



EL CENTRO REGIONAL MEDICAL CENTER
BOARD OF TRUSTEES – REGULAR MEETING

MONDAY, APRIL 22, 2024
5:30 PM

MOB CONFERENCE ROOM 1&2
1271 ROSS AVENUE, EL CENTRO, CA
&

TELECONFERENCE LOCATION *NOTE: Pursuant to Government Code Section 54953(b) Trustee Patty Maysent- CEO, UCSD Health will be attending the Special Meeting via teleconference from:*

**JACOBS MEDICAL CENTER, Suite 1-620
9300 CAMPUS POINT DR.
SAN DIEGO, CA 92037**

PRESIDENT: Tomas Oliva

MEMBERS: Sylvia Marroquin; Martha Cardenas-Singh; Edgard Garcia; Sonia Carter; Patty Maysent-CEO, UCSD Health; Christian Tomaszewski-M.D.-CMO, UCSD; Pablo Velez-CEO ECRMC

CLERK: Belen Gonzalez

ATTORNEY: Douglas Habig, ECRMC Attorney
Elizabeth Martyn, City Attorney

This is a public meeting. If you are attending in person, and there is an item on the agenda on which you wish to be heard, please come forward to the microphone. Address yourself to the president. You may be asked to complete a speaker slip; while persons wishing to address the Board are not required to identify themselves (Gov't. Code § 54953.3), this information assists the Board by ensuring that all persons wishing to address the Board are recognized and it assists the Board Executive Secretary in preparing the Board meeting minutes. The president reserves the right to place a time limit on each person asking to be heard. If you wish to address the board concerning any other matter within the board's jurisdiction, you may do so during the public comment portion of the agenda.

BOARD MEMBERS, STAFF AND THE PUBLIC MAY ATTEND VIA ZOOM.

To participate and make a public comment in person, via Zoom or telephone, please raise your hand, speak up and introduce yourself.

Join Zoom Meeting: <https://ecrmc.zoom.us/j/85276516764?pwd=8eSiWxKoBc039zoUHs9erCwSjdwbp4.1>

Optional dial-in number: (669) 444-9171

Meeting ID: 852 7651 6764 **Passcode:** 979991

Public comments via zoom are subject to the same time limits as those in person.

OPEN SESSION AGENDA

ROLL CALL:

PLEDGE OF ALLEGIANCE:

PUBLIC COMMENTS: Any member of the public wishing to address the Board concerning matters within its jurisdiction may do so at this time. Three minutes is allowed per speaker with a cumulative total of 15 minutes per group, which time may be extended by the President. Additional information regarding the format for public comments may be provided at the meeting.

BOARD MEMBER COMMENTS:

CONSENT AGENDA: *(Item 1-4)*

All items appearing here will be acted upon for approval by one motion, without discussion. Should any Board member or other person request that any item be considered separately, that item will be taken up at a time as determined by the President.

1. Review and Approval of Board of Trustees Minutes of Regular Meeting of February 26, 2024.
2. Review and Approval of Board of Trustees: Minutes of SPECIAL Meeting of April 11, 2024.
3. Monthly Human Resources Statistical Update for February and March 2024—**Informational**
4. Review and Approval of Triennial Review of ECRMC’s Death, Care of the Patient Policy.

FINANCE and OPERATIONAL UPDATE

5. Review and Approval of the Financial Statements for Month and Year-to-Date as of February 2024.
6. Review and Approval of the Financial Statement for Month and Year-to-Date as of March 2024.
7. Presentation of Current Weekly Cash Budget—**Informational** (*Finance*)

CHIEF EXECUTIVE OFFICER UPDATE

8. Verbal Report from the CEO to the Board of Trustees—**Informational**
9. Manager Update—Patty Maysent—**Informational**

RECESS TO CLOSED SESSION:

A. HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES. The Hospital Board will recess to closed session pursuant to Government Code Section 37624.3 for a hearing and/or deliberations concerning reports of the ___ hospital medical audit committee, or X quality assurance committees, or X staff privileges.

B. TRADE SECRETS. The Hospital Board will recess to closed session pursuant to Govt. Code Section 37606(b) for the purpose of discussion and/or deliberation of reports involving hospital trade secret(s) as defined in subdivision (d) of Section 3426.1 of the Civil Code and which is necessary, and would, if prematurely disclosed create a substantial probability of depriving the hospital of a substantial economic benefit:

<u>Discussion of:</u>	<u>Number of Items:</u>
<u>X</u> hospital service;	<u>1</u>
<u>X</u> program;	<u>0</u>
<u>X</u> hospital facility	<u>3</u>

C. CONFERENCE WITH LEGAL COUNSEL—The Hospital Board will recess to closed session pursuant to Government Code Section 54956.9(d)(1)—*White vs. ECRMC*

RECONVENE TO OPEN SESSION – BOARD PRESIDENT

ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY – GENERAL COUNSEL

11. Approval of Report of Medical Executive Committee’s Credentials Recommendations Report for Appointments, Reappointments, Resignations and Other Credentialing/Privileging Actions of Medical Staff and/or AHP Staff (*Approved in Closed Session*)

ADJOURNMENT: Adjourn. (Time:) Subject to additions, deletions, or changes.



**El Centro Regional Medical Center
BOARD OF TRUSTEES – REGULAR MINUTES
OPEN SESSION MINUTES
MOB CONFERENCE ROOMS 1 & 2
1271 Ross Avenue, El Centro, CA 92243**

Zoom Meeting link: <https://ecrmc.zoom.us/j/86744553952?pwd=uGu3URrhtemwacMUPR9kZoeCLOJYmG.1>

Monday, February 26, 2024

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
ROLL CALL	<p>PRESENT: Oliva; Maysent; Marroquin; Carter; Cardenas-Singh; Tomaszewski; Garcia; Chief Executive Officer Pablo Velez; and Executive Board Secretary Belen Gonzalez</p> <p>ABSENT: Douglas Habig, ECRMC Attorney</p> <p>ALSO PRESENT: Chief of Staff, Sunny Richley; City of El Centro Manager Cedric Ceseña; City of El Centro Attorney Elizabeth Martyn</p>	
CALL TO ORDER		The Board of Trustees convened in open session at 5:32 p.m. Board President Oliva called the meeting to order.
OPENING CEREMONY	The Pledge of Allegiance was recited in unison.	None
NOTICE OF MEETING	Notice of meeting was posted and mailed consistent with legal requirements.	None
PUBLIC COMMENTS	None	None
BOARD MEMBER COMMENTS	None	None

Regular Meeting
February 26, 2024, 5:30 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<p>CONSENT AGENDA <i>(Items 1-4)</i></p> <p>Item 1. Review and Approval of Board of Trustees Minutes of Regular Meeting of January 22, 2024.</p> <p>Item 2. Review and Approval of Annual Policy: Emergency Preparedness Management Plan <i>(Board Quality)</i></p> <p>Item 3. Monthly Human Resources Statistical Update for January 2024— Informational</p> <p>Item 4. Review and Approval of the Medical Equipment Management Plan <i>(Finance)</i></p>	<p>All items appearing here were acted upon for approval by one motion (or as to information reports, acknowledged receipt by the Board and directed to be appropriately filed) without discussion.</p>	<p>MOTION: by Cardenas-Singh second by Carter and carried to approve the Consent Agenda.</p> <p>All present in favor; none opposed.</p>
<p>PUBLIC HEARING</p> <p>Item 5. Approval of Temporarily Relocation of Med Surg unit from Building 5 to Buildings 2 and 8.</p>	<p>PUBLIC HEARING: Item 5. Approval of Temporarily Relocation of Med Surg unit from Building 5 to Buildings 2 and 8.</p> <p>Board President Oliva opened the public hearing for public comments. <input checked="" type="checkbox"/> Open at 5:38 p.m. <input checked="" type="checkbox"/> Closed at 5:39 p.m.</p> <p>PUBLIC COMMENTS: None.</p> <p>Item 5. Approval of Temporarily Relocation of Med Surg unit from Building 5 to Buildings 2 and 8 was added back to Board Agenda for Board member comments.</p> <p>BOARD MEMBER COMMENTS: None</p>	<p>Motion by Garcia, second by Maysent and carried to approve the Temporarily Relocation of Med Surg unit from Building 5 to Buildings 2 and 8.</p> <p>All present in favor; none opposed.</p> <p>AYES: Oliva, Marroquin, Cardenas-Singh, Garcia, Carter, Maysent, Tomaszewski NOES: None ABSENT: None ABSTAIN: None</p>

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<p>FINANCE and OPERATIONAL UPDATE Item 6. Review and Approval of the Financial Statements for Month and Year-to-Date as of January 2024 <i>(Finance)</i></p>	<p>David Momberg presented the Financial Statements for Month and Year-to-Date as of January 2024 report and answered questions.</p> <p>Presentation included:</p> <ul style="list-style-type: none"> • Comparative volumes vs. Prior Month/Year • Balance Sheet vs. Prior Month comparison • Operating Statement vs. Prior Month comparison • Monthly Cash Flow (Fiscal Year to Date) 	<p>Motion by Marroquin, second by Garcia and carried to approve the Financial Statements for Month and Year-to-Date as of January 2024</p> <p>All present in favor; none opposed.</p>
<p>Item 7. Presentation of Current Weekly Cash Budget—Informational <i>(Finance)</i></p>	<p>David Momberg presented the Cash Flow Forecast dated: January 27, 2024.</p>	<p>Informational</p>
<p>CHIEF EXECUTIVE OFFICER UPDATE Item 8. Verbal Report from the CEO to the Board of Trustees—Informational</p>	<p>Item to be discussed in Closed Session</p>	<p>Informational</p>
<p>Item 9. Manager Update—Patty Maysent—Informational</p>	<p>Item to be discussed in Closed Session</p>	<p>Informational.</p>
<p>RECESS TO CLOSED SESSION</p>		<p>MOTION: by Garcia seconded by Cardenas-Singh and carried to recess to Closed Session at 6:11p.m. for HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES, TRADE SECRETS, and LABOR NEGOTIATIONS.</p>

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
		All present in favor to recess to Closed Session. None opposed.
RECONVENE TO OPEN SESSION		The Board of Trustees reconvened to Open Session at 7:33 p.m.
ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY— GENERAL COUNSEL		<p>[A. HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES— GOVERNMENT CODE SECTION 37624.3]</p> <p>MOTION: by Cardenas-Singh, second by Garcia and carried to approve the Report of Medical Executive Committee’s Credentials Recommendations Report for Appointments, Reappointments, Resignations and Other Credentialing/Privileging Actions of Medical Staff and/or AHP Staff.</p> <p>All present in favor; none opposed.</p> <p>[C. LABOR NEGOTIATIONS. The Hospital Board will recess to closed session pursuant to Government Code 54957.6 Agency Negotiator: Chief Executive Officer. Employee organization: Teamsters Union Local 542</p> <p>MOTION: by Cardenas-Singh, second by Carter and carried to approve the Labor</p>

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
		Union Contract for the Hospital's Environmental Services (EVS) Group.
ADJOURNMENT		There being no further business, meeting was adjourned at approximately 7:35 p.m.

BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

TOMAS OLIVA, PRESIDENT



El Centro Regional Medical Center
BOARD OF TRUSTEES – SPECIAL MINUTES
OPEN SESSION MINUTES
 CITY OF EL CENTRO, CITY HALL
 1275w. Main Street, El Centro, CA 92243

Zoom Meeting: <https://ecrmc.zoom.us/j/87221732224?pwd=PgSF2gJW47Tnt5rLWN3cFpYgKmW2Ae.1>

Thursday, April 11, 2024

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
ROLL CALL	<p>PRESENT: Oliva; Garcia; Maysent; Marroquin; Carter; Cardenas-Singh; Chief Executive Officer Pablo Velez; Chief of Staff, Sunny Richley; City of El Centro Attorney Elizabeth Martyn; ECRMC Attorney Douglas Habig and Executive Board Secretary Belen Gonzalez</p> <p>Via Zoom: City of El Centro Manager Cedric Ceseña;</p> <p>ABSENT: Tomaszewski</p> <p>ALSO PRESENT: David Momberg-CFO; Luis Castro-CHRO; Kimberly Probus-CNO</p>	
CALL TO ORDER		The Board of Trustees convened in open session at 4:05 p.m. Board President Oliva called the meeting to order.
OPENING CEREMONY	The Pledge of Allegiance was recited in unison.	None
NOTICE OF MEETING	Notice of meeting was posted and mailed consistent with legal requirements.	None
PUBLIC COMMENTS	None	None

Special Meeting
April 11, 2024, 4:00 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
BOARD MEMBER COMMENTS	None	None
NEW BUSINESS: Item 1. Review and Approval of Confidentiality and Non-Disclosure Agreement with Imperial County Healthcare District, City of El Centro, and El Centro Regional Medical Center.	<p>Pablo Velez presented the Confidentiality and Non-Disclosure Agreement with Imperial County Healthcare District, City of El Centro, and El Centro Regional Medical Center to the Board of Trustees for review and approval.</p> <p>This item was previously approved by the City of El Centro and the Imperial County Healthcare District.</p>	<p>MOTION: by Maysent, second by Marroquin and carried to approve the Confidentiality and Non-Disclosure Agreement with Imperial County Healthcare District, City of El Centro, and El Centro Regional Medical Center.</p> <p>All present in favor. None opposed.</p>
RECESS TO CLOSED SESSION		<p>MOTION: by Cardenas-Singh seconded by Carter and carried to recess to Closed Session at 4:10 p.m. for HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES and TRADE SECRETS.</p> <p>All present in favor to recess to Closed Session. None opposed.</p>
RECONVENE TO OPEN SESSION		The Board of Trustees reconvened to Open Session at 5:10 p.m.
ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY— GENERAL COUNSEL		<p>[A. HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES— GOVERNMENT CODE SECTION 37624.3]</p> <p>MOTION: by Garcia, second by Marroquin and carried to approve the</p>

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
		Report of Medical Executive Committee's Credentials Recommendations Report for Appointments, Reappointments, Resignations and Other Credentialing/Privileging Actions of Medical Staff and/or AHP Staff. All present in favor; none opposed.
ADJOURNMENT		There being no further business, meeting was adjourned at approximately 5:12 p.m.

BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

TOMAS OLIVA, PRESIDENT

Special Meeting
April 11, 2024, 4:00 p.m.



TO: HOSPITAL BOARD MEMBERS

FROM: Luis Castro, Chief Human Resources Officer

DATE: April 22, 2024

COMMITTEE: Finance Committee

SUBJECT: Statistical data for the Human Resources Department for the month of February and March 2024.

BUDGET IMPACT: _X_ Does not Apply
 A. Does the action impact/affect financial resources? ___ Yes ___ No
 B. If yes, what is the impact amount: _____

BACKGROUND/DISCUSSION:

Report includes statistical data such as total number of new hires, total number of separations, workers compensation data, and turnover percentages. Data is compared to the previous months.

RECOMMENDATION: Informational only.

ATTACHMENT(S):

- 2024 4 – March Finance Committee Report

Approved for agenda, Chief Executive Officer

Date and Signature: _____ *Pablo Velazquez*



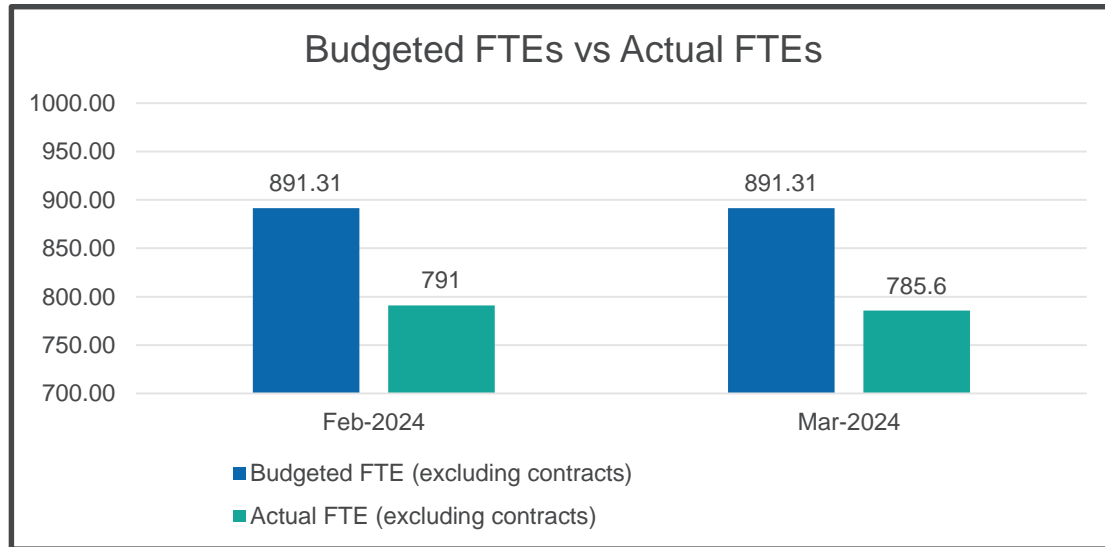
Human Resources Report

April 2024

Manpower

Manpower	December 2023	January 2024	February 2024	March 2024
Full Time Employee Head Count	762	759	762	757
Part Time Employee Head Count	55	55	55	52
Per Diem Employee Head Count	117	113	113	112
Budgeted FTE	891.31	891.31	891.31	891.31
Actual FTE	792.7	787.3	791	785.6

This data represents a comparison of current ECRMC full-time, part-time, and per-diem employees to the prior month and the prior year.



Statistics

Statistics	December 2023	January 2024	February 2024	March 2024
Total New Hires	13	9	7	21
New Hires (RN only)	2	1	3	2
New Hires (LVN only)	0	0	0	0
New Hires (Nurse Intern / Resident)	0	4	0	0
Total Separations	14	16	21	10
Separations (RN only)	1	2	8	1
Voluntary Separations (RN only)	1	2	8	1
Total Open Positions	31	38	51	39
Litigation	0	0	0	0
Total No. of Employees on Leave	29	30	20	29
*Employees on Maternity Leave	11	9	11	9

This data represents the number of new employees hired during the reporting period, employees separated during the period and the number of open jobs at the Medical Center. Additionally, we also capture the number of HR related law suits in process in this chart. Note: These numbers are drawn from different points in the month, so they are independent from the data depicted in other charts.

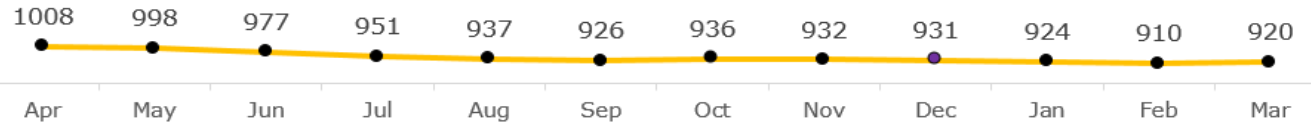
** This number is included in "Employees on Leave" calculation section*

EMPLOYEE RETENTION DASHBOARD

2024

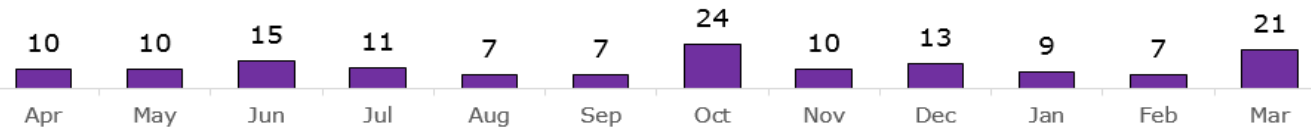
ACTIVE EMPLOYEES

920



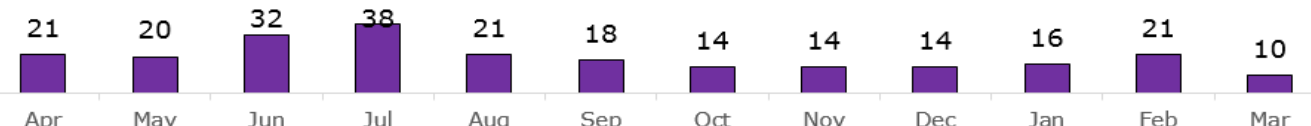
HIRES

144



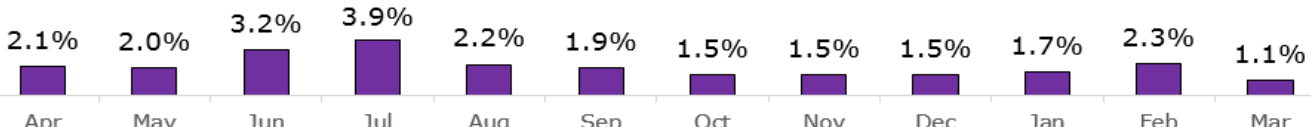
EXITS

239



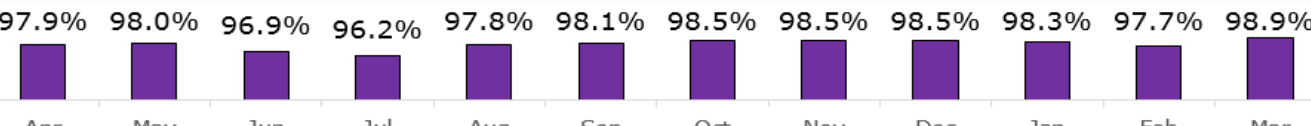
TURNOVER RATE

24.7%



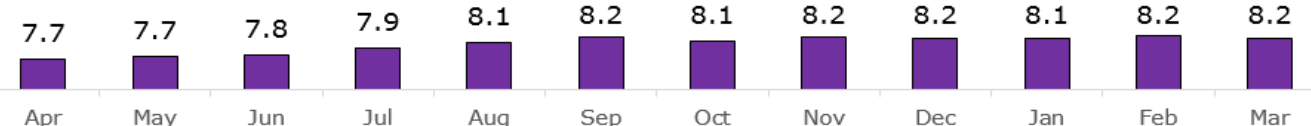
RETENTION RATE

78.7%



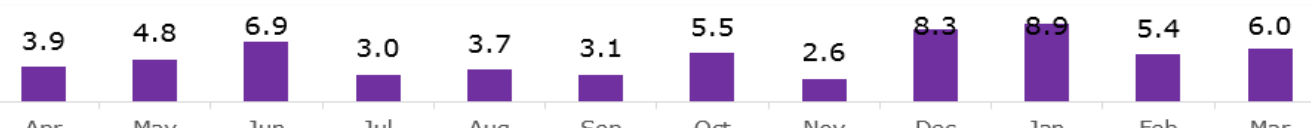
AVG. TENURE (YRS)

8.2



AVG. TENURE (YRS) OF EXITS

5.0

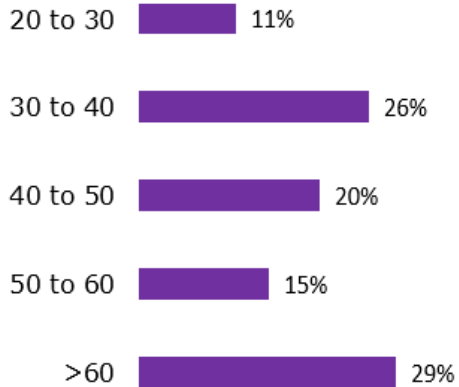


EL CENTRO REGIONAL MEDICAL CENTER SNAPSHOT DASHBOARD

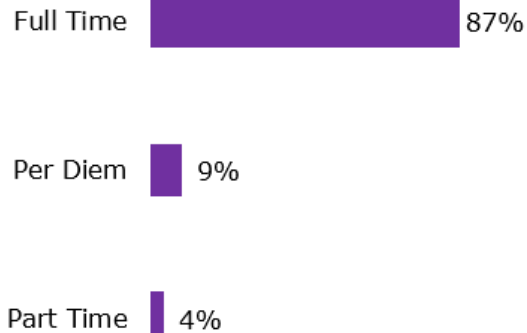
Employees

920

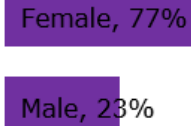
AGE



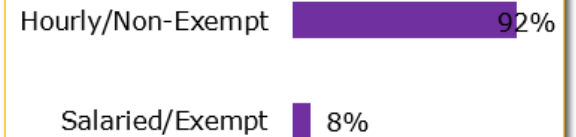
JOB TYPE



GENDER



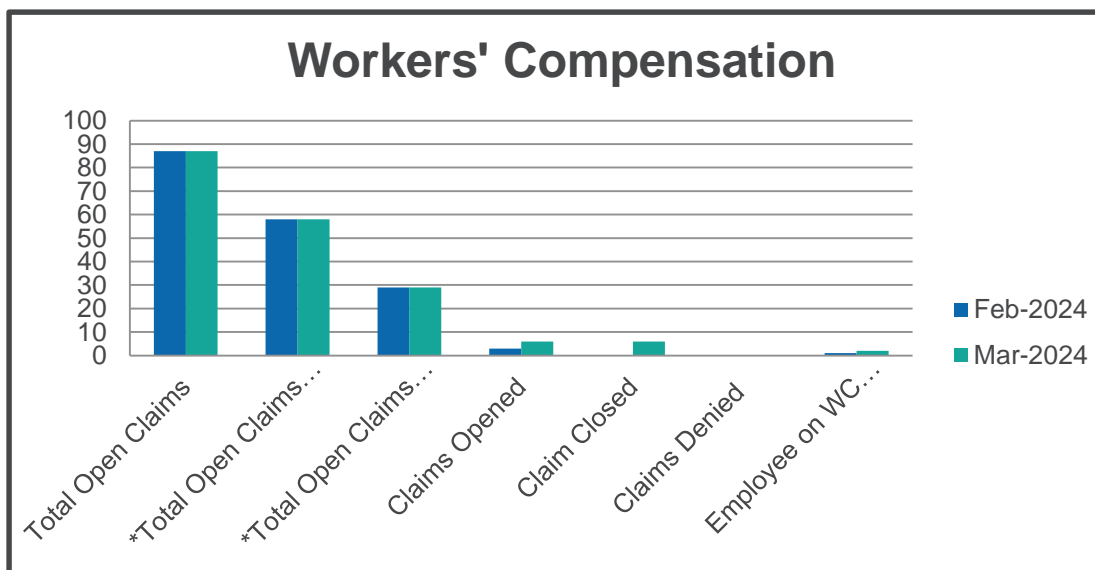
JOB CATEGORY



Workers' Compensation

Workers' Compensation	February 2024	March 2024
Total Open Claims	87	87
*Total Open Claims (Active Employees)	58	58
*Total Open Claims (Separated Employees)	29	29
Claims Opened	3	6
Claims Closed	0	6
Claims Denied	0	0
Employees on WC Leave	1	2

- This number is included in "Total Open Claims" row

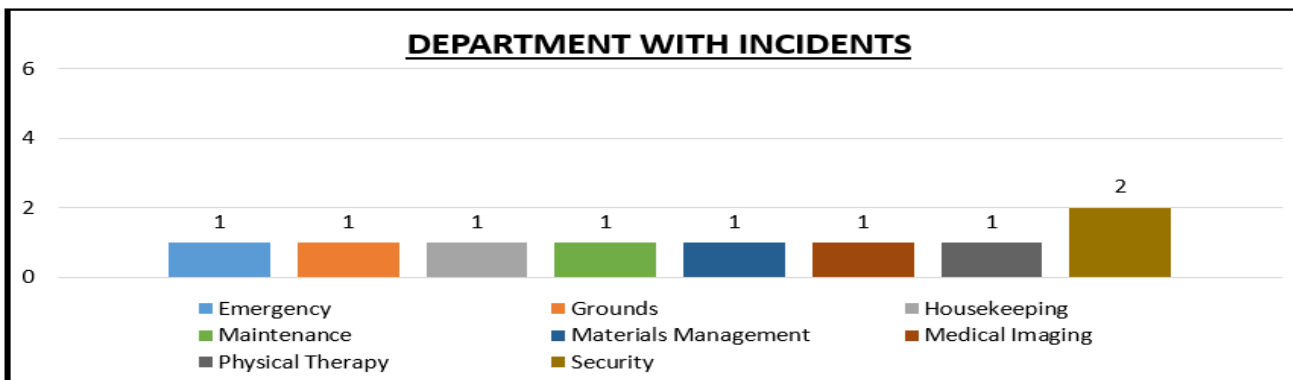


Workers' Compensation

	OCTOBER	NOVEMBER	DECEMBER	JANUARY 2024	FEBRUARY	MARCH
TOTAL INCIDENTS	11	10	7	12	9	9
TOTAL REPORTABLE	8	5	3	5	3	6
NOT REPORTED TO Athens	3	5	4	7	6	3
DEPT W/HIGHEST INJURIES	ER / EVS	Laboratory	N/A	Medical/Surgical	Radiology	Security

REPORTED INCIDENTS

1	Strain to right hand/forearm, hit on trash can	1	Rash to right hand
1	Blood exposure to left eye	1	Hit by patient on mouth/chin
2	Annual TB Conversion	1	Hit by patient on check/mouth
1	Pain to umbilical area, transferring patient	1	Strain to lower back, slip and fall



THANK YOU



TO: ECRMC BOARD MEMBERS
FROM: Kimberly Probus, Chief Nursing Officer
DATE: April 22, 2024
COMMITTEE: Board of Quality Committee

SUBJECT: Approval of the triennial review of ECRMC’s Death, Care of the Patient policy.

BUDGET IMPACT: Does not Apply
 Yes No
 A. Does the action impact/affect financial resources?
 B. If yes, what is the impact amount: _____

BACKGROUND/DISCUSSION:

This policy has been modified and is being brought to the El Centro Regional Medical Center (ECRMC) Board of Trustees for approval.

Policy addresses how ECRMC maintains the individuals’ dignity after death, to provide proper documentation of death, and to prepare the body for expedient release to the funeral home or Coroner as indicated.


RECOMMENDATION: (1) Approve (2) Do not approve

ATTACHMENT(S):

- Triennial Policy: Death, Care of the Patient

Approved for agenda, Chief Executive Officer

Date and Signature: _____ *Pablo Velazquez*

		Department: Clinical Process- Hospital Wide	
		Document Owner/Author: Chief Nursing Officer	
		Category: Hospital Wide	Approval Type: Triennial
Date Created: 11/01/2010	Date Board Approved: 12/22/2015	Date Last Review: 04/09/2024	Date of Next Review: 04/09/2024
Policy Name: Death, Care of the Patient			

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Policy Statement

It is the policy of El Centro Regional Medical Center to maintain the individuals' dignity after death, to provide appropriate documentation of death, and to prepare the body for expedient release to the funeral home or Coroner as indicated.

Responsibilities

Person/Title	Responsibilities

Procedure/Plan

- I. **PATIENT EXPIRATION AND PRONOUNCEMENT**
 - 1. When a patient has expired, the registered nurse (RN) will notify the attending physician immediately.
 - 2. A physician, House Supervisor, or Unit Manager who has successfully demonstrated competency in pronouncement of death may pronounce the patient.
 - a. The attending physician must make an entry in the chart within 24 hours after death.
 - 3. The person pronouncing death is responsible for documenting the following in the patient's medical record:
 - a. Verification of death, including the following findings:
 - i. Identification of patient using 2 identifiers as per policy [Patient Identification v.6](#) <https://ecrmc.navexone.com/content/dotNet/documents/?docid=21301>
 - ii. Absence of response to verbal or tactile stimuli.
 - iii. Absence of heart sounds/absence of carotid pulse.

- 26 iv. Absence of spontaneous respirations.
27 v. Absence of pupillary light reflex.
28 b. Absence of vital signs
29 c. Date and time of exam. Will be the date and time of expiration.
30 d. Any additional pertinent facts
31 4. Primary nurse will Notify Nursing Administration staff on duty of any unanticipated
32 patient death, provide any pertinent information related to the event and enter a QRR
33 (Quality Risk Report) in Midas.
34 5. Primary nurse will call the Coroner @ (442) 265-2021 on all deaths within the hospital
35 meeting Coroner Criteria. **See Section V. Coroners Case**
36 [Section V: Medical Examiner's Inquests | Board of Supervisors](#)
37 6. Nursing personnel will assist with completion of Record of Death and notification of Organ
38 and Tissue Donation Services. **See Section VII. Record of Death**
39 7. If next of kin is present, nursing personnel will inquire regarding preference of funeral
40 home. If patient has been identified as a Coroners Case, request next of kin to wait until
41 Coroner arrives. If patient is not a Coroner Case, or has been released by the Coroner,
42 notify the next of kin's mortuary of choice. ONLY the next of kin OR legal representative
43 appointed by the patient to make medical decisions after death, may sign and release the
44 remains to the mortuary of choice. **See Authorization for Release of Remains** on legal
45 next of kin process.
46 8. If the patient meets criteria for cornea or tissue donation, do not notify the mortuary until
47 after Life Sharing has approached the family and acquisition (if indicated) has been
48 completed.
49 9. Nursing personnel will request phone number where family can be located over next
50 12 hours and document in the chart.
51 10. [Patient body will be transported to morgue to await mortuary.](#) **See Section IV Post-**
52 [Mortem Care.](#)

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53 II. NOTIFICATION OF FAMILY

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55
56 1. The family will be notified of the patient's expiration by the covering physician, or
57 physician designee (RN).
58 2. When the attending is not on call:
59 a. A message will be left with the answering service.
60 b. The covering physician will be notified. This physician will be responsible for
61 notifying the family.
62 c. If the covering physician is not familiar with the expired patient or family, or, in
63 extenuating circumstances, does not wish to notify the family personally, he/she
64 may request that nursing personnel be responsible for notification.

67 d. If the family/next of kin and or legal representative is unable to be contacted,
68 document in the medical record the reason why no contact was made and number
69 of attempts at notification.

70 **III. PERSONAL EFFECTS AND VALUABLES**

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- 72 1. It is the responsibility of the RN caring for the patient to ensure personal effects and
73 valuables are inventoried and recorded in the medical record.
- 74 2. Dentures will be replaced if possible; if not, they must be put into a denture cup and
75 placed with other personal effects.
- 76 3. Valuables include jewelry, watch, money, credit cards, keys, etc.
- 77 a. All jewelry will be removed. If rings cannot be removed, note in documentation
78 any jewelry that remains on the body.
- 79 b. Nursing unit may release valuables to next of kin giving consent for disposition of
80 the body. Release of valuables is to be documented in the patient's medical
81 record, including name and relationship of family member accepting valuables.
- 82 c. Valuables not released to next of kin will be secured in safe as per policy and
83 procedure; [Valuables, Patient v.8](https://ecrmc.navexone.com/content/dotNet/documents/?docid=16468)
84 <https://ecrmc.navexone.com/content/dotNet/documents/?docid=16468>
85
- 86 4. Personal effects include all other items not classified as valuables.
- 87 a. Nursing unit may release personal effects to next of kin giving consent for
88 disposition of the body. Release of personal items is to be documented in the
89 patient's medical record.
- 90 b. In absence of the next of kin or designee assigned in patients' Health Care
91 Directive or Living Will, personal items will be released to the County Coroner if
92 death is a Coroner Case or the Public Administrator if remains is released to the
93 designated mortuary assigned by the Coroner.

94 **IV. POST-MORTEM CARE**

- 95
- 96
- 97 1. Patient information is to be checked and verified using two identifiers, ensuring all
98 information is accurate.
- 99 2. In deaths where there is to be an autopsy (Coroners case, or autopsy requested by MD or
100 family) all tubes, drains, dressings etc. are to remain on the body, and will be removed by
101 the pathologist after the appropriate examination.
- 102 3. In the event that the Coroner determines that the patient does not meet criteria, and the
103 patient is released by telephone or in person, all lines, equipment, tubes, etc., will be
104 removed prior to transport to the [morgue](#).
- 105 4. The body shall be positioned appropriately for family to view. Every attempt will be made
106 to present the dead in a peaceful and respectful manner.

Deleted: Mortuary

- 108 a. If patient is a coroners' case, body must not be left unattended until coroner takes
109 possession of the body.
- 110 5. Accommodations are made for family members wishing to remain with the patient, as
111 appropriate.
- 112 a. A reasonable amount of time should be allotted to family members to grieve.
- 113 i. Hospital will consider the needs of other patients and prospective patients
114 in need of urgent care when deciding what is reasonable on a case by case
115 basis.
- 116 6. The hospital should make reasonable efforts to accommodate cultural and religious
117 practices and concerns that the healthcare decision maker, family or next of kin voices to
118 healthcare personnel.
- 119 a. If a body is unable to be picked up in a timely manner by mortuary, or bed is
120 urgently needed, body may be transported to morgue by hospital personnel.
- 121 b. The patients' family is asked to wait in the waiting room.
- 122 c. The body will be transferred to a gurney and covered with a clean sheet.
- 123 d. The body will then be taken by a staff member and a security guard to a morgue.
124 The least occupied hallways will be utilized during the transport.
- 125 i. If patient death occurs on the second floor, the Utility Elevator will be
126 utilized when transporting the body.
- 127 e. Security will log the body into the morgue and ensure the door is locked. Security
128 will open the morgue to authorized personnel from mortuary or organ/tissue
129 recovery agencies and log the body out of the morgue with the time.

Deleted: temporary

Deleted: designated area for viewing

Deleted: remain with the body until a

Deleted: arrive.

V. CORONERS CASE

- 131
- 132
- 133 1. All in-hospital deaths meeting criteria as outlined in California Government Code Section
134 27491 shall be reported to the Imperial County Coroner's Office. The following deaths are
135 reportable to the Coroner's Office per State of California, Government code, Section
136 27491. [27491 - CDC Search Results](#)
- 137
- 138 1. Unattended deaths (no physician in attendance or during the continued absence of
139 the attending physician).
- 140 2. Wherein the deceased has not been attended by a physician in the 20 days prior to
141 death. (Excludes patients under care of Home Health provider, or Hospice care)
- 142 3. Physician unable to state the cause of death (unwillingness does not apply).
- 143 4. Suspected or known homicide.
- 144 5. Suspected or known suicide.
- 145 6. Involving any criminal action or suspicion of a criminal act.
- 146 7. Related to or following known or suspected self-induced or criminal abortion.
- 147 8. Associated with a known or alleged rape

- 152 9. Following an accident or injury (primary or contributory).
153 10. Drowning, fire, hanging, gunshot, stabbing, cutting, starvation exposure, acute
154 alcoholism, drug addiction, strangulation or aspiration.
155 11. Accidental poisoning (food, chemical, drug, therapeutic agent).
156 12. Occupational disease or hazard.
157 13. Known or suspected contagious disease.
158 14. All deaths in operating Rooms and all deaths where a patient has not fully recovered
159 from an anesthetic, whether in Surgery, Recovery Room or elsewhere.
160 15. In prison or while under sentence.
161 16. All deaths of unidentified persons.
162 17. Suspected sudden infant death syndrome.
- 163
164 2. Imperial County Coroner has provided guidelines for Death Reporting, located on the back
165 of the Record of Death. If patient meets any of the criteria (YES ANSWER) patient death
166 must be reported to Coroner. See Addendum B; "Guidelines for Death Reporting".
167
168 3. If the private physician elects to sign the death certificate, the Coroner must still be
169 notified via telephone if the patient meets the criteria listed.
170
171 4. The RN or designee shall notify the Coroner of any death meeting Coroner criteria via
172 Sheriff's Office dispatch at (442)265-2021.
173
174 5. Do not remove the IV tubes, equipment, etc., until it has been determined that patient
175 does not meet Coroner criteria.
176
177 6. Family and or next of kin/legal representative may be notified of death by the attending
178 physician, or RN designee prior to the Coroner's arrival.
179
180 7. Family viewing the deceased in a patient that meets Coroner criteria, must be attended
181 by a nurse or hospital employee at all times.
182
183 8. If family is NOT with patient, the following will be done:
184 a. Licensed nurse or designee will search patient's belongings to find information on next
185 of kin.
186 b. Next of kin will be notified by RN, MD, House Supervisor or designee.
187 c. Next of kin will be requested to come to the hospital when possible.
188 d. Check the patient's chart for pertinent information, if patient is brought in without
189 belongings.
190 e. If no information is available, the mortuary or Coroner should be informed that the
191 next of kin has NOT been notified.
192 f. Mortuary or Coroner will then be responsible for notifying next of kin.

- 193 g. Coroner will be responsible for the release of property, valuables.
194 9. Record of Death must be completed and signed by Coroner.
195
196 10. Mortuary will be notified by the Coroner.
197
198 11. RN or designee will notify Mortuary of family preference, if deceased released by Coroner
199 via telephone.
200
201 12. Autopsy permits by Coroner are not necessary. If the family of the decedent requests an
202 autopsy, the family will be informed of costs associated with the procedure and their
203 responsibility to pay for those services. See Policy and Procedure on 'Autopsy,
204 Authorization'.
205
206 13. The psychosocial needs of the family and significant others will be a priority when dealing
207 with death, consider a social services consult.
208
209 a. If requested, clergy are available on call and can be reached by calling the Hospital
210 Operator and requesting the specific clergy denomination.
211

212 VI. UNCLAIMED REMAINS

- 213
214 1. It is the duty of the assigned nurse to make every attempt to notify the next of kin and/or
215 obtain copy of the Durable Power of Attorney outlining patient wishes and or legal
216 representative to make decisions. After a diligent search for family members or persons
217 responsible for the disposition of the remains it is the assigned nurses responsibility to do
218 the following:
219
220 a. **Notify Coroner:** In the event there is not an Advance Directive identifying a legal
221 representative to make decisions or next of kin, please contact the Coroner Office
222 at (442) 265-2021 for disposition of unclaimed remains. Coroner will determine if
223 case meets criteria for review. IF case meets criteria for review, unclaimed
224 remains and patient valuables will be released to the Coroner. If Coroner
225 determines an autopsy is not warranted, unclaimed remains will be released to
226 the mortuary assigned by the Coroner and patient valuables will be released to
227 the Public Administrator.
228
229 b. **Notify Public Administrator:** If a person dies in the hospital without known next
230 of kin or a valid Health Care Advance Directive or Living Will outlining the patient's
231 wishes, the assigned nurse is responsible for notifying the Public Administrator
232 office at (442) 265-7000. The Public Administrator will take responsibility of
233 patient valuables ONLY IF case does not meet criteria for autopsy and coroner releases

234 body to the designated mortuary. In the event the Public Administrator office is closed,
235 the assigned nurse is responsible for notifying his/her Unit Manager and securing
236 patient valuables with the Registration Department as outlined in Patient
237 Valuables Policy. Unit Manager will be responsible to follow up with the Public
238 Administrator office during business hours to notify them of the unclaimed
239 remains and valuables.
240

241 VII. RECORD OF DEATH

- 242
- 243 1. Upon the pronouncement of death the Record of Death will be completed. "See
244 Addendum A, "Record of Death".
245
- 246 2. The form shall be properly completed by nursing personnel, using the following
247 guidelines:
 - 248 1. Date and time the patient was pronounced dead.
 - 249 2. The attending physician of the patient.
 - 250 a. The name of the attending physician who was notified of
251 the death and the time notified.
 - 252 3. Patient's primary diagnosis for admission.
 - 253 4. Immediate cause of death, as documented by the pronouncing
254 physician or trained House Supervisor/Unit Manager.
 - 255 5. Name of physician or of House Supervisor/Unit Manager
256 pronouncing patient.
 - 257 6. Name and title of nurse caring for patient at time of death.
 - 258 7. Identify if patient is a Coroner Case by completing the checklist on
259 the back side of the Record of Death.
 - 260 8. When the death is a coroner's case document by checking the
261 "Yes" box and obtain the coroner's case number. If the death is
262 not a coroner's case, check the "No" box and advance to number
263 B.
 - 264 a. If death meets Coroner Criteria, see section V. of this policy,
265 "Coroner Cases".
 - 266 9. Document name of next of kin notified of death and time notified.
 - 267 10. An autopsy may be requested by the family or physician if cause of
268 death is uncertain, or the coroner may request an autopsy on any
269 case listed in the Coroners Case Policy. Mark the appropriate box.
270 Write the name of the person who is requesting the autopsy on the
271 appropriate line.
 - 272 11. Notify Donor Referral Service @ 1-888-423-6667 within 1 hour
273 following patient death.
 - 274 a. Document the following:

- 275 i. Date, time of call
276 ii. Person contacted
277 iii. Referral number
278 b. Mark appropriate box concerning disposition of procuring
279 organization.
280 c. If patient is donor eligible, DO NOT approach family, see
281 Policy and Procedure; "Organ and Tissue Donation",
282 located in the Clinical Process Manual.
283
- 284 3. Authorization for Release of Remains (Non-coroner Cases) :
- 285
- 286 a. Document which mortuary the legal next of kin requests the deceased be released
287 to on the Authorization for Release of Remains form.
- 288 i. The legal next of kin, being in the order listed:
- 289 1. An individual who has been appointed an agent in the
290 decedent's power of attorney for health care who has the
291 right and duty of disposition of the remains, subject to any
292 limitations in the power of attorney.
- 293 2. The competent surviving spouse or registered domestic
294 partner (see Family Code Section 297.5 and Probate Code
295 Section 4716).
- 296 3. The sole surviving competent adult child of the decedent,
297 or if there is more than one competent adult child of the
298 decedent, the majority of the surviving competent adult
299 children shall be vested with the rights and duties noted
300 above if they have used reasonable efforts to notify all
301 other surviving competent adult children of their
302 instructions and are not aware of any opposition to those
303 instructions by the majority of all surviving competent adult
304 children.
- 305 4. The surviving competent parent(s) of the decedent. If one
306 of the surviving competent parents is absent, the remaining
307 competent parents is absent, the remaining competent
308 parent shall be vested with the rights and duties noted
309 above after reasonable efforts have been unsuccessful in
310 locating the absent surviving competent parent.
- 311 5. The sole surviving competent adult sibling of the decedent,
312 or if there is more than one surviving competent adult
313 sibling of the decedent, the majority of the surviving
314 competent adult siblings. However, less than the majority
315 of the surviving competent adult siblings shall be vested

316 with the rights and duties noted above if they have used
317 reasonable efforts to notify all other surviving competent
318 adult siblings of their instructions and are not aware of any
319 opposition to those instructions by the majority of all
320 surviving competent adult siblings.

321 6. The surviving competent adult person(s) respectively in the
322 next degrees of kinship. If there is more than one surviving
323 competent adult person of the same degree of kinship, the
324 majority of those persons. Less than the majority of
325 surviving competent adult persons of the same degree of
326 kinship shall be vested with the rights and duties noted
327 above if those persons have used reasonable efforts to
328 notify all other surviving competent adult persons of the
329 same degree of kinship of their instructions and are not
330 aware of any opposition to those instructions by the
331 majority of all surviving competent adult persons of the
332 same degree of kinship.

333 7. The public administrator when the deceased has sufficient
334 assets. Since the hospital will not normally know whether
335 the deceased has sufficient assets, the public administrator
336 should be notified and given the opportunity to take
337 possession of the remains.

338 b. Document the following:

- 339 a. Relationship of responsible individual authorizing release of remains.
- 340 b. The mortuary that has authorization to remove the deceased.
- 341 c. Date and time of authorization.
- 342 d. Registered nurse must witness the signature of the legal next of kin.
- 343 e. The mortuary representative must sign that they are retrieving the
- 344 deceased as requested by the next of kin.
- 345 f. The mortuary representative must initial that they are aware if the
- 346 deceased is an organ, tissue and/or eye donor.
- 347 a. In the event that no family member is available upon the expiration of a
- 348 patient, the deceased will be taken to the temporary morgue. After four hours
- 349 if unable to contact next of kin despite multiple attempts, the assigned nurse
- 350 will contact the Coroner and he/she will assign a mortuary.
- 351
- 352

353 4. Authorization for Release of Remains (Coroner Cases)

- 354 a. County Coroner or designee will sign that they are retrieving the deceased and
- 355 document the Coroner's Case number.

Record of Death

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Date of death: _____ Time of death: _____

Attending Physician: _____

2.1 Notified Yes No Time: _____

Diagnosis: _____

Presumed cause of death: _____

Pronounced dead by: _____

Primary Nurse: _____

Coroner Case: Yes No If yes, Case Number: _____

Next of kin notified: _____ Time: _____

Autopsy requested: Yes No Requested by: _____

Donor Referral Service Notified (1-888-423-6667) Yes

Person contacted: _____

Date and Time of Referral: _____ Referral #: _____

A. Donor eligible Yes No

If YES indicate type: tissue eye organ

Authorization for Release of Remains

I, _____, authorize the release of _____ Patient Name

remains to _____ Mortuary


Date: _____ Signature: _____

Time: _____ Relationship to Deceased: _____

Witness: _____

Mortuary Representative: _____

Coroner Representative: _____ Case #: _____



El Centro Regional Medical Center
An Agency of the City of El Centro

An Agency of the City of El Centro Patient Information
1415 Ross Avenue
El Centro, CA 92243-4398
(760) 339-7100

394
395

RECORD OF DEATH

Appendix "B"

396
397
398

**County of Imperial
Office of the Coroner**

399
400

Guidelines for Death Reporting

401 Is this death the result of a known or suspected homicide? Yes _____ No _____

402 ➤ This would include any delayed (days to years) death resulting from
403 any non-accidental trauma. **Ex:** a quadriplegic from a gunshot wound
404 10 years ago, remote head injury, suspected elder abuse.

405

406 Is this death the result of a known or suspected suicide? Yes _____ No _____

407 ➤ This would include any delayed (days to years) death resulting from
408 an intentional act designed to end ones own life. **Ex:** a person with
409 organ failure due to an intentional medication overdose.

410

411 Is this death the result of an accident, injury, trauma, or mishap
412 either old or recent? Yes _____ No _____

413 ➤ This would include any delayed (days to years) death resulting from
414 any accidental injury. **Ex:** a person with a brain injury from a fall or
415 motor vehicle accident; burns or drowning, pulmonary embolism or
416 other complication following trauma, medication or surgical error.

417

418 Are there indications that the death is the result of acute alcohol
419 and/or prescription or illegal drug overdose? Yes _____ No _____

420

421 Is there an infectious process such as AIDS or hepatitis, that
422 may pose a threat to the public health? Yes _____ No _____

423

424 Is this a sudden unexpected infant/child death? Yes _____ No _____

425

426 Was a surgical procedure recently performed and/or
427 was there any complication during a surgical procedure? Yes _____ No _____

428

429 Is the deceased an inmate/prisoner or an in custody death? Yes _____ No _____

430

431 Did the fatal event occur at work? Yes _____ No _____

432

433

434 If any of the boxes are checked **Yes**, you are required by law to contact the Coroner's Office at (442)
435 265-2021 to report the death.

436

437 If the doctor who signs the death certificate has not seen the patient in more than 20 days, the
438 mortuary, and only the mortuary, will need to report death if it is not otherwise reportable.

439

440 **References**

441 American Academy of Pathologists

442

443 ECRMC Physician Bylaws pp 19, 10.3

444

445 California Hospital Association Consent Manual 2017 43rd edition, pg. 14.20-14.24.

446 [California Informed Consent Form Guidelines | State of California - Department of Justice - Office of the
447 Attorney General](#)

448

449 California Health and Safety Code Section 7100; Disposition of Remains.

450 http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=7100.

451

452 California Government Code Section 27491

453 [http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=GOV&division=2.&title=3.&pa
454 rt=3.&chapter=10.&article=2](http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=GOV&division=2.&title=3.&part=3.&chapter=10.&article=2).

455

456 County of Imperial Office of the Coroner Tel (442) 265-2021.

457 [Imperial County Sheriffs's Office](#)

458

459 Public Administrator Tel (442) 265-7000.

460 [Imperial County Public Administrator / Area Agency on Aging | Adult & Elderly Care - El Centro Chamber
461 of Commerce & Visitors Bureau,CA](#)

462

463 State of California Board of Registered Nursing 2005; RN Scope of Practice Frequently Asked Questions.

464 www.rn.ca.gov

465

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EL CENTRO REGIONAL MEDICAL CENTER

Pronouncement of Death Competency

Employee Name (Print) _____ Date _____

Purpose: Demonstrate competency with pronouncement of death after completing patient assessment simulation.

Criteria	Met	Not Met	Evaluator Initials	Comments
Requests report from primary nurse				
Identifies patient using two patient identifiers				
Performs patient assessment <ul style="list-style-type: none"> Absence of verbal & tactile stimuli 				
Performs patient assessment <ul style="list-style-type: none"> Heart sounds-states absent 				
Performs patient assessment <ul style="list-style-type: none"> Carotid pulse- states absent 				
Performs patient assessment <ul style="list-style-type: none"> Spontaneous respirations- state absent 				
Performs patient assessment <ul style="list-style-type: none"> Pupillary light reflex- absent 				
Performs patient assessment <ul style="list-style-type: none"> Vital Signs- No blood pressure 				
Documents in Medical Record <ul style="list-style-type: none"> Including date & time of death 				
Attending Physician notified of Pronouncement of death <ul style="list-style-type: none"> Verbalizes notification of physician 				
Signs Record of Death				

Employee Signature _____ Employee Number _____

Educator Signature _____ Date _____

EDU 2024



TO: HOSPITAL BOARD MEMBERS
FROM: David Momberg, Chief Financial Officer
DATE: April 22, 2024
MEETING: Board of Trustees

SUBJECT: February 2024 Month and Year-to-Date Financial Statements

BUDGET IMPACT: Does not Apply
A. Does the action impact/affect financial resources? Yes No
B. If yes, what is the impact amount: _____

BACKGROUND: The month of February resulted in net operating loss of \$1.1M, a negative margin of 10% and positive EBIDA of \$6.1M. FYTD EBIDA is positive at \$8.6M and positive margin YTD of 8.4%.

DISCUSSION: For a more detailed description of financial performance, please see the attached Financial Report.

RECOMMENDATION: (1) Approve (2) Do not approve

ATTACHMENT(S):

- Financial Packet for February 2024

Approved for agenda, Pablo Velez

Date and Signature: _____

Pablo Velez



February 2024 Financial Report

March 25, 2024

To: Finance Committee

From: David Momberg, Chief Financial Officer

The following package contains:

- Comparative volumes vs. Prior Month/Year
- Balance Sheet vs. Prior Month comparison
- Operating Statement vs. Prior Month comparison
- Monthly Cash Flow (Fiscal Year to Date)

Balance Sheet:

- a) Cash balance decreased (\$12.7M) mainly due to IGT (\$3.0M QIP, \$2.3M Rate Range), loan (CHFFA Round 1 \$2.3M) one additional payroll transfer (\$1.6M) and one additional vendor payment run (\$1.1M).
- b) Net patient receivables decreased (\$1.5M) mainly due to lower admissions (245 vs 276 last month) and lower emergency room visits (2,646 vs. 3,126). This is also a result of 29 days in February vs. 31 in January.
- c) Other receivables increased (\$27k) due to 340b pharmacy.
- d) Due from third-party payers increased (\$6.9M) due to IGTs paid to QIP and Rate Range coupled with no payments received during the month.
- e) Inventories decreased mainly due to the disposal of expired sanitized wipes (\$75k).
- f) Prepaid services and other decreased (\$175k) due usage of prepaid services coupled with low new prepaid services contracted.
- g) Restricted building capital fund increased (\$21k) due to US Bank generated interest.

- h) Funds held by trustee for Debt Service decreased (\$2.7M) due to Bond semiannual payment.
- i) Property plant and equipment increased (163k) reflecting increase in asset values partially offset by month's depreciation.
- j) Accounts payable and accrued expenses decreased (\$4.6M) due to higher vendor payments made during the month (\$1.7M) coupled with bond payment (\$2.7M) and released legal fee accruals (\$300k).
- k) Accrued compensation and benefits decreased (\$1.8M) reflecting the 3 pay period transfers made during the month.
- l) Due to third-party payors decreased (\$2.3M) do to CHFFA Round 1 loan paid.
- m) Days in A/R decreased to 39.24 from 39.75. The goal is 50 days.
- n) Accounts payable days decreased, 69.93 vs. 85.57 days from previous month.
- o) Current Ratio decreased to 0.83 vs. 0.83 previous month.

Income Statement – Current Month Actual vs. Prior Month:

- a) Our Inpatient Revenue is 24.5% lower than prior month due to higher lower (1,222 vs. 1,506 prior).
- b) Outpatient Revenue is 8.7% lower than last month due to lower ER visits (2,646 vs. 3,126 last month) and lower surgeries (415 vs. 463 last month).
- c) Other Operating Revenues were returned to levels (\$263k) mainly driven by professional fees billing.
- d) Contractuals for the month are 18.4% of gross revenues (18.1% YTD).
- e) Charity and Bad debt decreased \$102k related to lower gross revenues.
- f) Salary expense is 1% lower due to lower days in February.
- g) Registry expense remains steady below \$20k monthly.
- h) Non-medical Professional fees decreased 121.4% due to release of accrued legal expenses, as a result of the new in-house General Counsel.
- i) Non-medical supplies are 37.6% higher due to disposal of expired sanitized wipes.
- j) Lease and rental expense increased 215.4% related to a \$32k credit received last month from Sysmex for Hematology instruments.

- k) Insurance expense is 25.6% lower due to quarterly installment paid in January.
- l) Other expenses are 21.8% lower mainly due to lower employee physicals and COVID-19 testing panels.
- m) Investment income decreased 38.2% due to Year-to-date sweep account generated interest adjustment in January.
- n) Grants and contributions show \$187,500 received from California Bridge Grants ED Screening Program.
- o) February 2024 shows a Net Loss of \$1.4M (\$260K *positive EBIDA*), showing steady improvement over the last couple of months.

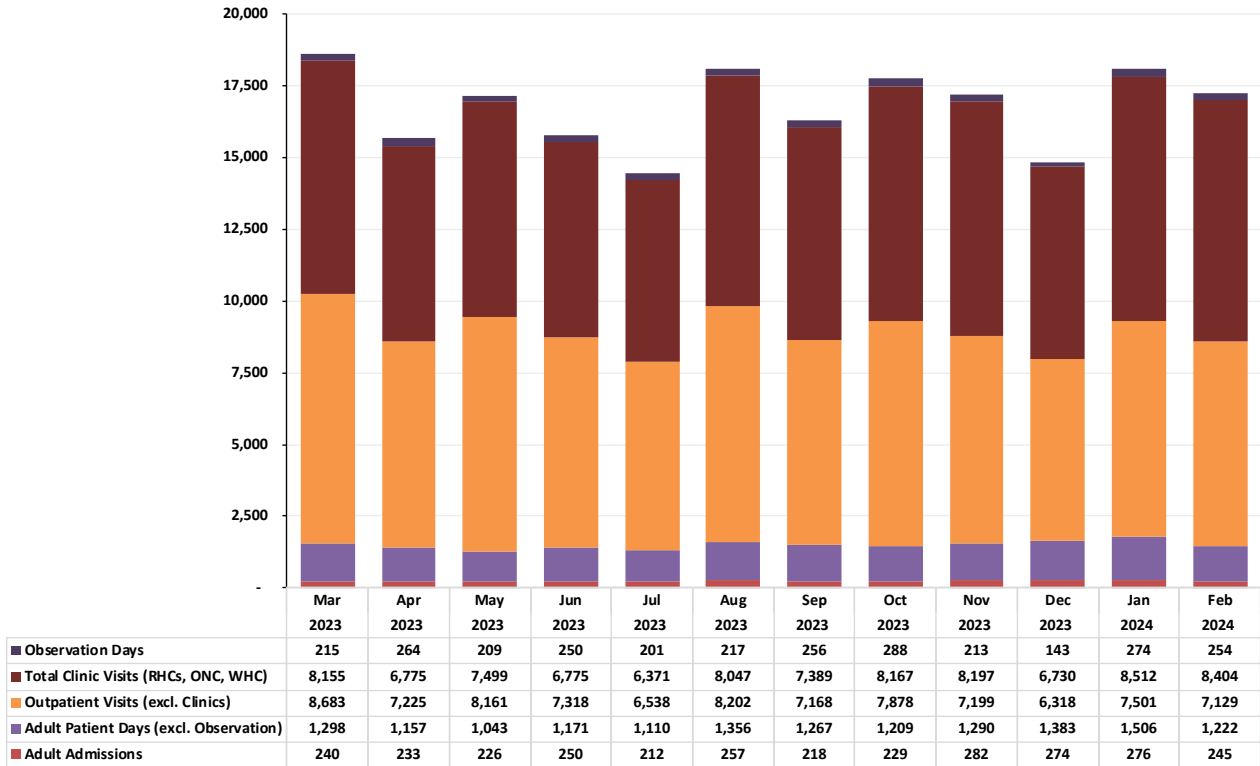
Definitions:

- **EBIDA** - Earnings Before Interest, Depreciation, and Amortization.
- **Contribution Margin** – Total Revenue minus Expenses (excluding functional areas of IT, Finance, HR, and management assessments/restructuring costs).
- **EBIDA Margin** – EBIDA/Total Revenue.
- **Operating Expenses Per Day** – Total Expenses less Depreciation divided by Days.
- **Operating Revenue Per Day** – Operating Income/Days.
- **Days Cash on Hand** – Cash/Operating Expenses per Day.
- **Days Revenue in A/R** – Accounts Receivable/Operating Revenue per Day.
- **Current Ratio** – Current Assets/Current Liabilities.
- **Equity Financing Ratio** – Total Capital/Total Debt.

EI Centro Regional Medical Center Comparative Volumes as of February 28, 2024

	Nov 2023	Dec 2023	Jan 2024	Feb 2024	YTD Actual	YTD Budget	YTD Variance
Adult Admissions (excl. Observation)	282	274	276	245	1,993	2,344	(351)
Patient Days (excl. Observation)	1,290	1,383	1,506	1,222	10,343	12,441	(2,098)
Average Length of Stay (excl. Observation)	4.6	5.0	5.5	5.0	5.2	5.3	(0.1)
Average Daily Census (excl. Observation)	43.0	44.6	48.6	42.1	42.4	42.4	-
Average Daily Census (ADC) Observation	7.1	4.6	8.8	8.8	7.6	7.0	0.6
Total ADC (including Observation)	50.1	49.2	57.4	50.9	50.0	49.4	0.6
Observation Days (excluding Obstetrics)	213	143	274	254	1,846	1,702	144
Outpatient Visits (excluding Clinics)	7,199	6,318	7,501	7,129	57,933	66,354	(8,421)
Emergency Room Visits	2,898	2,834	3,126	2,646	22,578	26,225	(3,647)
EI Centro Rural Health Clinic Visits	4,007	3,373	4,362	4,458	30,731	34,341	(3,610)
Calexico Rural Health Clinic Visits	3,221	2,602	3,261	3,123	24,187	24,438	(251)
Rural Health Clinic Visits - Total	7,228	5,975	7,623	7,581	54,918	58,779	(3,861)
Wound Healing Center Visits	210	158	206	186	1,498	1,411	87
Oncology Center Visits	759	597	683	637	5,401	5,530	(129)
Oncology Center Infusion Procedures	1,504	1,320	1,300	1,273	10,658	10,840	(182)
Surgeries without C-Sections	465	436	428	381	3,734	4,136	(402)
DaVinci Cases	59	60	35	34	412	293	119

Rolling-12 Volume Trend



ECRMC BALANCE SHEET COMPARED TO PRIOR MONTH

	February 28, 2024	January 31, 2024	Variance (\$)	Variance (%)
Assets				
Current Assets:				
Cash and Cash Equivalents	\$ 9,113,667	\$ 21,778,432	\$ (12,664,765)	-58%
Net Patient Accounts Receivable	14,455,989	16,024,861	(1,568,871)	-10%
Other Receivables	97,675	69,952	27,723	40%
Due from Third-Party Payors	25,629,865	18,698,372	6,931,492	37%
Inventories	2,717,960	2,815,708	(97,748)	-3%
Prepaid Expenses & Other	2,491,051	2,666,881	(175,831)	-7%
Total Current Assets	54,506,207	62,054,207	(7,548,000)	-12%
Assets Limited as to Use				
Restricted Building Capital Fund	64,698	42,735	21,963	51%
Funds Held by Trustee for Debt Service	10,472,616	13,137,064	(2,664,448)	-20%
Restricted Programs	11,497	11,497	-	0%
Total Assets Limited as to Use	10,548,811	13,191,296	(2,642,485)	-20%
Property, Plant, and Equipment: Net	147,642,265	147,478,803	163,462	0%
Other Assets	647,238	647,238	-	0%
Total Assets	213,344,521	223,371,543	(10,027,023)	-4%
Deferred Outflows of Resources				
Deferred Outflows of Resources - Pension	8,232,283	8,618,550	(386,267)	-4%
Total Deferred Outflows of Resources	8,232,283	8,618,550	(386,267)	-4%
Total Assets and Deferred Outflows of Resources	\$ 221,576,804	\$ 231,990,093	\$ (10,413,290)	-4%
Liabilities				
Current Liabilities:				
Current Portion of Bonds	1,325,000	1,320,000	5,000	0%
Current Portion of Capital Lease Obligations	1,271,862	1,288,683	(16,821)	-1%
Accounts Payable and Accrued Expenses	20,027,223	24,654,757	(4,627,534)	-19%
Accrued Compensation and Benefits	7,236,749	9,037,863	(1,801,113)	-20%
Due to Third-Party Payors	35,824,141	38,097,181	(2,273,040)	-6%
Total Current Liabilities	65,684,975	74,398,484	(8,713,509)	-12%
Long-Term Bond Payable, Less Current Portion	113,108,808	113,200,075	(91,267)	0%
Capital Lease Obligations, Less Current Portion	5,990,717	6,201,833	(211,116)	-3%
Net Pension Liability	54,174,600	54,174,600	-	0%
Total Liabilities	238,959,099	247,974,992	(9,015,893)	-4%
Deferred Inflows of Resources				
Deferred Inflows of Resources - Pension	113,800	113,800	-	0%
Total Deferred Inflows of Resources	113,800	113,800	-	0%
Net Position				
Restricted Fund Balance	17,238	17,238	-	0%
Fund Balance	(17,513,334)	(16,115,937)	(1,397,397)	9%
Total Net Position	(17,496,096)	(16,098,699)	(1,397,397)	9%
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 221,576,804	\$ 231,990,093	\$ (10,413,290)	-4%
Days Cash on Hand	21.79	49.16		
Days Revenue in A/R	39.24	39.75		
Days in A/P	69.32	85.57		
Current Ratio	0.83	0.83		
Debt Service Coverage Ratio	(0.25)	(0.82)		

STATEMENTS OF OPERATIONS COMPARISON TO BUDGET

	MTD November 30, 2023	MTD December 31, 2023	MTD January 31, 2024	MTD February 28, 2024	YTD February 28, 2023	YTD February 28, 2024	YTD BUDGET February 28, 2024
Adult Admissions	282	274	276	245	2,672	1,993	2,344
Adult Patient Days (excl. Observation)	1,290	1,383	1,506	1,222	12,975	10,343	12,441
Outpatient Visits (excl. Clinics)	7,199	6,318	7,501	7,129	63,470	57,933	66,354
Total Clinic Visits (RHCs, ONC, WHC)	8,197	6,730	8,512	8,404	65,726	61,817	65,720
Observation Days	213	143	274	254	1,591	1,846	1,702
OPERATING REVENUE							
I/P Revenue	\$ 16,086,283	\$ 15,570,835	\$ 17,637,846	\$ 13,320,981	\$ 141,731,652	\$ 118,384,496	\$ 130,357,388
O/P Revenue - Laboratory	6,516,066	5,939,106	6,837,507	6,175,566	53,767,781	51,685,269	51,103,892
O/P Revenue - CT Scanner	6,053,020	6,058,167	6,494,259	6,336,702	50,894,795	50,914,189	48,731,660
O/P Revenue - Emergency Room	6,132,301	5,955,077	6,459,621	5,513,864	47,992,596	47,789,410	54,373,681
O/P Revenue - Oncology	6,490,018	5,197,115	6,275,825	5,239,112	41,097,597	45,516,924	46,633,780
O/P Revenue - Others	17,770,753	17,607,160	17,873,063	16,855,772	149,938,504	146,640,497	143,441,336
Gross Patient Revenues	59,048,441	56,327,461	61,578,121	53,441,996	485,422,925	460,930,784	474,641,738
Other Operating Revenue	257,669	286,607	6,280,334	263,319	3,186,669	8,504,264	3,786,015
Total Operating Revenue	59,306,110	56,614,068	67,858,456	53,705,315	488,609,594	469,435,048	478,427,753
Contractuals							
IP Contractuals	10,752,946	11,847,646	13,697,191	10,784,867	111,001,467	93,167,316	104,385,550
OP Contractuals	37,190,467	34,095,880	37,406,889	32,846,476	278,664,402	284,560,386	273,557,791
Charity	281,285	270,574	491,024	122,622	6,189,594	2,342,967	5,939,847
Provision for Bad Debts	443,470	446,303	278,400	545,140	3,340,850	3,416,403	2,633,808
Other Third Party Programs	(1,949,241)	(1,591,268)	(1,591,268)	(1,591,268)	(9,835,711)	(13,322,563)	(12,730,141)
M/Cal Disproportionate Share	(226,793)	(226,793)	(226,793)	(226,793)	(1,536,805)	(2,830,073)	(1,814,343)
Total Deductions	46,492,135	44,842,343	50,055,443	42,481,045	387,823,796	367,334,437	371,972,512
Total Net Revenues	12,813,975	11,771,725	17,803,012	11,224,270	100,785,798	102,100,611	106,455,241
EXPENSES							
Salaries & Wages	4,771,365	5,315,930	4,823,226	4,778,741	43,221,842	39,503,632	37,522,387
Registry	99,986	54,108	1,023	15,452	7,639,070	566,636	822,134
Employee Benefits	1,165,193	900,752	1,358,295	1,345,138	10,282,443	9,712,102	10,652,327
Employee Benefits - Pension GASB 68	386,267	375,986	386,267	386,267	2,510,661	3,070,018	2,556,800
Professional Fees - Medical	1,436,498	1,127,234	1,226,886	1,175,964	11,420,199	10,365,004	12,014,097
Professional Fees - Non-Med	352,065	340,075	250,417	(53,561)	2,746,565	1,900,861	1,908,893
Supplies - Medical	2,182,866	2,157,393	2,259,530	2,063,151	18,166,663	18,035,086	18,084,065
Supplies - Non-Medical	164,907	144,038	149,101	205,180	1,595,315	1,196,231	1,714,074
Food	83,904	78,801	70,026	89,391	679,646	635,026	648,911
Repairs and Maintenance	645,726	519,683	580,145	585,744	5,644,355	4,728,855	6,039,822
Other Fees	676,853	640,547	546,804	575,409	5,471,937	4,724,600	5,336,845
Lease and Rental	38,115	(3,819)	10,554	33,293	560,203	167,160	373,257
Utilities	212,258	198,873	213,151	204,420	1,581,119	1,687,795	1,577,556
Depreciation and Amortization	656,343	709,727	702,920	647,685	5,570,192	5,428,257	5,823,877
Insurance	300,249	163,738	220,143	163,738	1,663,528	1,738,321	1,616,337
Other Expenses	118,663	134,683	165,924	129,748	1,162,685	1,008,875	1,186,157
Total Operating Expenses	13,291,256	12,857,748	12,964,411	12,345,759	119,916,424	104,468,459	107,877,540
Operating Income	(477,281)	(1,086,023)	4,838,601	(1,121,490)	(19,130,626)	(2,367,848)	(1,422,299)
Operating Margin %	-3.7%	-9.2%	27.2%	-10.0%	-19.0%	-2.3%	-1.3%
Non-Operating Revenue and Expenses							
Investment Income	100,590	2,561	244,192	151,000	340,069	693,162	144,346
Grants and Contributions Revenue	12,500	1,360	0	187,745	485,260	387,027	451,197
Non Operating Revenue/(Expense)	704,754	9,143	8,611	8,408	1,265,666	1,399,089	1,329,352
Interest Expense	(610,132)	(600,468)	(599,688)	(623,061)	(4,975,099)	(4,842,185)	(4,847,613)
Total Non-Operating Rev. and Expenses	207,711	(587,404)	(346,885)	(275,907)	(2,884,104)	(2,362,907)	(2,922,717)
(Deficit)/Excess Rev. Over Exp.	\$ (269,570)	\$ (1,673,427)	\$ 4,491,716	\$ (1,397,397)	\$ (22,014,730)	\$ (4,730,755)	\$ (4,345,016)
(Deficit)/Excess Rev. Over Exp. %	-2.1%	-14.2%	25.2%	-12.4%	-21.8%	-4.6%	-4.1%
EBIDA	1,383,171	12,754	6,180,590	259,616	(8,958,779)	8,609,705	8,883,273
EBIDA %	10.8%	0.1%	34.7%	2.3%	-8.9%	8.4%	8.3%

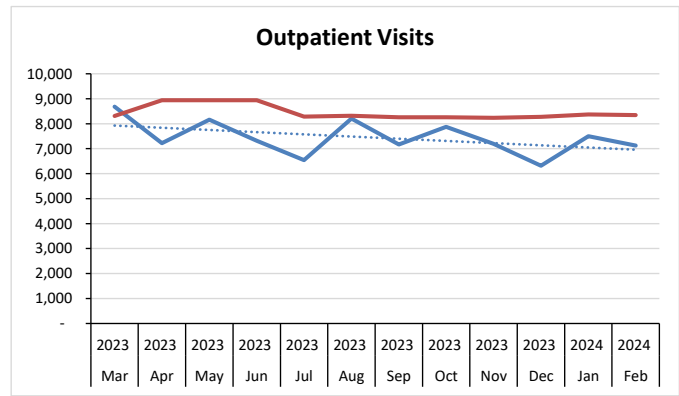
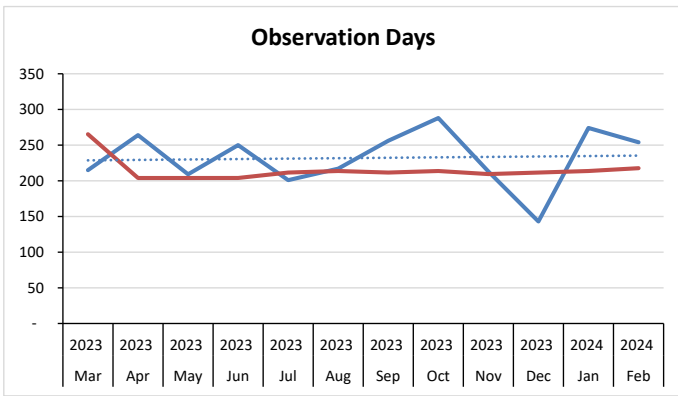
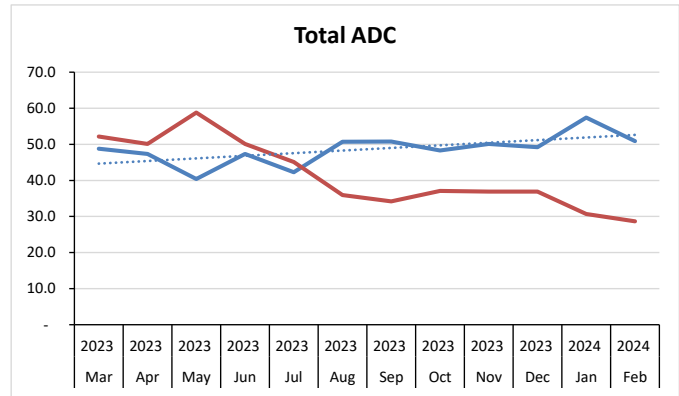
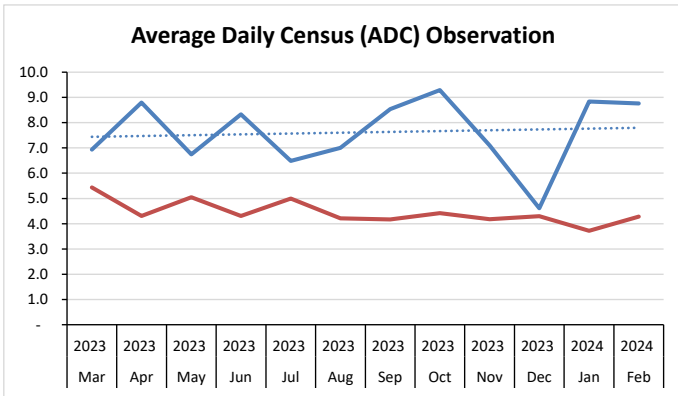
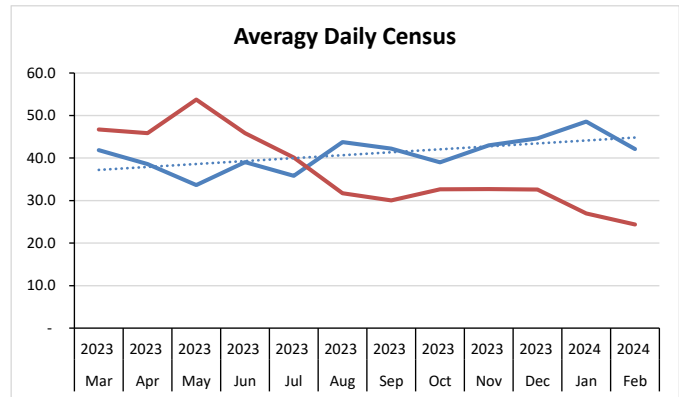
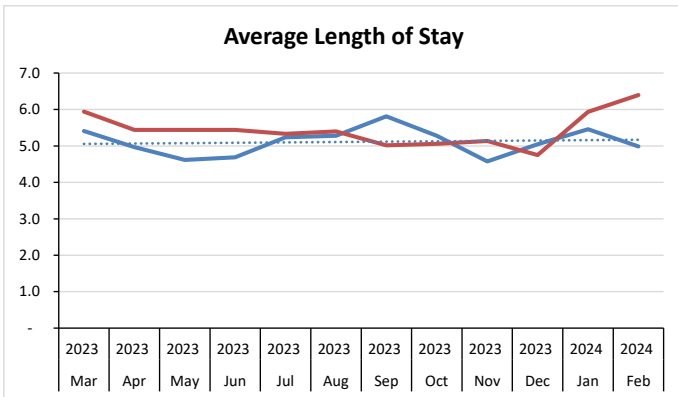
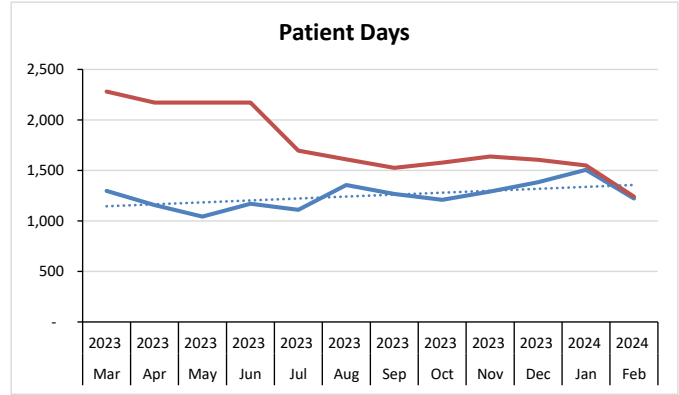
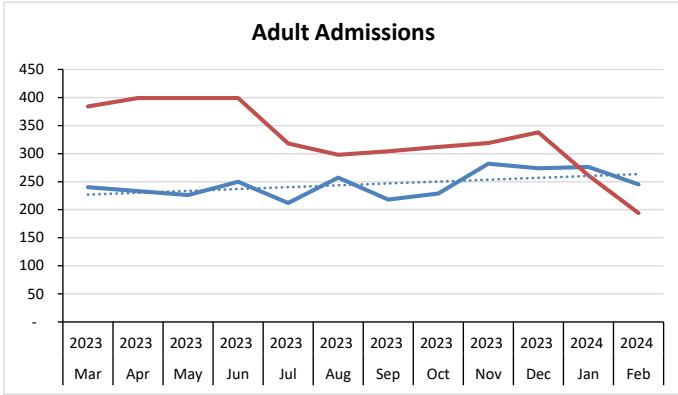
EI Centro Regional Medical Center
Monthly Cash Flow

Unaudited

	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	Year-to-Date 2024
<u>Cash Flow From Operating Activities</u>									
Net Income/(Loss)	\$ (1,693,276)	\$ 83,018	\$ (2,341,907)	\$ (1,916,852)	\$ (282,630)	\$ (1,673,427)	\$ 4,491,716	\$ (1,397,397)	\$ (4,730,755)
<i>Adjustments to reconcile net income to net cash:</i>									
Add: Depreciation	687,349	685,421	659,358	679,455	656,343	709,727	702,920	647,685	\$ 5,428,257
Capital Lease Interest	10,925	10,082	9,561	8,804	12,188	10,271	9,266	7,433	\$ 78,529
Bond Interest	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	\$ 4,704,586
Accounts Receivable	525,767	(874,155)	425,746	(840,534)	(1,508,166)	1,226,187	(1,597,022)	1,568,871	\$ (1,073,307)
Other Receivables	53,835	(135,607)	3,196	90,258	(63,653)	54,942	77,270	(27,723)	\$ 52,518
Inventory	(90,320)	62,497	3,184	(17,349)	3,621	(37,635)	14,872	97,748	\$ 36,619
Prepaid Expenses/Other Assets	(135,337)	341,100	241,311	(101,557)	(158,490)	(77,557)	735,195	175,831	\$ 1,020,495
Accounts Payable and Accrued Expenses	378,705	96,138	2,040,657	1,838,873	261,768	(2,035,283)	(2,872,479)	(1,975,807)	\$ (2,267,427)
Accrued Compensation and Benefits	339,108	(1,581,815)	281,567	612,150	342,711	579,715	609,887	(1,801,113)	\$ (617,791)
Third-Party Liabilities	(1,818,060)	(1,842,679)	(1,781,141)	(1,174,454)	26,778,577	(1,203,959)	(1,643,871)	(9,204,532)	\$ 8,109,880
Net Pension Obligation	386,267	386,267	386,267	376,430	386,267	375,986	386,267	386,267	\$ 3,070,018
<i>Net Cash From Operating Activities</i>	\$ (766,964)	\$ (2,181,659)	\$ 515,872	\$ 143,296	\$ 27,016,608	\$ (1,482,961)	\$ 1,502,093	\$ (10,934,664)	\$ 13,811,621
<u>Cash Flow From Investing Activities</u>									
Fixed Assets - Gross	\$ (21,365)	\$ (100,025)	\$ (625,596)	\$ (292,897)	\$ (4,187,130)	\$ (72,988)	\$ 470,928	\$ (811,147)	\$ (5,640,220)
Intangible Assets - Gross	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Assets	4,509,875	(300,196)	(1,330,489)	468,290	(674,930)	(662,640)	(808,229)	2,642,485	\$ 3,844,165
<i>Net Cash From Investing Activities</i>	\$ 4,488,509	\$ (400,221)	\$ (1,956,085)	\$ 175,393	\$ (4,862,061)	\$ (735,627)	\$ (337,300)	\$ 1,831,338	\$ (1,796,055)
<u>Cash Flow From Financing Activities</u>									
Bond Payable	\$ (4,661,219)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3,326,068)	\$ (7,987,287)
Capital Leases	(320,043)	(303,673)	(272,050)	30,075	(403,389)	(301,363)	(252,661)	(235,370)	\$ (2,058,475)
Notes Payable	-	-	-	-	-	-	-	-	\$ -
<i>Net Cash From Financing Activities</i>	\$ (4,981,262)	\$ (303,673)	\$ (272,050)	\$ 30,075	\$ (403,389)	\$ (301,363)	\$ (252,661)	\$ (3,561,438)	\$ (10,045,762)
<i>Total Change In FY 2024 Cash</i>	\$ (1,259,717)	\$ (2,885,553)	\$ (1,712,263)	\$ 348,765	\$ 21,751,158	\$ (2,519,951)	\$ 912,131	\$ (12,664,765)	\$ 1,969,805
<i>Cash & Cash Equivalents, Beginning Balance</i>	7,143,861	5,884,145	2,998,592	1,286,329	1,635,094	23,386,252	20,866,300	21,778,432	7,143,861
<i>Cash & Cash Equivalents, Ending Balance</i>	\$ 5,884,145	\$ 2,998,592	\$ 1,286,329	\$ 1,635,094	\$ 23,386,252	\$ 20,866,300	\$ 21,778,432	\$ 9,113,667	9,113,667

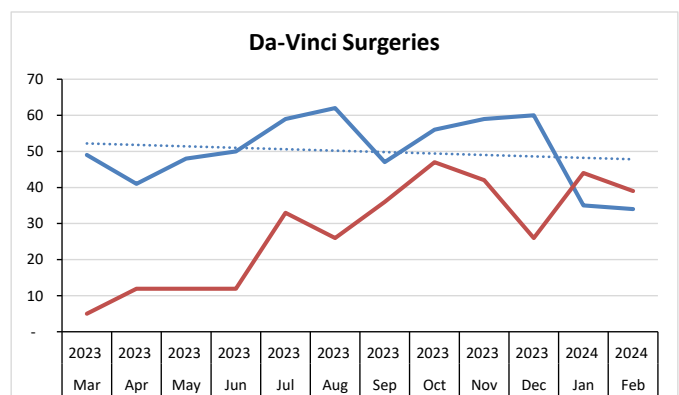
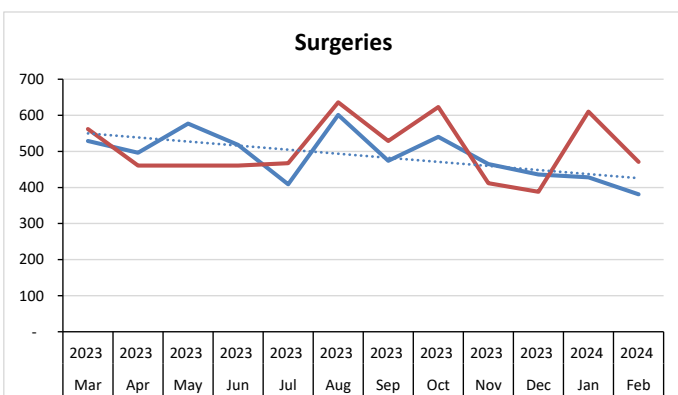
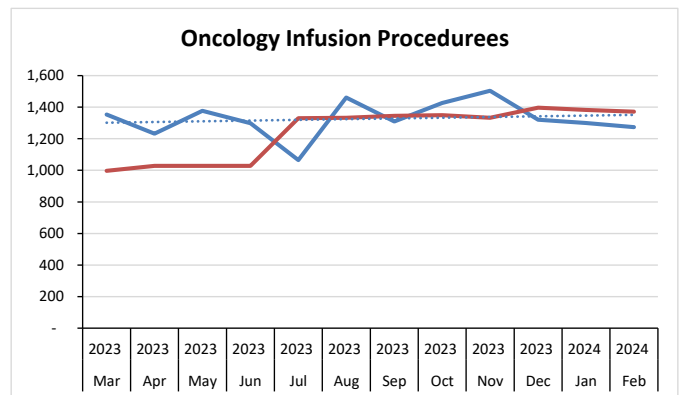
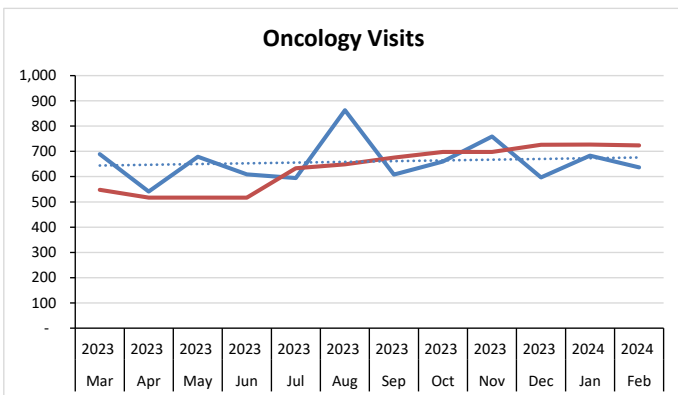
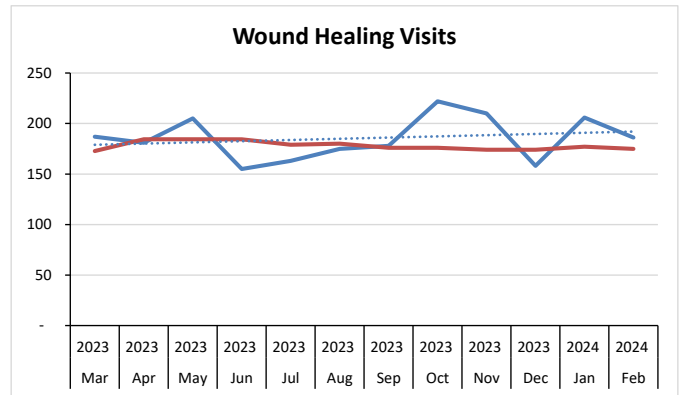
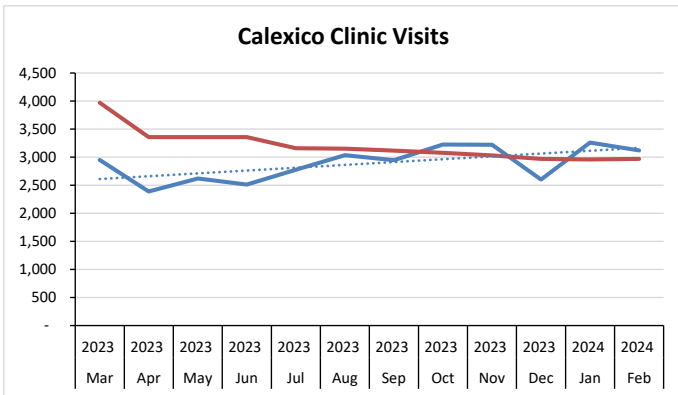
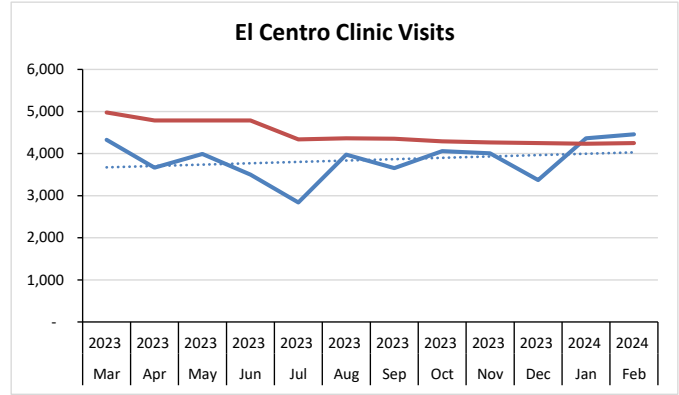
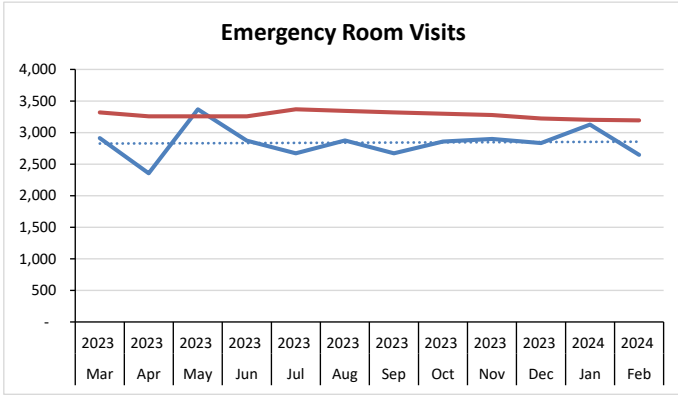
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EI Centro Regional Medical Center Rolling-12 Volume trend



█ BUDGET
█ ACTUALS

El Centro Regional Medical Center Rolling-12 Volume trend



█ BUDGET
█ ACTUALS



TO: HOSPITAL BOARD MEMBERS
FROM: David Momberg, Chief Financial Officer
DATE: April 22, 2024
MEETING: Board of Trustees

SUBJECT: March 2024 Month and Year-to-Date Financial Statements

BUDGET IMPACT: Does not Apply
A. Does the action impact/affect financial resources? Yes No
B. If yes, what is the impact amount: _____

BACKGROUND: The month of March resulted in net operating gain of \$5M, a positive margin of 32% and positive EBIDA of \$6.6M. FYTD EBIDA is positive at \$16.5M and positive margin YTD of 13.9%.

DISCUSSION: For a more detailed description of financial performance, please see the attached Financial Report.

RECOMMENDATION: (1) Approve (2) Do not approve

ATTACHMENT(S):

- Financial Packet for March 2024

Approved for agenda, Pablo Velez

Date and Signature: _____

Pablo Velez



March 2024 Financial Report

April 22, 2024

To: Finance Committee

From: David Momberg, Chief Financial Officer

The following package contains:

- Comparative volumes vs. Prior Month/Year
- Balance Sheet vs. Prior Month comparison
- Operating Statement vs. Prior Month comparison
- Monthly Cash Flow (Fiscal Year to Date)

Balance Sheet:

- a) Cash balance increased (\$8.3M) due to QIP PY5 payment received (\$9.6M) partially offset by higher vendor payments.
- b) Net patient receivables increased (\$696k) mainly due to higher admissions (267 vs 245 last month).
- c) Other receivables increased (\$86k) due to 340b pharmacy.
- d) Due from third-party payers decreased (\$5.7M) due QIP PY5 and partial Rate Range payments received.
- e) Prepaid services and other increased (\$3.2M) FEMA project 667248 received 02/29/2024 booked in March.
- f) Restricted building capital fund increased (\$22k) due to US Bank generated interest.
- g) Funds held by trustee for Debt Service increased (\$661k) due to Bond monthly payment.
- h) Property plant and equipment decreased (391k) due to month depreciation partially offset but capital equipment acquisitions.

- i) Accrued Compensation and Benefits increased due to payroll payables.
- j) Days in A/R decreased to 38.49 from 39.09. The goal is 50 days.
- k) Accounts payable days increased, 73.88 vs. 69.20 days from previous month.
- l) Current Ratio decreased to 0.92 vs. 0.85 previous month.

Income Statement – Current Month Actual vs. Prior Month:

- a) Our Inpatient Revenue is 15.9% higher than prior month due to higher patient days (1,492 vs. 1,222 prior).
- b) Outpatient Revenue is 1.3% lower than last month mainly due to lower Rural Health Clinic visits (6,490 vs. 7,581 last month).
- c) Contractuals for the month are 19.3% of gross revenues (18.3% YTD).
- d) Charity and Bad debt are 1.2% of gross revenues.
- e) Other Third Party Programs reflecting \$3M higher QIP PY5 payment.
- f) Salary expense is 6% higher due to higher number of days in March.
- g) Registry expense remains steady around \$20k monthly.
- h) Employee benefits expense increased mainly due to higher employee insurance claims.
- i) Non-medical Professional fees increased mainly due to legal fees related to Union negotiations.
- j) Non-medical supplies are 24% lower mainly due to inventory adjustments.
- k) Repairs and maintenance is 21% higher related to higher Cerner, Steris and E Clinical expenses.
- l) Lease and rental expense increased 160% Sysmex for Hematology instruments.
- m) Utilities expense is 13.8% higher due to higher electricity costs.
- n) Other expenses are 35.2% higher mainly due to YTD expense recognition for Quadramed.
- o) Investment income decreased 43.5% due to sweep account generated interest.
- p) March 2024 shows a Net Profit of \$5.1M (*\$6.7M positive EBIDA*) and a Year-to-date profit of \$1.6M, showing steady improvement over the last couple of months.

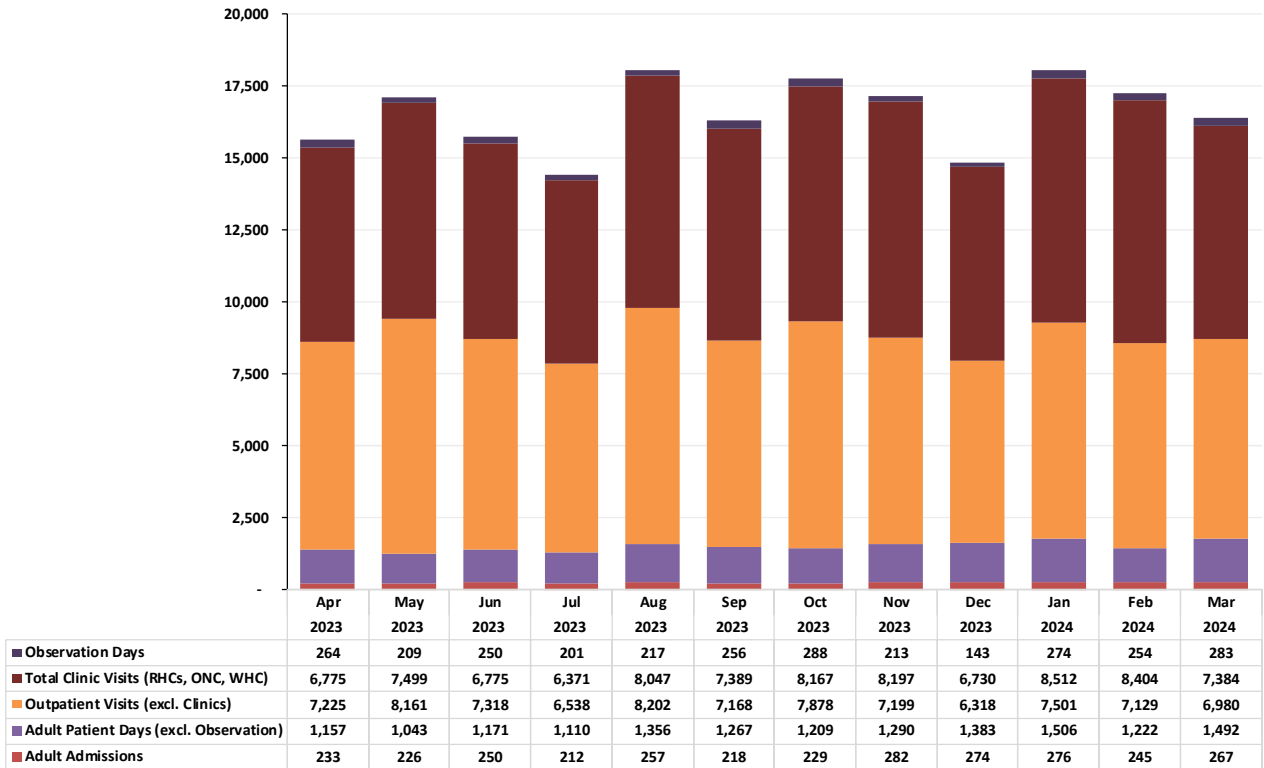
Definitions:

- **EBIDA** - Earnings Before Interest, Depreciation, and Amortization.
- **Contribution Margin** – Total Revenue minus Expenses (excluding functional areas of IT, Finance, HR, and management assessments/restructuring costs).
- **EBIDA Margin** – EBIDA/Total Revenue.
- **Operating Expenses Per Day** – Total Expenses less Depreciation divided by Days.
- **Operating Revenue Per Day** – Operating Income/Days.
- **Days Cash on Hand** – Cash/Operating Expenses per Day.
- **Days Revenue in A/R** – Accounts Receivable/Operating Revenue per Day.
- **Current Ratio** – Current Assets/Current Liabilities.
- **Equity Financing Ratio** – Total Capital/Total Debt.

El Centro Regional Medical Center Comparative Volumes as of March 31, 2024

	Dec 2023	Jan 2024	Feb 2024	Mar 2024	YTD Actual	YTD Budget	YTD Variance
Adult Admissions (excl. Observation)	274	276	245	267	2,260	2,555	(295)
Patient Days (excl. Observation)	1,383	1,506	1,222	1,492	11,835	13,685	(1,850)
Average Length of Stay (excl. Observation)	5.0	5.5	5.0	5.6	5.2	5.4	(0.1)
Average Daily Census (excl. Observation)	44.6	48.6	42.1	48.1	43.0	43.0	-
Average Daily Census (ADC) Observation	4.6	8.8	8.8	9.1	7.7	7.0	0.8
Total ADC (including Observation)	49.2	57.4	50.9	57.3	50.8	50.0	0.8
Observation Days (excluding Obstetrics)	143	274	254	283	2,129	1,918	211
Outpatient Visits (excluding Clinics)	6,318	7,501	7,129	6,980	64,913	74,732	(9,819)
Emergency Room Visits	2,834	3,126	2,646	2,609	25,187	29,458	(4,271)
El Centro Rural Health Clinic Visits	3,373	4,362	4,458	3,584	34,315	38,617	(4,302)
Calexico Rural Health Clinic Visits	2,602	3,261	3,123	2,906	27,093	27,434	(341)
Rural Health Clinic Visits - Total	5,975	7,623	7,581	6,490	61,408	66,050	(4,642)
Wound Healing Center Visits	158	206	186	201	1,699	1,587	112
Oncology Center Visits	597	683	637	693	6,094	6,259	(165)
Oncology Center Infusion Procedures	1,320	1,300	1,273	1,292	11,950	12,214	(264)
Surgeries without C-Sections	436	428	381	505	4,239	4,665	(426)
DaVinci Cases	60	35	34	46	458	342	116

Rolling-12 Volume Trend



ECRMC BALANCE SHEET COMPARED TO PRIOR MONTH

	March 31, 2024	February 28, 2024	Variance (\$)	Variance (%)
Assets				
Current Assets:				
Cash and Cash Equivalents	\$ 21,058,335	\$ 12,745,191	\$ 8,313,144	65%
Net Patient Accounts Receivable	16,109,934	15,414,192	695,742	5%
Other Receivables	183,715	97,675	86,039	88%
Due from Third-Party Payors	19,921,736	25,629,865	(5,708,128)	-22%
Inventories	2,714,170	2,717,960	(3,790)	0%
Prepaid Expenses & Other	2,305,046	(859,803)	3,164,849	-368%
Total Current Assets	62,292,935	55,745,079	6,547,855	12%
Assets Limited as to Use				
Restricted Building Capital Fund	73,493	64,698	8,794	14%
Funds Held by Trustee for Debt Service	11,136,688	10,472,616	664,072	6%
Restricted Programs	11,497	11,497	-	0%
Total Assets Limited as to Use	11,221,678	10,548,811	672,867	6%
Property, Plant, and Equipment: Net	147,312,800	147,642,265	(329,465)	0%
Other Assets	647,238	647,238	-	0%
Total Assets	221,474,651	214,583,394	6,891,257	3%
Deferred Outflows of Resources				
Deferred Outflows of Resources - Pension	7,856,367	8,232,283	(375,916)	-5%
Total Deferred Outflows of Resources	7,856,367	8,232,283	(375,916)	-5%
Total Assets and Deferred Outflows of Resources	\$ 229,331,017	\$ 222,815,677	\$ 6,515,341	3%
Liabilities				
Current Liabilities:				
Current Portion of Bonds	1,330,000	1,325,000	5,000	0%
Current Portion of Capital Lease Obligations	1,252,613	1,271,862	(19,249)	-2%
Accounts Payable and Accrued Expenses	20,928,825	20,030,332	898,493	4%
Accrued Compensation and Benefits	8,195,502	7,190,326	1,005,175	14%
Due to Third-Party Payors	35,824,141	35,824,141	-	0%
Total Current Liabilities	67,531,081	65,641,662	1,889,419	3%
Long-Term Bond Payable, Less Current Portion	113,017,540	113,108,808	(91,267)	0%
Capital Lease Obligations, Less Current Portion	5,649,743	5,990,717	(340,973)	-6%
Net Pension Liability	54,174,600	54,174,600	-	0%
Total Liabilities	240,372,964	238,915,786	1,457,178	1%
Deferred Inflows of Resources				
Deferred Inflows of Resources - Pension	113,800	113,800	-	0%
Total Deferred Inflows of Resources	113,800	113,800	-	0%
Net Position				
Restricted Fund Balance	17,238	17,238	-	0%
Fund Balance	(11,172,986)	(16,231,148)	5,058,163	-31%
Total Net Position	(11,155,747)	(16,213,910)	5,058,163	-31%
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 229,331,017	\$ 222,815,677	\$ 6,515,341	3%
Days Cash on Hand	49.45	30.73		
Days Revenue in A/R	38.49	39.09		
Days in A/P	73.80	69.20		
Current Ratio	0.92	0.85		
Debt Service Coverage Ratio	0.14	(0.82)		

STATEMENTS OF OPERATIONS COMPARISON TO BUDGET

	MTD December 31, 2023	MTD January 31, 2024	MTD February 28, 2024	MTD March 31, 2024	YTD March 31, 2023	YTD March 31, 2024	YTD BUDGET March 31, 2024
Adult Admissions	274	276	245	267	2,912	2,260	2,555
Adult Patient Days (excl. Observation)	1,383	1,506	1,222	1,492	14,273	11,835	13,685
Outpatient Visits (excl. Clinics)	6,318	7,501	7,129	6,980	72,153	64,913	74,732
Total Clinic Visits (RHCs, ONC, WHC)	6,730	8,512	8,404	7,384	73,881	69,201	73,896
Observation Days	143	274	254	283	1,806	2,129	1,918
OPERATING REVENUE							
I/P Revenue	\$ 15,570,835	\$ 17,637,846	\$ 14,114,339	\$ 16,354,275	\$ 156,989,531	\$ 135,532,129	\$ 145,484,750
O/P Revenue - Laboratory	5,939,106	6,837,507	6,412,826	6,044,011	60,804,848	57,966,541	57,484,465
O/P Revenue - CT Scanner	6,058,167	6,494,259	6,653,450	6,905,429	57,922,138	58,136,366	54,882,399
O/P Revenue - Emergency Room	5,955,077	6,459,621	5,675,623	5,574,299	54,157,296	53,525,468	61,077,536
O/P Revenue - Oncology	5,197,115	6,275,825	5,646,663	5,453,631	47,035,718	51,378,106	52,624,668
O/P Revenue - Others	17,607,160	17,873,063	18,047,564	17,913,385	168,912,401	165,745,673	161,785,159
Gross Patient Revenues	56,327,461	61,578,121	56,550,465	58,245,030	545,821,932	522,284,283	533,338,977
Other Operating Revenue	286,607	6,280,334	263,128	373,616	3,579,173	8,877,689	4,259,267
Total Operating Revenue	56,614,068	67,858,456	56,813,592	58,618,646	549,401,105	531,161,972	537,598,244
Contractuals							
IP Contractuals	11,847,646	13,697,191	10,989,461	13,339,795	121,610,274	106,711,706	117,433,743
OP Contractuals	34,095,880	37,406,889	34,420,804	33,659,734	317,597,325	319,794,448	307,752,515
Charity	270,574	491,024	165,684	129,953	6,779,698	2,515,982	6,682,328
Provision for Bad Debts	446,303	278,400	545,140	593,603	3,578,314	4,010,006	2,963,034
Other Third Party Programs	(1,591,268)	(1,591,268)	(1,591,268)	(4,649,730)	(12,440,945)	(17,972,293)	(14,321,409)
M/Cal Disproportionate Share	(226,793)	(226,793)	(226,793)	(226,793)	(1,726,722)	(3,056,865)	(2,041,135)
Total Deductions	44,842,343	50,055,443	44,303,029	42,846,563	435,397,943	412,002,983	418,469,076
Total Net Revenues	11,771,725	17,803,012	12,510,563	15,772,084	114,003,162	119,158,989	119,129,168
EXPENSES							
Salaries & Wages	5,315,930	4,823,226	4,778,741	5,066,422	48,435,472	44,570,054	42,384,681
Registry	54,108	1,023	15,452	22,488	8,143,050	589,124	924,066
Employee Benefits	900,752	1,358,295	1,345,138	1,564,839	11,533,608	11,276,941	11,983,868
Employee Benefits - Pension GASB 68	375,986	386,267	386,267	375,916	2,936,746	3,445,934	2,876,400
Professional Fees - Medical	1,127,234	1,226,886	1,175,964	1,214,100	12,687,552	11,579,103	13,399,630
Professional Fees - Non-Med	340,075	250,417	(49,453)	266,360	2,899,610	2,171,329	2,147,505
Supplies - Medical	2,157,393	2,259,530	2,063,151	2,192,892	20,577,328	20,227,978	20,301,871
Supplies - Non-Medical	144,038	149,101	205,180	155,882	1,744,571	1,352,113	1,928,333
Food	78,801	70,026	89,391	69,455	767,202	704,481	730,025
Repairs and Maintenance	519,683	580,145	585,744	712,096	6,395,052	5,440,952	6,919,426
Other Fees	640,547	546,804	575,409	615,216	6,058,025	5,339,816	6,002,847
Lease and Rental	(3,819)	10,554	33,293	86,513	618,760	253,673	419,914
Utilities	198,873	213,151	204,420	232,660	1,745,134	1,920,455	1,774,751
Depreciation and Amortization	709,727	702,920	647,685	630,385	6,223,742	6,058,643	6,581,185
Insurance	163,738	220,143	163,738	173,843	1,887,676	1,912,164	1,818,379
Other Expenses	134,683	165,924	129,748	175,364	1,264,423	1,184,240	1,335,021
Total Operating Expenses	12,857,748	12,964,411	12,349,867	13,554,432	133,917,949	118,026,999	121,527,903
Operating Income	(1,086,023)	4,838,601	160,696	2,217,652	(19,914,787)	1,131,990	(2,398,735)
Operating Margin %	-9.2%	27.2%	1.3%	14.1%	-17.5%	0.9%	-2.0%
Non-Operating Revenue and Expenses							
Investment Income	2,561	244,192	151,000	85,366	421,760	778,528	162,167
Grants and Contributions Revenue	1,360	0	187,745	245	599,233	387,272	507,597
Non Operating Revenue/(Expense)	9,143	8,611	8,408	3,359,262	1,121,450	4,758,351	1,495,521
Interest Expense	(600,468)	(599,688)	(623,061)	(604,362)	(5,604,180)	(5,446,547)	(5,452,642)
Total Non-Operating Rev. and Expenses	(587,404)	(346,885)	(275,907)	2,840,511	(3,461,737)	477,604	(3,287,357)
(Deficit)/Excess Rev. Over Exp.	\$ (1,673,427)	\$ 4,491,716	\$ (115,211)	\$ 5,058,163	\$ (23,376,524)	\$ 1,609,594	\$ (5,686,092)
(Deficit)/Excess Rev. Over Exp. %	-14.2%	25.2%	-0.9%	32.1%	-20.5%	1.4%	-4.8%
EBIDA	12,754	6,180,590	1,541,802	6,668,826	(8,611,856)	16,560,717	9,224,135
EBIDA %	0.1%	34.7%	12.3%	42.3%	-7.6%	13.9%	7.7%

EI Centro Regional Medical Center
Monthly Cash Flow

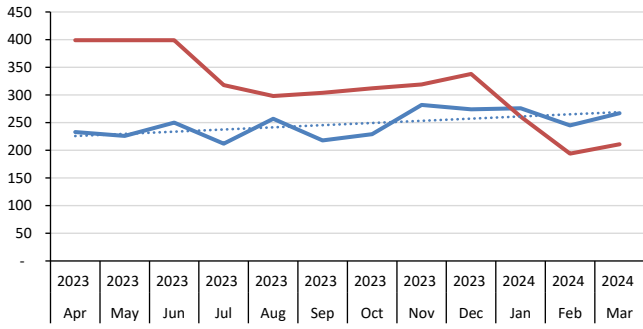
Unaudited

	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	Year-to-Date 2024
<u>Cash Flow From Operating Activities</u>										
Net Income/(Loss)	\$ (1,693,276)	\$ 83,018	\$ (2,341,907)	\$ (1,916,852)	\$ (282,630)	\$ (1,673,427)	\$ 4,491,716	\$ (115,211)	\$ 5,058,163	\$ 1,609,594
<i>Adjustments to reconcile net income to net cash:</i>										
Add: Depreciation	687,349	685,421	659,358	679,455	666,343	709,727	702,920	647,685	630,385	\$ 6,058,643
Capital Lease Interest	10,925	10,082	9,561	8,804	12,188	10,271	9,266	7,433	9,696	\$ 88,225
Bond Interest	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	\$ 5,292,659
Accounts Receivable	525,767	(874,155)	425,746	(840,534)	(1,508,166)	1,226,187	(1,597,022)	610,669	(695,742)	\$ (2,727,251)
Other Receivables	53,835	(135,607)	3,196	90,258	(63,653)	54,942	77,270	(27,723)	(86,039)	\$ (33,522)
Inventory	(90,320)	62,497	3,184	(17,349)	3,621	(37,635)	14,872	97,748	3,790	\$ 40,409
Prepaid Expenses/Other Assets	(135,337)	341,100	241,311	(101,557)	(158,490)	(77,557)	735,195	3,526,685	(3,164,849)	\$ 1,206,500
Accounts Payable and Accrued Expenses	378,705	96,138	2,040,657	1,838,873	261,768	(2,035,283)	(2,872,479)	(1,972,697)	224,152	\$ (2,040,165)
Accrued Compensation and Benefits	339,108	(1,581,815)	281,567	612,150	342,711	579,715	609,887	(1,847,536)	1,005,175	\$ 340,961
Third-Party Liabilities	(1,818,060)	(1,842,679)	(1,781,141)	(1,174,454)	26,778,577	(1,203,959)	(1,643,871)	(9,204,532)	5,708,128	\$ 13,818,008
Net Pension Obligation	386,267	386,267	386,267	376,430	386,267	375,986	386,267	386,267	375,916	\$ 3,445,934
Net Cash From Operating Activities	\$ (766,964)	\$ (2,181,659)	\$ 515,872	\$ 143,296	\$ 27,016,608	\$ (1,482,961)	\$ 1,502,093	\$ (7,303,141)	\$ 9,656,849	\$ 27,099,995
<u>Cash Flow From Investing Activities</u>										
Fixed Assets - Gross	\$ (21,365)	\$ (100,025)	\$ (625,596)	\$ (292,897)	\$ (4,187,130)	\$ (72,988)	\$ 470,928	\$ (811,147)	\$ (300,920)	\$ (5,941,140)
Intangible Assets - Gross	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Assets	4,509,875	(300,196)	(1,330,489)	468,290	(674,930)	(662,640)	(808,229)	2,642,485	(672,867)	\$ 3,171,299
Net Cash From Investing Activities	\$ 4,488,509	\$ (400,221)	\$ (1,956,085)	\$ 175,393	\$ (4,862,061)	\$ (735,627)	\$ (337,300)	\$ 1,831,338	\$ (973,787)	\$ (2,769,841)
<u>Cash Flow From Financing Activities</u>										
Bond Payable	\$ (4,661,219)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3,326,068)	\$ -	\$ (7,987,287)
Capital Leases	(320,043)	(303,673)	(272,050)	30,075	(403,389)	(301,363)	(252,661)	(235,370)	(369,918)	\$ (2,428,393)
Notes Payable	-	-	-	-	-	-	-	-	-	\$ -
Net Cash From Financing Activities	\$ (4,981,262)	\$ (303,673)	\$ (272,050)	\$ 30,075	\$ (403,389)	\$ (301,363)	\$ (252,661)	\$ (3,561,438)	\$ (369,918)	\$ (10,415,680)
Total Change In FY 2024 Cash	\$ (1,259,717)	\$ (2,885,553)	\$ (1,712,263)	\$ 348,765	\$ 21,751,158	\$ (2,519,951)	\$ 912,131	\$ (9,033,241)	\$ 8,313,144	\$ 13,914,473
Cash & Cash Equivalents, Beginning Balance	7,143,861	5,884,145	2,998,592	1,286,329	1,635,094	23,386,252	20,866,300	21,778,432	12,745,191	7,143,861
Cash & Cash Equivalents, Ending Balance	\$ 5,884,145	\$ 2,998,592	\$ 1,286,329	\$ 1,635,094	\$ 23,386,252	\$ 20,866,300	\$ 21,778,432	\$ 12,745,191	\$ 21,058,335	21,058,335

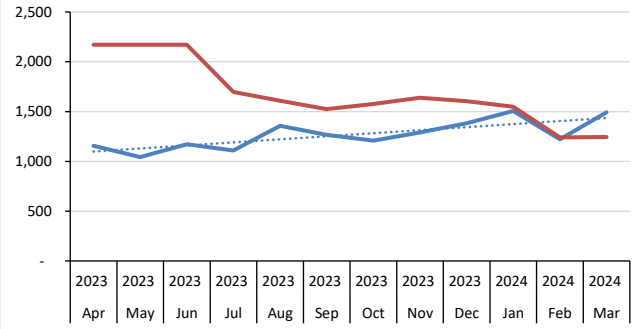
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El Centro Regional Medical Center Rolling-12 Volume trend

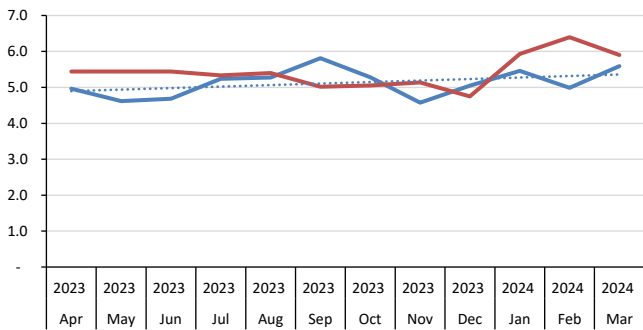
Adult Admissions



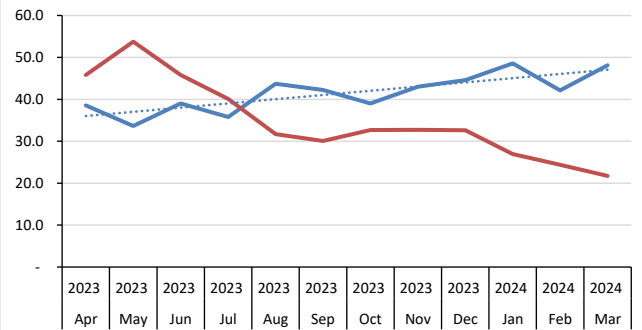
Patient Days



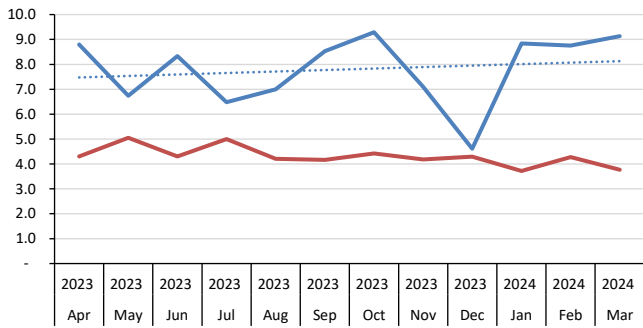
Average Length of Stay



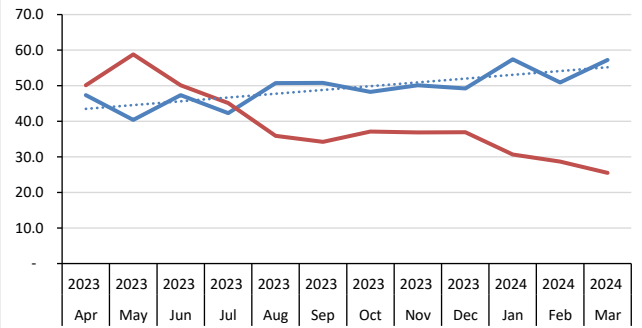
Average Daily Census



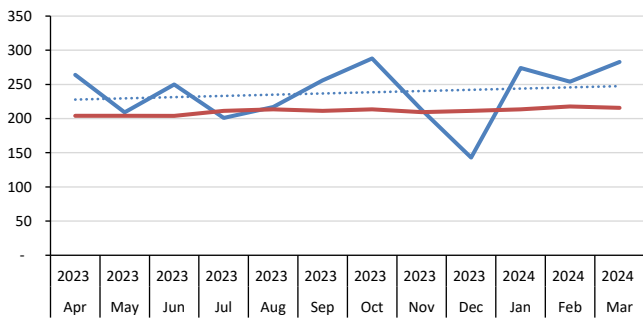
Average Daily Census (ADC) Observation



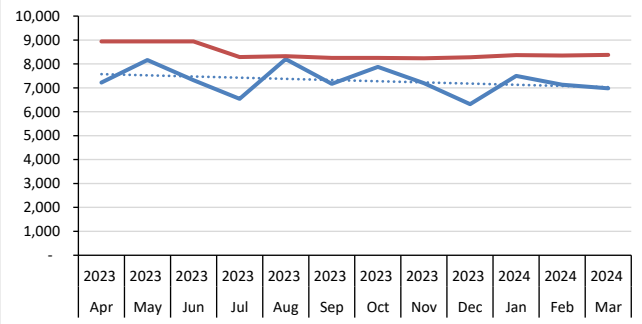
Total ADC



Observation Days

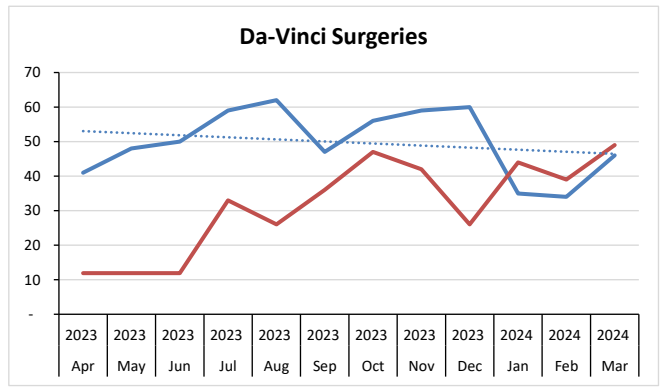
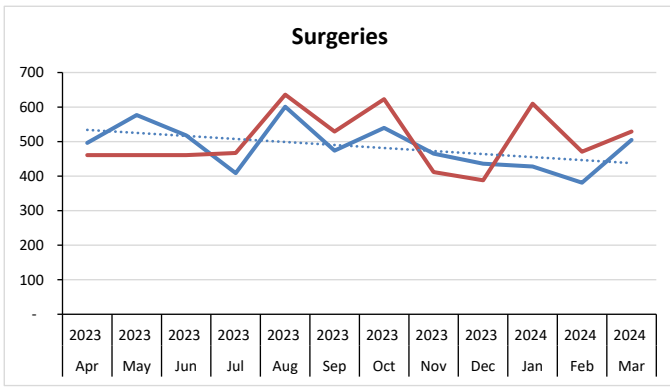
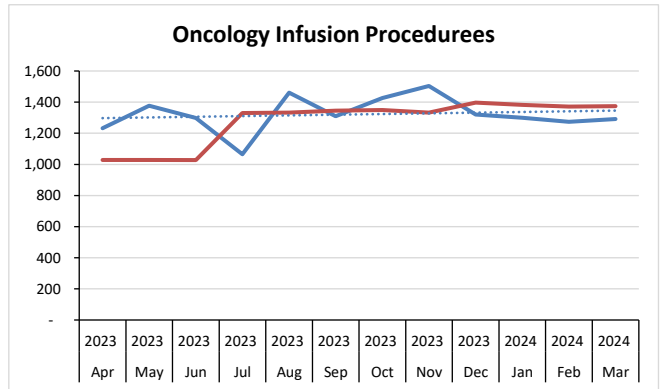
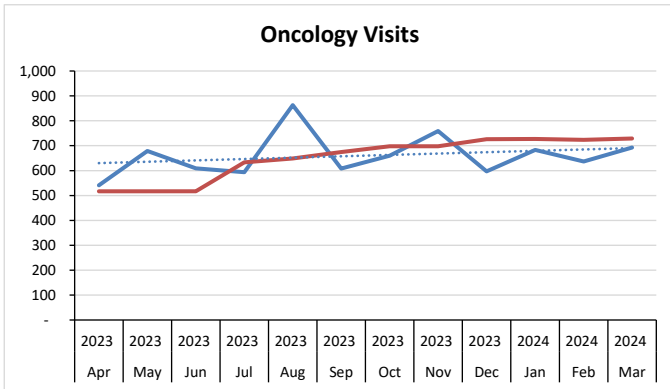
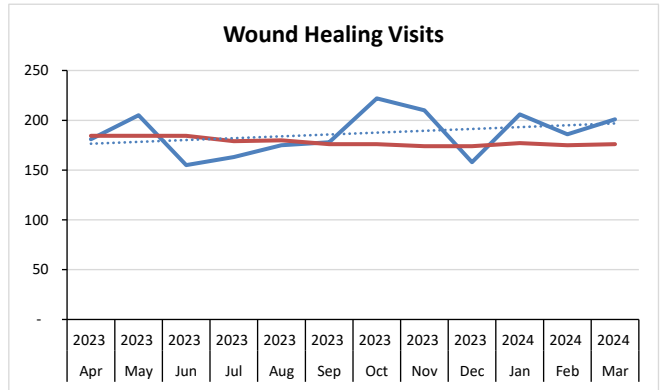
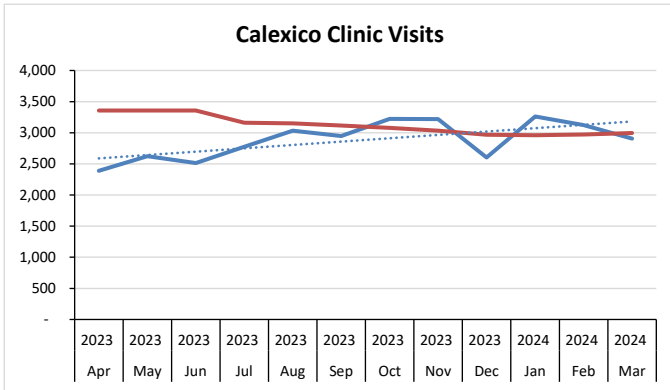
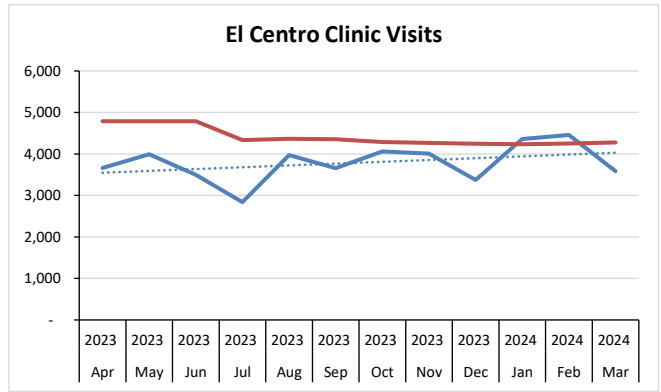
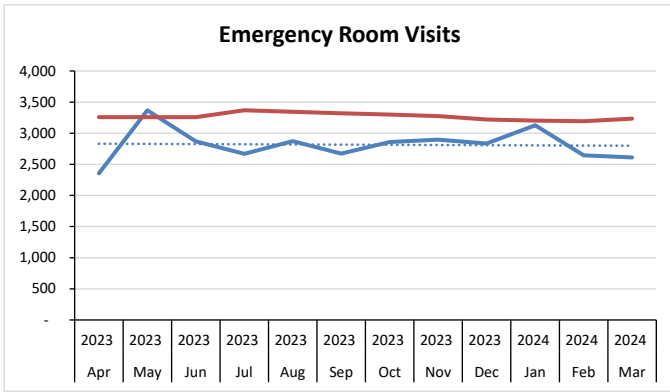


Outpatient Visits



█ BUDGET
█ ACTUALS

El Centro Regional Medical Center Rolling-12 Volume trend



█ BUDGET
█ ACTUALS



TO: HOSPITAL BOARD MEMBERS
FROM: David Momberg, Chief Financial Officer
DATE: April 22, 2024
MEETING: Board of Trustees

SUBJECT: 2024 Fiscal Year Cash Flow Projection (Informational)

BUDGET IMPACT: Does not Apply
A. Does the action impact/affect financial resources? Yes No
B. If yes, what is the impact amount: _____

BACKGROUND:

Cash flow projection is an organizational overview to help leadership understand operational impacts of both cash receipts and disbursements. It is also a tool to ensure those cash outlays with significant impacts.

DISCUSSION: N/A

RECOMMENDATION: N/A

ATTACHMENT(S):

- Cash Flow Forecast –CY2024

Approved for agenda, Chief Executive Officer

Date and Signature: _____ *Pablo Velazquez*

El Centro Regional Medical Center
Cash Flow Forecast dated: January 27, 2024

Actual/Projection	Actual	Actual	Actual	Actual	Actual	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection
Month	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Beginning Wells Fargo cash balance	6,577	6,527	3,466	3,669	25,102	20,927	21,642	18,610	10,995	27,002	28,204	28,044	27,313	24,603	20,739	18,792	17,611
Cash receipts																	
Patient receipts	9,477	12,021	8,282	9,700	12,997	7,698	10,842	13,553	10,842	10,842	13,553	10,842	13,553	10,842	10,842	13,553	10,842
Cerner Implementation - AR Slowdown	-	-	-	-	-	-	-	-	-	-	-	-	(750)	(1,200)	(1,425)	(1,125)	818
Pharmacy receipts	58	48	50	32	47	6,029	411	513	411	411	513	411	513	411	411	513	411
Collector deposits	80	162	103	72	49	-	98	123	98	98	123	98	123	98	98	123	98
Rent collection	-	-	-	-	-	-	3	4	3	3	4	3	4	3	3	4	3
Cafeteria receipts	5	6	4	1	6	5	5	6	5	5	6	5	6	5	5	6	5
Other receipts	37	8	168	67	155	323	66	83	66	66	83	66	83	66	66	83	66
Total operating receipts	9,657	12,245	8,606	9,871	13,254	14,055	11,425	14,282	11,425	11,425	14,282	11,425	13,532	10,225	10,000	13,157	12,244
Total operating disbursements	(10,631)	(13,762)	(9,648)	(12,781)	(14,648)	(11,978)	(11,022)	(14,701)	(11,022)	(11,022)	(12,855)	(11,022)	(14,759)	(10,965)	(11,022)	(12,855)	(11,080)
Cash flow from operations	(974)	(1,518)	(1,042)	(2,910)	(1,395)	2,077	403	(419)	403	403	1,427	403	(1,227)	(739)	(1,022)	302	1,163
Supplemental receipts	-	-	2,368	25,100	-	-	(2,580)	(4,547)	20,410	2,274	(104)	340	-	(1,650)	550	-	1,737
Capital expenditures	-	(151)	(903)	(16)	(1,413)	(1,290)	(160)	(1,945)	(4,111)	(779)	(779)	(779)	(779)	(779)	(779)	(779)	(779)
Bond payments	-	(1,323)	(662)	(662)	(1,323)	-	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)
Other loan payments	(43)	(69)	(39)	(83)	(74)	(71)	-	-	-	-	-	-	-	-	-	-	-
Transfers (to)/from bond funds	372	-	479	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfers (to)/from UBS	595	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Restructuring Cost	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net non-operating cash flows	925	(1,543)	1,245	24,343	(2,781)	(1,361)	(3,435)	(7,196)	15,603	800	(1,587)	(1,135)	(1,483)	(3,125)	(925)	(1,483)	262
Net cash flow excl. sweep transfers	(50)	(3,061)	203	21,433	(4,176)	716	(3,032)	(7,615)	16,006	1,203	(160)	(732)	(2,710)	(3,864)	(1,947)	(1,181)	1,426
Beginning unrestricted cash	6,579	5,934	2,873	3,076	24,509	20,333	21,049	18,017	10,402	26,408	27,611	27,451	26,719	24,009	20,146	18,199	17,018
Total net cash flow	(645)	(3,061)	203	21,433	(4,176)	716	(3,032)	(7,615)	16,006	1,203	(160)	(732)	(2,710)	(3,864)	(1,947)	(1,181)	1,426
Ending unrestricted cash	5,934	2,873	3,076	24,509	20,333	21,049	18,017	10,402	26,408	27,611	27,451	26,719	24,009	20,146	18,199	17,018	18,444