



EL CENTRO REGIONAL MEDICAL CENTER  
BOARD OF TRUSTEES – REGULAR MEETING

MONDAY, June 24, 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/89096851981?pwd=83NTWnNw5WKO6tmw6psfUhbVjSiU95.1>

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

**Meeting ID:** 890 9685 1981 **Passcode:** 251047

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 April 22, 2024.
2. Review and Approval of Board of Trustees Minutes of Special Meeting of May 07, 2024.
3. Review and Approval of Annual Review of ECRMC’s Infection Prevention Plan Policy.
4. Approval of the Infection Prevention (IP) Manual of Policies and Procedures Depicted in the Attached Table of Contents.
5. Review and Approval to Medical Staff Bylaws and Revision to Peer Review Policy.

**FINANCE and OPERATIONAL UPDATE**

6. Review and Approval of the Financial Statements for Month and Year-to-Date as of May 2024.
7. Presentation of Current Weekly Cash Budget—**Informational**
8. Review and Approval of FY 2025 Annual Operating Budget.

**CHIEF EXECUTIVE OFFICER UPDATE**

9. Verbal Report from the CEO to the Board of Trustees—**Informational**
10. 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 Claim; Walla Claim*

**RECONVENE TO OPEN SESSION – BOARD PRESIDENT**

**ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY – GENERAL COUNSEL**

- 12 . 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**

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION</b>	<b>RECOMMENDATION/ACTION</b>
<b>ROLL CALL</b>	<p><b>PRESENT:</b> Maysent; Marroquin; Carter; Cardenas-Singh; Tomaszewski; Chief Executive Officer Pablo Velez; and Executive Board Secretary Belen Gonzalez</p> <p><b>Via Zoom:</b> Oliva</p> <p><b>ABSENT:</b> Garcia</p> <p><b>ALSO PRESENT:</b> 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><b>MOTION:</b> 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>
<b>CALL TO ORDER</b>		<p>The Board of Trustees convened in open session at 5:32 p.m. Acting Board President Marroquin called the meeting to order.</p>
<b>OPENING CEREMONY</b>	<p>The Pledge of Allegiance was recited in unison.</p>	<p>None</p>
<b>NOTICE OF MEETING</b>	<p>Notice of meeting was posted and mailed consistent with legal requirements.</p>	<p>None</p>
<b>PUBLIC COMMENTS</b>	<p>None</p>	<p>None</p>

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

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>BOARD MEMBER COMMENTS</b>	None	None
<p><b>CONSENT AGENDA</b> <i>(Items 1-4)</i></p> <p><b>Item 1. Review and Approval of Board of Trustees Minutes of Regular Meeting of February 26, 2024.</b></p> <p><b>Item 2. Review and Approval of Board of Trustees: Minutes of SPECIAL Meeting of April 11, 2024.</b></p> <p><b>Item 3. Monthly Human Resources Statistical Update for February and March 2024—Informational</b></p> <p><b>Item 4. Review and Approval of Triennial Review of ECRMC’s Death, Care of the Patient Policy.</b></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><b>MOTION:</b> by Carter second by Cardenas-Singh and carried to approve the Consent Agenda.</p> <p>All present in favor; none opposed.</p>
<p><b>FINANCE and OPERATIONAL UPDATE</b></p> <p><b>Item 5. Review and Approval of the Financial Statements for Month and Year-to-Date as of February 2024.</b></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"> <li>• Comparative volumes vs. Prior Month/Year</li> <li>• Balance Sheet vs. Prior Month comparison</li> <li>• Operating Statement vs. Prior Month comparison</li> <li>• Monthly Cash Flow (Fiscal Year to Date)</li> </ul>	<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><b>Item 6. Review and Approval of the Financial Statements for Month and Year-to-Date as of March 2024.</b></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"> <li>• Comparative volumes vs. Prior Month/Year</li> <li>• Balance Sheet vs. Prior Month comparison</li> <li>• Operating Statement vs. Prior Month comparison</li> <li>• Monthly Cash Flow (Fiscal Year to Date)</li> </ul>	All present in favor; none opposed.
<b>Item 7. Presentation of Current Weekly Cash Budget.</b>	David Momberg presented the Cash Flow Forecast	Informational
<b>CHIEF EXECUTIVE OFFICER UPDATE</b> <b>Item 8. Verbal Report from the CEO to the Board of Trustees—</b> <b>Informational</b>	Item to be discussed in Closed Session	Informational
<b>Item 9. Manager Update—Patty Maysent—Informational</b>	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.
<b>RECESS TO CLOSED SESSION</b>		<b>MOTION:</b> 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
<b>RECONVENE TO OPEN SESSION</b>		The Board of Trustees reconvened to Open Session at 6:47 p.m.
<b>ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY— GENERAL COUNSEL</b>		<p><b>[A. HEARING/DELIBERATIONS RE MEDICAL QUALITY COMMITTEE REPORTS/STAFF PRIVILEGES—GOVERNMENT CODE SECTION 37624.3]</b></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>
<b>ADJOURNMENT</b>		There being no further business, meeting was adjourned at approximately 6:48 p.m.

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BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

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SYLVIA MARROQUIN, ACTING BOARD PRESIDENT

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



**JOINT SPECIAL MEETING  
CITY COUNCIL OF THE CITY OF EL CENTRO  
BOARD OF TRUSTEES OF EL CENTRO REGIONAL MEDICAL CENTER  
*OPEN SESSION MINUTES*  
CITY OF EL CENTRO, RDA MEETING ROOM  
1249 W. Main Street, El Centro, CA 92243**

Zoom Meeting: <https://ecrmc.zoom.us/j/87542845731?pwd=qObPFAZZzZuGxkox3pDFZ92XEyz3db.1>

**Tuesday, May 7, 2024**

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>ROLL CALL</b>	<p><b>PRESENT:</b> Oliva; Garcia; Maysent; Marroquin; Carter; Cardenas-Singh; Chief Executive Officer Pablo Velez; City of El Centro Attorney Elizabeth Martyn; ECRMC Attorney Douglas Habig and Executive Board Secretary Belen Gonzalez</p> <p><b>Via Zoom:</b> Tomaszewski; Veronica Mars</p> <p><b>ALSO PRESENT:</b> Chief of Staff, Sunny Richley; City of El Centro Manager Cedric Ceseña; David Momberg-CFO; Luis Castro-CHRO; Kimberly Probus-CNO;</p> <p><b>ABSENT:</b> -</p>	
<b>CALL TO ORDER</b>		The Board of Trustees convened in open session at 5:24 p.m. Board President Oliva called the meeting to order.
<b>OPENING CEREMONY</b>	The Pledge of Allegiance was recited in unison.	None

Special Meeting  
May 7, 2024, 5:15 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>NOTICE OF MEETING</b>	Notice of meeting was posted and mailed consistent with legal requirements.	None
<b>PUBLIC COMMENTS</b>	None	None
<b>BOARD MEMBER COMMENTS</b>	None	None
<b>NEW BUSINESS:</b> <b>Item 1. Review and Adopt Resolution NO. ECRMC 24-01 RESOLUTION OF THE BOARD OF TRUSTEES OF EL CENTRO REGIONAL MEDICAL CENTER APPROVING A JOINT POWERS AND AFFILIATION AGREEMENT BY AND AMONG THE EL CENTRO REGIONAL MEDICAL CENTER, THE CITY OF EL CENTRO AND THE REGENTS OF THE UNIVERSITY OF CALIFORNIA ON BEHALF OF UC SAN DIEGO HEALTH</b>	None.	<b>MOTION:</b> by Cardenas-Singh, second by Marroquin and carried to approve the <b>Resolution NO. ECRMC 24-01 RESOLUTION OF THE BOARD OF TRUSTEES OF EL CENTRO REGIONAL MEDICAL CENTER APPROVING A JOINT POWERS AND AFFILIATION AGREEMENT BY AND AMONG THE EL CENTRO REGIONAL MEDICAL CENTER, THE CITY OF EL CENTRO AND THE REGENTS OF THE UNIVERSITY OF CALIFORNIA ON BEHALF OF UC SAN DIEGO HEALTH</b>  Maysent and Tomaszewski abstained all other board members present in favor; none opposed.
<b>RECESS TO CLOSED SESSION</b>		<b>MOTION:</b> by Cardenas-Singh seconded by Carter and carried to recess to Closed Session at 5:31 p.m. for <b>TRADE SECRETS.</b>  All present in favor to recess to Closed Session. None opposed.



TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>RECONVENE TO OPEN SESSION</b>		The Board of Trustees reconvened to Open Session at 6:02 p.m.
<b>ANNOUNCEMENT OF CLOSED SESSION ACTIONS, IF ANY— GENERAL COUNSEL</b>		None
<b>ADJOURNMENT</b>		There being no further business, meeting was adjourned at approximately 6:03 p.m.

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BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

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TOMAS OLIVA, PRESIDENT

Special Meeting  
May 7, 2024, 5:15 p.m.



**TO:** HOSPITAL BOARD MEMBERS

**FROM:** Kimberly Probus, Chief Nursing Officer

**DATE:** June 24, 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 V. [Signature]



		<b>Department:</b> Infection Prevention	
		<b>Document Owner/Author:</b> Infection Prevention Manager	
		<b>Category:</b> Hospital Wide	<b>Approval Type:</b> Annual
<b>Date Created:</b> 11/09/2010	<b>Date Board Approved:</b> 10/24/2022	<b>Date Last Review:</b> 05/10/2024	<b>Date of Next Review:</b> 05/10/2025
<b>Policy Name:</b> 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"> <li>a. Responsibility for directing, managing and coordinating the multiple facets of the Infection Prevention Program.</li> <li>b. To be skilled in effective written and verbal communication and be capable of effective education presentations.</li> <li>c. Responsible for the ICC and Administration for the quality of infection prevention and the overall administration of related activities.</li> <li>d. In accordance with the California Health and Safety Code Section 1255.8(f), <a href="#">California Health and Safety Code Section 1255.8 - California Attorney Resources - California Laws</a> 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.</li> <li>e. Responsible administratively to and works closely with the Chief Nursing Officer.</li> <li>f. Contributes to the quality of patient care by: <ul style="list-style-type: none"> <li>a. Reducing infection risks to patients and personnel through regular patient surveillance and surveillance of the environment.</li> <li>b. Assuring appropriate education regarding pertinent infection prevention and isolation policies for all staff.</li> </ul> </li> <li>g. Perform improvement projects to address aspects of infection prevention and control using sound epidemiologic principles.</li> <li>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.</li> <li>i. Supports programs basic to the purpose of medical and nursing education and research, which involve infection prevention activities.</li> </ul>

	<ul style="list-style-type: none"> <li>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.</li> <li>k. Assures informative and timely reporting of data to the appropriate department and/or public agency.</li> <li>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.</li> <li>m. Assures continued personal growth and development in the areas of infectious disease, management skills and current issues in infection prevention.</li>   <li>n. Responsible for drafting and revising hospital infection prevention policies that will be provided to ICC for approval.</li>   <li>o. Maintains an active role in the Association of Professionals in Infection Control and Epidemiology (APIC).</li> <li>p. The incumbent must be knowledgeable about infectious diseases, healthcare associated infection prevention strategies, microbiology, epidemiology and data collection and analysis.</li> <li>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.</li> <li>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.</li> </ul>
<p>The Chairman of the Committee</p>	<ul style="list-style-type: none"> <li>a. Shall have completed training on Hospital Infection Prevention as required by the California Health and Safety Code 1288.95. <a href="#">California Health and Safety Code Section 1288.95 - California Attorney Resources - California Laws</a></li> <li>b. Reviews infection cases and applies standard definitions in order to properly classify healthcare associated infections.</li> </ul>

	<ul style="list-style-type: none"> <li>c. Reviews policies and procedures for appropriateness in the clinical setting.</li> <li>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.</li> </ul>
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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

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

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97 **ELEMENTS OF THE INFECTION PREVENTION PROGRAM**

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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](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

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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.

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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

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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  $\leq 0.7$  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  
169 (CLABSI):**

170 We will continue to monitor CLABSI in 2024 with a goal of  $\leq 0.5$  SIR all CLABSI will be reported to  
171 NHSN.

172

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

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

177

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

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

183

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

185 Continue to monitor CAUTI rates in 2024 with a goal of  $\leq 0.75$  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

17  
<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](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](https://www.jointcommission.org/assets/1/6/NPSG_Chapter_HAP_Jan2019.pdf)

**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** Kimberly Probus, Chief Nursing Officer  
**DATE:** June 24, 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

**Table of Contents**

Title	Version	Reference #
Care of Patients Suffering From Transmissible/Prions	4	944
Aerosol Transmissible Disease Exposure Control Plan	8	2163
AFB Isolation (Not Specifically Ordered), Criteria for	5	949
Clostridium difficile Nursing Algorithm	2	4262
Hand Hygiene	7	2285
Infection Control During Construction and or Renovation	5	971
MRSA Surveillance and Control (formerly Nasal Surveillance Cultures for MRSA)	7	2356
MRSA Swabbing	2	4729
Outbreak Investigation Management	6	991
Service and Therapy Animals in the Hospital	4	939
Viral Hemorrhagic Fevers, Management and Control of	3	4079
Respiratory Etiquette	4	1024

Policy and Procedures Department: Infection Prevention	Date Printed: 02/28/2024  Approved by Infection Control Committee: 05/10/2024  Approved by Board of Trustees: Pending
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**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** Sunny Richley, M.D., Chief of staff  
**DATE:** June 24, 2024  
**MEETING:** Board of Trustees  
**SUBJECT:** **AMENDMENTS TO MEDICAL STAFF BYLAWS AND REVISION TO PEER REVIEW POLICY**

**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:** The proposed amendments to the Medical Staff Bylaws and revisions to Peer Review Policy were approved by the organized medical staff voting members, on June 11, 2024, and are now presented for consideration and approval by the Board of Trustees.

**DISCUSSION:** Following review of proposed Medical Staff Bylaw amendments and revisions to Peer Review Policy, a written ballot vote was taken, and by majority vote, all proposed changes were approved by the voting members of the medical staff.

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

**ATTACHMENT(S):**

- Detailed amendments, revisions approved by the medical staff.

Approved for agenda, Chief Executive Officer

Date and Signature:  Pablo Richley

## **MEDICAL STAFF BYLAWS AMENDMENTS - Excerpts**

### **ARTICLE VI EVALUATION AND CORRECTIVE ACTION**

#### **6.2-2 Focused Professional Performance Evaluation (FPPE) of Initial Privileges**

All initial grants of privileges shall be subject to FPPE proctoring, under these bylaws and otherwise reviewed for compliance with the relevant departmental peer review criteria. The purpose of a focused review is to determine if the practitioner's performance or behavior meets *the minimum standard of behavior or clinical care as is established by the Medical Staff*. This initial FPPE is not considered a formal investigation as defined in the Medical Staff Bylaws and is not subject to rights afforded in a formal investigation. **Additionally, if the FPPE results in an action plan recommending additional proctoring or monitoring, these are not subject to the rights afforded in a formal investigation. (Reference policy, Peer Review Process and Initiation of FPPE, for detailed process.)**

If the FPPE results in an action plan to recommend additional proctoring, monitoring, as stated above the FPPE is not considered a formal investigation as defined in the Medical Staff Bylaws and is not subject to rights afforded in a formal investigation

**However**, if the FPPE results in a recommendation for formal investigation, the process outlined in the Medical Staff Bylaws will be followed, **(Article VI, VII)**. In this circumstance, FPPE is an intensified assessment of data or events which relate to the performance or behavior of a specific practitioner holding clinical privileges.

#### **~~The FPPE process may be triggered:~~ (Section Moved to Peer Review Policy)**

- ~~a) When a practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the organization's setting.~~
- ~~b) If questions arise regarding a currently privileged practitioner's ability to provide safe, high quality patient care.~~
- ~~c) Sentinel Event/Adverse Event~~
- ~~d) Behavior Issues~~
- ~~e) Trends in practice determined to be outside internal and/or external standards of care. A trend is defined as:
 
  - ~~o A practitioner with five Level III evaluations, as defined within the peer review policy, within a two year period.~~
  - ~~o A practitioner with five category III or IV evaluations within a two year period.~~
  - ~~o Significant deviations in practice identified through the ongoing professional practice evaluation (OPPE) process.~~~~

#### **~~6.2-3 Initiation of FPPE~~ (Section moved to Peer Review Policy)**

- ~~a) When an FPPE is triggered by an unsatisfactory performance on OPPE, initial FPPE, or other PEER review concerns, a plan for the FPPE will be developed.~~
- ~~b) This FPPE plan will include the cause of the FPPE Plan, planned period of observation, and nature of expected practice change, the specific actions and specific mechanism by which the monitoring will occur (e.g. peer observation, retrospective chart review, proctoring of procedures performed, etc.) required by the FPPE, data to be collected during the FPPE, and any limitations on practice during the course of the FPPE, will be clearly defined by the Department Chair to the physician of record. The individual undergoing the FPPE will receive a copy of the FPPE plan.~~

- ~~e) Following completion of the FPPE time period, the respective Chair (or designee) will meet with the individual undergoing the FPPE and determine whether the FPPE was completed adequately and if further action needs to be taken.~~
  - ~~d) The respective Department Chair will notify the Medical Executive Committee regarding plan for initiation of FPPE. Once the FPPE is completed, results will be reported within 90 days of initiation.~~
  - ~~e) The Medical Executive Committee will be informed of successful closure of FPPE, or, if FPPE is not successfully completed, recommendation regarding privileges will be forwarded by the Department, to the committee for discussion and action.~~
  - ~~f) If necessary, an extension of the FPPE may be approved by the respective Department Chair and Chief of Staff. The practitioner will be notified as to the length of the extension which should not exceed an additional 60 days. This shall be reported at the next regularly scheduled Medical Executive Committee meeting.~~
- ~~— all members.~~



**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** David Momberg Chief Financial Officer  
**DATE:** June 24, 2024  
**MEETING:** Board of Trustees

**SUBJECT:** May 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 \$229K, a negative margin of 1.7% and positive EBIDA of \$1.4M. FYTD EBIDA is positive at \$18.7M and positive margin YTD of 12.9%.

**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 May 2024

Approved for agenda, Pablo Velez

Date and Signature: \_\_\_\_\_

*Pablo Velez*



## May 2024 Financial Report

June 19, 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 (\$2.5M) CHFFA Loan 1 Round 2 payment (\$2.2M).
- b) Net patient receivables increased (\$610k) mainly due to increased number higher daily census (46.7 this month vs. 41.0 last).
- c) Due from Third-Party Payors decreased (\$2.6M) due to Rate Range payment received (\$5.7) partially offset by NDPH AB113 IGT sent (\$2M) and month supplemental accruals (\$1.5M).
- d) Prepaid Expenses & Other decreased (\$323k) due to service usage.
- e) Funds held by trustee for Debt Service increased (\$1.3M) due to 2 Bond monthly payments reflected.
- f) Due to Third-Party Payors decreased (\$2.2M) due to CHFFA Loan 1 Round 2 paid.
- g) Days in A/R increased to 39.36 from 39.05. The goal is 50 days.
- h) Accounts payable days decreased, 76.31 vs. 77.35 days from previous month.
- i) Current Ratio decreased to 1.46 vs. 1.50 previous month.



### **Income Statement – Current Month Actual vs. Prior Month:**

- a) Our Inpatient Revenue is 20.7% higher than prior month due to higher patient days (1,448 vs. 1,229 prior).
- b) Outpatient Revenue is 7.1% higher than last month mainly due to higher surgeries (558 vs. 441 last month), and higher RHC visits (7,432 vs. 7,224 last month).
- c) Contractuals for the month are 82.1% of gross revenues (81.6% YTD).
- d) Charity and Bad debt are 1.2% of gross revenues.
- e) Other Third Party Programs revenue increased (\$1M) due to higher Rate Range payment received than budgeted.
- f) Salary expense is 6.6% higher due to higher number of days in May coupled with higher patient days.
- g) Employee benefits is 10.8% lower due to lower health insurance expenses.
- h) Supplies – Medical is 32.8% higher mainly due to higher Oncology pharmacy medications sold to patients (\$350k) for invoices from April, blood bank supplies (\$100k) and Laboratory supplies (\$100k) related to higher volumes.
- i) Food expense is 16.7% higher due to hospital week expenses.
- j) Repairs and Maintenance is 34.5% higher due to aged Cerner expenses recognized.
- k) Lease and rental expense decreased 66% due to Shared imaging trailer lease capitalization.
- l) Insurance expense is 50.3% lower due to lower malpractice expenses.
- m) Investment income increased 48.1% due to sweep account generated interest.
- n) March 2024 shows a Net Loss of \$229k (*\$1.4M positive EBIDA*) and a Year-to-date profit of \$509k, showing steady expense control over the last couple of months.

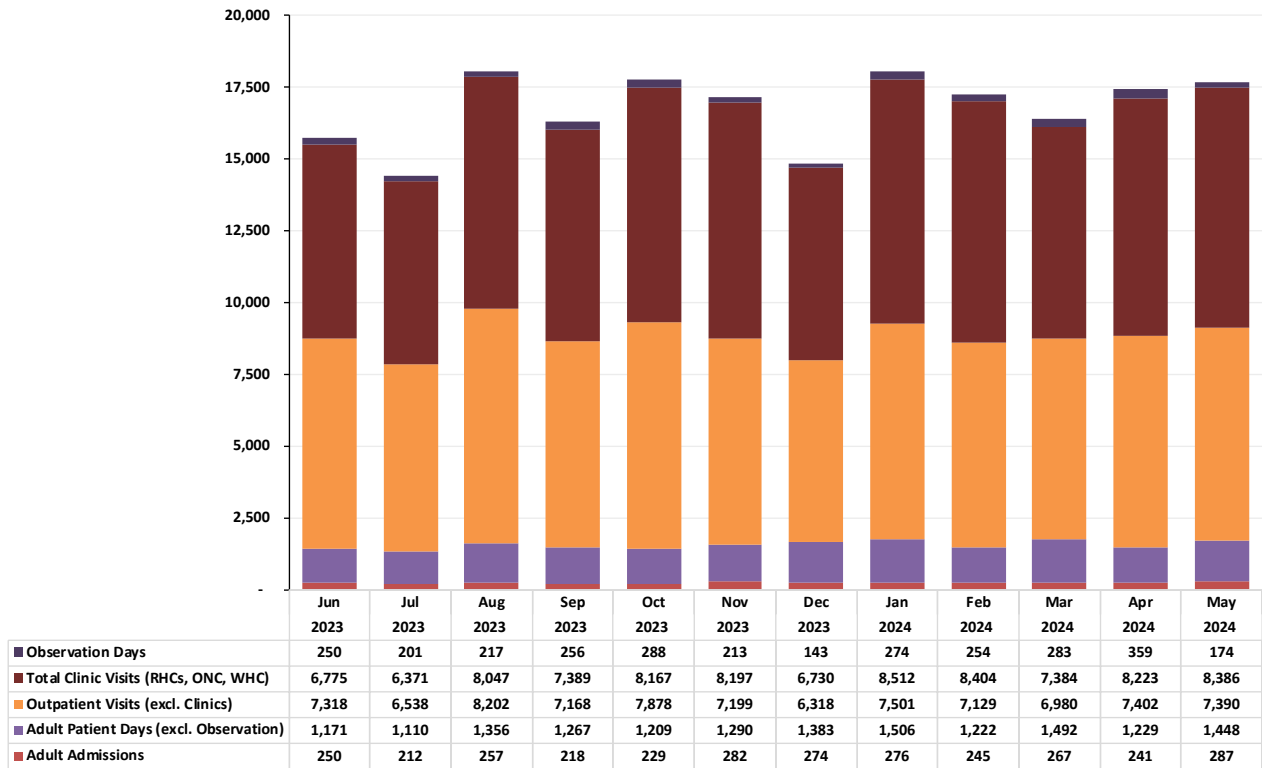
## **Definitions:**

- **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 May 31, 2024

	Feb 2024	Mar 2024	Apr 2024	May 2024	YTD Actual	YTD Budget	YTD Variance
Adult Admissions (excl. Observation)	245	267	241	287	2,788	3,071	(283)
Patient Days (excl. Observation)	1,222	1,492	1,229	1,448	14,512	16,641	(2,129)
Average Length of Stay (excl. Observation)	5.0	5.6	5.1	5.0	5.2	5.4	(0.2)
Average Daily Census (excl. Observation)	42.1	48.1	41.0	46.7	43.2	43.2	-
Average Daily Census (ADC) Observation	8.8	9.1	12.0	5.6	7.9	7.0	0.9
Total ADC (including Observation)	50.9	57.3	52.9	52.3	51.1	50.2	0.9
Observation Days (excluding Obstetrics)	254	283	359	174	2,662	2,345	317
Outpatient Visits (excluding Clinics)	7,129	6,980	7,402	7,390	79,705	91,400	(11,695)
Emergency Room Visits	2,646	2,609	2,952	2,835	30,974	35,914	(4,940)
EI Centro Rural Health Clinic Visits	4,458	3,584	4,350	4,399	43,064	47,162	(4,098)
Calexico Rural Health Clinic Visits	3,123	2,906	2,874	3,033	33,000	33,419	(419)
Rural Health Clinic Visits - Total	7,581	6,490	7,224	7,432	76,064	80,581	(4,517)
Wound Healing Center Visits	186	201	194	199	2,092	1,938	154
Oncology Center Visits	637	693	805	755	7,654	7,720	(66)
Oncology Center Infusion Procedures	1,273	1,292	1,450	1,536	14,936	14,965	(29)
Surgeries without C-Sections	381	505	405	507	5,151	5,745	(594)
DaVinci Cases	34	46	36	51	545	386	159

### Rolling-12 Volume Trend



## ECRMC BALANCE SHEET COMPARED TO PRIOR MONTH

	May 31, 2024	April 30, 2024	Variance (\$)	Variance (%)
<b>Assets</b>				
Current Assets:				
Cash and Cash Equivalents	\$ 16,691,134	\$ 19,197,843	\$ (2,506,710)	-13%
Net Patient Accounts Receivable	17,580,937	16,970,867	610,069	4%
Other Receivables	120,667	96,387	24,280	25%
Due from Third-Party Payors	17,766,922	20,327,638	(2,560,715)	-13%
Inventories	2,746,276	2,720,045	26,232	1%
Prepaid Expenses & Other	1,958,319	2,281,749	(323,430)	-14%
<b>Total Current Assets</b>	<b>56,864,255</b>	<b>61,594,530</b>	<b>(4,730,275)</b>	<b>-8%</b>
Assets Limited as to Use				
Restricted Building Capital Fund	100,895	86,200	14,694	17%
Funds Held by Trustee for Debt Service	13,124,488	11,799,800	1,324,688	11%
Restricted Programs	11,497	11,497	-	0%
<b>Total Assets Limited as to Use</b>	<b>13,236,880</b>	<b>11,897,497</b>	<b>1,339,382</b>	<b>11%</b>
Property, Plant, and Equipment: Net	148,968,832	148,031,654	937,178	1%
Other Assets	647,238	647,238	-	0%
<b>Total Assets</b>	<b>219,717,205</b>	<b>222,170,919</b>	<b>(2,453,715)</b>	<b>-1%</b>
<b>Deferred Outflows of Resources</b>				
Deferred Outflows of Resources - Pension	7,083,833	7,470,100	(386,267)	-5%
<b>Total Deferred Outflows of Resources</b>	<b>7,083,833</b>	<b>7,470,100</b>	<b>(386,267)</b>	<b>-5%</b>
<b>Total Assets and Deferred Outflows of Resources</b>	<b>\$ 226,801,038</b>	<b>\$ 229,641,019</b>	<b>\$ (2,839,982)</b>	<b>-1%</b>
<b>Liabilities</b>				
Current Liabilities:				
Current Portion of Bonds	1,340,000	1,335,000	5,000	0%
Current Portion of Capital Lease Obligations	1,178,204	1,215,467	(37,262)	-3%
Accounts Payable and Accrued Expenses	21,516,738	22,255,321	(738,583)	-3%
Accrued Compensation and Benefits	8,940,864	8,279,133	661,731	8%
Due to Third-Party Payors	5,606,544	7,846,541	(2,239,997)	-29%
<b>Total Current Liabilities</b>	<b>38,582,350</b>	<b>40,931,462</b>	<b>(2,349,112)</b>	<b>-6%</b>
Long-Term Bond Payable, Less Current Portion	112,835,006	112,926,273	(91,267)	0%
Capital Lease Obligations, Less Current Portion	5,352,174	5,522,719	(170,545)	-3%
Notes Payable, Less Current Portion	28,000,000	28,000,000	-	0%
Net Pension Liability	54,174,600	54,174,600	-	0%
<b>Total Liabilities</b>	<b>238,944,129</b>	<b>241,555,054</b>	<b>(2,610,924)</b>	<b>-1%</b>
<b>Deferred Inflows of Resources</b>				
Deferred Inflows of Resources - Pension	113,800	113,800	-	0%
<b>Total Deferred Inflows of Resources</b>	<b>113,800</b>	<b>113,800</b>	<b>-</b>	<b>0%</b>
<b>Net Position</b>				
Restricted Fund Balance	17,141	17,238	(97)	-1%
Fund Balance	(12,274,033)	(12,045,073)	(228,961)	2%
<b>Total Net Position</b>	<b>(12,256,892)</b>	<b>(12,027,834)</b>	<b>(229,058)</b>	<b>2%</b>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<b>\$ 226,801,038</b>	<b>\$ 229,641,019</b>	<b>\$ (2,839,982)</b>	<b>-1%</b>
Days Cash on Hand	41.27	48.51		
Days Revenue in A/R	39.36	39.05		
Days in A/P	76.98	77.35		
Current Ratio	1.47	1.50		
Debt Service Coverage Ratio	1.04	0.84		

## STATEMENTS OF OPERATIONS COMPARISON TO BUDGET

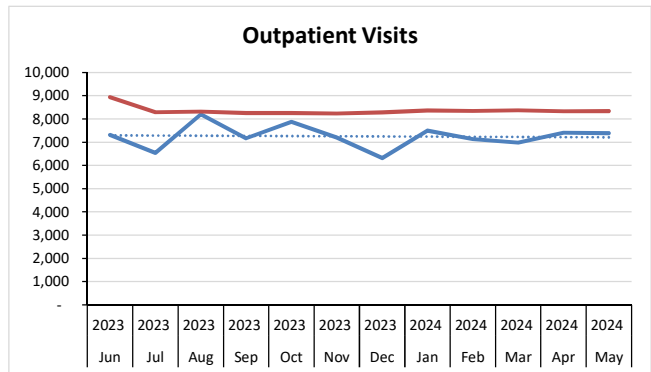
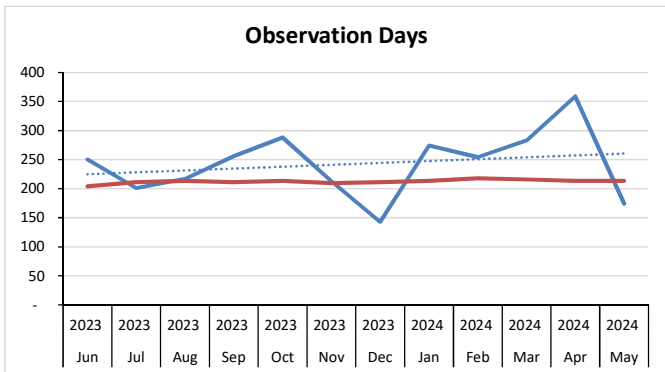
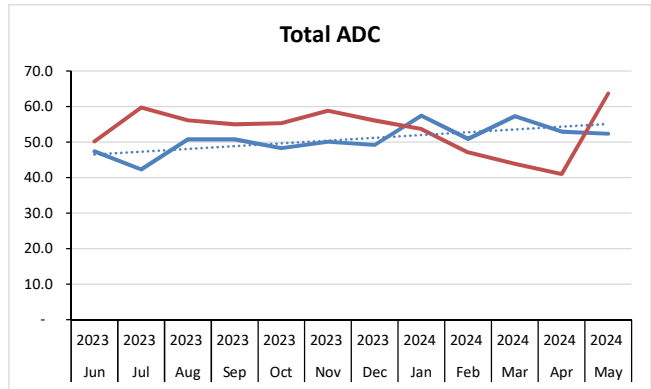
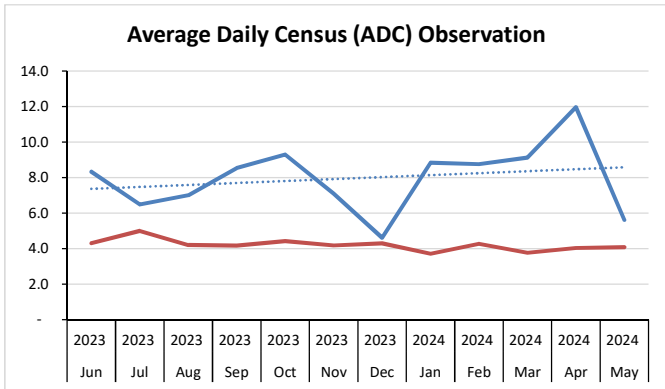
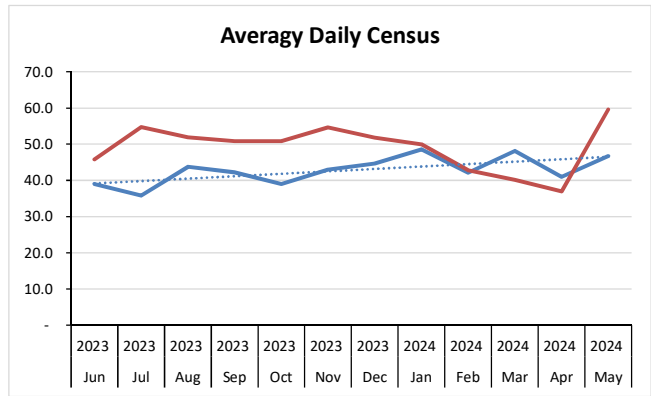
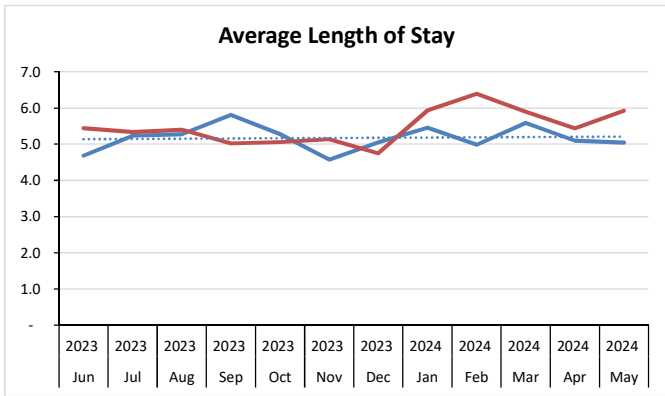
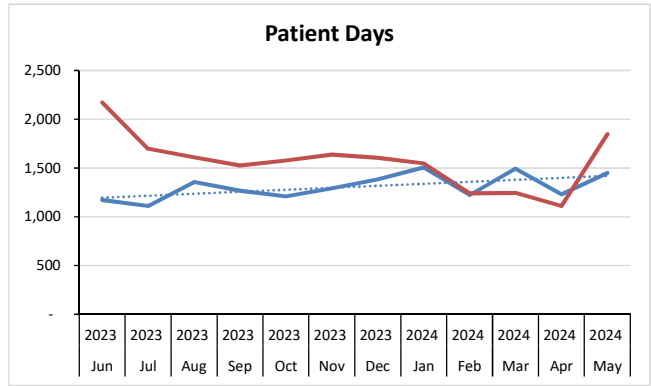
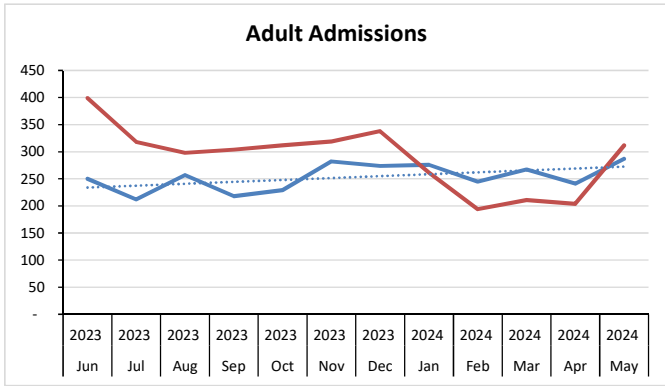
	MTD February 28, 2024	MTD March 31, 2024	MTD April 30, 2024	MTD May 31, 2024	YTD May 31, 2023	YTD May 31, 2024	YTD BUDGET May 31, 2024
Adult Admissions	245	267	241	287	3,371	2,788	3,071
Adult Patient Days (excl. Observation)	1,222	1,492	1,229	1,448	16,473	14,512	16,641
Outpatient Visits (excl. Clinics)	7,129	6,980	7,402	7,390	87,539	79,705	91,400
Total Clinic Visits (RHCs, ONC, WHC)	8,404	7,384	8,223	8,386	88,155	85,810	90,239
Observation Days	254	283	359	174	2,279	2,662	2,345
<b>OPERATING REVENUE</b>							
I/P Revenue	\$ 14,114,339	\$ 16,354,275	\$ 14,035,071	\$ 16,944,735	\$ 183,792,894	\$ 166,511,935	\$ 177,679,832
O/P Revenue - Laboratory	6,412,826	6,044,011	6,825,897	6,944,265	74,351,637	71,736,702	70,221,779
O/P Revenue - CT Scanner	6,653,450	6,905,429	6,936,776	7,213,596	71,810,510	72,286,738	67,111,288
O/P Revenue - Emergency Room	5,675,623	5,574,299	6,396,740	6,154,157	66,515,184	66,076,365	74,451,105
O/P Revenue - Oncology	5,646,663	5,453,631	6,014,866	7,059,275	58,639,669	64,452,248	64,623,537
O/P Revenue - Others	18,047,564	17,913,385	18,163,273	20,123,124	206,712,421	204,032,070	198,424,377
Gross Patient Revenues	56,550,465	58,245,030	58,372,622	64,439,153	661,822,314	645,096,058	652,511,918
Other Operating Revenue	263,128	373,616	284,644	279,585	4,510,016	9,441,918	5,205,770
Total Operating Revenue	56,813,592	58,618,646	58,657,266	64,718,738	666,332,330	654,537,976	657,717,688
Contractuals							
IP Contractuals	10,989,461	13,339,795	9,877,494	13,309,870	143,513,374	129,899,070	143,530,131
OP Contractuals	34,420,804	33,659,734	37,369,888	39,578,650	390,058,498	396,742,986	376,141,962
Charity	165,684	129,953	224,971	544,632	7,760,258	3,285,585	8,167,290
Provision for Bad Debts	545,140	593,603	504,400	260,541	3,990,398	4,774,947	3,621,486
Other Third Party Programs	(1,591,268)	(4,649,730)	(1,591,268)	(2,598,823)	(17,326,007)	(22,162,384)	(17,503,944)
M/Cal Disproportionate Share	(226,793)	(226,793)	(226,793)	(226,793)	(2,918,435)	(3,510,451)	(2,494,721)
Total Deductions	44,303,029	42,846,563	46,158,693	50,868,077	525,078,086	509,029,753	511,462,204
Total Net Revenues	12,510,563	15,772,084	12,498,573	13,850,661	141,254,244	145,508,223	146,255,484
<b>EXPENSES</b>							
Salaries & Wages	4,778,741	5,066,422	4,793,444	5,109,342	58,260,576	54,472,840	51,673,278
Registry	15,452	22,488	7,624	12,691	8,537,188	609,439	1,127,026
Employee Benefits	1,345,138	1,564,839	1,508,508	1,345,720	16,203,586	14,131,169	14,646,950
Employee Benefits - Pension GASB 68	386,267	375,916	386,267	386,267	3,788,915	4,218,468	3,515,600
Professional Fees - Medical	1,175,964	1,214,100	1,281,749	1,223,422	15,204,402	14,084,275	16,176,447
Professional Fees - Non-Med	(49,453)	266,360	263,593	229,343	3,566,823	2,664,265	2,624,728
Supplies - Medical	2,063,151	2,192,892	1,983,702	2,633,567	25,307,128	24,845,247	24,734,443
Supplies - Non-Medical	205,180	155,882	141,239	145,664	2,056,909	1,639,016	2,356,852
Food	89,391	69,455	70,247	81,950	919,331	856,678	892,253
Repairs and Maintenance	585,744	712,096	492,733	662,820	7,775,286	6,596,505	8,678,632
Other Fees	575,409	615,216	714,596	645,472	7,216,160	6,699,884	7,334,850
Lease and Rental	33,293	86,513	91,226	31,041	771,664	375,940	513,228
Utilities	204,420	232,660	207,531	189,737	2,086,511	2,317,723	2,169,140
Depreciation and Amortization	647,685	630,385	648,837	667,063	7,642,406	7,374,543	8,069,998
Insurance	163,738	173,843	163,584	81,270	2,259,993	2,157,017	2,222,463
Other Expenses	129,748	175,364	153,939	145,908	1,434,527	1,484,087	1,631,432
Total Operating Expenses	12,349,867	13,554,432	12,908,819	13,591,279	163,031,405	144,527,097	148,367,320
Operating Income	160,696	2,217,652	(410,246)	259,382	(21,777,161)	981,126	(2,111,836)
Operating Margin %	1.3%	14.1%	-3.3%	1.9%	-15.4%	0.7%	-1.4%
Non-Operating Revenue and Expenses							
Investment Income	151,000	85,366	126,401	102,005	483,787	1,006,934	199,581
Grants and Contributions Revenue	187,745	245	245	0	636,565	387,517	620,396
Non Operating Revenue/(Expense)	8,408	3,359,262	8,408	8,408	1,140,236	4,775,167	1,827,859
Interest Expense	(623,061)	(604,362)	(596,896)	(598,755)	(6,842,428)	(6,642,198)	(6,662,580)
Total Non-Operating Rev. and Expenses	(275,907)	2,840,511	(461,841)	(488,343)	(4,581,840)	(472,580)	(4,014,743)
(Deficit)/Excess Rev. Over Exp.	\$ (115,211)	\$ 5,058,163	\$ (872,087)	\$ (228,961)	\$ (26,359,001)	\$ 508,546	\$ (6,126,579)
(Deficit)/Excess Rev. Over Exp. %	-0.9%	32.1%	-7.0%	-1.7%	-18.7%	0.3%	-4.2%
EBIDA	1,541,802	6,668,826	759,913	1,423,125	(8,085,251)	18,743,754	12,121,598
EBIDA %	12.3%	42.3%	6.1%	10.3%	-5.7%	12.9%	8.3%

**EI Centro Regional Medical Center**  
**Monthly Cash Flow**

Unaudited

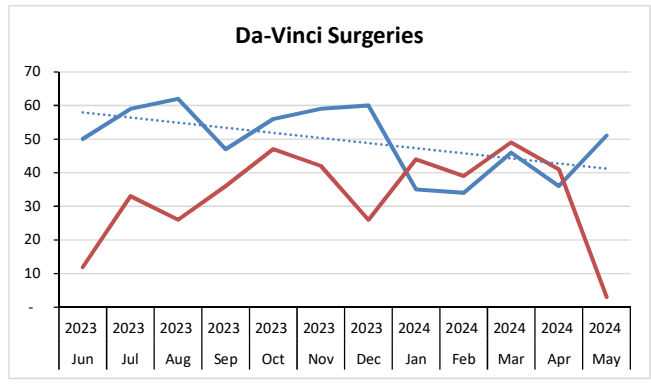
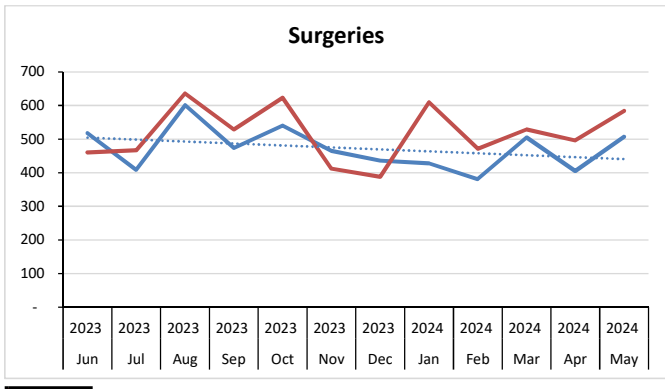
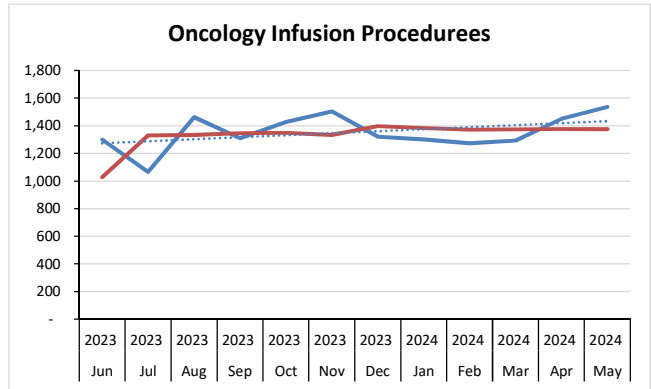
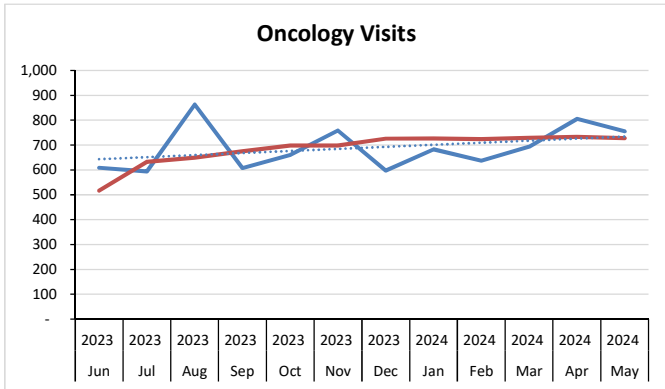
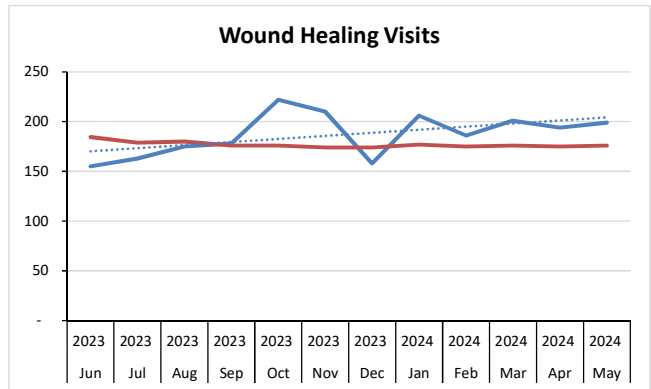
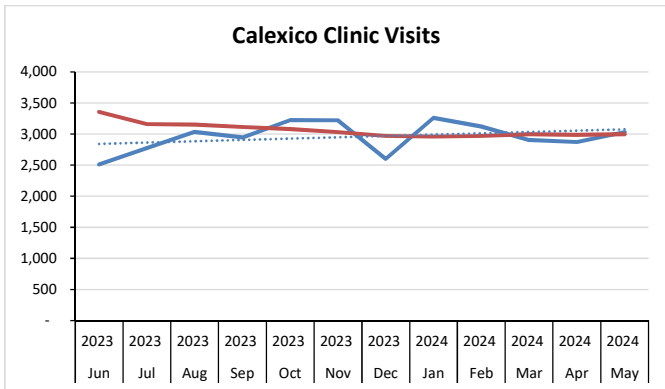
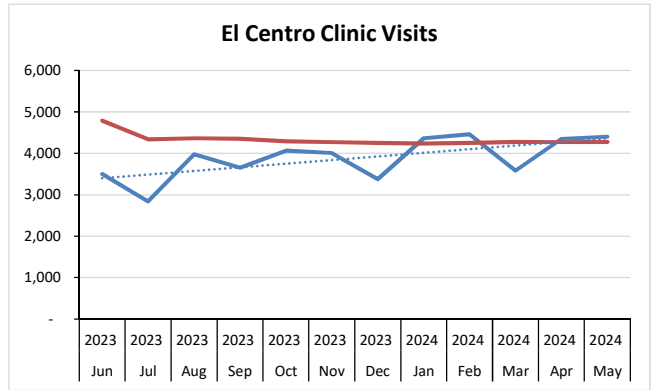
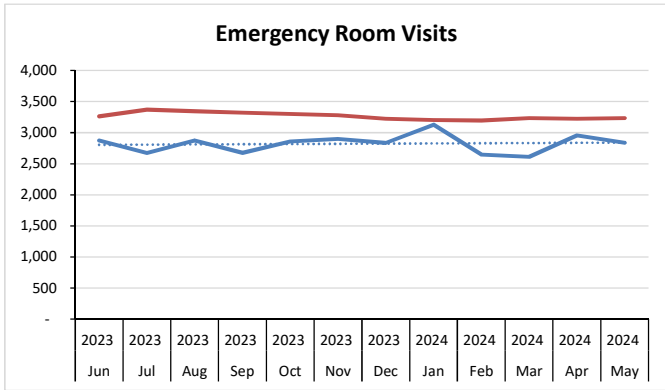
	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	Year-to-Date 2024
<b>Cash Flow From Operating Activities</b>												
Net Income/(Loss)	\$ (1,693,276)	\$ 83,018	\$ (2,341,907)	\$ (1,916,852)	\$ (282,630)	\$ (1,673,427)	\$ 4,491,716	\$ (115,211)	\$ 5,058,163	\$ (872,087)	\$ (228,961)	\$ 508,546
<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	667,063	\$ 7,374,543
Capital Lease Interest	10,925	10,082	9,561	8,804	12,188	10,271	9,266	7,433	9,696	6,302	6,331	\$ 100,858
Bond Interest	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	588,073	\$ 6,468,805
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)	(610,069)	\$ (4,198,254)
Other Receivables	53,835	(135,607)	3,196	90,258	(63,653)	54,942	77,270	(27,723)	(86,039)	87,327	(24,280)	\$ 29,526
Inventory	(90,320)	62,497	3,184	(17,349)	3,621	(37,635)	14,872	97,748	3,790	(5,875)	(26,232)	\$ 8,302
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	323,430	\$ 1,553,226
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	(1,412,924)	\$ (2,800,934)
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	661,731	\$ 1,086,324
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)	320,718	\$ 13,755,225
Net Pension Obligation	386,267	386,267	386,267	376,430	386,267	375,986	386,267	386,267	375,916	386,267	386,267	\$ 4,218,468
<b>Net Cash From Operating Activities</b>	\$ (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	\$ 651,148	\$ 28,104,635
<b>Cash Flow From Investing Activities</b>												
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)	\$ (1,604,241)	\$ (8,913,072)
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)	(1,339,479)	\$ 1,156,000
<b>Net Cash From Investing Activities</b>	\$ 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)	\$ (2,943,720)	\$ (7,757,072)
<b>Cash Flow From Financing Activities</b>												
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)	(214,138)	\$ (2,813,003)
Notes Payable	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>Net Cash From Financing Activities</b>	\$ (4,981,262)	\$ (303,673)	\$ (272,050)	\$ 30,075	\$ (403,389)	\$ (301,363)	\$ (252,661)	\$ (3,561,438)	\$ (369,918)	\$ (170,473)	\$ (214,138)	\$ (10,800,290)
<b>Total Change In FY 2024 Cash</b>	\$ (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)	\$ (2,506,710)	\$ 9,547,272
<b>Cash &amp; Cash Equivalents, Beginning Balance</b>	\$ 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	\$ 19,197,843	\$ 7,143,861
<b>Cash &amp; Cash Equivalents, Ending Balance</b>	\$ 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	\$ 16,691,134	\$ 16,691,134

# 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, Chief Financial Officer  
**DATE:** June 24, 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 Valsey

El Centro Regional Medical Center  
Cash Flow Forecast dated: June 01, 2024

Actual/Projection	Actual	Actual	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
<b>Beginning Wells Fargo cash balance</b>	<b>22,354</b>	<b>21,585</b>	<b>17,952</b>	<b>24,997</b>	<b>23,501</b>	<b>20,555</b>	<b>17,413</b>	<b>16,471</b>	<b>15,212</b>	<b>14,200</b>	<b>11,378</b>	<b>8,618</b>	<b>3,480</b>	<b>6,073</b>	<b>6,535</b>	<b>15,080</b>
<b>Cash receipts</b>																
Patient receipts	8,758	9,689	13,037	10,549	13,187	10,549	10,549	13,187	10,549	10,549	10,549	13,187	10,549	13,187	10,549	5,275
Cerner Implementation - AR Slowdown	-	-	-	-	-	-	-	(750)	(1,200)	(1,425)	(938)	631	818	1,023	818	409
Pharmacy receipts	20	(66)	312	312	390	312	312	390	312	312	312	390	312	390	312	156
Collector deposits	-	-	77	77	97	77	77	97	77	77	77	97	77	97	77	39
Rent collection	-	-	3	3	3	3	3	3	3	3	3	3	3	3	3	1
Cafeteria receipts	6	1	5	5	6	5	5	6	5	5	5	6	5	6	5	2
Other receipts	311	10	79	79	99	79	79	99	79	79	79	99	79	99	79	39
<b>Total operating receipts</b>	<b>9,095</b>	<b>9,634</b>	<b>13,513</b>	<b>11,025</b>	<b>13,781</b>	<b>11,025</b>	<b>11,025</b>	<b>13,031</b>	<b>9,825</b>	<b>9,600</b>	<b>10,087</b>	<b>14,412</b>	<b>11,843</b>	<b>14,804</b>	<b>11,843</b>	<b>5,922</b>
<b>Total operating disbursements</b>	<b>(10,474)</b>	<b>(16,559)</b>	<b>(11,472)</b>	<b>(11,250)</b>	<b>(15,110)</b>	<b>(11,423)</b>	<b>(11,423)</b>	<b>(13,361)</b>	<b>(11,134)</b>	<b>(11,134)</b>	<b>(11,077)</b>	<b>(14,822)</b>	<b>(11,134)</b>	<b>(13,130)</b>	<b>(11,192)</b>	<b>(5,683)</b>
<b>Cash flow from operations</b>	<b>(1,379)</b>	<b>(6,925)</b>	<b>2,041</b>	<b>(225)</b>	<b>(1,329)</b>	<b>(398)</b>	<b>(398)</b>	<b>(329)</b>	<b>(1,310)</b>	<b>(1,535)</b>	<b>(989)</b>	<b>(410)</b>	<b>709</b>	<b>1,674</b>	<b>651</b>	<b>239</b>
Supplemental receipts	1,699	7,060	8,099	224	(116)	(1,766)	434	(116)	1,621	434	(566)	(3,000)	3,088	-	9,100	-
Capital expenditures	(1,050)	(1,528)	(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)	-
Other loan payments	(39)	(2,240)	-	-	-	-	-	-	-	-	-	-	-	(518)	(518)	(518)
Transfers (to)/from bond funds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transfers (to)/from UBS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Restructuring Cost	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Net non-operating cash flows</b>	<b>610</b>	<b>3,292</b>	<b>5,004</b>	<b>(1,271)</b>	<b>(1,617)</b>	<b>(2,744)</b>	<b>(544)</b>	<b>(929)</b>	<b>297</b>	<b>(1,287)</b>	<b>(1,770)</b>	<b>(4,728)</b>	<b>1,884</b>	<b>(1,212)</b>	<b>7,894</b>	<b>(531)</b>
<b>Net cash flow excl. sweep transfers</b>	<b>(769)</b>	<b>(3,633)</b>	<b>7,046</b>	<b>(1,496)</b>	<b>(2,947)</b>	<b>(3,142)</b>	<b>(942)</b>	<b>(1,258)</b>	<b>(1,012)</b>	<b>(2,822)</b>	<b>(2,760)</b>	<b>(5,138)</b>	<b>2,593</b>	<b>462</b>	<b>8,545</b>	<b>(292)</b>
<b>Beginning unrestricted cash</b>	<b>21,761</b>	<b>20,992</b>	<b>17,358</b>	<b>24,404</b>	<b>22,908</b>	<b>19,962</b>	<b>16,819</b>	<b>15,877</b>	<b>14,619</b>	<b>13,606</b>	<b>10,785</b>	<b>8,025</b>	<b>2,887</b>	<b>5,480</b>	<b>5,942</b>	<b>14,487</b>
Total net cash flow	(769)	(3,633)	7,046	(1,496)	(2,947)	(3,142)	(942)	(1,258)	(1,012)	(2,822)	(2,760)	(5,138)	2,593	462	8,545	(292)
<b>Ending unrestricted cash</b>	<b>20,992</b>	<b>17,358</b>	<b>24,404</b>	<b>22,908</b>	<b>19,962</b>	<b>16,819</b>	<b>15,877</b>	<b>14,619</b>	<b>13,606</b>	<b>10,785</b>	<b>8,025</b>	<b>2,887</b>	<b>5,480</b>	<b>5,942</b>	<b>14,487</b>	<b>14,195</b>

**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** David Momberg, Chief Financial Officer  
**DATE:** June 24, 2024  
**MEETING:** Board of Trustees  
**SUBJECT:** FY 2025 Annual Operating Budget



**BUDGET IMPACT:**

- A. Does the action impact/affect financial resources?  Yes  No  
B. If yes, what is the impact amount:

**BACKGROUND:**

Management conducted a review and assessment of the matters necessary to respond to the ongoing constraints on the hospital system's clinical, financial, and operational resources. The Chief Executive Officer has discussed with and apprised the Board on the proposed annual budget for the for the upcoming fiscal year ending June 30, 2025. After careful consideration, management prepared this plan to guide strategic and operational direction during these challenging times.

**DISCUSSION:**

A summary of the proposed FY 2024 Budget is as follows:

- \$166 million Net Revenue
- (\$477) thousand Net Deficit
- \$19 million EBITDA
- \$15 million Capital Projects (subject to available funding)

**RECOMMENDATION:**

- a) Approve FY 2025 Budget and authorize funds required to operationalize and cover planned expenses or
- b) Reject and incorporate proposed modifications.

**ATTACHMENT(S):**

- FY 2025 Budget for Board Approval

Approved for agenda, Chief Executive Officer

Date and Signature: Pablo Valencia



# Operating & Capital Budget for FYE June 2025

Board of Trustees

June 24, 2024

# Executive Summary

Health systems across the country are still recovering from low patient volume and revenue shortfalls tied to the pandemic. At the same time, costs for medical/non-medical supplies, drug costs, and labor are rising. Even three years after COVID-19 emerged, many patients continue to put off non-emergency procedures, which continues to squeeze revenue.

We acknowledge ongoing margin compression is not sustainable. The focus for the next fiscal year will be to stabilize and strengthen the operational foundation to weather these challenges to continue to provide high quality care in this community.

Our key strengths continue to be our affiliation with UCSD and our ability to deliver quality care. ECRMC continues to review/renegotiate both payer and supply contracts, develop new service lines and look for opportunities to expand existing service lines.



# Significant Impacts from FY2024

- Cancelled Lease Savings – \$250K Annually
- GPO Recognized Savings - \$3.71 million
- Right size organization savings – \$5 million
- Reduction in Registry usage - \$7.5 million
- New payor contract reimbursements - \$4 million

# FY 2025 Budget

Presented for Approval



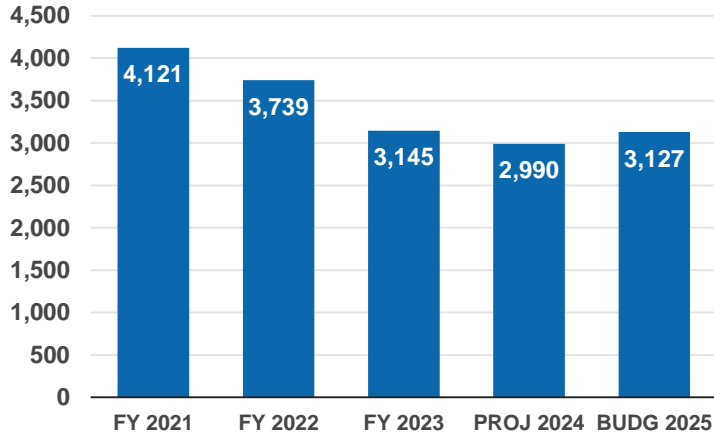
# Key Budget Assumptions

- Medical Supply Cost/Visit
- Non-Medical Supply Cost/Visit
- 2% increase in all service lines
- \$3M reduction in DSH cuts expected – May be pushed to 2026
- Depreciation increase due Da Vinci upgrade and ASB delivery
- Assumed 19% collection rate - 2024 collection rate was 18%
- 3% inflation factor
- 4% inflation for medications
- 2% pay increase due to SB 525

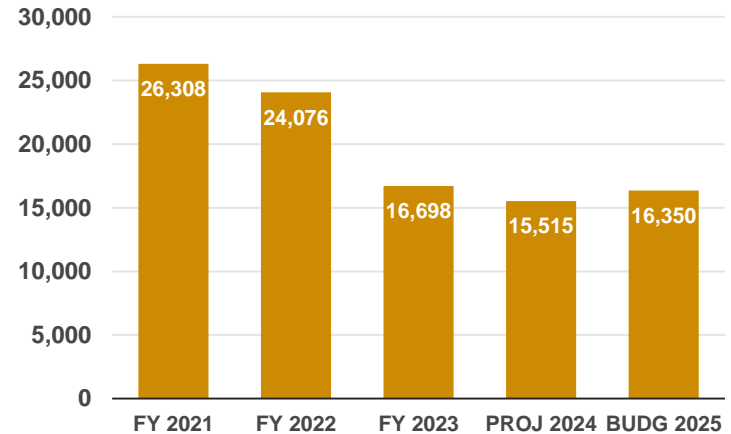


# Trends: Inpatient Admissions

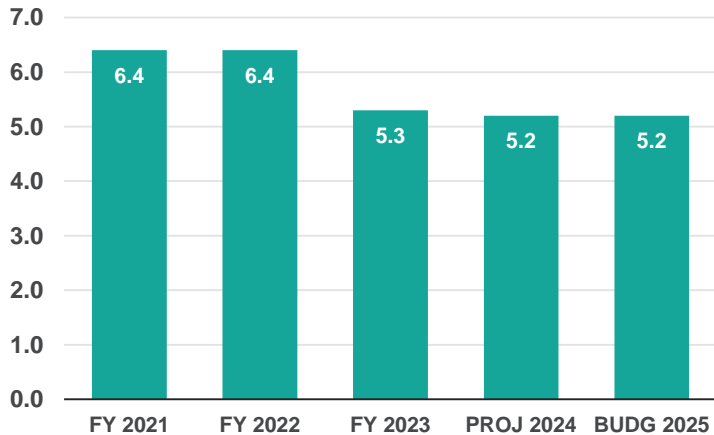
## ADMISSIONS



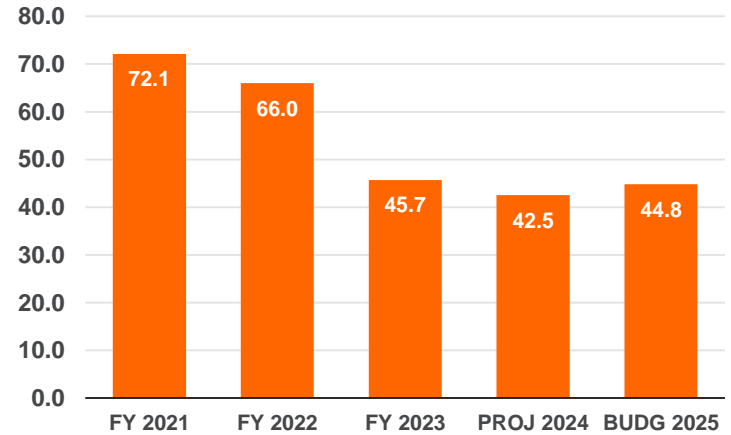
## PATIENT DAYS



## AVERAGE LENGTH OF STAY

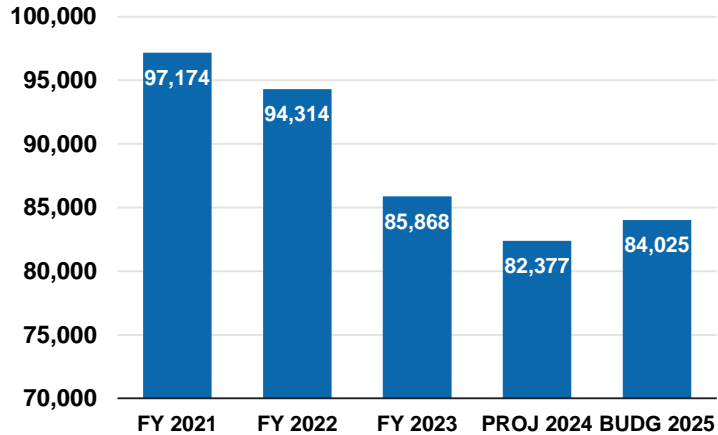


## AVERAGE DAILY CENSUS

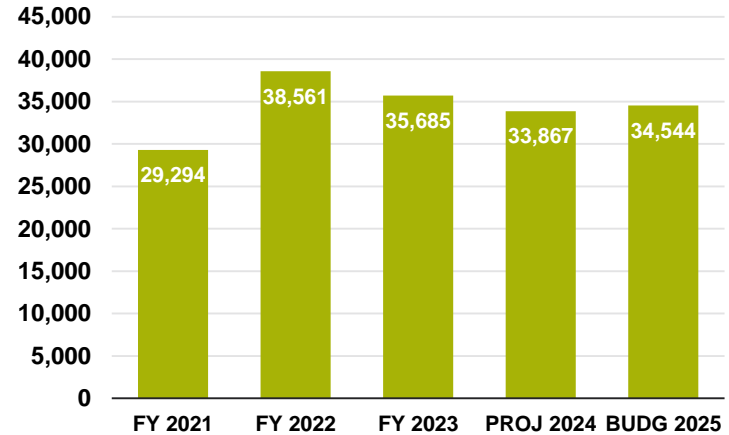


# Trends: Outpatient Visits

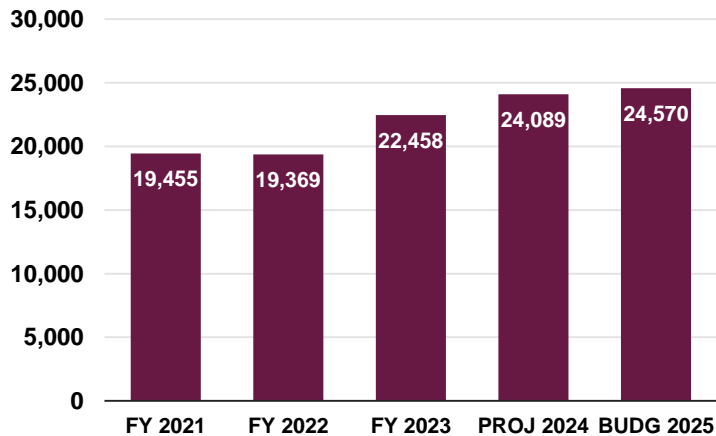
## RURAL HEALTH CLINIC VISITS



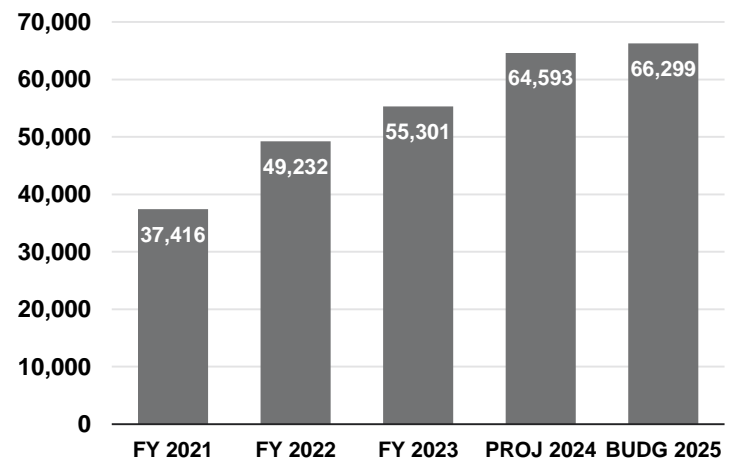
## EMERGENCY ROOM VISITS



## ONCOLOGY VISITS



## RADIOLOGY VOLUMES



Income Statement FY 2025 Budget	Audited			2025 B vs 2023		2025 B vs 2024 P	
	FYE 2023	FYE 2024	FYE 2025	\$ change	% change	\$ change	% change
Adult Admissions	3,621	2,990	3,127	(494)	-15.8%	137	4.4%
Adult Patient Days (excl. Observation)	17,644	15,515	16,350	(1,294)	-7.9%	835	5.1%
Avg. Daily Census	48.3	42.5	44.8	(4)	-7.9%	2	5.1%
Outpatient Visits (excl. Clinics)	94,857	72,315	94,930	73	0.1%	22,615	23.8%
Total Clinic Visits (RHCs, ONC, WHC)	85,868	82,377	84,025	(1,843)	-2.2%	1,648	2.0%
Inpatient revenue	199,689	178,767	183,935	(15,754)	-8.6%	5,168	2.8%
Outpatient revenue	521,557	517,292	530,169	8,612	1.6%	12,877	2.4%
Gross Patient Revenue	<b>721,246</b>	<b>696,059</b>	<b>714,104</b>	<b>(7,142)</b>	<b>-1.0%</b>	<b>18,045</b>	<b>2.5%</b>
Other revenue	3,853	12,753	7,411	3,558	48.0%	(5,342)	-72.1%
IP Contractuals	156,420	140,430	144,472	(11,948)	-8.3%	4,042	2.8%
OP Contractuals	434,755	432,265	425,460	(9,295)	-2.2%	(6,805)	-1.6%
Charity	2,731	144	3,002	271	9.0%	2,858	95.2%
Provision for bad debts	4,112	5,125	3,920	(192)	-4.9%	(1,205)	-30.7%
Other Third Party Programs	(4,369)	(5,241)	(2,013)	2,356	-117.0%	3,228	-160.4%
M/Cal Disproportionate Share	(16,361)	(18,988)	(19,948)	(3,587)	18.0%	(960)	4.8%
Deductions from Revenue	<b>577,288</b>	<b>553,735</b>	<b>554,893</b>	<b>(22,395)</b>	<b>-4.0%</b>	<b>1,158</b>	<b>0.2%</b>
<b>\$ thousands</b>							
<b>Patient Revenue</b>	<b>\$ 147,811</b>	<b>\$ 155,077</b>	<b>\$ 166,622</b>	<b>\$ 18,811</b>	<b>11.3%</b>	<b>\$ 11,545</b>	<b>6.9%</b>
Salaries and wages	63,018	59,255	61,298	(1,720)	-2.8%	2,043	3.3%
Registry	8,719	850	356	(8,363)	-2349.2%	(494)	-138.8%
Benefits	21,633	19,173	20,284	(1,349)	-6.7%	1,111	5.5%
Subtotal: Labor	93,370	79,278	81,938	(11,432)	-14.0%	2,660	3.2%
% Revenue	63%	51%	49%				
Professional fees - medical	15,300	15,548	15,041	(259)	-1.7%	(507)	-3.4%
Professional fees - non-medical	3,881	2,857	2,466	(1,415)	-57.4%	(391)	-15.9%
Supplies - medical	28,132	27,053	28,883	751	2.6%	1,830	6.3%
Supplies - non-medical	2,252	1,794	1,965	(287)	-14.6%	171	8.7%
Food	1,009	953	1,174	165	14.1%	221	18.8%
Repairs and Maintenance	8,246	7,093	7,971	(275)	-3.5%	878	11.0%
Other fees	7,809	7,087	7,594	(215)	-2.8%	507	6.7%
Lease and rental	501	251	544	43	7.9%	293	53.9%
Utilities	2,263	2,532	2,642	379	14.3%	110	4.2%
Depreciation and amortization	8,925	8,142	8,283	(642)	-7.8%	141	1.7%
Insurance	2,417	2,607	2,492	75	3.0%	(115)	-4.6%
Other	1,473	1,513	1,593	120	7.5%	80	5.0%
<b>Operating Expense</b>	<b>175,578</b>	<b>156,708</b>	<b>162,586</b>	<b>(12,992)</b>	<b>-8.0%</b>	<b>5,878</b>	<b>3.6%</b>
<b>Operating Margin/(Deficit)</b>	<b>\$ (27,767)</b>	<b>\$ (1,631)</b>	<b>\$ 4,036</b>	<b>\$ 31,803</b>	<b>788.0%</b>	<b>\$ 5,667</b>	<b>140.4%</b>
Other Income:							
Investment Income	339	547	376	37	9.8%	(171)	-45.5%
Grant Revenue	704	581	606	(98)	-16.2%	25	4.1%
Non Operating Revenue/(Expense)	1,366	2,592	1,626	260	16.0%	(966)	-59.4%
Interest Expense	(7,488)	(7,264)	(7,121)	367	-5.2%	143	-2.0%
<b>Total Other Income</b>	<b>(5,079)</b>	<b>(3,544)</b>	<b>(4,513)</b>	<b>566</b>		<b>566</b>	
<b>(Deficit)/Excess Revenues Over Expenses</b>	<b>\$ (32,846)</b>	<b>\$ (5,175)</b>	<b>\$ (477)</b>	<b>\$ 32,369</b>	<b>-6786.0%</b>	<b>\$ 4,698</b>	<b>-984.9%</b>
(Deficit)/Excess Revenues Over Expenses %	-22.2%	-3.3%	-0.3%				
<b>EBIDA</b>	<b>\$ (12,106)</b>	<b>\$ 14,066</b>	<b>\$ 18,984</b>	<b>\$ 31,090</b>	<b>163.8%</b>	<b>\$ 4,918</b>	<b>25.9%</b>
EBIDA %	-8.2%	9.1%	11.4%				

## FY 2025 Budget Summary

- \$166.6M Revenue
- \$4.0M Operating Margin
- (\$477K) Net Deficit
- **\$18.9M EBIDA**

## Operational Plan

- Manage controllable costs.
- Improve processes for efficiency and to eliminate waste
- Develop incremental business

## Objective

- Generate positive EBIDA (operating cash flow) for sustainable operations!



# Projected Cash Flow for FY 2025 Budget

DHLP loan repayment starts April 2025. Provided long term cash stability to focus on turnaround plan.

## Areas of Focus:

- Improve Operating cash flow
- Complete EMR transition, mitigate risks
- Pay down outstanding payables
- Execute and implement capital projects timely and efficiently

## Statement of Cash Flows 2025 Budget - Final for Approval

	Projected FYE 2024	Budget FY 2025
\$ thousands		
<b>Net Income / (Loss)</b>	<b>\$ (5,175)</b>	<b>\$ (477)</b>
Operating adjustments:		
Depreciation	8,142	8,283
Interest	7,264	7,121
Change in A/R	3,588	3,609
Change in A/P	621	-
Other - Estimate	3,835	4,057
<b>Cash Flow from Operations</b>	<b>\$ 18,275</b>	<b>\$ 22,593</b>
Bond Payment	(8,091)	(8,091)
Leases	(1,872)	(1,872)
Capital Expenditures		
Construction Project - Seismic / ASB	(8,200.0)	(7,500)
Cerner - operating cash, not capitalize	(3,500.0)	(3,500)
Maintenance - Misc	(2,000.0)	(2,000)
<b>Estimated Net Cash (Need)</b>	<b>\$ (5,388)</b>	<b>\$ (370)</b>



# Planned Capital Projects

(Subject to Available Funding)

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## Estimated Investment: \$15 million

Seismic Compliance (SPD-4D Retrofit) *	\$7.5	Projected to complete project early CY 2025
Omnicell Medication Management System *	\$2.1	Projected completion date – 12/2024
General Maintenance	\$2.0	General Maintenance includes AC replacements, Nurse Call system upgrade
Cerner / EMR	\$3.5	Project Completion date – 11/2024

# Focus Areas for FYE 2025



Complete EMR transition, mitigate risks



Improve Operating cash flow



Identify funding sources to meet projected cash requirements



Execute and implement capital projects timely and efficiently



Provide quality health care for the Imperial Valley

