

May 19, 2022

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 **QUALITY AND EFFICIENT PRACTICES COMMITTEE - COMMITTEE OF THE WHOLE** of the Salinas Valley Memorial Healthcare System will be held **MONDAY, MAY 23, 2022, AT 8:30 A.M., IN THE HEART CENTER TELECONFERENCE ROOM AT SALINAS VALLEY MEMORIAL HOSPITAL, 450 E. ROMIE LANE, SALINAS, CALIFORNIA, OR VIA TELECONFERENCE (Visit [svmh.com/virtualboardmeeting](http://svmh.com/virtualboardmeeting) for Access Information).**

Pursuant to SVMHS Board Resolution No. 2022-07, Assembly Bill 361, and guidance from the Monterey County Health Department 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: Juan Cabrera, Chair; Joel Hernandez Laguna, Vice Chair; Pete Delgado, President/CEO; Allen Radner, MD, CMO; Clement Miller, COO; Lisa Paulo, CNO; Rakesh Singh, MD, Medical Staff Member; Michele Averill, Community Member**

**QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING – MAY 2022  
COMMITTEE OF THE WHOLE  
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**MONDAY, MAY 23, 2022  
12:00 P.M. – HEART CENTER TELECONFERENCE ROOM  
SALINAS VALLEY MEMORIAL HOSPITAL  
450 E. ROMIE LANE, SALINAS, CALIFORNIA  
OR BY PHONE OR VIDEO  
(Visit [svmh.com/virtualboardmeeting](http://svmh.com/virtualboardmeeting) for Access Information)**

Please note: Pursuant to SVMHS Board Resolution No. 2022-07, Assembly Bill 361, and guidance from the Monterey County Health Department 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 Quality and Efficient Practices Committee Meeting of April 25, 2022 (DELGADO)
  - Motion/Second
  - Action by Committee/Roll Call Vote
2. Patient Care Services Update (PAULO)
3. Financial and Statistical Review (CLEVELAND)
4. 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.
5. Closed Session

(See Attached Closed Session Sheet information)
6. Reconvene Open Session/Report on Closed Session
7. Adjournment - The (next month) 2022 Quality and Efficient Practices Committee Meeting is scheduled for **Monday, June 20, 2022 at 8:30 a.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.

The Committee packet is available at the Committee Meeting, at [www.svmh.com](http://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.

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.

**QUALITY AND EFFICIENT PRACTICES 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):  
\_\_\_\_\_

**Estimated date of public disclosure:** (Specify month and year): \_\_\_\_\_

**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, hospital internal audit report, or report of quality assurance committee): \_\_\_\_\_

1. Report of the Medical Staff Quality and Safety 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 APRIL 2022  
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING  
COMMITTEE OF THE WHOLE  
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**MONDAY, APRIL 25, 2022  
8:30 A.M. – CEO CONFERENCE ROOM  
SALINAS VALLEY MEMORIAL HOSPITAL  
450 E. ROMIE LANE, SALINAS, CALIFORNIA  
OR VIA TELECONFERENCE**

Pursuant to SVMHS Board Resolution No. 2022-05, Assembly Bill 361, and guidance from the Monterey County Health Department 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: In Person: Pete Delgado, Allen Radner, MD, Lisa Paulo, Rakesh Singh, MD. Via teleconference: Juan Cabrera, Chair, Joel Hernandez Laguna, Michele Averill.

Committee Members Absent: Clement Miller

Other Board Members Present, Constituting Committee of the Whole: None

A quorum was present and the meeting was called to order at 8:33 a.m. by Juan Cabrera, Committee Chair.

**APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES  
COMMITTEE MEETING OF MARCH 21, 2022**

Juan Cabrera, recommended the Quality and Efficient Practices Committee approve the minutes of the Quality and Efficient Practices Committee Meeting of March 21, 2022. This information was included in the Committee packet.

No Public Input.

MOTION: The Quality and Efficient Practices Committee approves the minutes of the Quality and Efficient Practices Committee Meeting of March 21, 2022, as presented.

Moved/Seconded/Roll Call Vote: Ayes: Cabrera, Hernandez Laguna, Delgado, Paulo, Averill; Noes: None; Abstentions: None; Absent: Miller, Singh; Motion Carried.

Rakesh Singh, MD joined the meeting at 8:38 a.m.

**PATIENT CARE SERVICES UPDATE**

**Service:**

- **Patient Experience:** Lisa Paulo presented the HCAHPS Year-Over-Year (YOY) Ranking from FY15-FY22 to date:
  - SVMH is above target for Rate Hospital, Communication with Nurses, Responsiveness, Communication with Physicians, Communication about Medications, Discharge Information and Care Transitions.
  - Hospital Environment top box score and ranking scores were reviewed. SVMH ranks in the 91<sup>st</sup> percentile in Cleanliness of Hospital Environment. We have challenges with Hospital

Environment and Quietness of Hospital Environment. The Night Practice Council is working on strategies to improve quietness of hospital including staff commitment cards and LED badge lights for night shift to illuminate workspace while decreasing patient sleep disturbance.

- ED YOY Ranking steadily increased from FY18 to FY22 to date. The overall ER Care score has reached the 51<sup>st</sup> percentile.
- Patient Experience Balanced Scorecard target/actual was reviewed including ED 64.8/61.5, Inpatient 75.1/74.8 and Ambulatory 91.6/91.1. Key Strategies include:
  - Bedside shift report, rounding communication boards
  - Ambulatory: Scheduling process improvements
  - Med/Surg: Teach back
  - ED/Critical Care: Commit to set
  - Leveraging Practice Councils.

Mr. Delgado congratulated patient care services for 7 out of 8 domains above the 75<sup>th</sup> percentile.

### **Quality:**

- **Emergency Department (ED) Unit Practice Council:** Jeremy Hadland, Manager, reported for Sharde Flannigan, BSN, RN, on Patient Care Initiatives:
  - tPA Protocol (for stroke patients) is fully implemented. 1.9 million brain cells die every minute during acute stroke. A new tPA protocol in the ED reduces administration times from 15 to less than 5 minutes. Nurses now have immediate access to reconstitute and administer directly at the bedside. Dr. Singh clarified it is first necessary to determine if the stroke is due to a blockage or bleed (hemorrhagic stroke) which includes a CAT scan. tPA is for blockage stroke patients. Under the new protocol, decision-to-administration of tPA has been as low as four minutes.
  - Blood Culture Contamination Rates initiative is in progress. Blood culture contamination can lead to increased LOS, higher costs of care, increased use of antimicrobials and poor outcomes. SVMH rates were reviewed. Progress on this initiative includes placing a unit practice council referral, surveying staff, collaborating on solutions and policy implementation and education with the Kurin device. Statistics support use of the Kurin device is directly related to reduced contamination rates.
  - Patient Experience: Rapid medical exam and fast track processes, expedited care in waiting room and “Commit to Sit” (nurses sitting with patients). In February SVMH Press Ganey scores were in the 76<sup>th</sup> percentile (for the 1<sup>st</sup> time).
  - Upcoming initiatives:
    - Preeclampsia Screening: Eclampsia is a serious condition and the upcoming screening will ensure this condition is recognized through Meditech which will alert the provider when a combination of symptoms are documented.
    - 5150 clients with psychiatric/behavioral risks: New protocol will ensure safety of both the patients and staff.
    - Pediatric emergency care improvements: Partnering with the Foundation to bring improvements and resources to our pediatric population such as iPads and stuffies. Dr. Singh clarified 95% of pediatric patients are treated and released from the SVMH Emergency Department. Protocols will be put in place to expedite care for sicker, borderline or harder to treat patients including Pediatrician consults and/or expedited transfer.

Mr. Delgado thanked the Emergency Department Quality Council for their hard work to improve both care and patient experience.

### **FINANCIAL AND STATISTICAL REVIEW**

Scott Cleveland, Controller, provided a financial and statistical performance review for the month ending March 2022. This information was included in the Committee packet

Key highlights of the financial summary for March 2022 were: (1) Income from operations was \$4.7M with an operating margin of 8%, (2) Net income was \$.6M with a net operating margin of 1.1%; (3) Inpatient gross revenues were favorable to the budget; (4) Emergency Department gross revenues were above budget; outpatient gross revenues were favorable to the budget; (5) Payor mix was unfavorable to the budget; (6) Total net patient revenues were favorable to the budget; outpatient surgeries were below budget and inpatient surgeries were above budget; (7) Average daily census and total admissions were above budget; (8) Total acute average length of stay (ALOS) Medicare traditional ALOS CMI adjusted was unfavorable; (9) Operating revenues were above expenses; (10) Days cash on hand was 350; days of net accounts receivable is 51.

### **NO PUBLIC INPUT**

### **CLOSED SESSION**

Juan Cabrera, Chair, announced that the item to be discussed in Closed Session is *Hearings/Reports – Report of the Medical Staff Quality and Safety Committee*. The meeting was recessed into Closed Session under the Closed Session protocol at 9:14 a.m.

### **RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION**

The Committee reconvened Open Session at 9:35 a.m., Juan Cabrera reported that in Closed Session, the Committee discussed: *Hearings/Reports – Report of the Medical Staff Quality and Safety Committee*. No action was taken in the Closed Session.

### **ADJOURNMENT**

There being no other business, the meeting was adjourned at 9:36 a.m. The May 2022 Quality and Efficient Practices Committee Meeting is scheduled for **Monday, May 23, 2022 at 8:30 a.m.**

Juan Cabrera, Chair  
Quality and Efficient Practices Committee  
/kmh



# Board Paper: Quality & Efficient Practices Committee

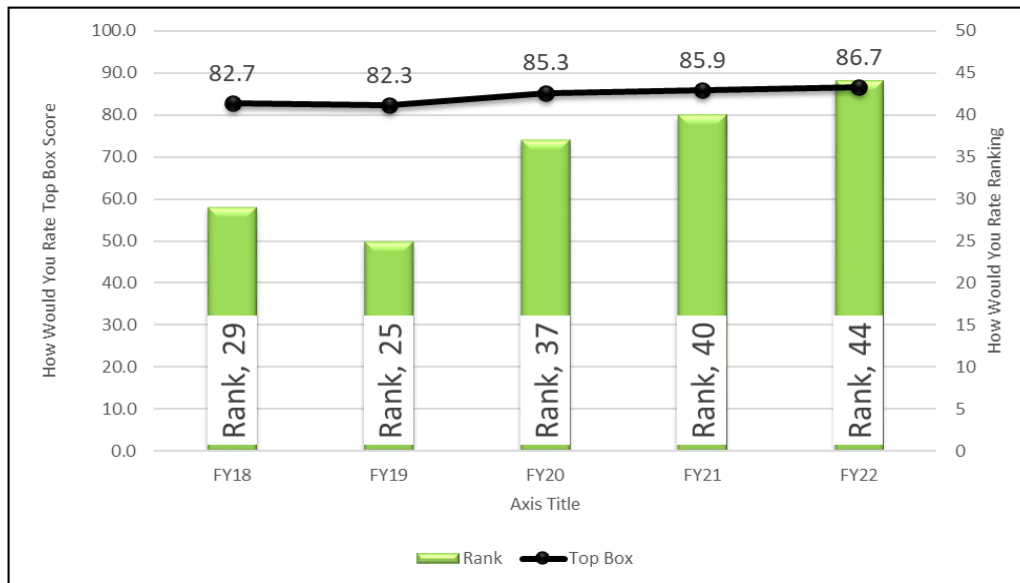
Agenda: Patient Care Services Update  
 Executive: Lisa Paulo, MSN/MPA, RN  
 Sponsor: Chief Nursing Officer  
 Date: May 23, 2022

## Pillar/Goal Alignment:

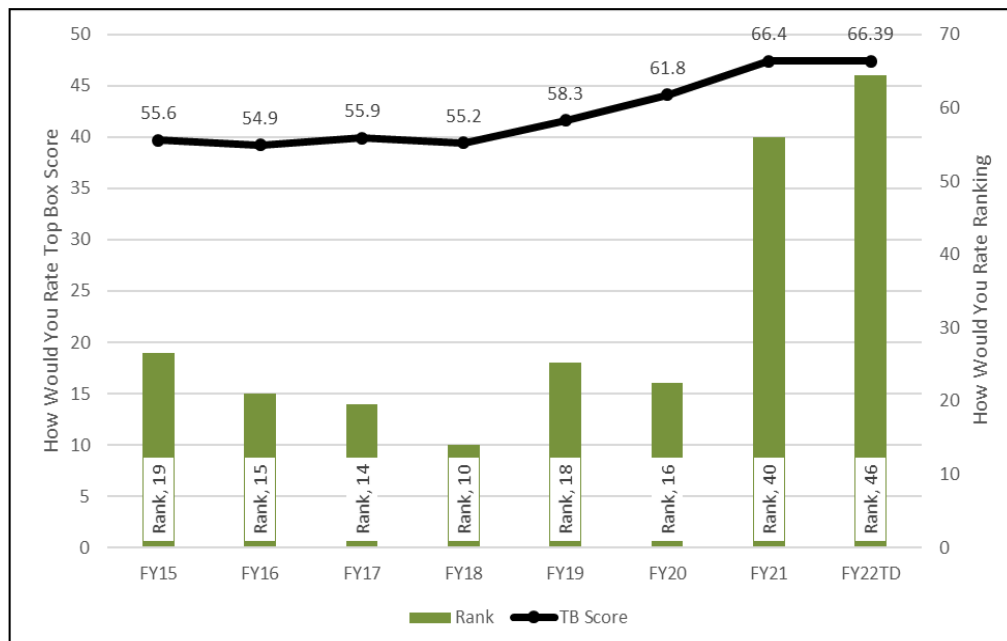
Service  
  People  
  Quality  
  Finance  
  Growth  
  Community

## PATIENT EXPERIENCE:

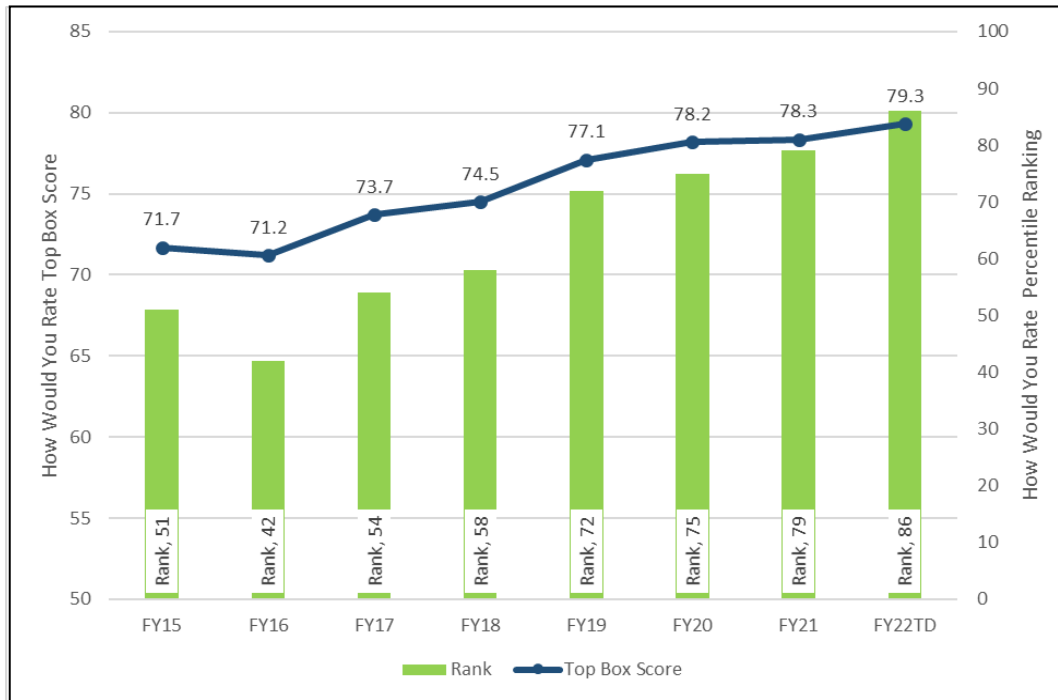
### Ambulatory Rating:



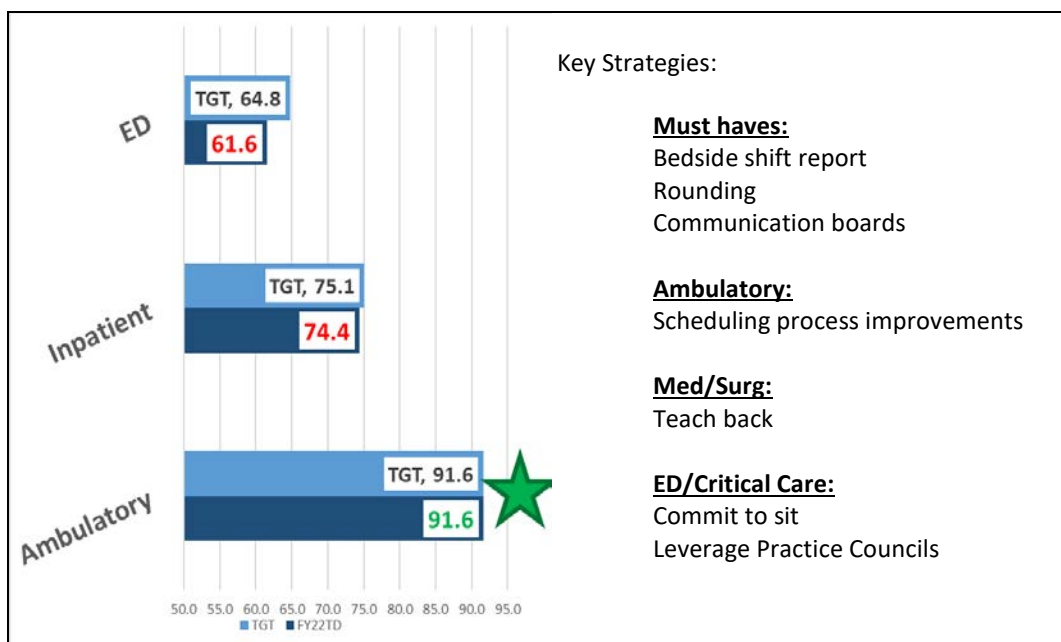
### Emergency Department Rating:



■ **Inpatient Rating:**



■ **Patient Experience Balanced Scorecard:**



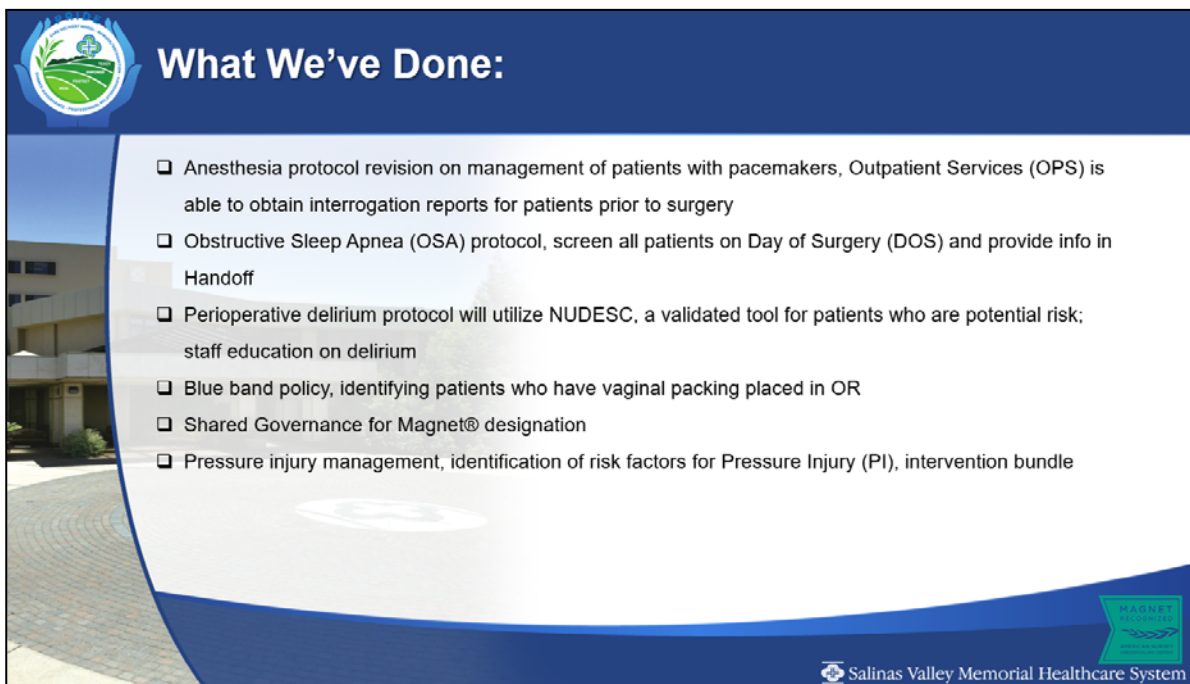
## QUALITY COUNCIL: Perioperative Clinical Practice Council (PCPC)

### Council Members:

Abby Acosta, BSN, RN, CPAN, CAPA/Post Anesthesia Care Unit (PACU)  
Jeannette Bedenbaugh, RN/Operating Room  
Mannie Chahal, RN/Outpatient Service  
Linda Hertzog, RN/Operating Room  
Deb Ralph, BSN, RN, AHN/Outpatient Services (Co-Chair)  
Grace Swarts, RN, CNOR/Operating Room (Co-Chair)  
Cyndy Trainor, BSN, CNE, CNOR (Educator/Resource)

### Advisors:


Carla Knight, BSN, RN/Director of Perioperative Services



**What We've Done:**


- Anesthesia protocol revision on management of patients with pacemakers, Outpatient Services (OPS) is able to obtain interrogation reports for patients prior to surgery
- Obstructive Sleep Apnea (OSA) protocol, screen all patients on Day of Surgery (DOS) and provide info in Handoff
- Perioperative delirium protocol will utilize NUDESC, a validated tool for patients who are potential risk; staff education on delirium
- Blue band policy, identifying patients who have vaginal packing placed in OR
- Shared Governance for Magnet® designation
- Pressure injury management, identification of risk factors for Pressure Injury (PI), intervention bundle

Salinas Valley Memorial Healthcare System



## Where Are We:

- OSA protocol: 100% of patients screened for sleep apnea risk if high risk is part of handover
- Delirium protocol: Waiting for house wide task force
- Blue band policy: Challenge with sourcing, 100% of staff education, no incidence of missed packings
- Magnet designation achieved
- No Pressure Injuries
- Contribute to professional development: Enhance perianesthesia specialty knowledge – June 11 event with PeriAnesthesia Nurses Association of California (PANAC)



Salinas Valley Memorial Healthcare System



## What Is Coming:

- Updating surgical patients' family intraoperatively
- Delirium protocol implementation
- Enhancing care of DI patients under Anesthesia Care
- Bladder Management of Cath Lab patients
- Endo in OR process improvement
- OPS transfer to 1 Main
- Unit specific projects – enhanced time out in OR, pacemaker interrogation process enhancement



Salinas Valley Memorial Healthcare System

# Financial Performance Review

## April 2022

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**Scott Cleveland for Augustine Lopez**  
**Chief Financial Officer**



# Consolidated Financial Summary

## For the Month of April 2022

### Profit/Loss Statement

\$ in Millions	For the Month of April 2022				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 57.4	\$ 53.1	\$ 4.3	8.1%	
Operating Expense	\$ 54.7	\$ 52.0	\$ (2.7)	-5.2%	
<b>Income from Operations*</b>	<b>\$ 2.7</b>	<b>\$ 1.1</b>	<b>\$ 1.6</b>	<b>145.5%</b>	
<i>Operating Margin %</i>	4.6%	2.1%	2.5%	119.05%	
Non Operating Income**	\$ 1.5	\$ 1.1	\$ 0.4	36.4%	
<b>Net Income</b>	<b>\$ 4.2</b>	<b>\$ 2.2</b>	<b>\$ 2.0</b>	<b>90.9%</b>	
<i>Net Income Margin %</i>	7.1%	4.1%	3.0%	73.2%	

#### Operating Performance highlights\*:

- Total Net Revenues were \$4.3M (8.1%) above budget
- Very strong ER and Outpatient activity for the month
- IP Admissions were above budget by 15% and ADC by 2%
- IP Surgeries were 24% above budget
- Reimbursement from the QIP Program (formerly known as PRIME) - \$2.9M

#### The above was partially offset by the following:

- The Contract labor was very high at a \$3.1M coupled with high utilization of overtime which was needed to support the high amount of surgical, ER and other outpatient activity and acuity

\*\***Non-operating income** favorable due to the gain on sale of a Surgery Center - \$2.0M. We continue to see losses from the mark-to-market adjustments in investment portfolios.

# Consolidated Financial Summary

## For the Month of April 2022 - Normalized

### Profit/Loss Statement

\$ in Millions	For the Month of April 2022				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 54.5	\$ 53.1	\$ 1.4		2.6%
Operating Expense	\$ 54.7	\$ 52.0	\$ (2.7)		-5.2%
<b>Income from Operations</b>	<b>\$ (0.2)</b>	<b>\$ 1.1</b>	<b>\$ (1.3)</b>		<b>-118.2%</b>
<i>Operating Margin %</i>	<i>-0.5%</i>	<i>2.1%</i>	<i>-2.6%</i>		<i>-123.8%</i>
Non Operating Income	\$ 1.5	\$ 1.1	\$ 0.4		36.4%
<b>Net Income</b>	<b>\$ 1.3</b>	<b>\$ 2.2</b>	<b>\$ (0.9)</b>		<b>-40.9%</b>
<i>Net Income Margin %</i>	<i>2.2%</i>	<i>4.1%</i>	<i>-1.9%</i>		<i>-46.3%</i>

#### Normalizing Item:

Reimbursement from the QIP Program (formerly known as PRIME) \$2.9M

# Consolidated Financial Summary

## Year-to-Date April 2022

### Profit/Loss Statement

\$ in Millions	FY 2022 YTD April				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 581.9	\$ 526.8	\$ 55.1	10.5%	
Operating Expense	\$ 532.9	\$ 515.5	\$ (17.4)	-3.4%	
<b>Income from Operations*</b>	<b>\$ 49.0</b>	<b>\$ 11.3</b>	<b>\$ 37.7</b>	<b>333.6%</b>	
Operating Margin %	8.4%	2.1%	6.3%	300.0%	
Non Operating Income**	\$ (3.1)	\$ 10.9	\$ (14.0)	-128.4%	
<b>Net Income</b>	<b>\$ 45.9</b>	<b>\$ 22.2</b>	<b>\$ 23.7</b>	<b>106.8%</b>	
Net Income Margin %	7.9%	4.2%	3.7%	88.1%	

#### \* Income from Operations includes:

**\$1.9M** AB113 Intergovernmental Transfer Payment (FY 20-21)

<**\$1.0M**> Medi-Cal Cost Report Final Settlement (FY18)

**\$0.5M** AB113 Intergovernmental Transfer Payment (FY 19-20)

**\$3.9M** Hospital Quality Assurance Fee (CY 2021)

**\$5.3M** Total Normalizing Items, Net

#### \*\*Non-operating income includes:

**\$1.1 M** Doctors on Duty Forgiven Paycheck Protection Program Loan

**\$2.0 M** Gain on sale of a Surgery Center



# Consolidated Financial Summary

## Year-to-Date April 2022 - Normalized

### Profit/Loss Statement

\$ in Millions	FY 2022 YTD April				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 576.7	\$ 526.8	\$ 49.9	9.5%	
Operating Expense	\$ 532.9	\$ 515.5	\$ (17.4)	-3.4%	
<b>Income from Operations</b>	<b>\$ 43.8</b>	<b>\$ 11.3</b>	<b>\$ 32.5</b>	<b>287.6%</b>	
<i>Operating Margin %</i>	7.6%	2.1%	5.5%	261.9%	
Non Operating Income	\$ (4.2)	\$ 10.9	\$ (15.1)	-138.5%	
<b>Net Income</b>	<b>\$ 39.6</b>	<b>\$ 22.2</b>	<b>\$ 17.4</b>	<b>78.4%</b>	
<i>Net Income Margin %</i>	6.9%	4.2%	2.7%	64.3%	

# SVMH Financial Highlights April 2022

Gross Revenues were favorable

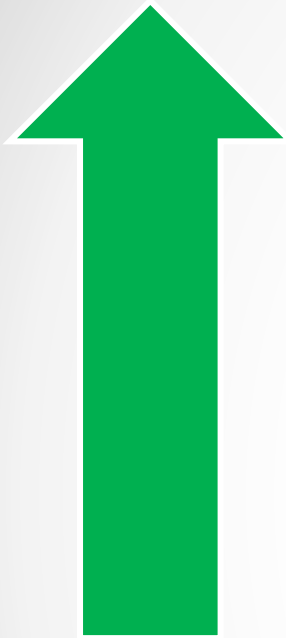
- **Gross Revenues** were 7% favorable to budget
- **IP gross revenues** were 3% favorable to budget
- **ED gross revenues** were 25% above budget
- **OP gross revenues** were 8% favorable to budget in the following areas:
  - Infusion Therapy
  - Surgery
  - Cardiology
  - Radiology
  - Other OP Pharmacy
  - Other OP Services

- **Commercial:** 12% below budget
- **Medicaid:** 9% above budget
- **Medicare:** 15% above budget

Payor Mix – unfavorable to budget

Total Normalized Net Patient Revenues were \$45.5M, which was unfavorable to budget by \$0.4M or 0.1%

# Financial Summary – April 2022



## 1) Higher than expected Inpatient business:

- Average daily census was at 117, 2% above budget of 115

## 2) Total admissions were 15% (122 admits) above budget

- ER admissions were 18% above budget (113 admits)
- ER admissions (including OB ED) were 85% of total acute admissions

## 3) ER Outpatient visits were above budget by 41% (1,169 visits)

## 4) Higher than expected Outpatient business:

- Predominantly due to higher than budgeted volumes in Infusion Therapy, Cardiology, Radiology, and Other Outpatient Services

## 5) Inpatient Surgeries cases were 24% (32 cases) above budget predominately in General Surgery and Vascular Surgery

## 6) OP Observation cases were 6% (8 cases) below budget at 142

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7) Medicare Traditional ALOS CMI adjusted 1% unfavorable at 2.5 days with a Case Mix Index of 1.6

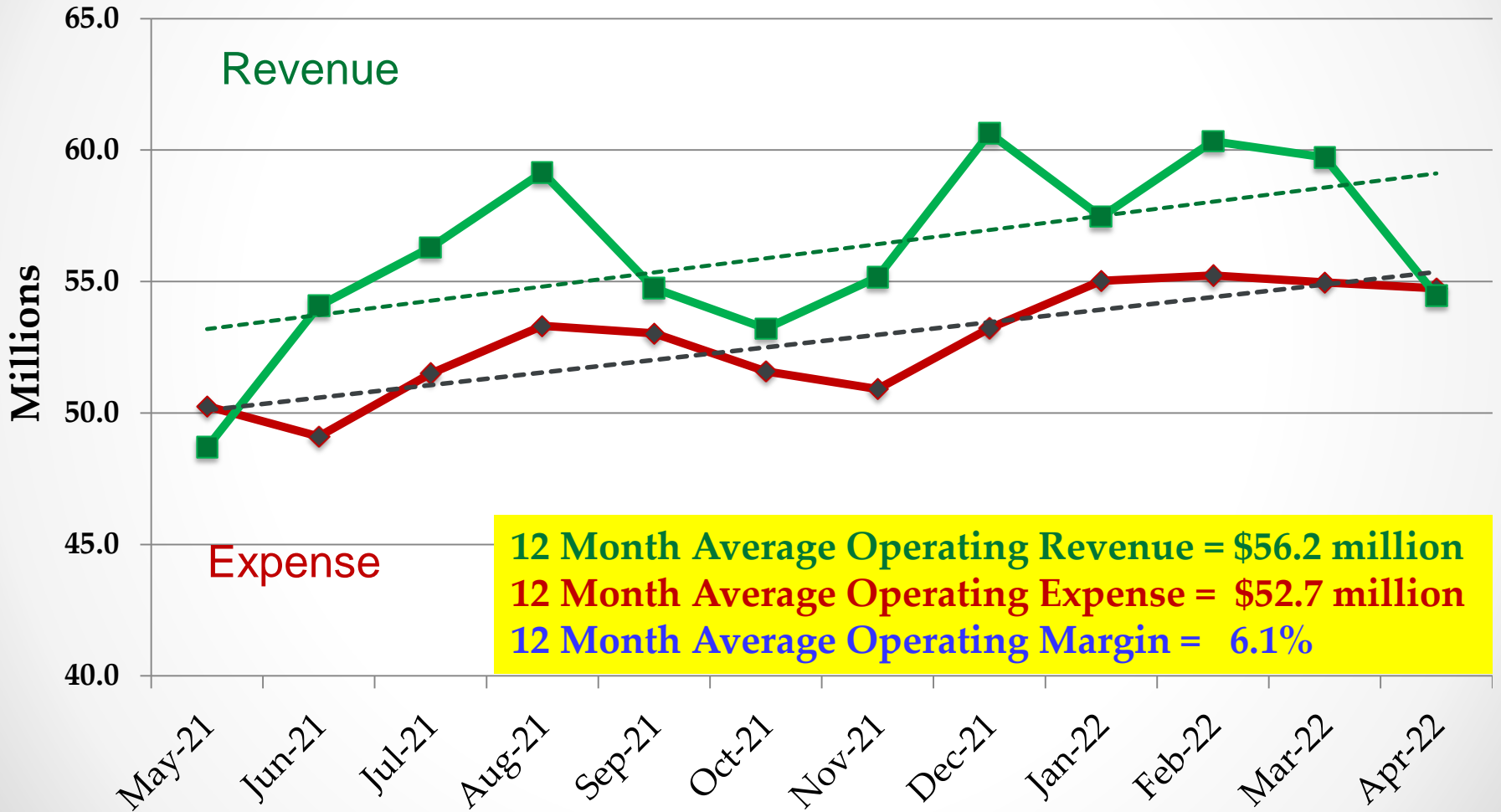
7) Outpatient Surgeries were 17% (50 cases) below budget

8) Deliveries were 18% (26 deliveries) below budget at 114



# SVMHS Operating Revenues & Expenses (Normalized)

Rolling 12 Months: May 21 to April 22



# SVMHS Key Financial Indicators

Statistic	YTD Apr-22	SVMHS Target	+/-	S&P A+ Rated Hospitals	+/-	YTD Apr-21	+/-
Operating Margin*	7.6%	9.0%	Red	4.0%	Green	5.5%	Green
Total Margin*	6.9%	10.8%	Red	6.6%	Green	8.2%	Red
EBITDA Margin**	11.6%	13.4%	Red	13.6%	Red	9.8%	Green
Days of Cash*	344	305	Green	249	Green	360	Red
Days of Accounts Payable*	50	45	Green	-		42	Green
Days of Net Accounts Receivable*	51	45	Red	49	Red	47	Red
Supply Expense as % NPR	12.9%	15.0%	Green	-		13.0%	Green
SWB Expense as % NPR	50.5%	53.0%	Green	53.7%	Green	53.9%	Green
Operating Expense per APD*	6,318	4,992	Red	-		6,203	Yellow

\*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)

# *QUESTIONS / COMMENTS*

# *PUBLIC INPUT*

*CLOSED SESSION*

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



*RECONVENE OPEN SESSION/  
REPORT ON CLOSED SESSION*

*ADJOURNMENT – THE JUNE 2022  
QUALITY AND EFFICIENT  
PRACTICES COMMITTEE MEETING IS  
SCHEDULED FOR MONDAY,  
JUNE 20, 2022, AT 8:30 A.M.*