to IVHD, including the operation of Pioneers Memorial Hospital and related healthcare clinics and facilities; and

WHEREAS, Pioneers Memorial Hospital is not seismically compliant, and must be seismically compliant by the year 2030 unless granted a waiver; and

WHEREAS, El Centro Regional Medical Center and Pioneers Memorial Hospital are the only two hospitals serving the entirety of Imperial County, both serving a significant immigrant population and low-income community, and both providing important acute care and emergency services in a predominantly farmworker, immigrant, Spanish-speaking community where the nearest alternative hospital can be over an hour away; and

WHEREAS, IVHD's income from all sources, including current taxes and managed care contractual fees generated from patient care services, is inadequate for operating its hospitals and related services, and financing future seismic improvements; and

WHEREAS, both Pioneers Memorial Hospital and El Centro Regional Medical Center are financially unable to either fund an expansion of services or make necessary health and

safety repairs to their facilities, including mandatory seismic upgrades to meet earthquake safety standards that are legally required to be implemented by 2030; and

WHEREAS, sufficient revenue cannot be raised through fees generated from patient care services because of financial assistance programs, a significant volume of uncompensated care provided to uninsured and underinsured patients, including undocumented individuals who are ineligible for federally funded insurance programs, cutbacks from third-party payors (including Medicare, Medi-Cal, insurance plans, health maintenance organizations, and similar payors), high cost of labor, supply, and equipment costs due, in large part, to inflationary pressure, and other reasons; and

WHEREAS, effective August 1, 2025, IVHD, El Centro Regional Medical Center, and the City of El Centro approved and executed an Asset Transfer Agreement for the acquisition and transfer of El Centro Regional Medical Center and related hospital real property and improvements, including outpatient centers, to IVHD; and

WHEREAS, pursuant to Health and Safety Code section 32499.6 and Government Code sections 53720–53730.02, a special tax may be assessed in IVHD by an affirmative vote of two-thirds of the voters within the District voting upon a measure to authorize this special tax; and

WHEREAS, Government Code section 50075.05 requires that special tax be levied for specified purposes and that the local government establish a method of accountability to ensure the special tax proceeds are used only for the specified purposes; and

WHEREAS, this Board of Directors finds that the special tax would benefit all parcels within the District because keeping the hospitals open and continuing to provide other health care services (1) increases the value of all property located within the District; (2) helps promote the highest and best use of the land in the District; (3) is essential to help promote the health of the residents of the District; (4) promotes the local economy by employing a number of residents of the District; (5) improves the quality of life for residents of the District by providing health care services and programs for everyone from infants to senior citizens; (6) provides expeditious treatment for employees who become ill or are injured on the job; (7) helps attract and retain new businesses; and (8) benefits commercial and industrial properties and their businesses by making the area more attractive to residents who may patronize or be employees of the businesses; and

WHEREAS, pursuant to Government Code section 53724(c) and Elections Code sections 10400 *et seq.*, the District may request the County to consolidate a district election with a regularly scheduled general election; and

WHEREAS, on _____, 2026, the IVHD Board of Directors held a regular meeting after due notice and a public hearing to consider calling an election for the purpose of submitting to the qualified electors of the District a ballot measure proposing the imposition of an annual special parcel tax commencing July 1, 2027 until repealed, to provide for the continued operation and maintenance by IVHD of its hospital(s) and their associated services, including the ability to finance future seismic improvements necessary in order to comply with legal requirements, in compliance with the requirements of AB 918 and SB 1070; and

WHEREAS, it is the desire of this IVHD Board of Directors to consolidate an election with the General Election to be held on November 3, 2026, for the purpose of obtaining authorization for the imposition of a special tax within the District;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of Imperial Valley Healthcare District as follows:

SECTION A. FINDINGS

1. The Recitals are recognized as findings and set forth fully herein.
2. The Board of Directors finds that a special tax is necessary and in the best interest of the District residents in order to maintain local access to advanced, life-saving emergency medical care, fund ongoing hospital operations and maintenance, including the acquisition of up-to-date medical technology and equipment, achieve an expansion of healthcare services, ensure the hospitals have qualified doctors and nurses, and achieve a financial position that will allow the District to finance seismic upgrades necessary to meet earthquake safety standards required by law.
3. The Board of Directors finds that it is in the best interest of the District's residents to invest in improvements, including seismic improvements required by law, rather than delaying or paying for repairs in the future.
4. The IVHD Board of Directors finds that without a special tax, IVHD's local hospital(s) risk service reduction or potential closures.
5. The parcels impacted by the special tax receive both a direct advantage from the improvement, such as proximity to the improved hospital facilities, as well as an indirect, derivative advantage resulting from the overall public benefits of the improvements, such as general enhancement of the district's property values.
6. The Board of Directors further finds that the imposition of a special tax satisfies the mandate of AB 918 and SB 1070, which require IVHD to present a permanent funding source mechanism to voters via ballot measure on or before the November 2026 election.
7. The funds generated shall be used exclusively for the purposes specified in Section A.2 above, ensuring accountability and transparency.
8. The amount and method of taxation shall be reasonable, equitable, uniform, and consistent with the needs identified.

SECTION B. IMPOSITION OF SPECIAL TAX

1. If approved by voters, a special tax will be imposed upon all taxable parcels within the District. The records of the Imperial County Assessor as of March 1 of each year preceding the applicable fiscal year shall determine for the purpose of the special tax whether or not any particular parcel of real property is taxable or exempt from taxation, except that the Board of Directors may exempt any specific parcel upon request by the taxpayer in such form and procedure as may be determined by IVHD. "Parcel of real property" as used in this Resolution shall be defined as any unit of real property in the District that receives a separate tax bill from the Imperial County Treasurer/Tax Collector, without regard to whether the real property constitutes a legally subdivided parcel, in accordance with California law.
2. The rate of the special tax shall be \$ [REDACTED] per parcel.

3. The tax shall be levied annually, commencing on July 1, 2027, and shall continue until repealed.
4. The special tax, together with all penalties and interest thereon, shall constitute a lien upon the parcel upon which it is levied until it has been paid, and the special tax, together with all penalties and interest thereon, shall, until paid, constitute a personal obligation to IVHD by the persons who own the parcel on the date the tax is due.

SECTION C. ADMINISTRATION AND OVERSIGHT

1. The Imperial County Tax Collector shall be responsible for the collection and administration of this special tax. Beginning with the fiscal year 2027–2028, the special tax imposed hereby shall be collected in the same manner, on the same dates, and subject to the same penalties and interest in accordance with established dates as, or with, other charges and taxes fixed and collected by the County of Imperial on behalf of IVHD, and the County may deduct its reasonable costs incurred for such services before remittal of the balance to IVHD.
2. IVHD shall create a special account into which the proceeds of the tax shall be deposited pursuant to Government Code section 50075.1.
3. The IVHD Chief Financial Officer shall file with the Board of Directors no later than January 1 of each year a report identifying (i) the amount of funds collected and expended and (ii) the status of any project funded by the special tax as required by Government Code section 50075.3.
4. The IVHD Board of Directors shall be empowered to amend this Resolution by four (4) affirmative votes of the members thereof in order to carry out the purposes of this measure, in order to conform to state law that permits the County Tax Collector, or other proper official, to collect a tax such as is levied by this Healthcare Measure in conjunction with County taxes, or in order to assign duties pursuant to the measure to other officers; provided, however, that no amendment shall permit the levy of a tax in excess of the amount set forth in Section B.2.

SECTION D. BALLOT MEASURE

1. An election shall be consolidated with the General Election to be held on November 3, 2026, to submit to the voters a measure authorizing IVHD to levy an annual special tax on each taxable parcel of real property within the District until repealed, beginning July 1, 2027.
2. The deadline date of **July 27, 2026**, at 12:00 noon is established for receipt of written arguments for or against the measure. The deadline date of **August 6, 2026**, at 5:00 PM is established for the receipt of rebuttal arguments. Written arguments and rebuttals may be submitted by members of this Board of Directors, any voter or bona fide association of voters within the District, or any combination thereof. Arguments must be accompanied by form statements in compliance with Elections Code section 9600. Written arguments shall not exceed 300 words in length and shall be filed with the Imperial County Registrar of Voters at **940 West Main Street, Suite 206, El Centro, CA 92243**.
3. The Healthcare Measure to be submitted to the voters shall be as follows:

Maintaining Local Hospitals and Emergency Healthcare Services Parcel Tax Measure:

To maintain local access to advanced, life-saving emergency medical care, fund ongoing hospital operations and maintenance, including the acquisition of up-to-date medical technology and equipment, achieve an expansion of healthcare services, ensure the hospitals have qualified doctors and nurses, and achieve a financial position that will allow the District to finance seismic upgrades necessary to meet earthquake safety standards required by law; shall Imperial Valley Healthcare District's measure be adopted imposing a parcel tax at a rate of \$ [REDACTED] per parcel, collected on the secured property tax bill, providing \$ [REDACTED] annually until otherwise repealed, with independent audits, and all funds dedicated to IVHD hospital services?

YES / NO

4. The measure shall require a two-thirds approval of the electorate as mandated by law.
5. The Imperial County Board of Supervisors is hereby requested to order that the election on this measure be consolidated with the General Election to be held on November 3, 2026, and that the Imperial County Registrar of Voters conduct the election for the District. IVHD shall assist the County of Imperial as needed to prepare for and conduct the consolidated election.
6. Pursuant to Elections Code section 10400 *et seq.*, the consolidated election will be held and conducted, certificates of election issued, and all other proceedings incidental to and connected with the election shall be regulated and done in accordance with the provisions of law regulating the consolidated election.
7. The Secretary of this Board of Directors, Enola Berker, shall file, or cause to be filed, certified copies of this Resolution with the Clerk of the Board of Supervisors of Imperial County and with the Imperial County Registrar of Voters on or before 5:00 PM on July 3, 2026. The Registrar of Voters office will publish this Resolution in a newspaper of general circulation printed and published in the District.

SECTION E. SEVERABILITY

If the ballot measure imposing IVHD's special parcel tax for hospital and healthcare services is approved by the qualified voters of the District, the special parcel tax shall not apply to any person, entity, or property as to whom or which it is beyond the power of the District to impose the tax herein provided. If for any reason any provision of this Resolution, the Ballot Measure, or the application thereof is found to be invalid, or if the special parcel tax is found inapplicable to any particular parcel within the District by a Court of competent jurisdiction, the balance of this Resolution, the Ballot Measure, and the application of the special parcel tax to the remaining parcels within the District shall not be affected and, to that end, the provisions of this Resolution and the Ballot Measure are severable.

SECTION F. EFFECTIVE DATE

This Resolution shall take effect immediately upon its adoption. The Chair/President of the IVHD Board of Directors, the Secretary of this IVHD Board of Directors and IVHD's Legal Counsel are authorized and instructed to take such further action as may be necessary in preparing for and conducting the consolidated election.

Adopted this ____ day of _____, 2026.

Chair/President, Board of Directors of Imperial Valley Healthcare District

ATTEST:

Secretary, Board of Directors of Imperial Valley Healthcare District

DRAFT

SECRETARY’S CERTIFICATE

I, Enola Berker, Secretary of the Board of Directors of Imperial Valley Healthcare District, a California healthcare district, County of Imperial, California, certify as follows:

The attached is a full, true, and correct copy of Resolution No. 2026-0625, A RESOLUTION OF THE BOARD OF DIRECTORS OF IMPERIAL VALLEY HEALTHCARE DISTRICT CALLING FOR THE CONSOLIDATION OF AN ELECTION WITH THE NOVEMBER 3, 2026, GENERAL ELECTION TO CONFIRM A SPECIAL TAX UPON ALL TAXABLE PARCELS OF REAL PROPERTY WITHIN THE DISTRICT; ESTABLISHING A DEADLINE DATE FOR RECEIPT OF WRITTEN ARGUMENTS FOR AND AGAINST THE MEASURE; AND REQUESTING IMPERIAL COUNTY TO CONSOLIDATE THE ELECTION ON BEHALF OF THE DISTRICT, duly adopted at the meeting of the Board of Directors of Imperial Valley Healthcare District, which was duly held on June 25, 2026, at which meeting a quorum of the members of the Board of Directors were present; and at such meeting such resolution was adopted by the following vote:

YES:

NO:

ABSTAIN:

ABSENT:

I have carefully compared the same with the original minutes of such meeting on file and of record in my office; the attached resolution is a full, true and correct copy of the original resolution adopted at such meeting and entered in such minutes; and such resolution has not been amended, modified, or rescinded since the date of its adoption, and the same is now in full force and effect.

WITNESS my hand this _____ day of June, 2026

Secretary
Imperial Valley Healthcare District

Approved as to Form:

Adriana R. Ochoa
Legal Counsel for Imperial Valley Healthcare District

Imperial Valley Healthcare District

Title: Qualifications, Duties and Responsibilities of Laboratory Medical Director		Policy No. LAD-035
		Page 1 of 3
Current Author: Annabel C. Limentang		Effective: 9/26/2017
Latest Review/Revision Date: March 4, 2026		Manual: Lab Dept Specific / Administration

Collaborating Departments: Medical Staff, Lab Medical Director		Keywords:		
Approval Route: List all required approval				
MARCC X	PSQC	Other:		
Clinical Service _____	MSQC X	MEC X	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 The Laboratory Medical Director is accountable for the overall direction and supervision of all matters related to Laboratory Department in addition to performing his/her role as pathologist.

2.0 Scope: Pioneers Memorial Hospital - IVHD

3.0 Policy:

- 3.1 The laboratory medical director must meet the qualifications established for laboratory director, set forth in Title 42 Code of Federal Regulations, Subpart M of Subchapter E (Standards and Certifications) commencing at Section 493.1351 and any applicable revisions or amendments thereafter adopted. This person must be a physician licensed in the State of California and be certified by the American Board of Pathology in Anatomic and Clinical Pathology.
- 3.2 The listed examples in this document are set forth without limiting the duties and responsibilities described in the agreement with Pathology Services Group, if it exists and Title 42 of the Code of Federal Regulations. It is to be noted that some responsibilities of the Medical Director can be delegated in the manner specified in the Regulations although some responsibilities cannot be delegated.

4.0 Definitions:

- 4.1 CMS – Center for Medicare and Medicaid Services

5.0 Procedure:

- 5.1 Duties and Responsibilities:
 - 5.1.1 Assure that testing systems developed and used for each of the tests performed in the laboratory provide quality laboratory services for all aspects of test performance, which includes pre analytical, analytical, and post analytical phases.
 - 5.1.2 Provide consultation to hospital to assure that the physical plant and environmental conditions of the laboratory are appropriate for the testing performed and provide a safe environment in which employees are protected from physical, chemical, and biological hazards.
 - 5.1.3 Assure that the test methodologies selected have the capability of providing the quality of results required for patient care; verification procedures used are

Imperial Valley Healthcare District

Title: Qualifications, Duties and Responsibilities of Laboratory Medical Director	Policy No. LAD-035
	Page 2 of 3
Current Author: Annabel C. Limentang	Effective: 9/26/2017
Latest Review/Revision Date: March 4, 2026	Manual: Lab Dept Specific / Administration

adequate to determine the accuracy, precision, and other pertinent performance characteristics of the method; and that laboratory personnel are performing the test methods as required for accurate and reliable results.

- 5.1.4 Assure that the laboratory is enrolled in a CMS approved proficiency testing program for the testing performed and that the proficiency testing samples are tested as required under subpart H of 42 CFR Part 493.
 - 5.1.5 Assure the establishment and maintenance of acceptable levels of analytical performance for each test system.
 - 5.1.6 Assure that consultation is available to the laboratory's clients on matters relating to the quality of the test results reported and their interpretation concerning specific patient conditions.
 - 5.1.7 Assure that a general supervisor provides on-site supervision of high complexity test performance by qualified testing personnel under the regulations.
 - 5.1.8 Provide consultation to hospital to assure that hospital employs enough laboratory personnel with the appropriate education and either experience or training to provide appropriate consultation, properly supervise and accurately perform tests and report tests in accordance with the personnel responsibilities described in the regulations.
 - 5.1.9 Work in conjunction with hospital management to ensure that prior to testing patients' specimens, all personnel have the appropriate education and experience, received the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results.
 - 5.1.10 Work in conjunction with hospital management to assure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process.
 - 5.1.11 Reviews Peripheral Smears from Hematology Department and morphology of sperm cells submitted for Semen Analysis.
 - 5.1.12 Evaluate and interpret transfusion reactions submitted by laboratory and nursing.
- 5.2 Duties and Responsibilities that may be delegated include but are not limited to:
- 5.2.1 Ensure proficiency test results are submitted and returned within the time frames established by the proficiency testing program.
 - 5.2.2 Review proficiency testing reports received and evaluate the laboratory's performance and identify any problems that require corrective action; and an approved corrective action plan is followed if ever any proficiency testing result is found to be unacceptable or unsatisfactory.
 - 5.2.3 Sign attestation pages for proficiency test reports except Transfusion Medicine/Blood Bank procedures.
 - 5.2.4 Represent the department in Process Improvement (PI) committees
 - 5.2.5 Assure that reports of test results include pertinent information required for interpretation.
 - 5.2.6 Assure that policies and procedures are established for monitoring individuals who conduct pre analytical, analytical, and post analytical phases of testing to assure that they are competent and maintain their competency to process

Imperial Valley Healthcare District

Title: Qualifications, Duties and Responsibilities of Laboratory Medical Director		Policy No. LAD-035
Current Author: Annabel C. Limentang		Page 3 of 3
Latest Review/Revision Date: March 4, 2026		Effective: 9/26/2017
		Manual: Lab Dept Specific / Administration

specimens, perform test procedures and report test results promptly and proficiently and whenever necessary, identify needs for remedial training or continuing education to improve skills.

- 5.2.7 Assure that all necessary remedial actions are taken and documented if an ever-significant deviation from the laboratory's established performance characteristics are identified, and that patient test results are reported only when the system is functioning properly.
- 5.2.8 Generate monthly reports to support process improvement projects and/or quality indicators of the hospital.

6.0 References:

- 6.1 Code of Federal Regulations; Title 42 – Public Health

7.0 Attachment List: Not applicable

8.0 Summary of Revision:

- 8.1 2-year review; no changes.

Imperial Valley Healthcare District

Title: Choose to Lose		Policy No. HRD-01392
		Page 1 of 2
Current Author: Lizbette Cordova, MSN,		Effective: March 2007
Latest Review/Revision Date: 03/01/2026		Manual: Human Resources

Collaborating Departments: Employee Health, Human Resources, Finance		Keywords: weight loss, wellness, program		
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service _____	MSQC	MEC	BOD x	

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 The purpose of this policy is to provide guidance regarding a voluntary weight loss program to encourage health and wellness for IVHD employees.

2.0 Scope:

- 2.1 Active employees

3.0 Policy:

- 3.1 It is the policy of IVHD to encourage and support employees interested in improving their health in a variety of ways, including losing body weight.

4.0 Definitions: Not applicable

5.0 Procedure:

- 5.1 Employees form their own teams of up to three people.
- 5.2 Potential participants complete an application form available in the Employee Health and Human Resources departments.
- 5.3 The program is 12 months in length.
- 5.4 Participants are weighed by the Employee Health Nurse at the beginning and end of each 3-month period.
 - 5.4.1 The team with the greatest **percentage** of weight loss is awarded \$125.00 per individual. This award is taxable and will be included in the employee's W2 earnings.
- 5.5 Team membership may change each period.
 - 5.5.1 In the event a team member chooses to drop out during a period, the results of the remaining two team members will be used.
 - 5.5.2 In the event two team members choose to drop out, the remaining team member will no longer compete for that period, but will remain in the competition for the grand prize.
- 5.6 The individual with the greatest percentage of weight loss at the end of the 12-month duration of the competition will receive a grand prize, worth a maximum value of \$500. The grand prize is taxable and the value will be included in the employee's W2 earnings.

Imperial Valley Healthcare District

Title: Choose to Lose		Policy No. HRD-01392
		Page 2 of 2
Current Author: Lizbette Cordova, MSN,		Effective: March 2007
Latest Review/Revision Date: 03/01/2026	Manual: Human Resources	

5.7 Participation in the program is strictly voluntary and not a requirement of employment or an extension of duties at IVHD.

5.8 Weight loss must be through diet and exercise, not surgical.

6.0 References: Not applicable

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

8.1 Scheduled review; update PMHD to IVHD

Imperial Valley HealthCare District

Title: Hospital Emergency Codes		Policy No. EOC-00175
		Page 1 of 7
Current Author: Jorge Mendoza		Effective: 5/30/1983
Latest Review/Revision Date: 09/2025		Manual: EOC / Emergency Management

Collaborating Departments: Facilities, Patient Registration, Safety/Security, NICU		Keywords: Hospital Incident Command System; emergency preparedness; HICS		
Approval Route: List all required approval				
MARCC X	PSQC	Other: <u>Safety Committee</u> X		
Clinical Service _____		MSQC X	MEC X	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 establish standardized hospital emergency codes in accordance with the statewide emergency preparedness plan.

2.0 Scope: District wide

3.0 Policy:

- 3.1 All District employees shall be familiar with the PMH Emergency Codes and what role he/she will be responsible for in the event of an emergency.
- 3.2 Education on the PMH Emergency Codes will be provided for all new PMH employees and will be included in the annual orientation for current employees.
- 3.3 Emergency codes are only used on the main hospital campus; all employees are expected to be familiar with the responses.

4.0 Definitions: Not applicable

5.0 Procedure:

- 5.1 CODE RED – Implement Fire Plan
 - 5.1.1 If you discover a fire, follow the RACE mnemonic:
 - 5.1.1.1 R – Rescue
 - 5.1.1.2 A – Alarm
 - 5.1.1.3 C – Contain/Confine
 - 5.1.1.4 E – Extinguish
 - 5.1.2 To report a fire dial 4-4-4-4 from any hospital phone and report the incident to the switchboard. The switchboard operator will announce the CODE RED over the intercom system. In addition, a fire can be reported by pulling the lever on any red, wall-mounted pull station.
 - 5.1.3 Available hospital employees will respond to the incident location.
 - 5.1.4 Duties – Upon hearing the CODE RED, grab a fire extinguisher and report to the fire area. Follow the PASS (Pull, Aim, Squeeze, Sweep) procedure on how to properly use a fire extinguisher. Assist in removing patients in immediate danger to a safe area away from fire. Close all doors as you leave the fire area and turn on hallway lighting. If safe, fight fire until Fire Department arrives. Position yourself between the fire and a safe exit so as not to cut you off from escape.
- 5.2 CODE BLUE – Should be called for any potentially life-threatening medical condition

Imperial Valley HealthCare District

Title: Hospital Emergency Codes		Policy No. EOC-00175
		Page 2 of 7
Current Author: Jorge Mendoza		Effective: 5/30/1983
Latest Review/Revision Date: 09/2025		Manual: EOC / Emergency Management

- 5.2.1 To report a CODE BLUE dial 4-4-4-4 from any hospital phone and report the incident to the switchboard or push a code blue button in the room if applicable. The switchboard operator will announce it over the intercom system.
- 5.2.2 An ED nurse, ICU nurse, Cardiopulmonary Tech, Lab Phlebotomist, Radiology Tech, House Supervisor, and the ED Physician will respond on all CODE BLUE announcements.
- 5.2.3 CODE NEO – Newborn Team consists of a NICU based intra-disciplinary team that responds to all neonatal emergencies at Pioneers Memorial Hospital.
- 5.2.4 To report a CODE NEO dial 4-4-4-4 from any hospital phone and report the incident to the switchboard. The switchboard operator will announce it over the intercom system.
- 5.2.5 The CODE NEO:-.The team consists of an NICU Advanced NRP RN, RCP, and a Pediatrician.
- 5.2.6
- 5.2.7 Refer to policy CLN-02534, Neonatal "Code Neo" Guidelines.
- 5.1 CODE PINK – Infant abduction
 - 5.1.1 To report a CODE PINK dial 4-4-4-4 from any hospital phone and report the incident to the switchboard who will announce it over the intercom system.
 - 5.1.2 Proceed to the Exit doors nearest to your department or exits not yet monitored and secure exits.
 - 5.1.3 Prevent anyone from exiting the hospital, if possible, without attempting to physically stop them from leaving.
 - 5.1.4 Follow anyone that looks suspicious and report description to Security.
 - 5.1.5 If you can safely follow the abductor to their vehicle, get a vehicle description as well with vehicle license numbers.
- 5.2 CODE YELLOW – Arrival of critical trauma patient in Emergency Department
 - 5.2.1 A CODE YELLOW will be activated by the Emergency Department Charge Nurse or designee upon notification of an arriving critical trauma patient.
 - 5.2.2 Designated individuals will respond to the Emergency Department to stabilize the trauma patient upon arrival. The Trauma Team includes the ED Physician, ED Nurse, Radiology Tech, ICU Nurse, Cardiopulmonary Tech, Lab Phlebotomist, House Supervisor.
 - 5.2.3 The goal is to quickly stabilize the patient and, if a staff Surgeon and an operating room with surgical staff are not readily available to provide definitive care, then prepare patient for immediate transfer to a higher-level Trauma Center in a neighboring jurisdiction.
- 5.3 CODE TRIAGE – For internal and/or external disaster
 - 5.3.1 Disasters can be from outside the hospital or within the hospital. A member of the Administrative Team or the House Supervisor (if after normal business hours) will evaluate the situation and determine the need to call a CODE TRIAGE after being notified by any department of a potential or actual disaster that will impact the continuation of services provided by the hospital.
 - 5.3.2 When a CODE TRIAGE is announced, designated command staff will report to

Imperial Valley HealthCare District

Title: Hospital Emergency Codes		Policy No. EOC-00175
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Current Author: Jorge Mendoza		Effective: 5/30/1983
Latest Review/Revision Date: 09/2025	Manual: EOC / Emergency Management	

the Hospital Command Center (HCC) in the classroom and review their respective Job Action Sheets that outline their responsibilities.

- 5.3.3 All management staff without a pre-assigned role should report to their home departments and conduct a status assessment and wait for further assignments.
- 5.3.4 All on-duty staff should report to their home department to ensure all staff is accounted for. Once accounted for, if a staff member can be released from their normal job assignment, they should report to the Manpower Pool in the Auditorium for additional instructions. Off-duty staff reporting in to assist should also report to the Manpower Pool for an assignment.
- 5.4 **CODE GRAY – Actual or potential violent behavior on District property**
 - 5.4.1 PMH has a zero-tolerance policy for violence in the workplace. Any time a patient, visitor or staff member becomes violent a CODE GRAY should be called.
 - 5.4.2 To report a CODE GRAY dial 4-4-4-4 from any hospital phone and report the incident to the switchboard who will announce it over the intercom system.
 - 5.4.3 Each employee who can safely respond, should do so. Many times, just a show of force by the staff will stop the violence from happening. Staff should not put themselves at risk but should stay a safe distance away and verbally attempt to calm the person down.
 - 5.4.4 The following personnel should respond: Security, Maintenance, House Supervisor, other available personnel except for pregnant women and those who are currently caring for patients.
 - 5.4.5 Of the responding personnel, only those who have had hands on training for crisis events shall physically intervene with the individual in crisis, if necessary, as a last resort, using reasonable and proportionate methods when considering the risk factors.
- 5.5 **CODE ORANGE – Hazardous material spill or leak**
 - 5.5.1 This could be a toxic chemical, gas, or nuclear/radiation hazard.
 - 5.5.2 To report a CODE ORANGE dial 4-4-4-4 from any hospital phone and report the incident to the switchboard who will announce it over the intercom system.
 - 5.5.3 The Administrative Team or House Supervisor (if after hours) will discuss the incident with staff from Facilities/Environmental Services to determine if our staff can manage the incident or if the County's Hazardous Materials Team needs to be called via the 911 System.
 - 5.5.4 If the CODE ORANGE involves multiple victims a CODE TRIAGE may also be called.
 - 5.5.5 Those exposed may need to be decontaminated by the hospital decontamination team or the County's Hazardous Materials Team.
 - 5.5.6 If a CODE ORANGE is called, stay clear of the area, unless you are the designated staff to assess the situation and are wearing the appropriate Personal Protective Equipment to perform the task.
 - 5.5.7 The Command Staff will make the decision to evacuate areas of the hospital if necessary.
- 5.6 **CODE BLACK – Bomb Threat**

Imperial Valley HealthCare District

Title: Hospital Emergency Codes		Policy No. EOC-00175
		Page 4 of 7
Current Author: Jorge Mendoza		Effective: 5/30/1983
Latest Review/Revision Date: 09/2025		Manual: EOC / Emergency Management

- 5.6.1 The hospital received a threat that a bomb or explosive device has been placed in the hospital.
- 5.6.2 If the threat is made by phone, staff should attempt to complete the Bomb Threat Checklist and ascertain as much information as possible about the caller and the explosive device. See Code Black: Bomb Threat Policy # EOC-00062 for checklist.
- 5.6.3 This information shall be forwarded to the Administrative Team or the House Supervisor (if after hours) who will determine the credibility of the threat.
- 5.6.4 If the threat is determined to be credible, the House Supervisor will call a CODE BLACK by dialing 4-4-4-4 from any hospital phone and report the incident to the switchboard who will announce it over the intercom system.
- 5.6.5 If a CODE BLACK is announced, staff will be directed to perform a search of their areas for a suspicious package. Refer to Suspicious Envelopes & Packages Policy # EOC-00513. If a suspicious envelope or package is found, do not touch it; report the location of the package to the Administrative Team or House Supervisor who will contact the County's Bomb Squad via the 911 System.
- 5.6.6 A CODE TRIAGE may be called to bring Command Staff together in the Command Center to develop plans for evacuating the hospital in accordance with the Code Black: Bomb Threat Policy # EOC-00062.
- 5.7 CODE PURPLE – To avoid Emergency Department Diversion
 - 5.7.1 This policy is activated when the Emergency Department's capacity has been exceeded as a result of admitted patients being held due to staffing, space availability or technological resources.
 - 5.7.2 This procedure will be used to mobilize personnel to facilitate the movement of admissions from the Emergency Department in an orderly manner and/or avoid a situation which may lead to Emergency Department Diversion.
 - 5.7.3 This policy applies to the Emergency Department Director, Clinical Manager, Charge Nurse, Physician and the House Supervisor.
 - 5.7.4 The House Supervisor will call 4-4-4-4 from any hospital phone and report a CODE PURPLE to the switchboard who will announce it over the intercom system with instructions for designated staff to report to the Nursing Administrative Office.
- 5.8 CODE STROKE – Arrival of a patient with signs and symptoms of a stroke
 - 5.8.1 When a patient presents to the Emergency Department, or you are notified that a patient will be arriving via ambulance, with signs and symptoms of a stroke a CODE STROKE should be called.
 - 5.8.2 To report a CODE STROKE dial 4-4-4-4 from any hospital phone and provide the switchboard with the expected time of arrival of the patient, for announcement over the intercom system.
 - 5.8.3 The Radiology Department will clear the CT scanner as soon as possible and notify the in-house radiologist that a stroke patient has or will be arriving.
 - 5.8.4 For walk-in patients arriving with signs and symptoms of a stroke, the Emergency Department Physician will immediately evaluate the patient to determine if a

Imperial Valley HealthCare District

Title: Hospital Emergency Codes		Policy No. EOC-00175
		Page 5 of 7
Current Author: Jorge Mendoza		Effective: 5/30/1983
Latest Review/Revision Date: 09/2025	Manual: EOC / Emergency Management	

CODE STROKE response is needed.

- 5.9 CODE SILVER – Notification to staff that an individual is actively shooting persons in the hospital or on the campus
 - 5.9.1 The first employee to identify an active shooter should immediately dial 4-4-4-4 and report the incident with as much detailed information as possible to the switchboard who will announce it over the intercom system.
 - 5.9.2 The Hospital Operator will immediately dial 911 and notify the Brawley Police Department. As much of the following should be provided to the dispatcher:
 - 5.9.2.1 Exact location in the facility of the shooter
 - 5.9.2.2 Number of shooters
 - 5.9.2.3 Description of shooter(s)
 - 5.9.2.4 Number and types of weapons
 - 5.9.2.5 Number of potential victims
 - 5.9.3 If an active shooter comes into the area where you are and enters your unit, office, or meeting room, you should (in order of preference and priority):
 - 5.9.3.1 RUN (1st preference)
 - 5.9.3.2 HIDE (2nd preference)
 - 5.9.3.3 FIGHT (3rd preference)
 - 5.9.4 Upon arrival of law enforcement, staff should do exactly as the officers instruct.
 - 5.9.4.1 Do not approach officers with items in your hands (i.e. bags, jackets)
 - 5.9.4.2 Keep hands visible at all times
 - 5.9.4.3 Do not grab onto officers for help.
 - 5.9.4.4 Hospital Command Staff will coordinate all further response activities with law enforcement to provide for treatment of victims and possible evacuation of the facility if ordered to do so.
- 5.10 Code Teal - Lock Down
 - 5.10.1 Once the decision is made by Administration staff to lock down the facility for security purposes: Administration will instruct PBX to announce (Code Teal and Department location of Lockdown or Hospital-wide) on overhead intercom. Administration will then instruct that “All necessary entrances to be closed except the emergency room lobby entrance.”
 - 5.10.1.1 The announcement will be repeated at one-hour intervals by PBX.
 - 5.10.1.2 As a matter of follow-up, if required, written or verbal instructions to all Department managers will follow.
 - 5.10.2 Hospital employees are instructed that during a lock down all outside perimeter doors except the emergency room lobby entrance will be locked.
 - 5.10.2.1 Signage stating “No Admittance Go to Emergency Entrance” will be placed on all outside perimeter doors to provide additional direction to the hospital’s Emergency Room entrance.
 - 5.10.3 Hospital employees are instructed that they may not be allowed access to the facility unless they have their employee badge in their possession.
 - 5.10.3.1 All buildings on the hospital campus shall lock their doors when notified of the lock down.

Imperial Valley HealthCare District

Title: Hospital Emergency Codes		Policy No. EOC-00175
		Page 6 of 7
Current Author: Jorge Mendoza		Effective: 5/30/1983
Latest Review/Revision Date: 09/2025		Manual: EOC / Emergency Management

- 5.10.3.2 When exiting the building through a side door during a lock down, Staff will make sure the doors lock behind them.
- 5.10.3.3 Do not prop any exit doors open during a lock down.
- 5.10.3.4 If a door is found propped open during a lock down procedure, lock it immediately or call Security to lock it.
- 5.10.3.5 All persons are directed to use the emergency room lobby entrance to the hospital. Under specific circumstances, when needed, Administration will post an alternative entrance.
- 5.10.4 When administration releases the lock down procedure, the PBX Operator will make the Announcement of “Code Teal and Location All Clear“ All hospital entrances are now open.” This announcement will be made 3 times at 5-second intervals by PBX. Doors will be unlocked, and signage removed.
 - 5.10.4.1 If warranted, administration may send written notification to Department managers when a lock down is released.
- 5.11 CODE WHITE – Activation of the PMH Hospital Evacuation Plan
 - 5.11.1 A CODE WHITE will be called to notify hospital staff of that there is a need for a partial or total evacuation of the facility.
 - 5.11.2 The evacuation of any floor or building shall be initiated on order of the Incident Commander (according to the HICS and PMH EOPs) or by a Public Safety Officer (Police or Fire Department).
 - 5.11.3 The PBX operator will announce overhead “Code White – Please report to your supervisor” and repeat three times.
 - 5.11.4 If you are in immediate danger do not hesitate to move yourself and others to a safe location.
 - 5.11.5 If you are not in immediate danger, return to your department if it is safe to do so to receive further instructions

6.0 References:

- 6.1 PMH Fire Plan – EOC-00330
- 6.2 PMH Code Blue – CLN-00142
- 6.3 PMH Infant or Child Abduction: Code Pink – CLN-01307
- 6.4 PMH Code Yellow – CLN-01925
- 6.5 PMH Emergency Operations Plan – EOC-00213
- 6.6 PMH Zero Tolerance for Violence in the Workplace – HRD-00020
- 6.7 PMH Workplace Violence Prevention Plan – EOC-00071
- 6.8 PMH Code Orange – EOC-00095
- 6.9 PMH Suspicious Envelopes & Packages Policy EOC-00513
- 6.10 PMH Code Black: Bomb Threat Policy EOC-00062
- 6.11 PMH Code Purple – ED Overcrowding CLN-00269
- 6.12 PMH Code Stroke – CLN-01928
- 6.13 PMH Code Silver – EOC-00184
- 6.14 PMH Code White – EOC-00185
- 6.15 PMH Code Neo – CLN-02534

Imperial Valley HealthCare District

Title: Hospital Emergency Codes		Policy No. EOC-00175
		Page 7 of 7
Current Author: Jorge Mendoza		Effective: 5/30/1983
Latest Review/Revision Date: 09/2025	Manual: EOC / Emergency Management	

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Revised header to IVHD.
- 8.2 Replaced PMHD with PMH in the entire policy.
- 8.3 Added section 5.2.3 CODE NEO – Newborn Team consists of a NICU based intra-disciplinary team that responds to all neonatal emergencies at Pioneers Memorial Hospital.
- 8.4 Added section 5.2.4 To report a CODE NEO dial 4-4-4-4 from any hospital phone and report the incident to the switchboard. The switchboard operator will announce it over the intercom system
- 8.5 Added section 5.2.5 The CODE NEO:-.The team consists of an NICU Advanced NRP RN, RCP, and a Pediatrician
- 8.6 Added section 5.2.6 Refer to policy CLN-02534, Neonatal "Code Neo" Guidelines.
- 8.7 New reference added 6.15 PMH Code Neo – CLN-02534
- 8.8 Revised with no further changes.

Title: Infection Control Plan 2026		Policy No. CLN-02341
		Page 1 of 7
Current Author: Angela McElvany		Effective: 1/1/1985
Latest Review/Revision 1/5/2026		Manual: Clinical / Infection Control

Collaborating Departments: Dr. Al Jasim, Infectious Disease Specialist	Keywords: Infection Control Plan
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Approval Route: List all required approval			
	PSQC	Other:	
Clinical Service _____		MSQC x	MEC x 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 The purpose of this policy is to establish a plan for the infection prevention and control program for the Imperial Valley Healthcare District. This policy details the components that must be present in the infection prevention and control program and provides guidance on the implementation of those components. It outlines the specific activities to be carried out by the program and the purpose of those activities. It provides direction to infection prevention and control personnel on the development and management of the hospital's infection prevention and control program. This infection prevention and control program is developed in accordance with applicable federal and state regulations and accreditation standards, including infection prevention and control standards. The program is risk-based and driven by the annual Infection Prevention and Control Risk Assessment.
- 1.2 Rationale: Every year, in the United States alone, 1 out of every 10 hospitalized patients will be diagnosed with a healthcare-associated infection. These preventable infections increase healthcare costs and result in significant morbidity and mortality. Public health entities around the world recommend that healthcare organizations implement infection prevention and control programs to oversee targeted efforts to reduce healthcare-associated infections. These infection prevention and control programs focus their efforts on the prevention and control of infectious diseases in the healthcare setting. When compliance with this program plan is met, healthcare organizations can optimally prevent and control the spread of infectious diseases in the healthcare setting.

2.0 Scope: Imperial Valley Healthcare District

3.0 Policy:

- 3.1 The infection prevention and control department is tasked with overseeing the prevention and control of infectious diseases in the hospital setting. Its responsibilities include the development of policies and procedures that will aid in the prevention and control of infection. This policy outlines the program's plan for the hospital's infection prevention and control department. The plan includes the specific activities required in the program and expectations of infection prevention and control personnel.
- 3.2 As additional evidence-based practice is made available, this policy will be updated accordingly. All personnel will be expected to comply with the updated expectations in procedures and responsibilities.

4.0 Definitions:

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- 4.1 **Healthcare-associated infection:** Infection acquired while receiving care in a healthcare facility.
- 4.2 **Hospital epidemiologist:** Usually, an infectious disease physician with a background in infection prevention and control. Hospital epidemiologists assist the infection prevention and control department in the prevention and control of infections in the healthcare setting
- 4.3 **Infection prevention and control committee:** A multidisciplinary group that functions as the central decision-making and policymaking body for infection prevention and control in the healthcare setting. Its decisions and policies are guided by data and evidence-based practice.
- 4.4 **Infection prevention and control program:** Comprehensive strategy for preventing and controlling infections using a combination of policies, procedures, and actions.
- 4.5 **Infection prevention and control risk assessment:** A detailed list of potential infectious risks to the healthcare setting that are prioritized to provide direction to the infection prevention and control department.
- 4.6 **Infection Control Practitioner/Infection preventionist:** Someone who is qualified through education, training, experience, or certification in infection prevention and control.
- 4.7 **Infection surveillance:** Systematic method of identifying infections that is used to measure the success of infection prevention and control measures and to meet reporting mandates.
- 4.8 **Process measure surveillance:** Systematic method of monitoring infection prevention and control practices to identify opportunities for improvement.

5.0 Procedure/Plan:

5.1 Demographics (Beds, Setting, Employees)

- 5.1.1 Pioneers Memorial Hospital is a 107-bed facility with a level IV 16 bed emergency department. The hospital is affiliated with Imperial Valley College’s RN and LVN program.
- 5.1.2 There is one Infectious Disease physician for the Imperial Valley
- 5.1.3 Descriptive Assessment Services Provided:
 - 5.1.3.1 Medical/Surgical Unit
 - 5.1.3.2 Intensive Care Unit
 - 5.1.3.3 Obstetrics
 - 5.1.3.4 Gynecology
 - 5.1.3.5 Pediatrics
 - 5.1.3.6 Radiology
 - 5.1.3.7 Laboratory
 - 5.1.3.8 Wound Care
 - 5.1.3.9 Calexico Health Center
 - 5.1.3.10 Surgery
 - 5.1.3.11 Endoscopy
 - 5.1.3.12 Radiology
 - 5.1.3.13 The Cancer Institute at Pioneers
 - 5.1.3.14 Center for Digestive and Liver Diseases
 - 5.1.3.15 Pioneers Health Center

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- 5.1.3.16 Women’s Health at Pioneers
- 5.1.3.17 Surgical Health at Pioneers
- 5.1.3.18 Specialty Care at Pioneers
- 5.1.3.19 Physical Therapy Solutions
- 5.1.3.20 Children’s Health at Pioneers
- 5.1.3.21 Cardiac Cath Lab
- 5.1.3.22 Emergency

5.2 Mandatory Components of the Infection Prevention and Control Program Plan

- 5.2.1 The infection prevention and control department
- 5.2.2 The infection prevention and control committee
- 5.2.3 Annual infection prevention and control risk assessment
- 5.2.4 Outcome and process measure surveillance
- 5.2.5 Personnel training and education on infection prevention and control policies and procedures
- 5.2.6 Development of policies and procedures pertaining to the prevention and control of infections.
- 5.2.7 Other prevention activities as determined by the program’s yearly infection prevention and control risk assessment

5.3 Infection Prevention and Control Department

- 5.3.1 The infection prevention and control department must be adequately staffed to cover all applicable responsibilities entailed in this policy. Staffing levels must also meet any federal or local regulatory requirements for infection prevention and control departments.
- 5.3.2 Infection preventionists must have a relevant educational background such as nursing.
- 5.3.3 At least one infectious disease physician, preferably trained in epidemiology and infection control, must be available to the department on a regular basis as a consultant to the department or as the hospital epidemiologist for the program.
- 5.3.4 Additional staff members may be employed as needed to assist infection preventionists and hospital epidemiologists in the activities of the infection prevention and control program.

5.4 Infection Prevention and Control Committee

- 5.4.1 Authority Statement: This is a function of Infection Prevention and Control Committee (subcommittee of MSQC) and shall, through its chairperson, the Infection Control Practitioner (ICP) and all members have the authority under the medical staff bylaws to institute appropriate control measures when and if an infectious hazard is identified or anticipated that may affect any patient, visitor, or employee. The chairperson shall be notified of the potential problems and shall confer with committee members as necessary to institute control measures. In their absence, the Chief Nursing Officer or designee shall assume responsibility for instituting control measures.

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The infection prevention and control department will have authority over decisions that affect the prevention and control of infectious diseases in the hospital (e.g., temporarily closing a surgical suite due to an infectious hazard). The Infection Prevention and Control Practitioner (ICP) is granted authority by the Governing Body and Medical Staff Quality Committee to implement immediate infection prevention and control interventions when an infectious risk is identified. This includes the authority to initiate isolation precautions, initiate outbreak investigations, close patient care areas, remove equipment from service, stop unsafe practices and implement control measures during epidemics or emergencies.

5.4.2 The Infection Prevention and Control Committee must meet on a regular basis to review surveillance data and quality improvement activities from the infection prevention and control program.

5.4.3 Committee members should provide feedback and guidance to the infection prevention and control department leadership on the direction of the infection prevention and control program.

5.5 Reporting Structure

5.5.1 Infection Control data are reported to the Infection Control Committee (sub-committee of MSQC), PSQC, Safety Committee and Surgery Committee. Executive leadership reports data to the governing body.

5.5.2 The Governing Body receives written reports on the effectiveness of the Infection Prevention and Control Program at least annually, with interim reports provided quarterly through leadership committees. Documentation of this review is reflected in Governing Body meeting minutes.

5.6 Annual Infection Prevention and Control Risk Assessment

5.6.1 In an effort to prioritize and make the hospital's infection prevention and control program efficient, the infection prevention and control department will conduct an annual survey of infectious risks. The results of the risk assessment will provide as a guide for the following year's plan. Changes in the plan will be implemented upon the approval of the Infection Prevention and Control Medical Director and the Infection Control Practitioner.

5.6.2 The annual risk assessment considers the organization's geographic location, community and patient population served, services provided, and analysis of surveillance data. Program priorities and measurable goals are established based on the highest-ranked risks identified in the assessment.

5.7 Surveillance Methodology

5.7.1 Surveillance activities are selected based on the annual risk assessment scoring.

5.7.2 The infection control program conducts prospective and retrospective surveillance using CDC/NHSN definitions, laboratory reports, and electronic medical record data. Data is reviewed daily or as applicable and reported to leadership committees.

5.7.3 Data is collected by the infection control practitioner or designee.

5.7.4 Data is analyzed at monthly and/or quarterly depending on the indicator.

5.7.5 Data is used to identify trends, outbreaks and opportunities for performance

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improvement.

5.8 Infection Prevention and Control Training and Education

- 5.8.1 The infection prevention and control department will oversee the delivery of education on the prevention and control of infectious diseases.
- 5.8.2 Education will be delivered in a variety of ways by the infection prevention and control department as well as other departments present in the hospital (such as quality improvement, clinical management, nurse educators).
- 5.8.3 Competency assessments will be routinely conducted to ensure staff are competent in the education provided.
- 5.8.4 Periodic audits and monitoring will take place to ensure that education translates to consistent best practices in the prevention and control of infections.

5.9 Development of Infection Prevention and Control Policies and Procedures

- 5.9.1 The infection prevention and control department will oversee the development of infection prevention and control policies and procedures.
- 5.9.2 The infection prevention and control department will periodically review these policies and make necessary edits and updates.

5.10 Identification, Prevention and Control of Infectious Agents

- 5.10.1 Microbiology results for the hospital will be reviewed by infection preventionists and clinical department members to identify infectious threats, individuals requiring Transmission-Based Precautions, and outbreaks of infectious disease.
- 5.10.2 The infection prevention and control department will help clinical areas prevent the transmission of infectious agents.
- 5.10.3 When infectious agents are identified in the healthcare setting, the infection prevention and control department will assist clinical areas in containment/control measures, including the response to facility outbreaks.

5.11 2026 Program Activity List

- 5.11.1 Targeted Surveillance:
 - 5.11.1.1 Multi drug-resistant Organism (MDRO) – Continue surveillance and initiation of barrier precautions for MDROs
 - 5.11.1.2 MRSA (bloodstream infections)
 - 5.11.1.3 Clostridioides (Clostridium) Difficile Infection (C-diff)
 - 5.11.1.4 Central Line Associated Bloodstream Infections (CLABSI)
 - 5.11.1.5 Catheter Associated Urinary Tract Infections (CAUTI)
 - 5.11.1.6 Vancomycin Resistant Enterococcus (VRE) (bloodstream infections)
 - 5.11.1.7 Surgical Site Infections (SSI)
 - 5.11.1.8 COVID-19, RSV, Influenza
 - 5.11.1.9 Isolation Precautions
 - 5.11.1.10 Standard/Transmission-Based Precautions
 - 5.11.1.11 PPE Compliance

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- 5.11.1.12 Hand Hygiene
- 5.11.1.13 Education
- 5.11.1.14 Employee Health Support (Exposures and Outbreaks)
- 5.11.1.15 Environment of Care
- 5.11.1.16 Construction
- 5.11.1.17 Safety
- 5.11.1.18 Antimicrobial Use and Resistance Reporting
- 5.12.1.19 High-Level Disinfection

5.12 Other Prevention Activities

- 5.12.1 Based on the annual risk assessment, the infection prevention and control department should implement additional activities that target prioritized risks to the facility.
- 5.12.2 In the case of an emergency, the infection prevention and control department must reprioritize their activities to support adequate response efforts to the emergency, regardless of whether the risk is of an internal or external nature (e.g., pandemic, natural disaster in community, facility flooding, HVAC outage).

5.13 Responsibilities

- 5.13.1 All personnel:
- 5.13.1.1 Will comply with all procedures in this policy as they relate to their individual roles within the institution.
 - 5.13.1.2 Will report noncompliant behavior to ensure the safety of patients, visitors, and other personnel.
 - 5.13.1.3 Will ensure that they are adequately trained in infection prevention and control policies and procedures.
- 5.13.2 Infection Preventionists:
- 5.13.2.1 Will correctly apply principles of infection prevention and control to ensure the safety of themselves, patients, other personnel, and visitors.
 - 5.13.2.2 Will adhere to current available guidance, literature, and regulations on the prevention and control of infectious diseases in the hospital setting.
 - 5.13.2.3 Will serve as consultants, educators, role models, researchers, and change agents for the institution in the prevention and control of infections.
 - 5.13.2.4 Will provide education, offer expert consultation, conduct surveillance, address patient safety, and use implementation science to improve infection prevention and control practices in the healthcare setting.
- 5.13.3 Hospital Epidemiologist (or Medical Director of Infection Prevention and Control)
- 5.13.3.1 Will oversee the activities of the infection prevention and control department.
 - 5.13.3.2 Will provide expert knowledge and guidance on the prevention and control of infectious diseases.

5.14 Antimicrobial Stewardship Program (ASP)

- 5.14.1 The hospital maintains a formal Antimicrobial Stewardship Program (ASP) consistent

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with CDC Core Elements.

5.14.2 The ASP is co-led by an infectious disease physician and a pharmacist leader with dedicated stewardship responsibilities. See policy CLN-02971.

6.0 References:

6.1 [Census.gov](https://www.census.gov)

6.2 Imperial County Public Health Department

6.3 Heather S. Infection Prevention and Control Program Plan. In: APIC PolicyPro. Association for Professionals in Infection Control and Epidemiology. Reviewed August 31, 2023.

6.4 California Health and Safety Code, Division 2, Chapter 2, Art 3.5 Hospital Infectious Disease Control Program

7.0 Attachments: None

8.0 Summary of Revisions:

8.1 Total policy revision for compliance with The Joint Commission.

8.2 5/21/26 edit. Added 5.12.1.19 High-Level Disinfection

Imperial Valley Healthcare District

Pioneers Memorial Hospital

2027 Budget Proposal



Imperial Valley Healthcare District

Pioneers Memorial Hospital

2027 Budget Proposal

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Budgeted Financial Statement Summary

- **Net Excess/(Deficit)** - The Budget for Fiscal Year 2027 is projected as a net gain of \$9.0 M against a Fiscal Year 2026 projected net gain of \$10.3 M.
- **Revenues** - Total gross revenues are projected to stay consistent with FY 2026. Other operating revenues such as QIP (PRIME II), grants, cafeteria sales, rebates and refunds and others are expected to remain the same. Directed Payments Public Hospital Program is predicted to increase in FY 2027.
- **Expenses** - Operating expenses are projected to increase 5.2% or \$8.8 M, from \$170.4 M for FY 2026 to \$179.1 M for FY 2027.

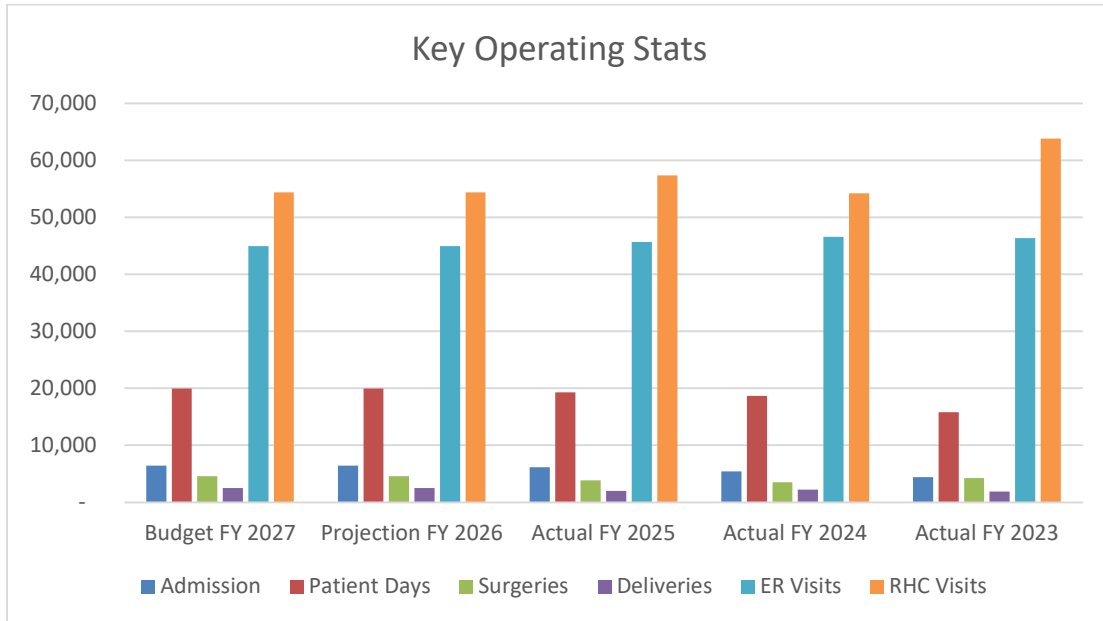
Budget Highlights

The following are key features of the proposed 2027 Budget:

- All volumes are expected to remain steady with FY 2026 volumes.
- Salaries are projected to increase by 6.7% or \$5.0 M mostly due to a 3% annual rate adjustment. Total staffing is estimated to increase 5.9% or \$5.6 M. Total staffing consists of salaries, benefits and contract labor.
- Supplies are projected to increase by 3.3% or \$654K due to inflation.
- Purchased Services and Repairs and Maintenance is estimated to increase due to inflation of about 3.8% or \$288k and \$297K, respectively.
- Capital Expenditures are estimated to be about \$6.2 M for the year.

Major Volume Indicators

	Budget FY 2027	Projection FY 2026	Actual FY 2025	Actual FY 2024	Actual FY 2023
Admission	6,441	6,441	6,174	5,398	4,393
Patient Days	19,945	19,945	19,310	18,681	15,816
Surgeries	4,559	4,559	3,876	3,510	4,257
Deliveries	2,525	2,525	2,011	2,201	1,904
ER Visits	44,916	44,916	45,669	46,553	46,323
RHC Visits	54,396	54,396	57,347	54,186	63,800



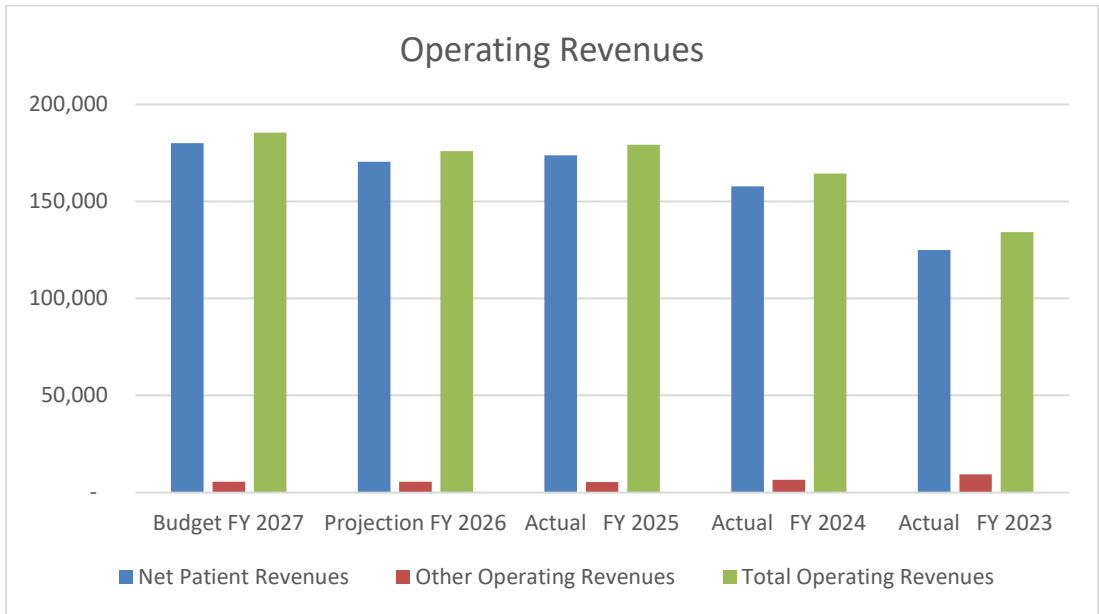
Payer Mix (patient days)

Medi-Cal Managed care is our single largest payer class followed by Medicare. These governmental payers are budgeted to comprise 77.5% of all inpatient volumes.

Total Operating Revenues (Net Patient Revenues & Other Revenues)

Total Operating Revenues, which are comprised of Net Patient Revenues (Gross Revenues less Deductions) and Other Operating Revenues (Grants, Prime, Cafeteria and Miscellaneous), are budgeted to stay consistent with current year.

	Budget FY 2027	Projection FY 2026	Actual FY 2025	Actual FY 2024	Actual FY 2023
Net Patient Revenues	179,859	170,293	173,729	157,856	124,839
Other Operating Revenues	5,565	5,561	5,404	6,556	9,311
Total Operating Revenues	185,425	175,854	179,134	164,412	134,150



Net patient services revenues are budgeted to increase by \$9.6 M due to Supplemental Payments. For the FY 2027 Budget timeframe, much higher Supplemental Payments will be recognized due to an increase in the District Hospital Directed Payment (DHDP) program netted against a decrease in the DSH payment and QAF removal from the federal government.

Salaries

Salary expenses are budgeted to increase by 6.7% or \$5.0 M for FY 2027. Most budgeted staffing levels were calculated on a *workload unit* adjusted basis. The calculation for this basis is done by assigning each department a productivity factor (worked hours allowed per statistic) and then it is applied to each department’s budgeted statistic. This methodology was used to determine the total number of Full Time Equivalents (FTEs) to budget for each department as well as develop a benchmark for the departments’ performance over the years.

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

- A. Across-the-board pay rate adjustments (market adjustments) were included in the FY 2027 budget. These adjustments include an average of 3.0% merit that would increase salaries and employer taxes by \$5.3 M.
- B. A Holiday Bonus amount of \$951K that includes El Centro Hospital employees was included in the FY 2027 Budget. The payout of this bonus will be dependent on factors established by the CEO and Board of Directors.

Registry and Contract Labor

Contract Labor is projected to decrease by 24.6% or (\$532K). Nursing Administration continues to recruit nursing staff so the future use of registry nurses is minimal. The District's Security crew will become employees of the District in FY 2027. During FY 2026 Security Services represented about 25.2% of the contract labor expense.

Employee Benefits

In total, Employee Benefits are expected to increase by 6.1% or \$1.2 M. Payroll taxes will increase consistently with the increases in budgeted salary expenses. Workers' Compensation premiums are quoted to increase approximately 10.0% due to higher salaries.

Professional Fees

Professional fees, which include legal and audit services, are projected to increase 2.6% or \$500K.

Supplies

The cost of supplies is expected to increase by 3.3% or \$654K due to inflation. Included in this increase is a 2.5% inflation rate for supplies and 7.0% for drugs.

Purchased Services and Repairs and Maintenance

The cost of Purchased Services is projected to increase by 3.7% or \$288K over FY 2026 costs.

Repairs and maintenance costs are expected to increase 4.0% or \$297K. The increase is attributed to the continued essential maintenance support for software systems.

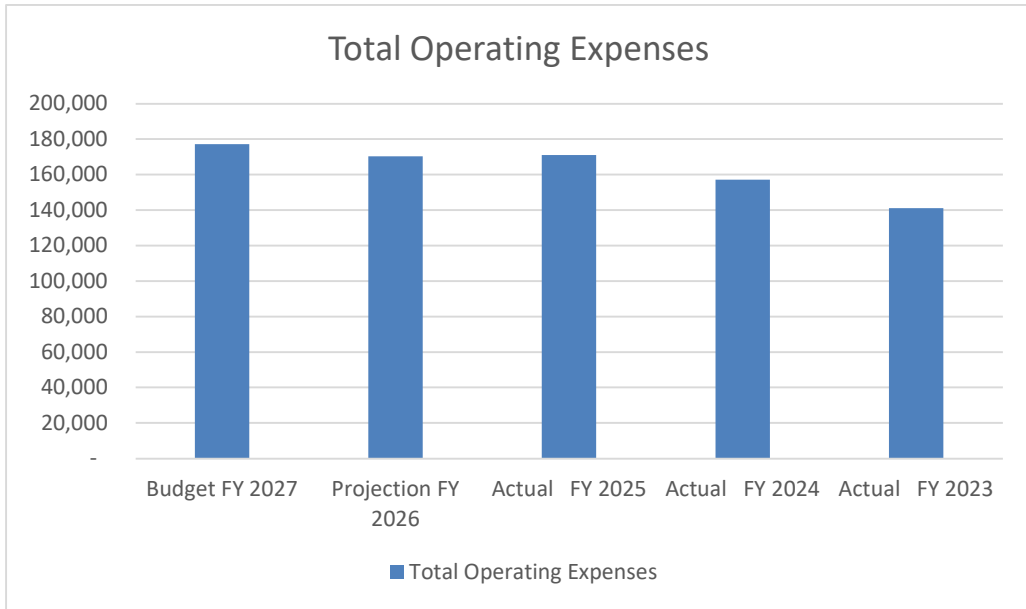
Other Expenses

Most other expenses are comprised of utilities, licenses, dues, outside training, travel, leases and other. Those expenses are expected to increase by 6.0% or \$651K due to inflation-driven increases for utilities and an increase in outside training.

Total Operating Expenses

Total Operating Expenses
*in thousands

Budget FY 2027	Projection FY 2026	Actual FY 2025	Actual FY 2024	Actual FY 2023
179,133	170,352	171,102	157,085	141,164



Capital Spending

The total capital spending is estimated to be about \$6.2 M with 22.5% of that amount from IT expenses, 14.1% from Engineering expenses and the rest from the Clinical departments.

Balance Sheet Key Indicators

The table below provides a comparison of the key operating ratios between FY 2027 and FY 2026. The Days Cash on Hand is projected to decrease due to the repayment of the Distressed Loan to start in May 2026.

	Budget FY 2027	Projection FY 2026	Actual FY 2025	Actual FY 2024	Actual FY 2023
Gross A/R Days	69.8	73.0	69.8	63.9	71.2
Net A/R Days	53.3	63.2	61.1	35.7	57.7
Days Cash on Hand	67	60	79.4	94.9	44.3
Debt Service Coverage	1.22	1.32	2.4	5.63	2.87
Current Ratio	3.27%	3.69%	3.90%	3.34%	2.54%
Net Income Margin	5.01%	6.03%	5.93%	5.92%	0.44%

Non-Operating Revenue/(Expense)

Pioneers Memorial Hospital District tax revenues are projected to be \$1.4 M while Heffernan District tax revenues are projected to be at least \$1.3 M. Interest expense for the Series 2017 Revenue bonds is \$602K.

(END OF PROPOSAL)

**IMPERIAL VALLEY HEALTHCARE DISTRICT
PIONEERS MEMORIAL HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
FOR THE BUDGET YEAR ENDING JUNE 30, 2027**

	BUDGET FY 2027	PROJECTED FY 2026	VARIANCE \$	VARIANCE %	ACTUAL FY 2025	ACTUAL FY 2024	ACTUAL FY 2023
GROSS PATIENT REVENUES	556,909,868	556,924,278	(14,410)	0.0%	538,424,892	508,908,402	450,470,549
TOTAL REVENUE DEDUCTIONS	377,050,426	386,630,979	(9,580,553)	2.5%	364,695,668	351,052,811	325,631,697
NET PATIENT REVENUES	179,859,442	170,293,299	9,566,143	5.6%	173,729,224	157,855,591	124,838,852
OTHER OPERATING REVENUE							
GRANT REVENUES	50,000	62,331	(12,331)	0.0%	-	550,000	-
OTHER	5,515,166	5,498,382	16,784	0.3%	5,404,293	6,006,283	9,311,005
TOTAL OTHER REVENUE	5,565,166	5,560,713	4,453	0.1%	5,404,293	6,556,283	9,311,005
TOTAL OPERATING REVENUE	185,424,608	175,854,012	9,570,596	5.4%	179,133,517	164,411,874	134,149,857
OPERATING EXPENSES							
SALARIES AND WAGES	78,775,530	73,795,794	4,979,736	6.7%	76,024,698	67,925,285	54,821,236
BENEFITS	20,767,465	19,568,683	1,198,782	6.1%	19,003,292	18,172,512	16,613,611
REGISTRY & CONTRACT	1,632,357	2,164,514	(532,157)	-24.6%	2,376,940	3,378,617	5,881,464
TOTAL STAFFING EXPENSE	101,175,352	95,528,991	5,646,361	5.9%	97,404,930	89,476,414	77,316,311
PROFESSIONAL FEES	19,658,949	19,159,431	499,518	2.6%	18,699,281	14,004,128	15,498,022
SUPPLIES	20,614,686	19,960,974	653,712	3.3%	19,855,700	19,139,614	17,846,976
PURCHASED SERVICES	8,161,177	7,873,335	287,842	3.7%	7,565,457	8,857,315	7,849,584
REPAIR & MAINTENANCE	7,690,344	7,393,179	297,165	4.0%	7,702,772	6,831,255	6,017,487
DEPRECIATION & AMORT	4,336,162	3,962,325	373,837	9.4%	3,632,798	3,355,375	3,572,979
INSURANCE	3,374,272	3,067,521	306,751	10.0%	2,583,465	2,746,154	2,215,447
HOSPITALIST PROGRAM	2,667,542	2,602,480	65,062	2.5%	2,566,176	2,629,754	2,661,055
OTHER	11,454,291	10,803,709	650,582	6.0%	11,091,277	10,044,685	8,186,109
TOTAL OPERATING EXPENSES	179,132,775	170,351,945	8,780,830	5.2%	171,101,856	157,084,695	141,163,970
TOTAL OPERATING MARGIN	6,291,833	5,502,067	789,766	14.4%	8,031,661	7,327,179	(7,014,113)
NON OPER REVENUE(EXPENSE)							
OTHER NON-OP REV (EXP)	602,137	2,591,162	(1,989,025)	-76.8%	1,199,699	1,432,178	870,825
DISTRICT TAX REVENUES	2,711,846	2,791,463	(79,617)	-2.9%	1,699,115	1,645,836	1,461,057
DISTRICT TAX G.O. Bonds							1,874,736
INTEREST EXPENSE	(602,165)	(613,727)	11,562	-1.9%	(625,341)	(666,822)	(698,622)
CARES HHS/ FEMA RELIEF FUNDING	-	-	-	0.0%	-	-	4,098,989
TOTAL NON-OP REV (EXPENSE)	2,711,818	4,768,898	(2,057,080)	-43.1%	2,273,473	2,411,192	7,606,985
NET EXCESS / (DEFICIT)	9,003,651	10,270,965	(1,267,314)	-12.3%	10,305,134	9,738,371	592,872

**IMPERIAL VALLEY HEALTHCARE DISTRICT
PIONEERS MEMORIAL HOSPITAL
PRODUCTIVITY AND RATIO ANALYSIS
BUDGET YEAR ENDING JUNE 30, 2027**

	Budget FY 2027	% Change	Projection FY 2026	% Change	Actual FY 2025	% Change	Actual FY 2024	% Change	Actual FY 2023
Gross A/R Days	69.8	-4.4%	73.0	4.6%	69.8	9.2%	63.9	-10.3%	71.2
Net A/R Days	53.3	-15.8%	63.2	3.6%	61.1	71.2%	35.7	-38.2%	57.7
Days Cash On Hand	66.8	11.5%	60.0	-24.5%	79.4	-16.4%	94.9	114.2%	44.3
Current Ratio	3.27%	-11.3%	3.69%	-5.4%	3.90%	16.6%	3.34%	31.7%	2.54%
Debt Service Coverage	1.22	-7.1%	1.32	-45.1%	2.40	-57.4%	5.63	95.8%	2.87
Debt to Capital	50.1%	-10.1%	55.7%	-4.9%	58.5%	-12.3%	66.7%	5.6%	63.2%
Accounts Payable Days	52.2	23.6%	42.2	-22.2%	54.2	-19.9%	67.7	22.0%	55.5
Average Age of Plant	25.4	-5.9%	27.0	-5.2%	28.5	-4.1%	29.7	10.0%	27.0
Deductible Ratio	67.70%	-2.5%	69.42%	2.5%	67.73%	-1.8%	68.98%	-4.6%	72.29%
Net Income Margin	5.01%	-17.0%	6.03%	1.7%	5.93%	0.1%	5.92%	1240.3%	0.44%

**IMPEIRAL VALLEY HEALTHCARE DISTRICT
PIONEERS MEMORIAL HOSPITAL
BALANCE SHEET
Budget FY 2027**

	Budget FY 2027	Projection FY 2026	Actual FY 2025	Actual FY 2024	Actual FY 2023
ASSETS					
CURRENT ASSETS					
CASH	31,935,988	27,255,353	36,347,744	39,965,486	16,685,983
CDs - LAIF & CVB	68,111	67,273	66,244	65,505	63,099
ACCOUNTS RECEIVABLE - PATIENTS	106,474,571	111,096,985	102,976,362	89,112,026	87,933,623
LESS: ALLOWANCE FOR BAD DEBTS	(4,918,655)	(4,918,665)	(4,050,598)	(5,728,207)	(4,977,190)
LESS: ALLOWANCE FOR CONTRACTUALS	(75,312,472)	(76,750,076)	(69,861,825)	(67,960,450)	(63,207,554)
NET ACCOUNTS RECEIVABLE	26,243,444	29,428,244	29,063,939	15,423,369	19,748,878
	24.65%	26.49%	28.22%	17.31%	22.46%
ACCOUNTS RECEIVABLE - OTHER	37,626,109	37,755,669	29,849,554	30,801,714	17,257,248
COST REPORT RECEIVABLES	0	1,444,854	3,292,653	2,521,422	368,285
INVENTORIES - SUPPLIES	4,169,678	3,632,827	3,048,836	2,835,246	3,316,624
PREPAID EXPENSES	3,147,536	3,085,446	2,106,777	1,953,532	2,077,178
TOTAL CURRENT ASSETS	103,190,866	102,669,666	103,775,747	93,566,273	59,517,296
OTHER ASSETS					
PROJECT FUND 2017 BONDS	778,112	778,126	459,657	505,516	496,742
BOND RESERVE FUND 2017 BONDS	968,337	968,353	968,373	968,324	968,300
LIMITED USE ASSETS	0	2,198	1,787	40,959	37,063
GASB87 LEASES	62,851,716	62,477,394	60,529,359	64,931,450	49,415,107
OTHER ASSETS PROPERTY TAX PROCEEDS	269,688	269,688	269,688	505,438	594,002
OTHER INVESTMENTS	420,000	420,000	420,000	0	0
TOTAL OTHER ASSETS	65,287,853	64,915,759	62,648,864	66,951,687	51,511,214
PROPERTY, PLANT AND EQUIPMENT					
LAND	6,883,026	6,883,026	3,275,776	2,623,526	2,623,526
BUILDINGS & IMPROVEMENTS	64,066,933	63,118,597	63,695,030	62,919,140	63,472,230
EQUIPMENT	75,042,461	72,192,498	66,370,826	63,203,579	59,457,987
CONSTRUCTION IN PROGRESS	5,631,185	5,626,227	5,901,830	766,043	338,266
LESS: ACCUMULATED DEPRECIATION	(110,343,933)	(107,099,144)	(103,550,527)	(99,748,993)	(96,575,063)
NET PROPERTY, PLANT, AND EQUIPMENT	41,279,672	40,721,204	35,692,935	29,763,294	29,316,946
TOTAL ASSETS	209,758,391	208,306,630	202,117,546	190,281,255	140,345,456

**IMPEIRAL VALLEY HEALTHCARE DISTRICT
PIONEERS MEMORIAL HOSPITAL
BALANCE SHEET
Budget FY 2027**

	Budget FY 2027	Projection FY 2026	Actual FY 2025	Actual FY 2024	Actual FY 2023
LIABILITIES AND FUND BALANCES					
CURRENT LIABILITIES					
ACCOUNTS PAYABLE - CASH REQUIREMENTS	3,767,317	2,425,740	3,665,127	5,460,085	4,037,112
ACCOUNTS PAYABLE - ACCRUALS	9,954,329	8,248,261	9,919,641	10,450,085	8,645,023
PAYROLL & BENEFITS PAYABLE - ACCRUALS	7,033,485	6,498,303	7,417,955	6,362,197	5,358,973
CURRENT PORTION - GO BONDS PAYABLE	0	0	0	230,000	220,000
CURRENT PORTION - 2017 REVENUE BONDS	355,000	349,000	335,000	320,000	305,000
INTEREST PAYABLE - GO BONDS	0	0	1,917	2,875	5,625
INTEREST PAYABLE - 2017 REVENUE BONDS	0	0	161,867	165,867	168,408
CURRENT PORTION - LEASE LIAB (GASB87)	4,197,207	4,074,958	4,071,774	3,756,205	1,722,161
CURRENT PORTION - LONG-TERM DEBT (CHFFA)	6,228,972	6,228,972	1,037,037	1,228,761	469,091
TOTAL CURRENT LIABILITIES	31,536,310	27,825,234	26,610,318	27,976,076	20,931,394
LONG TERM DEBT AND OTHER LIABILITIES					
PMH RETIREMENT FUND - ACCURAL	754,272	730,204	658,000	305,518	416,228
LOANS PAYABLE - DISTRESSED HOSP. LOAN	14,503,894	20,732,866	26,962,963	26,962,963	191,724
LOANS PAYABLE - CHFFA NDPH	0	0	0	3,766,770	6,715,689
BONDS PAYABLE 2017 SERIES	13,411,388	13,770,210	14,129,033	14,487,856	14,831,679
LONG-TERM LEASE LIABILITIES (GASB 87)	60,211,203	59,953,303	58,207,090	62,267,845	48,170,072
DEFERRED PROPERTY TAX REVENUE	354,021	275,438	275,438	511,188	594,002
SKILLED NURSING OVER COLLECTIONS	0	5,035,723	2,490,887	0	0
TOTAL LONG-TERM DEBT	89,234,778	100,497,744	102,723,411	108,302,140	75,149,394
FUND BALANCE AND DONATED CAPITAL	79,983,652	69,712,687	62,478,683	44,264,668	44,264,668
NET SURPLUS (DEFICIT) CURRENT YEAR	9,003,651	10,270,965	10,305,134	9,738,371	0
TOTAL FUND BALANCE	88,987,303	79,983,652	72,783,817	54,003,039	44,264,668
TOTAL LIABILITIES AND FUND BALANCE	209,758,391	208,306,630	202,117,546	190,281,255	140,345,456

IVHD - PMH Capital Budget

Fiscal Years
2027, 2028, 2029

Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2027	FY 2028	FY 2029
Hospital Wide	Various	Defibrillators	OB	\$30,000	20	Defibrillators are lifesaving equipment used during emergency codes throughout the hospital; all crash carts have them.	\$600,000		
ICU	6010	Prismax control unit (CRRT dialysis machine	PS	\$119,472	2	When a patient is not able to tolerate regular dialysis CRRT is needed to be able to treat patient		\$238,943	
ICU	6010	Glydescope	PS	\$16,131	1	We currently don't have a scope to intubate patients, Dr Krutzik has requested the purchase of this equipment for safety measures.	\$16,131		
LDRP	6400	Bed Extension	PS	\$5,977	1	Need an bed extension for morbidly obese patients.	\$5,977		
LDRP	6400	Bassinets	RG	\$6,264	6	The current equipment, constructed of wood material, is worn, porous, and difficult to effectively clean and disinfect. This increases the risk of contamination and may lead to non-compliance with infection prevention standards. Replacing it with hospital-grade equipment would support proper cleaning and disinfection practices, enhance patient safety, and ensure alignment with regulatory and infection control requirements.	\$37,584		
LDRP	6400	Fetal Monitors	RG	\$8,867	5	The current equipment, constructed of wood material, is worn, porous, and difficult to effectively clean and disinfect. This increases the risk of contamination and may lead to non-compliance with infection prevention standards. Replacing it with hospital-grade equipment would support proper cleaning and disinfection practices, enhance patient safety, and ensure alignment with regulatory and infection control requirements.	\$44,335		
LDRP	6400	Vaginal Delivery Tables	RG	\$2,668	10	Current delivery tables shows signs of wear and tear, discoloration, and breakage in some areas making it difficult to clean.	\$26,680		
LDRP	6400	OB Simulator	PS/RG	\$87,077	1	An OB simulator is essential to ensure staff are prepared to safely and effectively manage obstetric emergencies such as hemorrhage, shoulder dystocia, and eclampsia. It provides a safe environment to practice critical skills, improve team communication, and identify system gaps, ultimately enhancing patient safety and supporting regulatory readiness.		\$87,077	
LDRP	6400	Hospital Control Keypad	OB	\$43,408	1		\$43,408		
LDRP	6400	Affinity 4 Birthing Beds	PS	\$22,014	2	The current beds are frequently breaking down, which is impacting patient care and workflow. Additionally, there are no rental units available to serve as replacements while the beds are out for repair, creating ongoing operational challenges and potential safety concerns	\$44,028		
LDRP	6400	Sleeper Chairs	PS	\$1,775	5	The current daddy chairs/beds are broken or showing significant wear and tear	\$8,875		
Peds	6290	Phototherapy System	OB	\$6,000	1	To replace old phototherapy system that is retired and no longer supported (needed ASAP)	\$6,000		
NICU	6070	Transport Isolette	RG/PS	\$16,235	1	Required for inter-departmental transport of newborns (i.e. transport from ER to NICU)	\$16,235		
NICU	6070	GE cardiac monitors	RG	\$17,693	4	Will add 4 NICU beds to accommodate trending increase in acuity & census		\$70,771	
Med/Surg	6170	Bedside cabinets	OB	\$673	10	The current bedside cabinets need to be replaced, they are old and in bad shape	\$6,726		
Med/Surg	6170	Centrella smart bed	PS	\$15,297	5	We have Med/Surge beds that are old and in bad shape	\$45,892	\$30,594	

IVHD - PMH Capital Budget

Fiscal Years
2027, 2028, 2029

Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2027	FY 2028	FY 2029
Med/Surg	6170	Bedside tables	OB	\$397	20	We need to replace old bedside tables, also with high census, we do not have enough	\$7,938		
ER	7010	Stryker ER Gurneys	PS, OB	\$9,000	3	High use equipment in the ED with varying life stages and aging equipment, requiring repairs and replacement throughout the year.	\$27,000		
ER	7010	Bladder Scanner	PS, OB	\$12,000	1	The ED currently does not have a dedicated bladder scanner. We frequently borrow a scanner from the ICU and Medical-Surgical departments; however, a permanent bladder scanner is needed in the ER to support patient care and workflow efficiency.		\$12,000	
ER	7010	Work Station on Wheels	OB, PS	\$7,000	5	Aging, end of life equipment, requiring frequent repairs and downtime.	\$35,000		
ER	7010	Stryker Transport Wheelchairs	PS	\$5,000	3	\$15,000 grand total for 3 wheelchairs		\$15,000	
LAB	7500	Biosafety Cabinet BSL Class II	RG, PS,OB	\$30,000	1	Current BSL Cabinet is defective; Lab staff needs protection when processing microbiology samples	\$30,000		
LAB	7500	Freezers (Lab and Blood Bank Grade)	PS,RG,OB	\$30,000	2	The 2 freezers in use are showing signs of wear and tear. Multiple costly repairs and parts replacement done.	\$60,000		
LAB	7500	Mobile handheld scanners and printers	PS,OB	\$10,000	10	Mobile handheld scanners and printers, help with workflow	\$50,000	\$50,000	
LAB	7500	Vitek MS Prime Clinical	PS,OB,NSR	\$224,471	1	Financial impact: estimated savings of 200K for 5 years due to cost of reagents compared to the current analyzer	\$224,471		
LAB	7500	Maestria (Software)	RG,OB	\$15,000	3	\$4,995 annual maintenance fees of software, no hardware needed; budgeted 3 years	\$45,000		
LAB	7500	Microscope	PY, PS, RG	\$11,036	1	To perform microscopic examination in the Urinalysis area; currently sharing with Hematology	\$11,036		
PATHOLOGY	7520	Tissue Processor	PY,OB	\$80,000	1	Current processor in use is showing signs of 'end of life'	\$80,000		
Ultrasound	7670	Canon i700 Ultrasound Machine	PY,OB,PS	\$104,000	1	Current ultrasound equipment requires an upgrade to keep pace with advancing technology. Investing in newer, higher-performance systems will significantly improve ultrasound throughput, enhance operational efficiency, and support the delivery of high-quality patient care. The current ultrasound unit is end-of-life and is 14 years old.		\$104,000	
Ultrasound	7670	Canon i700 Ultrasound Machine	PY,OB,PS	\$108,199	1	Current ultrasound equipment requires an upgrade to keep pace with advancing technology. Investing in newer, higher-performance systems will significantly improve ultrasound throughput, enhance operational efficiency, and support the delivery of high-quality patient care. The current ultrasound unit is at end-of-life and is 11 years old.	\$108,199		

IVHD - PMH Capital Budget

Fiscal Years
2027, 2028, 2029

Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2027	FY 2028	FY 2029
Ultrasound	7660	MRI Software Upgrade	PS	\$89,020	1	Our current software is outdated. Upgrading to the latest software will improve image quality, enhance workflow efficiency, and reduce exam turnaround times. This upgrade will also enable our technologists to perform exams that we are currently unable to support due to system limitations. Expanding our exam capabilities will increase scan volume and support continued growth of the department.	\$89,020		
Ultrasound	7660	US SR Mapping	PS	\$30,000	1	US SR Mapping integration is needed to transfer ultrasound measurements from the Canon ultrasound system into Carestream PACS/Vue Reporting. This will reduce manual entry by the radiologists, improve reporting accuracy, decrease the risk of transcription errors, and create a more efficient ultrasound workflow.	\$30,000		
Ultrasound	7630	GE OEC Elite Mobile C-Arm	PS,OB	\$252,375	1	The current equipment has reached end-of-life status, resulting in increased maintenance needs and potential reliability concerns. Replacing it with updated technology will enhance image quality, improve diagnostic accuracy, and support more efficient patient care. Investing in new equipment ensures continued compliance with current standards while maintaining high-quality imaging services.		\$252,375	
Ultrasound	7630	GE OEC Elite Mobile C-Arm	PS,OB	\$252,375	1	The current equipment has reached end-of-life status, resulting in increased maintenance needs and potential reliability concerns. Replacing it with updated technology will enhance image quality, improve diagnostic accuracy, and support more efficient patient care. Investing in new equipment ensures continued compliance with current standards while maintaining high-quality imaging services.		\$252,375	
Ultrasound	7630	Phillips Zenition 70 Mobile C-arm	PS,OB	\$226,359	1	The current equipment has reached end-of-life status, resulting in increased maintenance needs and potential reliability concerns. Replacing it with updated technology will enhance image quality, improve diagnostic accuracy, and support more efficient patient care. Investing in new equipment ensures continued compliance with current standards while maintaining high-quality imaging services.	\$226,359		
Ultrasound	7630	Power Scribe	PS	\$347,130	1	This up to date program will assist our Radiologist in their day-to-day workflow. The program offers features that will keep our Radiologist up to speed with the latest technological advancements.	\$347,130		
Ultrasound	7630	Shimadzu Radiographic/Fluoroscopic Equip	PS,OB,PY	\$504,337	1	The fluoroscopy equipment has reached end of life. A high volume of procedures are performed in the fluoroscopy suite, and the current system is producing suboptimal image quality.		\$504,337	
Ultrasound	7630	Virtual Desktop Integration	PS	\$62,826	1	This will Allow us to link Carestream to Cerner. When the Radiologist pulls up a patient in Carestream, that patient will automatically pull up in Cerner.	\$62,826		
CT	7680	Construction for CT Machine	RG	\$800,000	1	Construction needed for HCAI CT permit	\$800,000		

IVHD - PMH Capital Budget

Fiscal Years
2027, 2028, 2029

Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2027	FY 2028	FY 2029
Cardiopulmonary	7720	Ventilators Hamilton C1: NIV (BIPAP/CPAP)	OB	\$22,237	10	Replacement for End of Life Phillips Respironics V60s (CRITICAL DATE 1/2028 OBSOLTE): Request 10 Hamilton C1 ventilators to replace our end of life Phillips V60 NIV machines (BIPAP/CPAP/HFT). The Hamilton C1s, for use on pediatrics to adults patients, with several modes including High Flow Therapy (HFT), NIV (BIPAP/CPAP), and also used as transport ventilator for intubated patients. They have an internal battery, for safely moving patients between departments.	\$111,185	\$111,185	
Cardiopulmonary	7720	Comprehensive Ventilators Hamilton C6	OB	\$50,464	4	Replacement for End of Life PB 840s : Request five Hamilton C1 ventilators to replace our old PB 840 models (end of life 12/2025). The Hamilton C6s are advanced, for all patients, from newborns to adults. They have an internal battery, for safely moving patients between departments.		\$201,856	
Cardiopulmonary	7720	Fisher & Paykel 850 Full Setup Ventilator Heaters	PS	\$1,280	14	Patient Safety: All patients placed on C1 and C6 ventilators require heated humidification. The F&P 850 Heater is clinically proven to deliver optimal humidity and guarantees consistent, effective humidification for every ventilated patient (both invasive and non-invasive), meeting best practice standards and reducing the risk of adverse events.	\$6,400	\$11,520	
Pharmacy	8390	Pyxis Cameras	PY, RG	\$3,000	20	Noted by the DEA during past and present on-site visits including all DEA provided controlled substance webinars etc. This is standard of practice and does meet due diligence requirements. These security cameras were recommended by Diversion Specialist Kimberly Knew in 2015 and the current DEA audit. Was approved FY22 but spending was frozen.	\$60,000		
Pharmacy	8390	Badge Reader for Med Rooms	RG	\$5,008	15	Med Room badge readers for security and control. Constant issues with personnel gaining access through shared codes.	\$75,120		
Pharmacy	8390	Pharmacy Relocation Remodel & Cleanrooms	PS, RG, OB	\$2,000,000	1	Pharmacy is 50-years plus past its shelf life, being untouched all this time. Space is a safety issue and doesn't meet the districts current and future needs. Pharmacy has insufficient space to store critical medication and lacks appropriate space for receiving and even preparation of medication for patients having only one table space which during pandemic was a struggle to make the 2,000 covid vaccines all while meeting direct patient care needs etc. State, and Federal laws and regulations require changes to compounding cleanrooms in order to be able to support current and future service lines, if unchanged the district will need to reevaluate future service lines and discontinue some service lines such as Cath lab as the pharmacy department wouldn't be able to support the compounded medication needs, other service lines may need to be degraded in acuity due to inability of pharmacy to compound medications in a manner required due to current facilities in place.		\$200,000	\$1,800,000
Pharmacy	8390	Flooring in Pharmacy		\$12,500	1	Ballpark cost for tear up preparation and installation, \$12,500 dollars. That's not including the anti-room with hood. We would also have patching and painting to do when we remove the old cove base. Time frame would be around 4-5 weeks. Let me know if you need anything else."	\$12,500		
C-WHAP	7188	Canon Aplio I700 Ultrasound System	OB	\$94,760	1	Replacement of in office US equipment that is end of life, no parts available	\$94,760		
Urology	7197	BK Flex Focus Ultrasound Sytem	OB	\$55,000	1	Replacement of in office US equipment that is end of life in August	\$55,000		

IVHD - PMH Capital Budget

Fiscal Years
2027, 2028, 2029

Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2027	FY 2028	FY 2029
Sterile Processing	8380	Bookwalter Surgical Tray Kit	PS	\$17,297	1	The Bookwalter retractor system is essential for providing stable, self-retaining exposure during open surgical procedures, supporting patient safety and surgical efficiency. Currently, only one set is available. When multiple cases require this system, an additional set is necessary to avoid reliance on immediate-use steam sterilization (flash), supporting best practices and regulatory compliance. This investment will improve workflow, reduce delays, and ensure consistent, high-quality patient care.	\$17,297		
Sterile Processing	8380	V-Pro Sterilizer	OB, PS, PY	\$144,331	1	The existing unit has reached the end of its service life. Need for SPD/OR	\$144,331		
Surgery	7420	Anesthesia Machine	OB, PS	\$93,174	1	Our anesthesia machines is now obsolete, leaving the Operating Room department short on functional machines.	\$93,174		
Surgery	7420	Mammotome Neoprobe Console & Svc Agreement		\$73,914	1	The current Neoprobe Mammotome system is obsolete and has reached end-of-life, resulting in limited service support, increased risk of equipment failure, and potential delays in surgical procedures.Replacement is clinically necessary to ensure accurate localization and biopsy capabilities for breast procedures, maintain patient safety, and support uninterrupted surgical workflow.		\$73,914	
Surgery	7420	Computer On Wheels		\$6,509	3	The current computers on wheels are obsolete and unable to reliably support clinical applications needed for patient care. Replacement COWs are required to enable real-time bedside charting, improve workflow efficiency, and enhance patient safety.	\$19,528		
Surgery	7420	OR sinksd	RG, PS	\$18,000	2	The current OR sinks have developed rust and are no longer functioning properly, which poses a significant infection control risk and impacts daily operations. Rusted and malfunctioning sinks cannot be adequately cleaned or maintained, creating potential contamination concerns in the perioperative environment. Replacement of all four OR sinks is necessary to ensure compliance with infection prevention standards, maintain a safe and sterile environment, and support efficient surgical workflow. Upgraded sinks will reduce downtime, improve reliability, and align with regulatory expectations for a properly maintained operating room environment.	\$36,000		
Surgery	7420	Drying Cabinet	OB, PS	\$47,000	1	Drying cabinet is obsolete.	\$47,000		
Interventional Radiology	7649	Computer on Wheels	OB	\$6,509	1	The current computers on wheels are obsolete and unable to reliably support clinical applications needed for patient care. Replacement COWs are required to enable real-time bedside charting, improve workflow efficiency, and enhance patient safety.	\$6,509		
Employee Health	8660	Tenor Bariatric Lift	PS, RG, OB	\$7,443	1	Used as lift equipment for patients with a weight capacity of up to 704 pounds. One lift to be used wherever needed throughout acute care.	\$7,443		
Purchasing	8400	Warehouse remodel	OB, PY	\$222,147	1	NEED TO UPDATE LAYOUT OF WAREHOUSE FOR OPTIMIZATION OF SPACE		\$222,147	
DPNF	6580	Parking Lighting	PS	\$10,000	1	SNF possible lighting in parking lot	\$10,000		

IVHD - PMH Capital Budget

Fiscal Years
2027, 2028, 2029

Dept	Dept #	Project Name	Justification Code	Cost of equipment	Quantity	Comments	FY 2027	FY 2028	FY 2029
						Hospital Sub-Total	\$3,932,097	\$2,438,096	\$1,800,000
Comm	8470	Nurse Call System	PS,PY, OB	\$288,190	1	Equipment needed for test Ultrasound image depth	\$288,190	\$288,190	\$288,190
Plant Maint	8460	HVAC Unit replacement on former cancer center	OB	\$60,000	1	Units are beyond lifecycle and have been limped along for years	\$60,000		
Plant Maint	8460	Floor replacement ER	PS, RG	\$67,000	1	Floor has been patched for years and is no longer repairable. Infection control issue	\$67,000		
Plant Maint	8460	HR Flooring replacement	PY	\$18,000	1	Flooring is old and can no longer be properly maintained. Safety and health issue	\$18,000		
Plant Maint	8460	Finance flooring repalcement.	PY	\$22,000	1	Flooring is old and can no longer be properly maintained. Safety and health issue	\$22,000		
Plant Maint	8460	Pickup Truck	OB	\$37,872	1	The hospital service trucks are very old and becoming more unreliable, they require frequent and costly repairs. The oldest truck is a 2002.	\$37,872		
Plant Maint	CIP 1140	Sewer Consolidation Project	RG	\$801,000	Ongoing Project	Ongoing project with the City of Brawley. Still working with Dexter Wilson as a requirement to maintain city permit.	\$200,000	\$601,000	\$200,000
Plant Maint	8460	Compressors for Chillers	OB	\$125,000	2	Need to replace compressors for Chillers	\$125,000	\$125,000	
DayCare	8880	A/C	OB	\$18,000	2		\$18,000		
Medical Records	8700	Replace Flooring in Medical Records office	PS	\$10,164	1	Recently removed rolling file shelves and would like to have the flooring in medical records replaced as it is very dilapidated and has some cracked areas, which may become tripping hazards. Floor also looks like a patchwork quilt	\$10,164		
						Eng Totals	\$846,226	\$1,014,190	\$488,190
IS	8480	Wireless network upgrades	OB	\$240,000	1	Wireless network EOL	\$240,000		
IS	8480	WOW Upgrades of CareAware Devices	OB	\$9,000	20	EOL carts or implementation of CareAware Nursing Mobility	\$180,000		
IS	8480	Monitors (24")	OB	\$200	25	Stock	\$5,000		
IS	8480	UPS Upgrades	OB	\$2,500	12	UPS Upgrades EOL	\$30,000		
IS	8480	Network Switch	OB	\$10,000	8	Replace EOL equipment, only accounting for 50% of need	\$80,000		
District Wide	IT	Additional Cerner Implementation Fees		\$653,000	1	CERNER Implentation for various modules. Adapt, Anesthesia, CareAware, Health Data, HIL, Patient Portal and UCC Campaigns	\$653,000		
District Wide	Various	Additional Equipment (unforseen emergencies)	PS/RG	\$200,000	1	Placement for items that come up throughout the year but not budgeted	\$200,000		
						IS Totals	\$1,388,000	\$0	\$0
						Total Hospital Capital Purchases	\$6,166,323	\$3,452,285	\$2,288,190

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: June 11, 2026

SUBJECT: Renewal of 3M Coding software fees for 2026/2027 term

BACKGROUND: Solventum 3M coding analyzer software is essential to the correct ICD-10 CM/PCS/CPT/HCPCS code assignments which are used for reimbursement of hospital costs. Pioneers have used 3M as their coding software for over 20 years.

KEY ISSUES: Coding software required to code charts for reimbursement and contains the ICD10 CM/PCS codes and all the updated changes and/or coding convention changes. Based on codes it automatically assigns the appropriate DRG for inpatients.

CONTRACT VALUE: \$147,039.99

CONTRACT TERM: 1 year

BUDGETED: Yes

BUDGET CLASSIFICATION: Computer Software

RESPONSIBLE ADMINISTRATOR: Carly Loper

DATE SUBMITTED TO LEGAL: 6/3/2026 **REVIEWED BY LEGAL:** Yes No

FIRST OR SECOND SUBMITTAL: 1st 2nd

RECOMMENDED ACTION: That the board approve 2026/2027 fees for Solventum 3M annual fees



575 West Murray Boulevard
Murray, UT 84123-4611

REQUEST FOR PURCHASE ORDER This Is Not An Invoice

May 18, 2026

ACCOUNTS PAYABLE
PIONEERS MEMORIAL HOSPITAL
207 W LEGION RD
BRAWLEY, CA 92227-7799

Dear Accounts Payable:

Thank you for your continued use of Solventum Health Information Systems, Inc. products and services. This letter serves to notify you that the annual fee for your Solventum contract will continue for another year in accordance with the terms and conditions of your agreement with Solventum Health Information Systems, Inc.

- Please send a purchase order or similar funding document to cover fees for the period from **9/27/2026 to 9/26/2027**. The purchase order or similar funding document can be mailed to the address above, submitted by email to hisposubmission@solventum.com.
- Please submit the purchase order to our Murray office by **August 1st** in order for the purchase order to be referenced on the invoice. If your organization does not currently issue purchase order numbers prior to invoicing please contact us to let us know. If a purchase order is not received, an invoice for the annual fee will be issued within the terms and conditions of the existing agreement.
- The annual fee is **\$147,030.99** plus applicable sales tax and includes any applicable discounts.

We appreciate your business and hope to continue our relationship with you for many years to come.

If you have any questions or concerns regarding this notification or would like additional information, please contact the following Solventum representatives:

Purchase Order Questions:

Customer Account Management Clerk
hisposubmission@solventum.com

Product or Support Questions:

Aimee Corazzari

Billing Questions:

Patricia Olsen (385) 379-3799
polsen@solventum.com

Contact/Address Changes:

Mickelle Thompson (651) 382-2807
mthompson10@solventum.com

Client Site ID:2930299

Attachment A

Pioneers Memorial Hospital

Contract Number: **Q14555-21 S1-2**

Contract End Date: **09/26/2028**

Product	Description	Quantity	Amount
Period: 9/27/2026 to 9/26/2027			
APC	APCfinder Software	1.00	\$19,481.60
APRDRGCAS	Advanced Analyzer	1.00	\$23,727.80
C&RSNOAA	Coding, Classification, and Reimbursement System without Advanced Analyzer	1.00	\$52,025.14
CODREF	Coding Reference Software	1.00	\$5,890.01
CODREFPL	Coding Reference Plus Software	1.00	\$5,167.05
CONNSFT BAS	Connections Software Basic	1.00	\$3,867.15
MNAPC CA A&B	Medical Necessity for APCfinder CA A&B	1.00	\$16,179.24
RCS APR CAMED	Reimbursement Calculation Software APR Med-Cali	1.00	\$3,200.46
S-APR-DRG	S-All Patient Refined DRG Software	1.00	\$17,492.54

Total License Fee: \$147,030.99

Note: These figures do not reflect applicable sales tax. Please add any applicable sales tax for the exact purchase order amount.

Solventum Proforma #: 424232

Solventum Health Information Systems, Inc. has moved to 100% invoice delivery via email! Please provide a current email address or addresses for all invoices to be sent so that we can update your account.

Report Summary :

Number of Renewal Letters :	1
Total Annual Fee :	\$147,030.99

Snell & Wilmer

TO: IVHD Board of Directors **CM #:** 96532-01
FROM: Adriana R. Ochoa, Legal Counsel
DATE: June 5, 2026
RE: IVHD BOARD ELECTION AND CANDIDATE FILING DEADLINES

This memo identifies the IVHD Board seats and districts up for election in November 2026 and the key candidate deadlines from the Imperial County Registrar of Voters calendar. Recall that pursuant to SB 558, which was approved by the Governor on July 14, 2025, a member of the initial IVHD board of directors is lawfully allowed to run for election to become the first elected member for an IVHD voting district if the member is otherwise eligible for the position, and is elected by the electors of that voting district.

Board members should treat this as a practical checklist/deadline list, and confirm specific filing questions with either the Imperial County Registrar of Voters or through legal counsel.

1. Who is up for election in November 2026?

The following current Board members hold seats with appointed terms ending at the November 2026 general election: Enola Berker, Rodolfo Valdez, Arturo Proctor, and Felipe Irigoyen.

Up for election in November 2026	Not up for election until November 2028
Enola Berker	James Garcia
Rodolfo Valdez	Katherine Burnworth
Arturo Proctor	Laura Goodsell
Felipe Irigoyen	

2. What districts are up for election in November 2026?

The IVHD voting districts up for election in November 2026 are Districts 1, 2, 3, and 7. Districts 1, 2, and 3 are for four-year terms. District 7 is the vacancy seat currently held by Felipe Irigoyen, and the person elected to District 7 will serve until the November 2028 election. A copy of the districting map is attached.

3. What do candidates need to do, and by when?

A candidate should contact the Imperial County Registrar of Voters, obtain the correct candidate forms, and file the required documents by the deadlines below. The Registrar of Voters is located at 940 West Main Street, Suite 206, El Centro, California 92243, and the County calendar lists the phone number as (442) 265-1060.

Deadline	What the candidate needs to do or know
May 14, 2026, through July 8, 2026	Candidates may obtain forms from the Registrar of Voters, including petition forms to collect signatures in lieu of paying all or part of the filing fee. Those signatures may also count toward the nomination paper signature requirement.
July 8, 2026	Last day to submit signature in-lieu petitions to the Registrar of Voters.
July 13, 2026, through August 7, 2026	Main filing period to file the Declaration of Candidacy and Nomination Papers with the Registrar of Voters. A candidate must pay the filing fee when obtaining nomination papers, using money, signatures in lieu, or both; the fee is non-refundable.
July 13, 2026, through August 7, 2026	Candidate statement period. A candidate may prepare a statement of qualifications for the Voter Information Guide, subject to the applicable word limit, and should confirm with the Registrar whether a statement is available for the IVHD contest.
August 7, 2026	Final deadline to file the Declaration of Candidacy and Nomination Papers. After this deadline, a candidate who has filed may not withdraw as a candidate.
August 8, 2026, through August 12, 2026	Possible extension period only if an incumbent does not file by August 7, 2026. In that case, anyone other than the incumbent may file during the extension period. This extension does not apply if there is no incumbent eligible to be elected.
August 5, 2026, through November 3, 2026	Certain contributions or independent expenditures of \$1,000 or more must be reported within 24 hours to the Registrar of Voters.
September 7, 2026 through October 20, 2026	Write-in candidate filing period. Write-in nomination papers must be filed by 5:00 p.m. on October 20, 2026.
September 24, 2026	Deadline to file the first pre-election campaign disclosure statement, covering July 1 through September 19, 2026.
October 22, 2026	Deadline to file the second pre-election campaign disclosure statement, covering September 20 through October 17, 2026.
November 3, 2026	Election Day. Vote Centers will be open from 7:00 a.m. to 8:00 p.m.

If any Board member has questions about whether their seat is up for election, whether they may run, or what steps they need to take, please do not hesitate to contact me.

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