



EL CENTRO REGIONAL MEDICAL CENTER  
BOARD OF TRUSTEES – REGULAR MEETING

**TUESDAY, MARCH 28, 2023**  
**5:30 PM**

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

**PRESIDENT:** Tomas Oliva

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

**CLERK:** Belen Gonzalez

**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/84164337720?pwd=WWt3SmdSWjlsS0ZQcTBhV1pRQXhDdz09>

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

Meeting ID: 841 6433 7720 Passcode: 480630

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 Special Meeting of February 6, 2023.
2. Review and Approval of Board of Trustees Minutes of Special Meeting of February 13, 2023.
3. Review and Approval of Board of Trustees Minutes of Special Joint Meeting of February 27, 2023.

4. Review and Approval of Board of Trustees Minutes of Regular Meeting of February 27, 2023.

**NEW BUSINESS**

5. Review and Approval of Triennial Policy: ECRMC’s Health Care Worker Immunizations

**FINANCE and OPERATIONAL UPDATE**

6. Presentation of Financial Statements for Month and Year-to-Date as of February 2023—**Informational**
7. Presentation of Current Weekly Cash Budget—**Informational**
8. Review and Approval New Service Agreements/ Renewals: 1) Johnson Controls Service Agreement, 2) Premier Healthcare Solutions, and 3) Omnicell Transitions Support.
9. Review and Approval of Payment to Invoices above CEO limit (\$100,000).
10. Review and Approval to Transfer Remaining Balance in UBS Cash Management Fund (Liquid Investment) to Wells Fargo General Fund (Checking Account).

**RECESS TO CLOSED SESSION:**

- 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.
- CONFERENCE WITH LEGAL COUNSEL**—Anticipated Litigation, Significant exposure to litigation pursuant to Government Code Section 54956.9(d)(2)—1 claim: *Heerboth Claim*
- PUBLIC EMPLOYMENT**—The Hospital Board will recess to closed session pursuant to Govt. Code Section 54957 for the purpose of discussion and/or deliberation of the Public Employment of the Chief Executive Officer, Chief Financial Officer
- 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>1</u>
<u>X</u> hospital facility	<u>1</u>

**RECONVENE TO OPEN SESSION – BOARD PRESIDENT**

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

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

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



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

Zoom Meeting link: <https://ecrmc.zoom.us/j/84935079507?pwd=eUdHYjgrMVR0TW5tVTILQjErWWpRQT09>

**Monday, February 6, 2023**

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>ROLL CALL</b>	<p><b>PRESENT:</b> Oliva; Cardenas-Singh; Marroquin; Garcia; Carter; Jenusaitis; Outside General Counsel Hope Levy-Biehl; and Executive Board Secretary Belen Gonzalez</p> <p><b>Via Zoom:</b> Maysent</p> <p><b>ABSENT:</b> Tomaszewski</p> <p><b>ALSO PRESENT:</b> Interim City of El Centro Manager Cedric Ceseña; City of El Centro Attorney Elizabeth Martyn;</p> <p><b>ADMINISTRATIVE STAFF:</b> Luis Castro, COO; Suzanne Martinez, CNO; Lenin Valdes, AAOF;</p>	
<b>CALL TO ORDER</b>		The Board of Trustees convened in open session at 5:31 p.m. Board President Oliva called the meeting to order.
<b>OPENING CEREMONY</b>	The Pledge of Allegiance was recited in unison.	None
<b>NOTICE OF MEETING</b>	Notice of meeting was posted and mailed consistent with legal requirements.	None
<b>PUBLIC COMMENTS</b>		None

Special Meeting  
February 6, 2023, 5:30 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>BOARD MEMBER COMMENTS</b>		None
<p><b>NEW BUSINESS:</b>  <b>Item 1. Review and Approval of Temporary Electronic Payment Authorization to Associate Administrator of Finance.</b> <i>(oral presentation by Matthew Jenusaitis)</i>  <b>APPROVE:</b>  <b>RESOLUTION NO. ECRMC 22-14 RESOLUTION OF THE BOARD OF TRUSTEES OF EL CENTRO REGIONAL MEDICAL CENTER GRANTING TEMPORARY AND LIMITED AUTHORITY TO AUTHORIZE CERTAIN ELECTRONIC TRANSFERS UNDER \$100,000 OR LESS</b></p>	<p>Matthew Jenusaitis presented the resolution authorizing the Associate Administrator of Finance to approve certain electronic transfers under \$100,000 under the supervision of Tammy Morita.</p> <p>The Board President, Vice-President, and the City Treasurer shall have the authority to execute checks and other non-electronic documents.</p> <p>Any approvals over \$100,000 would require signatory authority of two (2) of the three (3) authorized above.</p>	<p>MOTION: by Cardenas-Singh, Maysent seconded by and carried to approve RESOLUTION NO. ECRMC 22-14 RESOLUTION OF THE BOARD OF TRUSTEES OF EL CENTRO REGIONAL MEDICAL CENTER GRANTING TEMPORARY AND LIMITED AUTHORITY TO AUTHORIZE CERTAIN ELECTRONIC TRANSFERS UNDER \$100,000 OR LESS.</p> <p>All present in favor; none opposed.</p>
<p><b>Item 2. Review and Approval to Authorize Board of Trustees President to Submit Letter to the Imperial County Board of Supervisors Requesting Community Benefit Funds to Fund the Imperial County Local Agency Formation Commission (LAFCO) Fiscal Analysis for a Form of Healthcare District.</b> <i>(oral presentation by ECRMC Board President)</i></p>	<p>Trustee Oliva explained the request to authorize the Board of Trustees President to sign and submit to the Imperial County Board of Supervisors requesting community benefit funds to fund the Imperial County Local Agency Formation Commission (LAFCO) fiscal analysis for a form of healthcare district.</p>	<p>MOTION: by Garcia, seconded by Marroquin and carried to approve to Authorize Board of Trustees President to Submit Letter to the Imperial County Board of Supervisors Requesting Community Benefit Funds to Fund the Imperial County Local Agency Formation Commission (LAFCO) Fiscal Analysis for a Form of Healthcare District.</p> <p>All present in favor; none opposed.</p>
<b>RECESS TO CLOSED SESSION</b>		MOTION: by Marroquin, seconded by Cardenas-Singh and carried to recess to

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
		Closed Session at 5:43 p.m. for TRADE SECRETS  All present in favor to recess to Closed Session. None opposed.
<b>RECONVENE TO OPEN SESSION</b>		The Board of Trustees reconvened to Open Session at 6:15 p.m.
<b>ANNOUNCEMENT OF CLOSED SESSION ACTIONS</b>		
<b>ADJOURNMENT</b>		There being no further business, meeting was adjourned at approximately 6:17 p.m.

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BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

\_\_\_\_\_  
TOMAS OLIVA, PRESIDENT

Special Meeting  
February 6, 2023, 5:30 p.m.



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

Zoom Meeting link: <https://ecrmc.zoom.us/j/84159417565?pwd=cVRyQXIUMzRXMEJJSERvN2FCMUUsZz09>

**Monday, February 13, 2023**

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>ROLL CALL</b>	<p><b>PRESENT:</b> Oliva; Cardenas-Singh; Marroquin; Garcia; Carter; Maysent; Jenusaitis; Tomaszewski; and Executive Board Secretary Belen Gonzalez</p> <p><b>Via Zoom:</b> Outside General Counsel Hope Levy-Biehl</p> <p><b>ABSENT:</b> -</p> <p><b>ALSO PRESENT:</b> Interim City of El Centro Manager Cedric Ceseña; City of El Centro Attorney Elizabeth Martyn; Veronica Marsich, UCSD Legal Counsel</p> <p><b>ADMINISTRATIVE STAFF:</b> Luis Castro, COO; Suzanne Martinez, CNO; Lenin Valdes, AAOF;</p>	
<b>CALL TO ORDER</b>		The Board of Trustees convened in open session at 5:33 p.m. Board President Oliva called the meeting to order.
<b>OPENING CEREMONY</b>	The Pledge of Allegiance was recited in unison.	None
<b>NOTICE OF MEETING</b>	Notice of meeting was posted and mailed consistent with legal requirements.	None
<b>PUBLIC COMMENTS</b>	None	None

Special Meeting  
February 13, 2023, 5:30 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>BOARD MEMBER COMMENTS</b>	None	None
<p><b>FINANCE and OPERATIONAL UPDATE—Informational</b></p> <p><b>1. Mid-month update on Hospital operations and finances</b></p> <ul style="list-style-type: none"> <li>• <b>Cash Flow Forecast</b> (<i>Tammy Morita</i>)</li> <li>• <b>Traveler Update</b> (<i>Suzanne Martinez</i>)</li> <li>• <b>Schedule of Town Hall Meetings with Physicians</b></li> <li>• <b>Medical Update</b> (<i>Tomaszewski</i>)</li> </ul>	<p><b><i>Cash Flow Forecast</i></b> (<i>Tammy Morita</i>)  Morita presented a summary of the Cash Flow Forecast. The presentation included an explanation of:</p> <ul style="list-style-type: none"> <li>▪ Cash receipts, total operating receipts, total operating disbursements, cash flow from operations, and beginning and ending unrestricted cash.</li> <li>▪ Vendor payments are managed week to week to ensure cash balances are sufficient to meet critical payments such as payroll, bond payments, and other governmental transfer requirements.</li> <li>▪ Major capital projects suspended. Focus would be to cover maintenance requirements.</li> <li>▪ There is a delay in the EHR system implementation from April 2023 to July 2023.</li> </ul> <p><b><i>Traveler Update, Recruitment, and Length of Stay</i></b>  (<i>Suzanne Martinez</i>)  Traveler update:</p> <ul style="list-style-type: none"> <li>▪ Goal is to eliminate travelers by June 30, 2023.</li> <li>▪ There are 17 travelers remaining with the Emergency department having the highest number of travelers due to night shift coverage.</li> </ul> <p>Recruitment efforts:</p> <ul style="list-style-type: none"> <li>▪ explained her interactions with the 4<sup>th</sup> semester Imperial Valley College nursing students.</li> <li>▪ summarized the nurse resident/ nurse intern programs.</li> </ul> <p>Length of stay:</p>	Informational

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
	<ul style="list-style-type: none"> <li>▪ Presented a graph to demonstrate the length of stay gap.</li> <li>▪ explained the efforts and strategies in place to improve the efficiency.</li> </ul> <p><b><i>Schedule of Town Hall Meetings with Physicians</i></b> Trustee Oliva discussed the continuance of Town Hall meetings and importance of updating the staff and community of hospital status and district efforts.</p> <p><b><i>Cheryl Viegas-Walker</i></b> (<i>member of the public</i>): Asked to speak in regard to physician meetings. Explained that there was a meeting in which physicians, hospital employees, representatives of Pioneers Memorial Hospital, and Heffernan were present. El Centro Board Members were invited and not present. She believes there was a lot of misinformation provided and El Centro was not there to clarify the misinformation. She encouraged El Centro Regional Medical Center to send a representative every time there is an ask to attend the physician proposed meetings so that physicians would feel part of the solution.</p> <p>Trustee Oliva explained that there has been physician meetings in which ECRMC board members have attended. Physicians have been previously encouraged to stay for the Financial Cash Flow presentations during Board of Trustees meetings. Explained Board members not always able to attend physician called meetings due to schedule conflicts. There was a letter delivered, in response to the invitation of the past physician meeting that stated that the Board of Trustees would not be able to attend.</p> <p><b><i>Medical Update</i></b> (<i>Tomaszewski</i>)</p>	

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
	<p>Tomaszewski presented the Medical Update:</p> <ul style="list-style-type: none"> <li>▪ has identified a drop in the Emergency Department (ED) volumes from 107 to 92 average per day. Suggested working with the Marketing team to deliver the message that we are still open and we can take care of all patients in the ED.</li> <li>▪ Identified the need to increase Operating Room (OR) volumes and build strategies. Volumes have dropped in the last month from 549 to 394 per month.</li> <li>▪ Addressed the fear/ rumor of taking care of OB/GYN and PEDS patients. Patients continue to be seen at the ED. Discussed the current OB/GYN transfers to Pioneers Memorial Hospital. There was a total of four (4) transfers last month. Two (2) pediatric and two (2) OB/GYN transfers. No issues identified with the transfers.</li> </ul>	
<b>RECESS TO CLOSED SESSION</b>		<p>MOTION: by Cardenas-Singh, seconded by Marroquin and carried to recess to Closed Session at 6:31 p.m. for TRADE SECRETS.</p> <p>All present in favor to recess to Closed Session. None opposed.</p>
<b>RECONVENE TO OPEN SESSION</b>		<p>The Board of Trustees reconvened to Open Session at 8:57 p.m.</p>
<b>ANNOUNCEMENT OF CLOSED SESSION ACTIONS</b>	None	None
<b>ADJOURNMENT</b>		<p>There being no further business, meeting was adjourned at approximately 8:58 p.m.</p>

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BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

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TOMAS OLIVA, PRESIDENT

Special Meeting  
February 13, 2023, 5:30 p.m.



**El Centro Regional Medical Center**  
**BOARD OF TRUSTEES – SPECIAL JOINT MEETING WITH**  
**THE CITY COUNCIL OF THE CITY OF EL CENTRO MINUTES**  
***OPEN SESSION MINUTES***

MOB CONFERENCE ROOMS 1 & 2  
 1271 Ross Avenue, El Centro, CA 92243

Zoom Meeting link: <https://ecrmc.zoom.us/j/86359144724?pwd=cHdFNzRlUjU4eUJkZG5keXdXRzNhQT09>

**Monday, February 27, 2023**

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>ROLL CALL</b>	<p><b>PRESENT:</b> Oliva; Cardenas-Singh; Marroquin; Garcia; Carter; Maysent; Jenusaitis; Tomaszewski; and Executive Board Secretary Belen Gonzalez</p> <p><b>Via Zoom:</b> Outside General Counsel Hope Levy-Biehl</p> <p><b>ABSENT:-</b></p> <p><b>ALSO PRESENT—City of El Centro Representation:</b> Mayor Martha Cardenas-Singh; Pro Tem Sylvia Marroquin; City Council Edgard Garcia; City Council Sonia Carter; City Council Tomas Oliva; City Clerk Norma Wyles; Interim City of El Centro Manager Cedric Ceseña; City of El Centro Attorney Elizabeth Martyn;</p> <p><b>ADMINISTRATIVE STAFF:</b> Luis Castro, COO; Suzanne Martinez, CNO; Lenin Valdes, AAOF;</p>	
<b>CALL TO ORDER</b>		The Board of Trustees convened in open session at 5:00 p.m. Board President Oliva called the meeting to order.
<b>OPENING CEREMONY</b>	The Pledge of Allegiance was recited in unison.	None

Special Joint Meeting  
 February 27, 2023, 5:00 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>1. Review and Approval of Letter of Intent (LOI) between El Centro Regional Medical Center (ECRMC), the City of El Centro, and University of California San Diego Health (UCSD) for Interim Management and Operations of the Hospital while an Operations and Administrative Support Agreement is developed.</b>	<p>The Letter of Intent (LOI) between El Centro Regional Medical Center (ECRMC), the City of El Centro, and University of California San Diego Health (UCSD) for Interim Management and Operations of the Hospital while an Operations and Administrative Support Agreement is developed was presented and discussed between the City Council of the City of El Centro and El Centro Regional Medical Center Board Members.</p> <p>The City Council of the City of El Centro adopted Resolution No. 23-, and approved the Letter of Intent between ECRMC, City of El Centro, and UCSD. Subsequently, El Centro Regional Medical Center Board of Trustees made a motion to approve the letter of intent.</p>	<p><b>MOTION:</b> by Cardenas-Singh, seconded by Garcia and carried to approve Letter of Intent (LOI) between El Centro Regional Medical Center (ECRMC), the City of El Centro, and University of California San Diego Health (UCSD) for Interim Management and Operations of the Hospital while an Operations and Administrative Support Agreement is developed.</p> <p>Maysent and Tomaszewski abstained; all other board members present in favor; none opposed.</p>
<b>ADJOURNMENT</b>		There being no further business, meeting was adjourned at approximately 5:20 p.m.

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BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

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TOMAS OLIVA, PRESIDENT

Special Joint Meeting  
February 27, 2023, 5:00 p.m.



**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/87249599559?pwd=UldZRDZlbnVJKMWduYTNpZ205KzN3QT09>

**Monday, February 27, 2023**

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>ROLL CALL</b>	<p><b>PRESENT:</b> Oliva; Cardenas-Singh; Marroquin; Garcia; Carter; Maysent; Jenusaitis; Tomaszewski; and Executive Board Secretary Belen Gonzalez</p> <p><b>Via Zoom:</b> Outside General Counsel Hope Levy-Biehl</p> <p><b>ABSENT:</b> -</p> <p><b>ALSO PRESENT:</b> Sunny Richley, M.D., Chief of Staff; Interim City of El Centro Manager Cedric Ceseña; City of El Centro Attorney Elizabeth Martyn; Veronica Marsich, UCSD Legal Counsel</p> <p><b>ADMINISTRATIVE STAFF:</b> Luis Castro, COO; Suzanne Martinez, CNO; Lenin Valdes, AAOF;</p>	
<b>CALL TO ORDER</b>		The Board of Trustees convened in open session at 6:00 p.m. Board President Oliva called the meeting to order.
<b>OPENING CEREMONY</b>	The Pledge of Allegiance was recited in unison.	None
<b>NOTICE OF MEETING</b>	Notice of meeting was posted and mailed consistent with legal requirements.	None

Regular Meeting  
February 27, 2023, 6:00 p.m.

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<b>PUBLIC COMMENTS</b>	None	None
<b>BOARD MEMBER COMMENTS</b>	None	None
<p><b>CONSENT AGENDA:</b> <i>(Items 1-2)</i></p> <p><b>Item 1. Review and Approval of Board of Trustees Minutes of Special Meeting of January 18, 2023.</b></p> <p><b>Item 2. Review and Approval of Board of Trustees Minutes of Regular Meeting of January 23, 2023.</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 Cardenas-Singh, seconded by Garcia and carried to approve the Consent Agenda.</p> <p>All present in favor; none opposed.</p>
<p><b>NEW BUSINESS:</b></p> <p><b>Item 3a. Construction Update</b> <i>(Matthew Jenusaitis)</i></p>	<p>Matthew Jenusaitis updated the Board of Trustees on the meeting with Fulcrum as Construction Monitor for Preston Hollow on the Ancillary Services Building project.</p> <p>Provided a summary of Ancillary Services Building change orders and asked the Board of Trustees to approve:</p> <ul style="list-style-type: none"> <li>• payments for outstanding Pay App invoices: \$310,262.43 to Nielsen Construction and \$347,952.42 to ETC.</li> <li>• partial change orders totaling \$637,090.31 for the Ancillary Services Building as detailed in presentation.</li> </ul>	<p><b>MOTION:</b> by Maysent, and seconded by Cardenas-Singh and moved to approve the Payment from the Bond Fund for the Two (2) Accounts Payable 1) to Nielson Construction for \$310,262.43 and 2) to ETC for \$347,952.42.</p> <p>All present in favor; none opposed.</p>
<p><b>Added Item 3b. Approve Authority to Take Expenditures Out of The Accounts Listed in the Construction Update Presentation.</b></p>	<p>Request was made by Oliva to add emergency Item 3b. Authority to Take Expenditures Out of the Accounts listed in the Construction Update Presentation in order to pay the outstanding invoices presented.</p>	<p><b>MOTION:</b> by Oliva, seconded by Garcia and moved to approve adding Item 3b. Authority to Take Expenditures Out of The Accounts Listed in the Construction Update Presentation</p> <p>All present in favor; none opposed.</p>

TOPIC	DISCUSSION/CONCLUSION	RECOMMENDATION/ACTION
<p><b>Item 4. Review and Approval of Cerner Amended and Restated Agreement No. 4</b> <i>(Tammy Morita)</i></p>	<p>Tammy Morita presented the Cerner Amended and Restated Agreement No. 4 to revise the estimated go-live date to July 2023.</p>	<p>MOTION: by Garcia, and seconded by Carter and moved to approve the Cerner Amended and Restated Agreement No. 4.</p> <p>All present in favor; none opposed.</p>
<p><b>Item 5. Oncology Update</b> <i>(Matthew Jenusaitis)</i></p>	<p>Matthew Jenusaitis provided an update on Oncology services. Volumes have increased 50%. With the increase of patients in Oncology, we have increased the demand for Radiology services.</p>	<p>Informational</p>
<p><b>FINANCE and OPERATIONAL UPDATE—Informational</b></p> <p><b>Item 6. Presentation of Financial Statements for Month and Year-to-Date as of January 2023—Informational</b></p>	<p>Lenin Valdes provided an overview and summary of the Financial Statements for Month and Year-to-Date as of January 2023.</p> <p>The presentation included:</p> <ul style="list-style-type: none"> <li>• Balance Sheet vs. Prior Month comparison</li> <li>• Operating Statement vs. Budget comparison</li> <li>• Rolling 12-month Operating Statement</li> </ul>	<p>Informational</p>
<p><b>Item 7. Presentation of Current Weekly Cash Budget—Informational</b></p>	<p>Tammy Morita provided an update on current cash budget and answered question regarding payments to vendors.</p>	<p>Informational</p>
<p><b>Item 8. Joint Commission Survey Briefing—Informational</b></p>	<p>Suzanne Martinez provided an update on the Joint Commission Survey that was held at El Centro Regional Medical Center. The survey was very successful and thanked the Board of Trustees President and staff for their attendance and hard work. El Centro Regional Medical Center only had 20 findings out of the 1200 possible hospital findings. The Joint Commission was very complimentary about our staff participation.</p>	<p>Informational</p>

<b>TOPIC</b>	<b>DISCUSSION/CONCLUSION</b>	<b>RECOMMENDATION/ACTION</b>
<b>RECESS TO CLOSED SESSION</b>		MOTION: by Cardenas-Singh, seconded by Marroquin and carried to recess to Closed Session at 6:55 p.m. for PUBLIC EMPLOYMENT, TRADE SECRETS, and CONFERENCE WITH LEGAL COUNSEL.  All present in favor to recess to Closed Session. None opposed.
<b>RECONVENE TO OPEN SESSION</b>		The Board of Trustees reconvened to Open Session at 8:18 p.m.
<b>ANNOUNCEMENT OF CLOSED SESSION ACTIONS</b>	None	None
<b>ADJOURNMENT</b>		There being no further business, meeting was adjourned at approximately 8:20 p.m.

\_\_\_\_\_  
BELEN GONZALEZ, BOARD EXECUTIVE SECRETARY

APPROVED BY

\_\_\_\_\_  
TOMAS OLIVA, PRESIDENT



**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** Graciela Magallanes, Employee Health Nurse  
**DATE:** March 28, 2023  
**MEETING:** Board of Trustees

**SUBJECT:** Move to approve the triennial review of ECRMC's Health Care Worker Immunizations 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:** Standardized procedures enable nurses and other healthcare professionals to assess the need for and to vaccinate Health Care Personnel who meet the criteria for the various vaccinations noted in this policy. All vaccines covered in this policy are permitted to be administered by the Employee Health Nurse or designee by standardized procedure. All vaccines covered in this policy will be offered to the HCP with no out of pocket expense.

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

**ATTACHMENT(S):**

- Health Care Worker Immunizations Policy

Approved for agenda, Chief Executive Officer

Date and Signature: Matthew Jenuisalis 3/23/23

		<b>Department:</b> Employee Health Department	
		<b>Document Owner/Author:</b> Employee Health Nurse	
		<b>Category:</b> Hospital Wide	<b>Approval Type:</b> Triennial
<b>Date Created</b> 01/25/2011	<b>Date Board Approved:</b> 01/09/2017	<b>Date Last Review:</b> 03/14/2023	<b>Date of Next Review:</b> Annual
<b>Procedure Name:</b> Health Care Worker Immunizations			

1 **Purpose/Introduction**

2 [For vaccine-preventable diseases, the most effective way to reduce transmission from Health](#)  
3 [Care Personnel \(HCP\) to patients is immunization. Immunizing HCP has the double benefit of](#)  
4 [directly protecting the HCP and indirectly protecting the patients with whom they come in](#)  
5 [contact](#)  
6 [Immunization also creates herd immunity, thus protecting patients and HCP who cannot be](#)  
7 [vaccinated or for whom vaccine is unlikely to trigger a sufficient antibody response. Immunization](#)  
8 [helps to maintain the critical workforce during disease outbreaks, during which HCP are the first](#)  
9 [line of defense. In addition, physicians and other HCP set an example to their peers, patients, and](#)  
10 [the public concerning the importance of immunization.](#)  
11 [HCP should be immunized against potentially contagious diseases in order to protect themselves,](#)  
12 [patients, and other staff. This will be done according to state and federal mandates, California](#)  
13 [Occupational Safety and Health Administration \(Cal OSHA\) guidelines and the Center for Disease](#)  
14 [Control CDC\) and Prevention Guideline for Infection Prevention in Health Care Personnel.](#)

15  
16 **Policy**

17 [As permitted, standardized procedures enable nurses and other healthcare professionals to](#)  
18 [assess the need for and to vaccinate HCP who meet the criteria for the various vaccinations noted](#)  
19 [in this policy. All vaccines covered in this policy are permitted to be administered by the](#)  
20 [Employee Health Nurse or designee by standardized procedure. All vaccines covered in this](#)  
21 [policy will be offered to the HCP with no out of pocket expense.](#)

**Deleted:** Health Care Personnel (HCP) should be immunized against potentially contagious diseases in order to protect themselves, patients, and other staff. This will be done according to the Center for Disease Control and Prevention Guideline for Infection Prevention in Health Care Personnel.¶

**Deleted:** standing order

22  
23 **Responsibilities**

Person/Title	Responsibilities
Pharmacist	<ul style="list-style-type: none"> <li>• <a href="#">Ensure that ECRMC's vaccine inventory management is consistent with vaccine program requirements.</a></li> <li>• <a href="#">Ensure that ECRMC's vaccine storage units meet vaccine storage requirements.</a></li> </ul>



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	<ul style="list-style-type: none"> <li>• <a href="#">Ensure reporting inventory in Vaccine Finder within 24 hours for COVID 19 or as required by governing agency.</a></li> </ul>
<a href="#">Employee Health Nurse</a>	<ul style="list-style-type: none"> <li>• <a href="#">Complies with all federal and state vaccine management requirements, including key areas outlined in this plan.</a></li> <li>• <a href="#">Upon hire the Employee Health nurse or designee shall complete competencies for intramuscular injections and vaccine administration.</a></li> <li>• <a href="#">The Employee Health nurse or designee provides the required orientation and annual validation of competency.</a></li> <li>• <a href="#">The Employee Health nurse or designee is responsible for vaccine administration management of HCP under the direct supervision of the Infectious Disease Specialist or designee.</a></li> <li>• <a href="#">The Employee Health nurse designates HCP as necessary to provide vaccinations to HCP during mass vaccination events.</a></li> <li>• <a href="#">Screens all HCP for contraindications or precautions to the vaccine being offered/requested.</a></li> <li>• <a href="#">Ensures a VIS for the vaccine administered is provided to the HCP with each vaccine received by the HCP.</a></li> <li>• <a href="#">The Employee Health Nurse or designee provides education to HCP for subsequent dosing of vaccines as needed.</a></li> <li>• <a href="#">Track and record all HCP influenza and COVID 19 vaccinations and necessary information required by applicable public health agencies (state/federal).</a></li> </ul>

**Deleted:** <#>Ensure that once the vaccine is received, it will immediately be placed in the designated refrigerator or freezer.¶

**Deleted:** and annually

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**Deleted:** The Employee Health nurse or designee provides the required orientation and annual training for ECRMC vaccine personnel.

**Deleted:** <#>The Employee Health Nurse or designee updates and revises the HCP Immunizations procedure at least annually and when necessary.¶



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	<ul style="list-style-type: none"> <li>Document and maintain all other HCP vaccination records in the employee health HCP records.</li> </ul>
<a href="#">Chief Human Resource Officer</a>	<ul style="list-style-type: none"> <li>Overall responsibility for facilitating the review and approval of vaccine exemptions.</li> <li>Tracking and recording of all COVID 19 vaccination exemptions.</li> </ul>
<a href="#">HCP</a>	<ul style="list-style-type: none"> <li>Provide proof of vaccination to Human Resources or Employee Health.</li> <li>Submit request for vaccination exemptions (influenza and COVID 19).</li> <li>Report all vaccine reactions to the Vaccine Adverse Event Reporting System (VAERS): <a href="http://www.vaers.hhs.gov">www.vaers.hhs.gov</a></li> </ul>

**Deleted:** <#>All vaccine reactions should be reported by the HCP to the Vaccine Adverse Event Reporting System (VAERS): [www.vaers.hhs.gov](http://www.vaers.hhs.gov)

**Deleted: Definitions¶**  
Term

**Deleted: Implementation/Procedure¶**  
For vaccine-preventable diseases, the most effective way to reduce transmission from HCPhealth care worker to patient is immunization. Immunizing HCPhealth care workers has the double benefit of directly protecting the HCPhealth care worker and indirectly protecting the patients with whom they come in contact. Studies continue to show that immunizing HCP for influenza reduces patient morbidity and mortality in both acute and long-term care settings. ¶ Immunization also creates herd immunity, protecting patients and HCPhealthcare workers who cannot be vaccinated or for whom vaccine is unlikely to trigger a sufficient antibody response. Immunization helps to maintain the critical workforce during disease outbreaks, during which HCPhealth care workers are the first line of defense. In addition, by being vaccinated, physicians and other HCPhealth care workers set an example to their pee...

**Deleted :**

**Deleted:** Consent

**Deleted:** <#>Current HCP may contact the Employee Health Nurse to check their immunization status and ...

**Deleted:** <#>standing order

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**Vaccine Administration**

Informed consent and [the](#) most current Vaccine Information Sheet (VIS) must be provided to HCP prior to receiving immunizations. Written consent must be received from [the](#) HCP prior to administration of immunizations. [The consent](#) form will be filed in [the](#) Employee Health file. Vaccinations will be offered within 10 working days from beginning of assignment.

- Immunizations are offered [by the Employee Health Nurse](#) at the time of hire [and throughout the time of employment](#).
- By [standardized procedure](#) all vaccines [noted in this policy](#) may be administered by the [Employee Health Nurse](#), or designee with an active California [Board of Registered Nursing \(BRN\)](#) license. They may also be administered by other HCP [where allowed by state law](#).

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- 110 • [The Employee Health Nurse or designee will screen HCP for contraindications or](#)  
111 [precautions to the vaccine being offered, recommended or requested by the HCP.](#)  
112 • [The Employee Health Nurse or designee will follow CDC guidelines for all vaccines](#)  
113 [offered/discussed in this policy.](#)

**Deleted:** <#>Assess the need for vaccination.¶  
**Deleted:** <#>S

115 **Equipment:**

116 ECRMC uses vaccine compliant vaccine storage refrigerator(s) and freezer(s) and maintains  
117 recommended temperature ranges:

- 119 • Refrigerator: between 36 to 46°F (2°C-8°C).  
120 • Freezer: between -13 to 14 F° (-25 to - 10°C).  
121 • Ultralow Freezer: approximately -112°F-76°F and -80°C to -60°C.  
122 • Each unit is plugged directly into a wall outlet and is not controlled by a light switch, power  
123 strips, or surge protectors with an on/off switch.  
124 • Storage units are set up according to vaccine requirements.  
125 • Units are kept away from direct sunlight and away from walls to allow air circulation.  
126 Vaccine is never stored in the door, drawers, or bins.  
127 • Vaccines are stored in their original packaging until administered; vaccine supply is 2-3  
128 inches away from walls, air vents, and floor to allow space for air circulation.  
129 • Food, beverages, and laboratory specimens are not stored in the units at any time.

**Deleted: Procedure:¶**  
Supplies needed for vaccinations:¶  
Vaccine¶  
Needle¶  
Alcohol swab¶  
Band-Aid¶  
Gauze, if necessary¶  
Documentation required for all vaccinations:¶  
Consent or declination¶  
Date, time, route and site of administration¶  
Vaccine lot number and expiration date¶  
VIS publication date and date VIS provided to HCP¶  
Signature of individual administering the vaccine¶  
Observe HCP for 10 minutes post vaccine administration  
(only for first time doses of a particular vaccine) for  
anaphylaxis.¶  
For signs and symptoms of anaphylaxis dial extension 7933  
or call 911. if administration occurred at an offsite locatio( ...

131 **Thermometers/Temperature Probes:**

- 132 • Each storage unit has a vaccine-compliant thermometer/temperature probe accurate  
133 within +/-1°F (+/-0.5°C).  
134 • Each thermometer has a current and valid Certificate of Calibration (also known as a  
135 Report of Calibration).  
136 • The thermometer's display is attached to the outside of the storage unit.

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**Moved (insertion) [1]**  
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### Thermometer Calibration

- Primary thermometers are calibrated annually (or every other year if the manufacturer’s recommendation is for a longer period).
- Certificates of Calibration are filed in a readily accessible area, kept for three years, and are presented upon request.

### Inventory Management

- [Inventory and vaccine usage for COVID 19, which documents each patient, vaccine type, lot number, and date of administration will be entered into the CAIRS 2 registry.](#)
- [Vaccine that is drawn up and not used is disposed of properly.](#)

### Receiving and Inspecting of Vaccine Shipments

- ECRMC assumes responsibility for all vaccine shipped to its site.
- Vaccine shipments are inspected immediately upon arrival to verify that the temperature during transport was within range, and that the vaccines being delivered match those listed on the packing slip and order confirmation.
- ECRMC reports shipment discrepancies and vaccine exposed to out-of-range temperatures immediately to the appropriate vendor.
- Vaccines are immediately stored according to vaccine requirements.

### Definitions

Term	Definition
Hepatitis B	Hepatitis B is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). Hepatitis B is spread when blood, semen, or other body fluids from a person infected with the virus enters the body of someone who is not infected.

**Moved up [1]:** Storage units are set up according to vaccine requirements.¶  
Units are kept away from direct sunlight and away from walls to allow air circulation.¶  
Vaccine is never stored in the door, drawers, or bins

**Deleted: Preparation of Equipment:¶**

**Deleted:** Unit drawers/deli crispers are removed.

**Moved up [2]:** <#>The thermometer’s display is attached to the outside of the storage unit.¶

**Deleted:** <#>Vaccines are stored in their original packaging until administered; vaccine supply is 2-3 inches away from walls, air vents, and floor to allow space for air circulation.¶  
<#>Food, beverages, and laboratory specimens (unless in separate compartments) are not stored in the units at any time.¶

**Deleted: Annual**

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**Deleted:** <#>A physical vaccine inventory is conducted every 24 hours by pharmacy.¶  
<#>Inventory and vaccine usage, which documents each patient, vaccine type, lot number, and date of administration will be entered into the CAIRS 2 registry.¶  
<#>Vaccine that is drawn up and not used is disposed of properly.¶

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<a href="#">Hepatitis A</a>	<a href="#">A form of viral hepatitis transmitted in food, causing fever and jaundice.</a>
<a href="#">Measles, Mumps, and Rubella</a>	<p><a href="#">Measles is a highly contagious infectious disease caused by the measles virus. Symptoms usually develop 10–12 days after exposure to an infected person and last 7–10 days. Initial symptoms typically include fever, often greater than 40 °C (104 °F), cough, runny nose, and inflamed eyes.</a></p> <p><a href="#">Mumps is a viral infection that primarily affects saliva-producing (salivary) glands that are located near your ears. Mumps can cause swelling in one or both of these glands.</a></p> <p><a href="#">Rubella is a contagious viral infection best known by its distinctive red rash. It's also called German measles or three-day measles. While this infection may cause mild symptoms or even no symptoms in most people, it can cause serious problems for unborn babies whose mothers become infected during pregnancy.</a></p>
<a href="#">Tetanus, Diphtheria, Pertussis</a>	<p><a href="#">Tetanus is a serious illness caused by Clostridium bacteria. The bacteria live in soil, saliva, dust, and manure. The bacteria can enter the body through a deep cut, like those you might get from stepping on a nail, or through a burn. The infection causes painful tightening of the muscles, usually all over the body.</a></p> <p><a href="#">Diphtheria is a serious infection caused by strains of bacteria called Corynebacterium diphtheriae that make toxin (poison). It can lead to difficulty breathing, heart failure, paralysis, and even death.</a></p>



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	<a href="#">Pertussis, also known as whooping cough, is a highly contagious respiratory disease. It is caused by the bacterium Bordetella pertussis. Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe.</a>
<a href="#">Varicella</a>	<a href="#">Chickenpox, also known as varicella, is a highly contagious disease caused by the initial infection with varicella zoster virus (VZV). The disease results in a characteristic skin rash that forms small, itchy blisters, which eventually scab over. It usually starts on the chest, back, and face.</a>
<a href="#">Influenza</a>	<a href="#">Influenza is a viral infection that attacks your respiratory system — your nose, throat and lungs. Influenza is commonly called the flu, but it's not the same as stomach "flu" viruses that cause diarrhea and vomiting.</a>
<a href="#">COVID 19</a>	<a href="#">Coronavirus disease 2019 (COVID-19) is caused by a new coronavirus first identified in Wuhan, China, in December 2019. Although most people who have COVID-19 have mild symptoms, COVID-19 can also cause severe illness and even death. Some groups, including older adults and people who have certain underlying medical conditions, are at increased risk of severe illness. Symptoms may appear 2-14 days after exposure. Symptoms may include: fever, chills, shortness of breath, fatigue, body aches, headache, loss of taste or smell, sore throat, congestion/runny nose, nausea and or vomiting and diarrhea.</a>
<a href="#">Herd Immunity</a>	<a href="#">Occurs when a large portion of a community (the herd) becomes immune to a disease. The spread of disease from person to person becomes less likely when herd immunity is achieved. Therefore the whole community becomes protected, not just those who are immune.</a>



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<a href="#">Exemption</a>	<a href="#">An excuse from receiving a vaccine due to a medical or religious belief recognized by the Food and Drug Administration (FDA) or CDC. Exempted HCP may be required to adhere to additional Non-Pharmaceutical Intervention (NPI).</a>
<a href="#">NPI</a>	<a href="#">An action, other than getting vaccinated, or taking medicine that HCP can take to prevent the transmission of communicable diseases. Examples include but are not limited to testing or use of certain PPE.</a>
<a href="#">Vaccine Information Sheet (VIS)</a>	<a href="#">An information sheet produced by the CDC that explains the risks and benefits of a vaccine to the recipients.</a>
<a href="#">Vaccine Adverse Event Reporting System (VAERS)</a>	<a href="#">A national vaccine safety surveillance program that helps to detect unusual or unexpected reporting patterns of adverse events from vaccines for use by the FDA.</a>

**Deleted: ¶**  
**Pharmacy Requirements:¶**  
 Ensures that ECRMC's vaccine inventory management is consistent with vaccine program requirements.¶  
 Ensures that ECRMC's vaccine storage units meet vaccine storage requirements.¶  
 Ensures reporting inventory in Vaccine Finder within 24 hours for COVID 19 or as required by governing agency.¶  
 Ensures that once the vaccine is received, it will immediately be placed in the designated refrigerator or freezer.¶  
 For certain vaccines, such as COVID 19, monitors the vaccine throughout the storage, reconstitution and administration process to ensure no temperature excursion occurs.¶  
 ¶  
**Employee Health Nurse Requirements:¶**  
 Complies with all federal vaccine management requirements, including key areas outlined in this plan.¶ ...

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**Deleted:** The vaccine is provided by the Employee Health Department and is free of charge to HCP.

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**Deleted:** <#>a Upon hire, the Employee Health Nurse or designee, will screen all HCP for immunity to HBV by ...

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**Deleted:** without evidence of prior vaccination and or those working in high risk departments

**Deleted:** <#>HAV vaccine is administered intramuscularly in the right or left deltoid.¶ ...

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**Vaccines:**

**Hepatitis B Vaccine**

This vaccine series is available to all employees with risk for occupational exposure to blood borne pathogens. The vaccine shall be offered to all HCP without [proof of vaccination and or without](#) immunity to Hepatitis B virus (HBV). Employees who do not wish to receive the [vaccine](#) must sign a declination form.

**Hepatitis A Vaccine**

This vaccine series is offered to all HCP [upon request](#). [HCP and food handlers are not at increased risk for HAV infection because of occupational exposure.](#)

**Rubeola (Measles), Mumps and Rubella (German Measles) (MMR) Vaccine**



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414 MMR vaccine will be offered to all HCP without documented evidence of vaccination ([1 dose of](#)  
 415 [live virus containing vaccine at age ≥12 months](#)), [laboratory confirmation of the lack of immunity,](#)  
 416 [or born after 1957](#). The vaccine is provided by the Employee Health Department as M-M-R®II  
 417 (Measles, Mumps, and Rubella Virus Vaccine Live). Employees who do not wish to receive the  
 418 MMR vaccine must sign a declination form.

- 419 • HCP without evidence of immunity to MMR should be offered the vaccine within 72 hours  
 420 of exposure.
- 421 • A third dose of MMR may be recommended in certain mumps outbreak situations as  
 422 recommended by the [Infectious Disease Specialist](#) or local public health department.

423 **Tetanus, Diphtheria, Pertussis (Tdap)**

424 Tdap vaccine shall be offered to all HCP. Those HCP who provide care to infants shall be strongly  
 425 encouraged to receive the vaccine. Every adult should get the Tdap vaccine once if they did not  
 426 receive it as an adolescent to protect against pertussis (whooping cough), and then a Td (tetanus,  
 427 diphtheria) booster shot every 10 years. In addition, women should get the Tdap vaccine each  
 428 time they are pregnant, preferably at 27 through 36 weeks. [HCP](#) should receive a booster dose  
 429 of Td or Tdap earlier in the case of a severe and [or](#) dirty wound or burn.

430 **Varicella (Chickenpox)**

431 HCP without evidence of Varicella immunity by means of two documented doses, serologic titer  
 432 or diagnosis/verification of a history of varicella by a licensed health care provider will be referred  
 433 to the Imperial County Public Health Department for the vaccine.

434 [HCP who decline Varicella vaccination shall sign a declination form.](#)

- 435 • Pregnant women should not be vaccinated for varicella because the effects of the  
 436 varicella virus on the fetus are unknown.

437 **Influenza Vaccine**

**Deleted:** 2 doses

**Deleted:** Documented evidence consists of serological evidence or documentation of two MMR vaccinations.

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**Deleted:** <#>Contraindications to the MMR vaccine:¶  
 <#>History of severe anaphylactic reaction to a previous dose or to any component of the vaccine such as gelatin or neomycin.¶  
 <#>Pregnancy.¶  
 <#>Immunosuppression (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, or long-term immunosuppressive therapy or patients with human immunodeficiency virus [HIV] infection who are severely immunocompromised).¶  
 <#>Precautions to receiving the MMR vaccine:¶  
 <#>Acute illness with or without a fever.¶  
 <#>Recent receipt of antibody-containing blood product (within 11 months).¶  
 <#>History of thrombocytopenia or thrombocytopenic purpura.¶  
 <#>Need for tuberculin skin testing.¶  
 <#>Personal or family history of seizures.¶

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**Moved down [3]:** <#>Tdap vaccine is administered intramuscularly in the right or left deltoid.¶

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**Deleted:** their Primary Care Provider (PCP) or

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524 Hospitalized patients are more vulnerable to influenza than members of the general population  
525 are. Many studies show that vaccination of HCP reduces the risk to patients since HCP are  
526 frequently implicated as the source of influenza in healthcare settings.

- 527 • As a condition of employment, appointment of medical staff or allied staff, and access to  
528 ECRMC premises all ECRMC associates and medical staff, must receive an annual influenza  
529 vaccination or sign a declination statement.
- 530 • Other credentialed professionals, volunteers, students, contractors, and vendors,  
531 regardless of employer must receive an annual influenza vaccination, or provide  
532 documentation from a licensed physician indicating evidence-based medical  
533 contraindication against influenza vaccination by completing a medical contraindication  
534 form.
- 535 • At the time of application, potential new hires and volunteers will be notified of ECRMC's  
536 mandatory influenza vaccination policy. Applicants hired during the Influenza season will  
537 be required to obtain an influenza vaccination, or sign a declination statement through  
538 the Employee Health Department, or submit proof of influenza vaccination.
- 539 • The Employee Health Department will be available at the start of and during each  
540 designated Influenza Season (October – May) to provide vaccinations to all HCP, board  
541 members, medical staff and adult volunteers, as designated in this policy. HCP, may  
542 choose to be vaccinated outside of ECRMC, provided that they submit written proof of  
543 vaccination to the Employee Health Department or Human Resources. Proof must  
544 include the person's name, proof of vaccination, date, location and name of the provider.  
545 Vaccines received outside of ECRMC will not be reimbursed.
- 546 • Any person covered by this policy who fails to comply with the vaccination or  
547 documentation requirement by the second Tuesday of November will be denied access  
548 to ECRMC premises during the annual influenza season. Such persons may also be subject  
549 to the relevant disciplinary procedures established by their respective institutional entity,  
550 as it relates to condition of employment, appointment, or access.

**Deleted:** Influenza has by far the highest rates of mortality among vaccine-preventable diseases in the US, outpacing all other vaccine preventable diseases combined.

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- 568 • Individuals who decline vaccination or have a medical contraindication against influenza  
569 vaccination must wear a surgical mask at all times while on an ECRMC premise during the  
570 influenza season (October – May).

571  
572 **Consequences of Influenza Vaccine Non-Compliance**

- 573 • HCP who fail to comply with this policy by the end of the stated deadline will be  
574 suspended from employment or denied access to ECRMC premises. If the HCP decides to  
575 comply, they may return to work.
- 576 • Non-compliance with this policy can result in the termination of a relationship with  
577 contracted staff and vendors.
- 578 • Non-compliant students and volunteers will not be allowed on ECRMC premises during  
579 the influenza season.

580  
581 **Influenza Vaccine Shortage Contingency**

582 In the event of an influenza vaccine shortage, ECRMC Administration and the Infection  
583 Prevention Committee will determine an appropriate distribution plan for the resources  
584 available. Administration will involve, Human Resources, Pharmacy, and other departments  
585 across all entities as needed in determining the allocation plan across ECRMC. Influenza vaccine  
586 will be offered to personnel based on risk to patient population cared for, job function, and risk  
587 of exposure to influenza. Priority will be given to those who provide hands-on patient care with  
588 prolonged face-to-face contact with patients and/or have highest risk of exposure to patients  
589 with influenza. Those who are prioritized to receive vaccine will be held to the mandatory  
590 standard. Those who are not prioritized to receive vaccine will not be held to the mandatory  
591 standard for the duration of the vaccine shortage period, and recommendations will be provided  
592 to those who do not receive vaccine by ECRMC.

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594 **COVID 19 Vaccine**

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**Deleted:** Pregnant and postpartum women are at higher risk for severe illness and complications from influenza. Influenza (Inactivated) vaccine CAN be administered at any time during pregnancy. Live attenuated influenza vaccine is NOT recommended during pregnancy.¶  
Contraindications to the influenza Vaccine:¶

**Deleted:** :

		<b>Department:</b> Employee Health Department	
		<b>Document Owner/Author:</b> Employee Health Nurse	
		<b>Category:</b> Hospital Wide	<b>Approval Type:</b> Triennial
<b>Date Created</b> 01/25/2011	<b>Date Board Approved:</b> 01/09/2017	<b>Date Last Review:</b> 03/14/2023	<b>Date of Next Review:</b> Annual
<b>Procedure Name:</b> Health Care Worker Immunizations			

635 A COVID-19 vaccine might prevent you from getting COVID-19. Or, if you get COVID-19, the  
636 vaccine might keep you from becoming seriously ill or from developing serious complications.  
637 Getting vaccinated also might help protect people around you from COVID-19, particularly  
638 people at increased risk of severe illness from COVID-19.

- 639 • [COVID 19 recommendations continue to change as new information/research about the virus and vaccine evolve. ECRMC follows the most current guidance from the Centers for Disease control \(CDC\), state and federal mandates and the California Department of Public Health \(CDPH\). \[https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?s\\\_cid=11747:cdc%20fully%20vaccinated%20definition:sem.ga:p:RG:GM:gen:PTN:FY22\]\(https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?s\_cid=11747:cdc%20fully%20vaccinated%20definition:sem.ga:p:RG:GM:gen:PTN:FY22\)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?s_cid=11747:cdc%20fully%20vaccinated%20definition:sem.ga:p:RG:GM:gen:PTN:FY22)

**Deleted:** COVID-19 can cause severe medical complications and lead to death in some people. There is no way to know how COVID-19 will affect you. If you get COVID-19, you could spread the disease to family, friends and others around you. Getting a COVID-19 vaccine can help protect you by creating an antibody response in your body without your having to become sick with COVID-19.

**Deleted:** <#>COVID 19 vaccine is administered intramuscularly in the right or left deltoid.¶  
<#>Contraindications to the COVID 19 vaccine:¶  
<#>Patients who have had a severe allergic reaction (e.g., anaphylaxis) after a previous dose. ¶  
<#>A person who has a severe allergy to any vaccine component.¶  
<#>Possible Side Effects of the Vaccine: Injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, and swollen lymph nodes.¶  
<#>Possible severe reactions: difficulty breathing, swelling of face or throat, fast heartbeat, rash, dizziness and weakness.¶  
<#>Any HCP with a severe reaction to the COVID vaccine should NOT get a second dose.¶  
<#>HCP with non-severe reactions within 4 hours of getting vaccinated, such as hives, swelling and wheezing, should NOT get a second dose of vaccine.¶  
<#>The COVID 19 vaccine should not be withheld from pregnant HCP. Data on the use of the vaccine during pregnancy is not currently available.¶  
<#>Pregnant HCP should make the decision to get the vaccination in conjunction with their clinical care team.¶

#### 646 Associated Policies/Procedures

Title	Number	Location (Hyperlink)
Downtime Procedure, Pharmacy, for Power Outage/Refrigerator or Freezer Device Failure	4077	<a href="#">Downtime Procedure, Pharmacy, For Power Outage / Refrigerator or Freezer Device Failure v.2</a>
Employee Health Program		<a href="#">Employee Health Program</a>
Healthcare Worker Exposure to Communicable Disease		<a href="#">Healthcare Worker Exposure to Communicable Disease</a>
Infectious Diseases Which May Affect Pregnant Health Care Workers		<a href="#">Infectious Diseases Which May Affect Pregnant Health Care Personnel</a>
Pertussis Exposure		<a href="#">Pertussis Exposure</a>

#### 648 References



		<b>Department:</b> Employee Health Department	
		<b>Document Owner/Author:</b> Employee Health Nurse	
		<b>Category:</b> Hospital Wide	<b>Approval Type:</b> Triennial
<b>Date Created</b> 01/25/2011	<b>Date Board Approved:</b> 01/09/2017	<b>Date Last Review:</b> 03/14/2023	<b>Date of Next Review:</b> Annual
<b>Procedure Name:</b> Health Care Worker Immunizations			

681 <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#contraindications>

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684 [Immunization Action Coalition found at: immunize.org](#)

685 [MMWR Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013; retrieved at https://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf](#)

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689 [MMWR Universal Hepatitis B Vaccination in Adults Aged 19-59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices- United States, 2022; retrieved from: https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7113a1-H.pdf](#)

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694 [MMWR Prevention of Hepatitis A Virus in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020](#)

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696 Centers for Disease Control and Prevention Guidelines for Vaccinating Pregnant Women.

697 <https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/guidelines.html>

698

699 [The Centers for Disease Control and Prevention \(CDC\). \(2011\) Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices \(ACIP\), 2011.](#)

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702 [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2021-2022 Influenza Season; retrieved from https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm](#)

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706 Babcock HM, Gemeinhart N, Jones M, Dunagan WC, Woeltje KF. Mandatory influenza vaccination of health care workers: translating policy to practice. Clin Infect Dis. 2010;50(4):459-464.

707

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709 Hoffmann, C, Perl, T. The Next Battleground for Patient Safety: Influenza Immunization of Healthcare Workers Infect Control Hosp Epidemiol 2005;26:851-852

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- Deleted:** Immunization of Health-Care Personnel/Recommendations of the Advisory Committee on Immunization Practices (ACIP) *Recommendations & Reports* November 25, 2011
- Deleted:** ¶
- Deleted:** ¶  
Immunization Action Coalition *October 23, 2012* ¶
- Deleted:** Centers for Disease Control and Prevention MMWR: CDC guidance for evaluation health-care personnel for hepatitis b virus protection and for administering post exposure management 62(10). December 20, 2013. ¶
- Deleted:** Immunize.org. Standing orders for administering hepatitis b vaccine to adults.  
<https://www.immunize.org/catg.d/p3076.pdf> ¶
- Deleted:** Immunization Action Coalition. (2017). Standing Orders for Administering Hepatitis A Vaccine to Adults.  
<https://www.immunize.org/catg.d/p3077.pdf>
- Deleted:** ¶  
CDC.gov. Pinkbook/Home/Epidemiology of Vaccine Preventable Diseases/CDC.  
<https://www.cdc.gov/vaccines/pubs/pinkbook/index.html> ¶
- Deleted:** ¶  
[The Centers for Disease Control and Prevention \(CDC\), National Center for Immunization and Respiratory Diseases](#) ¶
- Deleted:** [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s\\_cid=mm60e0818a1\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s_cid=mm60e0818a1_e&source=govdelivery) ¶
- Deleted:** ; Advisory Committee on Immunization Practices (ACIP).
- Deleted:** ¶  
*Morbidity and Mortality Weekly Report (MMWR) Recomm Rep., 60(33), 1128-1132. Atlanta, GA: U. S. Department of* ¶

		<b>Department:</b> Employee Health Department	
		<b>Document Owner/Author:</b> Employee Health Nurse	
		<b>Category:</b> Hospital Wide	<b>Approval Type:</b> Triennial
<b>Date Created</b> 01/25/2011	<b>Date Board Approved:</b> 01/09/2017	<b>Date Last Review:</b> 03/14/2023	<b>Date of Next Review:</b> Annual
<b>Procedure Name:</b> Health Care Worker Immunizations			

764 Talbot TR, Bradley SF, Cosgrove SE, et al. SHEA Position Paper: Influenza vaccination of health-care  
765 workers and vaccine allocation for health care workers during vaccine shortages. Infection Control Hosp  
766 Epidemiology 2005;26:882–90.

767  
768 The following are links to policy documents from organizations that support mandatory influenza  
769 vaccination programs for health care personnel:  
770 American hospital association - [http://www.aha.org/advocacy-issues/tools-](http://www.aha.org/advocacy-issues/tools-resources/advisory/2011/110722-quality-adv.pdf)  
771 [resources/advisory/2011/110722-quality-adv.pdf](http://www.aha.org/advocacy-issues/tools-resources/advisory/2011/110722-quality-adv.pdf)

772 American Academy of Pediatrics - <http://aapnews.aappublications.org/content/31/9/1.3.full>

773 Infectious Disease Society of America (IDSA) -  
774 [http://www.idsociety.org/uploadedFiles/IDSA/Policy\\_and\\_Advocacy/Current\\_Topics\\_and\\_Issues/Immu-](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Health_Care_Worker_Immunization/Statements/IDSA%20Policy%20on%20Mandatory%20Immunization%20Revision%20083110.pdf)  
775 [nizations\\_and\\_Vaccines/Health\\_Care\\_Worker\\_Immunization/Statements/IDSA%20Policy%20on%20Ma-](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Health_Care_Worker_Immunization/Statements/IDSA%20Policy%20on%20Mandatory%20Immunization%20Revision%20083110.pdf)  
776 [ndatory%20Immunization%20Revision%20083110.pdf](http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Health_Care_Worker_Immunization/Statements/IDSA%20Policy%20on%20Mandatory%20Immunization%20Revision%20083110.pdf)

777 National Patient Safety Foundation – [http://www.npsf.org/updates-news-press/press/media-alert-npsf-](http://www.npsf.org/updates-news-press/press/media-alert-npsf-supports-mandatory-flu-vaccinations-for-healthcare-workers/)  
778 [supports-mandatory-flu-vaccinations-for-healthcare-workers/](http://www.npsf.org/updates-news-press/press/media-alert-npsf-supports-mandatory-flu-vaccinations-for-healthcare-workers/)

779 Society for Healthcare Epidemiology of America (SHEA)  
780 [http://www.mc.vanderbilt.edu/documents/infectioncontrol/files/2010%20Revised%20SHEA%20PP%20](http://www.mc.vanderbilt.edu/documents/infectioncontrol/files/2010%20Revised%20SHEA%20PP%20HCW%20Fluvax%20FINAL.pdf)  
781 [HCW%20Fluvax%20FINAL.pdf](http://www.mc.vanderbilt.edu/documents/infectioncontrol/files/2010%20Revised%20SHEA%20PP%20HCW%20Fluvax%20FINAL.pdf)

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**Deleted:** ¶  
Tilburt, JC, Mueller, PS, Ottenberg, AL, Poland G, et al.  
Facing The Challenges of influenza in healthcare settings:  
The ethical rationale for mandatory season influenza  
vaccination and its implications for future pandemics.  
Vaccine 2008;26S:D27-30¶

**Deleted:** Association of Professionals in Infection Control  
and Epidemiology (APIC) -  
[http://www.apic.org/Resource\\_/TinyMceFileManager/Advocacy-](http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF¶)  
[PDFs/APIC\\_Influenza\\_Immunization\\_of\\_HCP\\_12711.PDF¶](http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF¶)

**Deleted:** ACOG Clinical Vaccinating Pregnant and Lactating  
Patients Against COVID 19, Practice Advisory, December 13,  
2020¶  
<https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf¶>  
<https://www.cdc.gov/vaccines/ed/index.html¶>  
<https://www2.cdc.gov/vaccines/ed/covid19/¶>  
<https://www.cdc.gov/vaccines/covid-19/index.html>  
[https://www.cdc.gov/vaccines/covid-19/downloads/COVID-](https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-Clinical-Training-and-Resources-for-HCPs.pdf¶)  
[19-Clinical-Training-and-Resources-for-HCPs.pdf¶](https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-Clinical-Training-and-Resources-for-HCPs.pdf¶)  
[https://www.fda.gov/emergency-preparedness-and-](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine¶)  
[response/coronavirus-disease-2019-covid-19/pfizer-](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine¶)  
[biontech-covid-19-vaccine¶](https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine¶)  
[https://www.modernatx.com/modernas-work-potential-](https://www.modernatx.com/modernas-work-potential-vaccine-against-covid-19¶)  
[vaccine-against-covid-19¶](https://www.modernatx.com/modernas-work-potential-vaccine-against-covid-19¶)  
[https://www.cdc.gov/coronavirus/2019-](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/allergic-reaction.html¶)  
[ncov/vaccines/safety/allergic-reaction.html¶](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/allergic-reaction.html¶)



**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** Lenin Valdes, AAOF  
**DATE:** March 27, 2023  
**MEETING:** Board of Trustees

**SUBJECT:** February 2023 Month and Year-to-Date Financial Statements

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

**BACKGROUND:** The month of February 2023 resulted in an excess of expenses over revenues of <\$1,840,895>, a negative margin of -16.3%. For YTD fiscal year 2023, the excess of expenses over revenues is <\$22,014,730> or a negative margin of -21.8%.

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

**RECOMMENDATION:** Informational

**ATTACHMENT(S):**

- Financial Reporting Package for February 2023

Approved for agenda, Chief Executive Officer

Date and Signature: Matthew Jemson 3/23/23



## February 2023 Financial Report

March 27, 2023

**To: Finance Committee**

**From: Lenin Valdes, Associate Administrator of Finance**

The following package contains:

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

### **Balance Sheet:**

- a) Cash ending balance looking strong after receiving delayed Medi-Cal supplemental payments (DSH and QIP advance) for a total of \$14 million.
- b) Decrease in amount due from Third Parties is the net of the \$14 million received from Supplemental programs less the Intragovernmental Transfers (IGT) wired to DHCS for \$4.92 million (QIP and Rate Range programs).
- c) Accounts Payable and Accrued expenses increased slightly due to our continuing efforts to stretch cash by delaying payments to vendors.
- d) Days Cash on Hand increased to 42.47 from 28.02 (See comment above)
- e) Days in A/R increased to 57.11 from 57.74 days. The goal is 50 days.
- f) Accounts payable days are 72.99 vs. 69.92 days from previous month.
- g) Current Ratio decreased to 1.06 from 1.10.

### **Income Statement – Current Month Actual to Budget Comparison:**

- a) Our Inpatient Revenue is -48% under MTD and YTD budget due to low admissions (*mainly Med-Surg losing 24% of volumes shown in recent months*).
- b) Even though Outpatient Revenue is 8.4% over MTD budget, our ER and Outpatient Clinics volumes dropped by 16% and 19% respectively versus budget.
- c) Contractuals –Charity expense with \$440K during the month averaging \$774K per month so far this Fiscal Year 2023 (Prior year’s monthly average was only \$341K).
- d) Salaries expense savings with 7.6% less than MTD Budget mainly due to Maternity and Obstetrics shut down.
- e) Registry (*Registered Nurses travelers*) expense with a sub-half a million (\$482K) for the very first time in a month since FY2017.
- f) Prof Fees expense showing savings due to a credit received from UCSD for \$154K (lower tele-critical fee).
- g) Supplies showing important savings due to efforts done with supply chain management with “lean” orders (mainly with Cardinal Health & Medline.)
- h) Other Expenses also with savings due to cancelation of publicity and public events.
- i) Non-Op Revenues (Expenses) showing gains with UBS investments for \$52.8K during the month (YTD net gain of \$340K), plus \$949K revenue recognized during February from FEMA’s obligated reimbursement of COVID expenses.
- j) Despite our exhaustive efforts to increase our Patient collections and reduce our cost of operation, the ongoing and unavoidable uncompensated cost of operation (*Charity and Bad Debt*) keep leading our bottom line to a net loss, closing the month of February 2023 with a -\$1.8 million Net loss (\$288K positive EBIDA).

### Definitions:

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

## ECRMC BALANCE SHEET COMPARED TO PRIOR MONTH

	February 28, 2023	January 31, 2023	Variance (\$)	Variance (%)
<b>Assets</b>				
Current Assets:				
Cash and Cash Equivalents	\$ 20,694,170	\$ 13,028,013	\$ 7,666,157	59%
Net Patient Accounts Receivable	17,531,700	18,549,131	(1,017,432)	-5%
Other Receivables	173,233	216,463	(43,230)	-20%
Due from Third-Party Payors	4,860,355	13,422,096	(8,561,741)	-64%
Inventories	3,410,877	3,443,765	(32,888)	-1%
Prepaid Expenses & Other	3,653,772	2,450,135	1,203,637	49%
<b>Total Current Assets</b>	<b>50,324,105</b>	<b>51,109,603</b>	<b>(785,498)</b>	<b>-2%</b>
Assets Limited as to Use				
Restricted Building Capital Fund	2,770,036	2,754,393	15,642	1%
Funds Held by Trustee for Debt Service	11,021,441	10,383,953	637,488	6%
Restricted Programs	11,497	11,497	-	0%
Restricted Capital Lease Funds	-	-	-	#DIV/0!
<b>Total Assets Limited as to Use</b>	<b>13,802,974</b>	<b>13,149,843</b>	<b>653,131</b>	<b>5%</b>
Property, Plant, and Equipment: Net	140,490,663	140,337,006	153,657	0%
Other Assets	262,595	262,595	-	0%
<b>Total Assets</b>	<b>204,880,338</b>	<b>204,859,048</b>	<b>21,290</b>	<b>0%</b>
<b>Deferred Outflows of Resources</b>				
Deferred Outflows of Resources - Pension	5,180,859	5,694,757	(513,897)	-9%
<b>Total Deferred Outflows of Resources</b>	<b>5,180,859</b>	<b>5,694,757</b>	<b>(513,897)</b>	<b>-9%</b>
<b>Total Assets and Deferred Outflows of Resources</b>	<b>\$ 210,061,197</b>	<b>\$ 210,553,805</b>	<b>\$ (492,607)</b>	<b>0%</b>
<b>Liabilities</b>				
Current Liabilities:				
Current Portion of Bonds	685,417	685,417	-	0%
Current Portion of Capital Lease Obligations	2,351,497	2,351,497	-	0%
Accounts Payable and Accrued Expenses	25,112,026	24,163,019	949,007	4%
Accrued Compensation and Benefits	8,481,650	8,244,042	237,608	3%
Due to Third-Party Payors	10,815,454	10,894,604	(79,150)	-1%
<b>Total Current Liabilities</b>	<b>47,446,043</b>	<b>46,338,579</b>	<b>1,107,464</b>	<b>2%</b>
Long-Term Bond Payable, Less Current Portion	113,535,267	113,616,951	(81,684)	0%
Capital Lease Obligations, Less Current Portion	4,405,877	4,083,370	322,508	8%
Net Pension Liability	39,119,000	39,119,000	-	0%
<b>Total Liabilities</b>	<b>204,506,187</b>	<b>203,157,900</b>	<b>1,348,288</b>	<b>1%</b>
<b>Deferred Inflows of Resources</b>				
Deferred Inflows of Resources - Pension	7,448,200	7,448,200	-	0%
<b>Total Deferred Inflows of Resources</b>	<b>7,448,200</b>	<b>7,448,200</b>	<b>-</b>	<b>0%</b>
<b>Net Position</b>				
Restricted Fund Balance	17,238	17,238	-	0%
Fund Balance	(1,910,429)	(69,534)	(1,840,895)	2647%
<b>Total Net Position</b>	<b>(1,893,190)</b>	<b>(52,295)</b>	<b>(1,840,895)</b>	<b>3520%</b>
<b>Total Liabilities, Deferred Inflows of Resources and Net Position</b>	<b>\$ 210,061,197</b>	<b>\$ 210,553,805</b>	<b>\$ (492,607)</b>	<b>0%</b>
Days Cash on Hand	42.47	28.02		
Days Revenue in A/R	57.11	57.74		
Days in A/P	72.99	69.92		
Current Ratio	1.06	1.10		
Debt Service Coverage Ratio	(1.91)	(1.88)		

## STATEMENTS OF OPERATIONS COMPARISON TO BUDGET

MTD				YTD			
February 28, 2023	MTD Budget	Budget Variance	% Variance Favorable/ (Unfavorable)	February 28, 2023	YTD Budget	Budget Variance	% Variance Favorable/ (Unfavorable)
<b>OPERATING REVENUE</b>				<b>OPERATING REVENUE</b>			
\$ 14,546,761	\$ 28,057,496	\$ (13,510,734)	-48.15%	\$ 141,731,652	\$ 200,945,187	\$ (59,213,535)	-29.47%
40,303,701	37,176,212	3,127,489	8.41%	343,691,273	329,748,747	13,942,526	4.23%
54,850,462	65,233,708	(10,383,246)	-15.92%	485,422,925	530,693,934	(45,271,009)	-8.53%
457,303	487,332	(30,030)	-6.16%	3,186,669	4,213,194	(1,026,525)	-24.36%
55,307,764	65,721,040	(10,413,275)	-15.84%	488,609,594	534,907,128	(46,297,534)	-8.66%
<b>Total Operating Revenue</b>				<b>Total Operating Revenue</b>			
11,650,367	21,404,696	9,754,329	45.57%	111,001,467	153,233,558	42,232,092	27.56%
32,929,051	30,159,066	(2,769,984)	-9.18%	278,664,402	267,455,329	(11,209,073)	-4.19%
864,685	439,929	(424,756)	-96.55%	6,189,594	3,578,945	(2,610,649)	-72.94%
406,714	708,897	302,183	42.63%	3,340,850	5,767,069	2,426,219	42.07%
(1,627,879)	(1,080,444)	547,435	50.67%	(9,835,711)	(8,643,549)	1,192,162	13.79%
(189,917)	(189,917)	0	0.00%	(1,536,805)	(1,519,333)	17,472	1.15%
44,033,020	51,442,228	7,409,208	14.40%	387,823,796	419,872,019	32,048,223	7.63%
11,274,744	14,278,812	(3,004,068)	-21.04%	100,785,798	115,035,110	(14,249,312)	-12.39%
<b>EXPENSES</b>				<b>EXPENSES</b>			
4,942,292	5,346,049	403,757	7.55%	43,221,842	45,381,689	2,159,848	4.76%
482,700	593,274	110,574	18.64%	7,639,070	4,578,915	(3,060,155)	-66.83%
1,552,227	1,353,056	(199,171)	-14.72%	10,282,443	10,824,446	542,003	5.01%
513,897	(36,419)	(550,317)	1511.06%	2,510,661	(291,355)	(2,802,016)	961.72%
1,076,664	1,137,734	61,071	5.37%	11,420,199	9,169,075	(2,251,124)	-24.55%
140,379	200,928	60,549	30.13%	2,746,565	1,726,708	(1,019,856)	-59.06%
2,024,502	2,533,742	509,240	20.10%	18,166,663	20,488,184	2,321,521	11.33%
161,452	250,028	88,576	35.43%	1,595,315	2,000,224	404,909	20.24%
70,494	91,882	21,388	23.28%	679,646	735,058	55,412	7.54%
671,906	719,545	47,640	6.62%	5,644,355	5,763,605	119,250	2.07%
623,521	748,750	125,228	16.72%	5,471,937	5,985,895	513,958	8.59%
(94,377)	67,218	161,595	240.40%	560,203	536,102	(24,101)	-4.50%
199,543	201,297	1,754	0.87%	1,581,119	1,610,376	29,257	1.82%
943,829	713,760	(230,069)	-32.23%	5,570,192	5,558,178	(12,014)	-0.22%
266,136	246,898	(19,238)	-7.79%	1,663,528	1,975,187	311,658	15.78%
69,568	139,228	69,660	50.03%	1,162,685	1,151,073	(11,613)	-1.01%
13,644,734	14,306,970	662,236	4.63%	119,916,424	117,193,360	(2,723,064)	-2.32%
(2,369,990)	(28,159)	(2,341,832)	8316.56%	(19,130,626)	(2,158,251)	(16,972,375)	786.39%
-21.0%	-0.2%			-19.0%	-1.9%		
<b>Non-Operating Revenue and Expenses</b>				<b>Non-Operating Revenue and Expenses</b>			
52,773	(12,231)	65,003	-531.48%	340,069	(157,666)	497,735	-315.69%
59,260	180,864	(121,604)	-67.24%	485,260	1,492,912	(1,007,651)	-67.50%
1,088,457	236,791	851,666	359.67%	1,265,666	1,894,329	(628,663)	-33.19%
(671,394)	(588,483)	(82,911)	-14.09%	(4,975,099)	(4,710,281)	(264,818)	-5.62%
529,095	(183,058)	712,153	389.03%	(2,884,104)	(1,480,707)	(1,403,397)	-94.78%
<b>Total Non-Operating Rev. and Expenses</b>				<b>Total Non-Operating Rev. and Expenses</b>			
\$ (1,840,895)	\$ (211,217)	\$ (1,629,678)	-771.57%	\$ (22,014,730)	\$ (3,638,957)	\$ (18,375,772)	-504.97%
-16.3%	-1.5%			-21.8%	-3.2%		
288,226	1,054,607	(766,381)	-72.67%	(8,958,779)	6,338,147	(15,296,925)	-241.35%
2.6%	7.4%			-8.9%	5.5%		
<b>EBIDA</b>				<b>EBIDA</b>			
<b>EBIDA %</b>				<b>EBIDA %</b>			

## EI Centro Regional Medical Center Monthly Cash Flow

Unaudited

	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	Year-to-Date 2023
<b><u>Cash Flow From Operating Activities</u></b>									
Net Income/(Loss)	\$ 156,662	\$ (2,197,317)	\$ (4,027,726)	\$ (3,660,849)	\$ (3,764,219)	\$ (2,893,234)	\$ (3,787,152)	\$ (1,840,895)	\$ (22,014,730)
<i>Adjustments to reconcile net income to net cash:</i>									
Add: Depreciation	713,569	700,147	673,369	689,612	664,873	686,394	498,399	943,829	\$ 5,570,192
Capital Lease Interest	14,782	14,777	14,225	13,682	13,141	15,010	14,804	31,948	\$ 132,370
Bond Interest	592,686	592,686	592,686	592,686	592,686	592,686	592,686	592,686	\$ 4,741,486
Accounts Receivable	decr (incr) (2,682,761)	(979,897)	(120,054)	529,302	1,769,695	(828,416)	3,757,456	1,017,432	\$ 2,462,758
Other Receivables	decr (incr) (9,724)	(12,725)	21,125	(9,193)	10,500	97	(87,187)	43,230	\$ (43,877)
Inventory	decr (incr) (32,807)	(34,588)	(30,322)	52,561	11,247	(7,239)	26,216	32,888	\$ 17,957
Prepaid Expenses/Other Assets	decr (incr) (1,217,325)	74,756	92,731	(55,641)	458,711	2,039,336	247,822	(1,203,637)	\$ 436,754
Accounts Payable and Accrued Expenses	incr (decr) 362,817	1,309,342	1,509,880	3,282,337	1,014,647	1,690,818	1,086,288	313,284	\$ 10,569,413
Accrued Compensation and Benefits	incr (decr) 654,732	(1,203,861)	(520,172)	590,450	403,831	626,689	(51,938)	198,961	\$ 698,691
Third-Party Liabilities	incr (decr) (2,543,212)	(2,855,401)	(2,949,857)	(2,150,584)	(1,272,922)	5,473,990	(1,212,664)	8,482,591	\$ 971,941
Net Pension Obligation	incr (decr) 80,248	72,658	705,071	601,231	285,660	48,379	513,897	513,897	\$ 2,821,041
<b>Net Cash From Operating Activities</b>	<b>\$ (3,910,334)</b>	<b>\$ (4,519,423)</b>	<b>\$ (4,039,043)</b>	<b>\$ 475,593</b>	<b>\$ 187,850</b>	<b>\$ 7,444,510</b>	<b>\$ 1,598,627</b>	<b>\$ 9,126,215</b>	<b>\$ 6,363,995</b>
<b><u>Cash Flow From Investing Activities</u></b>									
Fixed Assets - Gross	incr (decr) \$ (416,524)	\$ (715,671)	\$ (1,002,075)	\$ (867,113)	\$ (773,857)	\$ (631,785)	\$ (199,850)	\$ (1,097,486)	\$ (5,704,361)
Intangible Assets - Gross	incr (decr) \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Restricted Assets	incr (decr) \$ 5,159,432	(67,804)	(189,066)	192,514	(653,990)	(658,057)	3,610,540	(653,131)	\$ 6,740,438
<b>Net Cash From Investing Activities</b>	<b>\$ 4,742,908</b>	<b>\$ (783,475)</b>	<b>\$ (1,191,140)</b>	<b>\$ (674,599)</b>	<b>\$ (1,427,848)</b>	<b>\$ (1,289,842)</b>	<b>\$ 3,410,690</b>	<b>\$ (1,750,617)</b>	<b>\$ 1,036,077</b>
<b><u>Cash Flow From Financing Activities</u></b>									
Bond Payable	incr (decr) \$ (4,632,656)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3,431,219)	\$ -	\$ (8,063,875)
Capital Leases	incr (decr) (199,835)	(289,175.18)	(282,800)	(372,230)	(96,424)	116,743	(348,043)	290,559	\$ (1,181,206)
Notes Payable	incr (decr) -	-	-	-	-	-	-	-	\$ -
<b>Net Cash From Financing Activities</b>	<b>\$ (4,832,491)</b>	<b>\$ (289,175)</b>	<b>\$ (282,800)</b>	<b>\$ (372,230)</b>	<b>\$ (96,424)</b>	<b>\$ 116,743</b>	<b>\$ (3,779,262)</b>	<b>\$ 290,559</b>	<b>\$ (9,245,081)</b>
<b>Total Change In FY 2023 Cash</b>	<b>\$ (3,999,917)</b>	<b>\$ (5,592,074)</b>	<b>\$ (5,512,984)</b>	<b>\$ (571,236)</b>	<b>\$ (1,336,422)</b>	<b>\$ 6,271,411</b>	<b>\$ 1,230,055</b>	<b>\$ 7,666,157</b>	<b>\$ (1,845,009)</b>
<b>Cash &amp; Cash Equivalents, Beginning Balance</b>	<b>22,539,180</b>	<b>18,539,263</b>	<b>12,947,188</b>	<b>7,434,205</b>	<b>6,862,968</b>	<b>5,526,547</b>	<b>11,797,958</b>	<b>13,028,013</b>	<b>22,539,180</b>
<b>Cash &amp; Cash Equivalents, Ending Balance</b>	<b>\$ 18,539,263</b>	<b>\$ 12,947,189</b>	<b>\$ 7,434,205</b>	<b>\$ 6,862,968</b>	<b>\$ 5,526,547</b>	<b>\$ 11,797,958</b>	<b>\$ 13,028,013</b>	<b>\$ 20,694,170</b>	<b>20,694,171</b>



**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** Tammy Morita, on behalf of ECRMC  
**DATE:** March 27, 2023  
**MEETING:** Board of Trustees

**SUBJECT:** Purchase Authorization – Approval to Renew Service Agreements

**BUDGET IMPACT:**  Does not Apply  
 A. Does the action impact/affect financial resources?  Yes  No  
 B. If yes, what is the impact amount: \$95,000

**BACKGROUND:** In accordance with the El Centro Regional Medical Center Purchase Authorization, updated January 2023, the Chief Financial Officer (CFO) is authorized by the CEO and the Board of Trustees to commit Hospital funds for items purchased and for the routine operation of the Hospital. The purchasing functions (product research, negotiation, closing, etc.) are coordinated or conducted by the Purchasing department staff.

On behalf of the ECRMC management team, this request to approve the extension or renewal of previously approved service agreements to maintain safe and efficient hospital operations.

Vendor	Annual \$	Contract Term	Total Contract Value	Department	Scope / Purpose
Johnson Controls	\$171,385	5-year (renewal) effective 03/01/2023	\$856,926	Facilities	Life Safety, nurse call, fire monitor inspection services
Premier Healthcare Solutions	2023: \$180,610 2024: \$184,222 2025: \$187,907	3-year (renewal) effective 01/01/2023	\$552,739	Finance; Supply Chain; Materials Management	General Ledger, Accounts Payables, Supply Chain solution; ERP
Omnicell Transition Support	\$ 65,447.28	1 year effective 01/01/2023	\$ 65,447.28	Pharmacy	Omnicell Medicine cabinets support pending new cabinets

**DISCUSSION:** For a more detailed description, please see Agreements attached.

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

**ATTACHMENT(S):**

- Johnson Controls and Premier Healthcare Solutions
- Premier Suite Solutions Subscription Agreement
- Omnicell Transition Support Amendment

Approved for agenda, Matthew Jenusaitis

Date and Signature: Matthew Jenusaitis 3/24/23



**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** Tammy Morita, on behalf of ECRMC  
**DATE:** March 27, 2023  
**MEETING:** Board of Trustees

**SUBJECT:** Approval to pay for invoices above CEO limit (\$100,000)

**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:** As per our “Purchase Authorization Policy” (reviewed on January 31, 2023), the purchase of supplies, equipment and services for Hospital use is the responsibility of the ECRMC Purchasing Department. Food products and pharmaceuticals are purchased by the Dietary and Pharmacy Departments, respectively. Items procured for use by the Hospital shall be procured in accordance with all established Hospital policies and procedures.

The Chief Financial Officer (CFO) is authorized by the CEO and the Board of Trustees to commit Hospital funds for items purchased and for the routine operation of the Hospital. The purchasing functions (product research, bidding, negotiation, closing, etc.) are coordinated or conducted by the Purchasing Department staff. [Contracts and purchases of more than one hundred thousand dollars (\$100,000.00) require the approval of the Chief Executive Officer and Board of Trustees.]

On behalf of the ECRMC management team, this request to approve the following invoices to pay suppliers for necessary goods and services for our hospital operations.

Vendor Name	Description	Invoice No.	Invoice Date	Due Date	Aging (Days)	Amount
24 ON PHYSICIANS OF CALIFORNIA	Hospitalist Medical fees	INV10037	2/1/2023	2/11/2023	48	\$141,724.96
						<b>\$141,724.96</b>
AMERISOURCEBERGEN DRUG CORP	Oncology drugs	64657978	2/17/2023	2/24/2023	32	\$180,642.34
AMERISOURCEBERGEN DRUG CORP	Oncology drugs	64684281	2/24/2023	3/3/2023	25	\$196,165.95
AMERISOURCEBERGEN DRUG CORP	Oncology drugs	64753057	3/3/2023	3/10/2023	18	\$229,231.51
AMERISOURCEBERGEN DRUG CORP	Oncology drugs	64784314	3/10/2023	3/17/2023	11	\$176,339.36
AMERISOURCEBERGEN DRUG CORP	Oncology drugs	64831765	3/17/2023	3/24/2023	4	\$208,643.62
						<b>\$991,022.78</b>
AYA HEALTHCARE	Registered Nurse travelers	2190108	9/1/2022	10/1/2022	201	\$114,501.25
AYA HEALTHCARE	Registered Nurse travelers	2217916R	9/8/2022	10/8/2022	194	\$146,004.38
AYA HEALTHCARE	Registered Nurse travelers	2236693	9/15/2022	10/15/2022	187	\$143,825.00
AYA HEALTHCARE	Registered Nurse travelers	2265276	9/22/2022	10/22/2022	180	\$123,603.50
AYA HEALTHCARE	Registered Nurse travelers	2285311	9/29/2022	10/29/2022	173	\$139,655.75
AYA HEALTHCARE	Registered Nurse travelers	2314541	10/6/2022	11/5/2022	166	\$145,381.00
AYA HEALTHCARE	Registered Nurse travelers	2339112	10/13/2022	11/12/2022	159	\$113,112.75
AYA HEALTHCARE	Registered Nurse travelers	2364713	10/20/2022	11/19/2022	152	\$144,377.25
						<b>\$1,070,460.88</b>
FRESENIUS	Hemodialysis Treatments	88290025	2/28/2023	3/30/2023	21	\$108,324.99
						<b>\$108,324.99</b>
SIEMENS MEDICAL SOLUTIONS USA	Imaging Eq. Lease Installments	102156061	11/18/2022	12/13/2022	123	\$107,313.84
SIEMENS MEDICAL SOLUTIONS USA	Imaging Eq. Lease Installments	102169866	12/20/2022	1/14/2023	91	\$110,870.98
SIEMENS MEDICAL SOLUTIONS USA	Imaging Eq. Lease Installments	102183634	1/24/2023	2/18/2023	56	\$110,870.98
SIEMENS MEDICAL SOLUTIONS USA	Imaging Eq. Lease Installments	102195491	2/21/2023	3/18/2023	28	\$110,870.98
						<b>\$439,926.78</b>

**DISCUSSION:** For more details, please see invoices attached.

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

**ATTACHMENT(S):**

- 24 ON PHYSICIANS OF CALIFORNIA Invoices
- AMERISOURCEBERGEN DRUG CORP Invoices
- AYA HEALTHCARE Invoices
- FRESENIUS Invoices
- SIEMENS MEDICAL SOLUTIONS USA Invoices

Approved for agenda, Matthew Jenusaitis

Date and Signature:

Matthew Jenusaitis 3/24/23



**TO:** HOSPITAL BOARD MEMBERS  
**FROM:** Lenin Valdes, on behalf of ECRMC  
**DATE:** March 27, 2023  
**MEETING:** Board of Trustees

**SUBJECT:** Move to Approve Transfer Remaining Balance in USB Cash Management Fund (Liquid Investment) to ECRMCs Wells Fargo General Fund (Checking Account) to Keep It Available for Short Term Operational Commitments and Free of Investment Market Risks.

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

**BACKGROUND:** ECRMC has utilized UBS Financial Services for Investment Management Services since 2012. UBS provides oversight of two portfolios for ECRMC; the Defined Benefits Pension Fund (\$56.6 million), and a Cash Management Fund (\$2.94 million).

Even though our UBS Cash Management Fund is currently invested in a low risk and liquid investment account offering an annual yield between 0.50% to 4.65%, the current investment market is very unpredictable and considering our Hospital short-term cash needs, we want to keep these funds out of risk.

Due to aforementioned considerations, the Medical Center Administration recommends the transfer of all remaining balance (\$2,794,010) from the UBS Cash Management to our Wells Fargo General Fund (Checking account) to keep it available and free of any market risk.

**DISCUSSION:** For a more detailed description, please see UBS Statement attached.

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

**ATTACHMENT(S):**

- Holdings - UBS Wealth Management Statement as of March 24, 2023

Approved for agenda, Matthew Jenusaitis

Date and Signature: Matthew Jenusaitis 3/24/23