



EL CENTRO REGIONAL MEDICAL CENTER
BOARD OF TRUSTEES – REGULAR MEETING

TUESDAY, May 28, 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 Regular 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/82611194516?pwd=R5Y4kxsiEWwClusbS4Lo6tuAunt06V.1>

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

Meeting ID: 826 1119 4516 **Passcode:** 991414

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 1-3)

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 April 22, 2024.
2. Review and Approval of Annual Review of ECRMC’s Infection Prevention Plan Policy.
3. Approval of the Infection Prevention (IP) Manual of Policies and Procedures Depicted in the Attached Table of Contents.

FINANCE and OPERATIONAL UPDATE

4. Review and Approval of the Financial Statements for Month and Year-to-Date as of April 2024.
5. Presentation of Current Weekly Cash Budget—**Informational**

CHIEF EXECUTIVE OFFICER UPDATE

6. Verbal Report from the CEO to the Board of Trustees—**Informational**
7. 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)— *Muniz vs. ECRMC*

RECONVENE TO OPEN SESSION – BOARD PRESIDENT

ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY – GENERAL COUNSEL

9. 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/85276516764?pwd=8eSiWxKoBc039zoUHs9erCwSjdwbp4.1>

Monday, April 22, 2024

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
ROLL CALL	<p>PRESENT: Maysent; Marroquin; Carter; Cardenas-Singh; Tomaszewski; Chief Executive Officer Pablo Velez; and Executive Board Secretary Belen Gonzalez</p> <p>Via Zoom: Oliva</p> <p>ABSENT: Garcia</p> <p>ALSO PRESENT: Chief of Staff, Sunny Richley; City of El Centro Manager Cedric Ceseña; City of El Centro Attorney Elizabeth Martyn; Douglas Habig, ECRMC Attorney</p>	<p>MOTION: by Cardenas-Singh second by Carter and carried to approve Zoom teleconference participation for Trustee Oliva, with voting rights, determined by a majority vote, which due to the result of a personal emergency, meeting in person was not possible for Trustee Oliva.</p>
CALL TO ORDER		<p>The Board of Trustees convened in open session at 5:32 p.m. Acting Board President Marroquin called the meeting to order.</p>
OPENING CEREMONY	<p>The Pledge of Allegiance was recited in unison.</p>	<p>None</p>
NOTICE OF MEETING	<p>Notice of meeting was posted and mailed consistent with legal requirements.</p>	<p>None</p>
PUBLIC COMMENTS	<p>None</p>	<p>None</p>

Regular Meeting
April 22, 2024, 5:30 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
BOARD MEMBER COMMENTS	None	None
<p>CONSENT AGENDA <i>(Items 1-4)</i></p> <p>Item 1. Review and Approval of Board of Trustees Minutes of Regular Meeting of February 26, 2024.</p> <p>Item 2. Review and Approval of Board of Trustees: Minutes of SPECIAL Meeting of April 11, 2024.</p> <p>Item 3. Monthly Human Resources Statistical Update for February and March 2024—Informational</p> <p>Item 4. Review and Approval of Triennial Review of ECRMC’s Death, Care of the Patient Policy.</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 Carter second by Cardenas-Singh and carried to approve the Consent Agenda.</p> <p>All present in favor; none opposed.</p>
<p>FINANCE and OPERATIONAL UPDATE</p> <p>Item 5. Review and Approval of the Financial Statements for Month and Year-to-Date as of February 2024.</p>	<p>David Momberg presented the Financial Statements for Month and Year-to-Date as of February 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 Maysent, second by Carter and carried to approve the Financial Statements for Month and Year-to-Date as of February 2024</p> <p>All present in favor; none opposed.</p>
<p>Item 6. Review and Approval of the Financial Statements for Month and Year-to-Date as of March 2024.</p>	<p>David Momberg presented the Financial Statements for Month and Year-to-Date as of March 2024 report and answered questions.</p>	<p>Motion by Maysent, second by Carter and carried to approve the Financial Statements for Month and Year-to-Date as of March 2024</p>

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
	Presentation included: <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) 	All present in favor; none opposed.
Item 7. Presentation of Current Weekly Cash Budget.	David Momberg presented the Cash Flow Forecast	Informational
CHIEF EXECUTIVE OFFICER UPDATE Item 8. Verbal Report from the CEO to the Board of Trustees— Informational	Item to be discussed in Closed Session	Informational
Item 9. Manager Update—Patty Maysent—Informational	Item to be discussed in Closed Session Annual CEO review coming up. Trustee Maysent requested any comments to be emailed to her regarding CEO performance.	Informational.
RECESS TO CLOSED SESSION		MOTION: by Cardenas-Singh seconded by Oliva and carried to recess to Closed Session at 5:48 p.m. for HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES, TRADE SECRETS, and CONFERENCE WITH LEGAL COUNSEL. All present in favor to recess to Closed Session. None opposed.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
RECONVENE TO OPEN SESSION		The Board of Trustees reconvened to Open Session at 6:47 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 Carter, second by Oliva 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>
ADJOURNMENT		There being no further business, meeting was adjourned at approximately 6:48 p.m.

BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

SYLVIA MARROQUIN, ACTING BOARD PRESIDENT

Regular Meeting
April 22, 2024, 5:30 p.m.



TO: HOSPITAL BOARD MEMBERS
FROM: Kimberly Probus, Chief Nursing Officer
DATE: May 28, 2024
COMMITTEE: Board of Trustees

SUBJECT: Move to Approve the Annual Review of ECRMC’s Infection Prevention Plan Policy

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 Infection Prevention Program provides a systematic, coordinated approach to prevent/minimize/reduce the risks of health care associated infections (HAI’s) through the implementation of surveillance, prevention and control measures. These measures in part take into consideration the potential for and/or mechanism by which an adverse outcome can occur. Updated annual population for 2023.


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

ATTACHMENT(S):
• Infection Prevention Plan Policy

Approved for agenda, Chief Executive Officer

Date and Signature: _____ *Pablo Velazquez*



		Department: Infection Prevention	
		Document Owner/Author: Infection Prevention Manager	
		Category: Hospital Wide	Approval Type: Annual
Date Created: 11/09/2010	Date Board Approved: 10/24/2022	Date Last Review: 05/10/2024	Date of Next Review: 05/10/2025
Policy Name: Infection Prevention Plan			

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Purpose

The Infection Prevention Program provides a systematic, coordinated approach to prevent/minimize/reduce the risks of health care associated infections (HAI’s) through the implementation of surveillance, prevention and control measures. These measures in part take into consideration the potential for and/or mechanism by which an adverse outcome can occur.

Scope

The Program shall be the mechanism for ongoing oversight of the hospital environment, the patient population, the employees, visitors, and physicians to ensure the risk of the exposure to, or the development of infection is as low as reasonably achievable.

Policy Statement

El Centro Regional Medical Center (ECRMC) shall ensure that there is ongoing surveillance of the Hospital patient population, using generally accepted infection control and epidemiology principles, to identify Healthcare Associated Infections (HAI).
 The Program shall be responsible to report all identified HAI’s to Hospital management, the Medical Staff and the Governing Body as required by law and statute.
 The Program shall be responsible to implement or facilitate the implementation of evidence-based practices shown to reduce or eliminate the risks of HAI.
 The Program shall make sure that ECRMC is in compliance with all local, state and federal statutes pertaining to Infection Prevention and Communicable Diseases.
 Surveillance is focused, prioritized, and based on a risk assessment. Risk reduction strategies are implemented.

Responsibilities

Person/Title	Responsibilities

Infection Control Committee (ICC)	The Infection Control Committee (ICC) is a multidisciplinary medical staff committee, which reports directly to the Medical Executive Committee.
Infection Prevention Manager	<ul style="list-style-type: none"> a. Responsibility for directing, managing and coordinating the multiple facets of the Infection Prevention Program. b. To be skilled in effective written and verbal communication and be capable of effective education presentations. c. Responsible for the ICC and Administration for the quality of infection prevention and the overall administration of related activities. d. In accordance with the California Health and Safety Code Section 1255.8(f), California Health and Safety Code Section 1255.8 - California Attorney Resources - California Laws the Infection Prevention Manager is responsible for the functions of the Infection Prevention Officer to ensure implementation of the testing and reporting provisions of infection prevention data as well as other infection prevention efforts. The reports generated are presented at the appropriate hospital committees for review. e. Responsible administratively to and works closely with the Chief Nursing Officer. f. Contributes to the quality of patient care by: <ul style="list-style-type: none"> a. Reducing infection risks to patients and personnel through regular patient surveillance and surveillance of the environment. b. Assuring appropriate education regarding pertinent infection prevention and isolation policies for all staff. g. Perform improvement projects to address aspects of infection prevention and control using sound epidemiologic principles. h. Ascertaining the need for monitoring programs in any given area and to institute and maintain such programs in an effort to identify and ultimately eliminate infection hazards in the environment. i. Supports programs basic to the purpose of medical and nursing education and research, which involve infection prevention activities.

	<ul style="list-style-type: none"> j. Extends services and knowledge beyond the institution itself, reaching into the community health and education by serving as a consultant for community agencies, committees and organizations. k. Assures informative and timely reporting of data to the appropriate department and/or public agency. l. Reviews hospital construction projects (major and minor) to assure adherence to basic infection prevention in the design and construction phases of renovation and building. m. Assures continued personal growth and development in the areas of infectious disease, management skills and current issues in infection prevention. n. Responsible for drafting and revising hospital infection prevention policies that will be provided to ICC for approval. o. Maintains an active role in the Association of Professionals in Infection Control and Epidemiology (APIC). p. The incumbent must be knowledgeable about infectious diseases, healthcare associated infection prevention strategies, microbiology, epidemiology and data collection and analysis. q. Provides expert infection prevention consultative services to all departments of El Centro Regional Medical Center and outside agencies when requested, including epidemic investigation, new product and/or procedure evaluation and special studies or projects. r. The hospital administration has evaluated the needs of the facility and the requirements from external agencies and has made the position a one person full-time (80 hours/week), exempt position.
<p>The Chairman of the Committee</p>	<ul style="list-style-type: none"> a. Shall have completed training on Hospital Infection Prevention as required by the California Health and Safety Code 1288.95. California Health and Safety Code Section 1288.95 - California Attorney Resources - California Laws b. Reviews infection cases and applies standard definitions in order to properly classify healthcare associated infections.

	<ul style="list-style-type: none"> c. Reviews policies and procedures for appropriateness in the clinical setting. d. Acts as liaison with medical staff committees to promote use of evidenced-based guidelines and optimal infection prevention practices by members of the medical staff.
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Procedure/Plan

DEMOGRAPHICS (Licensed Beds, Setting, Employees)

1. El Centro Regional Medical Center is an acute care hospital consisting of 161 licensed beds located in a rural setting with approximately 1,200 employees.
2. Services include general acute care and outpatient services.
3. The patient population served is multi-cultural and includes patients who are in the lower socio-economic classes. Care is provided to many elderly patients from local long-term care facilities.

Annual Population The annual population for 2023 included:

1. 2,807 Number of inpatient admissions
2. 106,442 Number of outpatient visits (not ER)
3. 3,879 Number of ambulatory surgeries
4. 1,066 Number of inpatient surgeries
5. 30,751 Number of ED visits
6. 8 Caesarean Sections

STRUCTURE AND ORGANIZATION OF THE PROGRAM

A. Infection Control Committee

1. Composition

The ICC has medical representation from the following areas: Family Practice, Emergency Medicine, Employee Health, Central Service and Surgery. Administrative members include Director of Pharmacy, Infection Prevention Manager, Nutritional Services, Environmental Services, Nursing, and Safety Representation from any other departments will be included on a consultative basis as needed.

2. Meetings.

The ICC shall meet as often as necessary at the call of its chairman but usually once a quarter. The Committee shall maintain a record of its proceedings and shall submit reports of its activities and recommendations to the Medical Executive Committee.

61 3. Authority

62
63 The ICC has delegated authority from the Hospital Administration to institute
64 emergency infection prevention measures or a study when there is reasonably
65 considered to be a danger to any patient or personnel. Cases in which the management
66 of the contagious disease or condition is inconsistent with general practice, in the
67 opinion of the Infection Prevention Manager and Infectious Disease Physician will be
68 brought to the attention of the Chief of the department involved.

69 The ICC, being charged with the responsibility to direct contagious disease control
70 measures in the hospital, has the authority to overrule a physician's decision not to
71 isolate a patient should a disagreement arise.

72 In the event of a bioterrorist threat or attack the response will be coordinated by
73 Administration with the assistance from Medical Staff, according to the hospital's
74 Emergency Preparedness Management Plan and in concert with local and state officials.
75

76 **Risk Assessment and Prioritization of Goals**

77 The IP Plan is a multidisciplinary collaborative plan designed to control the spread of infection
78 based upon the clinical needs and demographics of our patients and employees. The Centers for
79 Disease Control (CDC) National Healthcare Safety Network (NHSN) is used to define infections.
80 Consideration will be given to issues, which present high risk, occur with increased frequency, or
81 are problem prone.

82 An annual risk assessment is developed and may also be expanded or altered to meet facility
83 needs.

84 Changes in the plan will be at the approval of the Infection Prevention Chairperson and/or the
85 Infection Prevention Manager. These may include new techniques, emerging or reemerging
86 trends and other issues.

87 The factors that are addressed in the risk assessment include at a minimum:

- 88 1. Geographic Location and Community Environment:
 - 89 i. The threat of mass casualty, terrorism in all its forms, and other human events
 - 90 are taken into consideration.
- 91 2. Characteristics of the Population Served.
- 92 3. Results of Analysis from NHSN
- 93 4. Care, Treatment and Services Provided

94
95 Annual goals are created in response to identified risks (see Risk Assessment 2024).
96

97 **ELEMENTS OF THE INFECTION PREVENTION PROGRAM**

98
99 **A. Surveillance**

100 Active surveillance allows for the early detection and prompt investigation of potential problems.
101 Cases shall be identified using the case definitions described in "*CDC/NHSN surveillance definition*

102 of health care-associated infection and criteria for specific types of infections in the acute care
103 setting". http://www.cdc.gov/nhsn/pdfs/pscmanual/17pscnosindef_current.pdf is the standard
104 for definitions of infections used by the Program.

105 Positive cultures from the selected surveillance populations will be reviewed and classified as
106 either:

- 107 1. Healthcare Associated Infection (HAI): These infections, both device-associated and non-
108 device-associated are generally defined as infections not present or incubating at the
109 time of admission and acquired due to, because of, or during hospitalization.
- 110 2. Community-Acquired: Organisms present or incubating at the time of admission.
111 Includes Community-acquired (non-healthcare-related) and Community-acquired
112 (healthcare-related) infections.

113
114 Surveillance projects, approved by the ICC, are determined by review of the hospital's
115 epidemiologic experience as well as requests from Medical Staff committees and patient care
116 areas. Surveillance is performed taking into consideration patient-related risks, employee-
117 related risks, equipment-related risks, procedure-related risks, and external risks. A formal risk
118 assessment is performed annually by the, Infection Prevention Manager to determine how
119 infection prevention resources would be allocated for the following year. The risk assessment is
120 also conducted whenever a new service or population is introduced.

121 Based upon the formal risk assessment it was determined that the surveillance program for 2024
122 will include:

123 124 **2024 Program Activity List**

125 **1. Targeted Surveillance**

- 126 a) Daily review of ECRMC laboratory/microbiology reports
- 127 b) Med-Host review and audits
- 128 c) MIDAS worklists
- 129 d) Infection prevention rounds
- 130 e) Concurrent and retrospective chart review of patient charts
- 131 f) Multi-drug resistant organisms (MDROs):
- 132 g) MRSA BSI
- 133 h) VRE BSI
- 134 i) CRE
- 135 j) Clostridium difficile (C-diff)
- 136 k) Central Line Associated Bloodstream Infections (CLABSI)
- 137 l) Central Line Insertion Practice (CLIP)
- 138 m) Ventilator Associated Events (VAE)
- 139 n) Catheter Associated Urinary Tract Infections (CAUTI)
- 140 o) Isolation Precautions Management
- 141 p) Hand Hygiene/Patient Safety
- 142 q) Surgical Site Infections
- 143 r) Administrative Activities

- 144 s) Education
- 145 t) Employee Health Support
- 146 u) Environment of care & Safety activities

147

148 **HOUSEWIDE Multi-drug Resistance Organism (MDRO) Prevention**

149 We continue surveillance and initiation of barrier precautions for MDROs. The definition of MDROs
150 was expanded as it pertained to increasing resistance and the limited antibiotics, which continue to
151 be effective. In addition, the Extensively Drug-Resistant organisms (XDROs) including Pseudomonas,
152 Acinetobacter, and Klebsiella were identified for a more focused surveillance.

153

154 **HOUSEWIDE (including ED) Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia**

155 We will continue to report into the NHSN system all MRSA Bacteremia Lab ID Events

156

157 **HOUSEWIDE (including ED) Vancomycin-resistant enterococci (VRE) Bacteremia**

158 We will continue to report into the NHSN system all VRE Bacteremia Lab ID Events

159

160 **HOUSEWIDE (including ED) carbapenem-resistant Enterobacteriaceae (CRE) Bacteremia**

161 We will continue to report into the NHSN system all CRE Lab ID Events

162

163 **HOUSEWIDE (including ED) Clostridium difficile Infection (CDI)**

164 We will continue to monitor CDI in 2024 with a goal of ≤ 0.7 SIR. A comprehensive program involving
165 Environmental Services, Infection Prevention, Antibiotic Stewardship, and staff education continues
166 to address the problem of CDI. NHSN requires the reporting of Laboratory Identification Events.

167

168 **HOUSEWIDE (including outpatient departments) Central Line Associated Bloodstream Infections (CLABSI):**

169 We will continue to monitor CLABSI in 2024 with a goal of ≤ 0.5 SIR all CLABSI will be reported to
170 NHSN.

171

172 **HOUSEWIDE (including ED) Central Line Insertion Practices (CLIP).**

173 We will continue to monitor CLIP in 2024 with a goal of 100% for full bundle compliance on all
174 inserted lines at ECRMC. All CLIP will be reported to NHSN and utilized for CLABSI work ups. ECRMC
175 follows the evidenced-based central line bundle for catheter insertion.

176

177 **Ventilator-Associated Event (VAE):**

178 In 2024 ECRMC will continue to follow the surveillance definition algorithm for ventilator-associated
179 events (VAE) in the ICU. It is to be used for surveillance purposes only. It is not a clinical definition
180 algorithm and is not to be used for clinical management of patients. . All VAE will be reported to
181 NHSN with a goal of ≤ 1.0 SIR.

182

183

184 **Catheter Associated Urinary Tract Infection (CAUTI)**

185 Continue to monitor CAUTI rates in 2024 with a goal of ≤ 0.75 SIR Report house-wide CAUTIs to
186 NHSN

187

188 **Outpatient services:**

189 Patients who have undergone procedures (i.e. infusions) at the facility are educated regarding signs
190 and symptoms of infection that may be associated with the procedure and instructed to notify the
191 facility if such signs or symptoms occur.

192

193 **2. Isolation Precaution Management**

194 Precautions provide a framework for limiting the potential for staff, patient, and/or visitor exposures
195 to pathogens throughout the hospital. Precaution Policy and required practices are based on state
196 and federal mandates, CDC Guidelines/ Recommendations, and professional practice guidelines
197 from various professional disciplines. Practices may also be based on supportive scientific evidence-
198 based data from professional journals and research.

199 There are three levels to Precautions:

- 200 1. Standard precautions as required under OSHA regulations
- 201 2. Transmission-Based Precautions based on CDC guidelines
- 202 3. Special isolation management as required for seasonal illnesses, outbreaks or an unusual
203 influx of patients with a known or suspected infectious disease process (as may be associated
204 with emerging pathogens or agents of bioterrorism).

205

206 **3. Hand Hygiene Program/Patient Safety**

207 Proper hand hygiene is recognized as a critical practice for the prevention and control of healthcare
208 associated infections. Infection Prevention/Patient Safety and Quality Improvement collaborate on
209 the Hand Hygiene Program based on National Patient Safety Goals and CDC Recommendations.

210 Program Components for 2024 include:

211 **1. Educational Activities**

- 212 a) Hand Hygiene program at orientation for all employees.
- 213 b) Additional Education efforts including skills fair demonstration, posters,
214 newsletter bulletins, and live programs.

215

216 **2. Monitoring Activities**

- 217 a) Anonymous compliance monitoring with monthly feedback reports to
218 departments/supervisors.

219

220 **4. Administrative Activities**

221 The Infection Preventionist (IP) provides consultation and support to hospital administration
222 through the following functions:

- 223 1. Facilitates review of departmental policies and procedures related to infection
224 prevention.
225 2. Participates in compliance monitoring activities as required by state, federal,
226 and other governing agencies.
227 3. Provides reports and surveillance findings to appropriate committees and
228 departments, or individuals.
229 4. Assists with facility decision making and problem solving activities related to
230 infection prevention.
231 5. Serves as a consultant to Facilities Planning to assure patient and employee
232 safety as related to infection risks during construction projects.
233 6. Serves as a consultant to Risk Management and Legal Counsel on infection
234 prevention related issues.
235 7. Participates as appropriate with professional organizations in educational and
236 policy-making efforts.
237 8. Provides infection prevention expertise house wide when any new service or
238 sites of care are being considered for implementation.
239 9. Serves on hospital committees requiring consultation/expertise on infection
240 prevention related issues.
241

242 **5. Educational Activities:**

243 The Infection Prevention program includes education for staff, patients, families, visitors,
244 community groups, physician offices and others as needed.

245 Staff education:

246 Infection Prevention is responsible for offering or assisting with educational programs via:

- 247 a. New Employee orientation programs (includes students, volunteers).
248 b. Live programs as needed to address specific issues.
249 c. One-on-one staff education during isolation rounds/during problem solving
250 activities utilizing verbal and printed materials.

251 Department Heads, directors, and/or supervisors are responsible for ensuring all personnel
252 receive annual Infection Prevention Education via Health Stream.

253 Select Infection Prevention programs may be offered throughout the year based on staff
254 needs. These programs may be classified as mandatory, required and optional. It is the
255 responsibility of the Department Director or supervisor to ensure all appropriate personnel
256 attend these programs.

257 Patient/Visitor education:

258 Infection prevention supports patient, family and visitor education via:

- 259 1. Individual consultation with patients and family.
260 2. Various printed information on infection prevention related issues.
261

262 **6. Employee Health Liaison Activities:**

263 The IPs collaborates with the Employee Health to address the following employee
264 health/infection prevention related issues:

265 Blood Exposures/Sharps Injuries Management

- 266 a) Employee Health provides Blood Exposure Report Data to various departments and
267 committees as appropriate
- 268 a. Assist with large exposure management of patients if required
 - 269 b) Utilize data in educational and prevention activities
 - 270 c) Assist employee health with Flu Vaccine Program for Hospital Employees
 - 271 a. Coordinate education and vaccine administration for the flu season
 - 272 b. Collaborate with the Employee health on the endeavor
 - 273 c. Comply with the ECRMC's mandate for vaccination of personnel
- 274 d) Employee Health provides communicable disease exposure and prophylaxis issues to
275 employees as needed
- 276 a. Employee health will investigate/identify employees with potential on the job
277 exposure to communicable diseases.
 - 278 b. Employee Health will facilitate the provision of appropriate management and
279 prophylaxis, if indicated.
 - 280 c. Infection prevention to assist with communicable disease exposure
281 management of patients if required
- 282

283 **7. Environment of Care and Safety Liaison Activities:**

284 The Infection Prevention Program is integrated with the Environment of Care and Safety
285 through the following activities:

- 286 1. Infection prevention along with the Environmental of Care (EOC) committee and
287 Materials Management Department serve to address and assure compliance with
288 state and Federal sharps safety legislation.
 - 289 2. Assist with the selection and implementation of new sharps safety products.
 - 290 3. Assist in complaint investigations and problem resolutions related to sharps devices
291 when appropriate.
 - 292 4. Review database on sharps related injuries as provided by Employee Health and
293 provide prevention strategies as needed.
 - 294 5. Assists with investigation of patient illness related to facility complaints.
 - 295 6. Assists with bioterrorism preparedness and response issues.
 - 296 7. Assists with pandemic influenza preparedness and response issues.
 - 297 8. Assists with emerging pathogens, quarantine and patient management issues.
- 298

299 **8.Surgical Site Infection Program**

300 The 2024 SSI Surveillance Program includes:

301

Abdominal aortic aneurysm repair	Neck surgery
Appendix surgery	Kidney surgery
Bile duct, liver or pancreatic surgery	Ovarian surgery

Breast surgery	Pacemaker surgery
Gallbladder surgery	Prostate surgery
Carotid endarterectomy	Rectal surgery
Colon surgery	Re-fusion of spine
Cesarean section	Shunt for Dialysis
Craniotomy	Small bowel surgery
Spinal fusion	Spleen surgery
Open reduction of fracture	Thoracic surgery
Gastric surgery	Thyroid and/or parathyroid surgery
Herniorrhaphy	Vaginal hysterectomy
Hip prosthesis	Ventricular shunt
Abdominal hysterectomy	Abdominal surgery
Knee prosthesis	*Eye surgeries not reported to NHSN (trended)
Laminectomy	
Limb amputation	

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The Infection prevention will review culture reports for SSI association and notification from staff if any identification made throughout any healthcare facility.
Surgical wound infection surveillance data will be collected and collated to allow utilization both internally and externally for patient care improvement activities.

OTHER EPIDEMIOLOGICALLY SIGNIFICANT ORGANISMS

The State of California Health and Safety Code 1288.6 requires that the Hospital report all cases of blood stream infection caused by methicillin resistant *S. aureus* (MRSA), carbapenem-resistant Enterobacteriaceae (CRE), vancomycin resistant enterococcus (VRE), and *C. difficile* associated diarrhea (associated with hospitalization) be report via the NHSN reporting network.
Additionally, there is focused surveillance for other types of resistant organisms of epidemiologically significance including multiple drug resistant *Acinetobacter baumannii*, Enterobacteriaceae that have extended spectrum *beta-lactamase* (ESBL), *Staphylococcus aureus* resistant to vancomycin, Burkholderia cepacia complex (BCC), and Candida auris (*C. auris*).

Cases will be identified by:

1. Daily review of ECRMC laboratory reports
2. Review of patient records

REPORTABLE DISEASES

1. Submission of Confidential Morbidity Reports (CMR) to Imperial County Public Health Department for reportable communicable diseases as listed on Title

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<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/LabReportableDiseases.pdf>

329 2. The occurrence and follow-up of infections/communicable diseases among
330 patients, staff, and visitors will be documented and reported to the Public
331 Health Department. Epidemiologically significant organisms and clusters
332 will be reported to the ICC.
333

334 **COMMUNITY OUTBREAKS**

- 335 1. Outbreaks identified by DHS via phone and electronic mail
 - 336 2. Review of ECRMC laboratory report
- 337

338 **BIOTERRORIST EVENTS**

- 339 1. As identified by DHS via phone and electronic mail
 - 340 2. Notification by ECRMC Microbiology Department
- 341

342 **STAFF BLOOD/BODY FLUID EXPOSURE:**

343 Exposures are documented on the Supervisor's Report of Injury which includes specifics
344 related to the exposure.

345 The Employee Health Nurse is responsible to complete the Blood and Body Fluid exposure
346 form.

347 Data are collated and analyzed by Employee Health.

348 Action plans are created to reduce the risk of preventable exposures from occurring in the
349 future.

350 The data are reported to the Environment of Care Committee, Infection Control Committee,
351 Pharmacy and Therapeutics and pertaining Departments.

352

353 **EMPLOYEE ILLNESS**

354 When indicated, the program, in conjunction with Employee health, will monitor
355 employee illnesses in order to identify potential relationships among employee illness,
356 patient infectious processes and/or environmental health factors

357

358 **A. Outbreak Investigation**

359 In addition to routine data collection of surveillance data, the Infection Prevention
360 Coordinator will investigate:

- 361 1. Clusters of infection above the expected levels.
- 362 2. Single cases of unusual healthcare associated infections or unusual syndromes that
363 may indicate a bioterrorist source.

364 Situations such as outbreak investigation and management of patient and healthcare
365 worker exposure to contagious diseases will become a resource priority and may
366 supersede the surveillance plan.

367

368 **B. Control and Prevention**

369 Prevention and Risk Reduction of Infections

370 To provide an effective, ongoing program that prevents or reduces the risk of infection for
371 patients, staff and visitors through continuous improvement of the functions and processes
372 involved in the prevention of infection that includes:

- 373
- 374 1. Identifying and preventing the occurrences of healthcare-associated infections by
375 pursuing sound infection prevention practices including aseptic technique,
376 environmental sanitation, standard precautions, and other isolation of patients as
377 needed.
 - 378 2. Providing education on infection prevention principles to patients, staff and visitors.
 - 379 3. Maintaining a systematic program of surveillance and reporting of State-mandated
380 infections internally and to public health agencies.
 - 381 4. Assisting in the evaluation of infection-related products and equipment.
 - 382 5. Complying with current standards, guidelines, and applicable local, State and Federal
383 regulations, and accrediting agency standards.
 - 384 6. Communicating identified problems and recommendations to the appropriate
385 individuals, committees and/or departments.
 - 386 7. Participation in disaster drills/preparation.
 - 387 8. Providing education and leadership related to outbreak and new and emerging
388 pathogens.

389

390 **C. Communications/Education**

391 The Infection Prevention Practitioner shall ensure ongoing and timely communication
392 between Infection Prevention and the Chief Nursing Officer. Education is provided to all
393 hospital departments on an as needed basis.

394 The Infection Prevention Practitioner shall ensure ongoing and timely education is
395 provided to all hospital departments on an as needed basis.

396

397 The Infection Prevention Practitioner shall participate in general Medical Staff education,
398 education and training for all volunteers, students and contract staff as requested.

399

400 **D. Department Functions**

401 Infection Prevention principles are incorporated into department-specific infection
402 prevention policies which will be reviewed as necessary to ensure the adherence to sound
403 evidence based infection prevention guidelines.

404

405 The effectiveness of the program is evaluated at least annually by the ICC based on the
406 established goals, the changing requirements of the hospital and the population served,
407 and for its ability to identify problems, to assist in the formulation and implementation of
408 action plans, and ultimately, to demonstrate a reduction of the incidence of healthcare
409 associated infections. Processes known to reduce risk of infection outcomes are
410 monitored continuously in order to achieve the highest compliance.

411

412 The report will be forwarded to the Medical Executive Committee and to the Board of

413 Directors

414

415 **E. Environment of Care Assessment and Surveillance**

416 Environment of Care Assessment and Surveillance is performed in conjunction with the
417 Environment of Care (EOC) committee and includes, but is not limited to:

418

419 1. Verifying compliance with the infection prevention program by performing
420 periodic rounds.

421 2. Ensuring clean equipment and supplies are stored separately from soiled ones.

422 3. Ensuring linens are kept covered during transport and storage.

423 4. Ensuring sterile supplies are stored in a manner as to prevent contamination or
424 damage to the packaging.

425 5. Reviewing the sterilization parameters from all patient care items processed
426 within the facility to assure standards are met.

427 6. Review the temperature, humidity, and air pressure relationships in all
428 reprocessing areas.

429 7. Review the documentation of sterile processing in all areas including the Central
430 Services, and Endoscopy to ensure all sterilization done in the facility meets the
431 same standards.

432 8. Evaluate the surgical department's review and report of the summary of all
433 immediate use sterilization (IUS) by instrument type to determine if adequate
434 supplies are being maintained.

435 9. Assist in the implementation of the hospital's internal product recall program.

436 10. Assist in the evaluation of sterilization failures, reporting findings to the ICC.

437 11. Attendance at patient Safety Committee.

438 12. Single-use device (SUD) may be reprocessed by an external company (Used single-
439 use devices will not be reprocessed by the facility.)

440 13. Routine sampling of the environment, air, surfaces, water, food, etc., is not
441 permitted unless a related infection prevention issue is identified, and the process
442 has been approved by the Infection Control Committee.

443 14. Performing Infection Control Risk Assessments (ICRA) prior to renovation,
444 construction, or planned interruption of the utility system within the patient care
445 environment.

446 15. The ICRA's are to be communicated by the appropriate committees, which may
447 include, but are not limited to EOC, Safety, and ICC.

448 16. Rounds of the construction/renovation site are conducted to evaluate compliance
449 with ICRA requirements. The Infection Prevention Coordinator will have the
450 authority to stop any project that is in substantial non-compliance with the
451 requirements.

452 17. Document the use of negative pressure environments in the care of patients with
453 airborne diseases.

454 18. Consultations of department-specific policies are evaluated by Infection
455 Prevention on an as needed basis to ensure adherence to infection prevention
456 guidelines.

457
458 **Infection Classification of Focused Surveillance Areas as Defined in Current Sentinel Event and**
459 **Significant Adverse Events Reporting**

460 <http://policytech/dotNet/documents/?docid=11103&mode=view>

461
462 In cooperation with the Quality and Risk Departments, the Infection Prevention Coordinator will
463 perform an intensive review of all preventable healthcare associated infections that result in
464 serious injury or harm.

465
466 All deaths that result from an HAI shall be provided to the infection prevention coordinator for
467 review and/or referral to the appropriate department for Peer Review and/or outside agency
468 reporting. This review shall be done in a manner to ensure 1157 protection.

469
470 **REPORTING:**

471 Results of all surveillance data as outlined in this Infection Prevention Plan 2024 will be
472 reported to and reviewed by the committees listed below. Feedback will guide development
473 of specific action plans.

474 Quarterly: Infection Control Committee, Medical Executive Committee, Department of
475 medicine,

476 Bi-annually Department of surgery

477

478 **References**

479 [California Health and Safety Code Section 1288.95 - California Attorney Resources - California](#)
480 [Laws](#)

481 https://www.cdc.gov/nhsn/pdfs/pscmanual/17pscnosinfdef_current.pdf

482
483 <https://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements.pdf>

484
485 https://www.jointcommission.org/assets/1/6/NPSG_Chapter_HAP_Jan2019.pdf

TO: HOSPITAL BOARD MEMBERS
FROM: Kimberly Probus, Chief Nursing Officer
DATE: May 28, 2024
COMMITTEE: Board of Trustees



SUBJECT: Seeking Triennial Approval of the Infection Prevention (IP) Manual of Policies and Procedures Depicted in the Attached Table of Contents.

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

BACKGROUND: Every three years, all Infection Prevention policies must be presented to the Board of Trustees for approval according to the California Code of Regulations, Title 22. The Board of Trustees approved this list of policies on June 26, 2021.

DISCUSSION: All policies identified in the Table of Contents of the Prevention Manual of Policies and Procedures will be updated to reflect the Board of Trustees approval date.

ATTACHMENT(S):

- Table of Contents of the Infection Prevention Manual of Policies and Procedures

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

Approved for agenda, Chief Executive Officer

Date and Signature: _____

Pablo Velazquez



TO: HOSPITAL BOARD MEMBERS

FROM: David Momberg CFO

DATE: May 28, 2024

MEETING: Board of Trustees

SUBJECT: April 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 April resulted in net operating loss of \$872K, a negative margin of 7% and positive EBIDA of \$759K. FYTD EBIDA is positive at \$17.3M and positive margin YTD of 13.2%.

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 April 2024

Approved for agenda, Pablo Velez

Date and Signature: _____ *Pablo Velez*



April 2024 Financial Report

May 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 decreased (\$1.9M) mainly due large Oracle payment to restart EMR implementation (\$930k), coupled with AB113 IGT sent \$(840k) and Sheridan settlement (\$250k).
- b) Net patient receivables increased (\$861k) mainly due to increased number of aged accounts (38,884 vs. 38,042 last month, \$3.1M Gross AR increase).
- c) Other receivables decreased (\$87k) due to 340b pharmacy payments received.
- d) Restricted building capital fund increased (\$13k) due to US Bank generated interest.
- e) Funds held by trustee for Debt Service increased (\$663k) due to Bond monthly payment.
- f) Property plant and equipment increased (719k) mainly due to EMR capital acquisitions (\$930k) offset by month's depreciation.
- g) Accounts Payable and Accrued Expenses increased (\$1.3M) due to lower payments to vendors.

- h) Days in A/R decreased to 39.05 from 38.49. The goal is 50 days.
- i) Accounts payable days increased, 77.35 vs. 73.80 days from previous month.
- j) Current Ratio decreased to 1.50 vs. 1.58 previous month.

Income Statement – Current Month Actual vs. Prior Month:

- a) Our Inpatient Revenue is 4.2% lower than prior month due to lower patient days (1,229 vs. 1,492 prior).
- b) Outpatient Revenue is 5.8% higher than last month due to higher Rural Health Clinic (7,224 vs. 6,490 last month), Emergency room (2,952 vs. 2,609 prior) and Oncology visits and procedures (2,225 vs. 1,985 prior).
- c) Contractuals for the month are 80.9% of gross revenues (81.6% YTD).
- d) Charity and Bad debt are 1.2% of gross revenues.
- e) Other Third Party Programs return to normal behavior after QIP payment received last month (\$3M).
- f) Salary expense is 5.4% lower due to lower number of days in April coupled with lower patient days.
- g) Registry expense decreased 66.1% (15k).
- h) Repairs and maintenance is 30.8% higher related to lower Cerner expenses during the month (Cerner/Oracle mostly capitalized).
- i) Other fees are 16.2% higher mainly due to Vitalacy settlement paid (\$64k) coupled with higher Softscript transcription services (\$30k).
- j) Lease and rental expense increased 160% Sysmex for Hematology instruments.
- k) Utilities expense is 10.8% lower mainly due to lower number of days billed for electricity.
- l) Other expenses are 12.2% lower mainly due Quadramed YTD expense recognition in March, coupled with lower employee physical and COVID panel expenses.
- m) Investment income increased 48.1% due to sweep account generated interest.
- n) March 2024 shows a Net Loss of \$872k (*\$760k positive EBIDA*) and a Year-to-date profit of \$738k, showing steady expense control over the last couple of months.

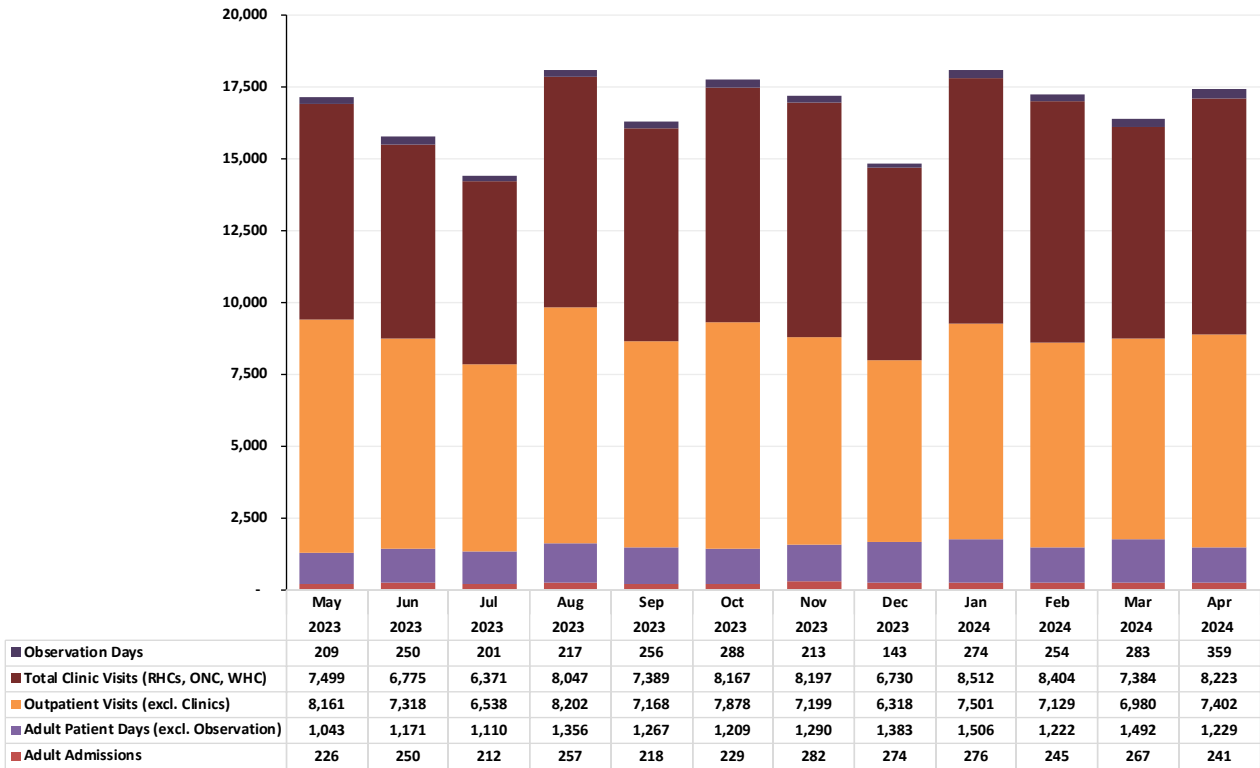
Definitions:

- **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** – $EBIDA / \text{Total Revenue}$.
- **Operating Expenses Per Day** – Total Expenses less Depreciation divided by Days.
- **Operating Revenue Per Day** – $\text{Operating Income} / \text{Days}$.
- **Days Cash on Hand** – $\text{Cash} / \text{Operating Expenses per Day}$.
- **Days Revenue in A/R** – $\text{Accounts Receivable} / \text{Operating Revenue per Day}$.
- **Current Ratio** – $\text{Current Assets} / \text{Current Liabilities}$.
- **Equity Financing Ratio** – $\text{Total Capital} / \text{Total Debt}$.

EI Centro Regional Medical Center Comparative Volumes as of April 30, 2024

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	YTD Actual	YTD Budget	YTD Variance
Adult Admissions (excl. Observation)	276	245	267	241	2,501	2,759	(258)
Patient Days (excl. Observation)	1,506	1,222	1,492	1,229	13,064	14,795	(1,731)
Average Length of Stay (excl. Observation)	5.5	5.0	5.6	5.1	5.2	5.4	(0.1)
Average Daily Census (excl. Observation)	48.6	42.1	48.1	41.0	42.8	47.5	(4.7)
Average Daily Census (ADC) Observation	8.8	8.8	9.1	12.0	8.2	7.8	0.4
Total ADC (including Observation)	57.4	50.9	57.3	52.9	51.0	55.3	(4.3)
Observation Days (excluding Obstetrics)	274	254	283	359	2,488	2,131	357
Outpatient Visits (excluding Clinics)	7,501	7,129	6,980	7,402	72,315	83,063	(10,748)
Emergency Room Visits	3,126	2,646	2,609	2,952	28,139	32,681	(4,542)
EI Centro Rural Health Clinic Visits	4,362	4,458	3,584	4,350	38,665	42,886	(4,221)
Calexico Rural Health Clinic Visits	3,261	3,123	2,906	2,874	29,967	30,420	(453)
Rural Health Clinic Visits - Total	7,623	7,581	6,490	7,224	68,632	73,305	(4,673)
Wound Healing Center Visits	206	186	201	194	1,893	1,762	131
Oncology Center Visits	683	637	693	805	6,899	6,992	(93)
Oncology Center Infusion Procedures	1,300	1,273	1,292	1,450	13,400	13,590	(190)
Surgeries without C-Sections	428	381	505	405	4,644	5,161	(517)
DaVinci Cases	35	34	46	36	494	383	111

Rolling-12 Volume Trend



ECRMC BALANCE SHEET COMPARED TO PRIOR MONTH

	April 30, 2024	March 31, 2024	Variance (\$)	Variance (%)
Assets				
Current Assets:				
Cash and Cash Equivalents	\$ 19,197,843	\$ 21,058,335	\$ (1,860,491)	-9%
Net Patient Accounts Receivable	16,970,867	16,109,934	860,933	5%
Other Receivables	96,387	183,715	(87,327)	-48%
Due from Third-Party Payors	20,327,638	19,944,136	383,502	2%
Inventories	2,720,045	2,714,170	5,875	0%
Prepaid Expenses & Other	2,281,749	2,305,046	(23,296)	-1%
Total Current Assets	61,594,530	62,315,335	(720,805)	-1%
Assets Limited as to Use				
Restricted Building Capital Fund	86,200	73,493	12,707	17%
Funds Held by Trustee for Debt Service	11,799,800	11,136,688	663,112	6%
Restricted Programs	11,497	11,497	-	0%
Total Assets Limited as to Use	11,897,497	11,221,678	675,820	6%
Property, Plant, and Equipment: Net	148,031,654	147,312,800	718,854	0%
Other Assets	647,238	647,238	-	0%
Total Assets	222,170,919	221,497,051	673,869	0%
Deferred Outflows of Resources				
Deferred Outflows of Resources - Pension	7,470,100	7,856,367	(386,267)	-5%
Total Deferred Outflows of Resources	7,470,100	7,856,367	(386,267)	-5%
Total Assets and Deferred Outflows of Resources	\$ 229,641,019	\$ 229,353,417	\$ 287,602	0%
Liabilities				
Current Liabilities:				
Current Portion of Bonds	1,335,000	1,330,000	5,000	0%
Current Portion of Capital Lease Obligations	1,215,467	1,252,613	(37,147)	-3%
Accounts Payable and Accrued Expenses	22,255,321	20,928,825	1,326,496	6%
Accrued Compensation and Benefits	8,279,133	8,195,502	83,632	1%
Due to Third-Party Payors	7,846,541	7,846,541	-	0%
Total Current Liabilities	40,931,462	39,553,481	1,377,981	3%
Long-Term Bond Payable, Less Current Portion	112,926,273	113,017,540	(91,267)	0%
Capital Lease Obligations, Less Current Portion	5,522,719	5,649,743	(127,025)	-2%
Notes Payable, Less Current Portion	28,000,000	28,000,000	-	0%
Net Pension Liability	54,174,600	54,174,600	-	0%
Total Liabilities	241,555,054	240,395,364	1,159,689	0%
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	(12,045,073)	(11,172,986)	(872,087)	8%
Total Net Position	(12,027,834)	(11,155,747)	(872,087)	8%
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 229,641,019	\$ 229,353,417	\$ 287,602	0%
Days Cash on Hand	48.51	52.02		
Days Revenue in A/R	39.05	38.49		
Days in A/P	77.35	73.80		
Current Ratio	1.50	1.58		
Debt Service Coverage Ratio	0.84	(0.82)		

STATEMENTS OF OPERATIONS COMPARISON TO BUDGET

	MTD January 31, 2024	MTD February 28, 2024	MTD March 31, 2024	MTD April 30, 2024	YTD April 30, 2023	YTD April 30, 2024	YTD BUDGET April 30, 2024
Adult Admissions	276	245	267	241	3,145	2,501	2,759
Adult Patient Days (excl. Observation)	1,506	1,222	1,492	1,229	15,430	13,064	14,795
Outpatient Visits (excl. Clinics)	7,501	7,129	6,980	7,402	79,378	72,315	83,063
Total Clinic Visits (RHCs, ONC, WHC)	8,512	8,404	7,384	8,223	80,656	77,424	82,059
Observation Days	274	254	283	359	2,070	2,488	2,131
OPERATING REVENUE							
I/P Revenue	\$ 17,637,846	\$ 14,114,339	\$ 16,354,275	\$ 14,035,071	\$ 170,734,249	\$ 149,567,200	\$ 160,019,154
O/P Revenue - Laboratory	6,837,507	6,412,826	6,044,011	6,825,897	67,230,455	64,792,437	63,847,738
O/P Revenue - CT Scanner	6,494,259	6,653,450	6,905,429	6,936,776	64,667,413	65,073,142	60,994,424
O/P Revenue - Emergency Room	6,459,621	5,675,623	5,574,299	6,396,740	59,504,523	59,922,208	67,752,507
O/P Revenue - Oncology	6,275,825	5,646,663	5,453,631	6,014,866	52,680,885	57,392,972	58,632,649
O/P Revenue - Others	17,873,063	18,047,564	17,913,385	18,163,273	186,859,256	183,908,946	179,094,343
Gross Patient Revenues	61,578,121	56,550,465	58,245,030	58,372,622	601,676,781	580,656,905	590,340,815
Other Operating Revenue	6,280,334	263,128	373,616	284,644	4,095,786	9,162,333	4,732,519
Total Operating Revenue	67,858,456	56,813,592	58,618,646	58,657,266	605,772,567	589,819,238	595,073,334
Contractuals							
IP Contractuals	13,697,191	10,989,461	13,339,795	9,877,494	132,927,836	116,589,200	130,481,937
OP Contractuals	37,406,889	34,420,804	33,659,734	37,369,888	351,879,396	357,164,336	341,947,239
Charity	491,024	165,684	129,953	224,971	7,247,608	2,740,953	7,424,809
Provision for Bad Debts	278,400	545,140	593,603	504,400	3,780,193	4,514,406	3,292,260
Other Third Party Programs	(1,591,268)	(1,591,268)	(4,649,730)	(1,591,268)	(15,160,539)	(19,563,561)	(15,912,676)
M/Cal Disproportionate Share	(226,793)	(226,793)	(226,793)	(226,793)	(2,639,101)	(3,283,658)	(2,267,928)
Total Deductions	50,055,443	44,303,029	42,846,563	46,158,693	478,035,392	458,161,676	464,965,640
Total Net Revenues	17,803,012	12,510,563	15,772,084	12,498,573	127,737,175	131,657,562	130,107,694
EXPENSES							
Salaries & Wages	4,823,226	4,778,741	5,066,422	4,793,444	53,161,874	49,363,498	46,923,905
Registry	1,023	15,452	22,488	7,624	8,370,393	596,748	1,025,100
Employee Benefits	1,358,295	1,345,138	1,564,839	1,508,508	13,796,280	12,785,449	13,315,409
Employee Benefits - Pension GASB 68	386,267	386,267	375,916	386,267	3,362,830	3,832,201	3,196,000
Professional Fees - Medical	1,226,886	1,175,964	1,214,100	1,281,749	13,911,011	12,860,853	14,790,914
Professional Fees - Non-Med	250,417	(49,453)	266,360	263,593	3,213,884	2,434,921	2,386,116
Supplies - Medical	2,259,530	2,063,151	2,192,892	1,983,702	22,936,110	22,211,681	22,428,615
Supplies - Non-Medical	149,101	205,180	155,882	141,239	1,893,083	1,493,352	2,142,593
Food	70,026	89,391	69,455	70,247	834,987	774,728	811,139
Repairs and Maintenance	580,145	585,744	712,096	492,733	7,107,058	5,933,685	7,799,029
Other Fees	546,804	575,409	615,216	714,596	6,654,474	6,054,412	6,668,848
Lease and Rental	10,554	33,293	86,513	91,226	682,102	344,899	466,571
Utilities	213,151	204,420	232,660	207,531	1,901,625	2,127,986	1,971,946
Depreciation and Amortization	702,920	647,685	630,385	648,837	6,928,267	6,707,480	7,313,765
Insurance	220,143	163,738	173,843	163,584	2,074,040	2,075,747	2,020,421
Other Expenses	165,924	129,748	175,364	153,939	1,340,227	1,338,179	1,483,227
Total Operating Expenses	12,964,411	12,349,867	13,554,432	12,908,819	148,168,245	130,935,818	134,743,597
Operating Income	4,838,601	160,696	2,217,652	(410,246)	(20,431,070)	721,744	(4,635,903)
Operating Margin %	27.2%	1.3%	14.1%	-3.3%	-16.0%	0.5%	-3.6%
Non-Operating Revenue and Expenses							
Investment Income	244,192	151,000	85,366	126,401	453,110	904,929	180,536
Grants and Contributions Revenue	0	187,745	245	245	612,883	387,517	563,997
Non Operating Revenue/(Expense)	8,611	8,408	3,359,262	8,408	1,122,200	4,766,759	1,661,690
Interest Expense	(599,688)	(623,061)	(604,362)	(596,896)	(6,224,733)	(6,043,443)	(6,057,401)
Total Non-Operating Rev. and Expenses	(346,885)	(275,907)	2,840,511	(461,841)	(4,036,540)	15,763	(3,651,179)
(Deficit)/Excess Rev. Over Exp.	\$ 4,491,716	\$ (115,211)	\$ 5,058,163	\$ (872,087)	\$ (24,467,611)	\$ 737,507	\$ (8,287,082)
(Deficit)/Excess Rev. Over Exp. %	25.2%	-0.9%	32.1%	-7.0%	-19.2%	0.6%	-6.4%
EBIDA	6,180,590	1,541,802	6,668,826	759,913	(7,951,780)	17,320,630	8,280,084
EBIDA %	34.7%	12.3%	42.3%	6.1%	-6.2%	13.2%	6.4%

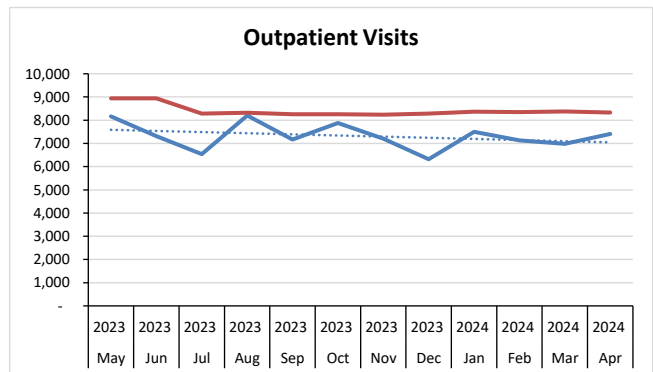
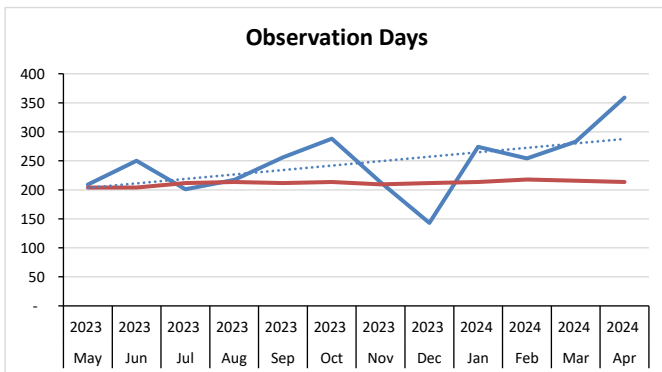
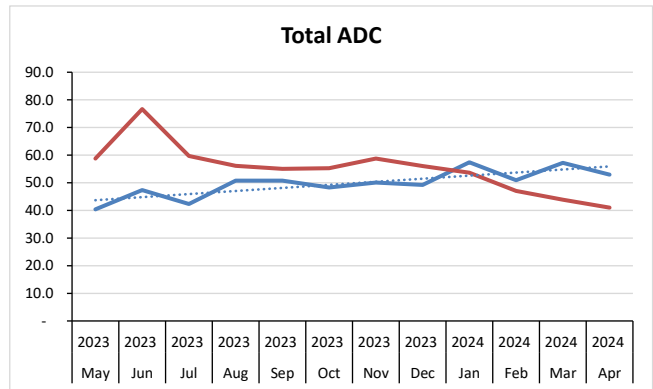
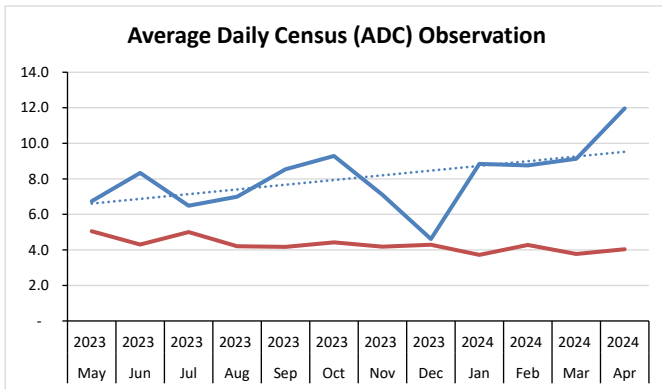
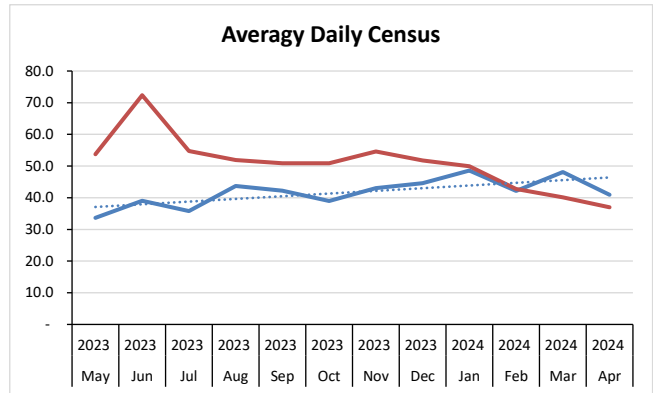
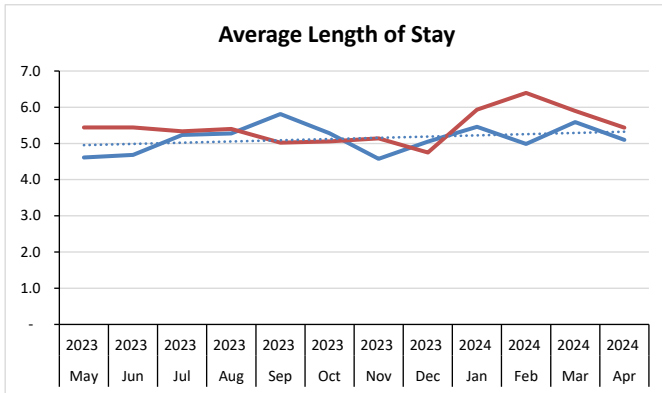
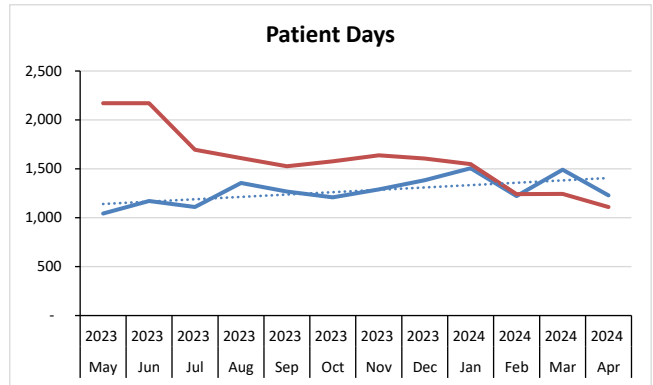
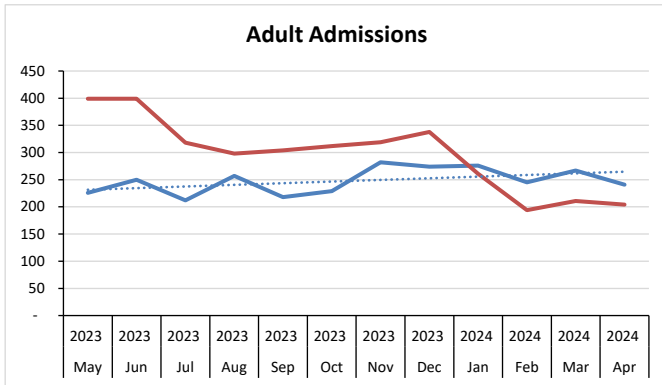
El Centro Regional Medical Center
Monthly Cash Flow

Unaudited

	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 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	\$ (872,087)	\$ 737,507
<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	630,385	648,837	\$ 6,707,480
Capital Lease Interest	10,925	10,082	9,561	8,804	12,188	10,271	9,266	7,433	9,696	6,302	\$ 94,527
Bond Interest	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	\$ 5,880,732
Accounts Receivable	525,767	(874,155)	425,746	(840,534)	(1,508,166)	1,226,187	(1,597,022)	610,669	(695,742)	(860,933)	\$ (3,588,185)
Other Receivables	53,835	(135,607)	3,196	90,258	(63,653)	54,942	77,270	(27,723)	(86,039)	87,327	\$ 53,806
Inventory	(90,320)	62,497	3,184	(17,349)	3,621	(37,635)	14,872	97,748	3,790	(5,875)	\$ 34,534
Prepaid Expenses/Other Assets	(135,337)	341,100	241,311	(101,557)	(158,490)	(77,557)	735,195	3,526,685	(3,164,849)	23,296	\$ 1,229,796
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	652,155	\$ (1,388,010)
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	83,632	\$ 424,593
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	(383,502)	\$ 13,434,506
Net Pension Obligation	386,267	386,267	386,267	376,430	386,267	375,986	386,267	386,267	375,916	386,267	\$ 3,832,201
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	\$ 353,492	\$ 27,453,487
<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)	\$ (1,367,691)	\$ (7,308,831)
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)	(675,820)	\$ 2,495,479
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)	\$ (2,043,511)	\$ (4,813,352)
<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)	(170,473)	\$ (2,598,866)
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)	\$ (170,473)	\$ (10,586,153)
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	\$ (1,860,491)	\$ 12,053,982
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	21,058,335	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	\$ 19,197,843	\$ 19,197,843

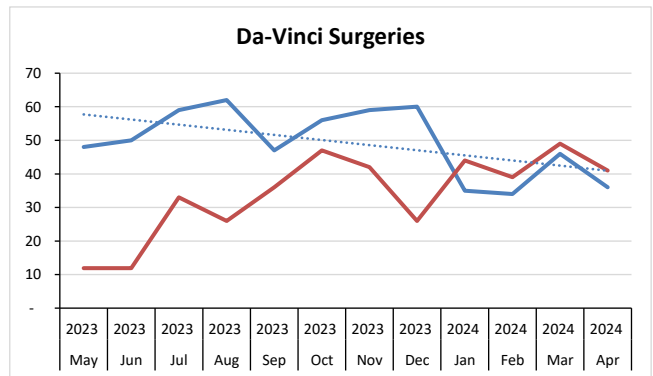
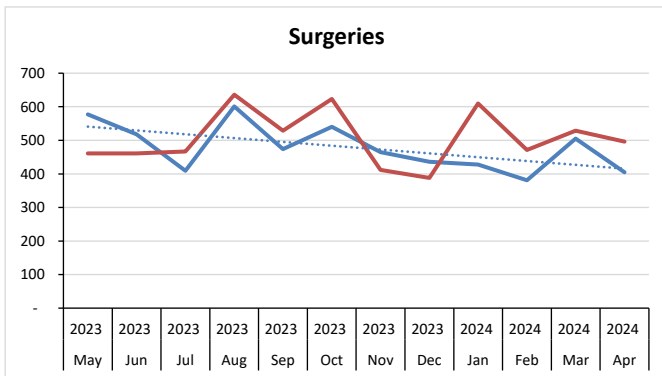
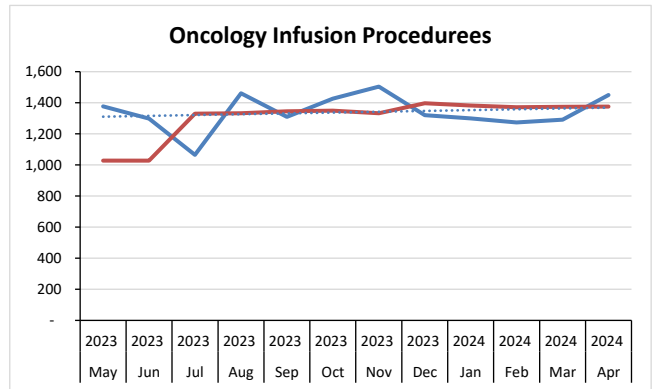
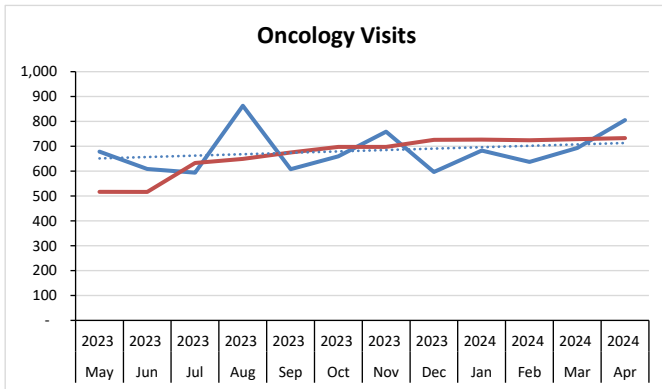
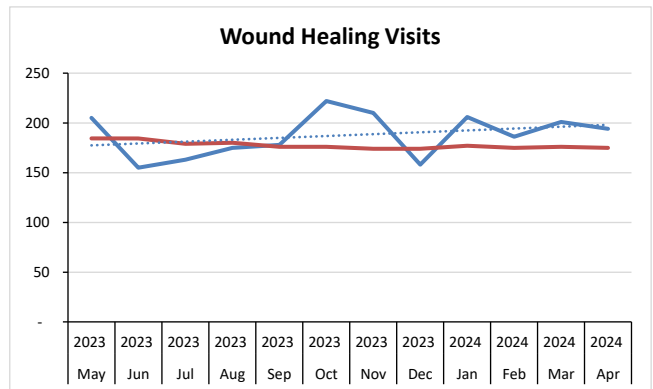
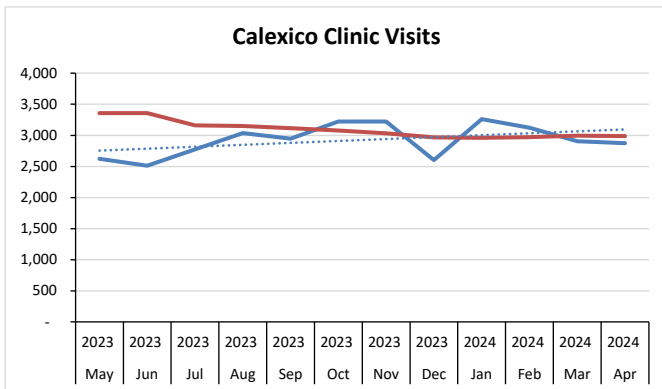
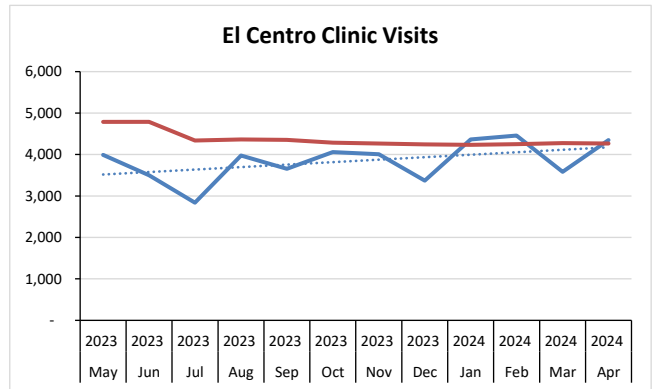
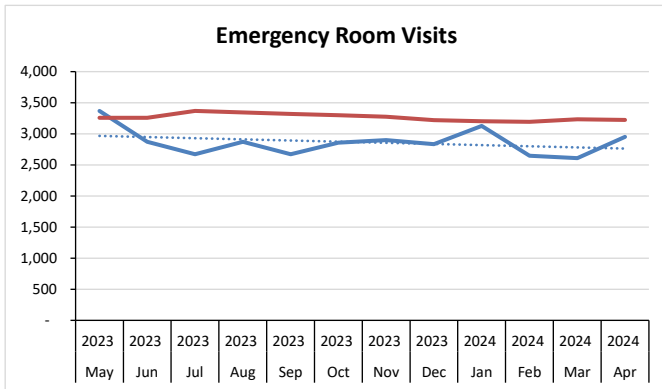
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El Centro Regional Medical Center Rolling-12 Volume trend



█ BUDGET
█ ACTUALS

El Centro Regional Medical Center Rolling-12 Volume trend



■ BUDGET
■ ACTUALS



TO: HOSPITAL BOARD MEMBERS
FROM: David Momberg CFO
DATE: May 28, 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: April 27, 2024

Actual/Projection	Actual	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection	Projection
Month	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025
Beginning Wells Fargo cash balance	22,354	21,585	24,733	26,061	24,868	22,291	19,451	18,811	17,937	17,227	14,707	12,250	7,482	10,377	11,224	20,071
Cash receipts																
Patient receipts	8,758	10,600	13,250	10,600	13,250	10,600	10,600	13,250	10,600	10,600	10,600	13,250	10,600	13,250	10,600	5,300
Cerner Implementation - AR Slowdown	-	-	-	-	-	-	-	(750)	(1,200)	(1,425)	(938)	631	818	1,023	818	409
Pharmacy receipts	20	335	419	335	419	335	335	419	335	335	335	419	335	419	335	167
Collector deposits	-	82	103	82	103	82	82	103	82	82	82	103	82	103	82	41
Rent collection	-	3	4	3	4	3	3	4	3	3	3	4	3	4	3	1
Cafeteria receipts	6	5	6	5	6	5	5	6	5	5	5	6	5	6	5	2
Other receipts	311	83	104	83	104	83	83	104	83	83	83	104	83	104	83	42
Total operating receipts	9,095	11,108	13,885	11,108	13,885	11,108	11,108	13,135	9,908	9,683	10,170	14,515	11,926	14,908	11,926	5,963
Total operating disbursements	(11,404)	(11,029)	(12,904)	(11,029)	(14,842)	(11,202)	(11,202)	(13,077)	(10,914)	(10,914)	(10,856)	(14,553)	(10,914)	(12,847)	(10,971)	(5,572)
Cash flow from operations	(2,309)	79	980	79	(957)	(94)	(94)	57	(1,006)	(1,231)	(686)	(38)	1,012	2,061	955	391
Supplemental receipts	1,699	4,566	3,452	224	(116)	(1,766)	434	(116)	1,621	434	(566)	(3,000)	3,088	-	9,100	-
Capital expenditures	(120)	(808)	(2,408)	(808)	(808)	(291)	(291)	(119)	(636)	(1,034)	(517)	(1,034)	(517)	-	-	-
Bond payments	-	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	(662)	-
Other loan payments	(39)	-	-	-	-	-	-	-	-	-	-	-	-	(518)	(518)	(518)
Transfers (to)/from bond funds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfers (to)/from UBS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Restructuring Cost	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net non-operating cash flows	1,540	3,069	348	(1,273)	(1,619)	(2,746)	(546)	(931)	296	(1,289)	(1,772)	(4,730)	1,882	(1,214)	7,893	(532)
Net cash flow excl. sweep transfers	(769)	3,148	1,328	(1,194)	(2,576)	(2,840)	(640)	(874)	(710)	(2,520)	(2,458)	(4,768)	2,895	847	8,847	(141)
Beginning unrestricted cash	21,761	20,992	24,140	25,468	24,274	21,698	18,858	18,218	17,344	16,634	14,114	11,656	6,889	9,784	10,630	19,478
Total net cash flow	(769)	3,148	1,328	(1,194)	(2,576)	(2,840)	(640)	(874)	(710)	(2,520)	(2,458)	(4,768)	2,895	847	8,847	(141)
Ending unrestricted cash	20,992	24,140	25,468	24,274	21,698	18,858	18,218	17,344	16,634	14,114	11,656	6,889	9,784	10,630	19,478	19,337