

February 18, 2021

TO: Legal Counsel

News Media

Salinas Californian
El Sol
Monterey County Herald
Monterey County Weekly
KION-TV
KSBW-TV/ABC Central Coast
KSMS/Entravision-TV

The next regular meeting of the **FINANCE COMMITTEE – COMMITTEE OF THE WHOLE** of the Salinas Valley Memorial Healthcare System will be held **MONDAY, FEBRUARY 22, 2021, AT 12:00 P.M., IN THE DOWNING RESOURCE CENTER, ROOMS A, B & C AT SALINAS VALLEY MEMORIAL HOSPITAL, 450 E. ROMIE LANE, SALINAS, CALIFORNIA, OR BY PHONE OR VIDEO (Visit svmh.com/virtualboardmeeting for Access Information).**

Please note: Pursuant to Executive Order N-25-20 issued by the Governor of the State of California in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.



Pete Delgado
President/Chief Executive Officer

Committee Members: Richard Turner – Chair; Juan Cabrera – Vice Chair; Pete Delgado – President/Chief Executive Officer; Augustine Lopez – Chief Financial Officer; Clement Miller – Chief Operating Officer; Harry Wardwell – Community Member; Michael Wilson – Community Member; and Orlando Rodriguez, M.D. – Medical Staff Member

**FINANCE COMMITTEE MEETING – FEBRUARY 2021
COMMITTEE OF THE WHOLE
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
MONDAY, FEBRUARY 22, 2021
12:00 P.M. – DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA
OR BY PHONE OR VIDEO
(Visit svmh.com/virtualboardmeeting for Access Information)**

Please note: Pursuant to Executive Order N-25-20 issued by the Governor of the State of California in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

AGENDA

1. Approval of Minutes from the Finance Committee Meeting of January 25, 2021 (DELGADO)
 - Motion/Second
 - Action by Committee/Roll Call Vote
2. Consider Recommendation for Board Approval of Board Resolution No. 2021-01 Declaring Its Intent to Reimburse Project Expenditures from Proceeds of Indebtedness (LOPEZ)
 - Staff Report
 - Committee Questions to Staff
 - Motion/Second
 - Public Comment
 - Committee Discussion/Deliberation
 - Action by Committee/Roll Call Vote
3. Review Balanced Scorecard – December 2020 (LOPEZ)
4. Financial and Statistical Review (LOPEZ)
5. Public Input

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board which are not otherwise covered under an item on this agenda.
6. Closed Session

(See Attached Closed Session Sheet information)
7. Reconvene Open Session/Report on Closed Session
8. Adjournment – The March 2021 Finance Committee Meeting is scheduled for **Monday, March 22, 2021, at 12:00 p.m.**

Notes: This Committee meeting may be attended by Board Members who do not sit on this Committee. In the event that a quorum of the entire Board is present, this Committee shall act as a Committee of the Whole. In either case, any item acted upon by the Committee or the Committee of the Whole will require consideration and action by the full Board of Directors as a prerequisite to its legal enactment. Requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting should be made to the Executive Assistant during regular business hours at 831-755-0741. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations. The Committee packet is available at the Committee Meeting, at www.svmh.com, and in the Human Resources Department of the District. All items appearing on the agenda are subject to action by the Committee.

FINANCE COMMITTEE MEETING OF THE BOARD OF DIRECTORS – COMMITTEE OF THE WHOLE

AGENDA FOR CLOSED SESSION

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

CLOSED SESSION AGENDA ITEMS

[] **LICENSE/PERMIT DETERMINATION**
(Government Code §54956.7)

Applicant(s): (Specify number of applicants)_____

[] **CONFERENCE WITH REAL PROPERTY NEGOTIATORS**
(Government Code §54956.8)

Property: (Specify street address, or if no street address, the parcel number or other unique reference, of the real property under negotiation): _____

Agency negotiator: (Specify names of negotiators attending the closed session): _____

Negotiating parties: (Specify name of party (not agent): _____

Under negotiation: (Specify whether instruction to negotiator will concern price, terms of payment, or both): _____

[] **CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION**
(Government Code §54956.9(d)(1))

Name of case: (Specify by reference to claimant's name, names of parties, case or claim numbers): _____, or

Case name unspecified: (Specify whether disclosure would jeopardize service of process or existing settlement negotiations): _____

[] **CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION**
(Government Code §54956.9)

Significant exposure to litigation pursuant to Section 54956.9(d)(2) or (3) (Number of potential cases): _____

Additional information required pursuant to Section 54956.9(e): _____

Initiation of litigation pursuant to Section 54956.9(d)(4) (Number of potential cases): _____

[] **LIABILITY CLAIMS**
(Government Code §54956.95)

Claimant: (Specify name unless unspecified pursuant to Section 54961): _____

Agency claimed against: (Specify name): _____

[] **THREAT TO PUBLIC SERVICES OR FACILITIES**
(Government Code §54957)

Consultation with: (Specify name of law enforcement agency and title of officer): _____

[] **PUBLIC EMPLOYEE APPOINTMENT**
(Government Code §54957)

Title: (Specify description of position to be filled): _____

[] **PUBLIC EMPLOYMENT**
(Government Code §54957)

Title: (Specify description of position to be filled): _____

[] **PUBLIC EMPLOYEE PERFORMANCE EVALUATION**
(Government Code §54957)

Title: (Specify position title of employee being reviewed): _____

[] **PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE**
(Government Code §54957)

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

[] **CONFERENCE WITH LABOR NEGOTIATOR**
(Government Code §54957.6)

Agency designated representative: (Specify name of designated representatives attending the closed session): _____

Employee organization: (Specify name of organization representing employee or employees in question): _____, or _____

Unrepresented employee: (Specify position title of unrepresented employee who is the subject of the negotiations): _____

CASE REVIEW/PLANNING
(Government Code §54957.8)

(No additional information is required to consider case review or planning.)

REPORT INVOLVING TRADE SECRET
(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility): Strategic planning/proposed new services and programs

Estimated date of public disclosure: (Specify month and year): unknown

HEARINGS/REPORTS
(Government Code §37624.3 & Health and Safety Code §§1461, 32155)

Subject matter: (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee):

CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW (Government Code §54956.86)

(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

ADJOURN TO OPEN SESSION

**MINUTES OF THE JANUARY 2021 FINANCE COMMITTEE MEETING
COMMITTEE OF THE WHOLE
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**MONDAY, JANUARY 25, 2021
12:00 P.M. – CISLINI PLAZA BOARD ROOM
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA
OR BY PHONE OR VIDEO
(Visit svmh.com/virtualboardmeeting for Access Information)**

Pursuant to Executive Order N-25-20 issued by the Governor of the State of California in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

Committee Members Present: Richard Turner, Chair; Juan Cabrera, Vice Chair; Augustine Lopez, Harry Wardwell, Michael Wilson by teleconference; Pete Delgado, Clement Miller, and Orlando Rodriguez, MD, in person.

Other Board Members Present, Constituting Committee of the Whole: Victor Rey, Jr., Joel Hernandez Laguna, and Regina M. Gage by teleconference, constituting Committee of the Whole.

Also Present: Allen Radner, MD, Adrienne Laurent, Michelle Childs, Clint Hoffman, Judi Melton, Scott Cleveland, Dave Sullivan, Josh Rivera, Karen Schroeder, Derek Ames, Alan Edwards, Chris Cunningham in person; Rolf Norman, Ellen Gallagher Parsons, Audrey Parks, Rolf Norman, and Renee Jaenicke by teleconference.

A quorum was present and the meeting was called to order at 12:03 p.m. by Richard Turner, Committee Chair.

**APPROVAL OF MINUTES FROM THE FINANCE COMMITTEE MEETING OF
DECEMBER 14, 2020**

Pete Delgado, President/Chief Executive Officer, recommended the Finance Committee approve the minutes of the Finance Committee Meeting of December 14, 2020. This information was included in the Committee packet.

No Public Comment.

MOTION: The Finance Committee approves the minutes of the Finance Committee Meeting of December 14, 2020, as presented. Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Delgado, Lopez, Miller, Wilson, Wardwell; Noes: None; Abstentions: None; Absent: Rodriguez; Motion Carried.

CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF CHANGE ORDER IN DISASTER RECOVERY SERVICES FROM CLOUDWAVE AS SOLE SOURCE JUSTIFICATION AND CONTRACT AWARD

Audrey Parks, Chief Information Officer, reported on the recommendation for Board approval of the change order in disaster recovery services from CloudWave as sole source justification and contract award. This information was included in the Committee packet.

Executive Leadership is seeking to modify Salinas Valley Memorial Healthcare system's current disaster recovery services from CloudWave to accommodate changes to its Meditech and API (human resources, time and attendance, payroll) computing environments which are part of the disaster recovery program. The requested change order is in the amount of \$100,894 over the life of the 61-month agreement.

No Public Comment.

MOTION: The Finance Committee recommends that the Board of Directors approve a change order in disaster recovery services from CloudWave as sole source justification and contract award for \$100,894 over the life of the 61-month agreement, as presented.

Moved/Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Delgado, Lopez, Miller, Wilson, Wardwell; Noes: None; Abstentions: None; Absent: Rodriguez; Motion Carried.

INFORMATIONAL UPDATE REGARDING CONTRACT FOR CONSTRUCTION MANAGEMENT SERVICES WITH KITCHELL CEM INCORPORATED FOR THE SVMHS PARKING GARAGE ANNEX DESIGN-BUILD PROJECT AND MAKE READY WORK PROJECT

Pete Delgado, President/Chief Executive Officer, and Dave Sullivan, Bogard Construction, provided an informational update regarding the contract for construction management services with Kitchell CEM Incorporated for the SVMHS Parking Garage Annex Design-Build Project and Make Ready Work Project. This information was included in the Committee packet.

SVMHS is pursuing a Master Plan that accomplishes compliance with seismic safety regulations, leverages existing hospital campus building and parking infrastructure and optimizes the hospital's size. Current planning contemplates parking infrastructure expansion, a tower expansion and retrofitting and optimizing the existing buildings on the hospital campus through seismically retrofitting the structure. The first element of the master plan is the parking garage expansion.

In March 2020, the Board approved contracting with Kitchell CEM for construction management services for the parking garage expansion element and make ready work project only. In April 2020, due to the coronavirus pandemic, Hospital Leadership paused all major capital projects, which included the parking garage expansion project. Hospital Leadership is reengaging the parking garage expansion element of the master plan.

There was brief discussion among the Committee regarding the need for additional parking spaces to meet the needs of the Hospital and the community.

Orlando Rodriguez, MD, joined the meeting at approximately 12:15 p.m.

REVIEW BALANCED SCORECARD – NOVEMBER 2020

Augustine Lopez, Chief Financial Officer, reported the Balanced Scorecard Summary for fiscal year 2021, year-to-date November 2020, was included in the Committee packet.

FINANCIAL AND STATISTICAL REVIEW

Augustine Lopez, Chief Financial Officer, provided a financial and statistical performance review for the month ending December 31, 2020. This information was included in the Committee packet.

Key highlights of the consolidated financial summary for December were: (1) income from operations was \$7.4 million with an operating margin of 12.4%, that included \$3.5 million total normalizing items, net; (2) gross revenues were favorable to budget; (3) payor mix was unfavorable to budget; (4) total normalized net patient revenues were favorable to budget; (5) inpatient surgeries and outpatient surgeries were below budget; (6) average daily census and total admissions were above budget; (7) ER outpatient visits were on budget (compared to July, visits declined by 33%); (8) total acute average length of stay was unfavorable to budget; (9) labor productivity was unfavorable to budget; (10) overtime increased; (11) days cash on hand was at 351; and (12) total capital expenditures were \$2,282,165. The case mix index for all discharges with and without COVID-19 cases was also reviewed.

There was brief discussion among the Committee regarding the increase in expenses for contract labor needed to provide coverage during the pandemic to meet the needs of the community, the payor mix, and revenues and expenses per adjusted patient day for SVMH including a request to provide data for the hospital system in the future. The Committee commended the efforts of Executive Leadership for the organization's continued course of financial stability.

PUBLIC INPUT

None.

CLOSED SESSION

Richard Turner, Committee Chair, announced that the item to be discussed in Closed Session is Report Involving Trade Secret – strategic planning/ proposed new services and programs. The meeting was recessed into Closed Session under the Closed Session protocol at 12:45 p.m.

Orlando Rodriguez, MD, excused himself from the meeting at approximately 1:30 p.m.

RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened Open Session at 1:58 p.m. Mr. Turner reported that in Closed Session, the Committee discussed: Report Involving Trade Secret – strategic planning/proposed new services and programs. No action was taken in the Closed Session.

CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF PROJECT BUDGET AND LEASE AGREEMENTS FOR DEVELOPMENT OF 212 SAN JOSE STREET SUITES 100 AND 201

Pete Delgado, President/Chief Executive Officer, recommended approval of the following for the development of 212 San Jose Street, Suites 100 and 201, in Salinas, for endoscopy services:

1. Project budget in the amount of three million eight hundred twenty-five thousand two hundred eighty-one dollars (\$3,825,281.00);
2. Lease Agreement with Monterey Bay Endoscopy Center, LLC for 212 San Jose Street, Suite 100; and
3. Lease Agreement with Monterey Bay GI Consultants Medical Group, Inc. for 212 San Jose Street, Suite 201.

This information was included in the Committee packet.

No Public Comment.

MOTION: The Finance Committee recommends that the Board of Directors approve the following: (i) the project budget for the development of 212 San Jose Street, Suites 100 and 201, in the amount of three million eight hundred twenty-five thousand two hundred eighty-one dollars (\$3,825,281.00); (ii) Lease Agreement with Monterey Bay Endoscopy Center, LLC for 212 San Jose Street, Suite 100; and, (iii) Lease Agreement with Monterey Bay GI Consultants Medical Group, Inc. for 212 San Jose Street, Suite 201 (with final review of documents by District Legal Counsel), as presented. Moved/ Seconded/ Roll Call Vote: Ayes: Turner, Cabrera, Delgado, Lopez, Miller, Wilson, Wardwell; Noes: None; Abstentions: None; Absent: Rodriguez; Motion Carried.

CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF AGREEMENTS NECESSARY FOR THE TRANSITION OF SALINAS FAMILY PRACTICE MEDICAL CLINIC, INC. TO SALINAS VALLEY MEDICAL CLINIC

Pete Delgado, President/Chief Executive Officer, recommended approval of the following agreements necessary for the transition of Salinas Family Practice Medical Clinic, Inc. to Salinas Valley Medical Clinic:

1. Clinic Professional Services Agreements with Mark Adame, MD and Douglas Cambier, MD;
2. Agreement for Purchase and Sale of Assets between Salinas Valley Memorial Healthcare System and Salinas Family Practice Medical Clinic, Inc. and CHM Leasing;

3. Lease Agreement between CHM Leasing and Salinas Valley Memorial Healthcare System; and
4. Sublease and Services Agreement between Salinas Valley Memorial Healthcare System and Salinas Family Practice Medical Clinic, Inc.

This information was included in the Committee packet.

No Public Comment.

MOTION: The Finance Committee recommends that the Board of Directors approve the following agreements: (i) Clinic Professional Services Agreements with Mark Adame, MD and Douglas Cambier, MD; (ii) Agreement for Purchase and Sale of Assets between Salinas Valley Memorial Healthcare System and Salinas Family Practice Medical Clinic, Inc. and CHM Leasing; (iii) Lease Agreement between CHM Leasing and Salinas Valley Memorial Healthcare System; and (iv) Sublease and Services Agreement between Salinas Valley Memorial Healthcare System and Salinas Family Practice Medical Clinic, Inc., as presented. Moved/ Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Delgado, Lopez, Miller, Wilson, Wardwell; Noes: None; Abstentions: None; Absent: Rodriguez; Motion Carried.

CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF EPIC COMMUNITY CONNECT PROJECT AND PROGRAM BUDGET

Pete Delgado, President/Chief Executive Officer, recommended approval of the Epic Community Connect Project and Program Budget of four million one hundred sixty thousand two hundred sixty-five dollars (\$4,160,265) over five years. This information was included in the Committee packet.

No Public Comment.

MOTION: The Finance Committee recommends that the Board of Directors approve the Epic Community Connect Project and Program Budget in the amount of four million one hundred sixty thousand two hundred sixty-five dollars (\$4,160,265) over five years, as presented. Moved/ Seconded/Roll Call Vote: Ayes: Turner, Cabrera, Delgado, Lopez, Miller, Wilson, Wardwell; Noes: None; Abstentions: None; Absent: Rodriguez; Motion Carried.

ADJOURNMENT

There being no other business, the meeting was adjourned at 2:12 p.m. The February 2021 Finance Committee Meeting is scheduled for **Monday, February 22, 2021, at 12:00 p.m.**

Richard Turner
Chair, Finance Committee

**RECOMMENDATIONS OF THE JANUARY 2021
FINANCE COMMITTEE MEETING
COMMITTEE OF THE WHOLE
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**January Committee Meeting
Meeting of January 25, 2021
To the Board of Directors**

1. RECOMMEND BOARD APPROVAL OF CHANGE ORDER IN DISASTER RECOVERY SERVICES FROM CLOUDWAVE AS SOLE SOURCE JUSTIFICATION AND CONTRACT AWARD

RECOMMENDATION: Recommends that the Board of Directors approve a change order in disaster recovery services from CloudWave as sole source justification and contract award for \$100,894 over the life of the 61-month agreement, as presented.

2. RECOMMEND BOARD APPROVAL OF PROJECT BUDGET AND LEASE AGREEMENTS FOR DEVELOPMENT OF 212 SAN JOSE STREET SUITES 100 AND 201

RECOMMENDATION: Recommends that the Board of Directors approve the following: (i) the project budget for the development of 212 San Jose Street, Suites 100 and 201, in the amount of three million eight hundred twenty-five thousand two hundred eighty-one dollars (\$3,825,281.00); (ii) Lease Agreement with Monterey Bay Endoscopy Center, LLC for 212 San Jose Street, Suite 100; and, (iii) Lease Agreement with Monterey Bay GI Consultants Medical Group, Inc. for 212 San Jose Street, Suite 201 (with final review of documents by District Legal Counsel), as presented.

3. RECOMMEND BOARD APPROVAL OF AGREEMENTS NECESSARY FOR THE TRANSITION OF SALINAS FAMILY PRACTICE MEDICAL CLINIC, INC. TO SALINAS VALLEY MEDICAL CLINIC

RECOMMENDATION: Recommends that the Board of Directors approve the following agreements: (i) Clinic Professional Services Agreements with Mark Adame, MD and Douglas Cambier, MD; (ii) Agreement for Purchase and Sale of Assets between Salinas Valley Memorial Healthcare System and Salinas Family Practice Medical Clinic, Inc. and CHM Leasing; (iii) Lease Agreement between CHM Leasing and Salinas Valley Memorial Healthcare System; and (iv) Sublease and Services Agreement between Salinas Valley Memorial Healthcare System and Salinas Family Practice Medical Clinic, Inc., as presented.

4. RECOMMEND BOARD APPROVAL OF EPIC COMMUNITY CONNECT PROJECT AND PROGRAM BUDGET

RECOMMENDATION: Recommends that the Board of Directors approve the Epic Community Connect Project and Program Budget in the amount of four million one hundred sixty thousand two hundred sixty-five dollars (\$4,160,265) over five years, as presented.

**RESOLUTION NO. ~~2018~~2021-01 OF
THE BOARD OF DIRECTORS OF
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**DECLARING ITS INTENT TO REIMBURSE PROJECT EXPENDITURES
FROM PROCEEDS OF INDEBTEDNESS**

WHEREAS, Salinas Valley Memorial Healthcare System ("District") is a public health care district organized and operated under Division 23 of the California Health and Safety Code;

WHEREAS, the District is authorized under the California Health and Safety Code ("Local Health Care District Law") to enter into agreements to finance construction and the purchase of equipment to be used for any District purpose;

WHEREAS, the District intends to finance (i) the construction of certain improvements and additions to its health care facilities, including its acute care facility and a parking garage annex and related improvements, and the purchase of certain equipment (including electronic medical records systems) for use at its health care facilities, including its acute care facility, expected to include an emergency generator, Taylor Farms Family Health ~~&and~~ Wellness Center, and other capital expenditures in support of the SVMHS District's mission to support health care in the community it serves, (ii) such improvements, additions and equipment as are identified in the capital plan of the District as approved by the Board of Directors of the District (the "Board"), as modified from time to time, and (iii) such other capital expenditures for strategic investment purposes identified from time to time as will enable the District to better serve the population in Monterey County;

WHEREAS, the District expects to pay for certain expenditures ("Reimbursement Expenditures") in connection with the projects described above (hereinafter collectively referred to as the "Project") prior to obtaining debt financing for the purpose of financing costs associated with the Project on a long term basis;

WHEREAS, the District reasonably expects that debt obligations in an amount not expected to exceed \$~~300~~450 million will be used to reimburse the Reimbursement Expenditures;

WHEREAS, proceeds of such debt obligations will be allocated to Reimbursement Expenditures no later than 18 months after the later of (i) the date the cost is paid, or (ii) the date the Project (or each component thereof) is placed in service or abandoned (but in no event more than three years after the cost is paid);

WHEREAS, Section 1.150-2 of the Treasury Regulations requires the District to declare its official intent to reimburse prior expenditures for the project with proceeds of a subsequent borrowing; and

WHEREAS, it appears to the Board that the declaration of the District's intent to reimburse its prior payments of costs of the Project is desirable and in the best interests of the District;

NOW, THEREFORE, BE IT RESOLVED, ORDERED AND DIRECTED AS FOLLOWS:

1. Recitals. This Board finds and determines that all of the above recitals are true and correct.
2. Official Intent. The District hereby declares that the District reasonably expects to reimburse its expenditures on costs of the Project with proceeds of debt to be incurred by the District. The foregoing statement is a declaration of official intent that is made under and only for the purpose of establishing compliance with the requirements of Treasury Regulations section 1.150-2. This declaration of official intent does not bind the District to make any expenditure for Project costs or to incur any debt for Project costs or to proceed with the Project. This declaration of official intent supplements the declarations of official intent adopted by the Board on February 28, 2013 ~~and~~, June 24, 2015 and November 29, 2018.
3. This resolution shall take effect from and after its adoption.

This Resolution was adopted at a Regular Meeting of the Board of Directors of the District on ~~November 29~~ February 25, 2018 ~~2021~~, by the following vote.

AYES:
NOES:
ABSTENTIONS:
ABSENT:

~~Board Member~~ Secretary
Salinas Valley Memorial Healthcare System

**RESOLUTION NO. 2021-01
OF THE BOARD OF DIRECTORS OF
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**DECLARING ITS INTENT TO REIMBURSE PROJECT EXPENDITURES
FROM PROCEEDS OF INDEBTEDNESS**

WHEREAS, Salinas Valley Memorial Healthcare System (“District”) is a public health care district organized and operated under Division 23 of the California Health and Safety Code;

WHEREAS, the District is authorized under the California Health and Safety Code ("Local Health Care District Law") to enter into agreements to finance construction and the purchase of equipment to be used for any District purpose;

WHEREAS, the District intends to finance (i) the construction of certain improvements and additions to its health care facilities, including its acute care facility and a parking garage annex and related improvements, and the purchase of certain equipment (including electronic medical records systems) for use at its health care facilities, including its acute care facility, expected to include an emergency generator, Taylor Farms Family Health & Wellness Center, and other capital expenditures in support of the District’s mission to support health care in the community it serves, (ii) such improvements, additions and equipment as are identified in the capital plan of the District as approved by the Board of Directors of the District (the “Board”), as modified from time to time, and (iii) such other capital expenditures for strategic investment purposes identified from time to time as will enable the District to better serve the population in Monterey County;

WHEREAS, the District expects to pay for certain expenditures ("Reimbursement Expenditures") in connection with the projects described above (hereinafter collectively referred to as the "Project") prior to obtaining debt financing for the purpose of financing costs associated with the Project on a long term basis;

WHEREAS, the District reasonably expects that debt obligations in an amount not expected to exceed \$450 million will be used to reimburse the Reimbursement Expenditures;

WHEREAS, proceeds of such debt obligations will be allocated to Reimbursement Expenditures no later than 18 months after the later of (i) the date the cost is paid, or (ii) the date the Project (or each component thereof) is placed in service or abandoned (but in no event more than three years after the cost is paid);

WHEREAS, Section 1.150-2 of the Treasury Regulations requires the District to declare its official intent to reimburse prior expenditures for the project with proceeds of a subsequent borrowing; and

WHEREAS, it appears to the Board that the declaration of the District's intent to reimburse its prior payments of costs of the Project is desirable and in the best interests of the District;

NOW, THEREFORE, BE IT RESOLVED, ORDERED AND DIRECTED AS FOLLOWS:

1. Recitals. This Board finds and determines that all of the above recitals are true and correct.
2. Official Intent. The District hereby declares that the District reasonably expects to reimburse its expenditures on costs of the Project with proceeds of debt to be incurred by the District. The foregoing statement is a declaration of official intent that is made under and only for the purpose of establishing compliance with the requirements of Treasury Regulations section 1.150-2. This declaration of official intent does not bind the District to make any expenditure for Project costs or to incur any debt for Project costs or to proceed with the Project. This declaration of official intent supplements the declarations of official intent adopted by the Board on February 28, 2013, June 24, 2015 and November 29, 2018.
3. This resolution shall take effect from and after its adoption.

This Resolution was adopted at a Regular Meeting of the Board of Directors of the District on February 25, 2021, by the following vote.

AYES:
NOES:
ABSTENTIONS:
ABSENT:

Board Member
Salinas Valley Memorial Healthcare System

SVMH Balanced Scorecard



FY 2021 YTD December

Monthly Scorecard

IP Service (15%)



Organizational Goals by Pillar	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	FY 2021 Act/Proj	TARGET	Var %
I. Service									
1. Communication with Nurses	81.7	80.1	75.3	81.6	82.2	86.2	81.2	82.6	-1.7%
# of Reponses	161	145	138	125	115	155			
2. Communication with Doctors	79.6	82.0	78.5	81.1	80.1	82.6	80.7	81.8	-1.4%
# of Reponses	159	145	137	125	115	155			
3. Responsiveness of Hospital Staff	69.9	63.8	68.4	75.3	67.2	72.1	69.4	68.2	1.8%
# of Reponses	156	134	135	114	108	148			
4. Communication About Medicines	68.8	66.9	64.9	71.6	71.7	67.4	68.5	69.7	-1.7%
# of Reponses	107	98	88	83	78	98			
5a. Cleanliness of hospital environment	86.1	73.4	75.7	79.2	77.7	85.0	79.5	81.5	-2.4%
# of Reponses	158	143	136	125	112	153			
5b. Quietness of hospital environment	58.2	59.6	53.6	55.3	50.0	50.0	54.5	48.7	11.9%
# of Reponses	158	141	138	123	112	152			
6. Discharge Information	86.1	89.8	89.2	91.8	89.6	91.6	89.7	90.3	-0.6%
# of Reponses	153	136	127	116	107	151			
7. Care Transitions	54.1	61.3	53.9	56.0	56.2	62.2	57.3	57.0	0.6%
# of Reponses	162	144	137	125	115	154			
8. Overall Rating of Hospital	78.2	73.6	74.8	76.8	77.2	79.6	76.7	78.6	-2.4%
# of Reponses	156	140	135	125	114	152			
Average of Inpatient HCAHPS Scores	73.8	73.0	71.2	75.2	73.5	76.1	73.8	74.2	-0.5%
# of Total Reponses - IP	162	145	138	125	115	155			

Notes / Assumptions:

- Source: Press Ganey
- Based on monthly **received date**
- Based on top box scores (highest response possible on the survey scale: Yes, Definitely Yes, Always)
- IP HCAHPS Score FY 2020 Baseline was 73.7. Rationale: Baseline = Threshold is based on 7 month Pre-Covid Average (Aug19 to Feb20; Jul19 not included due to sterilizer event) = 73.7. The Target is 0.5 point improvement from the Baseline, and the Max is 1.0 point improvement from the Baseline.
- ER Press Ganey Score FY 2020 Baseline was 59.2. Rationale: Baseline = Threshold is based on average of July 2020 Actual, MTD August 18, 2020 Actual, September estimated Average of Jul and Aug, and remainder of the year using 8 month Pre-Covid Average (Jul19 to Feb20) = 59.2. The Target is 0.5 point improvement from the Baseline, and the Max is 1.0 point improvement from the Baseline
- Ambulatory HCAHPS Score FY 2020 Baseline was 91.3. Rationale: Baseline = Threshold is based on 8 month Pre-Covid Average excluding August 2019 (anomaly) = 91.3. The Target is 0.5 point improvement from the Baseline, and the Max is 1.0 point improvement from the Baseline

Monthly Scorecard

ER Service (10%)



Organizational Goals by Pillar	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	FY 2021 Act/Proj	TARGET	Var %
I. Service									
Emergency Room Press Ganey Score	55.9	58.1	59.1	64.4	58.1	60.0	59.3	59.7	-0.7%
# of Total Responses - ER	269	204	202	177	110	194			

Notes / Assumptions:

- Source: Press Ganey
- Based on monthly **received date**
- Based on top box scores (highest response possible on the survey scale: Yes, Definitely Yes, Always)
- IP HCAHPS Score FY 2020 Baseline was 73.7. Rationale: Baseline = Threshold is based on 7 month Pre-Covid Average (Aug19 to Feb20; Jul19 not included due to sterilizer event) = 73.7. The Target is 0.5 point improvement from the Baseline, and the Max is 1.0 point improvement from the Baseline.
- ER Press Ganey Score FY 2020 Baseline was 59.2. Rationale: Baseline = Threshold is based on average of July 2020 Actual, MTD August 18, 2020 Actual, September estimated Average of Jul and Aug, and remainder of the year using 8 month Pre-Covid Average (Jul19 to Feb20) = 59.2. The Target is 0.5 point improvement from the Baseline, and the Max is 1.0 point improvement from the Baseline
- Ambulatory HCAHPS Score FY 2020 Baseline was 91.3. Rationale: Baseline = Threshold is based on 8 month Pre-Covid Average excluding August 2019 (anomaly) = 91.3. The Target is 0.5 point improvement from the Baseline, and the Max is 1.0 point improvement from the Baseline

Monthly Scorecard

Ambulatory Service (5%)



Organizational Goals by Pillar	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	FY 2021 Act/Proj	TARGET	Var %
I. Service									
1. Communication	81.1	87.6	82.9	93.6	91.5	86.5	87.2	90.3	-3.4%
# of Reponses	65	66	52	64	63	55			
2. Discharge	91.9	94.0	91.4	95.9	92.2	93.2	93.1	94.6	-1.6%
# of Reponses	64	66	53	64	62	55			
3. Facility rating	72.3	87.3	86.8	96.8	82.3	80.0	84.2	85.6	-1.6%
# of Reponses	65	63	53	62	62	55			
4. Facility/Personal Treatment	89.7	97.2	97.5	98.4	96.2	96.3	95.9	96.8	-1.0%
# of Reponses	65	66	53	64	62	55			
Average of Ambulatory HCAHPS Scores	83.7	91.5	89.6	96.2	90.5	89.0	90.1	91.8	-1.9%
# of Total Reponses - Ambulatory	65	66	53	64	63	55			

Notes / Assumptions:

- Source: Press Ganey
- Based on monthly **received date**
- Based on top box scores (highest response possible on the survey scale: Yes, Definitely Yes, Always)
- IP HCAHPS Score FY 2020 Baseline was 73.7. Rationale: Baseline = Threshold is based on 7 month Pre-Covid Average (Aug19 to Feb20; Jul19 not included due to sterilizer event) = 73.7. The Target is 0.5 point improvement from the Baseline, and the Max is 1.0 point improvement from the Baseline.
- ER Press Ganey Score FY 2020 Baseline was 59.2. Rationale: Baseline = Threshold is based on average of July 2020 Actual, MTD August 18, 2020 Actual, September estimated Average of Jul and Aug, and remainder of the year using 8 month Pre-Covid Average (Jul19 to Feb20) = 59.2. The Target is 0.5 point improvement from the Baseline, and the Max is 1.0 point improvement from the Baseline
- Ambulatory HCAHPS Score FY 2020 Baseline was 91.3. Rationale: Baseline = Threshold is based on 8 month Pre-Covid Average excluding August 2019 (anomaly) = 91.3. The Target is 0.5 point improvement from the Baseline, and the Max is 1.0 point improvement from the Baseline

Monthly Scorecard

Quality & Safety Processes – ER (8%)



Organizational Goals by Pillar	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	FY 2021 Act/Proj	TARGET	Var %
III. Quality & Safety Processes									
Emergency Room Efficiencies									
Median length of stay for non-admits (in minutes)	124.0	141.0	158.0	172.0	167.0	179.0	156.0	153.0	-2.0%
Median time from admit decision to time of admission to nursing unit (in minutes)	87.0	87.0	86.0	87.0	94.0	120.0	92.0	85.0	-8.2%

Source: Meditech

ER - LOS for Non-Admits in Minutes: Data Criteria: Calculate the median LOS in minutes for ER Outpatients for each month & YTD for cases in ER (excludes inpatients and patients leaving against medical advice or left without being seen.) The Baseline for FY20 was 154.0 minutes; Rationale: Baseline = Threshold is based on FY 2020 Actuals. The Target is a 1 minute improvement from the Baseline, and the Max is a 2 minute improvement from the Baseline.

ER - Time to Admit in Minutes: Data Criteria: Calculate the median time for inpatients from admit decision to time of admission to nursing unit in minutes (includes observation cases). Actuals for FY 2020 was 81.0 minutes. However, Baseline used to determine Threshold for FY 2021 is 88.0, based on July 2020 Actual and MTD 8-18-20 Actual. Rationale: It is expected that Flu & Covid will generate more complexity for ER admissions. The isolation rooms in the ER are limited. When a patient leaves the isolation room, there is a need for terminal cleaning for at least 1 hour which causes a delay to flow of patients. The admission process has become more complicated with patients going to COVID & isolation rooms because of the need for more resources for transport depending on patient's need. Also, COVID testing can take up to an hour so a patient cannot leave ER until COVID results are available to place a patient in proper rooms. FY21 Threshold is a 2.0 minutes improvement from Baseline = 86.0 minutes; FY21 Target = 85.0 minutes; FY21 Max = 84.0 minutes.

Monthly Scorecard

Quality & Safety Processes – OR (8%)



Organizational Goals by Pillar	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	FY 2021 Act/Proj	TARGET	Var %
III. Quality & Safety Processes									
Operating Room Efficiencies									
Turnover Time (Wheels out / Wheels in) (in minutes)	30.7	28.7	29.3	30.3	31.3	33.1	30.6	29.5	-3.6%
Percentage of 1st Case On Time Start Time	92.2%	86.7%	94.2%	83.5%	89.5%	75.9%	87.0%	89.0%	-2.2%

Turnover Time Measurement: New Methodology FY 2021 - Calculate minutes elapsed between the PICIS OR Nurse Record wheels out & wheels in of the next case. Historically based on predictive anesthesia end time by the circulating RN in the OR record, this metric was updated to use the anesthesia actual documented end time as a more precise variable to capture and measure data more accurately. The PICIS 8.6 Upgrade in March 2020 prevents modification of time in the Nurse Record and requires the Anesthesia End Time to be documented in the PACU as the patient begins the recovery process rendering it no longer an accurate capture of the TOT wheels out data point. Only cases where the time difference is less than or equal to 60 minutes will be included because breaks are often scheduled in a day. Due to MD availability, cases that exceed 60 threshold minutes will not count as a turnover. Excludes non-scheduled cases. Measurement applies to cases for the same physician and same room only. Data will be partition by actual date rather than previously scheduled date. **National benchmarks range from 25 to 38 minutes.** FY 20 Baseline = 29.0 under the new methodology. Rationale: FY 2021 Goals are: Threshold = 30.5, Target = 29.5, Max = 28.5 in order to achieve sustainability.

Percentage of 1st case On Time Start Time

- 1st scheduled case of the day in each OR room where the scheduled time is between 07:00 AM and 08:59 AM
- Cases in which the patient is Wheeled In at least zero minutes prior to the case
- FY20 Baseline was 90.4%. FY 2021 Goals are: Threshold = 87.0%. Target = 89.0%. Max = 91.0%. Rationale: Increased targets from prior year by 1 percentage point in order to achieve sustainability and maintain patient safety as the priority focus for Perioperative Services.
- **National benchmark goals range from 70% to 80%**

Monthly Scorecard

Quality & Safety Processes – HAC (4%)



Organizational Goals by Pillar	Jul-20	Aug-20	Sep-20	FY 2021 Act/Proj	TARGET	Var %
III. Quality & Safety Processes						
Hospital Acquired Conditions						
CLABSI SIR (Standard Infection Ratio)	0.00			0.00	0.41	100.0%
# of CLABSI EVENTS	0	0	0	0		
CAUTI SIR (Standard Infection Ratio)	0.91			0.91	0.43	-113.8%
# of CAUTI EVENTS	1	0	1	2		
CDI SIR (Standard Infection Ratio)	0.54			0.54	0.62	12.4%
# of CDI EVENTS	0	2	1	3		
Hospital Acquired Conditions Average	0.49			0.49	0.49	0.3%

FY2021 2nd Quarter Results Pending

- **Source:** NHSN & Medline Interface
- Hospital Acquired Conditions will be measured **quarterly**
- **Rationale for Targets:** The FY 2021 Target is set to meet Leapfrog requirements, which will then align with CMS requirements.
- **Acronyms:**
 1. **CLABSI (Central Line Associated Bloodstream Infection).**
 2. **CAUTI (Catheter Associated Urinary Tract Infection).**
 3. **CDI (Clostridium Difficile Infection).**

Monthly Scorecard

Finance (20%)



Organizational Goals by Pillar	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	FY 2021 Act/Proj	TARGET	Var %
IV. Finance									
Income from Operations (Normalized) (\$ in Millions)	\$7,663	\$8,131	\$7,328	\$6,224	\$8,606	\$10,189	\$96,281	\$50,933	89.0%
Operating Margin (Normalized)	15.3%	16.7%	15.4%	12.9%	17.6%	19.3%	16.2%	9.9%	63.3%

- Target Methodology is based on SVMH's 100% of FY 2021 Board Approved Annual Operating Budget

Monthly Scorecard

Growth (10%)



Organizational Goals by Pillar	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	FY 2021 Act/Proj	TARGET	Var %
V. Growth									
I. Increase Aspire Health Plan Medicare Advantage membership to →	5,496	5,528	5,544	5,558	5,570	5,602	5,602	6,069	-7.7%
II. Increase % of patients adopting of EPIC MyChart to →	-	-	21.6%	27.9%	29.5%	32.3%	32.3%	30.0%	7.7%

- **Aspire:** Our target for FY21 is based on detail provided by the executive team at Aspire Health Plan. We are using the current Aspire sales goals for the Special Election Period (SEP) and Annual Election Period (AEP) in line with our current business plan and bid targets. The projected increase of 610 members from our baseline of 5,459 in June is less than our prior year target of a 949 member increase. The primary driver behind the reduction in member growth projection is major changes in the plan design (benefits) to all of the plans, but to the Plus Plan in particular. The changes reflect a desire to improve plan profitability and mitigate risk. Our corridor for minimum and maximum thresholds is proportional to our targets last year with a +/- 20% of the targeted increase in members or 122 members over or under the target. The final result will be based on CMS paid members for the month of June in the July report from CMS.
- **Epic MyChart:** Our target for FY21 is based on benchmarks provided by Epic when compared to our peers that are using Epic MyChart and the recommendations from Epic Ambulatory Advisory Council. The middle 50% of Epic installations from our peer group ranges from 28% to 48% with a median of 38%, our current performance is 14.7% and is improving as we continue to push adoption and implement strategies to engage our patients through MyChart as our primary telemedicine platform. The 30% target was set by the Epic Ambulatory Advisory Council on February 20, 2020. The corridor for minimum and maximum thresholds is +/- 5% for a range from 25% to 35%. The final result will be based on patients with visits in FY21 that have an active MyChart account.

Monthly Scorecard

Community (0%)



Organizational Goals by Pillar	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	FY 2021 Act/Proj	TARGET	Var %
VI. Community									
Community activity hours performed by SVMH Staff	164	120	41	264	96	77	1,523	-	-
Increase participation in the Blue Zones Project							NA	844	0.0%

Notes / Assumptions:

- **Community Activity Hours Performed by SVMHS Staff:** Source: SVMH Activity Tracker Application. As a result of the challenging times during the pandemic, there will not be an established target for FY 2021 to dismiss the pressures of performing community activity hours.

Questions / Comments?



Financial Performance Review

January 2021

Augustine Lopez
Chief Financial Officer



Consolidated Financial Summary

For the Month of January 2021

Profit/Loss Statement

\$ in Millions	For the Month of January 2021				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 59.0	\$ 52.1	\$ 6.9		13.2%
Operating Expense	\$ 53.6	\$ 49.5	\$ (4.1)		-8.3%
Income from Operations*	\$ 5.4	\$ 2.6	\$ 2.8		107.7%
<i>Operating Margin %</i>	9.1%	5.0%	4.1%		82.00%
Non Operating Income	\$ 1.0	\$ 0.6	\$ 0.4		66.7%
Net Income	\$ 6.4	\$ 3.2	\$ 3.2		100.0%
<i>Net Income Margin %</i>	10.9%	6.2%	4.7%		75.8%

***No Normalizing items in January**

Favorable results due to:

- Higher than expected inpatient volumes coupled with a higher collection rate

Consolidated Financial Summary

Year-to-Date January 2021

Profit/Loss Statement

\$ in Millions	FY 2021 YTD January				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 392.9	\$ 335.8	\$ 57.1	17.0%	
Operating Expense	\$ 361.5	\$ 340.6	\$ (20.9)	-6.1%	
Income from Operations*	\$ 31.4	\$ (4.8)	\$ 36.2	754.2%	
<i>Operating Margin %</i>	8.0%	-1.4%	9.4%	671.4%	
Non Operating Income**	\$ 11.4	\$ 5.8	\$ 5.6	96.6%	
Net Income	\$ 42.8	\$ 1.0	\$ 41.8	4180.0%	
<i>Net Income Margin %</i>	10.9%	0.3%	10.6%	3533.3%	

*** Income from Operations includes:**

- \$0.2M** Prior Year Medicare Cost Report Settlement
- \$1.4M** AB113 Intergovernmental Transfer Payment
Related to FY18 & FY19 (ACA Pop Health Supplement)

\$1.6M Total Normalizing Items, Net

Favorable results due to:

- Higher than expected inpatient and outpatient volumes, coupled with favorable labor productivity in the first two months of the year and favorable payor mix in Nov and Dec

**Favorable variance in non-operating income is predominantly due to higher than expected investment returns

Consolidated Financial Summary

Year-to-Date January 2021 - Normalized

Profit/Loss Statement

\$ in Millions	FY 2021 YTD January				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 391.3	\$ 335.8	\$ 55.5	16.5%	
Operating Expense	\$ 361.5	\$ 340.6	\$ (20.9)	-6.1%	
Income from Operations	\$ 29.8	\$ (4.8)	\$ 34.6	720.8%	
<i>Operating Margin %</i>	7.6%	-1.4%	9.0%	642.9%	
Non Operating Income**	\$ 11.4	\$ 5.8	\$ 5.6	96.6%	
Net Income	\$ 41.2	\$ 1.0	\$ 40.2	4020.0%	
<i>Net Income Margin %</i>	10.5%	0.3%	10.2%	3400.0%	

SVMH Financial Highlights January 2021

Gross Revenues were favorable

- **Gross Revenues** were **8% favorable** to budget
- **IP gross revenues** were **26% favorable** to budget
- **ED gross revenues** were **10% unfavorable** to budget

- **OP gross revenues** were **15% unfavorable** to budget in all areas, including the following:

- Infusion Therapy <8%>
- Surgery <50%>
- Central Supply <44%>

- **Commercial: 4% above** budget
- **Medicaid: 4% above** budget
- **Medicare: 13% above** budget

Payor Mix - unfavorable to budget

Total Net Patient Revenues were \$52.1M, which was **favorable** to budget by **\$8.0M** or **18.1%**

Financial Summary – January 2021



1) Higher than expected Inpatient business:

- Average daily census was at 138, 22% above budget of 113

2) Total admissions were 3% or 29 admits above budget.

- ER admissions were 17% above budget (107 admits)
- ER admissions (including OB ED) were 91% of total acute admissions

3) OP Observation cases were 1% (2 cases) below budget at 142



4) Outpatient business:

- Lower than expected patient volumes in all outpatient service lines
- Total OP visits were 9% below budget (745 visits)

5) ER Outpatient visits were below budget by 9% (275 visits);

- Compared to July, visits decreased from 4,456 to 2,833 (a 36% decline)

6) Outpatient Surgeries were 54% (133 cases) below budget at 115

7) Inpatient Surgeries were 23% (34 cases) below budget at 117

8) Deliveries were 25% (39 deliveries) below budget at 118

9) Total Acute ALOS was 15% unfavorable at 4.8 vs 4.1 days budgeted

10) Medicare ALOS CMI adjusted was 13% unfavorable at 2.8 days with a Case Mix Index of 2.0



CMI – All Discharges (with & without COVID)

Based on Discharges

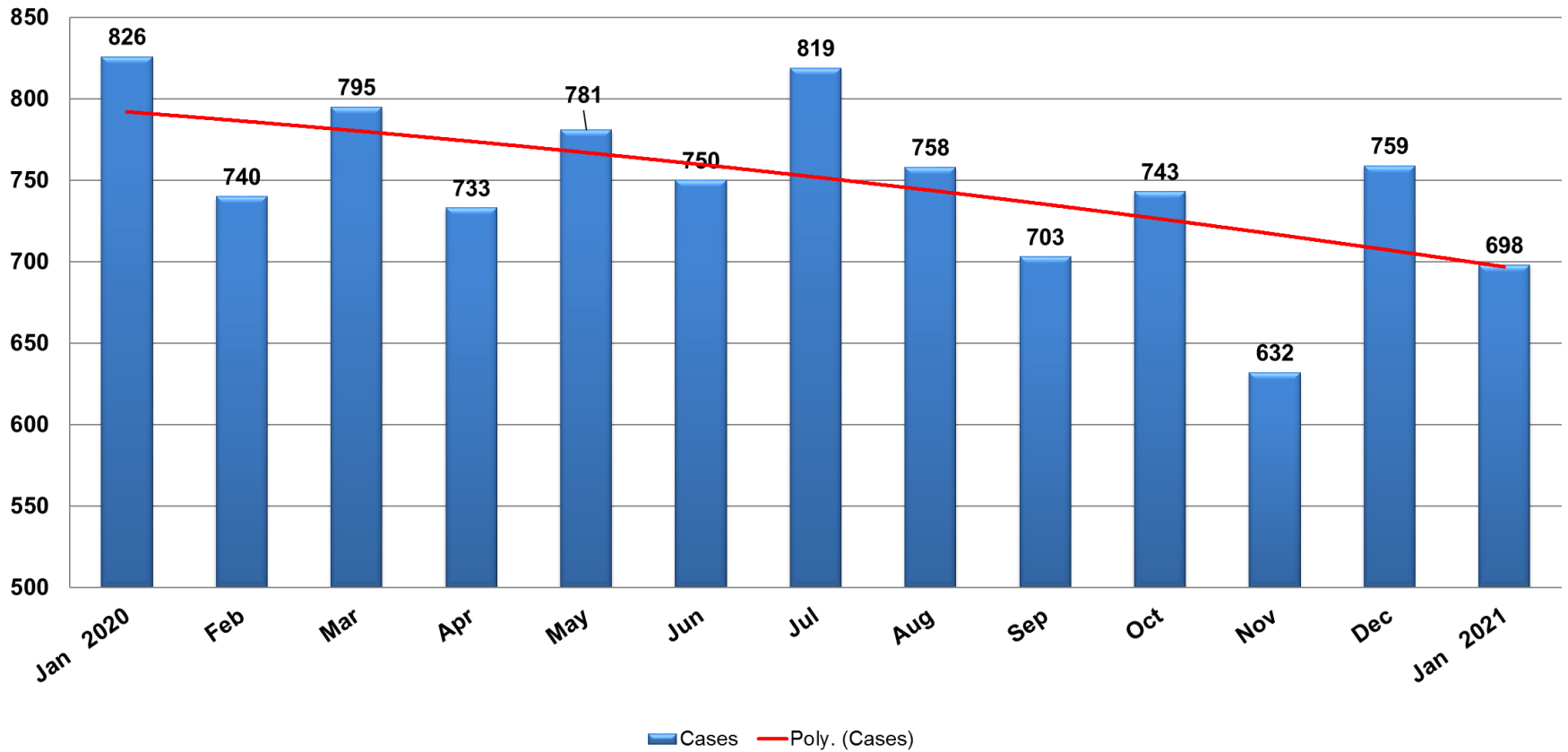
July 2020 thru January 2021

All Payors	All Discharges				COVID Discharges Only				Discharges Excluding COVID			
Month	All Payor CMI	Discharges	ADC	ALOS	All Payor CMI	Discharges	ADC	ALOS	All Payor CMI	Discharges	ADC	ALOS
7/31/2020	1.58	906	118	4.0	2.08	108	17	4.8	1.51	798	101	3.9
8/31/2020	1.68	859	117	4.2	2.32	89	18	6.4	1.60	770	99	4.0
9/30/2020	1.70	818	112	4.1	2.27	58	15	7.7	1.66	760	98	3.8
10/31/2020	1.64	864	115	4.1	2.39	55	13	7.5	1.59	809	102	3.9
11/30/2020	1.76	784	110	4.2	2.32	93	18	5.7	1.68	691	92	4.0
12/31/2020	1.76	852	121	4.4	2.15	222	45	6.2	1.62	630	77	3.8
1/31/2021	1.81	891	139	4.8	2.33	289	65	7.0	1.56	602	74	3.8
Total	1.71	5,974	119	4.3	2.27	914	27	6.4	1.61	5,060	92	3.9

Medicare	Medicare Discharges				Medicare COVID Discharges Only				Medicare Discharges Excluding COVID			
Month	Medicare CMI	Discharges	ADC	ALOS	Medicare CMI	Discharges	ADC	ALOS	Medicare CMI	Discharges	ADC	ALOS
7/31/2020	1.69	334	44	4.1	1.82	32	5	5.0	1.68	302	39	4.0
8/31/2020	1.82	314	51	5.1	2.41	27	7	8.1	1.77	287	44	4.8
9/30/2020	1.90	285	45	4.7	2.11	16	4	7.9	1.89	269	41	4.5
10/31/2020	1.80	331	47	4.4	2.45	19	4	7.1	1.76	312	43	4.2
11/30/2020	1.88	304	48	4.7	2.29	30	8	7.9	1.83	274	40	4.4
12/31/2020	1.95	322	51	4.9	1.92	95	16	5.3	1.96	227	35	4.8
1/31/2021	1.97	361	65	5.6	2.31	134	30	6.9	1.78	227	36	4.9
Total	1.86	2,251	50	4.8	2.19	353	11	6.5	1.81	1,898	40	4.5

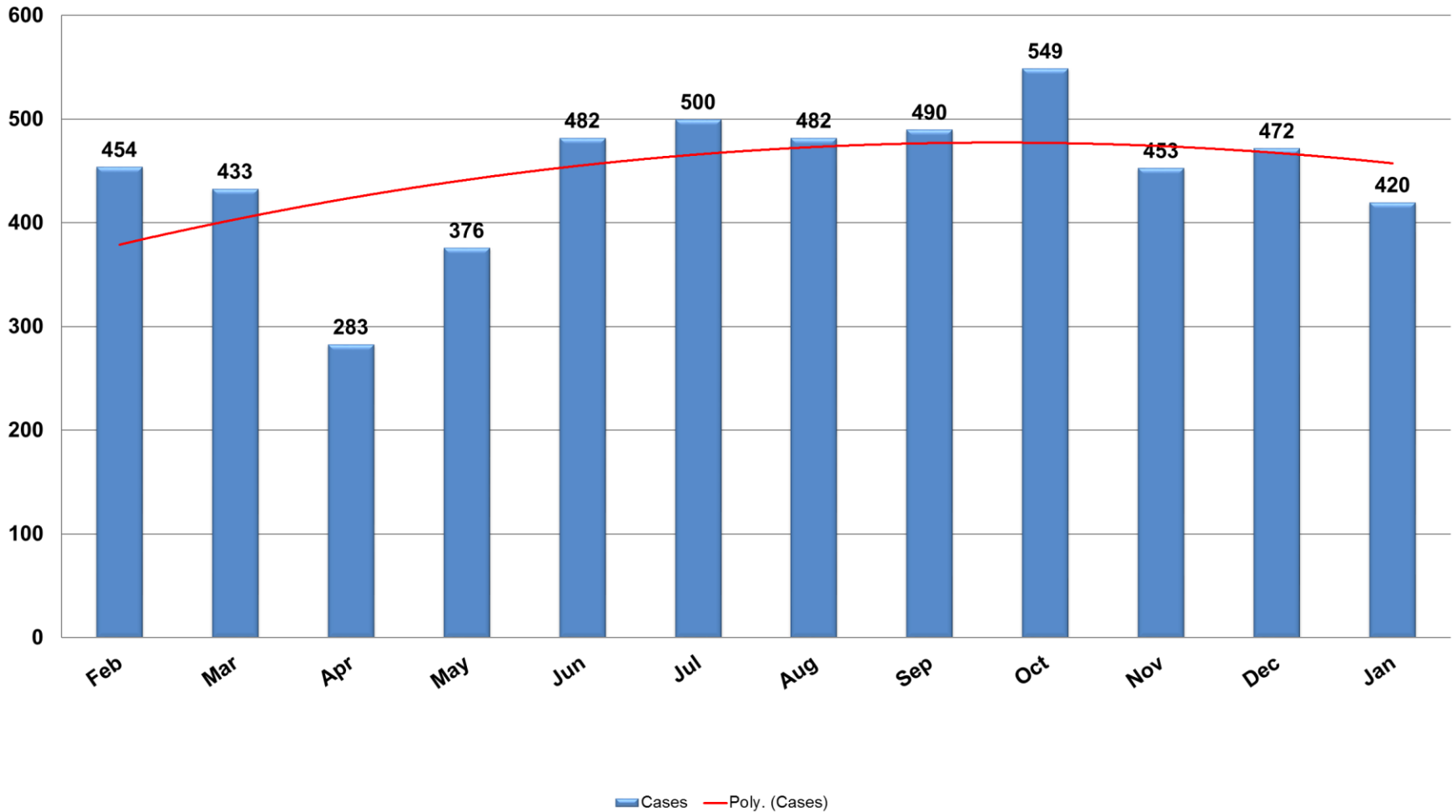
OP Infusion Service Line

OP Infusion
Cases Trend - Jan 2020 thru Jan 2021



Cardiac Diagnostic O/P Center (CDOC)

Cases - Rolling 12 Month Trend
Feb 2020 thru Jan 2021



Labor Productivity – January 2021



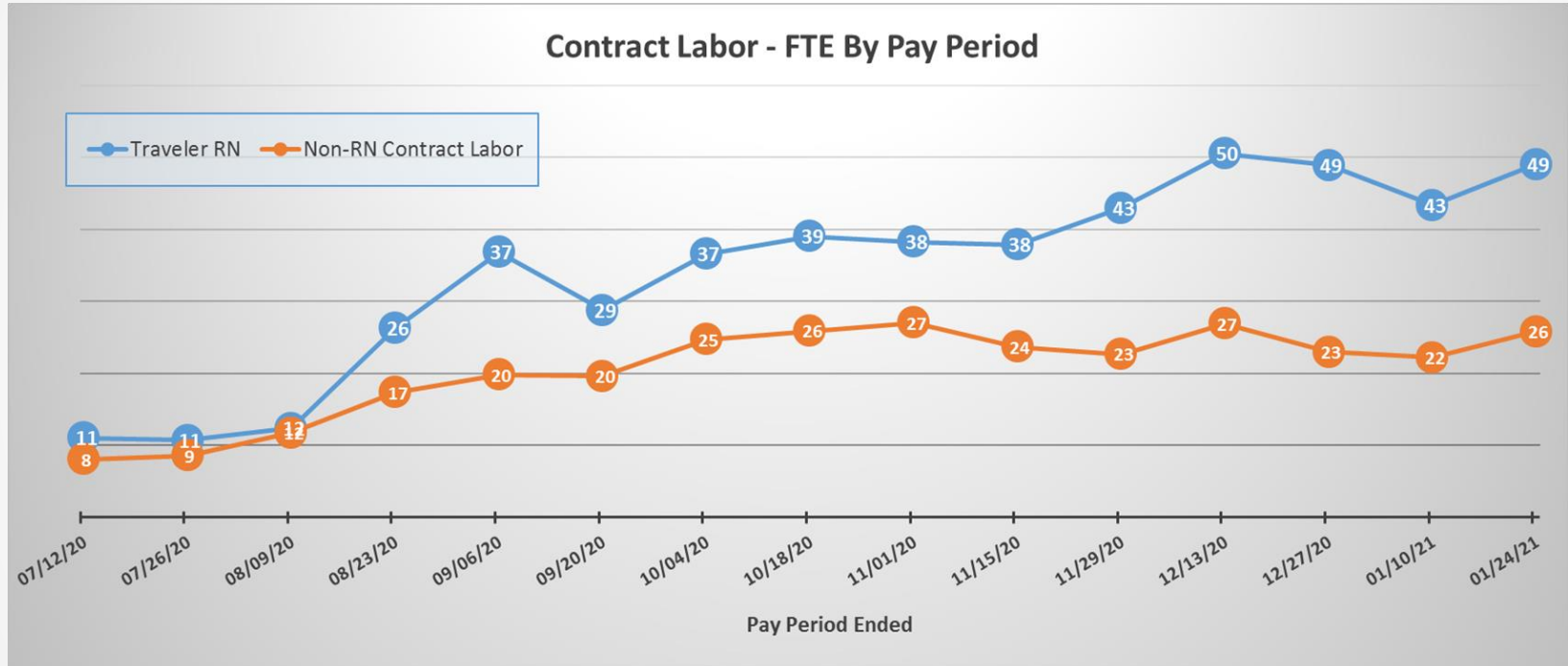
1) **Worked FTEs** on a PAADC basis were 11.5% **unfavorable** to budget at **(7.00 actual vs. 6.27 budget)**



2) **Paid FTEs** on a PAADC basis were 10.5% **unfavorable** to budget at **(8.22 actual vs. 7.44 budget)**

✓ When reviewed on a unit by unit level, the value of the negative variance for salaries, wages and benefits for January was 142 FTEs and \$2.3M. This was driven by higher than expected patient acuity, coverage for increase in leave of absences and sick calls, and a continued need for Covid related additional staff.

Contract Labor FTE By Pay Period

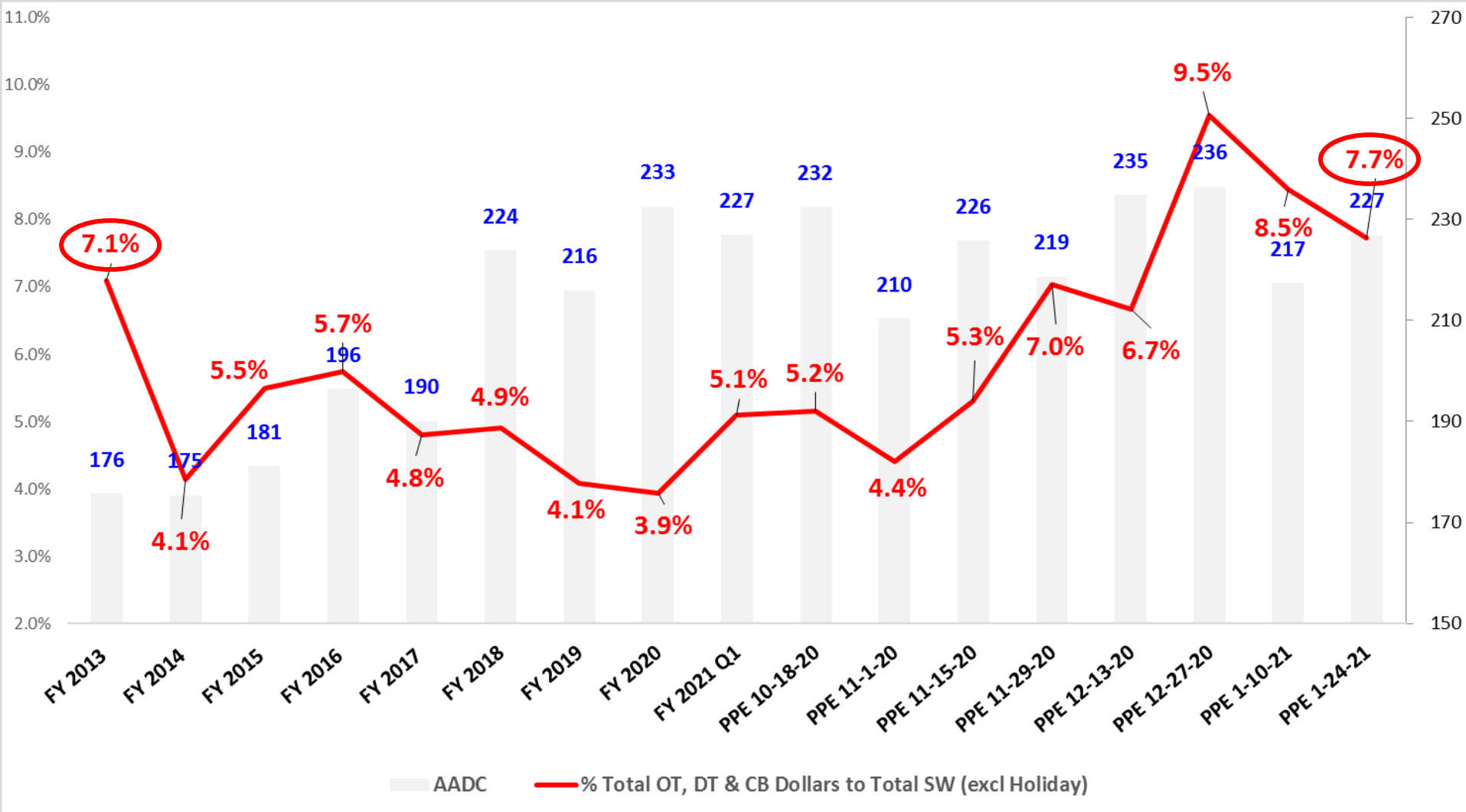


The total contract labor FTE has increased from approximately 19 FTE at the beginning of the FY to about 75 FTE over the last two pay periods as a result of the sharp increase in Covid cases and patient acuity.

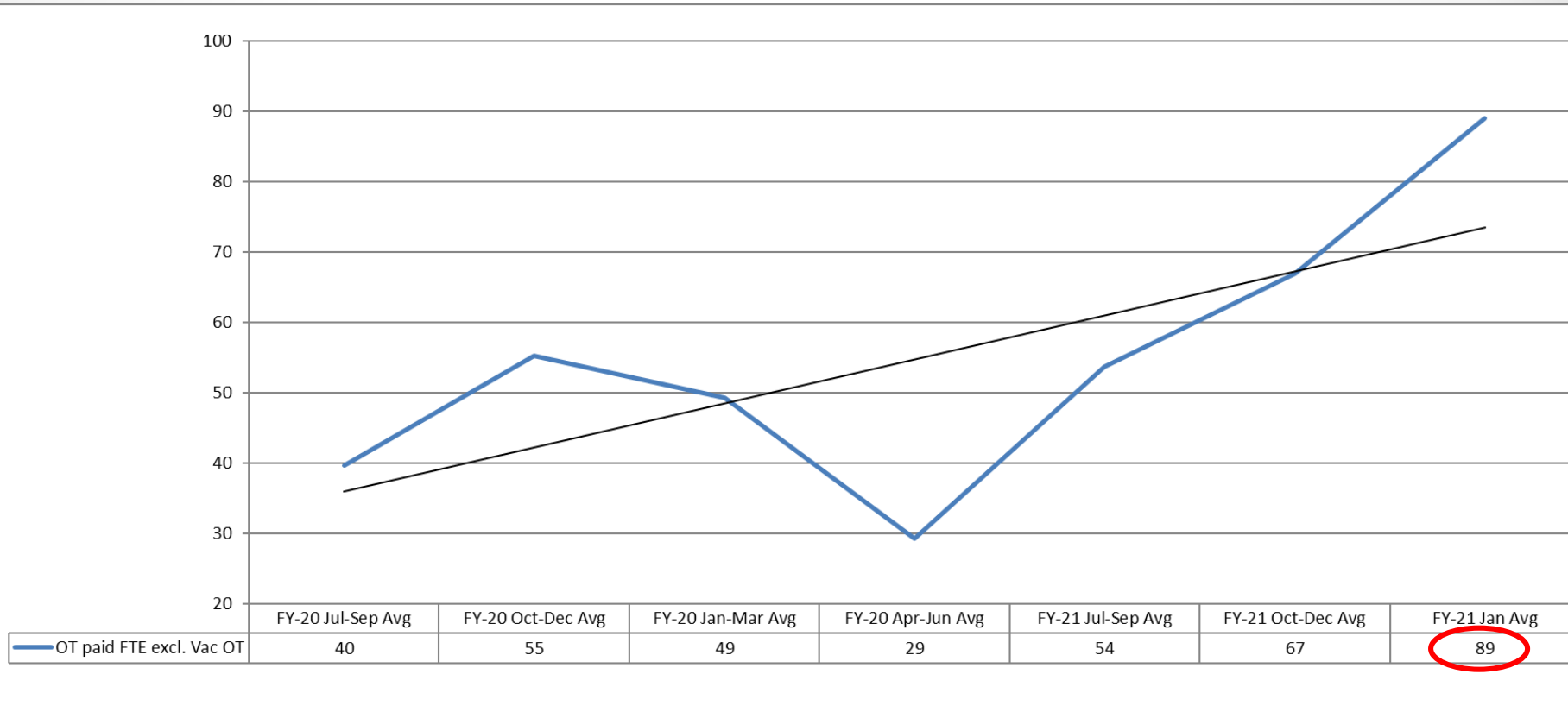
10

% of Total OT, DT & CB Dollars to Total S&W

Updated Thru PPE 1-24-21



Overtime Paid FTEs



Note that overtime FTEs exclude holiday pay

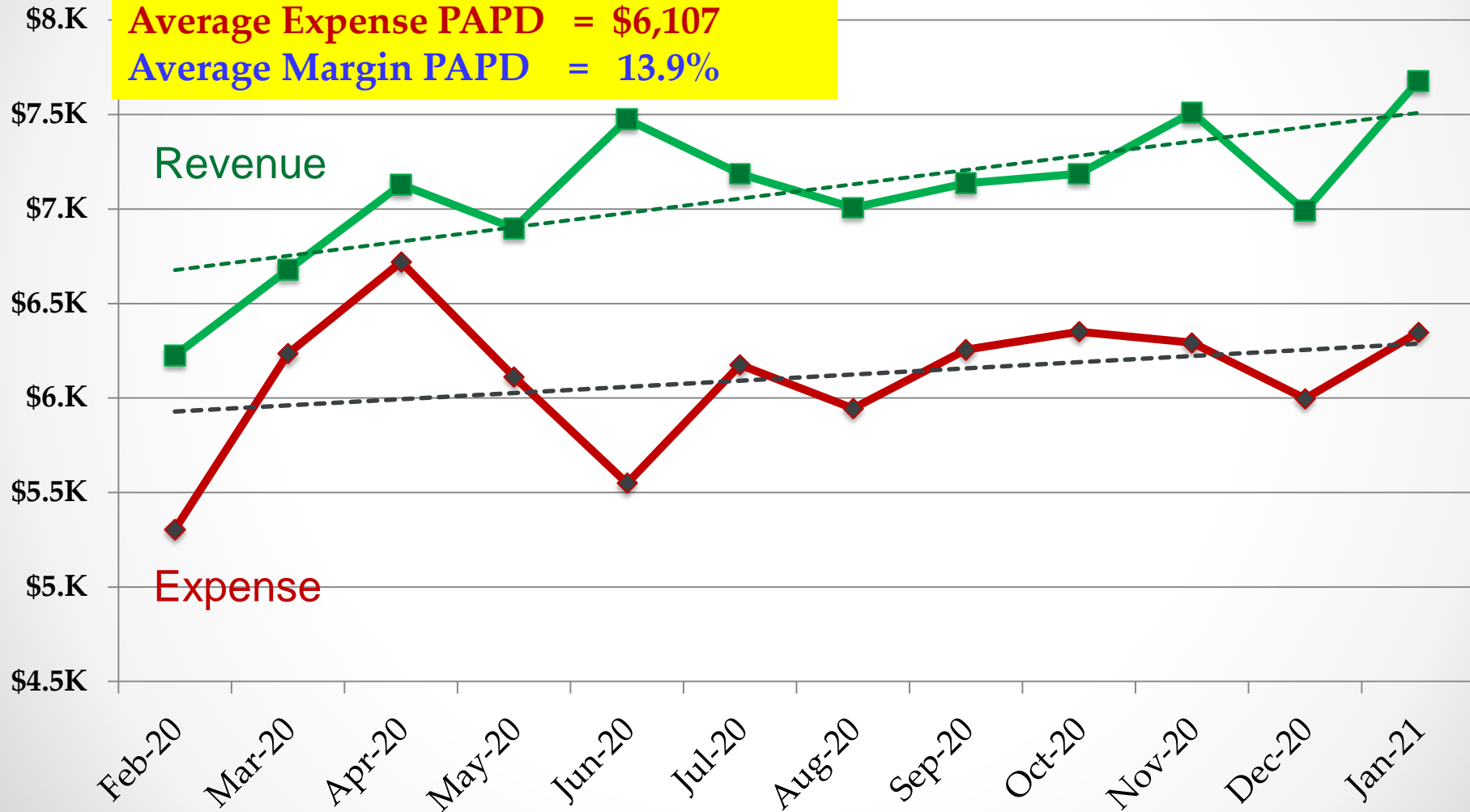
SVMH Revenues & Expenses Per Adjusted Patient Day (Normalized)

Rolling 12 Months: February 20 to January 21

Average Revenue PAPD = \$7,092

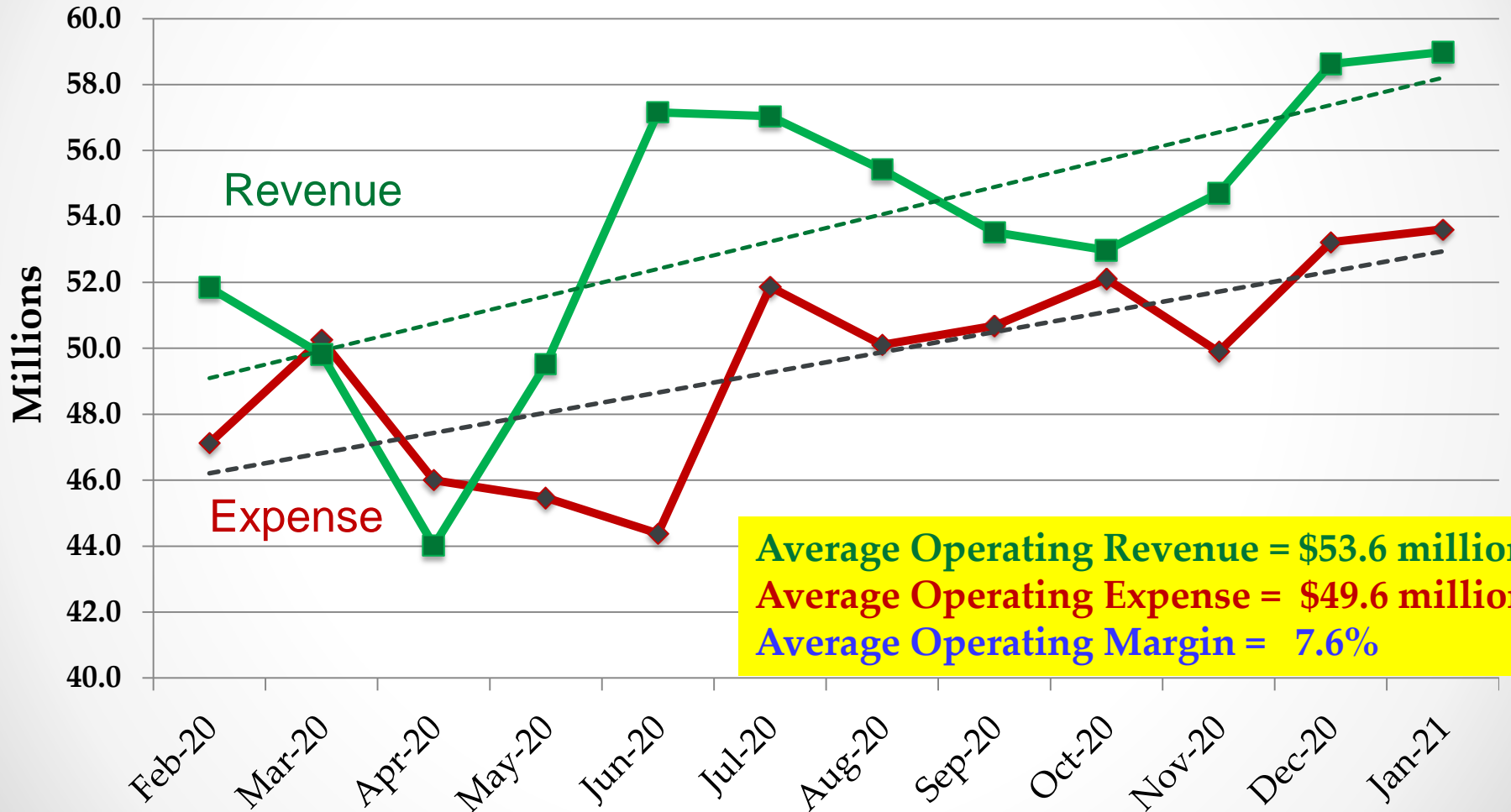
Average Expense PAPD = \$6,107

Average Margin PAPD = 13.9%



SVMHS Operating Revenues & Expenses (Normalized)

Rolling 12 Months: February 20 to January 21



SVMHS Key Financial Indicators

	YTD	SVMHS		S&P A+ Rated		YTD	
Statistic	Jan-21	Target	+/-	Hospitals	+/-	Jan-20	+/-
Operating Margin*	7.6%	9.0%	Red	4.0%	Green	15.6%	Red
Total Margin*	10.5%	10.8%	Yellow	6.6%	Green	18.6%	Red
EBITDA Margin**	11.7%	13.4%	Red	13.6%	Red	18.8%	Red
Days of Cash*	347	305	Green	249	Green	317	Green
Days of Accounts Payable*	50	45	Green	-		50	Green
Days of Net Accounts Receivable***	55	45	Red	49	Red	50	Red
Supply Expense as % NPR	12.9%	15.0%	Green	-		11.8%	Red
SWB Expense as % NPR	53.8%	53.0%	Yellow	53.7%	Yellow	49.1%	Red
Operating Expense per APD*	6,193	4,992	Red	-		5,202	Red

*These metrics have been adjusted for normalizing items

**Metric based on Operating Income (consistent with industry standard)

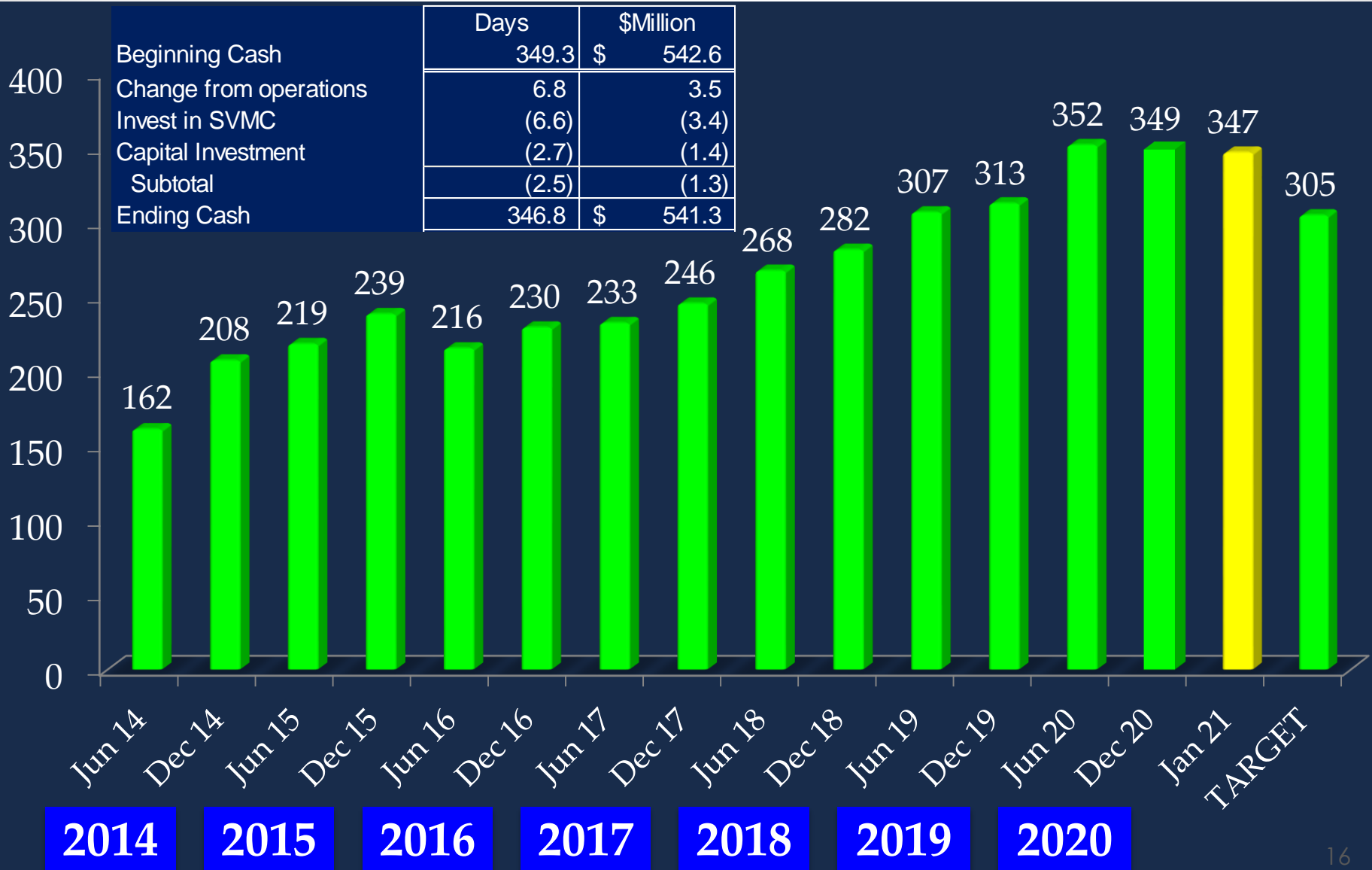
***Metric based on 90 days average net revenue (consistent with industry standard)

Days of Cash and Accounts Payable metrics have been adjusted to **exclude** accelerated insurance payments (COVID-19 assistance)

Salinas Valley Memorial Healthcare System

Days Cash on Hand = 347 Days (\$541M)

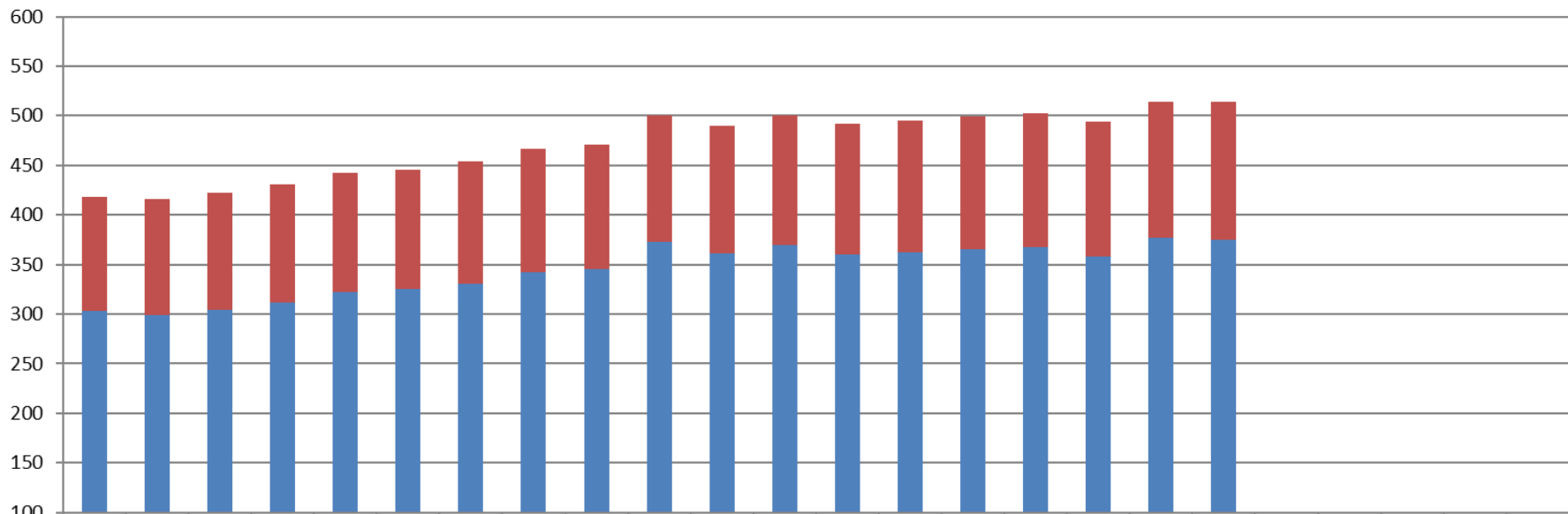
January 2021



SVMH - Cash and Investments

Hospital Cash and Investments

in millions



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total	418	416	422	431	442	446	454	467	471	500	490	500	492	495	499	502	494	514	514	0	0	0	0	0
Restricted	115	117	118	119	120	121	123	125	126	127	129	130	132	133	134	135	136	137	139					
Operating	303	299	304	312	322	325	331	342	345	373	361	370	360	362	365	367	358	377	375					

ASSETS WHOSE USE IS LIMITED

	<u>January-21</u>		<u>YTD</u>	
Beginning balance	\$	137,490,684	\$	130,408,693
Investment income or (loss)		126,560		1,208,552
Transfer		1,000,000		7,000,000
Ending balance	\$	138,617,245	\$	138,617,245

ROUTINE CAPITAL EXPENDITURES Through January 2021

Fiscal Month	2020-21 Approved Budget *	Total Purchased Expenditures	Remaining	Project	Amount
July	1,825,000	123,919	1,701,081		
August	1,825,000	1,370,100	2,155,981	XRay Room Remodel	214,505
September	1,825,000	306,189	3,674,792	558 Abbott Street Renovation	106,740
October	1,825,000	1,048,209	4,451,583	Telecom/PBX Relocation Project	65,871
November	1,825,000	1,731,024	4,545,559	Other CIP	63,284
December	1,825,000	2,282,165	4,088,394	Total Improvements	450,401
January	1,825,000	1,234,713	4,678,681	Video Conferencing System (DRC)	188,589
February	1,825,000		6,503,681	IT Digital Storage	168,005
March	1,825,000		8,328,681	IT Server Capacity Expansion	134,064
April	1,825,000		10,153,681	IT Equipment (SVMC Admin Operations)	98,227
May	1,825,000		11,978,681	Other Equipment	195,428
June	1,825,000		13,803,681	Total Equipment	784,312
YTD TOTAL	21,900,000	8,096,319	13,803,681	Grand Total	1,234,713

QUESTIONS / COMMENTS

SALINAS VALLEY MEMORIAL HOSPITAL
SUMMARY INCOME STATEMENT
January 31, 2021

	<u>Month of January,</u>		<u>Seven months ended January 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 52,093,651	\$ 50,726,711	\$ 341,762,921	\$ 341,649,722
Other operating revenue	1,100,917	802,767	9,042,060	9,867,402
Total operating revenue	<u>53,194,568</u>	<u>51,529,478</u>	<u>350,804,981</u>	<u>351,517,124</u>
Total operating expenses	43,029,898	40,729,604	290,880,695	272,016,543
Total non-operating income	<u>(4,517,015)</u>	<u>714,354</u>	<u>(20,371,347)</u>	<u>(9,773,255)</u>
Operating and non-operating income	<u>\$ 5,647,655</u>	<u>\$ 11,514,228</u>	<u>\$ 39,552,939</u>	<u>\$ 69,727,326</u>

SALINAS VALLEY MEMORIAL HOSPITAL
 BALANCE SHEETS
 January 31, 2021

	<u>Current year</u>	<u>Prior year</u>
ASSETS:		
Current assets	\$ 410,871,460	\$ 289,436,747
Assets whose use is limited or restricted by board	138,617,245	122,927,003
Capital assets	258,439,413	249,398,209
Other assets	187,407,642	187,832,365
Deferred pension outflows	<u>83,379,890</u>	<u>62,468,517</u>
	<u>\$ 1,078,715,650</u>	<u>\$ 912,062,842</u>
LIABILITIES AND EQUITY:		
Current liabilities	152,234,647	81,336,352
Long term liabilities	14,780,831	17,645,000
	126,340,336	108,929,468
Net assets	<u>785,359,836</u>	<u>704,152,022</u>
	<u>\$ 1,078,715,650</u>	<u>\$ 912,062,842</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF NET PATIENT REVENUE
January 31, 2021**

	<u>Month of January,</u>		<u>Seven months ended January 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Patient days:				
By payer:				
Medicare	2,155	2,208	12,099	13,557
Medi-Cal	1,121	1,080	7,617	7,555
Commercial insurance	918	756	5,589	5,994
Other patient	92	111	980	773
Total patient days	<u>4,286</u>	<u>4,155</u>	<u>26,285</u>	<u>27,879</u>
Gross revenue:				
Medicare	\$ 89,275,838	\$ 99,254,893	\$ 568,607,622	\$ 599,096,745
Medi-Cal	53,083,675	58,459,044	373,422,605	369,431,688
Commercial insurance	48,822,980	46,238,586	346,982,400	344,785,811
Other patient	7,967,921	9,087,934	60,479,514	60,193,466
Gross revenue	<u>199,150,414</u>	<u>213,040,456</u>	<u>1,349,492,141</u>	<u>1,373,507,709</u>
Deductions from revenue:				
Administrative adjustment	590,340	399,449	2,370,481	2,464,073
Charity care	1,263,827	1,514,164	6,516,386	7,213,469
Contractual adjustments:				
Medicare outpatient	19,223,263	27,250,282	166,825,661	181,630,416
Medicare inpatient	43,362,590	47,131,414	259,891,083	278,904,943
Medi-Cal traditional outpatient	2,018,330	3,182,452	13,726,968	21,209,530
Medi-Cal traditional inpatient	8,099,914	6,076,797	55,390,282	38,862,766
Medi-Cal managed care outpatient	15,277,900	23,307,714	123,741,299	142,170,541
Medi-Cal managed care inpatient	20,441,324	17,479,600	132,418,675	124,324,406
Commercial insurance outpatient	12,665,333	16,030,667	106,302,052	100,276,136
Commercial insurance inpatient	20,180,991	15,208,564	108,064,998	102,639,090
Uncollectible accounts expense	3,216,019	3,627,132	24,819,272	24,492,325
Other payors	716,932	1,105,508	7,662,063	7,670,290
Deductions from revenue	<u>147,056,763</u>	<u>162,313,745</u>	<u>1,007,729,220</u>	<u>1,031,857,987</u>
Net patient revenue	<u>\$ 52,093,651</u>	<u>\$ 50,726,711</u>	<u>\$ 341,762,921</u>	<u>\$ 341,649,722</u>
Gross billed charges by patient type:				
Inpatient	\$ 125,522,978	\$ 114,112,219	\$ 754,859,351	\$ 731,360,054
Outpatient	51,559,925	69,213,082	447,584,701	455,245,708
Emergency room	22,067,511	29,715,156	147,048,090	186,901,948
Total	<u>\$ 199,150,414</u>	<u>\$ 213,040,456</u>	<u>\$ 1,349,492,142</u>	<u>\$ 1,373,507,709</u>

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES
January 31, 2021

	<u>Month of January,</u>		<u>Seven months ended January 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 52,093,651	\$ 50,726,711	\$ 341,762,921	\$ 341,649,722
Other operating revenue	<u>1,100,917</u>	<u>802,767</u>	<u>9,042,060</u>	<u>9,867,402</u>
Total operating revenue	<u>53,194,568</u>	<u>51,529,478</u>	<u>350,804,981</u>	<u>351,517,124</u>
Operating expenses:				
Salaries and wages	16,567,936	15,069,167	113,265,665	101,876,401
Compensated absences	2,526,510	2,555,957	18,688,981	18,114,773
Employee benefits	7,703,965	8,340,391	51,975,992	52,467,656
Supplies, food, and linen	6,334,207	6,029,937	43,808,456	39,665,052
Purchased department functions	3,172,890	3,320,666	21,448,862	21,098,655
Medical fees	1,901,467	1,596,100	11,947,514	11,642,242
Other fees	1,842,158	1,145,464	9,079,385	7,551,071
Depreciation	1,811,371	1,698,815	12,487,903	11,791,301
All other expense	<u>1,169,394</u>	<u>973,107</u>	<u>8,177,937</u>	<u>7,809,392</u>
Total operating expenses	<u>43,029,898</u>	<u>40,729,604</u>	<u>290,880,695</u>	<u>272,016,543</u>
Income from operations	<u>10,164,670</u>	<u>10,799,874</u>	<u>59,924,286</u>	<u>79,500,581</u>
Non-operating income:				
Donations	166,667	166,667	1,666,667	1,170,867
Property taxes	333,333	333,333	2,333,333	2,333,333
Investment income	(71,821)	2,150,552	2,037,743	2,023,325
Taxes and licenses	0	0	0	0
Income from subsidiaries	<u>(4,945,194)</u>	<u>(1,936,198)</u>	<u>(26,409,090)</u>	<u>(15,300,780)</u>
Total non-operating income	<u>(4,517,015)</u>	<u>714,354</u>	<u>(20,371,347)</u>	<u>(9,773,255)</u>
Operating and non-operating income	5,647,655	11,514,228	39,552,939	69,727,326
Net assets to begin	<u>779,712,181</u>	<u>692,637,794</u>	<u>745,806,898</u>	<u>634,424,696</u>
Net assets to end	<u>\$ 785,359,836</u>	<u>\$ 704,152,022</u>	<u>\$ 785,359,836</u>	<u>\$ 704,152,022</u>
Net income excluding non-recurring items	\$ 5,647,655	\$ 11,514,228	\$ 37,933,830	\$ 69,902,683
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	<u>0</u>	<u>0</u>	<u>1,619,109</u>	<u>(175,357)</u>
Operating and non-operating income	<u>\$ 5,647,655</u>	<u>\$ 11,514,228</u>	<u>\$ 39,552,939</u>	<u>\$ 69,727,326</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF INVESTMENT INCOME
January 31, 2021**

	Month of January,		Seven months ended January 31,	
	current year	prior year	current year	prior year
Detail of other operating income:				
Dietary revenue	\$ 126,487	\$ 145,474	\$ 945,762	\$ 1,192,758
Discounts and scrap sale	(666)	218,957	222,654	1,068,159
Sale of products and services	11,317	13,633	161,250	159,409
Clinical trial fees	0	0	46,128	0
Stimulus Funds	0	0	0	0
Rental income	145,184	130,444	1,115,503	1,003,298
Other	818,595	294,259	6,550,763	6,443,778
	<u>\$ 1,100,917</u>	<u>\$ 802,767</u>	<u>\$ 9,042,060</u>	<u>\$ 9,867,402</u>
Detail of investment income:				
Bank and payor interest	\$ 109,167	\$ 303,745	\$ 972,614	\$ 1,634,278
Income from investments	(179,871)	1,846,807	1,036,496	385,390
Gain or loss on property and equipment	(1,117)	0	28,633	3,657
	<u>\$ (71,821)</u>	<u>\$ 2,150,552</u>	<u>\$ 2,037,743</u>	<u>\$ 2,023,325</u>
Detail of income from subsidiaries:				
Salinas Valley Medical Center:				
Pulmonary Medicine Center	\$ (82,010)	\$ (162,027)	\$ (1,255,723)	\$ (733,602)
Neurological Clinic	(119,245)	(97,104)	(568,205)	(500,423)
Palliative Care Clinic	(111,340)	(8,660)	(545,008)	(376,696)
Surgery Clinic	(218,412)	(68,161)	(1,169,287)	(584,430)
Infectious Disease Clinic	(38,830)	(8,815)	(211,777)	(168,042)
Endocrinology Clinic	(236,882)	(124,636)	(1,332,827)	(894,352)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(530,306)	(222,181)	(3,463,636)	(3,002,962)
OB/GYN Clinic	(402,268)	(76,790)	(2,541,658)	(1,194,868)
PrimeCare Medical Group	(1,436,277)	(384,130)	(6,682,646)	(3,741,925)
Oncology Clinic	(250,280)	(136,702)	(1,814,162)	(1,416,994)
Cardiac Surgery	(373,472)	(83,391)	(1,231,757)	(611,614)
Sleep Center	(109,029)	(55,609)	(480,335)	(489,322)
Rheumatology	(82,615)	(36,905)	(402,838)	(149,458)
Precision Ortho MDs	(587,681)	(220,925)	(2,842,668)	(1,868,805)
Precision Ortho-MRI	(100)	548	(1,363)	6,637
Precision Ortho-PT	(64,833)	24,652	(329,496)	(3,667)
Dermatology	(49,153)	16,031	(227,452)	29,250
Hospitalists	0	(2)	0	(2)
Behavioral Health	(95,848)	(48,919)	(504,644)	(334,312)
Pediatric Diabetes	(37,436)	(23,139)	(235,601)	(207,249)
Neurosurgery	(68,755)	(9,867)	(249,665)	(123,095)
Multi-Specialty-RR	(30,025)	21,976	(1,878)	82,904
Radiology	(322,591)	0	(1,463,122)	0
Total SVMC	(5,247,388)	(1,704,756)	(27,555,748)	(16,283,027)
Doctors on Duty	218,535	251,430	207,688	499,109
Assisted Living	(7,965)	(4,836)	(49,548)	(40,863)
Salinas Valley Imaging	0	(22,465)	(19,974)	22,844
Vantage Surgery Center	28,591	61,369	145,340	134,247
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	133,147	159,115	545,786	1,025,986
Aspire/CHI/Coastal	(104,430)	(695,085)	(306,472)	(1,046,204)
Apex	(8,268)	55,221	39,189	118,980
21st Century Oncology	(12,454)	(35,319)	(116,907)	106,331
Monterey Bay Endoscopy Center	55,038	(872)	701,556	161,816
	<u>\$ (4,945,194)</u>	<u>\$ (1,936,198)</u>	<u>\$ (26,409,090)</u>	<u>\$ (15,300,780)</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
BALANCE SHEETS
January 31, 2021**

	Current year	Prior year
A S S E T S		
Current assets:		
Cash and cash equivalents	\$ 297,450,193	\$ 186,121,157
Patient accounts receivable, net of estimated uncollectibles of \$24,204,049	93,746,118	83,266,423
Supplies inventory at cost	8,605,987	6,257,737
Other current assets	11,069,163	13,791,431
Total current assets	410,871,460	289,436,747
Assets whose use is limited or restricted by board	138,617,245	122,927,003
Capital assets:		
Land and construction in process	47,426,417	58,204,673
Other capital assets, net of depreciation	211,012,996	191,193,537
Total capital assets	258,439,413	249,398,209
Other assets:		
Investment in Securities	148,230,694	145,365,041
Investment in SVMC	7,679,960	13,285,751
Investment in Aspire/CHI/Coastal	4,503,941	3,494,866
Investment in other affiliates	25,484,532	21,895,532
Net pension asset	1,508,515	3,791,175
Total other assets	187,407,642	187,832,365
Deferred pension outflows	83,379,890	62,468,517
	\$ 1,078,715,650	\$ 912,062,842
 LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 59,187,515	\$ 53,776,672
Due to third party payers	74,900,827	10,020,934
Current portion of self-insurance liability	18,146,305	17,538,746
Total current liabilities	152,234,647	81,336,352
Long term portion of workers comp liability	14,780,831	17,645,000
Total liabilities	167,015,478	98,981,352
Pension liability	126,340,336	108,929,468
Net assets:		
Invested in capital assets, net of related debt	258,439,413	249,398,209
Unrestricted	526,920,423	454,753,813
Total net assets	785,359,836	704,152,022
	\$ 1,078,715,650	\$ 912,062,842

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
January 31, 2021

	Month of January,				Seven months ended January 31,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	\$ 199,150,414	\$ 184,927,301	14,223,113	7.69%	\$ 1,349,492,141	\$ 1,174,468,613	175,023,528	14.90%
Deductions from revenue	147,056,763	140,823,958	6,232,805	4.43%	1,007,729,220	891,098,998	116,630,222	13.09%
Net patient revenue	52,093,651	44,103,343	7,990,308	18.12%	341,762,921	283,369,615	58,393,306	20.61%
Other operating revenue	1,100,917	919,590	181,327	19.72%	9,042,060	6,437,127	2,604,933	40.47%
Total operating revenue	53,194,568	45,022,932	8,171,636	18.15%	350,804,981	289,806,742	60,998,239	21.05%
Operating expenses:								
Salaries and wages	16,567,936	14,361,059	2,206,877	15.37%	113,265,665	98,098,068	15,167,597	15.46%
Compensated absences	2,526,510	2,913,076	(386,566)	-13.27%	18,688,981	19,998,689	(1,309,708)	-6.55%
Employee benefits	7,703,965	7,863,997	(160,032)	-2.03%	51,975,992	50,974,407	1,001,585	1.96%
Supplies, food, and linen	6,334,207	5,336,093	998,114	18.70%	43,808,456	35,587,353	8,221,103	23.10%
Purchased department functions	3,172,890	3,121,448	51,442	1.65%	21,448,862	21,755,277	(306,415)	-1.41%
Medical fees	1,901,467	1,697,824	203,643	11.99%	11,947,514	11,886,484	61,030	0.51%
Other fees	1,842,158	827,445	1,014,713	122.63%	9,079,385	5,975,944	3,103,441	51.93%
Depreciation	1,811,371	1,789,255	22,116	1.24%	12,487,903	12,524,787	(36,884)	-0.29%
All other expense	1,169,394	1,417,902	(248,508)	-17.53%	8,177,937	9,880,700	(1,702,763)	-17.23%
Total operating expenses	43,029,898	39,328,099	3,701,799	9.41%	290,880,695	266,681,711	24,198,984	9.07%
Income from operations	10,164,670	5,694,833	4,469,837	78.49%	59,924,286	23,125,031	36,799,255	159.13%
Non-operating income:								
Donations	166,667	166,667	0	0.00%	1,666,667	1,166,667	500,000	42.86%
Property taxes	333,333	333,333	(0)	0.00%	2,333,333	2,333,333	(0)	0.00%
Investment income	(71,821)	160,094	(231,914)	-144.86%	2,037,743	1,120,655	917,088	81.84%
Income from subsidiaries	(4,945,194)	(3,143,458)	(1,801,736)	57.32%	(26,409,090)	(26,962,213)	553,123	-2.05%
Total non-operating income	(4,517,015)	(2,483,365)	(2,033,650)	81.89%	(20,371,347)	(22,341,559)	1,970,211	-8.82%
Operating and non-operating income	\$ 5,647,655	\$ 3,211,468	2,436,187	75.86%	\$ 39,552,939	\$ 783,472	38,769,466	4948.42%

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2020</u>	<u>2021</u>	<u>2019-20</u>	<u>2020-21</u>	
<u>NEWBORN STATISTICS</u>					
Medi-Cal Admissions	37	37	321	314	(7)
Other Admissions	108	81	787	674	(113)
Total Admissions	145	118	1,108	988	(120)
Medi-Cal Patient Days	59	56	519	468	(51)
Other Patient Days	171	150	1,353	1,089	(264)
Total Patient Days of Care	230	206	1,872	1,557	(315)
Average Daily Census	7.4	6.6	8.7	7.2	(1.5)
Medi-Cal Average Days	1.6	1.5	1.7	1.6	(0.2)
Other Average Days	0.9	1.9	1.7	1.6	(0.1)
Total Average Days Stay	1.6	1.8	1.7	1.6	(0.1)
<u>ADULTS & PEDIATRICS</u>					
Medicare Admissions	466	351	2,778	2,262	(516)
Medi-Cal Admissions	295	251	1,803	1,671	(132)
Other Admissions	423	277	2,326	1,976	(350)
Total Admissions	1,184	879	6,907	5,909	(998)
Medicare Patient Days	2,001	1,819	12,232	1,344	(10,888)
Medi-Cal Patient Days	1,063	1,166	7,695	1,048	(6,647)
Other Patient Days	1,021	1,292	7,157	23,887	16,730
Total Patient Days of Care	4,085	4,277	27,084	26,279	(805)
Average Daily Census	131.8	138.0	126.0	122.2	(3.7)
Medicare Average Length of Stay	4.3	5.0	4.4	0.6	(3.8)
Medi-Cal Average Length of Stay	3.6	3.6	3.7	0.5	(3.1)
Other Average Length of Stay	2.4	4.0	2.3	9.1	6.8
Total Average Length of Stay	3.5	4.2	3.4	3.8	0.4
Deaths	25	97	189	284	95
Total Patient Days	4,315	4,483	28,956	27,836	(1,120)
Medi-Cal Administrative Days	4	8	52	164	112
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	4	8	52	164	112
Percent Non-Acute	0.09%	0.18%	0.18%	0.59%	0.41%

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2020</u>	<u>2021</u>	<u>2019-20</u>	<u>2020-21</u>	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	323	292	2,012	1,786	(226)
Heart Center	378	360	2,464	2,406	(58)
Monitored Beds	959	888	6,410	6,302	(108)
Single Room Maternity/Obstetrics	356	315	3,013	2,457	(556)
Med/Surg - Cardiovascular	843	905	5,445	5,252	(193)
Med/Surg - Oncology	303	304	1,789	1,335	(454)
Med/Surg - Rehab	483	574	2,991	3,065	74
Pediatrics	45	172	778	609	(169)
Nursery	230	206	1,872	1,557	(315)
Neonatal Intensive Care	68	72	781	889	108
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	80.15%	72.46%	71.99%	63.90%	
Heart Center	81.29%	77.42%	76.40%	74.60%	
Monitored Beds	114.58%	106.09%	110.42%	108.56%	
Single Room Maternity/Obstetrics	31.04%	27.46%	37.88%	30.89%	
Med/Surg - Cardiovascular	60.43%	64.87%	56.28%	54.28%	
Med/Surg - Oncology	75.19%	75.43%	64.01%	47.76%	
Med/Surg - Rehab	59.93%	71.22%	53.51%	54.83%	
Med/Surg - Observation Care Unit	0.00%	74.95%	0.00%	59.59%	
Pediatrics	8.06%	30.82%	20.10%	15.74%	
Nursery	44.97%	40.27%	26.38%	21.95%	
Neonatal Intensive Care	19.94%	21.11%	33.02%	37.59%	

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Jan and seven months to date

	<u>Month of Jan</u>		<u>Seven months to date</u>		<u>Variance</u>
	<u>2020</u>	<u>2021</u>	<u>2019-20</u>	<u>2020-21</u>	
<u>DELIVERY ROOM</u>					
Total deliveries	142	114	1,097	975	(122)
C-Section deliveries	41	36	352	292	(60)
Percent of C-section deliveries	28.87%	31.58%	32.09%	29.95%	-2.14%
<u>OPERATING ROOM</u>					
In-Patient Operating Minutes	23,473	15,342	161,105	143,526	(17,579)
Out-Patient Operating Minutes	25,848	10,849	191,311	154,560	(36,751)
Total	49,321	26,191	352,416	298,086	(54,330)
Open Heart Surgeries	8	11	82	83	1
In-Patient Cases	181	115	1,205	992	(213)
Out-Patient Cases	273	117	2,005	1,702	(303)
<u>EMERGENCY ROOM</u>					
Immediate Life Saving	43	43	225	234	9
High Risk	728	570	4,486	3,650	(836)
More Than One Resource	2,807	2,170	19,350	14,872	(4,478)
One Resource	1,829	950	10,778	9,394	(1,384)
No Resources	64	31	350	278	(72)
Total	<u>5,471</u>	<u>3,764</u>	<u>35,189</u>	<u>28,428</u>	<u>(6,761)</u>

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	Month of Jan		Seven months to date		Variance
	2020	2021	2019-20	2020-21	
CENTRAL SUPPLY					
In-patient requisitions	15,586	16,315	108,545	102,118	-6,427
Out-patient requisitions	10,231	6,250	74,281	67,967	-6,314
Emergency room requisitions	3,383	1,375	22,719	11,273	-11,446
Interdepartmental requisitions	7,328	7,849	50,998	49,644	-1,354
Total requisitions	<u>36,528</u>	<u>31,789</u>	<u>256,543</u>	<u>231,002</u>	<u>-25,541</u>
LABORATORY					
In-patient procedures	38,736	42,107	249,350	253,735	4,385
Out-patient procedures	10,642	9,286	74,295	76,062	1,767
Emergency room procedures	11,318	9,433	73,541	60,934	-12,607
Total patient procedures	<u>60,696</u>	<u>60,826</u>	<u>397,186</u>	<u>390,731</u>	<u>-6,455</u>
BLOOD BANK					
Units processed	<u>313</u>	<u>318</u>	<u>2,014</u>	<u>1,996</u>	<u>-18</u>
ELECTROCARDIOLOGY					
In-patient procedures	1,140	1,041	7,491	6,566	-925
Out-patient procedures	522	349	3,414	2,706	-708
Emergency room procedures	1,044	1,045	6,901	6,142	-759
Total procedures	<u>2,706</u>	<u>2,435</u>	<u>17,806</u>	<u>15,414</u>	<u>-2,392</u>
CATH LAB					
In-patient procedures	85	64	588	512	-76
Out-patient procedures	77	51	608	571	-37
Emergency room procedures	0	0	0	1	1
Total procedures	<u>162</u>	<u>115</u>	<u>1,196</u>	<u>1,084</u>	<u>-112</u>
ECHO-CARDIOLOGY					
In-patient studies	359	298	2,158	2,033	-125
Out-patient studies	232	138	1,458	1,262	-196
Emergency room studies	3	2	11	16	5
Total studies	<u>594</u>	<u>438</u>	<u>3,627</u>	<u>3,311</u>	<u>-316</u>
NEURODIAGNOSTIC					
In-patient procedures	174	140	1,257	1,109	-148
Out-patient procedures	33	24	159	169	10
Emergency room procedures	0	0	1	0	-1
Total procedures	<u>207</u>	<u>164</u>	<u>1,417</u>	<u>1,278</u>	<u>-139</u>

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	Month of Jan		Seven months to date		Variance
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SLEEP CENTER					
In-patient procedures	0	0	0	1	1
Out-patient procedures	208	183	1,480	1,315	-165
Emergency room procedures	0	0	0	0	0
Total procedures	<u>208</u>	<u>183</u>	<u>1,480</u>	<u>1,316</u>	<u>-164</u>
RADIOLOGY					
In-patient procedures	1,478	1,654	9,385	9,708	323
Out-patient procedures	488	416	3,082	4,323	1,241
Emergency room procedures	1,548	1,217	10,299	7,939	-2,360
Total patient procedures	<u>3,514</u>	<u>3,287</u>	<u>22,766</u>	<u>21,970</u>	<u>-796</u>
MAGNETIC RESONANCE IMAGING					
In-patient procedures	151	105	997	860	-137
Out-patient procedures	75	127	598	953	355
Emergency room procedures	6	14	83	80	-3
Total procedures	<u>232</u>	<u>246</u>	<u>1,678</u>	<u>1,893</u>	<u>215</u>
MAMMOGRAPHY CENTER					
In-patient procedures	3,616	2,718	26,576	20,910	-5,666
Out-patient procedures	3,615	2,696	26,475	20,790	-5,685
Emergency room procedures	0	3	7	3	-4
Total procedures	<u>7,231</u>	<u>5,417</u>	<u>53,058</u>	<u>41,703</u>	<u>-11,355</u>
NUCLEAR MEDICINE					
In-patient procedures	24	12	144	86	-58
Out-patient procedures	78	61	607	506	-101
Emergency room procedures	0	1	3	4	1
Total procedures	<u>102</u>	<u>74</u>	<u>754</u>	<u>596</u>	<u>-158</u>
PHARMACY					
In-patient prescriptions	96,294	111,491	640,547	636,356	-4,191
Out-patient prescriptions	16,474	10,439	116,224	99,978	-16,246
Emergency room prescriptions	9,219	5,342	55,615	36,983	-18,632
Total prescriptions	<u>121,987</u>	<u>127,272</u>	<u>812,386</u>	<u>773,317</u>	<u>-39,069</u>
RESPIRATORY THERAPY					
In-patient treatments	17,676	29,606	110,102	156,457	46,355
Out-patient treatments	124	143	3,967	3,391	-576
Emergency room treatments	555	373	2,938	1,179	-1,759
Total patient treatments	<u>18,355</u>	<u>30,122</u>	<u>117,007</u>	<u>161,027</u>	<u>44,020</u>
PHYSICAL THERAPY					
In-patient treatments	2,699	2,256	17,716	16,109	-1,607
Out-patient treatments	224	99	1,948	1,751	-197
Emergency room treatments	0	0	0	0	0
Total treatments	<u>2,923</u>	<u>2,355</u>	<u>19,664</u>	<u>17,860</u>	<u>-1,804</u>

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	Month of Jan		Seven months to date		Variance
	2020	2021	2019-20	2020-21	
OCCUPATIONAL THERAPY					
In-patient procedures	1,837	1,445	10,359	9,403	-956
Out-patient procedures	91	74	903	797	-106
Emergency room procedures	0	0	0	0	0
Total procedures	<u>1,928</u>	<u>1,519</u>	<u>11,262</u>	<u>10,200</u>	<u>-1,062</u>
SPEECH THERAPY					
In-patient treatments	397	348	2,622	2,682	60
Out-patient treatments	27	23	175	171	-4
Emergency room treatments	0	0	2	0	-2
Total treatments	<u>424</u>	<u>371</u>	<u>2,799</u>	<u>2,853</u>	<u>54</u>
CARDIAC REHABILITATION					
In-patient treatments	0	0	0	0	0
Out-patient treatments	519	498	3,386	2,637	-749
Emergency room treatments	0	0	0	1	1
Total treatments	<u>519</u>	<u>498</u>	<u>3,386</u>	<u>2,638</u>	<u>-748</u>
CRITICAL DECISION UNIT					
Observation hours	<u>396</u>	<u>378</u>	<u>2,188</u>	<u>1,866</u>	<u>-322</u>
ENDOSCOPY					
In-patient procedures	108	85	662	626	-36
Out-patient procedures	35	12	214	159	-55
Emergency room procedures	0	0	0	0	0
Total procedures	<u>143</u>	<u>97</u>	<u>876</u>	<u>785</u>	<u>-91</u>
C.T. SCAN					
In-patient procedures	671	537	4,614	3,803	-811
Out-patient procedures	239	445	1,882	3,598	1,716
Emergency room procedures	619	433	4,453	3,208	-1,245
Total procedures	<u>1,529</u>	<u>1,415</u>	<u>10,949</u>	<u>10,609</u>	<u>-340</u>
DIETARY					
Routine patient diets	21,185	17,554	142,568	113,154	-29,414
Meals to personnel	26,732	19,345	177,547	144,216	-33,331
Total diets and meals	<u>47,917</u>	<u>36,899</u>	<u>320,115</u>	<u>257,370</u>	<u>-62,745</u>
LAUNDRY AND LINEN					
Total pounds laundered	<u>107,963</u>	<u>99,573</u>	<u>926,892</u>	<u>710,088</u>	<u>-216,804</u>

PUBLIC INPUT

CLOSED SESSION

*(Report on Item to be
Discussed in Closed Session)*

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

*ADJOURNMENT – THE MARCH 2021
FINANCE COMMITTEE MEETING
IS SCHEDULED FOR MONDAY,
MARCH 22, 2021, AT 12:00 P.M.*