



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

***REVISED AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS
THURSDAY, OCTOBER 22, 2026, 6:00 P.M.**

601 Heber Avenue, Calexico, CA. 92231

[Join Microsoft Teams](#)

Meeting ID: 238 138 977 028 544

Passcode: wK3Gz6Ke

~ CLOSED SESSION ~ 6:00 p.m.

a. HEARING (Health & Safety Code 32155, Gov. Code 54954.5)

Subject: Deliberation concerning medical staff privileges and credentialing, and report of the Medical Executive Committee involving medical audit and quality assurance matters.

b. PUBLIC EMPLOYMENT (Gov. Code 54957(b)(1))

Title: General Legal Counsel

c. CONFERENCE WITH LEGAL COUNSEL – Anticipated Litigation (Gov. Code 54956.9(d)(2))

- One Potential Matter

***d. CONFERENCE WITH LEGAL COUNSEL – Existing Litigation (Gov. Code 54956.9(d)(1))**

- Case name: Walla v. ECRMC

1. Call to Order ~ 6:30 or immediately following closed session

2. Roll Call

3. Pledge of Allegiance

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

5. Consider Approval of Agenda

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

6. Public Comments

At this time the Board will hear comments on any agenda item. If any person wishes to be heard, they shall stand; address the president, identify themselves,

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

7. Board Comments

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

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

8. Consent Calendar

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

- a. Approve minutes for meetings of October 8, 2026, and October 13, 2026.
- b. Approval and file PMH Expenses/Financial Report September 2026.

9. Items for Discussion and/or Board Action:

- a. Action Item: Policy and Procedure: Use of Force
- b. Action Item: Policy and Procedure: Physician Suspension for Non-completion of Medical Records
- c. Action Item: Policy and Procedure: Professional Practice Evaluation
- d. Action Item: Policy and Procedure: Pepper Gas Use by Security Officers
- e. Action Item: Policy and Procedure: Restraints, Use by Security

- f. Action Item: Policy and Procedure: Radiology Peer Review
- g. Action Item: Policy and Procedure: Fall Prevention Program
- h. Staff Recommends Action to Authorize: Authorization to approve Professional Service Agreement for Lwbba Grissell Chait Llamas, MD, Inc.
Presented by: Carly Zamora
Contract Value: approximately \$470,000 annually varies due to incentive
Contract Term: 3 years
Budgeted: Yes
Budgeted Classification: Professional Fees
- i. Staff Recommends Action to Authorize: Renew Service Agreement with Hologic
Presented by: Carly Zamora,
Contract Value: 3-Year agreement \$176,827.50
Annual Cost: \$58,942.50
Contract Term: December 21, 2026 - December 20, 2029 (3 years).
Budgeted: Yes
Budgeted Classification: Operation
- j. Staff Recommends Action to Authorize: Resolution No. 2026-1022, Resolution of the Imperial Valley Healthcare District Authorizing Execution and Delivery of the Second Amendment to Loan and Security Agreement for the Distressed Hospital Loan Program between California Health Facilities Financing Authority (CHFFA)/California Department of Health Care Access and Information (HCAI) and IVHD.
Presented by: Carly Zamora
Contract Value: Agreement shall modify loan payment date and provide a revised amortization schedule
Contract Term: (change to payment dates of loan and partial loan forgiveness)
Budgeted: No
Budgeted Classification: Liability
- k. Discussion and Possible Action to Approve Organizational Chart for Imperial Valley Healthcare District After Merger

10. Management Reports

- a. Finance: Lenin Valdes – Controller
- b. Hospital Operations: Carol Bojorquez, MSN, RN – Chief Nursing Officer
- c. Clinics Operation: Carly Zamora MSN, RN – Chief of Clinic Operations
- d. Executive: Pablo Velez – Chief Executive Officer
- e. Legal: Adriana Ochoa – General Legal Counsel

11. Items for Future Agenda

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

opportunities.

12. Adjournment

- a. The next regular meeting of the Board will be held on November 12, 2026, at 6:00 p.m. at Pioneers Memorial Hospital, 207 W. Legion Road, Brawley, Ca. 92227.

POSTING STATEMENT

A copy of the agenda was posted October 19, 2026, at 207 W. Legion Road, Brawley, Ca. 92227 at 5:30 p.m. and other locations throughout the IVHD pursuant to CA Government code 54957.5. Disclosable public records and writings related to an agenda item distributed to all or a majority of the Board, including such records and written distributed less than 72 hours prior to this meeting are available for public inspection at the District Administrative Office where the IVHD meeting will take place. The agenda package and material related to an agenda item submitted after the packets distribution to the Board is available for public review in the lobby of the office where the Board meeting will take place.

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



**MEETING MINUTES
OCTOBER 8, 2026
REGULAR BOARD MEETING**

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN REGULAR SESSION ON THE 8^H OF OCTOBER AT 207 W. LEGION ROAD, BRAWLEY, 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 Carly Zamora

Negotiating parties: Pablo Velez, ECRMC, City of El Centro

Under negotiation: Closing conditions related to Asset Transfer Agreement

b. CONFERENCE WITH LEGAL COUNSEL - Anticipated Litigation (Gov. Code 54956.9(d)(2))

- One Potential Matter

c. Hospital Quality Issues — Health & Safety Code § 32155

BOARD RECONVENED INTO OPEN SESSION AT 7:21 p.m.

No reportable action taken in closed session

1. TO CALL ORDER:

The regular meeting was called to order in open session at 7:21 p.m. by Director Burnworth.

2. ROLL CALL-DETERMINATION OF QUORUM:

President	Kathie Burnworth
Vice-President	Laura Goodsell
Secretary	Enola Berker
Trustee	Rodolfo Valdez
Trustee	Arturo Proctor

ABSENT:

James Garcia-Treasurer

Felipe Irigoyen-Trustee

GUESTS:

Adriana Ochoa – Legal/Snell & Wilmer

3. PLEDGE OF ALLEGIANCE WAS LED BY DIRECTOR BURNWORTH.

4. APPROVAL OF REQUEST FOR REMOTE APPEARANCE BY BOARD MEMBERS: None



5. CONSIDER APPROVAL OF AGENDA:

Motion was made by Director Berker and second by Director Goodsell to approve the agenda for October 8, 2026. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Berker, Valdez, Proctor

NOES: None

6. PUBLIC COMMENT TIME:

None

7. BOARD COMMENTS:

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

Director Goodsell attended the annual meeting and gave a thank you to the doctors and those who were present for their hard work.

- b. Schedule of upcoming Board meetings and events.

Adriana informed the board and community the upcoming events the district has coming up.

- i. Special Meeting of the Board of Directors Anticipated October 13, 2026 (Merger-Related) at ECRMC
- ii. PMH Foundation Annual Fall Gala October 15, 2026
- iii. ECRMC Foundation Denim & Diamonds Purse Bingo Fundraiser October 15, 2026 (this event was moved to February 4th, 2027)
- iv. ECRMC Joins IVHD: A Community Celebration October 19, 2026 9:00 a.m. at ECRMC

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

Adriana reported that the Ad-Hoc Committee continues to meet occasionally as necessary to finalize the logistics for the deal. They continue to expect and anticipate that the merger will close on October 15th. In which case they would bring back an action to this board to the October 22nd board meeting to terminate the Merger Strategic Planning Ad-Hoc Committee

- d. Finance Committee Update.

Carly recommended moving the finance meeting because it is an hour after the celebration ECRMC will be hosting.

The board will get back to when the finance meeting is moved to.

8. CONSENT CALENDAR:

Motion was made by Director Proctor and second by Director Berker to approve the Consent Calendar. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Berker, Valdez, Proctor



NOES: None

9. ACTION ITEMS:

- a. Staff Recommends Action to Authorize: Agreement with ETC Building & Design, Inc. for Material Testing and Condition Assessment
Presented by: Carly Zamora, Interim CEO
Contract Value: \$1,072,617.00

Contract Term: Refer to preliminary proposed schedule provided by ETC Building & Design. Preliminary proposed schedule will be further refined and coordinated with Imperial Valley Healthcare District, design consultants, and subcontractors during preconstruction prior to issuance of the baseline project schedule.

Budgeted: Required seismic upgrades

Motion was made by Director Proctor and second by Director Berker to approve the Agreement with ETC Building & Design, Inc. for Material Testing and Condition Assessment. Motion passed by the following wit:

AYES: Burnworth, Goodsell, Berker, Valdez, Proctor

NOES: None

- b. Staff Recommends Action to Authorize: Resolution No. 2026-1008, Resolution of the Imperial Valley Healthcare District Board of Directors Accepting the Transfer of El Centro Regional Medical Center and Authorizing Actions to Complete the Transaction
Presented by: Adriana Ochoa, Legal Counsel

Motion was made by Director Goodsell and second by Director Berker to approve the Resolution No. 2026-1008, Resolution of the Imperial Valley Healthcare District Board of Directors Accepting the Transfer of El Centro Regional Medical Center and Authorizing Actions to Complete the Transaction. Motion passed by the following wit:

AYES: Burnworth, Goodsell, Berker, Valdez, Proctor

NOES: None

- c. Discussion and Possible Action to Approve Organizational Chart for Imperial Valley Healthcare District After Merger

This item was tabled for the October 22nd meeting.

10. MANAGEMENT REPORTS:

- a. Finance: Lenin Valdez - Controller

Lenin reported regarding the merger it is too early to project the exact numbers. They need to close by September 30th.

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



None

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

None.

- d. Executive: Carol Zamora – Interim Chief Executive Officer

Carly reported that Heffernan we are ready to have the 1st board meeting on the 22nd. However today she was notified that we have visitors back that were sleeping in the back and broke the fence. They are fixing the fence, and we do have security rounding.

Carly also reported that she had talked a lot about over the last couple of months the hard work that went into the grants that they did over the summertime. The week of the 30th out of 6 of the grants they received 4 of the grants so a little over \$10 million.

Pablo commended the staff because not only are they going through merger and getting all the paperwork done and in addition to those 5 or 6 grants and writing and validating information and pulling out the information and several meetings that they had. It was a lot of work, and it was great that it all paid off.

- e. Legal: Adriana Ochoa – General Counsel

Adriana reported that her associate Chad is at ACHD. He told her that he went to a good session on Governance and he will be coming back with notes. She will be sending an email that will summarize all the good information he got.

11. ITEMS FOR FUTURE AGENDA:

None

- 12. ADJOURNMENT:** With no future business to discuss, Motion was made unanimously to adjourn meeting at 7:56 p.m.



**MEETING MINUTES
OCTOBER 13, 2026
SPECIAL BOARD MEETING**

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN SPECIAL SESSION ON THE 13TH OF OCTOBER AT 1271 ROSS AVENUE, 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 6:02 p.m. by Director Burnworth.

2. ROLL CALL-DETERMINATION OF QUORUM:

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

ABSENT:

James Garcia-Treasurer

GUESTS:

Adriana Ochoa – Legal/Snell & Wilmer

3. PLEDGE OF ALLEGIANCE WAS LED BY DIRECTOR BURNWORTH.

4. APPROVAL OF REQUEST FOR REMOTE APPEARANCE BY BOARD MEMBERS:

None

5. CONSIDER APPROVAL OF AGENDA:

Motion was made by Director Irigoyen and second by Director Berker to approve the agenda for October 13, 2026. Motion passed by the following vote wit:

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

NOES: None

6. PUBLIC COMMENT TIME:

None

7. ITEMS FOR DISCUSSION AND/OR BOARD ACTION:

- a. Staff Recommends Action to Approve: Resolution No. 2026-1013, A Resolution of the Imperial Valley Healthcare District Board of Directors Approving the Amended and Restated Installment Purchase Agreement by and among El Centro Financing Authority and Imperial Valley Healthcare District; Continuing a Lien Upon Gross Revenues for the Payment of such Installment Purchase Agreement; Approving a Deed of Trust, an Amended and Restated Security Agreement and Other Related Documents as Described



Herein, Authorizing the Execution and Delivery of Other Instruments, Documents or Agreements Appropriate to the Foregoing and Related Matters; and Waiving Certain Conditions Precedent to Closing Pursuant to the Asset Transfer Agreement.

Motion was made by Director Irigoyen and second by Director Proctor to approve the Consent Calendar. Motion passed by the following vote wit:

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

NOES: None

8. DISCUSSION REGARDING STATUS OF EL CENTRO MERGER

Adriana went over on the high levels overview of the flow. Tomorrow, they have a 1PM preclosing call with the bondholders and the legal person to go over all of the closing day actions and ensure that everything is being met. At 2pm they have a deal team call with all of the deal team lawyers to go over the corporate side to make sure all the transactional documents are complete and signed and everyone has original copies or signatures. Thursday is the day we pay off the PMH bonds. Tomorrow they will present Preston Hollow with the financials, and it will be the financials presumably today and then Thursday morning they will get updated financials for maybe like a 24 hour truer. At 9 is when they are going to give that to Preston Hollow on Thursday and at 10 o'clock they are going to go through a closing call for the whole transaction. Pre-closing tomorrow all of the closing docs, fully complied with signature pages, are unloaded to a data room. Each party and their attorneys confirm that the docs are acceptable and in final form and everyone confirms wire instructions and funds flow. Thursday the closing sequence is IVHD sends its closing wires. We have to pay Preston Hollow \$200k. We have to pay Chicago Title for the title insurance and that is a little under \$300k and we have to wire funds from Wells Fargo to Mechanics Banks to satisfy some fund obligations. Then we deliver the financials to Preston Hollow and then we have a combined bond and ATA closing call and that will occur in a single call so that everyone is very clear about asset transfer so when to release signatures and when to release doc and the order of wire. Everyone's confirming when they receive wires. Hooper Lundy following the call on Thursday will deliver and execute bill of sales to the pharmacy board and start processing post-closing regulatory items, some stuff you can't do until closing. The City of El Centro will deliver its wire to us for 6.5 million. That us actually above and one of the first steps. Everybody confirms receipt of wires, and then we circulate a closing confirmation via email when the wires are all confirmed.

Once Adriana gets final confirmation that we have officially closed from all properties she will send an email out to the board.

9. ADJOURNMENT: With no future business to discuss, Motion was made unanimously to adjourn meeting at 6:24 p.m.



To: Board of Directors

Katherine Burnworth, President

Laura Goodsell, Vice President

Enola Berker, Secretary

James Garcia, Treasurer

Arturo Proctor, Trustee

Rodolfo Valdez, Trustee

Felipe Irigoyen, Trustee

Additional Distribution:

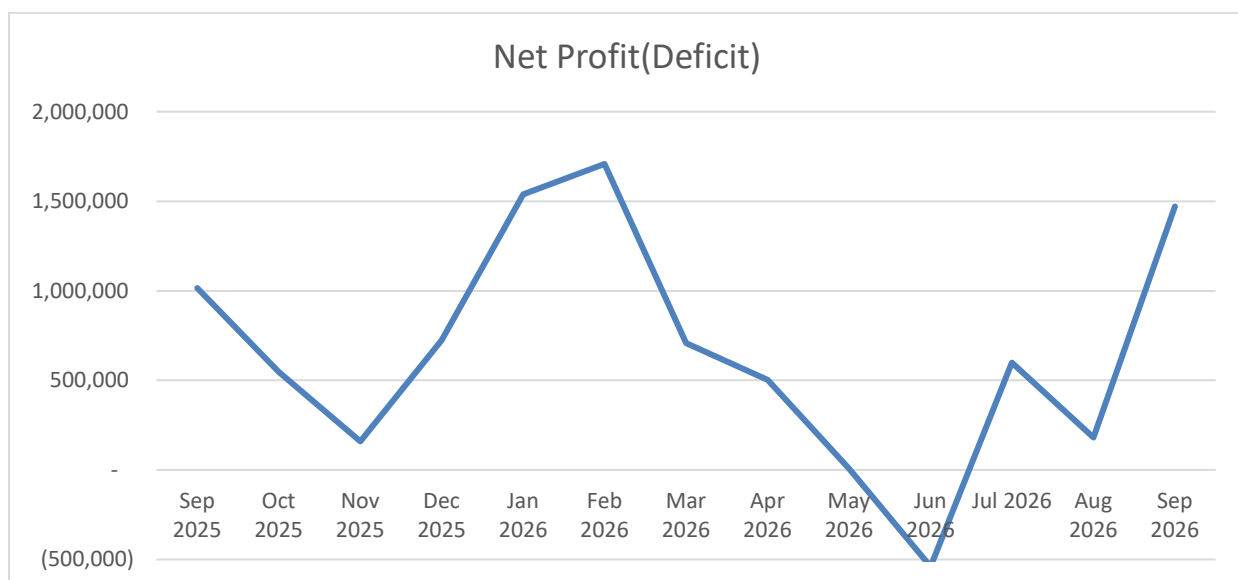
Carly Zamora, Interim Chief Executive Officer

From: Carly Loper, Chief Financial Officer

Financial Report – September 2026

Overview:

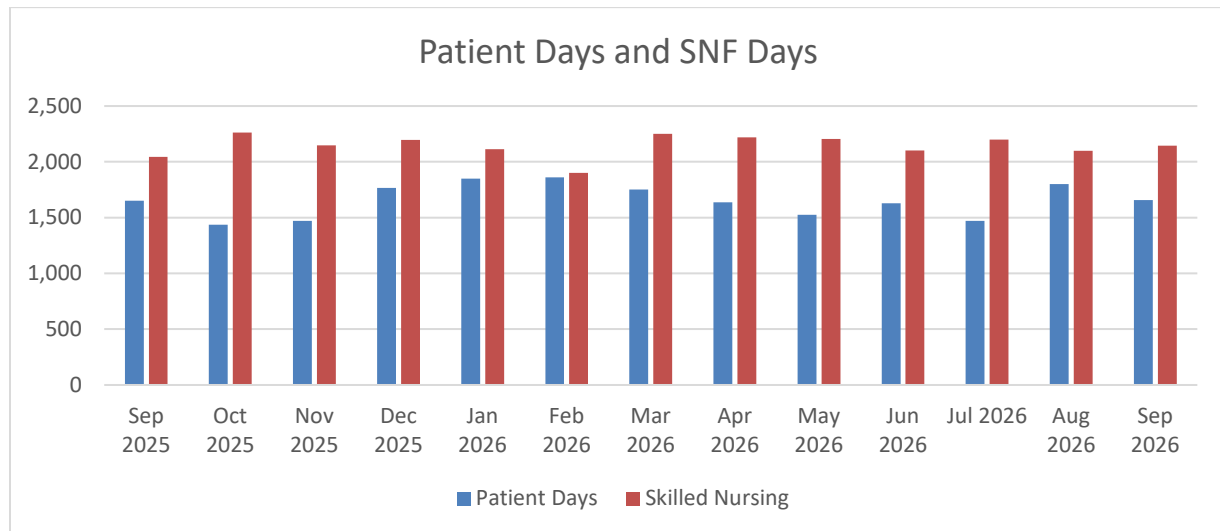
Financial operations for the month of September resulted in a profit of \$1,470,156 against a budgeted profit of \$1,317,876.



Patient Volumes:

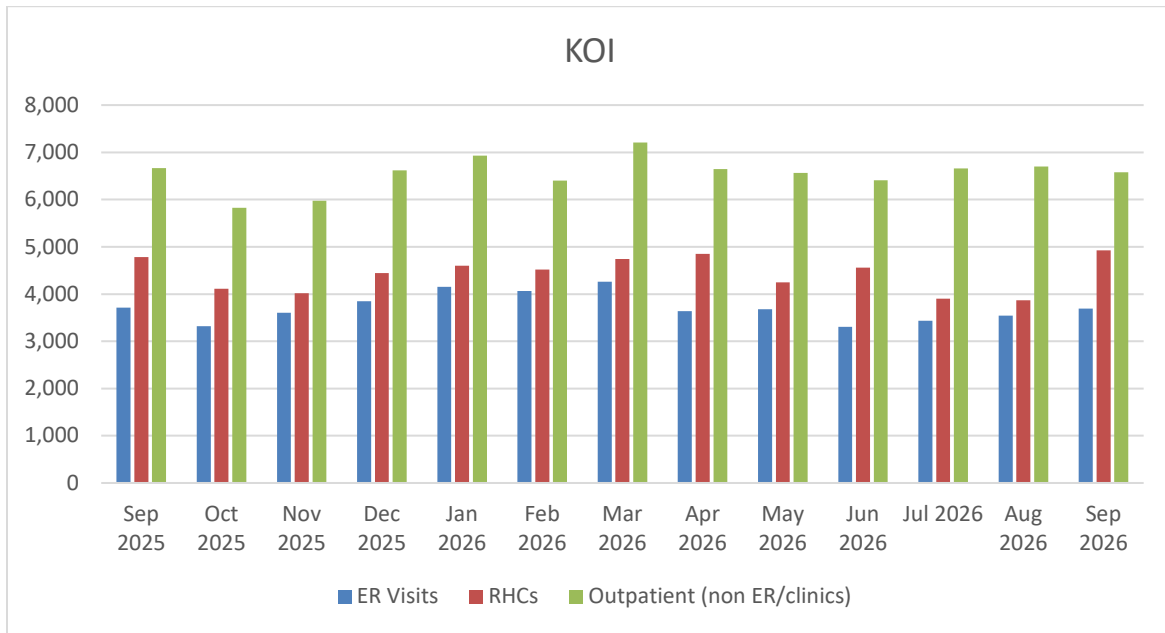
In September, inpatient days surpassed budget by 6.2% but fell below the prior month volumes by (2.2%). For the year-to-date period, inpatient days exceeded budget by 1.2% and exceeded the prior year volumes by 5.0%.

September inpatient days for Pioneers Memorial Skilled Nursing Center (PMSNC) were 2,145 compared to 2,100 inpatient days in August. PMSNC had an average daily census (ADC) of 71.5 for the month of September.



For the month of September, Deliveries were exact same volumes as prior month with 171 deliveries. September Deliveries exceeded the monthly budget by 74.5%. Emergency Room visits exceeded the prior month volumes by 4.2% but fell below the monthly budget by (1.0%). Surgeries for the month of September fell below the prior month surgery volumes by (20.9%) but exceeded the monthly budget by about 1.0%. Pioneers Children's Health Center, Calexico Health Center and Pioneers Health Center visits/volumes for September exceeded the prior month visits/volumes while Outpatient (non-ER) visits/volumes for September fell below the prior month visits/volumes. Fiscal year-to-date visits/volumes for Pioneers Children Health Center and Outpatient (non-ER) exceeded prior year visits/volumes while Pioneers Health Center fell below prior year results. Calexico Health Center visits remained the same as prior year. For actual compared to budget fiscal year-to-date visits, Pioneers Health Center and Outpatient (non-ER) fell below budget while Pioneers Children's Health Center and Calexico Health Center exceeded budget. See Exhibit A (Key Volume Stats – Trend Analysis) for additional detail.

	Current Period			Year To Date		
	Act.	Bud	Prior Yr.	Act.	Bud	Prior Yr.
Deliveries	171	98	153	486	294	471
E/R Visits	3,695	3,734	3,710	10,672	11,202	10,353
Surgeries	242	240	236	826	720	755
GI Scopes	58	35	180	545	105	426
Calexico RHC	1,123	982	1,002	3,087	2,946	3,087
Pioneer Health	2,684	2,503	2,630	7,451	7,509	7,823



Gross Patient Revenues:

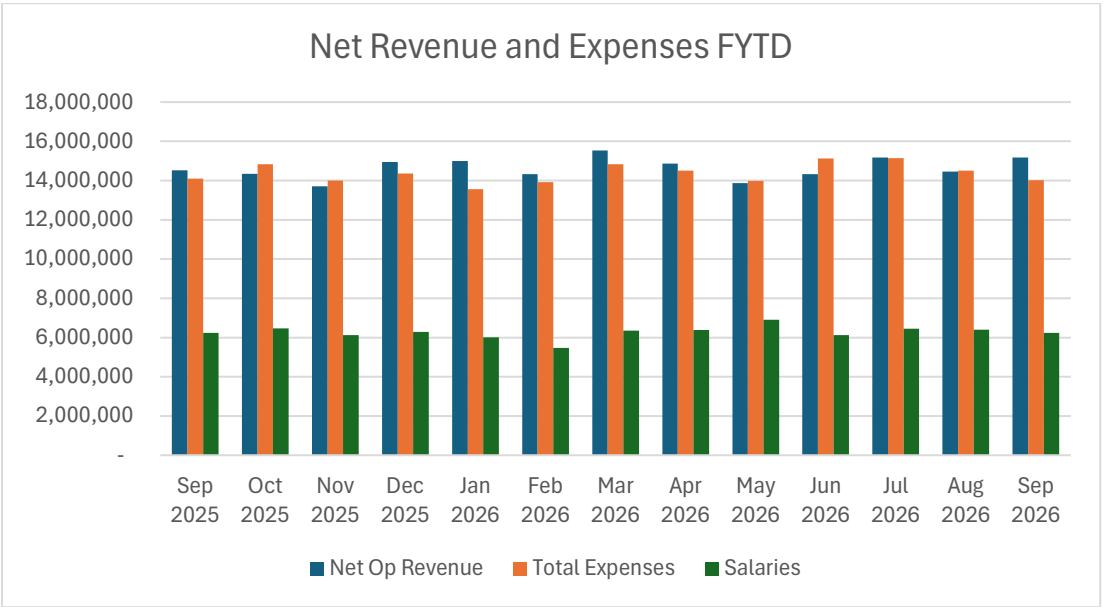
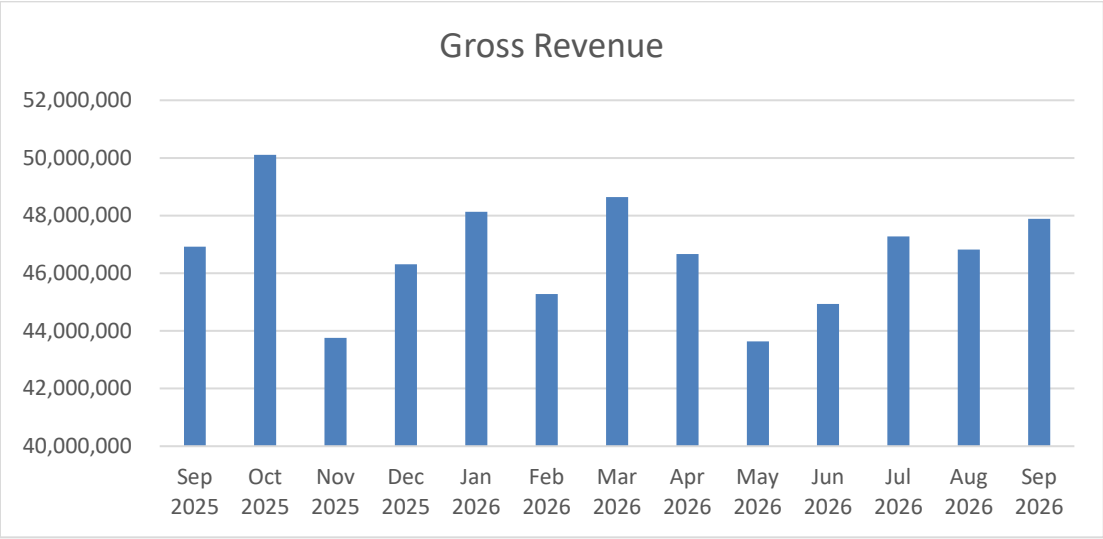
In September, gross revenues exceeded budget by \$975,173 or 2.1% and exceeded the prior month's revenues by \$1,063,415 or 2.3%. September's daily revenues were \$1,596,341 per day, which exceeded August's daily revenues at \$1,510,543 per day.

	Monthly Gross Revenue	Daily Gross Revenue
August	\$46,826,826	\$1,510,543
September	\$47,890,241	\$1,596,341

Operating Expenses:

In total, September operating expenses were under budget \$848,697 or 5.7%. September's daily expenses were \$467,246 per day, which was lower than August's monthly expenses at \$468,061 per day. Total staffing expenses for September were under budget by 0.4% while Benefits expenses were over budget by (33.1%). Total expenses for September fell below the prior month expenses by \$492,526 or 3.4%.

	Monthly Expenses	Daily Expenses
August	\$14,509,904	\$468,061
September	\$14,017,376	\$467,246

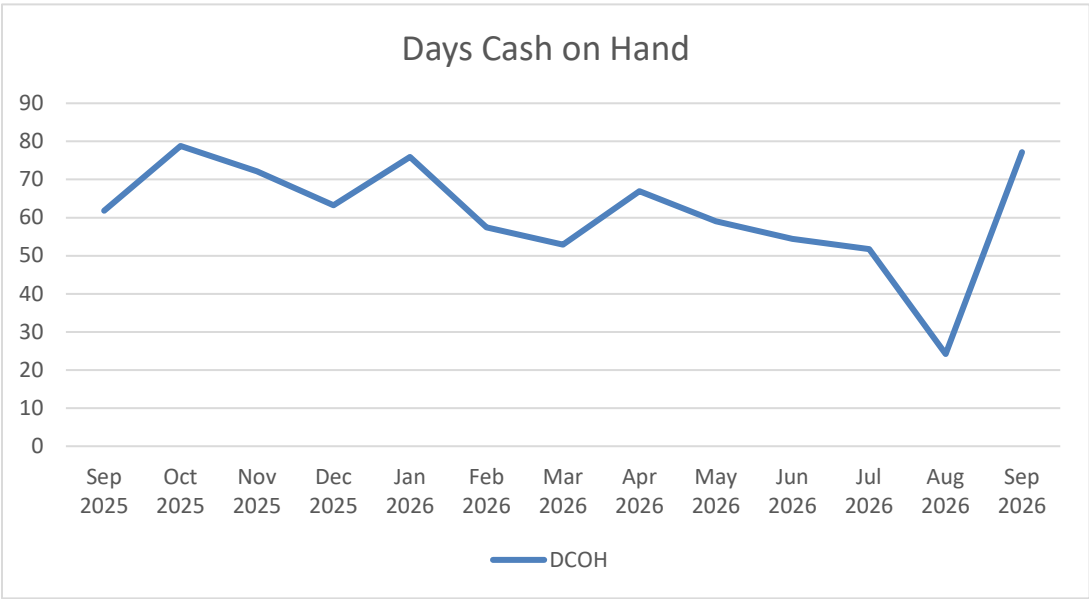


Bond Covenants:

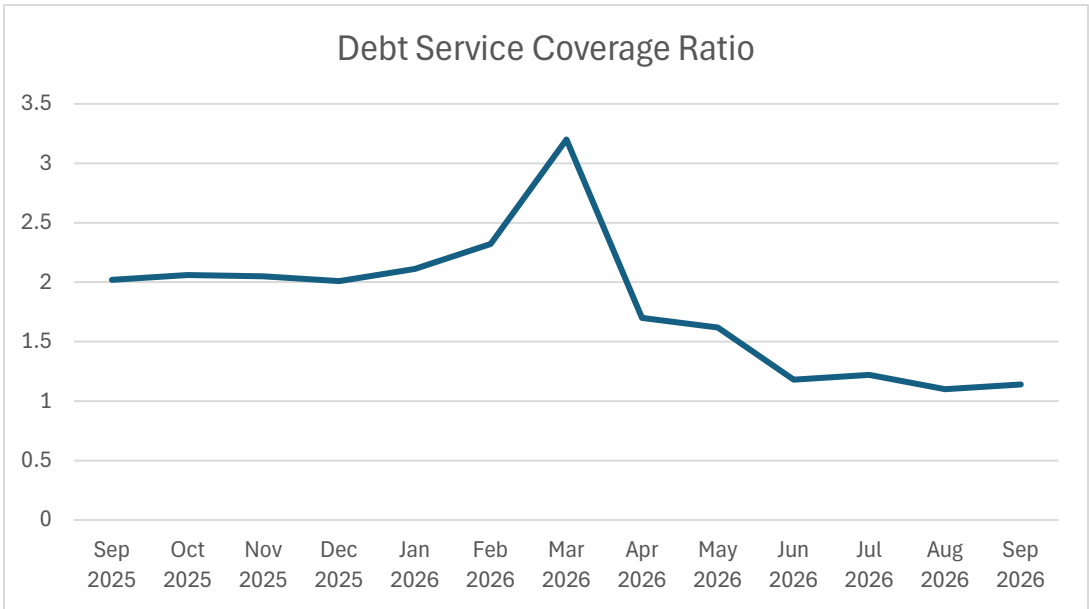
As part of the Series 2017 Bond issue, the District is required to maintain certain covenants or “promises” to maintain liquidity (days cash on hand of 50 days) and profitability (debt service coverage ratio of 1.20). A violation of either will allow the Bond Trustee (U.S. Bank) authorization to take certain steps to protect the interest of the individual Bond Holders.

The District’s days cash on hand increased from the prior month with the following results:

end of August 2026: 24.2 days cash on hand
end of September 2026: 77.2 days cash on hand

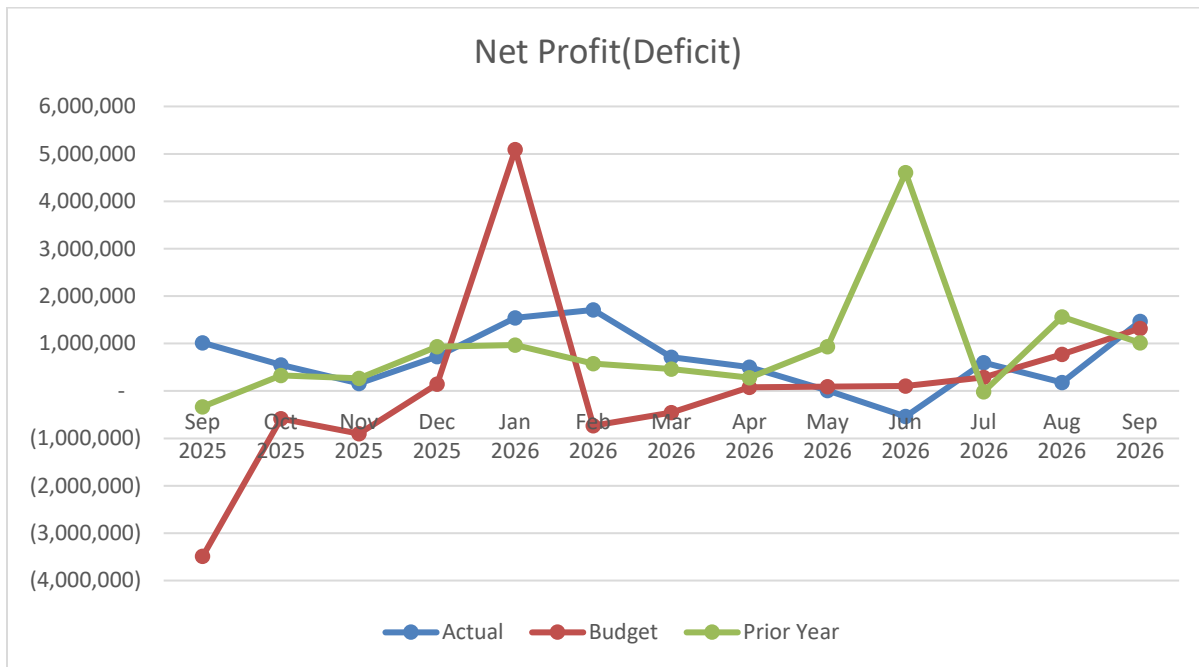


The District’s debt service coverage ratio for August 2026 was 1.10 while the debt service coverage ratio for September 2026 was 1.14.



Net Excess/(Deficit):

Fiscal year-to-date, District operations have resulted in a profit of \$2,249,689 against a budgeted profit of \$2,379,271, which is below the prior year-to-date profit of \$2,559,240.



END OF REPORT

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

FOR THE PERIOD ENDING SEPTEMBER 30, 2026

LAST MONTH ACTUAL AUGUST	LAST YEAR ACTUAL SEPTEMBER	THIS MONTH ACTUAL SEPTEMBER	THIS MONTH BUDGET SEPTEMBER	% VAR		FYTD ACTUAL SEPTEMBER	FYTD BUDGET SEPTEMBER	% VAR	FYTD PRIOR YEAR SEPTEMBER	% VAR
5,158	4,407	5,296	4,425	19.69%	ADJ PATIENT DAYS	14,874	13,589	9.46%	13,095	13.59%
1,801	1,651	1,761	1,658	6.21%	INPATIENT DAYS	5,033	4,974	1.19%	4,793	5.01%
572	518	510	533	-4.32%	IP ADMISSIONS	1,624	1,599	1.56%	1,573	3.24%
58	55	59	55	6.21%	IP AVERAGE DAILY CENSUS	55	54	1.19%	52	5.01%
					GROSS PATIENT REVENUES					
16,350,665	17,579,003	15,923,204	17,579,002	-9.42%	INPATIENT REVENUE	48,049,713	49,793,892	-3.50%	49,793,893	-3.50%
30,476,161	29,339,945	31,967,037	29,336,066	8.97%	OUTPATIENT REVENUE	93,949,805	86,242,395	8.94%	86,246,274	8.93%
46,826,826	46,918,948	47,890,241	46,915,068	2.08%	TOTAL PATIENT REVENUES	141,999,519	136,036,287	4.38%	136,040,167	4.38%
					REVENUE DEDUCTIONS					
13,396,140	13,253,122	14,089,217	13,178,121	-6.91%	MEDICARE CONTRACTUAL	41,877,686	39,385,158	-6.33%	36,531,702	-14.63%
13,333,522	13,701,424	13,958,970	13,646,246	-2.29%	MEDICAL CONTRACTUAL	39,596,181	38,272,265	-3.46%	40,372,507	1.92%
-2,199,070	-1,574,256	-2,199,070	-2,050,000	-7.27%	SUPPLEMENTAL PAYMENTS	-5,824,655	-6,825,458	14.66%	-4,378,717	-33.02%
0	0	0	0	100.00%	PRIOR YEAR RECOVERIES	0	0	100.00%	0	
6,514,778	5,605,549	6,946,760	6,730,769	-3.21%	OTHER DEDUCTIONS	19,834,790	18,459,688	-7.45%	17,949,545	-10.50%
201,130	1,375,831	381,660	360,820	0.00%	CHARITY WRITE OFFS	582,790	367,560	-58.56%	1,384,964	57.92%
1,497,474	38,784	62,251	558,852	88.86%	BAD DEBT PROVISION	2,550,797	2,534,858	-0.63%	2,004,369	-27.26%
-4,167	-4,167	-4,167	-3,939	0.00%	INDIGENT CARE WRITE OFFS	-12,501	-8,464	-47.70%	-8,334	50.00%
32,739,806	32,396,287	33,235,622	31,420,869	-5.78%	TOTAL REVENUE DEDUCTIONS	98,605,088	91,185,607	-8.14%	93,856,036	-5.06%
14,087,020	14,522,661	14,654,619	15,494,200	-5.42%	NET PATIENT REVENUES	43,394,430	44,850,680	-3.25%	42,184,131	-2.87%
69.9%	69.0%	69.4%	67.0%			69.4%	67.0%		69.0%	
0	0	0	4,167		OTHER OPERATING REVENUE	0	12,501		0	#DIV/0!
375,224	457,484	515,744	459,597	12.22%	GRANT REVENUES					
375,224	457,484	515,744	463,764	11.21%	OTHER	1,406,277	1,378,791	1.99%	1,221,049	15.17%
					TOTAL OTHER REVENUE	1,406,277	1,391,292	1.08%	1,221,049	15.17%
14,462,244	14,980,145	15,170,363	15,957,964	-4.94%	TOTAL OPERATING REVENUE	44,800,707	46,241,972	-3.12%	43,405,180	3.22%
					OPERATING EXPENSES					
6,397,383	6,240,870	6,236,045	6,665,371	6.44%	SALARIES AND WAGES	19,084,561	19,893,416	4.07%	18,653,370	-2.31%
2,077,922	1,241,463	1,769,468	1,329,684	-33.07%	BENEFITS	5,776,401	4,298,055	-34.40%	4,024,393	-43.53%
210,655	157,463	72,943	112,544	35.19%	REGISTRY & CONTRACT	377,337	328,640	-14.82%	463,617	18.61%
8,685,959	7,639,796	8,078,456	8,107,599	0.36%	TOTAL STAFFING EXPENSE	25,238,298	24,520,111	-2.93%	23,141,380	-9.06%
1,877,993	1,691,793	1,273,624	1,735,813	26.63%	PROFESSIONAL FEES	4,770,789	5,117,770	6.78%	4,987,033	4.34%
1,148,872	1,562,601	1,725,902	1,614,971	-6.87%	SUPPLIES	4,592,976	4,987,432	7.91%	4,829,628	4.90%
577,526	693,069	478,391	719,497	33.51%	PURCHASED SERVICES	1,665,597	2,048,683	18.70%	1,974,737	15.65%
484,503	666,485	615,905	690,883	10.85%	REPAIR & MAINTENANCE	1,755,758	2,070,258	15.19%	1,997,126	12.09%
382,604	309,556	382,604	365,937	-4.55%	DEPRECIATION & AMORT	1,147,812	1,117,171	-2.74%	928,678	-23.60%
261,938	292,266	239,758	318,745	24.78%	INSURANCE	784,132	903,185	13.18%	825,043	4.96%
228,155	253,042	237,479	259,368	8.44%	HOSPITALIST PROGRAM	715,112	812,774	12.02%	792,949	9.82%
862,353	989,919	985,257	1,053,260	6.46%	OTHER	2,999,730	2,963,273	-1.23%	2,778,057	-7.98%
14,509,902	14,098,527	14,017,376	14,866,073	5.71%	TOTAL OPERATING EXPENSES	43,670,205	44,540,656	1.95%	42,254,632	-3.35%
-47,659	881,618	1,152,987	1,091,890	-5.60%	TOTAL OPERATING MARGIN	1,130,502	1,701,316	-33.55%	1,150,548	1.74%
					NON OPER REVENUE(EXPENSE)					
42,075	68,041	131,079	50,178	161.23%	OTHER NON-OP REV (EXP)	429,152	150,534	185.09%	-869,219	-149.37%
	0	0	0	0.00%	FEMA FUNDS	0	0	100.00%	2,078,448	0.00%
235,838	117,632	235,838	225,987	4.36%	DISTRICT TAX REVENUES	840,676	677,961	24.00%	352,896	138.22%
-49,748	-51,144	-49,748	-50,180	0.86%	INTEREST EXPENSE	-150,640	-150,540	-0.07%	-153,432	1.82%
228,165	134,529	317,169	225,985	40.35%	TOTAL NON-OP REV (EXPENSE)	1,119,187	677,955	65.08%	1,408,693	-20.55%
180,506	1,016,147	1,470,156	1,317,876	-11.55%	NET EXCESS / (DEFICIT)	2,249,689	2,379,271	5.45%	2,559,240	12.10%
1,320.29	954.26	858.58	875.67	1.95%	TOTAL PAID FTE'S (Inc Reg & Cont.)	1,016.94	1,011.78	-0.51%	1,143.09	11.04%
1,181.83	853.38	763.43	756.21	-0.95%	TOTAL WORKED FTE'S	904.65	961.16	5.88%	1,015.17	10.89%
11.59	16.53	4.02	11.77	65.87%	TOTAL CONTRACT FTE'S	7.01	11.21	37.49%	17.54	60.04%

IMPERIAL VALLEY HEALTHCARE DISTRICT
BALANCE SHEET AS OF SEP 30, 2026

	<u>AUG 2026</u>	<u>SEP 2026</u>	<u>SEP 2025</u>
ASSETS			
CURRENT ASSETS			
CASH	-\$3,410,818	\$23,771,799	\$25,515,876
CASH - PEER ACCT	\$0	\$0	\$0
CASH - NORIDIAN AAP FUNDS	\$0	\$0	\$0
CASH - 3RD PRTY REPAYMENTS	\$11,792,277	\$11,792,277	\$2,618,646
CDs - LAIF & CVB	\$72,198	\$72,198	\$66,244
ACCOUNTS RECEIVABLE - PATIENTS	\$94,930,503	\$93,623,680	\$108,464,270
LESS: ALLOWANCE FOR BAD DEBTS	-\$5,693,647	-\$5,613,608	-\$1,789,631
LESS: ALLOWANCE FOR CONTRACTUALS	-\$50,060,128	-\$50,190,412	-\$74,184,800
NET ACCTS RECEIVABLE	\$39,176,728	\$37,819,660	\$32,489,839
	41.27%	40.40%	29.95%
ACCOUNTS RECEIVABLE - OTHER	\$94,006,919	\$68,875,727	\$37,312,370
COST REPORT RECEIVABLES	\$1,312,040	\$1,312,040	\$59,499
INVENTORIES - SUPPLIES	\$2,682,052	\$2,684,603	\$3,238,935
PREPAID EXPENSES	\$2,635,476	\$2,490,591	\$2,340,271
TOTAL CURRENT ASSETS	\$148,266,872	\$148,818,894	\$103,641,680
OTHER ASSETS			
PROJECT FUND 2017 BONDS	\$584,082	\$665,399	\$702,794
BOND RESERVE FUND 2017 BONDS	\$968,421	\$968,421	\$968,373
LIMITED USE ASSETS	\$5,527	\$9,254	\$8,129
NORIDIAN AAP FUNDS	\$0		\$0
GASB87 LEASES	\$57,780,122	\$57,780,122	\$60,529,359
OTHER ASSETS PROPERTY TAX PROCEEDS	\$269,688	\$269,688	\$269,688
OTHER INVESTMENTS	\$420,000	\$420,000	\$420,000
UNAMORTIZED BOND ISSUE COSTS			
TOTAL OTHER ASSETS	\$60,027,841	\$60,112,884	\$62,898,343
PROPERTY, PLANT AND EQUIPMENT			
LAND	\$6,883,276	\$6,883,276	\$6,883,276
BUILDINGS & IMPROVEMENTS	\$63,870,530	\$63,870,530	\$63,870,530
EQUIPMENT	\$69,671,918	\$69,677,354	\$67,824,247
CONSTRUCTION IN PROGRESS	\$6,987,450	\$7,009,029	\$5,971,233
LESS: ACCUMULATED DEPRECIATION	-\$108,296,377	-\$108,678,981	-\$104,479,206
NET PROPERTY, PLANT, AND EQUIPMENT	\$39,116,796	\$38,761,208	\$40,070,080
TOTAL ASSETS	\$247,411,508	\$247,692,986	\$206,610,103

IMPERIAL VALLEY HEALTHCARE DISTRICT
BALANCE SHEET AS OF SEP 30, 2026

	<u>AUG 2026</u>	<u>SEP 2026</u>	<u>SEP 2025</u>
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$16,398,007	\$6,034,261	\$3,522,315
ACCOUNTS PAYABLE - ACCRUALS	\$16,834,258	\$27,849,144	\$9,707,018
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$7,337,834	\$5,637,056	\$6,328,638
COST REPORT PAYABLES & RESERVES	\$11,792,277	\$11,792,277	\$2,618,646
NORIDIAN AAP FUNDS	\$0		\$0
CURR PORTION- GO BONDS PAYABLE	\$0		\$0
CURR PORTION- 2017 REVENUE BONDS PAYABLE	\$355,000	\$355,000	\$335,000
INTEREST PAYABLE- GO BONDS	\$1,917	\$1,917	\$1,917
INTEREST PAYABLE- 2017 REVENUE BONDS	\$260,061	\$311,794	\$321,254
OTHER - TAX ADVANCE IMPERIAL COUNTY	\$0		\$0
DEFERRED HHS CARES RELIEF FUNDS	\$0		\$0
CURR PORTION- LEASE LIABILITIES(GASB 87)	\$4,202,544	\$4,202,544	\$4,071,774
SKILLED NURSING OVER COLLECTIONS	\$4,653,757	\$4,863,485	\$3,096,878
CURR PORTION- SKILLED NURSING CTR ADVANCE	\$0		\$0
CURRENT PORTION OF LONG-TERM DEBT	\$6,222,222	\$6,222,222	\$1,037,037
TOTAL CURRENT LIABILITIES	\$68,057,877	\$67,269,701	\$31,040,477
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	\$517,927	\$637,927	\$658,000
NOTES PAYABLE - EQUIPMENT PURCHASES	\$0	\$0	\$0
LOANS PAYABLE - DISTRESSED HOSP. LOAN	\$19,703,704	\$19,185,185	\$26,962,963
LOANS PAYABLE - CHFFA NDPH	\$0	\$0	\$0
BONDS PAYABLE G.O BONDS	\$0	\$0	\$0
BONDS PAYABLE 2017 SERIES	\$13,746,239	\$13,744,254	\$14,123,077
LONG TERM LEASE LIABILITIES (GASB 87)	\$55,752,368	\$55,752,368	\$58,207,090
DEFERRED REVENUE -CHW	\$0	\$0	\$0
DEFERRED PROPERTY TAX REVENUE	\$275,438	\$275,438	\$275,438
TOTAL LONG TERM DEBT	\$89,995,676	\$89,595,173	\$100,226,568
FUND BALANCE AND DONATED CAPITAL	\$88,578,427	\$88,578,427	\$72,783,818
NET SURPLUS (DEFICIT) CURRENT YEAR	\$779,528	\$2,249,686	\$2,559,240
TOTAL FUND BALANCE	\$89,357,956	\$90,828,113	\$75,343,058
TOTAL LIABILITIES AND FUND BALANCE	\$247,411,509	\$247,692,987	\$206,610,103

IMPERIAL VALLEY HEALTHCARE DISTRICT

STATEMENT OF REVENUE AND EXPENSE - 12 Month Trend

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	
ADJ PATIENT DAYS	3,843	3,835	4,616	5,099	5,048	5,454	4,636	4,369	4,640	4,409	5,158	5,296	56,283
INPATIENT DAYS	1,435	1,472	1,766	1,849	1,862	1,862	1,638	1,526	1,629	1,471	1,801	1,761	20,072
IP ADMISSIONS	486	519	591	544	535	535	515	520	529	542	572	510	6,398
IP AVERAGE DAILY CENSUS	48	49	57	60	67	60	55	49	54	47	58	59	663
GROSS PATIENT REVENUES													
INPATIENT REVENUE	18,708,455	16,577,828	17,717,202	17,454,567	16,698,885	16,606,443	16,486,563	15,238,537	15,775,768	15,775,844	16,350,665	15,923,204	199,313,961
OUTPATIENT ANCILLARY	31,397,710	26,610,818	28,589,731	30,681,714	28,576,645	32,033,045	30,178,511	28,392,880	29,158,218	31,506,607	30,476,161	31,967,037	359,569,078
TOTAL PATIENT REVENUES	50,106,165	43,188,646	46,306,933	48,136,281	45,275,530	48,639,488	46,665,074	43,631,417	44,933,986	47,282,451	46,826,826	47,890,241	558,883,039
REVENUE DEDUCTIONS													
MEDICARE CONTRACTUAL	12,400,237	12,107,072	10,865,907	11,459,208	12,701,740	11,687,747	7,149,074	7,799,105	12,243,716	14,392,329	13,396,140	14,089,217	140,291,492
MEDICAL CONTRACTUAL	15,868,842	14,854,153	13,155,413	14,173,721	12,526,206	16,654,605	17,052,338	14,317,309	13,257,621	12,303,689	13,333,522	13,958,970	171,456,390
SUPPLEMENTAL PAYMENTS	-1,573,242	-3,053,795	-1,558,849	-1,559,145	-1,558,849	-1,836,204	-1,558,849	-1,558,849	-1,426,515	-1,426,515	-2,199,070	-2,199,070	-21,508,952
PRIOR YEAR RECOVERIES	-243,579	0	0	0	0	0	0	0	0	0	0	0	-243,579
OTHER DEDUCTIONS	7,821,997	4,893,665	9,044,769	8,483,492	6,762,298	5,856,425	9,739,746	7,167,290	5,799,416	6,373,252	6,514,778	6,946,760	85,403,889
CHARITY WRITE OFFS	390,992	0	0	0	0	0	0	0	0	0	201,130	381,660	973,782
BAD DEBT PROVISION	1,106,077	1,006,077	500,000	939,836	833,587	1,188,218	67,307	2,374,208	1,127,886	991,072	1,497,474	62,251	11,693,993
INDIGENT CARE WRITE OFFS	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-4,167	-50,003
TOTAL REVENUE DEDUCTIONS	35,767,157	29,803,005	32,003,073	33,492,945	31,260,815	33,546,625	32,445,449	30,094,897	30,997,957	32,629,660	32,739,806	33,235,622	388,017,011
NET PATIENT REVENUES	14,339,008	13,385,641	14,303,860	14,643,336	14,014,715	15,092,863	14,219,625	13,536,520	13,936,029	14,652,791	14,087,020	14,654,619	170,866,028
	71.38%	69.01%	69.11%	69.58%	69.05%	68.97%	69.53%	68.98%	68.99%	69.01%	69.92%	69.40%	69.43%
OTHER OPERATING REVENUE													
GRANT REVENUES	0	0	0	0	0	0	0	0	0	0	0	515,744	515,744
OTHER	887,444	322,016	642,090	343,826	315,660	438,451	652,244	332,393	393,777	515,309	375,224	0	5,218,434
TOTAL OTHER REVENUE	887,444	322,016	642,090	343,826	315,660	438,451	652,244	332,393	393,777	515,309	375,224	515,744	5,734,178
TOTAL OPERATING REVENUE	15,226,452	13,707,657	14,945,950	14,987,162	14,330,375	15,531,314	14,871,869	13,868,914	14,329,806	15,168,100	14,462,244	15,170,363	176,600,206
OPERATING EXPENSES													
SALARIES AND WAGES	6,463,090	6,119,637	6,289,771	6,000,604	5,464,696	6,355,786	6,387,757	6,897,151	6,121,322	6,451,133	6,397,383	6,236,045	75,184,375
BENEFITS	1,598,931	1,838,087	1,727,228	1,494,165	1,678,127	2,315,581	2,248,047	1,427,406	1,742,272	1,929,011	2,077,922	1,769,468	21,846,244
REGISTRY & CONTRACT	183,055	183,990	184,189	205,392	232,175	170,968	137,443	117,438	57,901	93,739	210,655	72,943	1,849,888
TOTAL STAFFING EXPENSE	8,245,076	8,141,714	8,201,188	7,700,161	7,374,998	8,842,335	8,773,246	8,441,995	7,921,495	8,473,883	8,685,960	8,078,456	98,880,507
PROFESSIONAL FEES	1,474,067	1,353,338	1,713,260	1,665,655	1,722,820	1,453,400	1,545,708	1,315,079	1,931,851	1,619,173	1,877,993	1,273,624	18,945,969
SUPPLIES	1,893,608	1,529,212	1,620,743	1,452,740	1,942,921	1,702,698	1,597,725	1,148,855	1,992,723	1,718,203	1,148,872	1,725,902	19,474,202
PURCHASED SERVICES	730,849	728,043	675,807	644,794	593,279	557,492	572,716	584,447	421,919	609,680	577,526	478,391	7,174,942
REPAIR & MAINTENANCE	471,500	603,894	674,653	655,292	621,776	520,643	628,824	685,137	675,627	655,351	484,503	615,905	7,293,105
DEPRECIATION & AMORT	309,556	309,555	309,555	371,466	371,466	371,466	371,466	371,466	481,811	382,604	382,604	382,604	4,415,619
INSURANCE	273,371	326,217	223,636	207,264	227,964	217,145	227,251	221,936	221,937	282,436	261,938	239,758	2,930,853
HOSPITALIST PROGRAM	256,382	164,853	0	253,111	222,178	262,387	228,320	231,102	252,766	249,478	228,155	237,479	2,586,211
OTHER	1,170,707	849,319	948,025	616,764	840,324	899,754	557,220	988,121	1,226,027	1,152,120	862,353	985,257	11,095,991
TOTAL OPERATING EXPENSES	14,825,116	14,006,145	14,366,867	13,567,247	13,917,726	14,827,320	14,502,476	13,988,138	15,126,156	15,142,928	14,509,904	14,017,376	172,797,399
TOTAL OPERATING MARGIN	401,336	-298,488	579,083	1,419,915	412,649	703,994	369,393	-119,225	-796,350	25,172	-47,660	1,152,987	3,802,807
NON OPER REVENUE(EXPENSE)													
OTHER NON-OPS REVENUE	79,378	391,419	77,861	53,158	194,298	-61,970	66,411	44,734	55,108	255,998	42,075	131,079	1,329,549
DISTRICT TAX REVENUES	117,632	117,632	117,632	117,632	1,152,541	117,632	117,632	132,398	252,368	369,000	235,838	235,838	3,083,775
INTEREST EXPENSE	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-49,748	-49,748	-610,936
TOTAL NON-OPS REVENUE(EXPENSE)	145,866	457,907	144,349	119,646	1,295,695	4,518	132,899	125,988	256,332	573,853	228,165	317,169	3,802,388
NET EXCESS / (DEFICIT)	547,202	159,419	723,432	1,539,561	1,708,344	708,512	502,292	6,764	-540,018	599,025	180,505	1,470,156	7,605,195
TOTAL PAID FTE'S (Inc Reg & Cont.)	1,017.98	1,107.43	1,195.88	1,290.19	1,359.90	928.31	1,105.49	849.69	880.80	866.83	1,320.29	858.58	1,065.11
TOTAL WORKED FTE'S	922.31	987.18	1,017.82	1,098.47	1,218.48	839.30	763.04	758.97	743.79	764.12	1,181.83	763.43	921.56
TOTAL CONTRACT FTE'S	17.51	18.53	18.77	19.23	22.88	16.49	15.28	9.76	3.76	5.32	11.59	4.02	13.59
PAID FTE'S - HOSPITAL	913.90	999.88	1,085.17	1,139.27	1,252.57	827.59	957.71	751.72	779.57	759.84	1,173.27	761.39	950.16
WKD FTE'S - HOSPITAL	831.61	896.47	933.80	975.26	1,127.18	751.52	638.65	668.15	649.95	666.18	1,043.65	673.83	821.69

Imperial Valley Healthcare District - Financial Indicators Report
(Based on Prior 12 Months Activities)
For The 12 Months Ending: September 30, 2026
excludes: GO bonds tax revenue, int exp and debt.

1. Debt Service Coverage Ratio

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

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

$$\text{DSCR} = \frac{\$12,631,754}{\$11,035,702} = \mathbf{1.14}$$

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

2. Days Cash on Hand Ratio

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

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

$$\text{DCOHR} = \frac{\$35,636,274}{\$168,381,777} \times 365 = \mathbf{77.2}$$

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

3. Long-Term Debt to Capitalization Ratio

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

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

$$\text{L.T.D.-C.R.} = \frac{\$99,106,573}{\$189,934,686} = \mathbf{52.2}$$

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

3 Months 9/30/2026

	Current Month 9/30/2026	Year-To-Date 3 Month 9/30/2026
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	1,470,157	2,249,686
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	\$382,604	\$1,147,812
(Increase)/Decrease in Net Patient Accounts Receivable	\$1,357,068	(\$925,170)
(Increase)/Decrease in Other Receivables	\$25,131,192	\$21,870,820
(Increase)/Decrease in Inventories	(\$2,551)	(\$91,589)
(Increase)/Decrease in Pre-Paid Expenses	\$144,885	(\$279,742)
(Increase)/Decrease in Other Current Assets	\$0	\$0
Increase/(Decrease) in Accounts Payable	(\$10,363,746)	\$1,836,131
Increase/(Decrease) in Notes and Loans Payable	\$11,014,886	(\$11,637,297)
Increase/(Decrease) in Accrued Payroll and Benefits	(\$1,700,778)	(\$559,502)
Increase/(Decrease) in Accrued Expenses	\$0	\$0
Increase/(Decrease) in Patient Refunds Payable	\$0	\$0
Increase/(Decrease) in Third Party Advances/Liabilities	\$0	\$0
Increase/(Decrease) in Other Current Liabilities	\$261,461	(\$1,202,142)
Net Cash Provided by Operating Activities:	27,695,179	12,409,007
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(\$27,016)	(\$62,051)
(Increase)/Decrease in Limited Use Cash and Investments	(\$3,727)	(\$3,720)
(Increase)/Decrease in Other Limited Use Assets	(\$81,317)	(\$243,950)
(Increase)/Decrease in Other Assets	\$0	\$0
Net Cash Used by Investing Activities	(\$112,060)	(\$309,722)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(\$1,985)	(\$5,956)
Increase/(Decrease) in Capital Lease Debt	(\$518,519)	(\$1,037,037)
Increase/(Decrease) in Other Long Term Liabilities	\$120,001	\$2,363,027
Net Cash Used for Financing Activities	(\$400,503)	\$1,320,034
(INCREASE)/DECREASE IN RESTRICTED ASSETS	(\$0)	\$2
Net Increase/(Decrease) in Cash	\$27,182,616	\$13,419,322
Cash, Beginning of Period	\$8,453,657	\$22,216,952
Cash, End of Period	\$35,636,273	\$35,636,273



Key Operating Indicators September 2026

	Month			YTD		
	ACTUAL	BUDGET	PRIOR YR	ACTUAL	BUDGET	PRIOR YR
Volumes						
Admits	510	533	518	1,624	1,599	1,573
ICU	65	99	135	282	297	321
Med/Surgical	1,136	1,095	1,017	3,312	3,285	2,981
Newborn ICU	141	97	122	301	291	357
Pediatrics	59	63	55	109	189	162
Obstetrics	360	304	322	1,029	912	972
Total Patient Days	1,761	1,658	1,651	5,033	4,974	4,793
Adjusted Patient Days	5,296	4,425	4,407	14,874	9,174	13,095
Average Daily Census	59	55	55	55	54	52
Average Length of Stay	2.46	2.49	2.37	3.27	2.59	2.24
Deliveries	171	98	153	486	294	471
E/R Visits	3,695	3,734	3,710	10,672	11,202	10,353
Surgeries	242	240	236	826	720	755
GI Scopes - ASC	58	35	180	545	105	426
Wound Care	285	101	272	850	303	850
Pioneers Health Center	2,684	2,503	2,630	7,451	7,509	7,823
Calexico Visits	1,123	982	1,002	3,087	2,946	3,087
Pioneers Children	764	695	766	1,930	2,085	2,160
Outpatients (non-ER/Clinics)	6,581	8,265	6,669	19,944	24,795	19,302
Surgical Health	44	58	64	100	174	183
Urology	275	254	217	685	762	827
WHAP	355	336	383	989	1,008	1,134
C-WHAP	512	507	651	761	1,521	2,046
CDLD	187	166	172	382	498	396
Skilled Nursing	2,145	2,180	2,045	6,444	2,155	6,461
FTE's						
Worked	763.43	756.21	853.38	904.65	961.16	1,015.17
Paid	858.58	875.67	954.27	1,016.94	1,011.78	1,143.09
Contract FTE's	4.02	11.77	16.53	7.01	11.21	17.54
FTE's APD (Worked)	4.86	5.13	6.50	5.60	9.64	7.13
FTE's APD (Paid)	4.32	5.94	5.81	6.29	10.15	8.03
Net Income						
Operating Revenues	15,170,363	15,957,964	14,980,145	44,800,707	\$46,241,972	43,405,181
Operating Margin	1,152,987	1,091,890	881,618	1,130,498	\$1,701,316	1,150,549
Operating Margin %	7.6%	6.8%	5.9%	2.5%	3.7%	2.7%
Total Margin	1,470,156	1,317,876	1,016,147	2,249,686	\$2,379,272	2,559,242
Total Margin %	9.7%	8.3%	6.8%	5.0%	5.1%	5.9%

Exhibit A - September 2026		Key Volume Stats -Trend Analysis													
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
Deliveries															
	Actual	144	171	171	0	0	0	0	0	0	0	0	0	486	486
	Budget	98	98	98	98	98	98	98	98	98	98	98	98	1,176	294
	Prior FY 2026	151	167	153	167	139	172	159	137	162	141	146	140	2,201	471
E/R Visits															
	Actual	3,431	3,546	3,695	0	0	0	0	0	0	0	0	0	10,672	10,672
	Budget	3,734	3,734	3,734	3,734	3,734	3,734	3,734	3,734	3,734	3,734	3,734	3,734	44,808	11,202
	Prior FY 2026	3,297	3,346	3,710	3,318	3,605	3,849	4,154	4,062	4,263	3,640	3,675	3,303	43,064	10,353
Surgeries															
	Total Actual	278	306	242	0	0	0	0	0	0	0	0	0	826	826
	Total Budget	240	240	240	240	240	240	240	240	240	240	240	240	2,880	720
	Prior FY 2026	261	258	236	222	189	186	197	211	271	288	254	312	3,510	755
Calexico															
	Actual	938	1,026	1,123	0	0	0	0	0	0	0	0	0	3,087	3,087
	Budget	982	982	982	982	982	982	982	982	982	982	982	982	11,784	2,946
	Prior FY 2026	1,124	961	1,002	914	900	958	974	986	1,021	1,033	919	1,053	11,845	3,087
Pioneers Health Center															
	Actual	2,169	2,598	2,684	0	0	0	0	0	0	0	0	0	7,451	7,451
	Budget	2,503	2,503	2,503	2,503	2,503	2,503	2,503	2,503	2,503	2,503	2,503	2,503	30,036	7,509
	Prior FY 2026	2,654	2,539	2,630	2,251	2,269	2,485	2,552	2,506	2,641	2,707	2,341	2,481	30,056	7,823
Pioneers Children															
	Actual	460	706	764	0	0	0	0	0	0	0	0	0	1,930	1,930
	Budget	695	695	695	695	695	695	695	695	695	695	695	695	8,340	2,085
	Prior FY 2026	660	734	766	622	573	673	754	748	722	741	629	649	8,271	2,160
Outpatients															
	Actual	6,661	6,702	6,581	0	0	0	0	0	0	0	0	0	19,944	19,944
	Budget	8,265	8,265	8,265	8,265	8,265	8,265	8,265	8,265	8,265	8,265	8,265	8,265	99,180	24,795
	Prior FY 2026	6,548	6,085	6,669	5,825	5,974	6,617	6,933	6,399	7,209	6,643	6,566	6,406	77,874	19,302
Wound Care															
	Actual	295	270	285	0	0	0	0	0	0	0	0	0	850	850
	Budget	101	101	101	101	101	101	101	101	101	101	101	101	1,212	303
	Prior FY 2025	297	281	272	323	237	272	280	303	325	281	235	282	3,388	850
WHAP															
	Actual	332	302	355	0	0	0	0	0	0	0	0	0	989	989
	Budget	336	336	336	336	336	336	336	336	336	336	336	336	4,032	1,008
	Prior FY 2026	378	373	383	324	276	327	321	281	357	369	356	375	4,120	1,134
C-WHAP															
	Actual	239	10	512	0	0	0	0	0	0	0	0	0	761	761
	Budget	507	507	507	507	507	507	507	507	507	507	507	507	6,084	1,521
	Prior FY 2026	738	657	651	424	403	414	362	383	529	539	449	609	6,158	2,046

IMPERIAL VALLEY HEALTHCARE DISTRICT
STATEMENT OF REVENUE AND EXPENSE
FOR THE PERIOD ENDING SEP 30, 2026

ECRMC	IVHD	CONSOL.	ECRMC	IVHD	CONSOL.	ECRMC	IVHD	CONSOL.	ECRMC	IVHD	CONSOL.
LAST YEAR	LAST YEAR	LAST YEAR	THIS MONTH	THIS MONTH	THIS MONTH	FYTD	FYTD	FYTD	FYTD	FYTD	FYTD
ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	PRIOR YEAR	PRIOR YEAR	PRIOR YEAR
SEP	SEP	SEP	SEP	SEP	SEP	SEP	SEP	SEP	SEP	SEP	SEP
GROSS PATIENT REVENUES						GROSS PATIENT REVENUES					
15,297,795	17,579,003	32,876,798	14,895,989	15,923,204	30,819,193	43,824,854	48,049,713	91,874,568	46,593,396	49,793,893	96,387,289
40,660,130	29,339,945	70,000,075	44,086,131	31,967,037	76,053,168	130,849,279	93,949,805	224,799,084	129,706,325	86,246,274	215,952,600
55,957,925	46,918,948	102,876,873	58,982,119	47,890,241	106,872,361	174,674,133	141,999,519	316,673,652	176,299,721	136,040,167	312,339,888
REVENUE DEDUCTIONS						REVENUE DEDUCTIONS					
17,506,867	13,253,122	30,759,989	16,797,175	14,089,217	30,886,392	49,270,544	41,877,686	91,148,230	63,476,060	36,531,702	100,007,761
12,084,678	13,701,424	25,786,102	11,629,988	13,958,970	25,588,958	8,098,245	39,596,181	47,694,426	6,585,252	40,372,507	46,957,759
-2,474,250	-1,574,256	-4,048,506	-2,474,250	-2,199,070	-4,673,320	-7,867,665	-5,824,655	-13,692,320	-7,588,315	-4,378,717	-11,967,032
0	0	0	0	0	0	0	0	0	0	0	0
19,886,715	5,605,549	25,492,264	19,138,471	6,946,760	26,085,231	82,993,190	19,834,790	102,827,980	74,918,122	17,949,545	92,867,667
18,428	1,375,831	1,394,259	29,207	381,660	410,867	943,354	582,790	1,526,144	239,136	1,384,964	1,624,100
689,493	38,784	728,277	796,163	62,251	858,414	1,239,215	2,550,797	3,790,012	1,963,763	2,004,369	3,968,132
0	-4,167	-4,167	0	-4,167	-4,167	0	-12,501	-12,501	0	-8,334	-8,334
47,711,931	32,396,287	80,108,218	45,916,754	33,235,622	79,152,376	134,676,882	98,605,088	233,281,970	139,594,018	93,856,036	233,450,054
8,245,994	14,522,661	22,768,655	13,065,365	14,654,619	27,719,984	39,997,251	43,394,430	83,391,681	36,705,703	42,184,131	78,889,834
0	0	0	0	0	0	0	0	0	0	0	0
440,899	457,484	898,383	201,064	515,744	716,807	631,087	1,406,277	2,037,364	1,001,925	1,221,049	2,222,974
440,899	457,484	898,383	201,064	515,744	716,807	631,087	1,406,277	2,037,364	1,001,925	1,221,049	2,222,974
8,686,893	14,980,145	23,667,038	13,266,429	15,170,363	28,436,792	40,628,338	44,800,707	85,429,045	37,707,628	43,405,180	81,112,808
OTHER OPERATING REVENUE						OTHER OPERATING REVENUE					
4,851,941	6,240,870	11,092,811	5,298,857	6,236,045	11,534,902	16,105,101	19,084,561	35,189,662	15,477,342	18,653,370	34,130,712
1,591,518	1,241,463	2,832,981	663,876	1,769,468	2,433,344	3,754,216	5,776,401	9,530,616	4,833,011	4,024,393	8,857,404
100,149	157,463	257,612	52,810	72,943	125,753	145,075	377,337	522,412	342,190	463,617	805,808
6,543,608	7,639,796	14,183,404	6,015,543	8,078,456	14,093,999	20,004,392	25,238,298	45,242,690	20,652,544	23,141,380	43,793,924
650,935	1,691,793	2,342,728	1,305,506	1,273,624	2,579,130	4,056,151	4,770,789	8,826,940	4,766,246	4,987,033	9,753,279
2,786,664	1,562,601	4,349,265	2,707,838	1,725,902	4,433,740	7,593,611	4,592,976	12,186,587	8,264,128	4,829,628	13,093,756
573,605	693,069	1,266,674	453,086	478,391	931,477	1,423,976	1,665,597	3,089,573	1,530,871	1,974,737	3,505,608
532,268	666,485	1,198,753	555,850	615,905	1,171,755	867,866	1,755,758	2,623,624	1,755,708	1,997,126	3,752,834
548,724	309,556	858,280	607,145	382,604	989,749	1,863,217	1,147,812	3,011,029	1,695,646	928,678	2,624,324
179,516	292,266	471,782	139,709	239,758	379,467	520,180	784,132	1,304,312	583,177	825,043	1,408,221
311,041	253,042	564,083	308,072	237,479	545,551	923,585	715,112	1,638,697	0	792,949	792,949
463,398	989,919	1,453,317	441,499	985,257	1,426,756	1,381,158	2,999,730	4,380,888	1,297,945	2,778,057	4,076,002
12,589,759	14,098,527	26,688,286	12,534,248	14,017,376	26,551,624	38,634,136	43,670,205	82,304,341	40,546,264	42,254,632	82,800,896
-3,902,866	881,618	-3,021,248	732,181	1,152,987	1,885,168	1,994,202	1,130,502	3,124,704	-2,838,635	1,150,548	-1,688,088
38,954	68,041	106,995	31,789	131,079	162,868	221,124	429,152	650,276	249,868	-869,219	-619,351
0	0	0	0	0	0	0	0	0	0	2,078,448	2,078,448
0	117,632	117,632	0	235,838	235,838	0	840,676	840,676	0	352,896	352,896
589,160	-51,144	538,016	580,778	-49,748	531,030	-1,751,756	-150,640	-1,902,396	1,761,802	-153,432	1,608,370
-550,206	134,529	-415,677	548,989	317,169	866,158	-1,530,632	1,119,187	-411,445	-1,511,934	1,408,693	-103,241
-4,453,072	1,016,147	-3,436,925	183,192	1,470,156	1,653,348	463,571	2,249,689	2,713,260	-4,350,569	2,559,240	-1,791,329
(2,595,588)	1,376,847	(1,218,741)	1,817,818	1,902,508	3,720,326	1,468,439	3,548,141	5,016,580	1,757,081	3,641,351	5,398,432
TOTAL PATIENT REVENUES						TOTAL PATIENT REVENUES					
TOTAL REVENUE DEDUCTIONS						TOTAL REVENUE DEDUCTIONS					
NET PATIENT REVENUES						NET PATIENT REVENUES					
TOTAL OTHER REVENUE						TOTAL OTHER REVENUE					
TOTAL OPERATING REVENUE						TOTAL OPERATING REVENUE					
OPERATING EXPENSES						OPERATING EXPENSES					
SALARIES AND WAGES						SALARIES AND WAGES					
BENEFITS						BENEFITS					
REGISTRY & CONTRACT						REGISTRY & CONTRACT					
TOTAL STAFFING EXPENSE						TOTAL STAFFING EXPENSE					
PROFESSIONAL FEES						PROFESSIONAL FEES					
SUPPLIES						SUPPLIES					
PURCHASED SERVICES						PURCHASED SERVICES					
REPAIR & MAINTENANCE						REPAIR & MAINTENANCE					
DEPRECIATION & AMORT						DEPRECIATION & AMORT					
INSURANCE						INSURANCE					
HOSPITALIST PROGRAM						HOSPITALIST PROGRAM					
OTHER						OTHER					
TOTAL OPERATING EXPENSES						TOTAL OPERATING EXPENSES					
TOTAL OPERATING MARGIN						TOTAL OPERATING MARGIN					
NON OPER REVENUE(EXPENSE)						NON OPER REVENUE(EXPENSE)					
OTHER NON-OP REV (EXP)						OTHER NON-OP REV (EXP)					
FEMA FUNDS						FEMA FUNDS					
DISTRICT TAX REVENUES						DISTRICT TAX REVENUES					
INTEREST EXPENSE						INTEREST EXPENSE					
TOTAL NON-OP REV (EXPENSE)						TOTAL NON-OP REV (EXPENSE)					
NET EXCESS / (DEFICIT)						NET EXCESS / (DEFICIT)					
EBIDA						EBIDA					

IMPERIAL VALLEY HEALTHCARE DISTRICT
BALANCE SHEET AS OF SEP 30, 2026

	ECRMC AUG 2026	IVHD AUG 2026	CONSOL. AUG 2026	ECRMC SEP 2026	IVHD SEP 2026	CONSOL. SEP 2026	ECRMC SEP 2025	IVHD SEP 2025	CONSOL. SEP 2025
ASSETS									
CURRENT ASSETS									
CASH	\$2,748,502	\$11,078,952	\$13,827,454	\$21,455,023	\$23,771,799	\$45,226,822	\$4,764,979	\$25,515,876	\$30,280,855
CASH - 3RD PRTY REPAYMENTS	\$0	\$0	\$0	\$0	\$11,792,277	\$11,792,277	\$0	\$2,618,646	\$2,618,646
CDs - LAIF & CVB	\$0	\$72,198	\$72,198	\$0	\$72,198	\$72,198	\$0	\$66,244	\$66,244
ACCOUNTS RECEIVABLE - PATIENTS	\$26,961,216	\$99,701,078	\$126,662,294	\$26,620,558	\$93,623,680	\$120,244,238	\$24,454,157	\$108,464,270	\$132,918,427
LESS: ALLOWANCE FOR BAD DEBTS	\$0	-\$5,693,647	-\$5,693,647	\$0	-\$5,613,608	-\$5,613,608	\$0	-\$1,789,631	-\$1,789,631
LESS: ALLOWANCE FOR CONTRACTUALS	\$0	-\$47,699,182	-\$47,699,182	\$0	-\$50,190,412	-\$50,190,412	\$0	-\$74,184,800	-\$74,184,800
NET ACCTS RECEIVABLE	\$26,961,216	\$46,308,249	\$73,269,465	\$26,620,558	\$37,819,660	\$64,440,218	\$24,454,157	\$32,489,839	\$56,943,996
ACCOUNTS RECEIVABLE - OTHER	\$35,714,056	\$94,006,919	\$129,720,975	\$35,251,757	\$68,875,727	\$104,127,484	\$32,884,472	\$37,312,370	\$70,196,842
COST REPORT RECEIVABLES	\$0	\$0	\$0	\$0	\$1,312,040	\$1,312,040	\$0	\$59,499	\$59,499
INVENTORIES - SUPPLIES	\$2,634,050	\$2,682,052	\$5,316,102	\$2,610,579	\$2,684,603	\$5,295,182	\$2,990,340	\$3,238,935	\$6,229,275
PREPAID EXPENSES	\$1,888,761	\$2,635,476	\$4,524,237	\$306,701	\$2,490,591	\$2,797,292	\$1,299,791	\$2,340,271	\$3,640,062
TOTAL CURRENT ASSETS	\$69,946,586	\$156,783,846	\$226,730,432	\$86,244,619	\$148,818,894	\$235,063,513	\$66,393,739	\$103,641,680	\$170,035,419
OTHER ASSETS									
PROJECT FUND 2017 BONDS	\$0	\$584,082	\$584,082	\$0	\$665,399	\$665,399	\$0	\$702,794	\$702,794
BOND RESERVE FUND 2017 BONDS	\$0	\$968,421	\$968,421	\$0	\$968,421	\$968,421	\$0	\$968,373	\$968,373
FUNDS HELD FOR BOND DEBT SERVICE	\$11,135,628	\$5,527	\$11,141,155	\$11,834,421	\$9,254	\$11,843,675	\$10,876,140	\$8,129	\$10,884,269
GASB87 LEASES	\$0	\$57,780,122	\$57,780,122	\$0	\$57,780,122	\$57,780,122	\$0	\$60,529,359	\$60,529,359
OTHER ASSETS PROPERTY TAX PROCEEDS	\$0	\$269,688	\$269,688	\$0	\$269,688	\$269,688	\$0	\$269,688	\$269,688
OTHER INVESTMENTS	\$647,238	\$420,000	\$1,067,238	\$647,238	\$420,000	\$1,067,238	\$847,588	\$420,000	\$1,267,588
TOTAL OTHER ASSETS	\$11,782,866	\$60,027,840	\$71,810,706	\$12,481,659	\$60,112,884	\$72,594,543	\$11,723,728	\$62,898,343	\$74,622,071
PROPERTY, PLANT AND EQUIPMENT									
LAND	\$1,773,456	\$6,883,276	\$8,656,732	\$1,773,456	\$6,883,276	\$8,656,732	\$1,806,669	\$6,883,276	\$8,689,945
BUILDINGS & IMPROVEMENTS	\$205,212,970	\$63,870,530	\$269,083,500	\$205,212,970	\$63,870,530	\$269,083,500	\$209,054,235	\$63,870,530	\$272,924,765
EQUIPMENT	\$92,270,825	\$69,671,918	\$161,942,743	\$92,270,825	\$69,677,354	\$161,948,179	\$93,678,792	\$67,824,247	\$161,503,039
CONSTRUCTION IN PROGRESS	\$3,337,898	\$6,987,450	\$10,325,348	\$3,383,008	\$7,009,029	\$10,392,037	\$3,363,201	\$5,971,233	\$9,334,434
LESS: ACCUMULATED DEPRECIATION	-\$147,734,871	-\$108,296,377	-\$256,031,248	-\$148,342,015	-\$108,678,981	-\$257,020,996	-\$149,862,338	-\$104,479,206	-\$254,341,544
NET PROPERTY, PLANT, AND EQUIPMENT	\$154,860,278	\$39,116,797	\$193,977,075	\$154,298,244	\$38,761,208	\$193,059,452	\$158,040,559	\$40,070,080	\$198,110,639
TOTAL ASSETS	\$236,589,731	\$255,928,483	\$492,518,214	\$253,024,522	\$247,692,986	\$500,717,508	\$236,158,026	\$206,610,103	\$442,768,129
LIABILITIES AND FUND BALANCES									
CURRENT LIABILITIES									
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$0	\$16,398,006	\$16,398,006	\$0	\$6,034,261	\$6,034,261	\$0	\$3,522,315	\$3,522,315
ACCOUNTS PAYABLE - ACCRUALS	\$27,283,577	\$16,775,258	\$44,058,835	\$19,429,515	\$27,849,144	\$47,278,659	\$25,825,295	\$9,707,018	\$35,532,313
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$10,734,921	\$7,337,834	\$18,072,755	\$11,149,999	\$5,637,056	\$16,787,055	\$9,101,028	\$6,328,638	\$15,429,666
COST REPORT PAYABLES & RESERVES	\$0	\$11,792,277	\$11,792,277	\$0	\$11,792,277	\$11,792,277	\$0	\$2,618,646	\$2,618,646
CURR PORTION- BONDS PAYABLE	\$0	\$355,000	\$355,000	\$1,481,250	\$355,000	\$1,836,250	\$0	\$335,000	\$335,000
INTEREST PAYABLE- BONDS	\$0	\$1,917	\$1,917	\$0	\$1,917	\$1,917	\$0	\$1,917	\$1,917
INTEREST PAYABLE- REVENUE BONDS	\$0	\$260,061	\$260,061	\$0	\$311,794	\$311,794	\$0	\$321,254	\$321,254
CURR PORTION- LEASE LIABILITIES -GASB 87	\$0	\$4,202,544	\$4,202,544	\$635,014	\$4,202,544	\$4,837,558	\$903,476	\$4,071,774	\$4,975,250
SKILLED NURSING OVER COLLECTIONS	\$0	\$4,653,757	\$4,653,757	\$0	\$4,863,485	\$4,863,485	\$0	\$3,096,878	\$3,096,878
CURRENT PORTION OF LONG-TERM DEBT	\$0	\$6,222,222	\$6,222,222	\$0	\$6,222,222	\$6,222,222	\$0	\$1,037,037	\$1,037,037
TOTAL CURRENT LIABILITIES	\$38,018,497	\$67,998,876	\$106,017,373	\$32,695,778	\$67,269,701	\$99,965,478	\$37,239,799	\$31,040,477	\$68,280,276
LONG TERM DEBT AND OTHER LIABILITIES									
PMH RETIREMENT FUND - ACCRUAL	\$0	\$517,927	\$517,927	\$0	\$637,927	\$637,927	\$0	\$658,000	\$658,000
LOANS PAYABLE - DISTRESSED HOSP. LOAN	\$0	\$19,703,704	\$19,703,704	\$0	\$19,185,185	\$19,185,185	\$0	\$26,962,963	\$26,962,963
BONDS PAYABLE	\$111,859,077	\$13,746,239	\$125,605,316	\$110,260,744	\$13,744,254	\$124,004,998	\$111,518,470	\$14,123,077	\$125,641,547
LONG TERM LEASE LIABILITIES (GASB 87)	\$4,253,780	\$55,752,368	\$60,006,148	\$31,004,471	\$55,752,368	\$86,756,839	\$36,930,898	\$58,207,090	\$95,137,988
PENSION LIABILITY	\$63,491,938	\$0	\$63,491,938	\$59,938,643	\$0	\$59,938,643	\$55,708,583	\$0	\$55,708,583
DEFERRED PROPERTY TAX REVENUE	\$0	\$275,438	\$275,438	\$0	\$275,438	\$275,438	\$0	\$275,438	\$275,438
TOTAL LONG TERM DEBT	\$179,604,795	\$89,995,676	\$269,600,471	\$201,203,858	\$89,595,173	\$290,799,031	\$204,157,951	\$100,226,568	\$304,384,519
FUND BALANCE AND DONATED CAPITAL	\$19,250,979	\$97,154,398	\$116,405,377	\$18,661,316	\$88,578,427	\$107,239,743	-\$1,341,111	\$72,783,818	\$71,442,707
NET SURPLUS (DEFICIT) CURRENT YEAR	-\$284,541	\$779,532	\$494,991	\$463,571	\$2,249,686	\$2,713,257	-\$3,898,613	\$2,559,240	-\$1,339,373
TOTAL FUND BALANCE	\$18,966,438	\$97,933,930	\$116,900,368	\$19,124,886	\$90,828,113	\$109,952,999	-\$5,239,724	\$75,343,058	\$70,103,334
TOTAL LIABILITIES AND FUND BALANCE	\$236,589,731	\$255,928,482	\$492,518,213	\$253,024,522	\$247,692,987	\$500,717,508	\$236,158,026	\$206,610,103	\$442,768,129

IMPERIAL VALLEY HEALTHCARE DISTRICT
3 Months 9/30/2026

	ECRMC Current Month 9/30/2026	IVHD Current Month 9/30/2026	CONSOL. Current Month 9/30/2026	ECRMC Year-To-Date 3 Month 9/30/2026	IVHD Year-To-Date 3 Month 9/30/2026	CONSOL. Year-To-Date 3 Months 9/30/2026
CASH FLOWS FROM OPERATING ACTIVITIES:						
Net Income (Loss)	183,191	1,470,157	1,653,348	463,571	2,249,686	2,713,257
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:						
Depreciation	\$607,145	\$382,604	\$989,749	\$1,863,217	\$1,147,812	\$3,011,029
(Increase)/Decrease in Net Patient Accounts Receivable	\$489,221	\$1,357,068	\$1,846,289	(\$2,907,392)	(\$925,170)	(\$3,832,562)
(Increase)/Decrease in Other Receivables	\$78,506	\$25,131,192	\$25,209,698	\$75,375	\$21,870,820	\$21,946,195
(Increase)/Decrease in Inventories	\$23,471	(\$2,551)	\$20,920	\$47,368	(\$91,589)	(\$44,221)
(Increase)/Decrease in Pre-Paid Expenses	\$224,508	\$144,885	\$369,393	(\$2,174)	(\$279,742)	(\$281,916)
(Increase)/Decrease in Other Current Assets	\$0	\$0	\$0	\$0	\$0	\$0
Increase/(Decrease) in Accounts Payable	\$1,079,453	(\$10,363,746)	(\$9,284,293)	\$2,204,269	\$1,836,131	\$4,040,400
Increase/(Decrease) in Notes and Loans Payable	\$0	\$11,014,886	\$11,014,886	\$0	(\$11,637,297)	(\$11,637,297)
Increase/(Decrease) in Accrued Payroll and Benefits	(\$2,557,688)	(\$1,700,778)	(\$4,258,466)	(\$523,278)	(\$559,502)	(\$1,082,781)
Increase/(Decrease) in Accrued Expenses	\$0	\$0	\$0	\$1,742,006	\$0	\$1,742,006
Increase/(Decrease) in Patient Refunds Payable	\$0	\$0	\$0	\$0	\$0	\$0
Increase/(Decrease) in Third Party Advances/Liabilities	\$19,514,526	\$0	\$19,514,526	\$6,643,714	\$0	\$6,643,714
Increase/(Decrease) in Other Current Liabilities	\$0	\$261,461	\$261,461	\$1,340,112	(\$1,202,142)	\$137,970
Net Cash Provided by Operating Activities:	19,642,333	27,695,179	47,337,512	10,946,787	\$12,409,007	23,355,794
CASH FLOWS FROM INVESTING ACTIVITIES:						
Purchase of property, plant and equipment	(\$45,111)	(\$27,016)	(\$72,127)	(\$181,397)	(\$62,051)	(\$243,448)
(Increase)/Decrease in Limited Use Cash and Investments	\$0	(\$3,727)	(\$3,727)	\$0	(\$3,720)	(\$3,720)
(Increase)/Decrease in Other Limited Use Assets	(\$698,793)	(\$81,317)	(\$780,110)	\$2,553,696	(\$243,950)	\$2,309,746
(Increase)/Decrease in Other Assets	\$0	\$0	\$0	\$0	\$0	\$0
Net Cash Used by Investing Activities	(\$743,904)	(\$112,060)	(\$855,964)	\$2,372,299	(\$309,722)	\$2,062,577
CASH FLOWS FROM FINANCING ACTIVITIES:						
Increase/(Decrease) in Bond/Mortgage Debt	\$0	(\$1,985)	(\$1,985)	(\$4,749,369)	(\$5,956)	(\$4,755,325)
Increase/(Decrease) in Capital Lease Debt	(\$144,719)	(\$518,519)	(\$663,238)	(\$504,452)	(\$1,037,037)	(\$1,541,489)
Increase/(Decrease) in Other Long Term Liabilities	\$0	\$120,001	\$120,001	\$0	\$2,363,027	\$2,363,027
Net Cash Used for Financing Activities	(\$144,719)	(\$400,503)	(\$545,222)	(\$5,253,821)	\$1,320,034	(\$3,933,787)
(INCREASE)/DECREASE IN RESTRICTED ASSETS	\$0	(\$0)	(\$0)	\$0	\$2	\$2
Net Increase/(Decrease) in Cash	\$18,753,710	\$27,182,616	\$45,936,326	\$8,065,265	\$13,419,322	\$21,484,587
Cash, Beginning of Period	\$2,701,313	\$8,453,657	\$11,154,970	\$13,389,757	\$22,216,952	\$35,606,709
Cash, End of Period	\$21,455,023	\$35,636,273	\$57,091,296	\$21,455,022	\$35,636,273	\$57,091,296

Imperial Valley Healthcare District

Title: Use of Force		Policy No. EOC-00019
		Page 1 of 2
Current Author: Jorge Mendoza		Effective: 06/16/2026
Latest Review/Revision Date: 06/2026		Manual: Security Management

Collaborating Departments: Safety/Security/Risk Management/Nursing Administration/HR. No-Medical-Staff-Collaboration-required,-FYI-Only.		Keywords: force, security, OC, handcuffs		
Approval Route: List all required approval				
MARCC X	PSQC	Other: Safety Committee 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 This Policy establishes guidelines for the Use of Force by Security Officers employed by the Imperial Valley Healthcare District

2.0 Scope: IVHD Security Officers

3.0 Policy:

- 3.1 This policy is intended to guide District employees and does not apply to any legal or civil proceedings. This Policy does not create a higher legal standard in an evidentiary sense with respect to third party claims. Violations of law form the basis for civil and criminal sanctions in a judicial setting, this Policy is used only to train, guide, and discipline employees of IVHD.
- 3.2 Employees shall only use the minimum amount of force necessary to control a person or situation, in order to provide safety for patients, visitors, employees, and other persons on any premises of IVHD. Force is used when a person is a current danger to other people, or to themselves. Once resistance is overcome, force is to be discontinued unless required to maintain control. Force is never used as punishment or coercion. When a person shows intent of resistance to lawful activity, by words and/or actions, Force may be used if lesser measures have proven to be ineffective or are inappropriate to the situation. If a subject obeys all lawful commands, no higher Use of Force is authorized.

4.0 Definitions

- 4.1 Force: Physical action beyond a minimal restraint or guiding touch, exerted upon or against a person to compel or constrain action or movement.
- 4.2 Less than Lethal Force: Force not intended and not likely to cause serious physical harm or death
- 4.3 Deadly or Lethal Force: Force exercised through the use of a firearm or other means, reasonably likely to cause serious physical harm or death.
- 4.4 Necessary Force: Force lawfully utilized to overcome resistance to a lawful action, to defend oneself, or control a situation; such force not being excessive or abusive.

Imperial Valley Healthcare District

Title: Use of Force		Policy No. EOC-00019
		Page 2 of 2
Current Author: Jorge Mendoza		Effective: 06/16/2026
Latest Review/Revision Date: 06/2026		Manual: Security Management

5.0 Procedure:

- 5.1 The use of hands and feet, control holds, self-defense tactics, OC or other chemical agents, handcuffs or other restraints, and Electrical Discharge Weapons ("Tasers"), are considered Less than Lethal Force. Any time Force is applied to a person, if the person requests medical attention afterwards, it shall be made available.
- 5.2 Use of Force is a continuum, without discrete and separate steps, which is utilized as necessary under the best judgement of the user under the situation. The amount of Force utilized may increase or decrease rapidly depending on the situation at hand. Lower Use of Force examples include mere officer presence, verbal commands, hand motions, and manual restraints.
- 5.3 Intermediate examples include restraints, handcuffs, batons, and chemical agents. Lethal Force includes the use of firearms and improvised weapons intended to cause severe bodily injury or death. Lethal Force is only utilized when all other options fail, and only to protect the life of the employee or other person being attacked.
- 5.4 Any Use of Force by an employee of IVHD is to be documented according to IVHD procedures, by the employee utilizing such Force, and by any employee-witnesses, prior to leaving the hospital at the end of a work shift. The use of chemical agents and/or handcuffs, or any higher Use of Force, requires the notification of local police immediately following their use.

6.0 References:

- 6.1 Use of Force Policy, Ballard Health
- 6.2 Use of Force Policy, University of Florida Health Hospital
- 6.3 Use of Force, model policy International Association of Healthcare Security & Safety
- 6.4 Use of Force Policy, Mayo Health Arizona
- 6.5 El Centro Police Policy 309 Control Devices & Techniques
- 6.6 El Centro Police Policy 310 Conducted Energy Device
- 6.7 El Centro Police Policy 306 Restraint Devices

7.0 Attachment List: Not Applicable

8.0 Summary of Revisions: New policy

Imperial Valley Healthcare District

Title: Physician Suspension for Non-completion of Medical Records		Policy No. DPS-00318
		Page 1 of 2
Current Author: Lorena B Santana		Effective: 4/1/1994
Latest Review/Revision Date: 07/2026		Manual: Department Specific

Collaborating Departments: Administration, Medical Staff		Keywords: Suspension, Delinquency		
Approval Route: List all required approval				
MARCC	PSQC	Other:		
Clinical Service _____	MSQC	MEC	BOD	

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

1.0 Purpose:

- 1.1 This policy establishes clear medical-record deadlines and a consistent hospital process for administrative suspension. Records must be complete, accurate, and authenticated within the timeframes below and any more stringent requirement established by law, the Medical Staff Bylaws, Rules and Regulations, or hospital policy. A practitioner who does not resolve delinquent records after notice will be suspended from elective activity until all delinquent records are complete.

2.0 Scope:

- 2.1 Medical Staff
- 2.2 Health Information Management
- 2.3 Administration

3.0 Policy:

- 3.1 Documentation Deadlines
 - 3.1.1 Verbal/telephone orders – authenticate within 48 hours.
 - 3.1.2 History and physical examination (H&P) – complete and placed in the record within 24 hours after admission or registration and before surgery or a procedure requiring anesthesia. An elective procedure may not proceed without the required H&P.
 - 3.1.3 Operative/procedure documentation – enter the immediate post-operative or post procedure note upon completion and complete the full report within 24 hours.
 - 3.1.4 Complete medical record – complete medical record and authenticate within 14 calendar days following discharge. A record becomes delinquent beginning on day 15.
- 3.2 Three-Step Notice and Suspension Process
 - 3.2.1 HIM reviews incomplete records at least weekly. Each communication identifies outstanding records and applicable deadlines.
 - 3.2.1.1 Initial alert, days 7-13 – courtesy notice requesting prompt completion
 - 3.2.1.2 Warning notice, days 14-20 – notice that all delinquent records must be completed within seven days to avoid suspension.
 - 3.2.1.3 Suspension notice, day 21 or later – third and final notice stating the effective date and time of suspension. No additional notice is required.
- 3.3 Effect and Removal of Suspension
 - 3.3.1 Suspension is imposed by the hospital and applies to elective activity. While suspended, the practitioner may not schedule or perform elective admissions, procedures, or surgeries; assist with elective procedures; provide non-emergent consultations; or otherwise exercise elective privileges.
 - 3.3.2 Suspension does not relieve emergency-care responsibilities, assigned on-call obligations, or responsibility for current patients. Necessary care continues until the

Imperial Valley Healthcare District

Title: Physician Suspension for Non-completion of Medical Records		Policy No. DPS-00318
		Page 2 of 2
Current Author: Lorena B Santana		Effective: 4/1/1994
Latest Review/Revision Date: 07/2026		Manual: Department Specific

patient is appropriately transferred or coverage is formally accepted by another qualified practitioner.

- 3.3.3 The practitioner must notify HIM after completing the records. HIM verifies completion and promptly informs the Medical Staff Office, Administration, Admitting, Nursing, Surgery, the Emergency Department and other affected departments. Reinstatement is effective when HIM verifies completion and issues the removal notice.

3.4 Special Circumstances

- 3.4.1 Time sensitive deficiencies – H&P, operative documentation, verbal/telephone orders, and other shorter deadline items are handled promptly and need not await the weekly cycle.
- 3.4.2 Approved absence – advance notice should be provided when reasonably possible. An absence does not remove an existing suspension. When prior notice was provided, up to five calendar days after return may be allowed, consistent with the Medical Staff Rules and Regulations.
- 3.4.3 Another practitioner – may complete or authenticate an entry only when legally permitted, clinically appropriate, and authorized by hospital policy and Medical Staff rules. A practitioner may not attest to care, observations, or services without a legally sufficient basis.
- 3.4.4 Record cannot be completed – after documented efforts, the record may be referred to the body authorized under the Medical Staff Bylaws and Rules and Regulations for determination and documented administrative closure.

3.5 Repeated Suspensions and Reporting

Repeated suspensions may be referred to Medical Executive Committee for review, including possible FPPE or corrective action consistent with the Medical Staff Bylaws. Contractual or compensation consequences are administered separately under the applicable agreement or hospital policy. Potentially reportable actions will be evaluated by the Medical Staff Office and legal counsel; administrative suspension is not designated reportable solely because of its duration.

4.0 Definitions: Not applicable

5.0 References:

- 5.1 California Code of Regulations, Title 22, § 70750(g); 42 CFR, §§ 482.24 and 482.51
- 5.2 Medical Staff Bylaws, Rules and Regulations
- 5.3 Applicable hospital documentation policies, and accreditation requirements

6.0 Attachment List:

- 6.1 Attachment A – Physician Letter Alert
- 6.2 Attachment B – Physician Letter Warning
- 6.3 Attachment C – Physician Letter Suspension
- 6.4 Attachment D – Physician Reinstatement Letter

7.0 Summary of Revisions:

- 7.1 Policy was revised for clarity and conciseness.

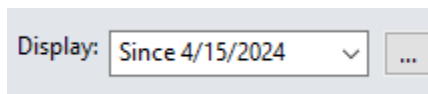


Reminder to Complete Your Medical Records

Dear Dr.

The Health Information Management Department (HIM) notifies all physicians weekly of their incomplete medical records as identified by our Cerner system. It is our goal to assist you in completing your records in order for us to meet regulatory documentation timeframe requirements.

Please log in to Cerner Message Center at your earliest convenience to complete your medical records. To access your incomplete records in message center, click on the yellow highlighted ellipses and set the date to 04/15/2024. This will ensure you have loaded all incomplete records including physician orders.



Access to Cerner is available remotely. If you need assistance with setting up your remote access, or you encounter any issues logging in, or need assistance navigating the Cerner Message Center, please contact our IS department at (760) 351-4669.

Lastly, if you identify any records that have been assigned to you that you have questions about, please reply to this email or call Lourdes Lackey at (760) 351-3393. We will gladly assist you.

Thank you for your prompt attention to this matter.

Sincerely,

Lorena Santana
Director of Health Information Management
lsantana@iv-hd.org
(760) 351-3148



Date:

Dear Dr.

As a matter of information and in accordance with Medical Staff Bylaws and Rules and Regulations, this letter serves as a notice of impending medical record suspension should your records not be completed within seven (7) days of the date of this letter. Please be aware that suspension of privileges includes the following:

1. Scheduling surgery.
2. Assisting in surgery.
3. Consulting on hospital cases.
4. Providing professional services within the hospital for future patients.
5. Voluntary on call services for the emergency room.

Bona fide vacation or illness may constitute an excuse subject to approval by the Chief of Staff or designee.

Please access your Cerner system Message Center at your earliest convenience to complete your records and avoid any further action.

Access to Cerner is available remotely. If assistance is needed, please reach out to our IT department at (760) 351-4669.

We thank you for your prompt attention to this letter. If you have any questions, please contact Lourdes Lackey at (760) 351-3369 or myself at (760) 351-3148.

Sincerely,

Lorena Santana
Director of Health Information Management
lsantana@iv-hd.org
(760) 351-3148



Notice of Intent to Suspend

Date:

Dear Doctor

Please be advised that you are being placed on medical record suspension effective (insert date).

Medical Staff Bylaws state that members of the medical staff are required to complete medical records within such reasonable time as may be prescribed by the Medical Staff Bylaws, General Rules and Regulations, and hospital policy and procedure. In addition, California Title 22 regulation section 70751 states that medical records shall be completed promptly and authenticated or signed by a licensed healthcare practitioner acting within the scope of his or her professional licensure within two weeks following the patient's discharge.

Please be aware that suspension of Privileges includes the following: voluntary on-call service for the emergency room, scheduling surgery, assisting in surgery, consulting on hospital cases, and providing professional services within the hospital for future patients. Members whose privileges have been suspended for delinquent records may admit patients or perform surgery only in life threatening situations. The suspension shall coincide until all delinquent records are complete. Furthermore, failure to complete delinquent medical records within 90 days from the date of this letter will result in automatic resignation of medical staff membership and clinical privileges.

Bona fide vacation or illness may constitute an excuse subject to approval by the Chief of Staff.

In order to avoid any further action, please log into Cerner Message Center as soon as possible to complete your records.

If you encounter any technical issues accessing the Cerner system, please reach out to the IS help desk at (760) 351-4669.

Your cooperation and assistance in completing your records is greatly appreciated.

Chief of Medical Staff
Imperial Valley Healthcare District



Medical Record Suspension Reinstatement Letter

Date:

Dear Dr:

This letter is to serve as confirmation you completed your delinquent medical records. You are no longer on medical record suspension, and your admitting privileges have been reinstated effective the date of this letter.

As a reminder, please access Cerner Message Center regularly to complete your medical records. Medical records are considered delinquent 14 days after a patient is discharged from the hospital, or 14 days after they are seen at one of our outpatient departments.

If you have any questions or concerns, please contact me at (760) 351-3148. You may also contact Lourdes Lackey at (760) 351-3393

Sincerely,

Lorena Santana
Director Health Information Management
lsantana@iv-hd.org

Imperial Valley Healthcare District

Title: Professional Practice Evaluation		Policy No. MSD-00105
		Page 1 of 6
Current Author: Cindy Beaumont		Effective: July 2024
Latest Review/Revision Date: 6/22/2026		Manual: Medical Staff

Collaborating Departments: Quality and Risk Management Department, Dr. Su (MSQC)	Keywords: Peer Review, OPPE, FPPE, Ongoing, Focused
--	---

Approval Route: List all required approval

MARCC x	PSQC x	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 To ensure that the hospital, through the activities of the Medical Staff, conducts Focused Professional Practice Evaluations (FPPE) as well as Ongoing Professional Practice Evaluations (OPPE), to assess the competency of its members and uses the results of such assessments to improve professional competency, practice and systems of the hospital by providing consistent feedback to members of the Medical and Allied Health Professional Staff.

2.0 Scope:

- 2.1 Medical Staff Services
- 2.2 Credentialed Members of the Medical and Allied Health Professional Staff
- 2.3 Records and proceedings of the Medical Staff that relate to this policy in any way are protected from discovery pursuant to California Evidence Code Section 1157.

3.0 Policy:

- 3.1 Goals include monitor and evaluation of the ongoing professional practice of individual practitioners with clinical privileges at Pioneers/IVHD. It is the policy to create a culture with a positive approach to professional practice evaluations by recognizing physician excellence as well as to identify improvement opportunities. The policy includes the focused evaluation of new members of the medical and allied health professional staff. The process for both OPPE and FPPE will be clearly defined, objective, equitable, defensible and timely.
- 3.2 The Medical Staff has the responsibility of evaluation and improvement of the quality of care rendered in the hospital.
- 3.3 It is the policy of Imperial Valley Healthcare District, Pioneers Campus, and the Medical Staff, to comply with statutory and regulatory requirements regarding FPPE and OPPE. These findings will be included with information used to assess the quality of care provided by each practitioner at the time of reappointment and on an ongoing basis as appropriate. Our goal is to assist in identification and encouragement of systematic improvements to the health care processes to provide patient safety and improve the overall quality of care.

Imperial Valley Healthcare District

Title: Professional Practice Evaluation		Policy No. MSD-00105
		Page 2 of 6
Current Author: Cindy Beaumont		Effective: July 2024
Latest Review/Revision Date: 6/22/2026	Manual: Medical Staff	

4.0 Definitions:

- 4.1 Focused Professional Practice Evaluation (FPPE) – Medical Staff activities intended to evaluate the privilege-specific current competency of a Practitioner granted new/initial privileges.
- 4.2 Ongoing Professional Practice Evaluation (OPPE) – The continuous evaluation of the practitioner's professional performance in order to identify and resolve potential problems with performance practice trends

5.0 Procedure:

- 5.1 **Focused Professional Practice Evaluation (FPPE)** is an intensified assessment of data/events which relate to the performance or behavior of a specific practitioner holding clinical privileges at the hospital. The purpose is to determine if the performance or behavior meets the minimum standard of behavior or clinical care as established by the Medical Staff. FPPE is **not** considered a formal investigation as defined by the Medical Staff Bylaws and is not subject to rights afforded in a formal investigation. If the FPPE results in an action plan to recommend a formal investigation, the process outlined in the Medical Staff Bylaws will be followed. Additional FPPE process may be triggered.

5.1.1 Proctoring Requirements

- 5.1.1.1 All medical staff members granted initial privileges will be proctored as part of the FPPE process. In addition, when a new privilege is requested, proctoring may be required.
- 5.1.1.2 When a practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence, FPPE will be required.
- 5.1.1.3 If questions arise regarding a currently privileged practitioner's ability to provide safe, high quality patient care, FPPE may be required.
- 5.1.1.4 In case of a Sentinel/Adverse Event, FPPE may be required.
- 5.1.1.5 In case of a behavioral issue, FPPE may be required.
- 5.1.1.6 If trends in practice are determined to be outside the standard of care, FPPE may be required.
- 5.1.1.7 Trends are defined as: A practitioner with three negative evaluations within a two-year period; A practitioner with significant deviations in practice identified through the ongoing professional practice evaluation (OPPE) process.
- 5.1.1.8 The Department Chair will determine the level of review for new applicants or those receiving additional privileges at the time privileges are recommended.
- 5.1.1.9 The period of time for the evaluation will be determined by the nature of the observation, the number of cases needed for adequate evaluation and the frequency of occurrence of cases needed for observation.

Imperial Valley Healthcare District

Title: Professional Practice Evaluation		Policy No. MSD-00105
		Page 3 of 6
Current Author: Cindy Beaumont		Effective: July 2024
Latest Review/Revision Date: 6/22/2026		Manual: Medical Staff

- 5.1.1.10 New practitioners will be monitored by the Department Chair or designee as indicated by the Clinical Service Rules and Regulations.
- 5.1.1.11 Practitioners will be monitored via ongoing review indicators with recommendations by the Department Chair.
- 5.1.1.12 The Department Chair may also request an intensive review be conducted when serious concerns with quality of clinical care have been identified. The request should be in writing and identify the specific areas of concern, including case identification. The review will be reviewed and approved by the Department Chair and Chief of Staff and should follow the process outlined below:
- 5.1.2 Process for FPPE:
 - 5.1.2.1 Department Chair notified that a trend has been identified, including the areas of concern and case identification.
 - 5.1.2.2 Respective Service Chair will meet with the physician of record to discuss/inform of the concerns; the initiation of the FPPE plan; the specific mechanism by which monitoring will occur; the nature of the expected practice change; and the time limitation. Documentation of this meeting will be kept with the FPPE Record.
 - 5.1.2.3 Communication shall be sent to the physician of record within 30 days of the discussion, outlining each of the items listed in 5.1.2.2 and will list the mechanism by which the monitoring will occur (peer observation, retrospective chart review, proctoring, etc).
 - 5.1.2.4 At the next regularly scheduled MEC meeting, the respective Department Chair will provide a summary of the FPPE implementation.
 - 5.1.2.5 The FPPE will be completed and results reported within 90 days of approval.
 - 5.1.2.6 The respective Department Chair will update the MEC regarding successful closure of the FPPE, or if the FPPE is not completed, recommendation regarding privileges will be forwarded to the committee for discussion and action.
 - 5.1.2.7 If necessary, an extension of the FPPE may be approved by the Department Chair and the Chief of Staff. The practitioner will be notified as to the length of the extension, which should not exceed an additional 60 days and shall be reported at the next MEC scheduled meeting.
- 5.2 **Ongoing Professional Practice Evaluation (OPPE)** is the continuous evaluation of the practitioner's professional performance in order to identify and resolve any potential problems with the performance of the practitioner. It allows the Medical Staff to identify practice trends that impact quality of care and patient safety on an ongoing basis, provides an evaluation of a practitioners performance and includes opportunities to improve patient care based on recognized standards. OPPE uses multiple sources of information for individual evaluation which are factored into the decision to maintain existing privileges prior to, or at the time of reappointment.

Imperial Valley Healthcare District

Title: Professional Practice Evaluation		Policy No. MSD-00105
		Page 4 of 6
Current Author: Cindy Beaumont		Effective: July 2024
Latest Review/Revision Date: 6/22/2026		Manual: Medical Staff

- 5.2.1 OPPE includes, but is not limited to
 - 5.2.1.1 Direct observation
 - 5.2.1.2 Monitoring of diagnostic and prescribing patterns
 - 5.2.1.3 Compliance with hospital policies, Medical Staff Bylaws and Clinical Service Rules & Regulations
 - 5.2.1.4 Clinical Standards and the use of rates compared against established benchmarks
 - 5.2.1.5 Results of any required monitoring/proctoring
 - 5.2.1.6 Utilization data
 - 5.2.1.7 Core Measures Compliance
 - 5.2.1.8 National Patient Safety Goals
 - 5.2.1.9 The six areas of general competency (patient care; medical/clinical knowledge; practice-based learning; interpersonal and communication skills; professionalism; and system-based practice)
 - 5.2.1.10 Easily retrievable information from existing databases whenever feasible.
- 5.2.2 Each department shall determine what performance data it will collect and review, which then must be approved by the MEC on behalf of the Medical Staff. Each department will determine the processes to the extent it will use OPPE to accumulate and review the data.
- 5.2.3 The Department Chair will report the outcome of these reviews to the applicable committees and the MEC.
- 5.2.4 After the initial granting of privileges, the professional practice and conduct of each department's medical staff members will be evaluated at nine-month intervals, or sooner if indicated, and reports reviewed at reappointment. A performance summary that includes performance data identified by the department for collection and review will be submitted to the department for review.
- 5.2.5 The Department Chair will report to the MEC the results of the review with any recommendations at the time of credentialing and when issues are identified.
- 5.2.6 If there are concerns with a practitioners performance as a result of the OPPE, the concerns will be communicated to the practitioner and documented in their credentials file and may result in a focused review in accordance with this policy and/or corrective action in accordance with the Medical Staff Bylaws.
- 5.2.7 The Quality Department will be responsible for collecting and reporting data to the Department Chair relating to the established indicators. The reports will include aggregated data by individual practitioners.

Imperial Valley Healthcare District

Title: Professional Practice Evaluation		Policy No. MSD-00105
		Page 5 of 6
Current Author: Cindy Beaumont		Effective: July 2024
Latest Review/Revision Date: 6/22/2026		Manual: Medical Staff

Table 1

Minimum Core Proctoring Requirements by Department/Section

CLINICAL SERVICE	PROCTORING REQUIREMENTS	COMMENTS
Anesthesiology CRNA	Six (6) cases Ten (10) cases	CRNA – 3 epidural, 2 peripheral/plexus blocks, 3 general, 2 -c-sections
Emergency Medicine	Ten (10) cases	
Imaging/Teleradiology	Ten (mixed) cases 4 X-Ray, 2MRI, 2CT, 2 US	
Medicine	Five (5) cases	
Nurse Midwives	Twenty-Five (25) cases – OB Deliveries 12 Repairs, Difference kinds, minimum 6—2 nd degree perineal repair	
Obstetrics & Gynecology	Twelve (12) cases (6/6)	
Pathology	Ten (10) cases	
Pediatrics/Neonatology	Ten (10) cases	
Surgery	Twelve (12) cases	

Imperial Valley Healthcare District

Title: Professional Practice Evaluation		Policy No. MSD-00105
		Page 6 of 6
Current Author: Cindy Beaumont		Effective: July 2024
Latest Review/Revision Date: 6/22/2026		Manual: Medical Staff

Table 2

General Competencies

Term	Definition
Patient Care	Practitioners are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life.
Medical/Clinical Knowledge	Practitioners are expected to demonstrate knowledge of established and involving biomedical, clinical and social sciences and the application of their knowledge to patient care and education of others.
Practice Based Learning Environment	Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care practices.
Interpersonal and Communication Skills	Practitioners are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families and other members of the health care team.
Professionalism	Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice and understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society.
Systems Based Practice	Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

6.0 References:

6.1 Medical Staff Bylaws

6.2 Medical Staff Clinical Service Rules and Regulations

6.3 Joint Commission Medical Staff Standards **MS.08.01.01; MS.08.01.03.**

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

8.1 Complete re-write of policy

Imperial Valley HealthCare District

Title: Pepper Gas Use by Security Officers		Policy No. EOC-00020
		Page 1 of 2
Current Author: Jorge Mendoza		Effective: 06/15/2026
Latest Review/Revision Date: 06/2026		Manual: Security Management

Collaborating Departments: Safety/Security/Risk Management/Nursing Administration. No-Medical Staff-Collaboration-required,-FYI-Only.		Keywords: OC, Security		
Approval Route: List all required approval				
MARCC X	PSQC	Other: Safety Committee 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 This procedure describes the use of Aerosolized Oleoresin Capsicum (OC), a chemical compound, as a defensive weapon by Security Officers employed by Imperial Valley HealthCare District.

2.0 Scope: IVHD Security Officers

3.0 Policy:

- 3.1 Security Officers authorized by Imperial Valley HealthCare District and who have successfully completed department-approved Oleoresin Capsicum (OC) training may carry OC spray while on duty.

4.0 Definitions: OC: Aerosolized Oleoresin Capsicum, a chemical compound.

5.0 Procedure:

- 5.1 OC is a less-lethal defensive weapon issued to IVHD Security Officers for use in the defense of themselves or others from bodily harm or death.
- 5.2 OC is not to be deployed inside patient care areas of the hospital or its outside clinics.
- 5.3 OC is never to be used as a method of retaliation, punishment, or coercion. It is intended to be used outside of buildings. Its use inside a building will result in a temporary loss of use of the area for a short time. It should never be used in patient areas.
- 5.4 OC is never used on compliant subjects, or subject exhibiting only passive resistance. It is used only to stop a subject from committing active or imminent battery on the Security Officer or another person. It is not intended to replace tactics, methods, or training in de-escalation that are utilized to calm or control a person, or de-escalate a situation and avoid the use of force.
- 5.5 OC is not for use on patients, unless the patient is actively battering, or is in imminent ability and demonstrating intent to batter, another person. Use of OC presumes it will be followed by an arrest by the Officer, and a transfer of the perpetrator to the custody of law enforcement.
- 5.6 Prior to deployment of OC, the Security Officer shall announce in a loud and firm voice to the subject that OC gas will be deployed if the subject does not comply with the

Imperial Valley HealthCare District

Title: Pepper Gas Use by Security Officers		Policy No. EOC-00020
		Page 2 of 2
Current Author: Jorge Mendoza		Effective: 06/15/2026
Latest Review/Revision Date: 06/2026		Manual: Security Management

Officer's instructions. If possible, the Officer should continue to verbally persuade the subject to stop the attack and submit to arrest. Just before deployment of OC, the officer shall announce "OC, OC, OC," which gives others time to leave the immediate area and avoid contact with the OC spray. After being sprayed by OC, perpetrators shall be decontaminated by Security Officers at the earliest opportunity.

- 5.7 Security officers will only carry OC after completing training and possessing the appropriate credential from the California Bureau of Security & Investigative Services. Only OC issued by the Security Department shall be carried and used by IVHD Security Officers.
- 5.8 Canisters of OC are serialized and will be checked out by serial number to individual officers.
- 5.9 OC canisters shall be inspected regularly for serviceability and expiration dates. Expired, damaged, or defective OC canisters shall be removed from service and replaced.
- 5.10 Use of OC is considered a Use of Force in response to a Workplace Violence incident. Following any OC deployment, the Security Officer shall immediately notify their Supervisor and complete all required incident documentation by the end of the shift.
- 5.11 Any person exposed to OC shall be provided with decontamination measures as soon as practical and offered medical evaluation if needed

6.0 References:

- 6.1 California Bureau of Security and Investigative Services (BSIS) Training Manual for Security Officers and Proprietary Private Security Officers
- 6.2 California Bureau of Security and Investigative Services (BSIS) Oleoresin Capsicum (OC) Permit Requirements.
- 6.3 California Workplace Violence Prevention in Health Care Standard.
- 6.4 Imperial Valley HealthCare District Workplace Violence Prevention Plan.
- 6.5 California Penal Code Part 6, Title 3, Division 11, sec 22810, 22835

7.0 Attachment List: Not Applicable

8.0 Summary of Revisions:

- 8.1 Initial policy creation.
- 8.2 No prior revisions.

Imperial Valley HealthCare District

Title: Restraints, Use by Security		Policy No. EOC-00021
		Page 1 of 3
Current Author: Jorge Mendoza		Effective: 6/15/2026
Latest Review/Revision Date: 06/2026		Manual: Security Management

Collaborating Departments: Safety/Security/Risk Management/Nursing Administration/HR. . No-Medical-Staff-Collaboration-required,-FYI-Only.		Keywords: Handcuffs, Restraints.		
Approval Route: List all required approval				
MARCC X	PSQC X	Other: Safety Committee 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 The purpose of this Procedure is to establish guidelines for the use of handcuffs and other restraints by licensed Security Officers employed by Imperial Valley HealthCare District and its affiliated properties.

2.0 Scope: IVHD Security Officers

3.0 Policy:

- 3.1 Only Security Officers who have successfully completed District-approved handcuff and restraint training and maintain current certification may carry and use handcuffs while on duty.
- 3.2 Handcuffs shall only be used when objectively reasonable and necessary to protect persons from injury, prevent escape, or safely detain an individual pending law enforcement response.
- 3.3 Security Officers shall use the minimum amount of force reasonably necessary to accomplish a lawful objective.
- 3.4 Officers shall employ de-escalation techniques when feasible before applying restraints.
- 3.5 All applications of restraints shall be consistent with District-approved training and applicable state laws.

4.0 Definitions:

- 4.1 Handcuffs: A locking bracelet that binds the wrists together and restricts the wearer's range of motion. For purposes of this procedure, the term includes flex-cuffs, zip-ties, thumb cuffs, and other detention-style restraints. Therapeutic restraints prescribed by a physician are not included in this procedure. Restraint: Any approved device or technique used by Security Officers to temporarily restrict a person's movement for safety, detention, or control purposes.

5.0 Procedure:

- 5.1 Handcuffs are used by IVHD Security Officers for the purposes of detaining a criminal suspect until the suspect can be turned over to law enforcement for arrest. Handcuffs are not used by IVHD Security personnel for punishment, coercion, retaliation, or convenience. Handcuffs are a law enforcement device, not a medical treatment device nor a medical intervention.

Imperial Valley HealthCare District

Title: Restraints, Use by Security		Policy No. EOC-00021
		Page 2 of 3
Current Author: Jorge Mendoza		Effective: 6/15/2026
Latest Review/Revision Date: 06/2026		Manual: Security Management

- 5.2 When an IVHD Security Officer encounters a subject in the commission of a crime on or in hospital property, and the subject refuses to stop the criminal behavior and voluntarily subject himself to detention, the officer shall verbally inform the subject that he/she is under arrest and must submit to detention pending the arrival of law enforcement.
- 5.3 If the arrested subject is compliant and agrees to wait peaceably for law enforcement, no handcuffs are to be applied. If the subject becomes non-compliant, or is initially non-compliant, the officer shall apply handcuffs to the subject in a manner consistent with the training provided. If, after being placed under arrest but prior to handcuffed detention, the subject flees away from the officer and away from hospital property, the IVHD Security Officer shall not pursue the subject, but shall rather make an immediate report to the police via 911. Once the officer has restrained the subject in any manner, the officer shall not leave the subject's presence until law enforcement has taken custody of the subject.
- 5.4 Handcuffs are not used on patients unless the patient commits a crime and needs to be detained and restrained pending the arrival of law enforcement.
- 5.5 Training on the use of handcuffs shall be consistent with California BSIS (Bureau of Security & Investigative Services) requirements, all officers shall complete this requirement prior to being issued and approved to carry and apply handcuffs. Only handcuffs that are provided by the hospital are to be used, no personally sourced handcuffs are to be used. Hospital-provided handcuffs are to be recovered by the security officer when the arrested subject is taken into custody by law enforcement. Hospital Security Officers should assist the law enforcement official in removing the hospital handcuffs and replacing them with the law enforcement officer's handcuffs in a safe manner directed by the officer taking custody.
- 5.6 Every time handcuffs are applied to a person by an IVHD Security Officer, a security incident report shall be completed by the officer who applied the handcuffs before going off duty. The Security Manager or designee shall be notified by voice or text as soon as possible after the incident, but in every case before the involved officer goes off shift, the officer shall not leave duty until his notice has been acknowledged by the Security Manager or designee.
- 5.7 Persons seeking medical care may be combative due to medical reasons such as hypoxia, hypoglycemia, dementia, and many other medical causes. Security Officers are cautioned that such persons are likely to become patients, and if they need medical care, it shall be provided without delay regardless of patient presentation and behaviour. These persons should not be handcuffed unless they are combative and assaultive and must be handcuffed only as a last resort for self-protection and protection of the hospital staff. If nursing staff concurs, soft restraints should be tried first. Such restraint does not envision a subsequent arrest because the patient is unable to form intent to commit a crime. Application of handcuffs in this instance is expected to be rare and brief. In this instance, the Security Officer is not required to inform the patient that he/she is being arrested because no arrest is intended. As soon as medical care is initiated, the handcuffs must be removed at the earliest opportunity, and any contemporaneous or subsequent restraint becomes a medical restraint and is subject to the hospital policy regarding restraints ordered by competent medical authority.

Imperial Valley HealthCare District

Title: Restraints, Use by Security		Policy No. EOC-00021
		Page 3 of 3
Current Author: Jorge Mendoza		Effective: 6/15/2026
Latest Review/Revision Date: 06/2026		Manual: Security Management

- 5.8 The safety of hospital staff and the safety of the detainee is more important than the arrest of a suspect. Handcuffs are not applied to obviously pregnant persons, or juveniles under 14 years old unless known to have committed a dangerous felony in the presence of the Security Officer. No other restraint devices, such as waist chains, ankle cuffs, or other restraints, are authorized for use by Security Officers. After application of handcuffs, detainees are to be continuously monitored for medical distress until custody is transferred to law enforcement.

6.0 References:

- 6.1 California Business and Professions Code, Security Services Act.
- 6.2 California Bureau of Security and Investigative Services (BSIS) Training Manual for Security Officers and Proprietary Private Security Officers.
- 6.3 California Penal Code Sections 837–847 (Private Person Arrest Authority).
- 6.4 ASP Handcuff Certification Program and Training Standards.

7.0 Attachment List: Not Applicable

8.0 Summary of Revisions:

- 8.1 New policy established to provide guidance for the use of handcuffs and restraints by Imperial Valley HealthCare District Security Officers.

Imperial Valley Healthcare District

Title: Radiology Peer Review		Policy No. CLN-00894
		Page 1 of 4
Current Author: Derek Tapia		Effective: 1/28/2013
Latest Review/Revision Date: 6/23/2026		Manual: Clinical / Radiology

Collaborating Departments: Medical Staff, Dr Rapp	Keywords:			
Approval Route: List all required approval				
MARRC x	PSQC	Other: Chief of Radiology		
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 a standardized process for the professional practice evaluation of radiologists through a peer review program that promotes quality improvement, patient safety, diagnostic accuracy, and compliance with accreditation and regulatory requirements. The peer review process is intended to identify opportunities for education and performance improvement while fostering a culture of continuous quality improvement.

2.0 Scope: Radiology

3.0 Policy:

- 3.1 The Radiology Department shall maintain an ongoing peer review program utilizing the American College of Radiology (ACR) RADPEER® methodology or an equivalent peer review process. Peer review findings shall be used for quality improvement purposes and shall remain confidential in accordance with applicable state and federal laws governing peer review activities.
- 3.2 Peer review activities shall be conducted in a non-punitive manner and shall support the requirements for Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) as required by accreditation standards and medical staff bylaws.
- 3.3 The cases reviewed will closely represent the department's case mix by modality, which is 54% X-Ray, 21% CT, 15% U/S, 5% MAMMO, 3% MRI, 2% NUC MED.

4.0 Definitions:

- 4.1 RADPEER: A peer review system developed by the American College of Radiology for assessing agreement between radiologists' interpretations.
- 4.2 ACR: American College of Radiology
- 4.3 MSQC: Medical Staff Quality Committee
- 4.4 OPPE: Ongoing Professional Practice Evaluation conducted to assess a provider's clinical competence and professional performance over time.
- 4.5 FPPE: Focused Professional Practice Evaluation initiated when concerns regarding professional performance require additional review.

Imperial Valley Healthcare District

Title: Radiology Peer Review		Policy No. CLN-00894
		Page 2 of 4
Current Author: Derek Tapia		Effective: 1/28/2013
Latest Review/Revision Date: 6/23/2026		Manual: Clinical / Radiology

5.0 Procedure:

- 5.1 Peer review shall be performed as part of routine clinical workflow whenever feasible.
- 5.2 Cases may be selected:
 - 5.2.1 Randomly
 - 5.2.2 Through retrospective review
 - 5.2.3 Through quality assurance activities.
 - 5.2.4 Following identification of potential disparities
- 5.3 All modalities may be included, including:
 - 5.3.1 Radiography
 - 5.3.2 Mammography
 - 5.3.3 Computerized Tomography (CT)
 - 5.3.4 Magnetic Resonance Imaging (MRI)
 - 5.3.5 Nuclear Medicine
- 5.4 Review Process:
 - 5.4.1 The reviewing radiologist shall evaluate the prior interpretation against available imaging findings.
 - 5.4.2 The reviewer shall assign a RADPEER score based upon the level of agreement with the original interpretation.
 - 5.4.3 Peer review scores shall be submitted through the designated peer review software or quality management system.
 - 5.4.4 The identity of the reviewing radiologist shall remain confidential whenever possible.
- 5.5 ACR RADPEER Scoring System.
 - 5.5.1 The following scoring scale shall be utilized:

Score	Description
1	Concur with interpretation.
2	Discrepancy in interpretation not ordinarily expected to be made (understandable miss).
3	Discrepancy in interpretation that should be made most of the time.
4	Discrepancy in interpretation that should almost always be made.

- 5.6 Routine monitoring
 - 5.6.1 Peer review data shall be reviewed at least quarterly by the Radiology Quality Committee and/or Medical Director.
- 5.7 Performance Indicators, the following shall be monitored:
 - 5.7.1 Number of peer review cases completed.
 - 5.7.2 Percentage of concordant interpretations.
 - 5.7.3 Frequency of discrepancy scores.
 - 5.7.4 Trends by modality.
 - 5.7.5 Trends by individual radiologist.

Imperial Valley Healthcare District

Title: Radiology Peer Review		Policy No. CLN-00894
		Page 3 of 4
Current Author: Derek Tapia		Effective: 1/28/2013
Latest Review/Revision Date: 6/23/2026		Manual: Clinical / Radiology

- 5.7.6 Educational opportunities identified.
- 5.8 Escalation Criteria
 - 5.8.1 Cases receiving significant discrepancy scores may undergo additional review:
 - 5.8.1.1 Score 3 or higher (traditional scale), or
 - 5.8.1.2 Score 4 or 5 (enhanced scale)
 - 5.8.2 The Medical Director may request secondary review when appropriate.
- 5.9 Quality Improvement Process
 - 5.9.1 Significant discrepancies shall be evaluated to determine:
 - 5.9.1.1 Clinical impact
 - 5.9.1.2 Educational opportunities
 - 5.9.1.3 System-related contributing factors
 - 5.9.2 Findings may be discussed during:
 - 5.9.2.1 Quality Assurance meetings.
 - 5.9.2.2 Peer learning conferences.
 - 5.9.2.3 Morbidity and discrepancy reviews
 - 5.9.3 Corrective actions may include:
 - 5.9.3.1 Education
 - 5.9.3.2 Additional training
 - 5.9.3.3 Protocol modifications
 - 5.9.3.4 FPPE when warranted
- 5.10 Peer review records shall be maintained as confidential quality improvement documents and shall be protected in accordance with:
 - 5.10.1 California Evidence Code peer review protections.
 - 5.10.2 Medical Staff Bylaws.
 - 5.10.3 Applicable state and federal regulations.
 - 5.10.4 Hospital confidentiality policies.
- 5.11 Access shall be limited to authorized individuals involved in quality assurance and credentialing activities.
- 5.12 Peer review summary data shall be reported:
 - 5.12.1 Quarterly for the Radiology/IR department updates meeting
 - 5.12.2 Through OPPE processes.
 - 5.12.3 To Medical Staff leadership as required.
 - 5.12.4 During accreditation surveys upon request.
- 5.13 Scores will be documented using the IVHD Radiology Peer Review Scoring Form.

6.0 References:

- 6.1 RADPEER Scoring White Paper American College of Radiology
- 6.2 ACR Practice Parameter for Communication of Diagnostic Imaging Findings.
- 6.3 Joint Commission Standards for Ongoing Professional Practice Evaluation (OPPE).
- 6.4 Centers for Medicare & Medicaid Services (CMS) Conditions of Participation.

Imperial Valley Healthcare District

Title: Radiology Peer Review		Policy No. CLN-00894
		Page 4 of 4
Current Author: Derek Tapia		Effective: 1/28/2013
Latest Review/Revision Date: 6/23/2026		Manual: Clinical / Radiology

6.5 Medical Staff Bylaws.

7.0 Attachment List:

7.1 Attachment– IVHD Radiology Peer Review Scoring Form

8.0 Summary of Revisions:

8.1 Author changed

8.2 Additional information updated

8.3 Removed attachment: Attachment A – RADPEER Scoring White Paper American College of Radiology

IVHD Radiology Peer Review Scoring Form

1. Concur with interpretation.

2. Discrepancy in interpretation/not ordinarily expected to be made (understandable miss)

3. Discrepancy in interpretation/should be made most of the time.

4. Discrepancy in interpretation/should be made almost every time – misinterpretation of findings.

[illegible]

Imperial Valley Healthcare District

Title: Fall Prevention Program		Policy No. CLN-01014
		Page 1 of 5
Current Author: Carol Bojorquez/Gerardo Ibarra		Effective: 2/4/2002
Latest Review/Revision Date: 3/2026		Manual: Clinical / Nursing Policies

Collaborating Departments: Nursing Units, Dr Pap		Keywords:		
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service of Medicine x		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 ensure safety and prevent harm to our patients by following research-based guidelines for nursing care to prevent patient falls.

2.0 Scope: Hospital wide

3.0 Policy:

- 3.1 All patients will be assessed for fall risk upon admission, at the start of each shift, with any change in status, transfer or discharge.
- 3.2 Post operative patients are considered high risk for 24 hours.
- 3.3 The Morse Fall Scale is used to classify patients as:
 - 3.3.1 No Risk.
 - 3.3.2 Low Risk.
 - 3.3.3 High Risk.
- 3.3 Patient and families will receive education about fall prevention and be encouraged to be actively involved in the process and are given education regarding the Fall Prevention Program and specific strategies
- 3.4 Fall Prevention interventions are based on the patient's Morse Fall Scale score.
 - 3.4.1 No/Low Risk: Standard Fall prevention interventions.
 - 3.4.2 High Risk: Fall prevention interventions.
- 3.5 Nurses must document environmental safety measures, which may include depending on Morse Fall Scale score:
 - 3.5.1 Placing and verifying bed is in a low position.
 - 3.5.2 Proper lighting.
 - 3.5.3 Ensuring nursing call device is within reach, verifying patient is able to demonstrate how to use it.
 - 3.5.4 Patient is provided with Non-Slip footwear.
 - 3.5.5 Ensuring wheels are locked.
 - 3.5.6 Ensuring side rails are up.
 - 3.5.6.1 Note: More than 3 side rails up is considered a restraint.
 - 3.5.7 Fall precaution alarm is activated.
 - 3.5.8 Personal Safety Attendant "Sitter"
 - 3.5.9 Ensuring room is free of clutter.
 - 3.5.10 Ensuring all personal items are within reach.

Imperial Valley Healthcare District

Title: Fall Prevention Program		Policy No. CLN-01014
		Page 2 of 5
Current Author: Carol Bojorquez/Gerardo Ibarra		Effective: 2/4/2002
Latest Review/Revision Date: 3/2026		Manual: Clinical / Nursing Policies

- 3.6 If patient and/or family declines fall precautions, document the refusal and confirm education has been provided.
- 3.7 A Fall prevention team will be established and will meet at least quarterly to:
 - 3.7.1 Review fall data and compliance
 - 3.7.2 Evaluate Current strategies and staff education
 - 3.7.3 Assess the Fall Prevention Policy for relevance and effectiveness.

4.0 Definitions:

- 4.1 Morse Fall Scale — Evidence Based Tool to assess risk for fall. It includes the following factors:
 - 4.1.1 History of falling; (last 3 months)
 - No = 0
 - Yes = 25
 - 4.1.2 Multiple Diagnosis
 - No = 0
 - Yes = 15
 - 4.1.3 Use of ambulatory aids
 - No, bed rest, staff assisted = 0
 - Crutches, cane, walker = 15
 - Clutches furniture when walks = 30
 - 4.1.4 IV/Heparin Lock presence (any intravenous line)
 - No = 0
 - Yes = 20
 - 4.1.5 Gait/Transferring ability
 - Normal, bed rest, immobile = 0
 - Weak = 10
 - Impaired = 20
 - 4.1.6 Mental status
 - Oriented to own ability = 0
 - Forgets limitations = 15
 - 4.1.7 0-24 No Risk – No action needed
 - 4.1.8 25-50 Low risk – See Standard Fall Prevention Interventions
 - 4.1.9 = 51 High risk – See High Risk Fall Prevention Interventions

5.0 Procedure:

- 5.1 Standard Fall Prevention Interventions
 - 5.1.1 Nursing Staff
 - 5.1.1.1 Assess fall risk upon admission, per shift, change in condition, transfer or discharge.
 - 5.1.1.2 Assign bed to allow easier access to the patient's stronger side whenever possible.
 - 5.1.1.3 Assess coordination and balance before assisting with transfers and activities.
 - 5.1.1.4 Implement bowel and bladder programs to decrease incontinence.
 - 5.1.1.5 Use treaded socks for all patients.

Imperial Valley Healthcare District

Title: Fall Prevention Program		Policy No. CLN-01014
		Page 3 of 5
Current Author: Carol Bojorquez/Gerardo Ibarra		Effective: 2/4/2002
Latest Review/Revision Date: 3/2026		Manual: Clinical / Nursing Policies

- 5.1.2 All Staff
 - 5.1.2.1 Approach patients from their unaffected side to enhance participation in care.
 - 5.1.2.2 Transfer patient towards stronger side.
- 5.1.3 Education:
 - 5.1.3.1 Engage patient and family in Fall Prevention strategies.
 - 5.1.3.2 Instruct the patient on assisted devices, grab bars, and safe medication that affect mobility. patient in all activities prior to initiating assistive devices.
 - 5.1.3.2.1 Advise patients on calling for help before moving if on medications that affect mobility.
- 5.1.4 Equipment:
 - 5.1.4.1 Lock all movable equipment before transfer.
 - 5.1.4.2 Keep bed in low position with call light in reach.
 - 5.1.4.3 Customize equipment as needed.
- 5.1.5 Environment:
 - 5.1.5.1 Provide physically safe environment (eliminate spills, clutter, electrical cords, and unnecessary equipment).
 - 5.1.5.2 Provide adequate lighting.
- 5.2 High Risk Fall Prevention Interventions
 - 5.2.1 Nursing staff should implement the following actions for patients at high risk of falls:
 - 5.2.1.1 Nursing Staff
 - 5.2.1.1.1 Place a bright yellow armband on the patient to indicate fall risk.
 - 5.2.1.1.2 Place a "Fall Risk" sign in patient room.
 - 5.2.1.1.3 Perform frequent rounds and offer assistance with elimination needs.
 - 5.2.1.1.4 Assess the need for a sitter and consult the physician if necessary.
 - 5.2.1.1.5 ADL functional assessment should be done every shift by licensed nurses or by licensed physical therapists for every treatment.
 - 5.2.1.2 Equipment recommendations:
 - 5.2.1.2.1 Consider utilizing the following fall prevention technologies and equipment as appropriate:
 - 5.2.1.2.2 Non-skid floor mats
 - 5.2.1.2.3 Raised edge mattresses
 - 5.2.1.2.4 Bed alarms
 - 5.2.1.2.5 Refer to policy HRD-00064 Healthcare Worker Back and Musculoskeletal Injury Prevention Plan for detailed specifications on lift and transfer equipment.
 - 5.2.1.3 Environment Safety:
 - 5.2.1.3.1 Ensure the patient's environment is free of hazard that may contribute to a fall risk. This includes:

Imperial Valley Healthcare District

Title: Fall Prevention Program		Policy No. CLN-01014
		Page 4 of 5
Current Author: Carol Bojorquez/Gerardo Ibarra		Effective: 2/4/2002
Latest Review/Revision Date: 3/2026		Manual: Clinical / Nursing Policies

- 5.2.1.3.1.1 Removing clutter and obstacles from pathways
 - 5.2.1.3.1.2 Ensuring Adequate lighting in all areas of the patient's room.
 - 5.2.1.4 Patient and Family Education:
 - 5.2.1.4.1 Provide education to the patient and family on the following:
 - 5.2.1.4.1.1 Exercise and mobility strategies to improve strength and balance
 - 5.2.1.4.1.2 Proper nutrition to support bone health and general well-being
 - 5.2.1.4.1.3 Home Safety measures to prevent falls after discharge
 - 5.2.1.4.1.4 Procedures for emergency fall notification
 - 5.2.1.4.1.4.1 Exercise
 - 5.2.1.4.1.4.2 Nutrition
 - 5.2.1.4.1.4.3 Home safety
 - 5.2.1.4.1.4.4 Plan for emergency fall notification procedure
- 5.2.2 Pediatric Patients
 - 5.2.2.1 For Pediatric patients (Children and toddlers), place them in a "Safety Crib" as per Pediatric Rules and Regulations.
 - 5.2.2.2 Re-evaluation of Fall Risk Criteria
 - 5.2.2.2.1 Fall risk criteria should be re-evaluated in certain conditions, including but not limited to:
 - 5.2.2.2.1.1 Immediate post-operative status
 - 5.2.2.2.1.2 Following emergency procedures
 - 5.2.2.2.1.3 Deterioration in physical or emotional condition.
- 5.2.3 Procedure Following a Fall
 - 5.2.3.1 If a fall occurs, the following steps must be taken:
 - 5.2.3.1.1 Assess for injuries and provide treatment as per physician orders.
 - 5.2.3.1.2 Notify the attending physician.
 - 5.2.3.1.3 Document the fall in the patient's medical record.
 - 5.2.3.1.4 Notify the patient's family.
- 5.2.4 Post Fall Huddle
 - 5.2.4.1 A Post Fall Huddle should be conducted and completed to assess and address the following:
 - 5.2.4.1.1 Assess both intrinsic and extrinsic factors contributing to the fall.
 - 5.2.4.1.2 Determine the probable cause(s) of the fall.
 - 5.2.4.1.3 Identify additional interventions needed to prevent future falls for the affected patient and others.
 - 5.2.4.2 Complete an Incident Report and additional Fall Event documentation sheet. Forward these to the department director or manager. The department director or designee will initiate an investigation to identify the root cause and report findings to the Chief Nursing Officer (CNO) and Risk Manager. Falls that result in death or serious injury will be

Imperial Valley Healthcare District

Title: Fall Prevention Program		Policy No. CLN-01014
		Page 5 of 5
Current Author: Carol Bojorquez/Gerardo Ibarra		Effective: 2/4/2002
Latest Review/Revision Date: 3/2026		Manual: Clinical / Nursing Policies

reported to California Department of Public Health (CDPH) by the CNO or designee.

6.0 References:

- 6.1 <https://www.cihq-ars.org/resources-searching.asp> search fall, Policy – Patient Falls, Tool – Patient Falls – Care Setting Risk Assessment
- 6.2 Refer to policy HRD-00064 for lift equipment

7.0 Attachment List:

- 7.1 Attachment A: Post Fall Huddle Form

8.0 Summary of Revisions:

- 8.1 Major revisions
- 8.2 Changed authors
- 8.3 Added post fall huddles
- 8.4 Added falls that result in death will be reported to CDPH.
- 8.5 Added sections 3.7 through 3.11 to reflect changes to processes related to implementation of CernerWorks (EMR system)
- 8.6 Deleted section 5.2.5.2.
- 8.7 Added section 5.2.4.4.
- 8.8 Added section 5.2.5.5
- 8.9 Added attachment A
- 8.10 Edited 5.2.1.2.5
- 8.11 Added 5.2.1.1.5

Post Fall Huddle Form – Nursing Unit (ISBAR)

Date of Huddle: _____ **Time of Huddle:** _____ **Huddle Facilitator** _____

IDENTITY – Who was included in the huddle? (Check all that apply)

- | | | |
|---|---|--|
| ☐ Patient | ☐ Occupational Therapist | ☐ Pharmacist |
| ☐ Family/Caregiver | ☐ Physical Therapist | ☐ Pharmacy Tech |
| ☐ Charge Nurse | ☐ Physical Therapy Assistant | ☐ Quality Improvement |
| ☐ Primary Nurse | ☐ LVN | ☐ Other: _____ |
| ☐ CNA | ☐ Sitter | _____ |

SITUATION

Date of Fall _____ **Time of Fall** _____ **Fall occurred during change of shift:** ☐ Yes ☐ No
Fall occurred during breaks: ☐ Yes ☐ No

Department/Nursing Unit where fall occurred:

Physical Location of Fall ☐ From Bed ☐ b/w Bed & Bathroom ☐ From Chair ☐ b/w Chair & bathroom ☐ Hallway
☐ From Toilet ☐ From Bed Shower/tub ☐ From Cart /Gurney ☐ Therapy/Treatment
☐ Other Patient Room Location ☐ Other

Was Fall Witnessed? ☐ Yes ☐ No **Was Fall Assisted?** ☐ Yes ☐ No

If Fall was staff assisted, what transfer equipment was in use at the time of the Fall?

☐ None ☐ Transfer Belt ☐ EZ Stand ☐ EZ Lift ☐ Walker ☐ Sliding Board/Slip Sheet ☐ N/A

Was a staff member injured at the time of the Fall? ☐ Yes ☐ No

If yes, complete the employee accident or injury form and follow up with employee health

Patient's fall risk level prior to Fall ☐ Low ☐ Moderate ☐ High ☐ Automatic High

Did the Patient have a Fall Risk Wristband on when they fell? ☐ Yes ☐ No

What footwear if any did the patient have on?

Do they have low-low bed? ☐ Yes ☐ No **Has this contributed to the Fall?** ☐ Yes ☐ No

If the patient had a low bed, where the alarms properly set? ☐ Yes ☐ No

If yes, did the alarms prompt the staff response to the Fall? ☐ Yes ☐ No

Preventive measures in place prior to the Fall: ☐ Low bed ☐ Room close to Nurse Station ☐ Non-Slip Socks
☐ Bed Alarm ☐ 4 side rails ☐ Sitter (person) ☐ Other

Trip Hazards? ☐ Clothing ☐ Shoes ☐ Tubing ☐ Cord ☐ Obstructed path to bathroom
☐ Wet Floor ☐ Inadequate Lighting ☐ None
☐ Other (please specify)

What do we [] think or know [] the patient was doing at the time of the Fall?

☐ Getting up on their own: [] Chair [] from the bed
☐ Trying to get to the bathroom ☐ Reaching for something ☐ Trying to get _____
☐ Leaning on something ☐ Using furniture to ambulate ☐ Other (please specify)

Medications administered within 8 hours prior to Fall? ☐ None ☐ PCA ☐ Opiates ☐ Anticonvulsants ☐ Benzos

☐ Antihypertensives ☐ Antiarrhythmics ☐ Diuretics ☐ Hypnotics ☐ Sedatives ☐ Laxatives ☐ Antidepressants

☐ Antipsychotics ☐ Antihistamines ☐ Antiparkinsonians ☐ Alzheimer drugs

Is the patient on anticoagulants? ☐ Yes ☐ No

BACKGROUND - Mini Root Cause Analysis

What did the patient/family report was the reason for the Fall?

Patient Fell – WHY?



WHY did that happen?



WHY did that happen?



WHY did that happen?



WHY did that happen?

Root Cause(s) of Fall determined:

BACKGROUND – Fall Risk Factors, check boxes that apply – and describe actions taken to prevent reoccurrence for this patient

FALL CAUSE	FALL TYPE	ACTIONS TAKEN TO PREVENT REOCCURENCE FOR <u>THIS PATIENT</u>
	PREVENTABILITY	
☐ Environmental (Extrinsic) Risk Factors Examples: Liquid on floor; Trip over equipment, furniture or tubing; Equipment malfunction	Accidental → Possibly could have been prevented	
☐ Known Patient-Related (Intrinsic) Risk Factors Examples: Confusion/Agitation, LE weakness, Impaired gait, Poor balance/postural control, hypotension, centrally acting medication	Accidental → Possibly could have been prevented	
☐ Unknown, Unpredictable Sudden Condition Examples: Heart Attack, Seizure, Drop attack	Unanticipated Physiological	
	Unpreventable	

☐ **Unsure** - Please describe fall cause and your assessment of preventability: (RCA) _____

If preventable, determine error type and describe actions taken to decrease risk of reoccurrence at the system level

ERROR TYPE	ACTIONS TAKEN TO DECREASE RISK OF REOCCURENCE AT THE <u>SYSTEM LEVEL</u>
☐ Task Staff did NOT ensure planned interventions were in place as intended (i.e. bed alarm not activated)	
☐ Judgement Staff made a decision about an uncertain process (i.e. high risk for fall patient left alone while on commode in the absence of a policy not to do so)	
☐ Care Coordination Communication among multiple staff members was incomplete, inconsistent or misunderstood (i.e. fall risk status not communicated to all)	
☐ System Communication and multiple elements (tasks, knowledge, equipment) combine to make the system unreliable (i.e. unreliable process for monitoring orthostatic BP across the system)	

ASSESSMENT

Check that patient is: ☐ Alert ☐ Responding to Voice ☐ Responding to Pain ☐ Unresponsive

Vital signs completed: ☐ Temperature ☐ Blood pressure ☐ Pulse ☐ Respiratory Rate ☐ O2 Saturations

Blood Glucose recorded: if the patient is diabetic ☐ Yes ☐ No ☐ N/A

Other (i.e. urinalysis) if deemed clinically necessary: ☐ Yes ☐ No ☐ N/A

24 hour Neurological Observations Commenced: If the fall was unwitnessed or involved a potential head injury ☐ Yes ☐ No ☐ N/A

Consider: ☐ Pain/Physical ☐ Infection ☐ Constipation ☐ Hydration ☐ Medication ☐ Environment

Complete QRR? ☐ Yes ☐ No **Update Care Plan?** ☐ Yes ☐ No

Attending Physician Notified (SBAR)? ☐ Yes ☐ No (if no, why?)

Family Notified? ☐ Yes ☐ No (if no, why?)

RECOMMENDATIONS

Medication Review in place ☐ Yes ☐ No	Sufficient support to access toilet in place ☐ Yes ☐ No	Education in place ☐ Yes ☐ No
Referrals in place ☐ Yes ☐ No	Clutter free Environment in place ☐ Yes ☐ No	Supervision in place ☐ Yes ☐ No
All items in reach in place ☐ Yes ☐ No	Low-low bed in place ☐ Yes ☐ No	Other (list):
Call bell in reach in place ☐ Yes ☐ No	Non-slip footwear in place ☐ Yes ☐ No	

3rd Fall within six weeks? ☐ Yes* ☐ No *if Yes IDT/Case Treatment meeting to be arranged

Patients Care Plan is reviewed and interventions are added or discontinued as required: ☐ Yes ☐ No

RN Signature: _____ **Date and Time:** _____

Please sign and return promptly to DQM

Original – Nursing

Copy – to RISK MANAGER

Risk Manager Signature: _____ **Date and Time:** _____

Risk Manager Files Copy

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: 10/22/2026

SUBJECT: Authorization to approve Professional Service Agreement for Lwbba Grissell Chait Llamas, MD, Inc.

BACKGROUND: This agreement is for Pediatric services for the Pioneers Children's Health Center-Rural Health Clinic. This agreement is a renewal.

KEY ISSUES: Physician will be compensated at a base monthly compensation of (\$31,666.66) for on-site clinic services for 36 hours per week. In addition to the base compensation PMHD will pay the practitioner (\$70) per visit for any visits in excess of 4,108 patients per contract year. With increase in compensation plus incentive total, estimated \$60,000 annual increase.

- Base Compensation: \$380,000
- Incentive Bonus at \$70 per visit after 4,108 visits annually
- Retention Bonus after first year \$20,000

CONTRACT VALUE: approximately \$470,000 annually varies due to incentive

CONTRACT TERM: 3 years

BUDGETED: Yes

BUDGET CLASSIFICATION: Professional Fees

RESPONSIBLE ADMINISTRATOR: Carly Zamora

DATE SUBMITTED TO LEGAL: _____ **REVIEWED BY LEGAL:** ☒ Yes ☐ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION: Authorization to approve Professional Service Agreement

Comp-01, Compliance Officer 8/2018

for Lwbba Grissell Chait Llamas, MD, Inc.



PROFESSIONAL SERVICES AGREEMENT (Pediatrics – Lwbba Chait)

THIS PROFESSIONAL SERVICES AGREEMENT (“**Agreement**”) is entered into and executed as of October 1st, 2026 (“**Effective Date**”), by and between, Imperial Valley Healthcare District dba Pioneers Memorial a Local Healthcare District, organized and existing in the State of California pursuant to the California Health and Safety Code, §§32000 *et seq.* (“**Hospital**”), and Lwbba Grissell Chait Llamas, MD, Inc. a physician licensed to provide medical services in the State of California (“**Practitioner**”). Practitioner and Hospital are sometimes individually referred to hereafter as a “Party,” and collectively as “Parties.”

This Professional Services Agreement is entered into with respect to the following facts:

RECITALS

A. Hospital owns and operates a general acute care hospital located in Brawley, California and rural health clinics (“**Clinics**”), in Calexico, California and Brawley, California, and by the Effective Date, may also own and operate a second general acute hospital located in El Centro, California.

B. Practitioner is duly licensed and qualified to practice medicine under the laws of the State of California and is experienced and qualified to provide pediatric services (“**Specialty**”).

C. Hospital has determined that entering into an agreement with the Practitioner for the provision of Pediatric Services is an appropriate way to assure the availability of such Specialty Services (“**Services**”) for its patients and to maintain a high quality of patient care. The Parties furthermore acknowledge that many of the patients of the Hospital and Clinics will be referred there by outside physicians.

D. The Parties desire to enter into this Agreement to set forth their respective responsibilities in connection with Hospital’s and Practitioner’s provision of Services for treating patients during the term of this Agreement.

NOW, THEREFORE, the Parties agree as follows:

AGREEMENT

1. DUTIES OF PRACTITIONER

a. **Professional Services.** Practitioner shall provide all professional medical services ("Professional Services") as set forth in *Exhibit A*, as reasonably required for coverage and patient care. Practitioner shall provide the Professional Services in the during regular hours of operation, as mutually agreed upon by the parties, and as more specifically set forth in *Exhibit B* ("Practitioner Coverage").

b. **Qualifications of Practitioner.** Practitioner shall be: (a) duly licensed by the State of California (b) have levels of competence, experience and skill comparable to those prevailing in the community; (c) are not excluded from any governmental healthcare program, (d) is a member in good standing of the Medical Staff of Hospital, and, within one (1) year following commencement of provision of services in the Agreement, become board certified in Specialty.

c. **Applicable Standards.** Practitioner shall perform all Services under this Agreement in compliance with all applicable standards set forth by law or ordinance or established by the rules and regulations of any federal, state or local agency, department, commission, association or other pertinent governing, accrediting or advisory body, including compliance with the requirements of Joint Commission (JCAHO), having authority to set standards for health care facilities, and in accordance with all Hospital and Medical Staff bylaws, rules, regulations, policies and procedures.

d. **Records and Documentation;** For each patient receiving Services, Practitioner shall promptly complete and finalize for Hospital all of the medical record and report documentation required to accurately record the visit in the Hospital's electronic medical record (EMR) system or on the forms provided by the Hospital. Subject to applicable restrictions on disclosure, Practitioner shall have reasonable access, including the right to make copies, during business hours of all such medical records and reports as they may need from time to time for patient care or responding to any legal, judicial or third party administrative/investigative inquiries.

e. **Use of Premises.** Practitioner shall not use, or knowingly permit any other person who is under Practitioner's direction to use, any part of the Hospital's premises for (i) the private practice of medicine, or (ii) any purpose other than the performance of the services required hereunder.

f. **Non-Discrimination.** During the performance of this Agreement, Practitioner (including employees and subcontractors) shall not unlawfully discriminate, harass or allow harassment, against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, or family care leave. Practitioner and shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Practitioner shall comply with the provisions of the Fair Employment and Housing Act (Government Code, Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285.0 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990(a-f), set forth in California Code of Regulations, Title 2, Chapter 5, Division 4 are incorporated into this contract by reference as if duly set forth herein. Practitioner shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. Practitioner shall include the nondiscrimination and compliance provisions of this Agreement in all

subcontracts to perform work under this Agreement.

2. REPRESENTATIONS AND WARRANTIES OF PRACTITIONER. Practitioner hereby warrants and represents as follows:

a. Review of Compliance Requirements. Practitioner acknowledges that Hospital has a commitment to full compliance with all laws, regulations and guidance relating to its participation in the federal and state healthcare programs, and as a result has implemented a compliance program including, without limitation, mandatory requirements related to ongoing compliance training and education programs for its workforce, medical staff and persons/entities that conduct healthcare business with the Hospital. As a condition to this Agreement, Practitioner shall provide written acknowledgement that Practitioner and Practitioner's employees, subcontractors and/or agents have received (or been provided with electronic or other access to), read and understood and will comply with Hospital's compliance program materials and Code of Conduct of Medical Staff and further agrees to comply with all pertinent provisions.

b. Practitioner Is Not Restricted. Practitioner is not bound by any agreement or arrangement which would preclude Practitioner from entering into, or from fully performing the services required under, this Agreement.

c. Practitioner is Qualified. Practitioner's license to practice medicine in the State of California, or in any other jurisdiction has not ever been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or restricted in any way. Additionally, Practitioner's medical staff privileges at any health care facility have not ever been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or made subject to terms of probation or any other restriction.

d. Prohibition from Program Participation. Practitioner, including employees, has not been (a) excluded, suspended or debarred from, or otherwise ineligible for, participation in any federal or state health care program including, without limitation, Medicare or Medi-Cal (Medicaid), nor (b) convicted of a criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program including, without limitation, Medicare or Medi-Cal (Medicaid);

e. Notification of Threatened Exclusion From Program Participation. Practitioner shall notify Hospital immediately in writing if Practitioner becomes the subject of (a) any threatened, proposed or actual exclusion, suspension or debarment, (b) any conviction of a criminal offense related to conduct that would or could trigger an exclusion, of it or any of its agents or employees from any federal or state health care program, (c) any investigatory, disciplinary, or other proceeding by any governmental, professional, licensing board, medical staff, or peer review body, or (d) any event that substantially interrupts all or a portion of Practitioner's professional practice or that materially adversely affects Practitioner's ability to perform Practitioner's obligations hereunder.

f. No Competing Obligations. During the term of the Agreement or until termination by either party, Practitioner shall not provide professional services for or at any other organization/facility in Imperial County without the written consent of the Hospital. Additionally, Practitioner shall not enter into any agreement with any other entity to provide Services without

prior written approval of Hospital.

g. Non-Solicitation of Hospital Employees. To the extent allowable under California law, during the term of this Agreement, Practitioner shall not solicit the services of, or employ or procure on behalf of another the employment of, any individual currently employed by Hospital or under a service contract with Hospital; nor shall Practitioner engage in any other activity which would be in conflict with Practitioner's obligations hereunder.

3. COMPENSATION FOR PRACTITIONER

a. Compensation. Hospital shall pay Practitioner according to the compensation schedule set forth in *Exhibit C* ("**Compensation**"). Hospital shall pay the compensation owed on or before the fifteenth (15th) day of each calendar month, for services provided by Practitioner during the immediately preceding calendar month; provided that Practitioner has delivered a visit record to Hospital in the form attached hereto as *Exhibit D* ("**Time Log**") on or before the fifth (5th) day of each calendar month for the immediately preceding calendar month.

b. Taxation of Income. The Parties understand that the Hospital will bill, collect and retain the proceeds from all charges for medical services, and may use the Practitioner's Principal's Billing Provider number for such purposes. Practitioner understands and agrees that Hospital will issue Practitioner an IRS Form 1099 at the end of each calendar year for compensation paid by Hospital to Practitioner under this Agreement. Practitioner understands and agrees that the payment of all taxes due and owing on Practitioner's behalf with respect to any payments made to the Practitioner are Practitioner's sole responsibility, along with any fines, penalties, or costs associated with Practitioner's failure to pay taxes due and owing on Practitioner's behalf with respect to any payments made to Practitioner pursuant to this Agreement. Practitioner shall be fully and solely responsible for Practitioner's own self-employment tax payments, as well as Social Security (FICA), Medicare, and other required tax payments, if any. Practitioner will be fully responsible for Practitioner's own worker's compensation insurance coverage, health insurance coverage, disability insurance coverage, life insurance coverage, and retirement plan, if any. Hospital will not withhold or pay on behalf of the Practitioner any taxes such as state and local or payroll taxes and those listed herein. Accordingly, it is anticipated, and Practitioner agrees, that Practitioner will deduct from Practitioner's compensation all required deductions and report on Practitioner's income tax return all compensation earned by Practitioner hereunder.

c. Reimbursement of Expenses to Practitioner. Hospital shall reimburse Practitioner for reasonable and necessary travel expenses incurred in the performance of the services hereunder during working hours, provided that, for all expense reimbursements, the Practitioner furnishes the Hospital with records in compliance with Internal Revenue Code. Hospital will also reimburse Practitioner for reasonable expenses incurred for CME, up to three thousand dollars (\$3,000) per year, provided that Practitioner furnishes Hospital with necessary receipts and documentation.

d. Time-Off. Practitioner shall be entitled to a noncumulative time of sixteen (16) days of time off per year which shall be used as vacation, plus four (4) days of CME time, cumulatively five (5) work weeks per contract year. Included in this time are the Hospital's six (6) major holidays as delineated in Human Resources policies.

e. **Compliance with Health & Safety Code.** Any compensation received by Practitioner pursuant to this agreement shall be in compliance with the provisions of California Health and Safety Code Section 32129. Hospital has the obligation and right to adjust compensation to be in compliance with any and all laws and regulations.

4. DUTIES AND OBLIGATIONS OF THE HOSPITAL

a. **Duties.** Hospital agrees to furnish, at its own cost and expense, for adequate provision of professional services pursuant to this Agreement, the following:

- i. **Space.** Space as reasonably necessary to provide service to patients.
- ii. **Equipment.** Equipment as may be reasonably required as mutually agreed by the Hospital and Practitioner, subject to any applicable Hospital budget limitations. Practitioner acknowledges that existing equipment is adequate for Practitioner's purposes.
- iii. **Services and Supplies.** Maintenance, repair and replacement of equipment as reasonably required; all utilities, including telephone, power, light, gas and water; all supplies (including, without limitation, film, laundry services and linen); transcription services, and any necessary housekeeping and in-house messenger service that may be reasonably required to provide services.
- iv. **Non-Physician Personnel.** Hospital personnel with appropriate education, training and experience which are required to adequately assist Practitioner in performance of the services contemplated herein, as determined according to Hospital's discretion. Hospital shall have the sole right and responsibility for the hiring, discipline and termination of such Hospital employees.

b. **Eligibility.** At all times during the term of this Agreement, Hospital shall remain eligible to participate in the Medicare, Medi-Cal, and TriCare/CHAMPUS programs.

5. BILLING FOR MEDICAL SERVICES

a. **Billing Records Availability.** Each Party, shall, on a monthly basis, make available to the other Party, records and data accurately reflecting a) total billed services in connection with the Services; b) payments received from all sources for medical services provided by the Practitioner, and c) all expenses paid by Hospital or Practitioner in connection with the operation of the Services or the services rendered therein.

b. **Accurate Medical Records and Charts.** Practitioner shall promptly prepare and submit complete and accurate medical records, medical chart notes, and related back-up documentation, and respond and provide such assistance and information as District may reasonably request to facilitate billing and collection of charges for patient services, including, but not limited to, assigning appropriate procedure and diagnosis codes for billing purposes, and dictating or completing appropriate descriptions and notations to be made on the patient chart to support the appropriate billing code, in accordance with the requirements of the Centers for Medicare and Medicaid Services. Practitioner shall be responsible (and District shall not be responsible except with respect to joint and several liability required by law) for errors or liabilities,

if any, which may arise from Practitioner's fraudulent designation of inappropriate billing, procedure or diagnosis codes or for the negligent failure of Practitioner to prepare medical chart notes or dictation which corresponds to the services rendered.

c. **Charges for Medical Services.** Hospital shall be responsible for, and solely entitled to, billing and collection of all charges for all medical services (ancillary and professional); (ii) Practitioner hereby reassigns Practitioner's respective rights to bill such Professional Services to Hospital.

d. **Schedule of Charges.** On an annual basis, Hospital may provide to Practitioner the schedule of charges for the professional component of the medical services provided for Practitioner's review and input. Practitioner may request changes to the schedule of charges as circumstances may warrant. Hospital, in its sole and absolute discretion, shall decide upon changes to the schedule of charges.

e. **Forwarding Billing to Hospital.** Practitioner shall provide Hospital, on a daily basis, with all information reasonably requested by Hospital to enable Hospital to (i) properly bill for the Professional Services provided by Practitioner to patients. It is understood and agreed that Hospital shall handle at its expense all the administrative work of this billing. All Professional Services shall be billed in Practitioner's or Medical Group's name with all payments forwarded by payors (including, without limitation, Medicare and Medi-Cal) to a "lockbox" account in Practitioner's or Medical Group's name ("Account") established at Wells Fargo bank in Brawley, California. ("Bank"). Upon establishment of the Account, Practitioner shall direct the Bank, in writing, that during the term of this Agreement, on the last day of each calendar month the Bank shall transfer all funds in the Account on each such day to an account in Hospital's name as designated by Hospital in writing to the Bank.

f. **Billing Third-Party Payors.** Practitioner shall not bill, nor cause to be billed, Medicare patients or Medicare (Part B) carriers in violation of 42 C.F.R. §405.550(d)(3), nor any other patients or payors, for administrative, supervisory, medical director or similar services.

g. **Rates for Service.** In the event that Practitioner is responsible for establishing rates charged to patients for any Professional Services rendered pursuant to this Agreement, Practitioner must ensure that such rates are reasonable and customary. In the event that Hospital determines Practitioner's rates are unreasonable, Hospital reserves the right to approve modify rates charged by Practitioner for Services.

6. TERM AND TERMINATION.

a. **Term.** The term of this Agreement shall be three (3) years commencing on the Effective Date, unless terminated earlier as provided herein. This Agreement will automatically expire at the end of its current term unless extended in writing by mutual agreement of the parties neither party has any obligation to extend this Agreement beyond its current term.

b. **Termination Without Cause.** Either Party may terminate this Agreement without penalty or cause by providing ninety (90) days written notice to the other party.

c. **Termination for Cause.** Either Party may terminate this Agreement upon breach

by the other Party of any material provision of this Agreement, provided such breach continues for fifteen (15) days after receipt by the breaching Party of written notice of such breach from the non-breaching Party, except where such breach requires immediate termination as enumerated below.

d. Immediate Termination. This Agreement may be terminated immediately and without notice for serious and incurable events, including but not limited to:

i. Breach. Hospital or Practitioner is in breach of any material term or condition of this Agreement and such breach has not been cured within thirty (30) days following notice of such breach;

ii. Sale or Transfer. Hospital or Practitioner has sold or otherwise transferred all or substantially all of its assets, has merged with another entity or has dissolved;

iii. Insolvency or Bankruptcy. Hospital or Practitioner becomes insolvent or declares bankruptcy;

iv. Practitioner's License Suspension. denial, suspension, revocation, termination, restriction, lapse, or voluntary relinquishment under threat of disciplinary action, of Practitioner's medical staff membership or privileges at Hospital or any other healthcare facility, or of Practitioner's license to practice medicine in the State of California or any other jurisdiction;

v. (a) exclusion, suspension, debarment from, or ineligibility for, participation in any federal or state health care program, or (b) conviction of a criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program, by Practitioner;

vi. Cancellation of Insurance. Either Party fails to carry or reinstate the insurance required in Section 7 hereof or such coverage is cancelled or revoked within ten (10) days following notice thereof from its insurance carrier;

vii. Conduct Jeopardizing Licensure or Other Reimbursements. The performance by either Party of this Agreement which jeopardizes the licensure of Hospital, Hospital's participation in Medicare, Medi-Cal or other reimbursement or payment program, or Hospital's full accreditation by The Joint Commission or any other state or nationally recognized accreditation organization, or the tax-exempt status of Hospital's bonds, or if for any other reason such performance violates any statute, ordinance, or is otherwise deemed illegal, or is deemed unethical by any recognized body, agency, or association in the medical or hospital fields, and the jeopardy or violation has not been or cannot be cured within sixty (60) days from the date notice of such jeopardy or violation has been received by the parties.

viii. Misrepresentations. Any Party's representation or warranty that is false or was false at the time it was originally made, or any Party becomes the subject of any threatened, proposed or actual exclusion, suspension or debarment from, or is otherwise ineligible for participation in, any federal or state health care program including without limitation, Medicare or Medi-Cal, or is the subject of any threatened, proposed or actual criminal prosecution for, or is convicted of, any criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program.

e. **One Year Prohibition on New Agreement.** If this Agreement is terminated prior to expiration of the initial year of the term hereof, the Parties shall not enter into any new agreement or arrangement during the remainder of such year.

7. INDEPENDENT CONTRACTOR. Practitioner is engaged in an independent contractor relationship with the Hospital in performing all work, duties and obligations hereunder. Hospital shall not have nor exercise any control or direction over the methods by which Practitioner performs work and functions, except that Practitioner shall perform at all times in strict accordance with then currently approved methods and practices of the professional Specialty. Hospital's sole interest is to ensure that Practitioner performs and renders services in a competent, efficient and satisfactory manner in accordance with high medical standards. The Parties expressly agree that no work, act, commission or omission of Practitioner in connection with the terms and conditions of this Agreement shall be construed to make or render Practitioner, the agent, employee or servant of Hospital. Practitioner shall not be entitled to receive from Hospital vacation pay, sick leave, retirement benefits, Social Security, workers' compensation, disability or unemployment insurance benefits or any other employee benefit of any kind. The provisions of this Section shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

8. PROFESSIONAL LIABILITY INSURANCE COVERAGE. Practitioner shall secure and maintain at all times during the term, at Practitioner's sole expense, professional liability insurance covering Practitioner, with an admitted carrier (licensed to do business in the State of California) having at least an "A" BEST rating, with limits of one million (\$1,000,000) per claim/and three million (\$3,000,000) for annual aggregate claims. Such insurance shall not be cancelable except upon thirty (30) days' prior written notice to Hospital, and shall be primary and non-contributory. Annually, Practitioner shall provide Hospital with a certificate of insurance evidencing such coverages and coverage extensions upon request by the Hospital. If the coverage is on a claims-made basis, Practitioner hereby agrees that not less than thirty (30) days prior to the effective date of termination of Practitioner's current insurance coverage or termination of this Agreement, Practitioner shall either purchase unlimited tail coverage or provide proof of continuous coverage in the above stated amounts for all claims arising out of incidents occurring prior to termination of Practitioner's current coverage or prior to termination of this Agreement, as applicable, and provide Hospital a certificate of insurance evidencing such coverage.

9. OWNERSHIP OF FILMS AND RECORDS. Unless agreed upon in writing, all records of patients seen at any Hospital facilities shall be maintained by Hospital and shall be the property of the Hospital. Practitioner shall have the right to access such films and records during normal business hours.

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

Hospital:

Chief Executive Officer
Imperial Valley Healthcare District

Practitioner:

Lwbba Grissell Chait Llamas, MD, Inc

11. CONFIDENTIALITY

a. **Confidential Information Belongs to its Respective Owner.** Each Party recognizes and acknowledges that, by virtue of entering into this Agreement and providing services to the other hereunder, Practitioner and Hospital may have access to certain information of the other Party that is confidential and constitutes valuable, special and unique property. Each Party agrees that it will not at any time, either during or subsequent to the term of this Agreement, disclose to others, use, copy or permit to be copied, without the other Party's express prior written consent, except pursuant to Practitioner's duties hereunder, any confidential or proprietary information of either Party, including, but not limited to, information which concerns Hospital's patients, costs, or treatment methods developed by Hospital for the Hospital, and which is not otherwise available to the public.

This Agreement is Confidential Except for disclosure to Practitioner's legal counsel, accountant or financial advisors (none of whom shall be associated or affiliated in any way with Hospital or any of its affiliates), Practitioner shall not disclose the terms of this Agreement to any person who is not a party or signatory to this Agreement, unless disclosure thereof is required by law or otherwise authorized by this Agreement or consented to by Hospital. Unauthorized disclosure of the terms of this Agreement shall be a material breach of this Agreement. Except for disclosure to Hospital's legal counsel, accountant or financial advisors, its Board of Directors and/or any committee concerned with this Agreement, Hospital and its officers, directors, employees, and agents shall not disclose the terms of this Agreement to any person who is not a party or signatory to this Agreement, unless disclosure thereof is required by law or otherwise authorized by this Agreement or consented to by Practitioner. Unauthorized disclosure of the terms of this Agreement shall be a material breach of this Agreement. Upon the termination or expiration of this Agreement, Hospital all records of the patients seen or treated by Practitioner shall be the property of Hospital. However, upon Hospital's receipt of appropriately executed written request of any such patient therefor, Hospital will provide copies of the requesting patient's records to Practitioner, in paper or electronic form and the delivery of such records shall be in compliance with federal and state law.

Notwithstanding the foregoing, the Parties acknowledge and agree that Hospital is a public entity subject to the California Public Records Act ("CPRA"). To the extent Hospital receives a request under the CPRA for disclosure of any information that Practitioner has designated as confidential or proprietary, Hospital shall, to the extent permitted by law, provide Practitioner with prompt written notice of such request prior to disclosure. Practitioner may, at its sole expense, seek a protective order or other appropriate remedy to prevent disclosure. If Practitioner fails to obtain such protective order or other remedy within the time required for Hospital to respond to the request, Hospital may disclose the requested information to the extent required by the CPRA without liability to Practitioner. Practitioner acknowledges that Hospital's obligations under the CPRA supersede any conflicting confidentiality obligations set forth in this Agreement, and nothing in this Agreement shall be construed to prevent Hospital from complying with the CPRA or any other applicable public records law.

b. Medical Records Are Confidential. Neither Party shall disclose to any third party, except where permitted or required by law or where such disclosure is expressly approved by the other Party in writing, any patient or medical record information regarding Hospital patients, and the Parties shall comply with all federal and state laws and regulations, and all bylaws, rules, regulations, and policies of Hospital, and Hospital's Medical Staff, regarding the confidentiality of such information. Practitioner acknowledges that in receiving or otherwise dealing with any records or information from Hospital about Hospital's patients receiving treatment for alcohol or drug abuse, Practitioner is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2, as amended from time to time).

c. HIPAA Compliance is Required. Each Party agrees to comply with the applicable provisions of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and the requirements of any regulations promulgated thereunder including without limitation the federal privacy regulations (the "Federal Privacy Regulations") and the federal security standards (the "Federal Security Regulations").

d. Business Associate Agreement is Required. As a condition to the effectiveness of this Agreement, concurrently with the execution hereof, Practitioner shall execute Hospital's Business Associate Agreement.

12. AGREEMENT INTERPRETATION AND DISPUTE RESOLUTION

a. Entire Agreement; Amendment. This Agreement, its exhibits, and all documents referred to herein constitute the entire agreement between the parties pertaining to the subject matter contained herein. This Agreement supersedes all prior and contemporaneous agreements, representations and understandings of the parties which relate to the subject matter of this Agreement. No supplement, amendment or modification of this Agreement shall be binding unless executed in writing by all of the Parties.

b. Subject Headings. The subject headings of the Articles and Sections of this Agreement are included for purposes of convenience only and shall not affect the construction or interpretation of any of the provisions of this Agreement.

c. Parties. Nothing in this Agreement, whether express or implied, is intended to confer any rights or remedies on any person other than the Parties to it and their respective successors and assigns; nor is anything in this Agreement intended to relieve or discharge the obligation or liability of any third persons to any Party to this Agreement; nor shall any provision give any third person any right of subrogation or action over or against any party to this Agreement.

d. No Assignment. This Agreement shall be binding upon and shall inure to the benefit of the Parties to it and their respective legal representatives, successors and permitted assigns. No Party may assign this Agreement or any rights hereunder, nor may they delegate any of the duties to be performed hereunder without the prior written consent of the other party.

e. Governing Law and Venue. This Agreement shall be governed by, construed and enforced in accordance with the laws of the State of California. All actions relating to, or arising out of, this Agreement shall be brought in the State Court of California in the County of Imperial.

f. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

g. **Attorneys' Fees.** In the event of any legal action between the Parties to interpret or enforce the terms of this Agreement, the prevailing party shall be entitled to recover its costs of suit, including reasonable attorneys' fees, from the unsuccessful Party.

h. **Arbitration.** Any dispute or controversy arising under, out of or in connection with, or in relation to this Agreement, or any amendment hereof, or the breach hereof shall be determined and settled by arbitration before a single arbitrator in Imperial County, California, in accordance with the American Health Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration and applying the laws of the State of California. Any award rendered by the arbitrator shall be final and binding upon each of the Parties, and judgment thereon may be entered in any court having jurisdiction thereof. The costs shall be borne equally by both Parties. The prevailing Party in any such arbitration shall be entitled to recover its reasonable attorneys' fees. During the pendency of any such arbitration and until final judgment thereon has been entered, this Agreement shall remain in full force and effect unless otherwise terminated as provided hereunder. The provisions of this Section shall survive expiration or other termination of this Agreement.

i. **Exhibits.** The attached exhibits, inclusive, constitute a material part of this Agreement and are to be construed as incorporated into this Agreement in full and are made a part hereof.

j. **No Waiver.** No waiver of any of the provisions of this Agreement shall be deemed, or shall constitute, a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the Party making the waiver.

k. **Enforceability.** In the event that any of the terms and provisions of this Agreement are determined by a court of competent jurisdiction to be illegal, invalid, or unenforceable under the laws, regulations, ordinances, or other guidelines of the federal government or of any state or local government to which this Agreement is subject, such terms or provisions shall remain severed from this Agreement and the remaining terms and provisions shall remain unaffected thereby. If the term of this Agreement cannot be severed without materially affecting the operation of this Agreement, then this Agreement shall automatically terminate as of the date in which the term is held unenforceable.

13. GENERAL PROVISIONS

a. **Effect of Exclusion.** Notwithstanding any other provision of this Agreement to the contrary if Practitioner or any of Practitioner's agents or employees is (a) excluded, suspended, debarred from, or otherwise becomes ineligible for, participation in any federal or state health care program, or (b) convicted of a criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program, at any time during the term of this Agreement, or if at any time after the Effective Date hereof, any Party determines that the other

Party has made a false representation or is in violation or breach of this Section, this Agreement shall terminate as of the effective date of such exclusion, suspension, debarment from, or ineligibility for, any federal or state health care program or of such conviction of a criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program, or as of the date of the breach of such Section.

b. Section 952 of Omnibus Budget Reconciliation Act of 1980. In accordance with Section 952 of the Omnibus Reconciliation Act of 1980 (PL 96-499), Practitioner agrees that the books and records of Practitioner will be available to the Secretary of Clinic of Health and Human Services and the Comptroller General of the United States, or their duly authorized representatives, for four (4) years after termination of this Agreement. In the event that any of the services to be performed under this Agreement are performed by any subcontractor of Practitioner at a value or cost of \$10,000 or more over a twelve (12) month period, Practitioner shall comply and assure that the such subcontractor complies with the provisions of Section 952 of the Omnibus Reconciliation Act of 1980. If regulations are issued at a later time which would determine that Section 952 of PL 96-499 is not applicable to this Agreement, this paragraph shall automatically be repealed.

c. Access to Books and Records. To the extent required by Section 1395(x)(V)(1) of Title 42 of the United States Code, until the expiration of ten (10) years after the termination of this Agreement, Practitioner shall make available, upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States Department of Health and Human Services, or any of their duly authorized representatives, a copy of this Agreement and such books and documents and records as are necessary to certify the nature and extent of the costs of the services provided by Practitioner under this Agreement. Practitioner further agrees that in the event Practitioner carries out any of Practitioner's duties under this Agreement through a subcontractor, with a value or cost of ten thousand dollars (\$10,000.00) or more over a twelve (12) month period, with a related organization, such contract shall contain a clause to the effect that until the expiration of ten (10) years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of such subcontract and such books, documents and records of such organization as are necessary to verify the nature and extent of such costs. The provisions of this Section shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

d. Mutual Indemnity. Practitioner and Hospital shall indemnify and hold harmless each other, including officers, directors, shareholders, members, employees, agents and representatives from any and all liabilities, loses, damages, claims and expenses of any kind, including costs and attorneys' fees, which result from or relate to the indemnifying party's performance or failure to perform under this Agreement. The provisions of this Section shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

e. Jeopardy. Notwithstanding anything to the contrary hereinabove contained, in the event that the performance by either Party hereto of any term, covenant, condition or provision of this Agreement should jeopardize the licensure of either Party, its participation in Medicare, Medi-Cal, Blue Cross or other major reimbursement or payment programs, or its full accreditation by

DNV, or any other state or nationally recognized physician accreditation organization, or the tax-exempt status of interest earned on any of its bonds or other financial obligations, or if for any other reason such performance should be in violation of any statute, ordinance, or be otherwise deemed illegal, or be deemed unethical by any recognized body, agency, or association in the medical or hospital fields (collectively, the “Adverse Action”), then the Parties shall in good faith negotiate amendments to this Agreement necessary or appropriate to resolve the Adverse Action. If after a reasonable period of time, not to exceed sixty (60) calendar days, the Parties are unable to agree on an amendment necessary or appropriate to resolve the Adverse Action, then either Party may terminate this Agreement on ninety (90) days’ prior written notice to the other Party.

f. No Financial Obligation. Practitioner shall not incur any financial obligation on behalf of Hospital without the prior written approval of Hospital.

g. Assistance in Litigation. Each Party shall provide information and testimony and otherwise assist the other in defending against litigation brought against the other, its directors, officers or employees based upon a claim of negligence, malpractice or any other cause of action, arising under this Agreement, except where such Party is a named adverse Party.

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

[Signature Page Follows.]

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date first set forth above.

Imperial Valley Healthcare District

Lwbba Grissell Chait Llamas, MD, Inc.

Carly Zamora
Interim Chief Executive Officer

Lwbba Chait, M.D

Date _____

Date _____

EXHIBIT A
Professional Services

Provide outpatient and inpatient pediatric services (“Services”) for patients as deemed to be medically necessary by Practitioner using Practitioner’s sole professional medical judgment, all of which Services shall be provided without regard to the patients’ payor classification or ability to pay. Such Services shall be in accordance with privileges as requested by Practitioner and granted by the Imperial Valley Healthcare District Medical Staff and Board of Directors.

EXHIBIT B

Practitioner Coverage

Practitioner shall provide Services at least four days per week, totaling a minimum of thirty-six (36) hours per week at the Clinics. The specific days and hours of operation will be decided by mutual consent of both parties prior to the commencement of Agreement.

Practitioner may also provide Services for patients in the general acute care hospital located in Brawley, CA. Any such services will not count towards Practitioner's forty (40) hours per week at the Clinics.

Time off; Continuing Medical Education ("CME"). Practitioner shall be entitled to noncumulative time of sixteen (16) days off per year, plus an additional four (4) days off for CME.

EXHIBIT C

Compensation

Base Compensation:

During the term of this Agreement, as compensation for rendering Professional Services in IVHD Clinics, Practitioner shall be entitled to receive a base monthly amount of Thirty-one Thousand, six Hundred and sixty-six dollars (\$31,666.66).

Incentive Bonus Compensation:

Practitioner will have an in-clinic goal of four thousand, one hundred and eight (4,108) patient visits per year.

In addition to the Base Compensation above, IVHD will pay Practitioner seventy dollars (\$70) per visit for any visits in excess of the 4,108 patient visit per contract year. Practitioner's incentive shall be based on the number of visits each month.

Retention Bonus Compensation:

Practitioner shall be paid a one-time retention bonus incentive of twenty thousand dollars (\$20,000) within one (1) month after the first anniversary of the Effective Date i.e. at the beginning of Practitioner's second year of provision of services under this Agreement.

Retention bonus shall be considered a loan that will be forgiven if certain conditions are satisfied. For the Retention bonus to be forgiven, Practitioner must complete two (2) full years of the Agreement from the Start Date. If repayment of the loan(s) is required, Practitioner shall also be responsible to pay Hospital Interest on the full amount of accrued interest from the date funds were advanced by Hospital to Practitioner until paid at the rate of prime plus two percent (2%), not to exceed ten percent (10%) per annum simple interest or the maximum rate permitted by law, whichever is less. Full payment of the loan(s) is due within thirty (30) days of termination of the Agreement.

If this Agreement is terminated early for any reason, Practitioner shall reimburse funds advanced to him by Hospital prorated by the number of months the Agreement was in place divided by Twenty-four (24) months.

Locked Charts:

As a condition of payment, all charts must be completed and locked. Only completed and locked charts will count towards incentive calculation.

Annual Reimbursements

Continuing Medical Education Reimbursement. Hospital shall reimburse Practitioner for up to three thousand dollars (\$3,000) per year in expenses incurred for completing required Continuing Medical Education. Practitioner must present receipts and invoices to Hospital to receive such reimbursement.

No Benefits

Hospital shall not provide, and Practitioner shall not receive any benefits from Hospital including but not limited to health insurance, professional liability insurance, disability insurance, retirement plan benefits, workers compensation insurance, sick leave etc

EXHIBIT D
Imperial Valley Healthcare District
207 West Legion Road
Brawley, California 92227
PHYSICIAN - TIME AND ACTIVITY LOG

Imperial Valley Healthcare District

		<u>Practitioner Visit Record</u>				
<u>Practitioner Name:</u>		<u>Position:</u>				
<u>Facility Name:</u>						
<u>Month:</u>						
<u>Activity</u>	<u>Week 1</u>	<u>Week 2</u>	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>	<u>TOTAL</u>
<u>Services in Center</u>	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
<u>Other Services</u>	-	-	-	-	-	-
-	-	-	-	-	-	-
<u>Describe other services performed or activities undertaken:</u>	-	-	-	-	-	-
-	-	-	-	-	-	-
<u>Education</u>	-	-	-	-	-	-
-	-	-	-	-	-	-
<u>Center Planning</u>	-	-	-	-	-	-
<u>Total Visits:</u>	-	-	-	-	-	-
<u>Notes:</u>	-	-	-	-	-	-
-	-	-	-	-	-	-
CERTIFICATION: I CERTIFY THAT THIS TIME REPORT REFLECTS A TRUE AND ACCURATE RECORD OF MY SERVICES.						
<u>Practitioner Signature:</u>	-	-	-		<u>Date:</u>	-
<u>Return to:</u>			Phone: (760) _____ /Fax: (760) _____			

Imperial Valley Healthcare District DBA Pioneers Memorial Hospital

CONSENT AGENDA

BOARD MEETING DATE: October 22, 2026

SUBJECT: Renew Service Agreement with Hologic

BACKGROUND: Radiology is requesting renewal of its Hologic Service Agreement for the hospital's Hologic mammography and breast biopsy equipment. The renewal includes the Dimensions 3D Performance System and Affirm Breast Biopsy System, along with associated C-View, Image Checker, and Affirm Upright 3D software/license coverage. The Hologic service agreement provides equipment maintenance, replacement parts, technical support, software updates/upgrades, preventive maintenance, and ACR compliance support.

KEY ISSUES: The current Hologic service agreement is ending, and renewal is necessary to ensure continued maintenance, technical support, replacement parts, preventive maintenance, software updates, and service coverage for the hospital's mammography equipment. Increase in \$12,000 annually from previous contract.

CONTRACT VALUE: 3-Year agreement \$176,827.50
Annual Cost: \$58,942.50

CONTRACT TERM: December 21, 2026, through December 20, 2029 (3 years).

BUDGETED: Yes

BUDGET CLASSIFICATION: Operation

RESPONSIBLE ADMINISTRATOR: Carly Zamora / Derek Tapia

DATE SUBMITTED TO LEGAL: 9/2026 **REVIEWED BY LEGAL:** Yes

RECOMMENDED ACTION: Approve the renewal of the Hologic Service Agreement for a three-year term, December 21, 2026, through December 20, 2029, at a total contract value of \$176,827.50, to maintain continued service and support for the hospital's mammography equipment.



Service Quote

Hologic Internal Use Only
Entered By:
Date Entered:
Agreement Number:
Customer PO:

Location:
PIONEERS MEMORIAL HOSPITAL
207 W LEGION RD
BRAWLEY, CA 92227 US
Account # 106308

Quote #: Q-484710
Quote Date: 9/29/2026
Quote Expiration Date: 12/21/2026

Hologic Rep: Caitlyn Peters
Contract Type: Service Agreement Renewal

ATTN:

Phone:

Fax:

Email:

Model	Serial Number	Service Type	Annual List Price	Annual Net Price	Coverage Period	Coverage Period (in years)	Term Price
Dimensions 3D Performance System	SDM131900186	PREFERRED PLAN	\$64,100.00	\$48,075.00	12/21/2026 to 12/20/2029	3.00	\$144,225.00
Dimensions 3D Performance System	SDM131900186	C-VIEW COVERAGE	\$3,100.00	\$2,325.00	12/21/2026 to 12/20/2029	3.00	\$6,975.00
Dimensions 3D Performance System	SDM131900186	IMAGECHECKER COVERAGE 1ST LIC	\$2,470.00	\$1,852.50	12/21/2026 to 12/20/2029	3.00	\$5,557.50
Affirm Breast Biopsy System	82011172312	PREFERRED PLAN	\$6,820.00	\$5,115.00	12/21/2026 to 12/20/2029	3.00	\$15,345.00
Affirm Breast Biopsy System	82011172312	AFFIRM UPRIGHT 3D LIC COVERAGE	\$2,100.00	\$1,575.00	12/21/2026 to 12/20/2029	3.00	\$4,725.00

Term Discount Total:	(USD 58,942.50)
Agreement Term Price Total:	USD 176,827.50

The Agreement is effective upon signature by both parties ("Effective Date"). The terms contained in the B&SH Maintenance & Repair Service Terms, available at [B&SH Maintenance & Repair Service Terms](#) or <https://www.hologic.com/hologic-master-sales-terms-conditions> ("Terms"), Service Quote, Exhibit A, and Exhibit B (Terms, Service Quote, and Exhibits, collectively, the "Agreement") shall govern the repair and maintenance services ("Services") for equipment listed above ("Equipment") and the use of related Hologic Software (Equipment and Software, collectively "Products"). In the event of a conflict between this Service Quote and the Terms, this Service Quote prevails.

Quote #: Q-484710

The Agreement terms apply to the entire Coverage Period, even if the Coverage Period pre-dates the Effective Date. If the Quote is for Point of Sale Services, the Coverage Period will begin upon expiration of the applicable Product warranty period. For Point of Sale Services, the initial invoice date shall coincide with the Services start date. Prior to the end of the Coverage Period, this Agreement may be renewed, at a mutually agreed price, by executing an amendment signed by both parties.

Customer Acceptance: By signing below, Customer accepts this Agreement and agrees to be bound by the Terms. This Agreement supersedes all previous proposals for these Services and constitutes the complete and entire agreement between the parties. Any conflicting or additional terms, including those that may appear on a Customer purchase order, are rejected and of no effect unless agreed to in writing by the parties. A failure by either party to pursue an available remedy or enforce a material breach by the opposing party is not a waiver unless agreed to by the parties in writing. This Agreement must be signed by an authorized Customer representative and sent to Hologic with Customer's purchase order within sixty (60) days from the Quote Date stated above unless otherwise specified, and is subject to change or withdrawal by Hologic prior to acceptance by both Parties.

CUSTOMER: PIONEERS MEMORIAL HOSPITAL

HOLOGIC SALES AND SERVICE, LLC

Authorized Signature: _____

Authorized Signature: 

Name: _____

Name: James Gable

Title: _____ Date: _____

Title: Vice President, Global Services Date: 9/29/2026

BILL TO ADDRESS:

Hologic Contact:

Address: _____

Name: Caitlyn Peters Phone: _____

City: _____ State: _____ Zip: _____

Email: caitlyn.peters@hologic.com Fax: _____

Indicate Payment Frequency: _____
(Annual, Monthly, Quarterly)

THIS IS NOT AN INVOICE. INVOICE(S) WILL BE GENERATED FOLLOWING SUBMISSION OF EXECUTED SERVICE AGREEMENT AT THE TIME THE COVERAGE PERIOD BECOMES EFFECTIVE.
Hologic is required by law to collect state and local taxes on all sales.
Final invoices will include these amounts unless a valid exemption certificate is provided.

Exhibit A

Service Type Coverage

Standard Hours are Monday to Friday, 8am to 5pm local time, exclusive of Hologic-observed holidays.
 Extended Hours are Monday to Friday, 8am to 9pm local time, exclusive of Hologic-observed holidays.
 Coverage Period is stated on the Service Quote for individual Equipment and the applicable Service Type.

Service Type	Coverage Description
PREFERRED PLAN	Preferred Plan (1) (2) (3) (4) (5) (6) (10) Services include: • Telephone and remote diagnostic support twenty-four (24) hours/day, seven (7) days/week, exclusive of Hologic-observed holidays. • All replacement parts including glassware. Includes standard shipping and handling costs to ship such parts to Customer. • Plastics coverage (replacement parts for all paddle plastics and face shields that are broken during the Coverage Period). • Travel time and labor coverage for on-site assistance during Standard Hours. • Same day on-site response for down Equipment during Standard Hours, and on-site emergency coverage for down Equipment, Monday to Friday, 5:00pm to 9:00pm local time, if call is received by Hologic by 2pm local time. If Hologic Field Engineer cannot respond on-site same day for calls received after 2pm local time during Standard Hours, such call will be dispatched the following business day. • Two (2) Planned Maintenance ("PM") inspections per year of Coverage Period completed on-site during Standard Hours. • All Software Updates and Software Upgrades commercially released during the Coverage Period for the Products/options purchased. Installation during Standard Hours. Excludes third-party Software updates and security patches, such as Microsoft Windows security updates and antivirus software. Excludes replacement parts and hardware necessitated by Software Updates and Software Upgrades. • Discount of twenty percent (20%) during Coverage Period on the following Professional Services: (i) clinical applications training; (ii) post implementation configuration and connectivity services; and (iii) equipment relocation services. Said discount is non-cumulative and cannot be combined with any other offer or discount in order to apply. Professional Services are provided during Standard Hours in accordance with the terms and conditions of such offerings. • American College of Radiology ("ACR") compliance. • Ninety-five percent (95%) uptime guarantee in accordance with Hologic's Equipment Performance Guarantee, attached hereto and incorporated herein as Exhibit C.
C-VIEW COVERAGE	C-View Coverage Coverage includes: • Coverage for C-View™ Synthesized 2D Software and components under the same Service Type as the Equipment Model.

Service Type	Coverage Description
IMAGECHECKER COVERAGE 1ST LIC	ImageChecker License Coverage Coverage includes: • Coverage for ImageChecker Software under the same Service Type as the applicable Equipment. • All Software Updates and Software Upgrades commercially released during the Coverage Period for the Products/options purchased. Installation during Standard Hours. • Installation is included ONLY IF travel time and labor coverage is in place for the applicable Equipment and will be completed during Standard Hours. If travel time and labor coverage is not in place for the applicable Equipment, travel time and labor will be assessed at rates current one the date of install. • Excludes third-party Software updates and security patches, such as Microsoft Windows security updates and antivirus software. • Excludes replacement parts and hardware necessitated by Software Updates and Software Upgrades.
AFFIRM UPRIGHT 3D LIC COVERAGE	Affirm Upright 3D License Coverage Coverage includes: • Coverage for Affirm Upright 3D Software under the same Service Type as the applicable Equipment. • All Software Updates and Software Upgrades commercially released during the Coverage Period for the Products/options purchased. Installation during Standard Hours. • Installation is included ONLY IF travel time and labor coverage is in place for the applicable Equipment and will be completed during Standard Hours. If travel time and labor coverage is not in place for the applicable Equipment, travel time and labor will be assessed at rates current one the date of install. • Excludes third-party Software updates and security patches, such as Microsoft Windows security updates and antivirus software. • Excludes replacement parts and hardware necessitated by Software Updates and Software Upgrades.

SERVICE TYPE AND COVERAGE NOTES

(1) Requires Customer to provide a network connection for Unifi™ Connect™ SSL remote network access solution for each Product under the following equipment categories: Digital Mammography, Digital CAD, Bone Density, MultiView, and Prima. In the event that the Customer cannot provide such remote access, Hologic may not be able to, and shall not be liable for failure to, meet response times or uptime as specified in the Agreement.

Quote #: [Q-484710](#)

(2) Equipment that is out of Product Warranty and not covered by a current service agreement must conform to Hologic's customary standards of configuration, performance, manner of use, or installation ("Specifications") before Hologic will accept a new Agreement. Customer is responsible for all expenses to bring any such Equipment, components and software into conformance with Specifications at Hologic's prevailing travel time, labor, and parts rates.

(3) Two (2) Preventive Maintenance ("PM") inspections do not apply to (i) Digital CAD Equipment, Trident HD Equipment, or Brevera Equipment, which receives only one (1) PM inspection per year; and (ii) Akrus Chair, MultiView, and Prima Equipment, which do not require a PM inspection.

(4) For each equipment category listed below, glassware shall mean, but is not limited to:

- x-ray tube and digital array detector, for Digital Mammography, Direct Radiography, and Trident Equipment;
- x-ray tube and CCD camera, for Analog Mammography Equipment;
- x-ray tube, high voltage power supply assembly, and image intensifier or flat detector, for Fluoroscan Equipment;
- x-ray tube, high voltage power supply assembly, and array detector, for Bone Density Equipment.
- reusable driver, for Brevera Equipment. Notwithstanding anything to the contrary elsewhere in the Agreement, the reusable driver is subject to the Reusable Driver Exchange Program.

Replacement parts are supplied on an exchange basis; replaced parts removed from the Equipment shall become the property of Hologic.

(5) Platinum Service Type for Prima Equipment excludes Software updates.

(6) Equipment is considered "down" when an Equipment unit, or any function thereof, is inoperable (unavailable to treat or diagnose patients, or with respect to Equipment used by the Customer solely for research projects, cannot be used to perform research). Response to service call for down Equipment due to external failures (e.g., abuse, loss of air-conditioning, power failure, power surges beyond specified equipment tolerances, attempted and/or unauthorized third party repair, all other Acts of God, etc.) may be subject to travel time and labor rates.

(7) Plastics Coverage available at an additional cost.

(8) On-site emergency coverage for down Equipment, Saturday 8:00am to 5:00pm, available at an additional cost

(9) Reusable Driver Exchange Program: Hologic will provide Customer with replacement reusable driver ("Replacement Driver"), including all shipping expenses, in exchange for Customer's reusable driver ("Exchanged Driver"). Upon installation of the Replacement Driver ("Exchange Effective Date"), the Customer shall retain title and right of possession to the Replacement Driver and the Exchanged Driver shall be removed from the Equipment and shall become the sole property of Hologic, with Hologic retaining title and right of possession to the Exchanged Driver. Customer acknowledges and agrees that the Exchanged Driver shall be returned to Hologic within fifteen (15) days of the Exchange Effective Date with a Return Merchandise Authorization ("RMA"). RMA should be requested by calling Hologic at 800-442-9892. Failure to return the Exchanged Driver within allotted time frame may result in additional fees.

(10) "Software Updates" are generally available software modifications that correct errors or address safety or quality issues, such as maintenance-only releases, and bug fixes. "Software Upgrades" are new releases of software that contain enhancements improving functionality or capabilities, which are made commercially available by Hologic. Hologic may, in its sole discretion, determine if a new release is a Software Update or a Software Upgrade. Service coverage for Software Updates and Software Upgrades is determined by the Service Type, or as required by applicable law. Unless otherwise indicated by the Service Type or required by applicable law, Customer must request installation of Software Updates and Software Upgrades during the Coverage Period for coverage.

Agreement Exclusions:

- New or additional hardware that is required to run software updates or upgrades unless Renew Option is purchased.
- All consumables, including, but not limited to, bar code stickers, cleaning supplies, table pads, positioning devices, ink cartridges, exam table paper, batteries, separator sheets, suction cups, test films, ultrasound gel, test fixtures, test phantoms, and printer paper.
- Software Support Service Type excludes installation by a Hologic Field Engineer. Option of installation by Hologic Field Personnel during Standard Hours is available at current travel time and labor rates.
- Precision Service Type excludes travel time, labor or parts expenses that are necessary to bring the Equipment to within Hologic specifications and/or American College of Radiology ("ACR") Compliance. If required, such expenses will be assessed at then-current travel time, labor and parts rates.

Exhibit B

Product Support Information

Product	Support Hours	Phone	Email
Dimensions	7:00am– 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Affirm Biopsy	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Selenia;	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Digital StereoLoc II	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Affirm Prone Biopsy	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
SecurView Workstations	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Prima Workstation	7:00am– 8pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Aixplorer	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	mammosupport@hologic.com
Digital CAD	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	sc.techsupport@hologic.com
Analog CAD	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	sc.techsupport@hologic.com
MultiView/Aegis	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	MultiViewSupport@hologic.com
SecurXchange	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	SecurXchangeSupport@hologic.com
Trident	7:00am – 8pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	DANisupport@hologic.com
Multicare/M-IV Platinum	7:00am – 8:00pm EST live support (on-call support available 24hours/day, 7 days/week)	877-371-4372	DANisupport@hologic.com
ATEC Consoles	7:00am – 7:00pm EST live support	877-371-4372	mammosupport@hologic.com
MRI	7:00am – 8:00pm EST live support	800-537-3860	N/A
Insight2/FD	7:00am – 8:00pm EST live support	800-321-4659	BED-ASPPT@hologic.com
Bone	7:00am – 8:00pm EST live support	800-321-4659	BED-ASPPT@hologic.com
Sahara	7:00am – 8:00pm EST live support	800-321-4659	BED-ASPPT@hologic.com

Exhibit C

Equipment Performance Guarantee

Definitions

“*Equipment*” means Customer's portfolio of Hologic manufactured or licensed equipment which is covered under a Service Plan.

“*Service Plan*” means the Services coverage period of an applicable Hologic service agreement.

“*Measurement Period*” means the twelve (12) month period beginning on the effective date of the Product Warranty Period or Service Plan coverage period, as applicable, and each twelve (12) month period thereafter (or the actual operative period of time if less than twelve (12) months).

“*Hours of Operation*” means Monday to Friday, 8:00 am to 5:00 pm, exclusive of Hologic-observed holidays, or the Equipment's onsite coverage hours pursuant to the applicable Service Plan documentation.

“*Base Hours*” means the total number hours, based on the Hours of Operation, in a Measurement Period.

“*Downtime Event*” means each unscheduled incident when any Equipment is inoperable (unavailable to treat or diagnose patients, produce diagnostic images, report results, or process samples), beginning when a documented Customer notification of each Downtime Event is received by Hologic and continuing until the Equipment is restored to operable condition in accordance with Specifications. A Downtime Event excludes (i) any scheduled downtime event, including but not limited to preventive maintenance, proactive parts replacement, or installation of Software updates or upgrades; and (ii) repairs or adjustments to the Equipment required due to misuse, operator error, negligence of Customer or its employees or agents, or inadequate environmental conditions, including but not limited to air conditioning conditions or failure, power failure, or supply of power below or in excess of the Equipment Specifications. If Hologic is notified of a Downtime Event outside the applicable Hours of Operation, Downtime will commence at the start of Hours of Operation on the following business day.

“*Downtime Hours*” means the total number of hours that Customer's Equipment experienced a Downtime Event during Hours of Operation, excluding any time (in hours) that Customer restricts, limits or prevents access to the Equipment experiencing the Downtime Event by Hologic service personnel or authorized agents.

Performance Guarantee

During the Service Plan, Hologic shall be responsible for the reliability of the Equipment and warrants that for each Measurement Period, Equipment covered under such Service Plan will operate in accordance with Hologic's then-current standards of configuration, performance, manner of use, or installation (“*Specifications*”) for the percentage of time stated in the applicable Service Plan documentation (“*Uptime Standard*”).

Hologic and Customer agree the Uptime Standard requires that, where the Equipment has remote diagnostic capabilities, Customer provides a dedicated VPN connection for each item of Equipment for remote diagnostic troubleshooting purposes via Hologic Connect™ SSL remote network access solution.

The Uptime Standard is calculated by subtracting Downtime Hours from the Base Hours, dividing that number by the Base Hours, and then multiplying the result by one hundred (100).

Customer and Hologic are each responsible for measuring Downtime Hours, and the parties may meet annually if requested by Customer at least thirty (30) days in advance, to review their calculations and determine whether the guaranteed Uptime Standard was met during the applicable Measurement Period. Hologic will extend the applicable Service Plan coverage period by one (1) week, up to a maximum of five (5) weeks, for each percentage point below the guaranteed Uptime Standard.

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: October 22, 2026

SUBJECT:

Authorize the approval and execution of the Loan Amendment Resolution and Second Amendment to Loan and Security Agreement for the Distressed Hospital Loan Program between California Health Facilities Financing Authority (CHFFA)/California Department of Health Care Access and Information (HCAI) and IVHD.

BACKGROUND:

In October 2023, IVHD formerly known as PMHD, was granted a loan amount of \$28 M by CHFFA/HCAI as part of the Distressed Hospital Loan Program, which provides loan funds to California hospitals that demonstrate financial hardship or distress. IVHD has successfully submitted payments for such loan since May 2025. The Second Amendment to Loan and Security Agreement allows partial forgiveness of the next twelve (12) months of principal payments, a revised monthly payment due date and revised outstanding loan balance favorable to IVHD. To effectuate this modification CHFFA/HCAI requires the fully executed Loan Amendment Resolution and Second Amendment to Loan and Security Agreement.

KEY ISSUES: The partial forgiveness for this loan will cover the 12-month period from November 1, 2026 through October 31, 2027. It allows a revised monthly payment due date of November 1, 2027.

CONTRACT VALUE: Agreement shall modify loan payment date and provide a revised amortization schedule

CONTRACT TERM: (change to payment dates of loan and partial loan forgiveness)

BUDGETED: No

BUDGET CLASSIFICATION: Liability

RESPONSIBLE ADMINISTRATOR: Carly Zamora/Lenin Valdes

REVIEWED BY LEGAL: ☒ Yes ☐ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION:

Authorize the approval and execution of the Loan Amendment Resolution and Second Amendment to Loan and Security Agreement for the Distressed Hospital Loan Program between California Health Facilities Financing Authority (CHFFA)/California Department of Health Care Access and Information (HCAI) and IVHD, as outlined above.

RESOLUTION NO. 2026-1022

RESOLUTION OF IMPERIAL VALLEY HEALTHCARE DISTRICT AUTHORIZING EXECUTION AND DELIVERY OF THE SECOND AMENDMENT TO LOAN AND SECURITY AGREEMENT, AND CERTAIN ACTIONS IN CONNECTION THEREWITH

DISTRESSED HOSPITAL LOAN PROGRAM

WHEREAS, Imperial Valley Healthcare District (the “**Borrower**”) is local health care district pursuant to California Health & Safety Code 32000 et seq., operating a public hospital, as defined in Section 129381 of the California Health and Safety Code;

WHEREAS, Borrower and the California Health Facilities Financing Authority (the “**Lender**”) are parties to that certain Loan and Security Agreement, dated as of October 30, 2024, as amended by that certain First Amendment to Loan and Security Agreement, dated as April 23, 2025 (the “**First Amendment**”) (as amended, supplemented or otherwise modified from time to time, the “**Loan Agreement**”);

WHEREAS, pursuant to the Loan Agreement, Borrower has instituted turnaround efforts to prevent the closure of the hospital but despite Borrower’s best efforts, Borrower continues to experience financial distress;

WHEREAS, Borrower has submitted to the Lender a Loan Modification Application under the Distressed Hospital Loan Program (the “**Loan Program**”) and, if such Loan Modification Application is approved, proposes to enter into that certain Second Amendment to Loan and Security Agreement (the “**Second Amendment**”), with the Lender; and

WHEREAS, the Imperial Valley Healthcare District Board of Directors has determined that it is advisable and in the best interests of Borrower to enter into the Second Amendment and the documents and transactions contemplated in connection therewith;

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

Section 1. The Board of Directors of Borrower hereby **ratifies** the submission to the Lender of a Loan Modification Application under the Loan Program and any related materials submitted in connection therewith.

Section 2. The Imperial Valley Healthcare District Chief Executive Officer, Pablo Velez, and/or the Imperial Valley Healthcare District Legal Counsel, Adriana Ochoa (each an “**Authorized Officer**”) are hereby authorized and directed, for and on behalf of Borrower, to do any and all things and to execute and deliver any and all documents that such Authorized Officer(s) deem(s) necessary or advisable to enter into the Second Amendment and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 3. The proposed form of the Second Amendment, which is attached to this Resolution as **Exhibit A**, is hereby approved. The Authorized Officer(s) are hereby authorized and

directed, for and on behalf of Borrower, to execute and deliver the Second Amendment in substantially such form, with such changes, additions, or deletions therein as the Authorized Officer(s) may require or approve, such approval to be conclusively evidenced by the execution and delivery thereof.

Section 4. This Resolution shall take effect immediately upon its adoption.

IT IS SO RESOLVED. PASSED, ADOPTED AND SIGNED ON THIS 22nd DAY OF OCTOBER 2026.

Katherine Burnworth
IVHD Board President

Brenda Ryan
IVHD Board Clerk

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, hereby certify as follows:

The attached is a full, true, and correct copy of the resolution(s) duly adopted at a special meeting of the Board of Directors of Imperial Valley Healthcare District, which was duly held on October 22, 2026, notice of which was provided in accordance with applicable law and 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:

AYES:

NOES:

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 22nd day of October 2026.

Secretary
Imperial Valley Healthcare District

EXHIBIT A
SECOND AMENDMENT TO LOAN AND SECURITY AGREEMENT

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

DISTRESSED HOSPITAL LOAN PROGRAM

SECOND AMENDMENT TO LOAN AND SECURITY AGREEMENT

This Second Amendment to Loan and Security Agreement (“Second Amendment”), is entered into by and between the CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY, a public instrumentality of the State of California, having its principal place of business at 915 Capitol Mall, Suite 440, Sacramento, California 95814 (together with its successors and assigns, the “Authority” or the “Lender”) and Imperial Valley Healthcare District, a California public hospital (“Imperial”) (successor in interest to Pioneers Memorial Healthcare District DBA Pioneers Memorial Hospital), a California public hospital having its principal place of business at 207 W. Legion Road, Brawley, California 92227 (“Borrower”), under the Distressed Hospital Loan Program pursuant to Health and Safety Code section 129380 et seq. Lender and Borrower are at times referred to collectively herein as the “Parties.” This Second Amendment is effective and dated as of the date of the execution by the Authority of this Second Amendment (the “Second Amendment Effective Date”).

RECITALS

A. Borrower and the Lender are parties to that certain Loan and Security Agreement, dated as of October 30, 2023, as amended by that certain First Amendment to Loan and Security Agreement, dated as of April 23, 2025 (the “First Amendment”) (as amended, supplemented or otherwise modified and in effect immediately prior to the Second Amendment Effective Date, the “Original Loan Agreement”). The Original Loan Agreement, as amended by this Second Amendment, is referred to herein as the “Loan Agreement”;

B. Pursuant to the Loan Agreement, Borrower has instituted a Turnaround Plan but despite Borrower’s best efforts, Borrower remains in financial distress;

C. Borrower has submitted to the Authority and the California Department of Health Care Access and Information (the “Department”) a Loan Modification Application under the Distressed Hospital Loan Program (the “Loan Program”);

D. The Authority, the Department and the California Department of Finance have determined that Borrower’s Loan Modification Application meets the eligibility requirements of the Loan Program thereby providing for the forgiveness of the next twelve (12) months of debt service payments on the Loans (as defined herein) as set forth herein; and

E. Borrower and the Lender wish to amend the Original Loan Agreement in certain respects as set forth herein;

NOW, THEREFORE, in consideration of the foregoing, the Parties agree as follows:

1. **Certain Defined Terms.** Except as otherwise defined in this Second Amendment, terms defined in the Loan Agreement are used herein as defined therein.

2. **Amendment.** Subject to the satisfaction of the conditions precedent set forth in Section 5 of this Second Amendment, the Second Amendment shall be effective as of the date hereof:

(a) Section 2(d) of the Original Loan Agreement is hereby amended and restated in its entirety to read as follows (additions shown in **double underline bold** and deletions in ~~strikethrough~~):

“(d) **Repayment; Maturity.** Borrower agrees to repay the Loans in equal monthly installments, commencing on the first day of the ~~thirty-first (31st)~~ **forty-third (43rd)** month from the Effective Date until the principal sum of the Loans is paid in full, which shall occur no later than eighty-four (84) months from the date of this Agreement (the “Maturity Date”). If Borrower commences a restructuring under chapter 11 of the Bankruptcy Code before the Maturity Date and seeks debtor-in-possession financing from the Lender, the Lender agrees to “roll up” the Loans under this Facility into a debtor-in-possession financing facility on a dollar-for-dollar basis and on such other terms and conditions acceptable to the Lender.

The principal amount of \$6,222,222.24 representing the payments due on the Loans during the twelve (12) month period commencing on November 1, 2026, through October 31, 2027 is hereby permanently forgiven and shall no longer be due or payable by Borrower. As of the effective date of the Second Amendment, the outstanding principal amount of the Loans is \$18,666,666.64.”

(b) Exhibit E of the Original Loan Agreement is hereby amended and restated in its entirety with such Exhibit attached hereto as Annex A.

3. **Reaffirmation.** Borrower (a) acknowledges and consents to all of the terms and conditions of this Second Amendment, (b) agrees that this Second Amendment and any documents executed in connection herewith do not operate to reduce or discharge Borrower’s obligations under the Loan Documents, and (c) agrees that this Second Amendment and any documents executed in connection herewith shall not impair or otherwise adversely affect any of the guarantees or liens provided or granted pursuant to the Loan Documents. Each other Loan Document and all guarantees, pledges, grants, security interests and other agreements thereunder shall continue to be in full force and effect and Borrower reaffirms the Loan Document and all guarantees, pledges, grants, security interests and other agreements thereunder.

4. **Representations and Warranties.**

To induce the Lender to enter into this Second Amendment, Borrower hereby represents and warrants to the Lender that as of the Second Amendment Effective Date and, until the Note is paid in full and all obligations under the Loan Agreement are performed in full, that:

(a) Borrower has the requisite right, power and authority to execute and deliver this Second Amendment and the performance of the Loan Agreement.

(b) Borrower has duly authorized, executed and delivered this Second Amendment.

(c) This Second Amendment constitutes the legal, valid and binding obligations of Borrower, enforceable in accordance with their respective terms, subject to bankruptcy, insolvency, reorganization, arrangement, fraudulent conveyance, moratorium and other laws relating to or affecting the enforcement of creditors' rights, to the application of equitable principles, regardless of whether enforcement is sought in a proceeding at law or in equity, to public policy and to the exercise of judicial discretion in appropriate cases.

(d) The execution and delivery by Borrower of this Second Amendment and the performance by Borrower of this Second Amendment and the performance by Borrower of the Loan Agreement will not: conflict with or constitute a breach of, violation or default (with due notice or the passage of time or both) under the articles of incorporation or bylaws of Borrower, any applicable law or administrative rule or regulation or any applicable court or administrative decree or order, or any indenture, mortgage, deed of trust, loan agreement, lease, contract or other agreement, evidence of indebtedness or instrument to which Borrower is a party or to which or by which it or its properties are otherwise subject or bound, or result in the creation or imposition of any prohibited lien, charge or encumbrance of any nature whatsoever upon any of the property or assets of Borrower, which conflict, violation, breach, default, lien, charge or encumbrance might have consequences that would materially and adversely affect the performance of Borrower of the Loan Agreement.

(e) The representations and warranties set forth in Section 4 of the Loan Agreement, and in each of the other Loan Documents, are true and complete on the date hereof as if made on and as of the date hereof (or, if any such representation or warranty is expressly stated to have been made as of a specific date, such representation or warranty shall be true and correct as of such specific date), and as if each reference in said Section 4 to "this Agreement" included reference to this Second Amendment.

5. **Conditions Precedent.** The amendments set forth in Section 2 shall not become effective until the Lender is satisfied that all of the following conditions have been met:

(a) Borrower shall have delivered to the Lender a duly executed Second Amendment.

(b) Borrower shall have delivered to the Lender a resolution of Borrower's board of directors or governing body duly authorizing the execution and delivery by it of this Second Amendment and the performance of the Loan Agreement.

(c) Borrower shall have delivered to the Lender any other documents reasonably required by the Lender in connection with carrying out the purposes of this Second Amendment.

6. **Miscellaneous.**

(a) References in the Loan Agreement to “this Agreement” (and indirect references such as “hereunder”, “hereby”, “herein” and “hereof”) and references to the Loan Agreement in other Loan Documents shall in each case be deemed to be references to the Loan Agreement as amended hereby.

(b) This Second Amendment shall constitute a Loan Document for purposes of the Loan Agreement and the other Loan Documents, and except as specifically modified by this Second Amendment, the Loan Agreement and the other Loan Documents shall remain unchanged and shall remain in full force and effect and are hereby ratified and confirmed.

(c) The execution, delivery and performance of this Second Amendment shall not constitute a forbearance, waiver, consent or amendment of any other provision of, or operate as a forbearance or waiver of any right, power or remedy of the Lender under the Loan Agreement or any of the other Loan Documents, all of which are ratified and reaffirmed in all respects and shall continue in full force and effect. This Second Amendment does not constitute a novation of rights, obligations and liabilities of the respective parties existing under the Loan Documents.

(d) This Second Amendment may be executed in any number of counterparts, each of which when so executed and delivered shall be an original, but all counterparts shall together constitute one and the same instrument.

[Signature Pages Follow]

IN WITNESS WHEREOF, the parties to this Second Amendment have caused this Second Amendment to be executed and delivered as of the date of execution of this Second Amendment by the Authority.

LENDER: **CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**, a public instrumentality of the State of California

By: _____

Name: **Carolyn Aboubechara**

Title: **Executive Director**

Date: _____

BORROWER: **IMPERIAL VALLEY HEALTHCARE DISTRICT, as successor in interest to PIONEERS MEMORIAL HEALTHCARE DISTRICT DBA PIONEERS MEMORIAL HOSPITAL,**
a California public hospital

By: _____
(Authorized Officer)

Name: _____

Title: _____

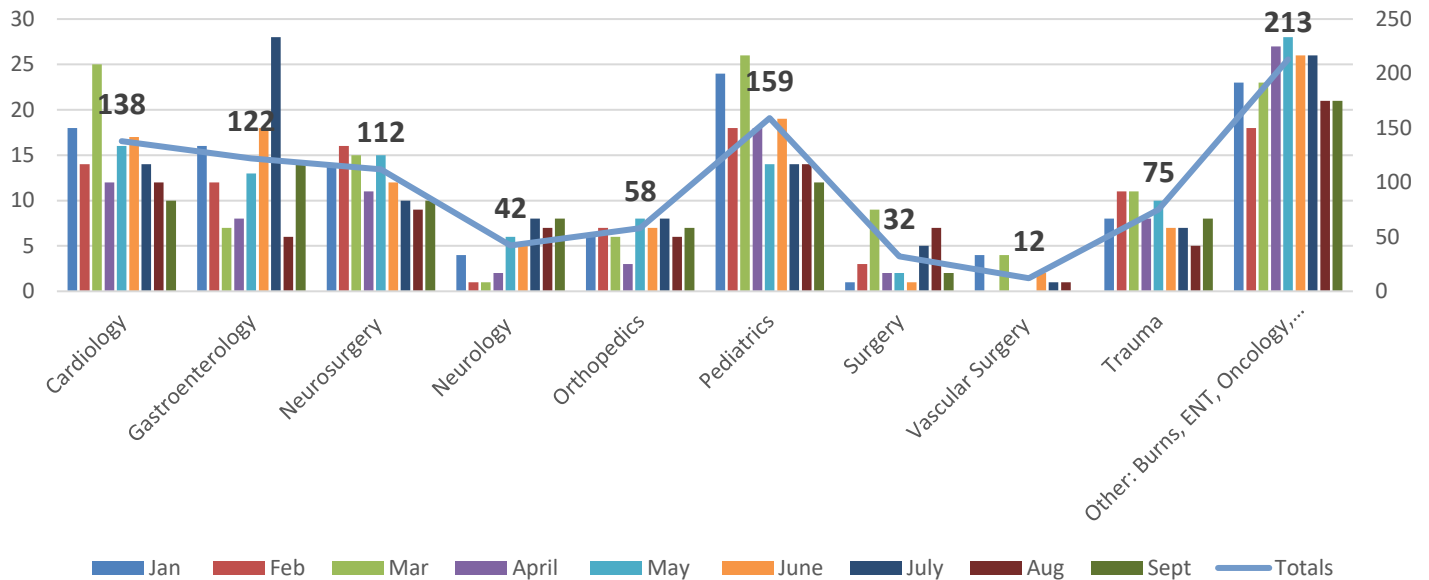
ANNEX A

EXHIBIT E- TURNAROUND PLAN

[Attached]

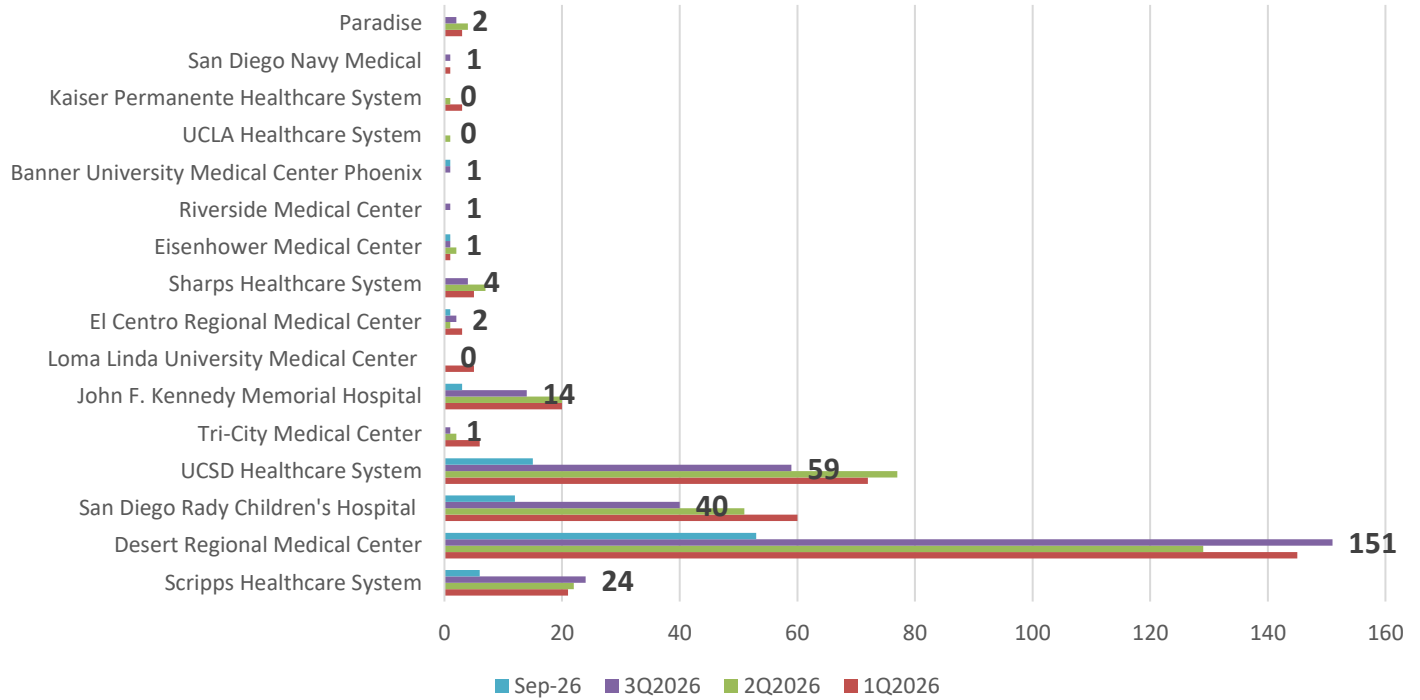
Board of Directors Meeting – Chief Nursing Officer Report
October 2026

TRANSFERS BY SPECIALTY
JANUARY THROUGH JULY 2026



Specialty	4Q2025	1Q2026	2Q2026	3Q2026	SEP '26	JAN – SEP 2026
Cardiology	45	57	45	36	10	138
Gastroenterology	42	35	39	48	14	122
Neurosurgery	43	45	38	29	10	112
Neurology	13	6	13	23	8	42
Orthopedic	41	19	18	21	7	58
Pediatrics	70	68	51	40	12	159
Surgery	10	13	5	14	2	32
Vascular Surgery	5	8	2	2	0	12
Trauma	34	30	25	20	8	75
Other: Burns, ENT, Oncology, Ophthalmology, Podiatry, Urology	74	64	81	68	21	213
Totals	377	345	317	301	92	963

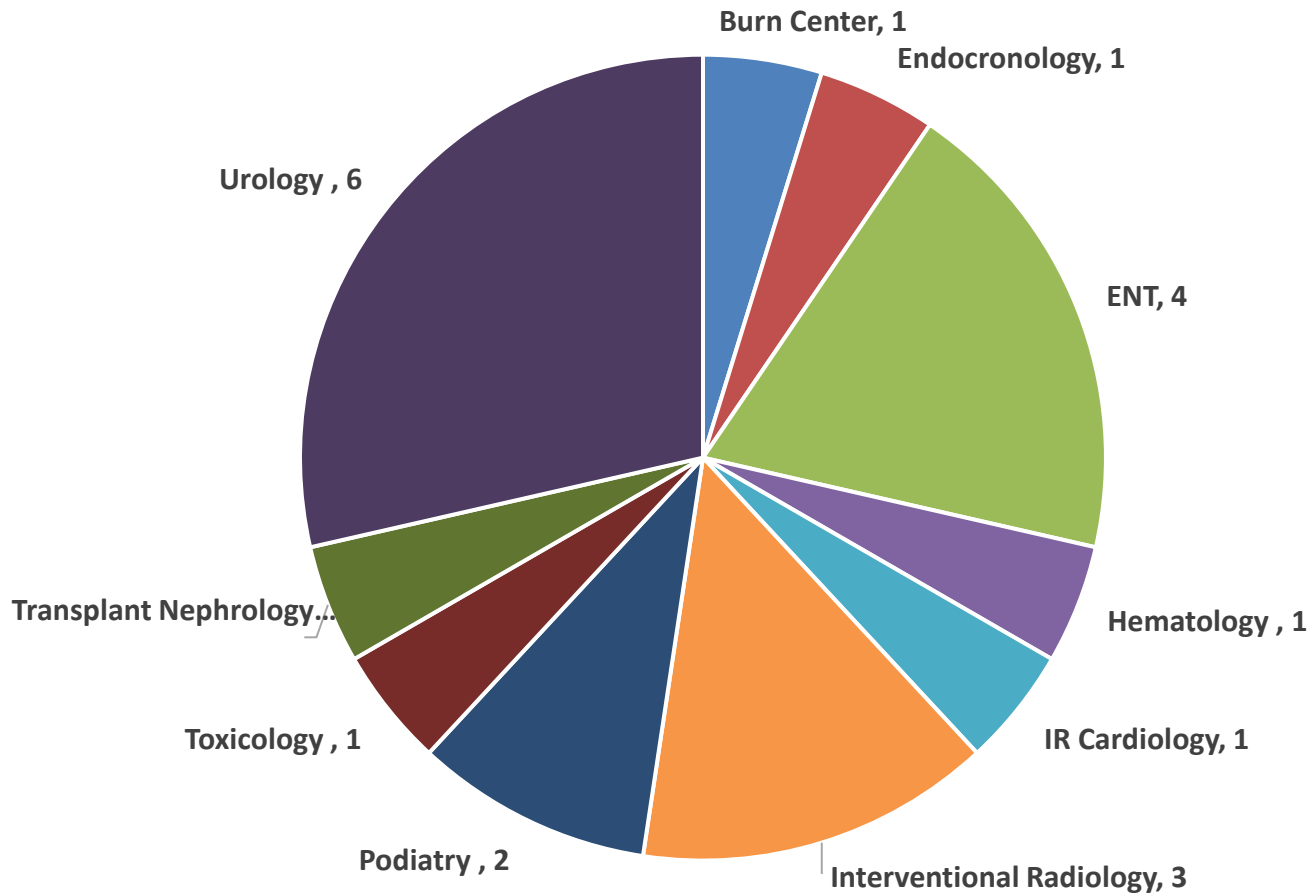
TRANSFERS TO ACCEPTING FACILITY



Accepting Facility	2025	1Q2026	2Q2026	3Q2026	SEP2026	JAN-SEP '26
Scripps Healthcare System	351	21	22	24	6	67
Desert Regional Medical Center	526	145	129	151	53	425
San Diego Rady Children's Hospital	196	60	51	40	12	151
UCSD Healthcare System	177	72	77	59	15	208
Tri-City Medical Center	25	6	2	1	0	9
John F. Kennedy Memorial Hospital	30	20	20	14	3	54
Loma Linda University Medical Center	13	5	0	0	0	5
El Centro Regional Medical Center	20	3	1	2	1	6
Sharps Healthcare System	17	5	7	4	0	16
Eisenhower Medical Center	8	1	2	1	1	4
Riverside Medical Center	6	0	0	1	0	1
Banner University Medical Center Phoenix	1	0	0	1	1	1
Hospital Americano	1	0	0	0	0	0
UCLA Healthcare System	2	0	1	0	0	1
Children's Hospital Los Angeles	1	0	0	0	0	0
Kaiser Permanente Healthcare System	2	3	1	0	0	4
San Diego Navy Medical	0	1	0	1	0	2
Paradise	0	3	4	2	0	9
Total	1376	345	317	301	92	963

Board of Directors Meeting – Chief Nursing Officer Report
October 2026

"OTHER" SPECIALITIES TRANSFERRED
SEPTEMBER 2026



From January through September 2026, the Emergency Department recorded 35,993 visits, of which 963 (2.67%) resulted in transfers to other facilities for a higher level of care or specialized services. The most common transfer specialties were Neurology/Neurosurgery, Gastroenterology, Cardiology, and Pediatrics. An additional 21 transfers were categorized under the "Other" specialty designation.

During September 2026, ECRMC submitted 9 transfer requests: 3 Pediatric, 3 Orthopedic, 1 Gastroenterology (GI), 1 Interventional Radiology (IR), and 1 Obstetric. Of the Pediatric requests, 2 were accepted, while 1 was no longer necessary after patient's condition stabilized. Of the 3 Orthopedic requests, 1 was accepted, while 2 were declined due to capacity constraints (Code Purple) and the unavailability of an orthopedic provider. Both the Gastroenterology and Obstetric transfer requests were accepted. The IR request was declined because services were unavailable until the following day.

From January through September 2026, there were 220 inpatient transfers from PMH to other facilities, including 29 transfers during September.

Staffing:

	New Hires	In Orientation	FT to PD status	Resignation	Open Positions
Medical Surgical	2	4	1	1	3
Intensive Care Unit	0	0	0	0	0
Pediatrics	0	0	0	0	0
Emergency Department	0	5	0	4	1 PD EDA/1FT 4 FT RN
Perioperative Services	0	3	0	0	1 RN Circulator 1 Surgical Technician 1 SPD Technician
Perinatal Services	0	5	0	1	2
NICU	2	0	2	0	2
Case Management	0	1	0	0	0
Total	4	18	3	6	16

Travelers:

- (4) Labor and Delivery Nurses – 3 Day Shift, 1 Night Shift

Notable Updates:

Nursing Administration:

- Teleneurology Services Update
- Cardiac Cath Lab Services

Nurse Residency Program:

- 22 Nurse Residents completed their Nurse Residency Program.
- **Upcoming Nursing Education & Skills Development**
 - Critical Care Skills Fair – October 28 & Dec 2nd
 - Hospital-Wide Nursing Skills & Infection Control Fair – November 4th & 5th

Barcode Code Medication Administration:

BCMA						
2025 Average	4Q2025	1Q2026	2Q2026	3Q2026	Sep 2026	JAN – SEP 2026
91.55%	94.30%	93.56%	94.95%	95.73%	95.02%	94.75%

Patient Experience:

HCAHPS								
	Score Goal	Percentile Rank Goal	2025	1Q2026	2Q2026	3Q2026	SEP 2026	JAN – SEP 2026
Likelihood to Recommend	78.54%	76%	76.57%	73.68%	76.76%	71.97%	70.97%	74.14%
Overall			66.90%	68.94%	66.97%	61.57%	59.12%	65.83%
Communication With Nurses			81%	81.67%	80.77%	74.82%	68.55%	79.09%
Communication With Doctors			83%	84.08%	80.76%	80.08%	78.93%	81.64%



Board of Directors Meeting – Chief Nursing Officer Report October 2026

Patient Safety Indicators

Patient Safety Indicators								
	Benchmark	2025	4Q2025	1Q2026	2Q2026	3Q2026	SEP 2026	JAN – SEP 2026
Pressure Ulcers (PUs) Per 1000 Patient Days		31.94	26.91	28.51	43.65	50.61	42.40	40.92
Pressure Ulcers NPOA All Stages Per 1000 Patient Days	≤ 2	1.03	0.99	0	1.1	1.12	0	0.74
Falls Per 1000 Patient Days	≤ 2	1.46	0.77	1.75	2.7	1.9	4.31	2.13
Telemetry Utilization	25%					28%	30%	29%

Emergency Department:

ED Throughput Metrics							
INDICATOR	GOAL	2025	1Q2026	2Q2026	3Q2026	SEP 2026	Jan – Sep 2026
Average Daily Visits	>125 Visits	131	150	126	124	131	130
Median Time to Triage	<10 Min	8 min	9 min	7.3 min	7 min	8 min	8 min
Average Length of Stay for Discharged Patients	<180 Min	182 min	181 min	173 min	180 min	180 min	180 min
Average Length of Stay for all Patients	<160 Min	196 min	195 min	191 min	194 min	186 min	194 min
Average Length of Stay for all Transfers	<160 Min	474 min	453 min	392 min	394 min	405 min	401 min
Average Left Against Medical Advice (AMA)			0.88% (41)	0.93% (115)	1.22% (143)	1.14% (46)	1.12% (418)
Left without Being Seen (LWBS)			1.38% (64)	0.86% (101)	0.45% (53)	0.46% (17)	0.58% (216)

Medical Surgical Department:

Inpatient Throughput							
INDICATOR	GOAL	2025	1Q2026	2Q2026	3Q2026	SEP 2026	JAN – SEP 2026
Time Orders Written to Head in Bed <i>Medical Surgical Unit</i>	120 min	164 min	223 min	169 min	203 min	212 min	183 min
Time Orders Written to Head in Bed <i>Intensive Care Unit</i>					159	131	155

Perioperative Services:

	2025	1Q2026	2Q2026	3Q2026	SEP 2026	JAN – SEP 2026
Case Volumes Including Robotics	4,729	1019	1112	1041	325	3172
Robotics	234	14	42	12	14	119
	APR 2026	JUN 2026	JUL 2026	AUG 2026	SEP 2026	JAN – SEP 2026
Average Block Time Utilization	66.65%	70.10%	70.03%			65.59%

Case Management:

	Indicator	Goal	2025	1Q2026	2Q2026	3Q2026	SEP2026	JAN – SEP 2026
ADC	Average Daily Census		51	60	52	55	59	56
ALOS	Average Length of Stay (Actual)	<4.0	3.30	4.32	3.88	4.13	4.53	4.07
CMI	Case Mix Index (Acute)	>1.40	1.47	1.517	1.44	1.47	1.46	1.470
Observations	Total Observation Cases- DC		29	29	31.33	55	51	38.44
	Observation Days-DC		31.5	36	41.67	87	88	54.88
Readmissions	All-Cause Hospital-Wide Readmissions (HWR)	<10	4.57	5.15	4.95	8.15	7.09	6.08

Perinatal Department:

	1Q2026	2Q2026	3Q2026	SEP 2026	JAN -SEP 2026
Deliveries	416	431	489	174	1336
Vaginal	274	294	329	111	897
Primary C-Section	57	72	59	22	188
Secondary C-Section	85	65	101	41	251
Non-Stress Tests	552	604	684	243	1837
OB Triages	777	836	953	319	2566

NICU & Pediatrics:

- NICU September Average Daily Census: 4.7
- NICU September Total Transfers: 5
- Pediatrics September Average Daily Census: 1.96