

SVHCD FINANCE COMMITTEE MEETING

AGENDA

TUESDAY, June 27, 2023 6:00 p.m. Regular Session

To Be Held in Person at
Sonoma Valley Hospital, 347 Andrieux Street
Basement Conference Room
Sonoma, CA 95476
and Via Zoom Videoconference

To Participate via Zoom Videoconferencing, use the link below:

https://sonomavalleyhospital-org.zoom.us/j/98352087178

Meeting ID: 983 5208 7178 Passcode: 384245

Dial by your location: 1 669 219 2599 or 1 669 900 9128

AGENDA ITEM	RECO	MMENDATION
MISSION STATEMENT The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER/ANNOUNCEMENTS	Lee Myatt	
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.	Lee Myatt	
 3. CONSENT CALENDAR a. Joint Board/Finance Committee Minutes 05.23.23 b. Finance Committee Minutes 05.23.23 	Lee Myatt	Action
4. ODC UPDATE	Hennelly	Inform
5. EPIC UPDATE	Hennelly	Inform
6. UCSF AFFILIATION UPDATE	Hennelly	Inform
7. FINANCIAL REPORT FOR MONTH END MAY 2023	Armfield	Inform
8. REVIEW CAPITAL SPENDING PLAN FOR FY 2024	Armfield	Inform
9. ARMANINO FY24 BUDGET FOLLOW-UP	Armfield	Inform
10. ADJOURN	Lee Myatt	



SVHCD JOINT BOARD OF DIRECTORS AND FINANCE COMMITTEE MEETING

MINUTES

TUESDAY, MAY 23, 2023 5:00 P.M.

In Person at Sonoma Valley Hospital 347 Andrieux Street and Via Zoom Teleconference

Present	Not Preso	ent/Excused	Staff	Public	
Judith Bjorndal, M.D., SVHCD Board	Denise Ka	los, Member,	John Hennelly, CEO, via Zoom	Brian Sackstein, P	artner,
Chair, in person	SVHCD B	oard of Directors	Ben Armfield, CFO, in person	Armanino, LLP, v	ia Zoom
Bill Boerum, SVHCD Finance	Carl Gerla	ch, Member,	Jessica Winkler, via Zoom		
Committee Chair, in person	SVHCD F	inance Committee	Lynn Mckissock via Zoom		
Wendy Lee Myatt, Member, SVHCD			Kimberly Drummond, via Zoom		
Board of Directors and SVHCD			David Pier, via Zoom		
Finance Committee, in person			Dawn Kuwahara, via Zoom		
Susan Kornblatt Idell, Member,					
SVHCD Board of Directors, in person					
Peter Hohorst, Member, SVHCD					
Finance Committee, in person					
Ed Case, Member, SVHCD Finance					
Committee, in person					
Bob Crane, Member, SVHCD Finance					
Committee, in person					
Graham Smith, Member, SVHCD					
Finance Committee, via Zoom					
Catherine Donahue, Member, SVHCD					
Finance Committee, via Zoom					
Subhash Mishra, MD, Member,					
SVHCD Finance Committee, via					
Zoom					
AGENDA ITEM			DISCUSSION	ACTIONS	FOLLOW- UP

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW- UP
MISSION & VISION STATEMENT The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.			
1. CALL TO ORDER/ANNOUNCEMENTS	Bjorndal		

	Called to order at 5:02 p.m.	
2. PUBLIC COMMENT SECTION	None	
3. REVIEW AND RECOMMEND FY 2023/2024 BUDGET PROPOSAL	Armfield	Inform
	Mr. Armfield presented the FY 2024 budget. He stated that there would be a 9% increase in net patient revenue, and overall improved reimbursement. He then discussed potentials budget risks including the impact of the ongoing labor and nursing shortages. Overall, Mr. Armfield stated that he is hopeful that budget assumptions will be met for the upcoming fiscal year. Following Mr. Armfield's presentation, there was general discussion on a number of points as well as questions and clarifications sought by Board members and Finance Committee members of CEO Hennelly and CFO Armfield. No changes were requested.	
4. ADJOURN	Bjorndal	
	Meeting adjourned at 6:10 p.m.	



Present

SVHCD FINANCE COMMITTEE MEETING

MINUTES

TUESDAY, MAY 23, 2023 6:00 pm

In Person at Sonoma Valley Hospital 347 Andrieux Street and Via Zoom Teleconference

Staff

Public

Not Present/Excused

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	Ben Armfield, CFO, in person	Dennis Bloch, in pe	erson		
Γ	DISCUSSION	ACTIONS	FOLLOW- UP		
perum					
alled to order at 6:11 p.	m.				
one					
perum		Action			
		MOTION: by			
		Lee-Myatt to			
		approve, 2 nd by			
		Crane. All in			
		favor.			
mfield		Action			
r. Armfield presented t	he FY 2024 budget highlighting a 9%	MOTION: by Case			
		to recommend to the			
ı	erum lled to order at 6:11 p. one erum mfield r. Armfield presented t	PISCUSSION Berum Illed to order at 6:11 p.m. Inne Berum	Ben Armfield, CFO, in person Discussion ACTIONS Perum Blied to order at 6:11 p.m. Dennis Bloch, in person ACTIONS ACTIONS Perum Action MOTION: by Lee-Myatt to approve, 2 nd by Crane. All in favor. Action Mofield Action Action Mofield Action Mofield Action		

	He then highlighted potential risks of the FY24 budget, which included the impact of the ongoing labor and nursing shortage, the timing of the MRI project given the dependencies on external factors the hospital cannot control, and timing related to the recruitment of a Gastroenterologist. Overall, Mr. Armfield stated that he is positive that budget assumptions will be met for the fiscal year.	Board that they approve the FY 2024 budget proposal. 2 nd by Smith. All in favor.
5. ODC UPDATE	Hennelly	Inform
	Postponed. Update expected at 6.1.23 Board meeting.	
6. EPIC UPDATE	Hennelly	Inform
	Postponed. Update expected at 6.1.23 Board meeting	
7. UCSF AFFILIATION UPDATE	Hennelly	Inform
	Postponed. Presentation expected at 6.1.23 Board meeting. The Committee also requested a review of the current extension agreement with UCSF. Staff will follow-up with the committee regarding next steps.	
8. FINANCIAL REPORT FOR MONTH END APRIL 2023	Armfield	Inform
	Mr. Armfield stated that April was another positive month and continues a run of now five months in a row where financial performance from operations has exceeded both budget and the prior year.	Inform
9. ADJOURN	Boerum	
	Meeting adjourned at 6:49 p.m.	

Revision Date: 08/25/22	Tactic Completed	Tactics under way now	Tactics to begin in the next 12 months	Tactics in conceptual form

			UCSF/SVH Joint Operating Dashboard				_	
Strategic Objective		<u>Initiative</u>	<u>Description/Tactic</u>	Benefits/Impact	Start Date	Target Completion Date	<u>Update</u>	Updated
1 Increase Access to San Francisco based UCSF Care - ability for Sonomans to access care at	1.1	Expansion of Telemedicine Services with UCSF Affiliate Network	Neurology coverage for stroke and inpatient care Infectious Disease coverage for hospital	24/7 availability of neuro consult for stroke cases in ED Specialty coverage for ED and inpatient units	2019	2019	complete	7/19 7/19
UCSF in the city has been difficult. This objective seeks to improve pathways to access care.		ULSF Affiliate Network	Intensivist Coverage of ICU	Expanded medical team would increase the types of cases that could be treated at SVH.	2022	2023	Engaging UCSF and third party vendors on contracting. Dr Sankaran has lead. Conversations progressing. Ongoing.	6/23
	1.2	Beta Site for Capacity Management (transfer) Center	Integration of SVH into the UCSF capacity management system	The integration will improve both site's ability to place patients in the right setting for their needs. Impact to SVH increased	Summer 2023	2023-2024	System live. UCSF working on process. SVH participation pending.	1/23
			Joint recruitment of GI specialists based in Sonoma	Provision of service currently unavailable in Sonoma and highly in demand.	2021	in process	Interviewing candidates	6/23
2 Increase Access to Locally Provided	2.1	Physician Employment	Joint recruitment of orthopedic surgeon based in Sonoma	Orthopedics is in strong demand in Sonoma. Planning to insure availablity over coming years.		2023-25	Interviewing candidates	6/23
Specialists/Primary Care - establishment of care sites in Sonoma will aid in access to UCSF care.			Engagement of UCSF faculty in growth or under represented service lines	Engagement can increase the types of care available in Sonoma and increase connectivity with programs at UCSF.	2022	2023	Issuance of RFP to faculty to identify programs which could be cited in Sonoma. Proposals must address market need. RFP to be issued	6/23
	2.2	Expansion of Clinically Integrated Network	$Opportunity \ to \ contractually link Sonoma \ providers \ to \ UCSF \ network \ improving \ network \ access, \ quality \ oversight, \ and \ financial \ stability \ for \ practices$	Helps insure stability of practices in Sonoma and improved access to broader network.		2023	UCSF revising program	12/22
	3.1	Grow UCSF surgical presence in Sonoma	Objective is to engage UCSF surgicians to practice in Sonoma and at SVH.	Increase availability of surgical services in Sonoma/Increase utilization of SVH operating rooms			EPIC installation has removed key barrier. Improvement to interfaces underway. Dr Carrol (urologist)to provide services in Sonoma in 07/23	6/23
	3.2	Explore collaborative opportunites in orthopedics	Details listed in section 2. Listed here to note it serves this objective.					
3 Increase Facility Utilization - objective is to use available space and resources at SVH to alleviate capacity issues at UCSF where needs align. The result will be more availability of services in Sonoma.	3.3	Increase utilization of ODC by UCSF	Online scheduling	UCSF is moving to self scheduling which enables the patient to select the best location for their service based upon availability or location. This could optimize utilization of SVH assets.	2022	2023	On going conversations with UCSF Affiliates team on build requirements. Work on going.	12/22
	3.4	Development of Post Acute program	Objective is to insure adequate postacute care is abvailable in Sonoma	Meeting market demand and insuring Sonoma has the right setting for care. Activation of dormant space at SVH.		2024	This is in concept stage at this point.	8/22
	3.5	Develop relationship with VA for the provision of care to veterans at SVH		Improve access for veterans and increase utilization of SVH services	2023	2024	Connecting with VA leadership through UCSF contacts	2/22
4 Enhance IT Integration - maximize			EPIC implementation	Installation of EPIC will improve connectivity between UCSF and SVH.	January 2022	12/3/2022	Complete	12/22
connectivity between two organizations to improve integration of data available to	4.1	Maximize data availability between sites	Optimize EPIC data transfer between instances	Maximizing data integration between SVH Epic and UCSF Epic will optimize utilization by clinicians and patients	Summer 2023	2025	Inteface builds still underway - final interface scheduled to be completed Summer 23 $$	6/23
community and patients	4.2	Integration of IT management	Contract executed between UCSF and SVH for the provision of management services to SVH		2022	2022	Complete	1/22
5 Share Resources/Reduce Costs - by collaborating, can the two organizations save money?	6 Share Resources/ educe Cost by collaborati g, can the two	(R and/or Marin Health is - Explore JV opportunities around ODC in	Develop a business case for a joint venture between SVH and UCSF around the ODC and surgical services	A joint venture would provide both capital and focus from UCSF on Sonoma.	CY2023	2024	Investment models under review. On going.	12/22
Parking Lot	•	Exploration of ways to integrate purchase of goods and services		Cooperating with UCSF on purchasing could yelid signicant savings			Management continually on the look out for such opportunities. Supplies were reviewed in 2022 - no opportunity. Reimbursement rates - not allowed unless UCSF has a controlling interest.	9/22



To: Sonoma Valley Health Care District Finance Committee

From: Ben Armfield, Chief Financial Officer

Date: June 27, 2023

Subject: Financial Report for May 2023

1. OVERALL PERFORMANCE:

May continues a trend of positive months since our Epic go-live and also represents one of the better financial months we have had this fiscal year. We continue to make progress in growing volumes in key areas as May brought busier than normal activity, particularly on the outpatient side in some of our ancillary volumes.

May also delivered strong revenues, both in total and as a % of gross revenue. An uptick in commercial procedural volume helped drive the favorable increase in net patient revenue as we ended up exceeding budget by 6% in May. On the flip side, operating expenses did end up exceeding budget, but only missed the mark by 1%.

There was IGT revenue budgeted for the month related to a reconciliation payment for one of our 'smaller' Medi-Cal IGT programs. We will be receiving these funds in June and that activity will be recorded when the funds are received. Without IGT activity (Table 1c) we have now exceeded budget 6 months in a row.

(200,000)1st Qtr 2nd Qtr 3rd Qtr 4th Qtr (400,000) (600,000) (800,000) (1.000.000) (1,200,000) (1.400.000) (1,600,000) July August September October November December January February March April May (851,098) FY23 Actual (751,087) (883,060) (1,475,312) (1,163,024) (542,109) (679,153) (513,690) (357,820) (325,332) (565,226) **← -** FY23 Budget (1,082,015) (990,869) (1,029,164) (848,724) (838,488) (850,497) (719,094) (1,218,234) (787,302) (813,693) (929,529) FY22 Actual (630,496) (898 593) (826 385) (1,200,023) (826 895) (894.014) (1.069.065) (1.110.268)(794,182) (1.032.959) (648.868)

SVH Trended Operating Margin (excl IGT funding)

Table 1a | Overall Performance - May 2023 (Including IGT)

	Current Ye	ar - Month	Variance			Current Year - YTD				Variance			Prior YTD		Variance	
	Actual	Budget	\$	%		Actual Budget		Budget		\$ %		Actual		\$		%
Operating Margin	\$ (565,226)	\$ (428,086)	\$ (137,140)	-32%	\$	(4,641,672)	\$	(5,551,939)	\$	910,267	16%	\$	(6,440,855)	\$	1,799,183	28%
Operating EBDA	\$ (327,897)	\$ (198,999)	\$ (128,898)	-65%	\$	(1,915,975)	\$	(3,031,982)	\$	1,116,007	37%	\$	(3,887,655)	\$	1,971,680	51%
Net Income (Loss)	\$ (73,677)	\$ 530,859	\$ (604,536)	-114%	\$	3,028,546	\$	4,998,941	\$	(1,970,395)	-39%	\$	(442,755)	\$	3,471,301	784%

Table 1b | IGT Amounts in Income Statement – May 2023

	Current Year - Month				Current Y	ear	- YTD	 Prior YTD		
	Act	ual	В	udget		Actual		Budget		Actual
IGT Revenue	\$	-	\$	380,000	\$	6,048,734	\$	6,695,531	\$	5,142,896
IGT Expense	\$	-	\$	(20,784)	\$	(2,583,495)	\$	(2,519,861)	\$	(1,652,003)
IGT Net Income	\$	-	\$	359,216	\$	3,465,239	\$	4,175,670	\$	3,490,893

<u>Table 1c</u> | Overall Performance – May 2023 (<u>Excluding</u> IGT)

		Current Year - Month				Variance			Current Year - YTD			Variance			Prior YTD		Variance	
	Actual Budget		Budget	lget \$ %		%	Actual		Budget		\$	%	Actual		\$		%	
Operating Margin	\$	(565,226)	\$	(787,302)	\$	222,076	28%	\$	(8,106,911)	\$	(9,727,609)	\$ 1,620,698	17%	\$	(9,931,748)	\$	1,824,837	18%
Operating EBDA	\$	(327,897)	\$	(558,215)	\$	230,318	41%	\$	(5,381,214)	\$	(7,207,652)	\$ 1,826,438	25%	\$	(7,378,548)	\$	1,997,334	27%
Net Income (Loss)	\$	(73,677)	\$	171,643	\$	(245,320)	-143%	\$	(436,693)	\$	823,271	\$ (1,259,964)	-153%	\$	(3,933,648)	\$	3,496,955	89%

2. NET REVENUE SUMMARY:

Table 2 | Net Patient Revenue – Actual vs. Budget - May 2023 (Excluding IGT)

	ı	Month of May	2023		Year To Date May 2023										
	Current Ye	ar - Month	Varianc	е	Current Y	Variance		Prior YTD	Variance						
	Actual	Var	%	Actual	Budget	\$	%	Actual	\$	%					
Gross Revenue	\$ 27,885,066	\$ 27,269,190	\$ 615,876	2%	\$ 296,922,475	\$ 283,318,178	\$13,604,297	5%	\$ 267,280,585	\$ 29,641,890	11%				
Net Patient Revenue	\$ 4,393,025	\$ 4,132,251	\$ 260,774	6%	\$ 45,020,710	\$ 42,948,337	\$ 2,072,373	5%	\$ 41,037,369	\$ 3,983,341	10%				
NPR as a % of Gross	15.8%	15.2%	4%		15.2%	15.2%	0%		15.4%	-1%					
Tot Operating Revenue	\$ 4,485,022	\$ 4,236,974	\$ 248,048	6%	\$ 46,275,045	\$ 44,100,290	\$ 2,174,755	5%	\$ 42,091,186	\$ 4,183,859	10%				

3. OPERATING EXPENSE SUMMARY:

Table 3 | Operating Expenses - Actual vs. Budget - May 2023 (Excluding IGT)

	ı	Month of May	2023					Ye	ar To Date	May 2	2023		
	Current Ye	ar - Month	Variance		Current	Yea	r - YTD		Variance		Prior YTD	Variance	1
	Actual	Actual Budget Var % Actual Budget				\$	%	Actual	\$	%			
Operating Expenses	\$ 5,050,249 \$ 5,024,276		\$ (25,973)	-1%	\$ 54,381,955	\$	53,827,899	\$	(554,056)	-1%	\$ 52,022,934	\$ (2,359,021)	-5%
Worked FTEs	213.5	222.4	8.9	4%	212.9		219.2		6.3	3%	205.4	(7.5)	-4%

4. **VOLUME SUMMARY:**

Table 4 | Patient Volumes - May 2023

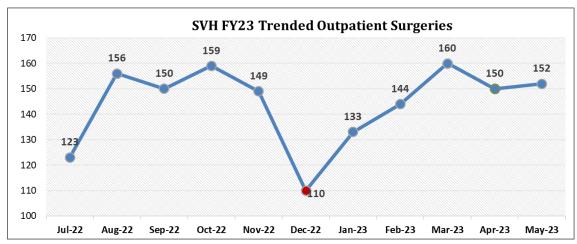
	Moi	nth of May 2023	3				Year To	Date N	/lay 2023		
	Current '	Year	Varia	ance	Curre	nt Year	Varia	ance	Prior Year	Varia	ince
	Actual	Budget	Var	%	Actual	Budget	Var	%	Actual	Var	%
Acute Patient Days	280	267	13	5%	3,016	2,888	128	4%	2,945	71	2%
Average Daily Census	9.0	8.6	0.4	5%	9.0	8.6	0.4	4%	8.8	0.2	2%
Acute Discharges	71	64	7	11%	750	694	56	8%	705	45	6%
IP Surgeries	15	13	2	15%	170	142	28	20%	142	28	20%
OP Surgeries/Spec Proc	152	178	(26)	-15%	1,586	1,819	(233)	-13%	1,699	(113)	-7%
Total Surgeries / Procedures	167	191	(24)	-13%	1,756	1,961	(205)	-10%	1,841	(85)	-5%
Total Outpatient Visits	4,917	4,876	41	1%	50,587	50,360	227	0%	51,298	(711)	-1%
Total ER Visits	879	903	(24)	-3%	8,889	9,201	(312)	-3%	8,446	443	5%

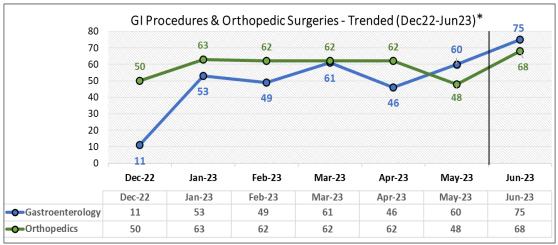
Volumes continue to be strong. Our inpatient census came in under our current year average but still exceeded budget for the month. We also continue to get busier on the outpatient side. We experienced a big jump in outpatient activity as our nearly 5,000 outpatient visits were nearly 10% higher than our monthly average post-Epic. This is significant as it provides further validation that our departments are getting more comfortable in Epic and also able to better facilitate incremental volume. We saw increases across most of our outpatient departments in May but none greater than CT, where we had nearly 400 CT visits. This is a fiscal year high and exceeds our fiscal year average by over 15%.

Surgical volumes in May followed our overall recent trend. We continue to stay consistent on the IP side and outpace both budget and the prior year. Outpatient surgical volume was off budget by over 10%, although case volumes stayed consistent with prior months. As has been discussed, the variance to budget in surgical volume relates to incremental cases that were budgeted in anticipation of a successful recruitment of a GI physician this fiscal year.

We did see a decrease in Orthopedic surgeries in May, as our 48 OP ortho cases fell off from our recent volume levels in the low 60s. The drop in Ortho volumes very much look to be short lived as based on activity through earlier in the week, are projected to get back and also exceed recent levels.

Mitigating the ortho decrease in May was a corresponding increase in GI volume. Much of this is related to a returning surgeon coming back into the market that started performing cases at SVH in May. We are very encouraged about the growth potential in this service, and June looks like it will be a big month in volume for GI cases as we are on track to set a fiscal year high.





^{*} June 2023 volumes projected based on activity through 6/21/23

5. CASH ACTIVITY SUMMARY:

Table 5 | Cash / Revenue Cycle Indicators - May 2023

	May-23	Apr-23	Var %
Days Cash on Hand	56.4	62.8	(6.4) -10%
A/R Days	53.9	55.5	(1.6) -3%
A/P Days	50.2	62.0	(11.8) -19%

We have been steadily building back our cash ever since hitting our low point in February, and have now gotten back to where our cash levels are strong. We did see an infusion of cash in April and that coupled with exceeding our cash collections goal in May, took the opportunity to make additional payments on some of our outstanding payables and reduce our A/P days (which decreased by ~20% from April to May). We will look to continue to lower our payables in June, as well as pay down on our existing line of credit.

ATTACHMENTS:

- Attachment A is the Payer Mix Analysis
- Attachment B is the Operating Indicators Report
- Attachment C is the Balance Sheet
- Attachment D (two pages) is the Statement of Revenue and Expense. The first page breaks out the hospital operations and page two includes all other activity.
- Attachment E is the Cash Projection

Sonoma Valley Hospital Payer Mix for the month of May 31, 2023

		Month			Year-to-Date						
Gross Revenue	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance			
Medicare	9,689,766	10,121,584	-431,818	-4.3%	107,978,328	105,300,493	2,677,835	2.5%			
Medicare Managed Care	5,102,155	4,558,967	543,188	11.9%	51,133,218	47,319,565	3,813,653	8.1%			
Medi-Cal	4,931,887	4,568,356	363,531	8.0%	55,848,301	47,245,476	8,602,825	18.2%			
Self Pay	510,996	484,686	26,310	5.4%	4,317,817	4,998,559	-680,742	-13.6%			
Commercial & Other Gov't	7,029,948	6,719,467	310,481	4.6%	67,117,967	69,876,919	-2,758,952	-3.9%			
Worker's Comp.	593,761	797,593	-203,832	-25.6%	10,271,925	8,373,259	1,898,666	22.7%			
Total	27,858,514	27,250,653	607,861	2.2%	296,667,557	283,114,271	13,553,286	4.8%			

	Month				Year-to-D		
Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
1,172,017	1,183,810	-11,793	-1.0%	11,809,926	12,412,730	-602,804	-4.9%
592,713	524,382	68,332	13.0%	5,972,526	5,498,357	474,169	8.6%
467,278	474,787	-7,509	-1.6%	4,708,569	4,978,339	-269,769	-5.4%
115,088	142,236	-27,148	-19.1%	1,099,984	1,491,399	-391,415	-26.2%
1,908,493	1,654,541	253,952	15.3%	19,231,086	17,348,535	1,882,550	10.9%
137,436	152,495	-15,060	-9.9%	1,860,298	1,598,977	261,321	16.3%
-	-	0	*	-	-	0	*
4,393,025	4,132,251	260,774	6.3%	44,682,389	43,328,337	1,354,052	3.1%
	1,172,017 592,713 467,278 115,088 1,908,493 137,436	Actual Budget 1,172,017 1,183,810 592,713 524,382 467,278 474,787 115,088 142,236 1,908,493 1,654,541 137,436 152,495	Actual Budget Variance 1,172,017 1,183,810 -11,793 592,713 524,382 68,332 467,278 474,787 -7,509 115,088 142,236 -27,148 1,908,493 1,654,541 253,952 137,436 152,495 -15,060 - 0 0	1,172,017 1,183,810 -11,793 -1.0% 592,713 524,382 68,332 13.0% 467,278 474,787 -7,509 -1.6% 115,088 142,236 -27,148 -19.1% 1,908,493 1,654,541 253,952 15.3% 137,436 152,495 -15,060 -9.9% - 0 *	Actual Budget Variance % Variance Actual 1,172,017 1,183,810 -11,793 -1.0% 11,809,926 592,713 524,382 68,332 13.0% 5,972,526 467,278 474,787 -7,509 -1.6% 4,708,569 115,088 142,236 -27,148 -19.1% 1,099,984 1,908,493 1,654,541 253,952 15.3% 19,231,086 137,436 152,495 -15,060 -9.9% 1,860,298 - 0 * -	Actual Budget Variance % Variance Actual Budget 1,172,017 1,183,810 -11,793 -1.0% 11,809,926 12,412,730 592,713 524,382 68,332 13.0% 5,972,526 5,498,357 467,278 474,787 -7,509 -1.6% 4,708,569 4,978,339 115,088 142,236 -27,148 -19.1% 1,099,984 1,491,399 1,908,493 1,654,541 253,952 15.3% 19,231,086 17,348,535 137,436 152,495 -15,060 -9.9% 1,860,298 1,598,977 - 0 * - - -	Actual Budget Variance % Variance Actual Budget Variance 1,172,017 1,183,810 -11,793 -1.0% 11,809,926 12,412,730 -602,804 592,713 524,382 68,332 13.0% 5,972,526 5,498,357 474,169 467,278 474,787 -7,509 -1.6% 4,708,569 4,978,339 -269,769 115,088 142,236 -27,148 -19.1% 1,099,984 1,491,399 -391,415 1,908,493 1,654,541 253,952 15.3% 19,231,086 17,348,535 1,882,550 137,436 152,495 -15,060 -9.9% 1,860,298 1,598,977 261,321 - - 0 * - - 0 0

		Month			Year-to-Date	
Payor Mix	Actual	Budget	% Variance	Actual	Budget	% Variance
Medicare	34.8%	37.1%	-6.4%	36.4%	37.2%	-2.1%
Medicare Managed Care	18.3%	16.7%	9.5%	17.2%	16.7%	3.1%
Medi-Cal	17.7%	16.8%	5.6%	18.8%	16.7%	12.8%
Self Pay	1.8%	1.8%	3.1%	1.5%	1.8%	-17.6%
Commercial & Other Gov't	25.2%	24.7%	2.3%	22.6%	24.7%	-8.3%
Worker's Comp.	2.1%	2.9%	-27.2%	3.5%	3.0%	17.1%
Total	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%

		Month			Year-to-Date						
Percent of Net Revenue	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance			
Medicare	26.7%	28.6%	-2.0%	-6.9%	26.4%	28.6%	-2.3%	-8.1%			
Medicare Managed Care	13.5%	12.7%	0.8%	6.3%	13.4%	12.7%	0.7%	5.3%			
Medi-Cal	10.6%	11.5%	-0.9%	-7.4%	10.5%	11.5%	-1.0%	-8.3%			
Self Pay	2.6%	3.4%	-0.8%	-23.9%	2.5%	3.4%	-1.0%	-28.5%			
Commercial & Other Gov't	43.4%	40.0%	3.4%	8.5%	43.0%	40.0%	3.0%	7.5%			
Worker's Comp.	3.1%	3.7%	-0.6%	-15.2%	4.2%	3.7%	0.5%	12.8%			
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%			

		Month			Year-to-Date						
Net Revenue as a % of Gross	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance			
Medicare	12.1%	11.7%	0.4%	3.4%	10.9%	11.8%	-0.9%	-7.2%			
Medicare Managed Care	11.6%	11.5%	0.1%	1.0%	11.7%	11.6%	0.1%	0.5%			
Medi-Cal	9.5%	10.4%	-0.9%	-8.8%	8.4%	10.5%	-2.1%	-20.0%			
Self Pay	22.5%	29.3%	-6.8%	-23.3%	25.5%	29.8%	-4.4%	-14.6%			
Commercial & Other Gov't	27.1%	24.6%	2.5%	10.3%	28.7%	24.8%	3.8%	15.4%			
Worker's Comp.	23.1%	19.1%	4.0%	21.1%	18.1%	19.1%	-1.0%	-5.2%			
TOTAL	15.8%	15.2%			15.1%	15.3%					

SONOMA VALLEY HOSPITAL OPERATING INDICATORS For the Period Ended May 31, 2023

	CUI	RRENT MO	NTH		,	ATE	YTD	
-	Actual 05/31/23	Budget 05/31/23	Favorable (Unfavorable) <u>Variance</u>	•	Actual 05/31/23	EAR-TO-DA Budget 05/31/23	Favorable (Unfavorable) <u>Variance</u>	Prior Year 05/31/22
				Inpatient Utilization				
				Discharges				
1	50	50	0	Med/Surg	535	538	(3)	539
2	21	14	7	ICU	215	156	59	166
3	71	64	7	Total Discharges	750	694	56	705
				Patient Days:				
4	195	178	17	Med/Surg	1,917	1,922	(5)	1,911
5	85	89	(4)	ICU	1,099	966	133	1,034
6	280	267	13	Total Patient Days	3,016	2,888	128	2,945
7	16	-	16	Observation days	168	-	168	193
				A T (1 66)				
8	3.9	3.6	0.3	Average Length of Stay: Med/Surg	3.58	3.57	0.01	3.5
9	4.0	6.2	(2.2)	ICU	5.11	6.20	(1.09)	6.2
10	3.9	4.2	(0.2)	Avg. Length of Stay	4.02	4.16	(0.14)	4.2
				, D. II. G				
11	6.3	5.7	0.5	Average Daily Census: Med/Surg	5.7	5.7	(0.0)	5.7
12	2.7	2.9	(0.1)	ICU	3.7	2.9	0.4	3.1
13	9.0	8.6	0.4	Avg. Daily Census	9.0	8.6	0.4	8.8
				Other Utilization Statistics				
				E				
14	879	903	(24)	Emergency Room Statistics Total ER Visits	8,889	9,201	(312)	8,446
			(- ')		-,	7,=01	(===)	-,
				Outpatient Statistics:				
15	4,917	4,876	41	Total Outpatients Visits	50,587	50,360	227	51,298
16 17	15 152	13 178	(26)	IP Surgeries OP Surgeries / Special Procedures	170 1,586	142 1,819	28 (233)	142 1,699
18	316	284	32	Adjusted Discharges	3,165	2,955	210	3,019
19	1,246	1,185	62	Adjusted Patient Days	13,931	12,297	1,634	12,643
20	40.2	38.2	2.0	Adj. Avg. Daily Census	41.6	36.7	4.9	37.7
21	1.3711	1.4000	(0.029)	Case Mix Index -Medicare	1.4810	1.4000	0.081	1.4481
22	1.4469	1.4000	0.047	Case Mix Index - All payers	1.4594	1.4000	0.059	1.4245
				Labor Statistics				
23	213	222	9	FTE's - Worked	213	219	6.3	205
24	236	245	9	FTE's - Paid	235	241	6.2	227
25 26	54.04 5.86	47.59 6.41	(6.45) 0.54	Average Hourly Rate FTE / Adj. Pat Day	50.33 5.65	47.07 6.58	(3.26) 0.92	46.72 6.03
27	33.4	36.5	3.1	Manhours / Adj. Pat Day	32.2	37.5	5.3	34.3
28	131.8	152.3	20.5	Manhours / Adj. Discharge	141.8	155.9	14.1	143.9
29	22.7%	24.6%	1.9%	Benefits % of Salaries	23.7%	25.1%	1.4%	24.5%
				Non-Labor Statistics				
30	14.1%	14.1%	0.0%	Supply Expense % Net Revenue	14.0%	16.0%	2.0%	15.0%
31	1,957	2,243	286	Supply Exp. / Adj. Discharge	2,254	2,327	73	2,291
32	16,131	17,941	1,809	Total Expense / Adj. Discharge	18,164	19,254	1,090	17,982
22	= > =			Other Indicators				
33 34	56.5 53.9	50.0	3.9	Days Cash - Operating Funds Days in Net AR	46.9	50.0	(3.1)	41.3
3 4 35	102%	30.0	3.9	Collections % of Cash Goal	46.9 97%	50.0	(3.1)	99.3%
36	50.9	55.0	(4.1)	Days in Accounts Payable	50.9	55.0	(4.1)	46.1
37	15.8%	16.6%	-0.8%	% Net revenue to Gross revenue	17.2%	15.2%	2.0%	17.3%
38	32.4%			% Net AR to Gross AR	32.4%			15.0%

ATTACHMENT C

Sonoma Valley Health Care District Balance Sheet As of May 31, 2023 UNAUDITED

			Current Month		Prior Month		Prior Year	
	Assets							
	Current Assets:							
1	Cash	\$	2,294,112	\$	1,874,510	\$	3,687,036	
2	Cash - Money Market		6,852,065		8,350,067		5,845,048	
3	Net Patient Receivables		9,706,196		9,295,766		6,458,134	
4	Allow Uncollect Accts		(1,770,548)		(1,581,837)		(1,401,209)	
5	Net A/R		7,935,648		7,713,929		5,056,925	
6	Other Accts/Notes Rec		1,411,388		1,578,759		1,737,108	
7	Parcel Tax Receivable		203,861		203,861		207,928	
8	GO Bond Tax Receivable		906,105		906,105		260,172	
9	3rd Party Receivables, Net		112,552		402,417		173,533	
10	Inventory		1,115,954		1,088,633		1,035,056	
11	Prepaid Expenses		746,495		810,133		873,195	
12	Total Current Assets	\$	21,578,180	\$	22,928,415	\$	18,876,001	
13	Property, Plant & Equip, Net	\$	56,523,752	\$	56,679,223	\$	52,153,382	
14	Trustee Funds - GO Bonds		4,684,039		4,666,114		5,751,245	
15	Designated Funds - Board Approved		-		-		1,000,000	
16	Total Assets	\$	82,785,971	\$	84,273,752	\$	77,780,628	
	Liabilities & Fund Balances							
	Current Liabilities:							
17	Accounts Payable	\$	5,637,514	\$	6,680,915	\$	4,328,839	
18	Accrued Compensation	Ψ	4,324,666	Ψ	4,169,775	Ψ	4,193,635	
19	Interest Payable - GO Bonds		147,163		99,460		165,504	
20	Accrued Expenses		1,355,523		1,339,706		1,834,206	
21	Advances From 3rd Parties		1,000,020		1,559,700		1,004,200	
22	Deferred Parcel Tax Revenue		316,663		633,330		316,667	
23	Deferred GO Bond Tax Revenue		207,092		414,182		231,813	
24	Current Maturities-LTD		207,092		217,475		348,292	
25	Line of Credit - Union Bank		5,473,734		5,473,734		5,473,734	
26	Other Liabilities		57,511		57,511			
27	Total Current Liabilities	\$	17,737,341	c		\$	1,492,509	
21	Total Current Liabilities	Ф	17,737,341	Φ	19,000,009	Ф	18,385,199	
28	Long Term Debt, net current portion	\$	27,052,746	\$	27,111,937	\$	25,443,604	
29	Fund Balances:							
30	Unrestricted	\$	19,577,369	\$	19,657,212	\$	17,979,645	
31	Restricted	·	18,418,515		18,418,515		15,972,180	
32	Total Fund Balances	\$	37,995,884	\$	38,075,727	\$	33,951,825	
33	Total Liabilities & Fund Balances	\$	82,785,971	\$	84,273,752	\$	77,780,628	

ATTACHMENT D

Sonoma Valley Health Care District Statement of Revenue and Expenses For the Period Ended May 31, 2023

			Month						Year-To- Da	ate			YTD
		This Ye	ar	Varian	nce			This Y	ear	Varianc	е		
		Actual	Budget	\$	%			Actual	Budget	\$	%		Prior Year
						Volume Information							
1		71	64	7	11%	Acute Discharges		737	694	43	6%		705
2		280	267	13	5%	Patient Days		3,078	2,888	190	7%		2,945
3		16	-	16	0%	Observation Days		168	-	168	*		193
4	\$	21,623 \$	21,128 \$	496	2%	Gross O/P Revenue (000's)	\$	226,480	216,827	\$ 9,654	4%	\$	204,333
						Financial Results							
						Gross Patient Revenue							
5	\$	6,261,804 \$	6,141,132 \$	120,672	2%	Inpatient	\$	70,442,310	66,491,661	3,950,649	6%	\$	62,737,480
6		13,316,733	12,980,750	335,983	3%	Outpatient		136,388,974	134,244,991	2,143,983	2%		122,230,687
7		8,306,529	8,147,308	159,221	2%	Emergency		90,091,191	82,581,526	7,509,665	9%		82,312,418
8	\$	27,885,066 \$	27,269,190	615,876	2%	Total Gross Patient Revenue	\$	296,922,475	283,318,178	13,604,297	5%	\$	267,280,585
						Deductions from Revenue							
9		(23,273,302)	(22,913,951)	(359,351)	-2%	Contractual Discounts	\$	(249,722,524)	(238,307,293)	(11,415,231)	-5%	\$	(224,172,429)
10		(150,000)	(200,000)	50,000	25%	Bad Debt		(1,774,039)	(1,820,000)	45,961	3%		(1,850,000)
11		(68,739)	(22,988)	(45,751)	-199%	Charity Care Provision		(405,202)	(242,548)	(162,654)	-67%		(220,787)
12		-	380,000	(380,000)	-100%	Prior Period Adj/Government Program Revenue		6,048,734	6,695,531	(646,797)	-10%		5,142,896
13	\$	(23,492,041) \$	(22,756,939)	(735,102)	3%	Total Deductions from Revenue	\$	(245,853,031)	(233,674,310)	(12,178,721)	5%	\$	(221,100,320)
14	\$	4,393,025 \$	4,512,251	(119,226)	-3%	Net Patient Service Revenue	\$	51,069,444	49,643,868	1,425,576	3%	\$	46,180,265
15	\$	91,998 \$	104,723	(12,725)	-12%	Other Op Rev & Electronic Health Records	\$	1,254,335	1,151,953	102,382	9%	\$	1,053,817
16	\$	4,485,022 \$	4,616,974	(131,952)	-3%	Total Operating Revenue	\$	52,323,779	50,795,821	\$ 1,527,958	3%	\$	47,234,082
						Operating Expenses							
17	Ś	2,251,024 \$	2,058,745	(192,279)	-9%	Salary and Wages and Agency Fees	Ś	22,589,354	21,688,584	(900,770)	-4%	Ś	20,290,953
18	~	721,537	722,291	754	0%	Employee Benefits	*	7,832,907	7,688,944	(143,963)	-2%	Ψ.	7,609,068
19	\$	2,972,561 \$	2,781,036	(191,525)	-7%	Total People Cost	\$	30,422,262		(1,044,734)	-4%	\$	27,900,021
20	Ś	537,975 \$	598,846	60,871	10%	Med and Prof Fees (excld Agency)	\$	6,167,559		404,540	6%	\$	6,196,500
21	·	618,615	637,047	18,432	3%	Supplies		7,135,440	6,876,002	(259,438)	-4%		6,915,516
22		355,409	469,603	114,194	24%	Purchased Services		4,525,771	4,964,192	438,421	9%		4,795,951
23		237,329	229,087	(8,242)	-4%	Depreciation		2,725,697	2,519,957	(205,740)	-8%		2,553,200
24		99,138	111,458	12,320	11%	Utilities		1,710,668	1,372,328	(338,340)	-25%		1,429,380
25		53,384	52,833	(551)	-1%	Insurance		605,107	581,163	(23,944)	-4%		565,485
26		41,937	16,476	(25,461)	-155%	Interest		425,135	181,236	(243,899)	*		367,325
27		133,901	127,890	(6,011)	-5%	Other		664,317	1,383,394	719,077	52%		1,299,556
28		-	20,784	20,784	-100%	Matching Fees (Government Programs)		2,583,495	2,519,861	(63,634)	3%		1,652,003
29	\$	5,050,249 \$	5,045,060	(5,189)	0%	Operating expenses	\$	56,965,450	56,347,760	(617,690)	-1.1%	\$	53,674,937
30	\$	(565,226) \$	(428,086) \$	(137,140)	-32%	Operating Margin	\$	(4,641,672)	(5,551,939)	910,267	16%	\$	(6,440,855)

ATTACHMENT D

Sonoma Valley Health Care District Statement of Revenue and Expenses For the Period Ended May 31, 2023

			Month					Year-To- Date	2		YTD
	This	Year		Varian	ce		 This Ye	ar	Varianc	е	
	Actual		Budget	\$	%		 Actual	Budget	\$	%	 Prior Year
						Non Operating Rev and Expense					
31	\$ 15,494	\$	(13,385)	28,879	*	Miscellaneous Revenue/(Expenses)	\$ 69,219 \$	(144,750)	213,969	*	\$ (110,043)
32	-		-	-	0%	Donations	-	-	-	0%	26,864
33	-		-	-	*	Physician Practice Support-Prima	-	-	-	*	0
34	316,667		316,667	-	0%	Parcel Tax Assessment Rev	3,483,337	3,483,337	-	0%	3,483,337
35	-		-	-	0%	Extraordinary Items	-	-	-	0%	(97,933)
36	\$ 332,161	\$	303,282	28,879	10%	Total Non-Operating Rev/Exp	\$ 3,552,556 \$	3,338,587	213,969	6%	\$ 3,302,225
37	\$ (233,065)	\$	(124,804)	(108,261)	-87%	Net Income / (Loss) prior to Restricted Contributions	\$ (1,089,115) \$	(2,213,352)	1,124,237	51%	\$ (3,138,630)
38	\$ -	\$	-	-	0%	Capital Campaign Contribution	\$ - \$	-	-	0%	\$ -
39	\$ -	\$	493,593	(493,593)	0%	Restricted Foundation Contributions	\$ 2,368,336 \$	5,429,523	(3,061,187)	100%	\$ 754,624
40	\$ (233,065)	\$	368,789	(601,854)	*	Net Income / (Loss) w/ Restricted Contributions	\$ 1,279,221 \$	3,216,171	(1,936,950)	-60%	\$ (2,384,006)
41	159,388		162,070	(2,682)	-2%	GO Bond Activity, Net	1,749,326	1,782,770	(33,444)	-2%	1,941,251
42	\$ (73,677)	\$	530,859	(604,536)	114%	Net Income/(Loss) w GO Bond Activity	\$ 3,028,546 \$	4,998,941	(1,970,395)	-39%	\$ (442,755)
	\$ 4,264	\$	104,283	(100,019)		EBDA - Not including Restricted Contributions	\$ 1,636,581 \$	306,605	1,329,976		\$ (585,430)
	\$ (327,897)	\$	(198,999)	(128,898)	-65%	Operating EBDA - Not including Restricted Contributions	\$ (1,915,975) \$	(3,031,982)	1,116,007	37%	\$ (3,887,655)

Sonoma Valley Hospital Cash Forecast FY 2023

FY 2023													
	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual Mar	Actual Apr	Actual May	Forecast Jun	TOTAL
Hospital Operating Sources	July	Aug	Зері	OCI	NOV	Dec	Jan	Гер	IVIAI	Арі	iviay	Juli	TOTAL
Patient Payments Collected	3,924,051	4,613,392	3,735,746	3,656,614	4,177,640	3,497,534	2,406,320	4,286,383	4,595,033	3,686,973	4,539,132	4,700,000	47,818,818
Other Operating Revenue	19,072	182,649	33,561	250,527	23,522	40,390	43,299	222,918	65,455	376,174	229,619	104,732	1,591,919
Other Non-Operating Revenue	10,204	12,925	10,096	11,916	10,007	11,764	10,501	17,591	7,906	9,810	11,970	10,806	135,498
Unrestricted Contributions				3,200	2,051	202	5,829	285	1,920	4,362	9,901		27,749
Line of Credit Sub-Total Hospital Sources	3,953,328	4,808,966	3,779,404	3,922,256	4,213,220	3,549,890	2,465,949	4,527,177	4,670,313	4,077,319	4,790,623	4,815,538	49,573,983
oub-rotal riospital courses	3,333,320	4,000,500	3,113,404	3,322,230	4,213,220	3,343,030	2,400,040	4,521,177	4,070,010	4,077,010	4,730,023	4,010,000	43,373,303
Hospital Uses of Cash													
Operating Expenses	4,913,977	4,894,375	5,088,864	4,586,736	4,470,658	5,948,370	4,634,254	4,503,661	4,193,763	4,845,190	5,715,093	5,635,061	59,430,000
Add Capital Lease Payments	13,501	13,354	13,280	13,354	45,386	55,162	45,517	33,948	58,750	55,531	37,919		385,701
Line of Credit Payment	774 000	740.005	447 405	470.457	240 004	440,400	200 574	F0 222	077 444	4 477 470	04.750	750,000	750,000
Capital Expenditures Total Hospital Uses	774,009 5,701,487	749,295 5,657,024	117,435 5,219,578	170,157 4,770,247	216,084 4,732,128	418,400 6,421,932	269,571 4,949,342	50,333 4,587,942	277,411 4,529,924	1,177,179 6,077,900	81,758 5,834,770	500,000 6,885,061	4,801,634 65,367,335
Total Hospital Oscs	3,701,407	3,037,024	3,213,370	4,110,241	4,702,120	0,421,332	7,575,572	4,501,542	4,023,324	0,077,300	3,034,770	0,000,001	00,007,000
Net Hospital Sources/Uses of Cash	(1,748,159)	(848,058)	(1,440,175)	(847,991)	(518,907)	(2,872,042)	(2,483,394)	(60,765)	140,390	(2,000,581)	(1,044,147)	(2,069,523)	(15,793,352)
Non-Hospital Sources													
Restricted Cash/Money Market	750,000	750,000	1,000,000	500,000	750,000		1,250,000	1,500,000	-	(7,000,000)	2,500,000		2,000,000
Restricted Capital Donations	210	696,111	1,483	259,524	125,306	377,052	530,877	29,019	269,654	77,179			2,366,416
Parcel Tax Revenue	192,601					2,058,767		-		1,537,372			3,788,739
Other Payments - Ins. Claims/HHS/Grants/Loans											-	-	-
Other: IGT - RATE RANGE (CY 2021)										4,519,302			4,519,302
IGT - AB915 (FY 21/22)										4,010,002		150,000	150,000
IGT - QIP (PY 4/CY21) SNF					17,290					1,393,721	(27,813)	,	1,383,198
IGT - DPNF 15/16 SVH											12,386	100,000	112,386
HELP II LOAN										2,000,000			2,000,000
BRIDGE LOAN YR 2	942,811	1,446,111	1,001,483	759,524	892,596	2,435,819	1,780,877	750,660 2,279,679	269,654	2,527,574	2,484,573	250,000	750,660 17,070,701
Sub-Total Non-Hospital Sources	942,011	1,440,111	1,001,463	759,524	692,596	2,435,619	1,700,077	2,219,619	209,034	2,527,574	2,464,573	250,000	17,070,701
Non-Hospital Uses of Cash													
Matching Fees					-	3,642	-	2,214,224	-	57,627			2,275,493
Sub-Total Non-Hospital Uses of Cash		-	-	-	-	3,642	-	2,214,224	-	57,627	-	-	2,275,493
Net Non-Hospital Sources/Uses of Cash	942,811	1,446,111	1,001,483	759,524	892,596	2,432,177	1,780,877	65,455	269,654	2,469,947	2,484,573	250,000	14,795,208
Net Sources/Uses	(805,349)	598,053	(438,691)	(88,467)	373,689	(439,865)	(702,516)	4,690	410,044	469,365	1,440,426	(1,819,523)	
Operating Cash at beginning of period	2,493,558	1,688,209	2,286,262	1,847,571	1,759,104	2,132,793	1,692,928	990,411	995,101	1,405,145	1,874,510	3,314,937	
Operating Cash at End of Period	1,688,209	2,286,262	1,847,571	1,759,104	2,132,793	1,692,928	990,411	995,101	1,405,145	1,874,510	3,314,937	1,495,414	
Money Market Account Balance - Undesignated	5,095,597	4,345,597	3,346,052	2,846,649	2,096,825	2,097,663	1,848,555	1,349,026	1,349,370	8,349,370	5,849,370	5,849,370	
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Total Cash at End of Period	6,783,806	6,631,859	5,193,623	4,605,753	4,229,618	3,790,590	2,838,967	2,344,128	2,754,515	10,223,881	9,164,307	7,344,784	
Average Days of Cash on Hand	54.2	45.1	35.2	30.2	28.8	24.6	19.0	15.1	17.7	62.8	59.4		
Days of Cash on Hand at End of Month	53.8	42.0	34.1	31.1	27.9	24.5	18.5	14.3	16.9	65.4	56.5	42.0	

Sonoma Valley Hospital Master Capital Plan | FY23 - FY26

Prioritized Capital Projects

Project/Equipment		Projected Cost		FY23 Actual		FY24 Projected		FY25 Projected		26 Projected	Project Description / Comments:		
CT Epic Implementation	\$	3,400,000	\$	3,400,000							Costs directly related to Epic implementation (net of foundation funding)		
Air Handler & Exhaust Fan	\$	3,160,000	\$	30,000	\$	1,562,000	\$	1,568,000			AH 3 has failed. Need to replace and upsize to handle load from SNF.		
ODC Completion	\$	3,000,000					\$	3,000,000			Additional costs over ODC budget		
2nd Floor Hospital / GI Clinic	\$	1,765,000	\$	15,000	\$	1,750,000					To support strategic GI growth		
Elevators - NPC Compliance - Replace Jacks/Doors	\$	550,000							\$	550,000	2030 Seismic Regulation		
Enterprise Resource Planning (ERP) Implementation	\$	500,000							\$	500,000	Projected cost to implement new ERP system		
Physical Therapy Lateral Expansion	\$	500,000			\$	500,000					Expand PT services in existing location Costs TBD		
Security Access - Exterior doors	\$	250,000					\$	250,000			Enhanced security badge access doors		
Seismic Structural - SPC4D Compliance, NPC Analysis	\$	200,000			\$	200,000					2030 Seismic Regulation		
GE Portable X-Ray Machine	\$	150,000					\$	150,000			End of life equipment need		
Nursing - 10 Defibrillators	\$	150,000	\$	150,000							End of life equipment need		
Hematology Analyzer (x2)	\$	100,000			\$	100,000					End of life equipment need - Critical		
Kitchen - Cooking & Serving Table	\$	85,000					\$	85,000			To support enhanced nutrition and dining operations		
Kronos Upgrade	\$	82,000			\$	82,000					Needed upgrade of SVH clocking/time & attendance system		
Cardiology - Muse Interface	\$	71,000			\$	71,000					Needed interface for Epic		
Apex Interface (UCSF/Epic)	\$	70,000			\$	70,000					Needed interface for Epic		
Ventilators (x2)	\$	67,000	\$	67,000							End of life equipment need		
MRI Patient Monitor	\$	60,000			\$	60,000					End of life equipment need		
Surgical Trays	\$	60,000			\$	30,000	\$	30,000			To support OR surgical growth		
Elevators - Door Controls	\$	50,000					\$	50,000			Cost excludes permit fees		
Cataract Surgery Equipment	\$	50,000	\$	10,000			\$	40,000			Needed cataract surgical equipment		
Sewer Pumps in the basement	\$	40,000					\$	40,000			Replacement of existing sewer pumps		
Medivator Scopes Room Compliance	\$	33,220	\$	33,220							Regulatory/Compliance item		
Bi Pap Machines (x2)	\$	30,000					\$	30,000			Equipment approaching end of life		
Endoscopy Cabinet/Scopes	\$	25,600	\$	25,600							Replacement of endo storage cabinets and scopes Regulatory		
East Wing Pipe Replacement	\$	25,000			\$	25,000					Corroded pipes - critical need		
Trophon Probe Disinfection - Medical Imaging	\$	10,000					\$	10,000			End of life replacement		
Physical Therapy / OP Services Expansion		TBD	\$	22,000		TBD		TBD		TBD	To support larger strategic growth efforts in growing PT $\&$ OP services		
Campus Redevelopment		TBD						TBD		TBD	To support larger strategic growth campus redevelopment efforts		
Routine Capital Pool / Contingency	\$	600,000	\$	-	\$	150,000	\$	150,000	\$	150,000	\$150,000 / year for routine capital items starting in FY24		
TOTAL PROPOSED CAPITAL SPENDING	\$	15,083,820	\$	3,752,820	\$	4,600,000	\$	5,403,000	\$	1,200,000			

^{*} SVH Master Capital Plan reflects projected capital expenditures funded directly by Sonoma Valley Hospital. Schedule excludes capital items and/or funding coming from Sonoma Valley Hospital Foundation.



To: Sonoma Valley Health Care District Finance Committee

From: Ben Armfield, Wendy Lee Myatt

Date: June 27, 2023

Subject: FY24 Budget Discussion with Armanino LLP

SVHCD has been an audit client of Armanino LLP for some time. Due to their familiarity with not only the healthcare industry but also our health care district, Brian Sackstein, the principal partner on our audit, was invited to our joint budget meeting on May 23, 2023 by Finance Committee Chair, Bill Boerum.

Brian did attend our session and as a result of his attendance, a meeting was scheduled between Armanino LLP, Sonoma Valley Hospital CFO Ben Armfield, and SVHCD Finance Committee and Board of Directors Member Wendy Lee Myatt. Bill was unable to attend.

The discussion revolved around gleaning any insights and recommendations into both the budget process and associated timelines involved, as well as operational observations for hospital leadership and respective committees and SVH boards to potentially consider. The highlights of the discussion are summarized below:

- SVH was commended on the amount of detail presented during the joint finance budget meeting.
- Now through the Epic implementation, there should be opportunities to refine the process for further committee engagement, if desired.
- Operationally, the hospital should look closer at other creative ways to drive revenue growth. I.e. solar generation, rental income, cafeteria revenues.
- Brian encouraged SVH to perform additional review of the new Epic system and related controls to ensure protection and robust internal controls in place.
- Brian encouraged SVH to prioritize the review and renegotiation of managed care contracts.
- There was discussion around the hospital's depreciation schedule and fixed assets. Armanino does perform fixed asset testing during the annual financial statement audit process, but now that the Epic project is complete and with a significant amount of assets coming online, Armanino agreed that an additional review of the hospital's depreciation schedule would be beneficial. Both to review assets reported to be in-service as well as to verify and ensure the useful lives for the new assets being put into service are accurate.
- We also discussed the overall timing of the budget process itself. Armanino agreed there should be opportunities to refine the timeline if desired. SVH leadership agreed to make it a priority to work with the finance committee on opportunities to move forward the process of reviewing budget progress for next fiscal year.