



August 15, 2024

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 **SALINAS VALLEY HEALTH**<sup>1</sup> will be held **MONDAY, AUGUST 19, 2024, AT 12:00 P.M., HEART CENTER TELECONFERENCE ROOM, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.** (*Visit [SalinasValleyHealth.com/virtualboardmeeting](https://www.SalinasValleyHealth.com/virtualboardmeeting) for Public Access Information*).

A handwritten signature in black ink, appearing to read "Allen Radner".

Allen Radner, MD  
President/Chief Executive Officer

Committee Voting Members: **Joel Hernandez Laguna**, Chair, **Juan Cabrera**, Vice-Chair, **Allen Radner, MD**, President/CEO; **Augustine Lopez**, Chief Financial Officer; and **Tarun Bajaj, M.D.**, Medical Staff Member.

Advisory Non-Voting Members: Sanjeev Tandon and Harry Wardwell, Community Members, Administrative Executive Team.

**FINANCE COMMITTEE  
COMMITTEE OF THE WHOLE  
SALINAS VALLEY HEALTH<sup>1</sup>**

**MONDAY, AUGUST 19, 2024, 12:00 P.M.  
HEART CENTER TELECONFERENCE ROOM**

**Salinas Valley Health Medical Center  
450 E. Romie Lane, Salinas, California**

**(Visit [SalinasValleyHealth.com/virtualboardmeeting](https://www.SalinasValleyHealth.com/virtualboardmeeting) for Public Access Information)**

**AGENDA**

1. Call to Order / Roll Call

2. Public Comment

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.

3. Approve Minutes of the Finance Committee Meeting of July 22, 2024 (HERNANDEZ LAGUNA)

- Motion/Second
- Action by Committee/Roll Call Vote

4. Consider Recommendation to the Board of Directors to Award a Construction Contract to McLaughlin Painting & Waterproofing for the Medical Center Campus Exterior Repainting Project (MILLER)

- Staff Report
- Committee Questions to Staff
- Public Comment
- Committee Discussion/Deliberation
- Motion/Second
- Action by Committee/Roll Call Vote

5. Closed Session

6. Reconvene Open Session

7. Consider Recommendation for Board of Directors Approval of Project Budget for the Salinas Valley Health X-Ray Rooms 1 and 2 Replacement Project, and Award of Contract to Philips for the X-Ray Equipment System and Service Agreement (MILLER)

<sup>1</sup>Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

- Staff Report
  - Committee Questions to Staff
  - Public Comment
  - Committee Discussion/Deliberation
  - Motion/Second
  - Action by Committee/Roll Call Vote
8. Consider Recommendation for Board Approval of Capital funding for the replacement of the medical center based cardiac Nuclear Medicine Camera (D-SPECT) and Five (5) year service agreement and equipment purchase with Spectrum Dynamics Medical (MILLER/KAZEL)
- Staff Report
  - Committee Questions to Staff
  - Public Comment
  - Committee Discussion/Deliberation
  - Motion/Second
  - Action by Committee/Roll Call Vote
9. Financial and Statistical Review (LOPEZ)
10. Fiscal Year Ended June 30, 2024 Balanced Scorecard (LOPEZ)
11. Adjournment

The next Finance Committee Meeting is scheduled for **Monday, September 23, 2024** at **12:00 p.m.**

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.SalinasValleyHealth.com](http://www.SalinasValleyHealth.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 Board Clerk during regular business hours at 831-759-3050. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

**FINANCE COMMITTEE MEETING  
COMMITTEE OF THE WHOLE  
SALINAS VALLEY HEALTH**

**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**

**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): Trade secrets, strategic planning/proposed new programs and services

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

**ADJOURN TO OPEN SESSION**

*CALL TO ORDER*  
*ROLL CALL*

*(Chair to call the meeting to order)*

*PUBLIC COMMENT*

**DRAFT SALINAS VALLEY HEALTH<sup>1</sup>**  
**FINANCE COMMITTEE**  
**COMMITTEE OF THE WHOLE**  
**MEETING MINUTES JULY 22, 2024**

Committee Member Attendance:

Voting Members Present: **Juan Cabrera**, Vice-Chair; **Augustine Lopez**, Chief Financial Officer; **Allen Radner, MD**, President/CEO and **Tarun Bajaj, M.D.**, Medical Staff Member;

Voting Members Absent: **Joel Hernandez Laguna**, Chair;

Advisory Non-Voting Members Present:

Via teleconference: Sanjeev Tandon, Harry Wardwell and Michelle Childs, CHRO.  
In person: Clement Miller, COO, and Gary Ray, CLO.

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Dr. Rolando Cabrera and Victor Rey.

### **1. CALL TO ORDER/ROLL CALL**

A quorum was present and Vice-Chair Juan Cabrera, called the meeting to order at 12:07 p.m. in the Heart Center Teleconference Room.

### **2. PUBLIC COMMENT:**

None.

### **3. MINUTES OF THE FINANCE COMMITTEE JUNE 24, 2024**

Approve the minutes of the June 24, 2024 Finance Committee meeting. The information was included in the Committee packet.

**COMMITTEE MEMBER DISCUSSION:** None.

**PUBLIC COMMENT:** None.

#### **MOTION:**

Upon motion by Committee Member Lopez, and second by Committee Member Dr. Radner, the minutes of the June 24, 2024 Finance Committee were approved as presented.

#### **ROLL CALL VOTE:**

Ayes: Vice Chair Cabrera, Dr. Radner, Lopez, and Dr. Bajaj;

Nays: None;

Abstentions: None;

Absent: Chair Hernandez Laguna.

#### **Motion Carried**

<sup>1</sup>Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

**4. CONSIDER RECOMMENDATION FOR APPROVAL OF A BUDGET AUGMENTATION TO BE FUNDED IN THE FISCAL YEAR 2025 FOR THE NUCLEAR MEDICINE EQUIPMENT REPLACEMENT PROJECT.**

Clement Miller, COO, and Frances Dacanay/Bogard Construction reported that Salinas Valley Health is pursuing Nuclear Medicine equipment upgrades to enhance the diagnostic capability of exams by offering new and emerging procedures such as improved small lesion detectability, reduced scan times, and decreased patient dose. In renovation of the nuclear medicine suite with a new control room, restroom and hot lab, building improvements to architectural, controls, electrical, fire life safety, mechanical, nurse call, plumbing, and structural systems have been implemented to facilitate workflow and comply with current building codes. Throughout construction, mobile nuclear medicine equipment rentals have also been procured ensuring continuous service to the community. The original budget was approved during the August 2022 Board during the early design phase of the project. Anticipated completion of the construction contract is Summer 2024. The additional funding is for design, construction, inspections, and testing measures in compliance with current fire life safety and structural standards, and for mobile equipment rentals.

A full report was included in the packet.

**COMMITTEE MEMBER DISCUSSION:** Additional funding is for design, construction, inspections and testing measures, and mobile equipment rentals. The recommendation will appear on the Board of Directors Consent Agenda.

**PUBLIC COMMENT:** None.

**MOTION:**

Upon motion by Committee Member Lopez and second by Committee Member Dr. Bajaj, the Finance Committee recommends Board of Directors approval/ratification of a budget augmentation in the amount of \$352,021 to be funded in the Fiscal Year 2025 for the Nuclear Medicine Equipment Replacement Project.

**ROLL CALL VOTE:**

Ayes: Vice Chair Cabrera, Dr. Radner, Lopez, and Dr. Bajaj;

Nays: None;

Abstentions: None;

Absent: Chair Hernandez Laguna.

**Motion Carried**

**5. CONSIDER RECOMMENDATION FOR APPROVAL OF A BUDGET AUGMENTATION TO BE FUNDED IN THE FISCAL YEAR 2025 FOR THE CT EQUIPMENT REPLACEMENT PROJECT.**

Clement Miller, COO, reported that Salinas Valley Health is pursuing CT equipment replacement to upgrade system capabilities including AI image reconstruction, patient positioning aids, increased weight capacities, and high-quality cardiac imaging resulting in fewer patient transfers to Ryan Ranch, lower radiation dose needs, reduced artifacts, and reduced exam times. In renovation of the CT equipment room and control room, building improvements to architectural, controls, electrical fire life safety, mechanical, nurse call, plumbing and structural systems have been implemented to facilitate workflow and comply with current building codes. Throughout



construction, mobile CT equipment rentals have also been procured ensuring continuous service to the community. The original budget was approved during the August 2022 Board during the early design phase of the project. Anticipated completion of the construction contract is Summer 2024. Additional funding is for design, construction, inspections and testing measures, and mobile equipment rentals. A portion of this added cost is related to vendor delivery changes, and will be pursued in negotiation with the vendor as actual project costs are reconciled.

A full report was included in the packet.

**COMMITTEE MEMBER DISCUSSION:** Additional funding is for design, construction, inspections and testing measures, and mobile equipment rentals. A portion of this added cost is related to vendor delivery changes, and will be pursued in negotiation with the vendor as actual project costs are reconciled. The recommendation will appear on the Board of Directors Consent Agenda.

**PUBLIC COMMENT:** None.

**MOTION:**

Upon motion by Committee member Lopez and second by Committee Vice-Chair Cabrera, the Finance Committee recommends Board of Directors approval of a budget augmentation in the amount of \$485,383 to be funded in the Fiscal Year 2025 for the CT Equipment Replacement Project.

**ROLL CALL VOTE:**

Ayes: Vice Chair Cabrera, Dr. Radner, Lopez, and Dr. Bajaj;

Nays: None;

Abstentions: None;

Absent: Chair Hernandez Laguna.

**Motion Carried**

**6. CLOSED SESSION**

Vice-Chair Cabrera announced that items to be discussed in Closed Session as listed on the posted Agenda are *Report Involving Trade Secrets: Trade secret, strategic planning/proposed new programs and services*. The meeting recessed into Closed Session under the Closed Session Protocol at 12:18 p.m.

**7. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION**

The Board reconvened Open Session at 1:12 p.m. Vice-Chair Cabrera announced in Closed Session, the Board received a *Report Involving Trade Secrets: Trade secret, strategic planning/proposed new programs and services*. No action was taken.

**8. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE WORKDAY FINANCIAL AND SUPPLY CHAIN MANAGEMENT SOLUTIONS AS SOLE SOURCE AND CONTRACT AWARD.**

Augustine Lopez, CFO, and Audrey Parks, CIOF, reported that in April 2023, Salinas Valley Health pursued Workday Human Capital Management encompassing the human resources and

payroll information systems solutions following a competitive solicitation process. The competitive evaluation took into consideration that the solution may also serve financial and supply chain management since the strategic vision to ultimately replace our electronic hospital information system would mean Salinas Valley Health would need to find an alternate financial and supply chain management solutions. Meditech is our current hospital information system (including materials management, accounts payable system, and general ledger) and acute care electronic medical record (EMR). Epic is expected to replace Meditech on October 1, 2025. Epic, our new inpatient EMR, does not offer comparable materials management, accounts payable, general ledger, budgeting/planning, or analytics solutions. The finance and materials management teams spent the recent five months evaluating Workday Financial and Supply Chain Management solutions for functionality, workflow, integration, efficiency, and innovation. In evaluating solutions, understanding and properly assessing partner, product, price and people are essential to achieving sustainable success, the team elected to proceed with Workday Financial and Supply Chain Management. Key reasons for a fully integrated platform solution were reviewed. It was reported that after offsets totaling \$1,791,245 from replacing other vendor systems, the net total cost for Workday Financials and Supply Chain Management is estimated at \$10,011,108. A full report was included in the packet.

**COMMITTEE MEMBER DISCUSSION:** Does the Workday product include a Capital Budget module? Not yet; we currently use Axiom. Workday plans to offer this module in the future. Will this system’s implementation be at the same time as Epic Implementation? Yes, but the go-live dates will be different. Will the systems talk with each other/interface? Yes, there will be an integration software tool and consulting experts to assist with the integration. The goals are to be fully integrated with less complexity and a continued partnership. Workday has excellent cyber security.

**PUBLIC COMMENT:** None.

**MOTION:**

Upon motion by Committee Member Dr. Radner and second by Committee Member Dr. Bajaj, the Finance Committee recommends Board of Directors approval of the Workday Enterprise Resource Planning project as sole source and contract award with a total budget over six years estimated at \$10,011,108 (after offsets of \$1,791,245), and approval of a six (6) year contract with Workday Inc. in the amount of \$4,899,800 for software subscription, training and implementation services subject to final legal review.

**ROLL CALL VOTE:**

Ayes: Vice Chair Cabrera, Dr. Radner, Lopez, and Dr. Bajaj;

Nays: None;

Abstentions: None;

Absent: Chair Hernandez Laguna.

**Motion Carried**

**9. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE LEASE AGREEMENT BETWEEN SALINAS VALLEY MEMORIAL HEALTHCARE**

**SYSTEM (SVMHS) AND MOBILE MODULAR MANAGEMENT CORPORATION FOR THE INSTALLATION AND LEASE OF TWO (2) MODULAR UNITS.**

Clement Miller, COO, reported that as part of the strategy to provide an improved care setting for our growing Emergency Department population Salinas Valley Health Medical Center (SVHMC) is seeking to outfit and lease two (2) 24x60 modular units that will be configured to meet the needs of our Emergency Department. The placement of these modular units will allow the organization to eliminate the use of the ED tents in addition to returning the Whitney Waiting Room to its intended use, a surgical waiting area. A full report was included in the packet.

**COMMITTEE MEMBER DISCUSSION:** None.

**PUBLIC COMMENT:** None.

**MOTION:**

Upon motion by Committee member Lopez and second by Committee Vice-Chair Cabrera, the Finance Committee recommends Board of Directors Consider Recommendation for Board Approval of the Lease Agreement between Salinas Valley Memorial Healthcare System (SVMHS) and Mobile Modular Management Corporation for the construction and lease of two (2) modular units, pending final contract negotiations and legal counsel approval.

**ROLL CALL VOTE:**

Ayes: Vice Chair Cabrera, Dr. Radner, Lopez, and Dr. Bajaj;

Nays: None;

Abstentions: None;

Absent: Chair Hernandez Laguna.

**Motion Carried**

**10. FINANCIAL PERFORMANCE REVIEW**

An update was received from Augustine Lopez, CFO, on the Financial Performance Review for the month of June 2024. Highlights included Income from Operations \$20.3M, Net Income \$27.3M, Consolidated Net Income \$13.4M, and Days Cash on Hand of 370. A full report was included in the packet.

**COMMITTEE MEMBER DISCUSSION:** None.

**11. BALANCED SCORECARD**

The Balanced Scorecard Summary for FY2024, year-to-date May 2024 was included in the Committee packet for informational purposes. Next month the year-end Balanced Scorecard will be presented.

**COMMITTEE MEMBER DISCUSSION:** None.

**12. CAPITAL SPENDING YTD JUNE 30, 2024**

Augustine Lopez, Chief Financial Officer and Dave Sullivan, Bogard Construction provided a presentation on FY24 YTD March Capital Spending,

The report on Active Projects Approved by the Board was reviewed as follows:

- Parking garage annex: Near completion
- Medical Center campus painting: Will happen in the near future
- Surgery addition plus seismic retrofit: Awaiting State approval to postpone
- 559 Abbott Street renovations: Near completion
- CT equipment replacement: Near completion
- Nuclear Medicine equipment replacement: Near completion
- Elevator modernization: In progress
- Bulk oxygen tank replacement: Projected completion September
- SVH rebranding/signage: On schedule
- HR replacement system (Workday): Completed
- Angio Suite replacement: Design entering into approval process
- Cath Lab 3 replacement: Design entering into approval process
- 212 San Jose Street renovation: In progress
- Pumps: Under budget
- Epic: No new activity

All projects have a Board approved amount of \$75,985,530. A full report was included in the packet.

### **13. ADJOURNMENT**

There being no other business, the meeting was adjourned at 1:23 p.m. The next Finance Committee Meeting is scheduled for **Monday, August 19, 2024 at 12:00 p.m.**

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Juan Cabrera, Vice-Chair

# Board Paper: Finance Committee

Agenda Item: Consider Recommendation to the Board of Directors to Award a Construction Contract to McLaughlin Painting & Waterproofing for the Medical Center Campus Exterior Repainting Project

Executive Sponsor: Clement Miller, Chief Operating Officer  
Dave Sullivan, Facilities Management & Construction

Date: August 5, 2024

## Executive Summary

Salinas Valley Health implemented a comprehensive re-branding campaign, rolling out new logo and signage installations. Concurrently, leadership requested the development of a fresh color scheme consistent with re-branding goals and characteristics that will result in a new visual presentation of campus structures to the community. Several different color schemes were proposed, one was selected by the Executive Leadership Alignment Committee and subsequently approved by the Board in September of 2023.

WRD Architects prepared detailed plans and specifications. The City of Salinas reviewed the project and issued a minor modification to the Conditional Use Permit to allow execution of the project. Salinas Valley Health publicly advertised a request for contractor bids to complete the construction services required for the project. The advertisement was circulated in the Californian and Central Coast Builder's Exchange. At the close of bid period, on July 31 2024, eleven bids from painting contractors were received and publicly opened (Attachment 1). After staff review of the bid packages submitted, Facilities Management identified McLaughlin Painting & Waterproofing as the lowest responsible, responsive bidder. The project is expected to be implemented in 8 phases on a building-by-building basis, completing one building before moving to the next building. Project duration is anticipated to take up to 10 months, dependent upon the weather.

## Timeline/Review Process

July 2024	Contractor Bidding
August 2024	Contract Award & Project Commencement
June 2025	Anticipated Project Completion

## Pillar/Goal Alignment

Service  
  People  
  Quality  
  Finance  
  Growth  
  Community

## Financial/Quality/Safety/Regulatory Implications

Key Contract Terms	Vendor: Avila Construction Company
1. Proposed effective date	Issuance of Notice to Proceed anticipated on August 26, 2024
2. Term of agreement	300 calendar days
3. Renewal terms	Not Applicable
4. Termination provision(s)	Provided in Bid Specifications Part 12 of General Conditions
5. Payment Terms	Lump Sum, with monthly payment applications based upon % complete
6. Annual cost	Contract Sum of \$669,580.00
7. Cost over life of agreement	Not Applicable
8. Budgeted (indicate y/n)	Yes

## Recommendation

Consider recommendation to the Board to award McLaughlin Painting & Waterproofing the contract for SVH Medical Center Campus Exterior Building Repainting at 450 E. Romie Lane in the amount of \$669,580.00.

## Attachments

- [Attachment 1: Bid Results July 31, 2024](#)



**SALINAS VALLEY HEALTH**  
**PROJECT: Campus Building Exterior Repainting**  
**BID OPENING: 7/31/2024 @ 2:00 PM**



**BID OPENING LOCATION: 535 E. Romie, Suite 6, Salinas CA 93901**  
**SIGN IN SHEET**

PRINTED NAME	COMPANY	BASE BID LUMP SUM	PHONE NUMBER	LIC. Number/Class	Pre	Add	Add	Sub	Dqual	Ins	Bid	Non	Bid
					Walk	A	B	Lst	Ltr	Rqt	Bond	Colus	Ltr
1	Jose Canchola <input checked="" type="checkbox"/> McLaughlin Paint & WC	\$669,580.00	(408) 920-6119		X	X	X	X	X	X	X	X	X
2	Cesar Arroyo <input checked="" type="checkbox"/> Primal Paint	\$1,043,000.00	(408) 373-9822		X	X	X	X	X	X	X	X	X
3	Carlos Zarate <input type="checkbox"/> Perfection Paint	\$1,061,000.00	(661) 234-1957		X	X	X	X	X	X	X	X	X
4	Jinn Lee <input type="checkbox"/> Aiden's Quality Paint	no bid	(408) 314-1830		X								
5	Steve Saleh <input checked="" type="checkbox"/> Saleh Painting	\$778,754.00	(831) 384-1552		X	X	X	X	X	X	X	X	X
6	Vincent Rodriguez <input type="checkbox"/> R-Bros	\$1,000,838.00	(408) 291-6820		X	X	X	X	X	X	X	X	X
7	Dimitar Mitev <input type="checkbox"/> Color New	\$1,017,000.00	(818) 884-0845		X	X	X	X	X	X	X	X	X
8	Mike Dovgan <input type="checkbox"/> ProEx Const	\$1,372,000.00	(916) 970-0097		X	X	X	X	X	X	X	X	X
9	Alan Murdoch <input type="checkbox"/> George E Masker	\$1,625,000.00	(510) 568-1206		X	X	X	X	X	X	X	X	X
10	Diego Rodriguez <input type="checkbox"/> Simplify Painting	no bid	(831) 241-1636		X								
11	Manolis Koutantos <input checked="" type="checkbox"/> Fresh Start Painting Co.	\$888,900.00	(650) 222-7766		X	X	X	X	X	X	X	X	X
12	Mike Cabe <input checked="" type="checkbox"/> CMA Painting, Inc.	\$862,000.00	(530) 216-0691		X	X	X	X	X	X	X	X	X
13	Pete Trevino <input checked="" type="checkbox"/> Applied Finishes	\$1,618,198.00	(209) 625-6625		X	X	X	X	X	X	X	X	X

attended bid opening

*CLOSED SESSION*

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

*RECONVENE OPEN SESSION/  
REPORT ON CLOSED SESSION*



## Board Paper: Finance Committee

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Agenda Item: Consider Recommendation for Board of Directors Approval of Project Budget for the Salinas Valley Health X-Ray Rooms 1 and 2 Replacement Project and Award of Contract to Philips for the X-Ray Equipment System and Service Agreement

Executive Sponsor: Clement Miller, Chief Operating Officer  
John Kazel, Director Diagnostic Imaging

Date: August 8, 2024

### Executive Summary

Salinas Valley Health is pursuing x-ray equipment replacements to upgrade the hospital systems' capabilities to the latest standards in radiography. The Imaging department currently relies on two Siemens X-ray rooms, each surpassing 20 years of age. These systems are now considered outdated due to their antiquated computer processing, software, radiation dose efficiency, and image quality. The vendor no longer provides new parts or hardware/software updates, necessitating repairs with third-party refurbished parts, which are increasingly scarce. The aging systems also operate on an obsolete third-party Digital Radiography (DR) conversion system, heightening the risk of irreparable failures.

A number of planning and review sessions involving the Diagnostic Imaging evaluation team were held weighing solutions from multiple vendors including Samsung and Philips. The Philips equipment package earned the most consideration for overall equipment and service features over time with of state-of-the-art DR X-ray systems promising significant enhancements including:

- **Advanced Technology:** The new systems feature fixed DR plates in both the table and upright stands, as well as one portable DR plate. This eliminates the need for technologists to manage and move plates, reducing the risk of costly damage.
- **Improved Patient Care:** Larger DR plates (17x17) facilitate imaging of bariatric patients in fewer exposures, thereby decreasing radiation exposure. Larger field-of-view coverage reduces the number of image retakes. Table weight capacity of 825lbs, and exam tables can be lowered to near ground level to easily support seating and transfers and reducing fall risk.
- **Innovative Features:** The systems incorporate cutting-edge technologies for image stitching, image filtering, lung nodule detection and upcoming 3D imaging capabilities.
- **Operational Efficiency:** Robotic equipment movements minimize manual handling of equipment, thereby reducing the risk of workplace injuries among technologists.
- **Enhanced Workflow:** Integrated AI features streamline the exam workflow, improve image quality, and expedite image processing times.

The replacement of the antiquated Siemens X-ray rooms with Philips' advanced systems will not only enhance diagnostic capabilities but also improve patient safety and operational efficiency. These upgrades align with our commitment to providing top-tier medical care and maintaining a leading edge in medical imaging technology.

Background/Situation/Rationale

These projects will upgrade and modernize Salinas Valley Health’s Diagnostic Imaging capabilities, remove barriers to accessibility, and comply with current rules and regulations enforced by all agencies having jurisdiction including HCAI. Ancillary improvements necessary to implement the project include repairs and upgrades to fire life safety, architectural, structural, electrical, mechanical, and plumbing building elements, and enhancements to building management systems, while also bringing the suites into compliance with current building codes. Salinas Valley Health will be responsible for securing the HCAI approvals necessary to execute the work.

Replacement/Construction of these rooms will be staggered to ensure only one x-ray room is down at a time. One of the two rooms being replaced will remain operational with X-ray room 3 serving as a backup.

Strategic Plan Alignment

To provide high quality x-ray services and improved throughput while reducing radiation dose to our patients.

Pillar/Goal Alignment

✓ Service    ✓ People    ✓ Quality    ✓ Finance    ✓ Growth    ✓ Community

Financial Implications

The terms of the proposed Contract with the X-Ray equipment supplier include:

<b>Key Contract Terms</b>	<b>Philips Healthcare</b>
1. Proposed effective date	Procurement anticipated in August/September 2024
2. Term of agreement	Eighteen months (Initial system warranty)
3. Renewal terms	The term of the Service Coverage may be extended for a total of 120 months after warranty expiration
4. Cost	Reference Below
5. Budgeted	Yes, Partial spends in Fiscal Years 2025 and 2026

**Budget Projections**

	<b>X-ray 1</b>	<b>X-ray 2</b>	<b>X-ray 1 &amp; 2</b>	<b>FY25</b>	<b>FY26</b>	<b>FY27-37</b>
Philips Equipment	\$282,834	\$231,126	\$513,960	\$411,168	\$102,792	
Philips Estimated Tax & Shipping	\$26,655	\$22,001	\$48,656	\$48,656		
Direct & Indirect	\$1,218,692	\$1,218,692	\$2,437,384	\$1,218,692	\$1,218,692	
<b>Capital Total*</b>	<b>\$1,528,181</b>	<b>\$1,471,820</b>	<b>\$3,000,000</b>	\$1,678,516	\$1,321,484	
<b>Philips Service Agreement</b>	\$372,502	\$372,502	\$745,004			\$745,004

\*Includes a total of \$155,293 in project contingency which shall be reserved for use by Salinas Valley Health.

Schedule: Fall 2024 – Commence procurement of onsite equipment, and development of HCAI permitting documents for permanent equipment.  
Winter 2024 - 2025 – Commission procurement of interim onsite equipment  
Summer 2025 – Commence construction of permanent onsite renovations

Budget: As currently programmed, the x-ray equipment replacement project cost estimate is \$3,000,000. The project cost estimate includes design and engineering fees, permitting, project contingency, design-assistance from Philips, program management, and construction services required to complete the project.

Procurement: Salinas Valley Health solicited for product agreement services to qualified medical equipment suppliers. Various proposals were received with multiple arrangements and pricing. Each of the responses was reviewed by Diagnostic Imaging, Materials Management and Facilities Management to compare initial capital construction costs and product supply agreement arrangements. After evaluating all proposals, Salinas Valley Health determined that Philips Healthcare provided the most effective solution.

### Recommendation

Consider recommendation for Board of Directors to approve (i) the total estimated project cost for the Salinas Valley Health X-Ray Rooms 1 and 2 Equipment Replacement projects in the budgeted amount of \$1,528,181 and \$1,471,820 respectively, and (ii) award equipment supply to Philips in the amount of \$562,616 and (iii) approve service agreement with Philips Healthcare in the amount of \$745,004.

### Attachments

- Attachment 1: Estimated Project Budgets
- Attachment 2: Quote for Philips X-Ray equipment (Closed Session)
- Attachment 3: Philips Service Agreement (Closed Session)
- Attachment 4: ECRI Reports for Philips X-Ray

**Salinas Valley Health (10348)**

Project Cost Summary: X-Ray Room 1 Equipment Replacement

Architect: SKA

Subject: Budget Version Predesign July 2024

Date Printed: 8/9/2024

Version 1

Prepared by: Bogard Team



Budget Summary - Opinion of Probable Cost		
Line Item	Description	A Original Budget
<b>1</b>	<b>Construction</b>	
0101	Construction Contract	\$448,678
0102	Owner Construction Contingency	\$211,730
0103	Contractor Contingency	
0104	Owner Direct Purchases	
<b>2</b>	<b>Design</b>	
0200	Professional Fees - Fixed	\$114,500
0201	Professional Fees - Time and Materials	
0202	reimbursables	
<b>3</b>	<b>Inspections and Consultation</b>	
0300	Inspector of Record	\$76,440
0301	Special Inspections	\$35,000
0302	Other Inspection Consultants	
0303	Environmental / Abatement Testing	
<b>4</b>	<b>AHJ Fees</b>	
0400	OSHPD	\$19,698
0401	City Fees	
0402	County Fees	
0403	APCD	\$10,000
0404	Other Fees	
<b>5</b>	<b>Soft Costs</b>	
0500	Department Relocation	
0501	Temporary Services	
0502	Construction Management	\$207,000
0503	Abatement	
<b>6</b>	<b>Site Work</b>	
0600	Landscaping	
0601	Sitework	
<b>7</b>	<b>FF&amp;E</b>	
0700	Radiology Equipment	\$282,834
	Radiology Equipment Tax & Shipping	\$26,655
0701	Other Medical Equipment	
0702	Non-Medical Equipment	
0703	Data and Phone Equipment	
0704	Furnishings	
0705	Furniture	\$16,000
0706	Signage	\$2,000
<b>8</b>	<b>Insurance</b>	
0800	Insurance Claims	
<b>9</b>	<b>Utilities</b>	
0900	PGE	
0901	Water	
0902	sewer	
<b>99</b>	<b>Contingency</b>	
9900	Contingency	\$77,646
9901	Unbudgeted Items	
<b>Totals</b>		<b>\$1,528,181</b>

**Salinas Valley Health (10348)**

Project Cost Summary: X-Ray Room 2 Equipment Replacement

Architect: SKA

Subject: Budget Version Predesign July 2024

Date Printed: 8/9/2024

Version 1

Prepared by: Bogard Team



Budget Summary - Opinion of Probable Cost		
Line Item	Description	A Original Budget
<b>1</b>	<b>Construction</b>	
0101	Construction Contract	\$448,678
0102	Owner Construction Contingency	\$211,790
0103	Contractor Contingency	
0104	Owner Direct Purchases	
<b>2</b>	<b>Design</b>	
0200	Professional Fees - Fixed	\$114,500
0201	Professional Fees - Time and Materials	
0202	Reimbursables	
<b>3</b>	<b>Inspections and Consultation</b>	
0300	Inspector of Record	\$76,440
0301	Special Inspections	\$35,000
0302	Other Inspection Consultants	
0303	Environmental / Abatement Testing	
<b>4</b>	<b>ARJ Fees</b>	
0400	OSHPD	\$19,698
0401	City Fees	
0402	County Fees	
0403	APCD	\$10,000
0404	Other Fees	
<b>5</b>	<b>Soft Costs</b>	
0500	Department Relocation	
0501	Temporary Services	
0502	Construction Management	\$207,000
0503	Abatement	
<b>6</b>	<b>Site Work</b>	
0600	Landscaping	
0601	Sitework	
<b>7</b>	<b>FF&amp;E</b>	
0700	Radiology Equipment	\$231,126
	Radiology Equipment Tax & Shipping	\$22,001
0701	Other Medical Equipment	
0702	Non-Medical Equipment	
0703	Data and Phone Equipment	
0704	Furnishings	
0705	Furniture	\$16,000
0708	Signage	\$2,000
<b>8</b>	<b>Insurance</b>	
0800	Insurance Claims	
<b>9</b>	<b>Utilities</b>	
0900	PGE	
0901	Water	
0902	Sewer	
<b>99</b>	<b>Contingency</b>	
9900	Contingency	\$77,646
9901	Unbudgeted Items	
<b>Totals</b>		<b>\$1,471,820</b>



## Capital Guide

# Market Intelligence Report

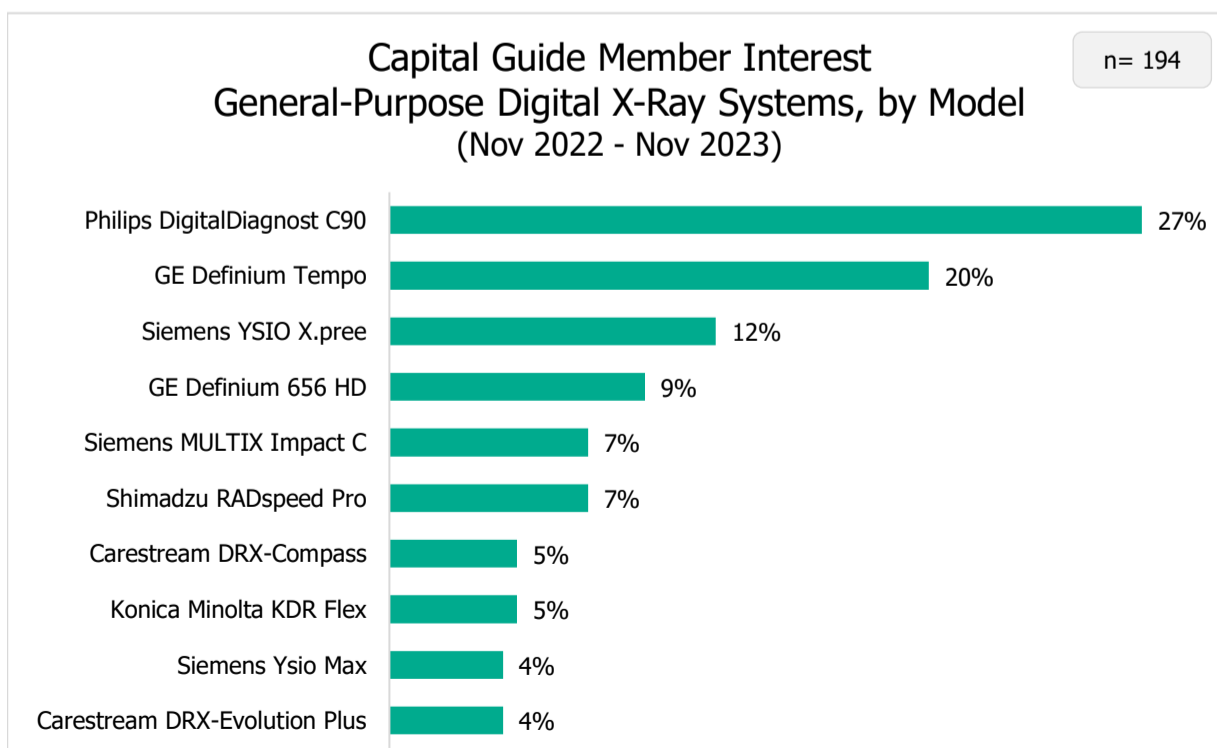
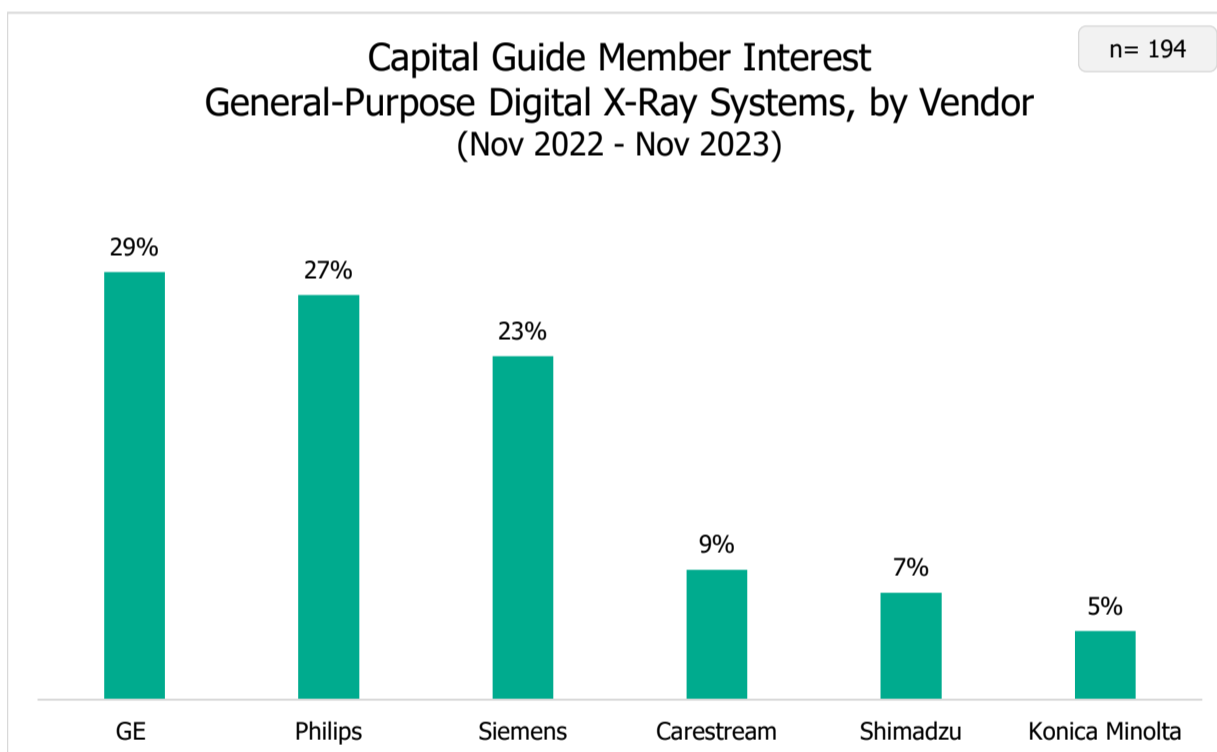
## General-Purpose Digital X-Ray Systems

### Description

**General-Purpose Digital X-Ray Systems** are used to perform routine diagnostic x-ray procedures in hospitals, clinics, physician offices, and urgent care centers. The most basic systems produce individual still images which allow for the examination and differentiation of internal organs and tissue structures. They may also offer Bucky, cross-table, horizontal, off-table, and other techniques. Some units can be enhanced with optional modular components for fluoroscopy and linear tomography.



### Popular Vendors and Models



### Key Considerations

- **Components** of a general-purpose film or digital radiographic system **normally include** the table unit, the Bucky film tray and grid system, the film or digital detector, the x-ray generator, the x-ray tube and suspension system, and the collimator.
- The table unit **should have** an **electromagnetic locking system** and a **weight capacity** of at least 440 lbs. Most tabletops are moved electro-mechanically (float-top) in two or four directions; some can **tilt and move** in as many as six or eight directions.
- For better **resolution**, a maximum detector **pixel size of 150 µm is recommended.**
- To optimize workflow, **automatic positioning** of the detector and x-ray tube, and positioning controls directly on the x-ray tube are recommended.
- **Digital radiographic (DR)** systems use **various methods to acquire** electronic x-ray images, which are digitized for viewing, storage, or hard-copy printing. Digital images are available almost immediately for viewing on a monitor. These images can be manipulated electronically to enhance the region of interest and can be transmitted digitally to other locations.
- Another major consideration in acquiring a DR system is the system's **integration into picture archiving and communication systems (PACS)** already in use in the facility. All digital systems **should be compliant** with Digital Imaging and Communications in Medicine (**DICOM**) 3.0 and integrating the Healthcare Enterprise (**IHE**) integration profiles.

## Feature Comparison for Popular Models

General-Purpose Digital X-Ray Systems	Carestream DRX-Compass	Carestream DRX-Evolution Plus	GE Definium 656 HD	GE Definium Tempo	Konica Minolta KDR Flex	Philips DigitalDiagnost C90	Shimadzu RADspeed Pro	Siemens MULTIX Impact C	Siemens Ysio Max	Siemens YSIO X.pree
Table Top Length, in	85	94.5	94	34.5	86.8	94.5	92.5	91.7	94.5	94.5
Table Top Width, in	35.4	Not Specified	37	92.5	34.2	29.5	32	31.5	31.5	31.5
Patient Weight Capacity, lb	650	600 (optional 705)	882 static 705 dynamic	771 dynamic	771.6	826	650	661	660	992 static 660 dynamic
Generator Strength, kW	50, 65, 80	65, 80	50, 65, 85	50, 65, 80	50, 65, 80	65, 80	65, 80	55, 65, or 80	65, 80	65, 80
Tube Heat Capacity, kHU	300 or 400	400 or 600	350	350	600	300	400	1,350	820	820
Tube Cooling Rate, HU/min	667 or 1,664 (anode)	120,000	60,000, blower operating	60,000, blower operating	Not specified	105,300	135,000	97,000	170,000	170,000
Tube Suspension	Floor or Ceiling	Overhead	Overhead	Overhead	Overhead	Overhead	Overhead	Overhead	Overhead	Overhead
Detector Material	CsI	Dependent on detector	Amorphous silicon detector with CsI	a-Si/CsI	CsI	Digital CsI (Cesium Iodide) flat	GOS or CsI	a-Si with CsI scintillator	CsI scintillator; a-Si flat panel	CsI scintillator; a-Si flat panel
Detector Pixel Size, µm	Dependent on detector	Dependent on detector	100	100	100	148	Dependent on detector	148 µm MAX wi-D, 139 µm Core XL	148	148
Image Preview Wait Time, sec	<3	<3	≤1	≤1	>2	3 to 4	3	<2 MAX wi-D, <3 Core XL	<3.5 static, <2 wireless, <1.5 mini	<3.5 static, <2 wireless, <1.5 mini
Wireless Detector, cm (in)	Yes	Yes	Yes	Yes	Yes	Yes, 43 x 43 (17 x 17), optional 35 x 43 (14 x 17)	Yes	Not Specified	Yes, 43 x 43 (17 x 17) or 35 x 43 (14 x 17)	Yes, 43 x 43 (17 x 17) or 35 x 43 (14 x 17)
Dual-Energy Subtraction	Bone Suppression Software	Yes, or Bone Suppression Software	Yes	Yes	No	No	Pro EDGE configuration only	No	No	No
Digital Tomosynthesis	N/A	Optional	Yes	No	No	No	Pro EDGE configuration only	No	N/A	N/A

## Other Considerations

More than 60% of all radiographs taken for routine examinations of the skull, respiratory organs, and skeletal system are produced by general-purpose table systems.

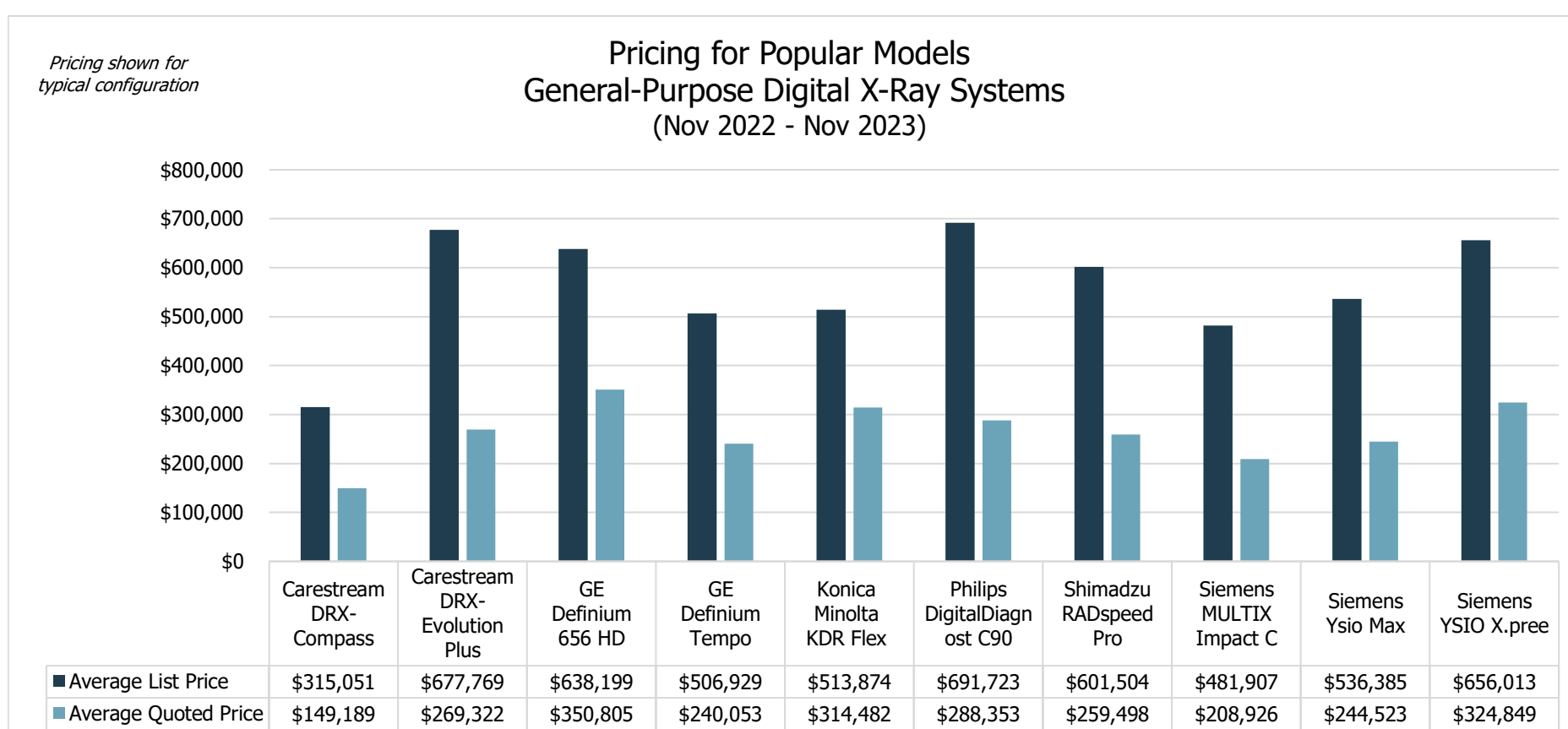
The number and types of procedures to be performed will influence the selection of features for the system. Smaller focal-spot sizes provide better spatial resolution on the image receptor for certain studies, and options such as, tomography and table tilt can increase the system's overall procedural capabilities.

Elevating tables allow easier patient access and are especially beneficial to departments handling trauma and emergency cases because the table height can be adjusted to facilitate patient transfer from a mobile stretcher or wheelchair. Generator options should also be considered; high-frequency generators require less space and often eliminate the need for high-voltage cables.

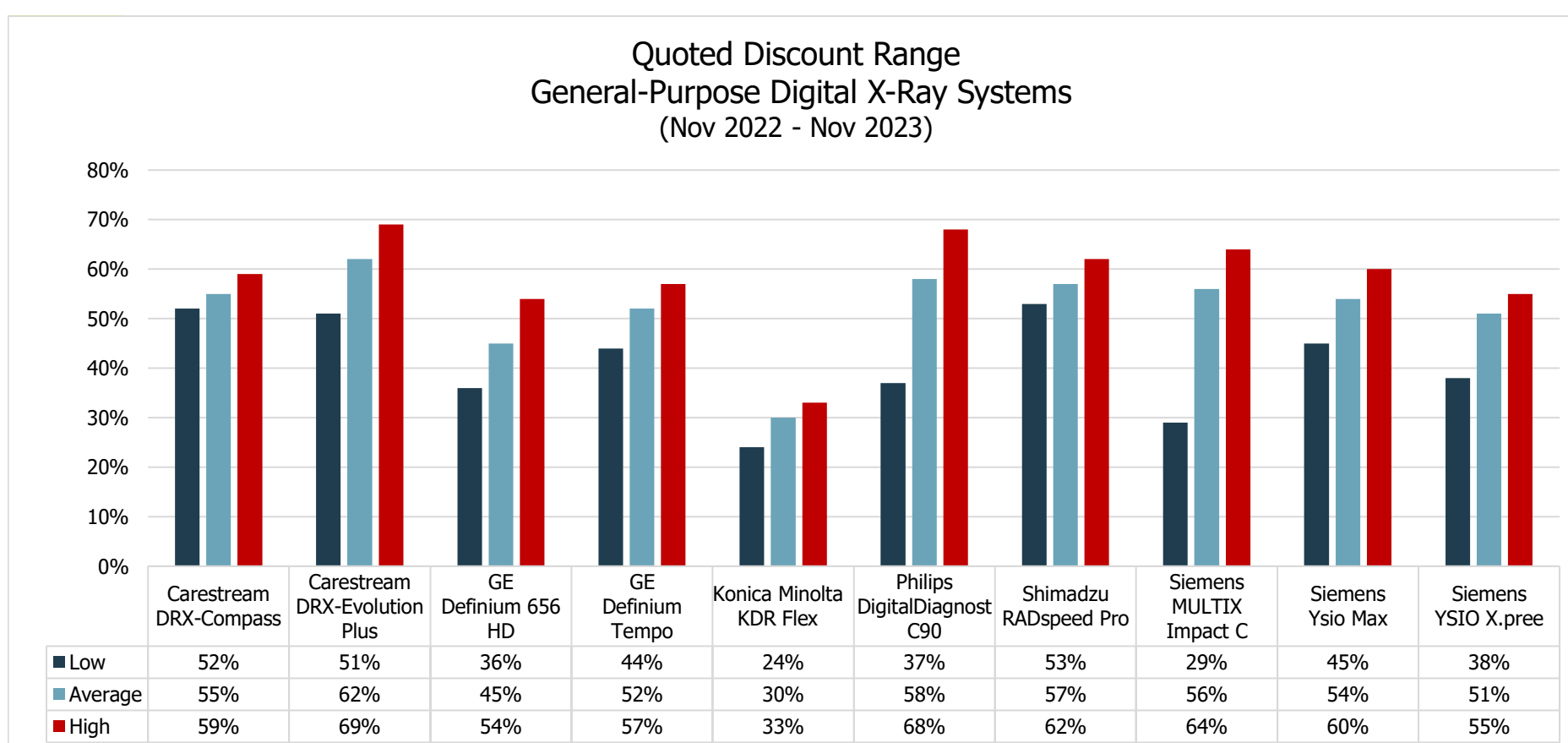
Digital Radiography (DR) offers many potential advantages over film-based radiography, including storage space reduction, enhanced image processing, and off-site diagnostic capabilities. Some technologists say that exams can be completed three to four times faster with DR than Computed Radiography (CR) systems.

Purchasing a wireless detector can be the least expensive way to attain DR benefits with film-based or CR equipment; most vendors offer digital upgrades or retrofits to their older, film-based systems. Wireless detectors can be integrated with their respective vendor's systems and occasionally with other vendors' systems. Numerous models fit into a standard cassette holder and therefore can be used with any standard radiographic table.

## Pricing Information



## Typical Discounts Seen by Capital Guide Members

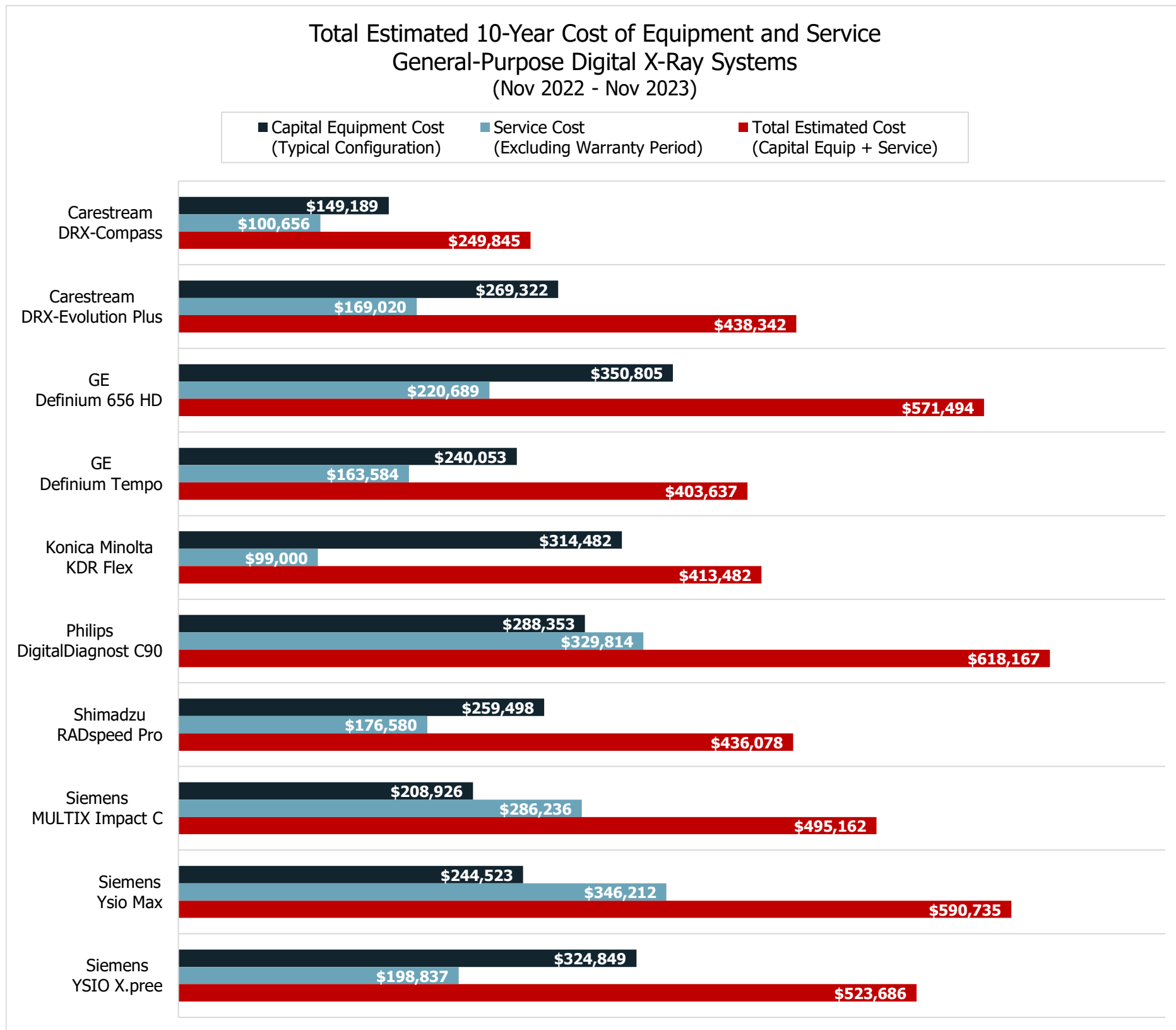


## Service and Support Information

Digital X-Ray Systems		Model	Warranty	Est. Annual Service Cost
<ul style="list-style-type: none"> <li>Estimated Service Life: 10 Years</li> </ul>		Carestream DRX-Compass	1 Year	\$11,184
		Carestream DRX-Evolution Plus	1 Year	\$16,902
		GE Definium 656 HD	1 Year	\$24,521
		GE Definium Tempo	1 Year	\$18,176
		Konica Minolta KDR Flex	1 Year	\$11,000
		Philips DigitalDiagnost C90	1 Year	\$36,646
		Shimadzu RADspeed Pro	1 Year	\$19,620
		Siemens MULTIX Impact C	1 Year	\$31,804
		Siemens Ysio Max	1 Year	\$38,468
		Siemens YSIO X.pree	1 Year	\$22,093



## Total Estimated Cost



## Additional Information

*For updated information on Pricing, Vendor Discounts, Equipment Specifications, or to request a **Custom Report** on this technology, Click Here: [CapitalGuide@ecri.org](mailto:CapitalGuide@ecri.org)*

*Want to know more? Go to [Digital Radiography: The Essentials](#) to access Product Ratings, Selection and Use Guidance, and other vital information on this technology.*

### Disclaimer

Market interest charts are based solely upon quotations submitted to ECRI by members of the Capital Guide advisory service. This data is not validated market share and is time sensitive.

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## Board Paper: Finance Committee

Agenda Item: Consider Recommendation for Board Approval of Capital funding for the replacement of the medical center based cardiac Nuclear Medicine Camera (D-SPECT) and Five (5) year service agreement and equipment purchase with Spectrum Dynamics Medical

Executive Sponsor: Clement Miller, Chief Operating Officer  
John Kazel, Director Diagnostic Imaging

Date: August 12, 2024

### Executive Summary

The Nuclear Medicine department at Salinas Valley Health operates two cameras to conduct all necessary imaging exams. One camera is dedicated to inpatient cardiac nuclear medicine imaging, while the other supports non-cardiac nuclear medicine studies. The dedicated cardiac imaging camera requires replacement due to its age, sun-setting service support, lack of available parts, and increasing downtime. Consequently, Salinas Valley Health is pursuing the replacement of this essential piece of imaging equipment.

### Background/Situation

The current cardiac nuclear medicine camera (D-SPECT), installed in May 2012, has exceeded its planned useful life by two years. This system performs an average of four inpatient cardiac stress test exams daily, Monday through Friday. As of August 31, 2024, the equipment vendor, Spectrum Dynamics Medical, will no longer support this model, resulting in unavailability of OEM parts and the inability to renew the service contract.

In the past six months (February 2024 through July 2024), the system experienced 14 significant downtimes, totaling approximately one month of non-operational periods. While the project scope is limited, replacing the nuclear medicine camera will involve project management, architectural design, and minimal construction, necessitating HCAI engagement for permitting. The associated costs have been comprehensively scoped in the proposed project plan and included in the total project budget.

The \*project/construction cost of \$221,140.00 is a non-budgeted expense not captured in initial project scoping of the approved 2025 capital request. This delta of non-budgeted capital expense will be identified within the approved 2025 capital plan and applied to this capital project to cover this unplanned project/construction expense.

<b>Component</b>	<b>Amount</b>
Equipment cost (including tax)	\$435,773.00
*Project permit & construction cost	\$221,140.00
<b>Total Capital Cost</b>	<b>\$656,913.00</b>
Service agreement (5 years beginning after year 1)	\$195,505.00
<b>Total Project Cost</b>	<b>\$852,418.00</b>

### Strategic Plan Alignment:

This Nuclear Medicine camera is essential for providing high quality diagnostic cardiac imaging in support timely patient disposition, treatment, and discharge of patients presenting to the hospital cardiac concerns and symptoms.

**Pillar/Goal Alignment:**

× Service   □ People   × Quality   □ Finance   □ Growth   □ Community

**Financial/Quality/Safety/Regulatory Implications:**

<b>Key Contract Terms</b>	<b>Vendor: Spectrum Dynamics Medical</b>
1. Proposed effective date	September 1, 2024
2. Term of agreement	5 Years
3. Renewal terms	Auto Renewal unless prior notification of non-renewal provided prior to expiration anniversary.
4. Termination provision(s)	Breach Only
5. Payment Terms	Net 30 days
6. Annual cost	\$656,913 Total Capital Cost \$39,101.00 (Yr 2) (Service) \$39,101.00 (Yr 3) (Service) \$39,101.00 (Yr 4) (Service) \$39,101.00 (Yr 5) (Service) \$39,101.00 (Yr 6) (Service)
7. Cost over life of agreement	\$656,913 (Capital) \$195,505.00 (Service Agreement (5yrs)) - Effective immediately following 1yr Warranty ===== \$852,418 (Total Commitment)
8. Budgeted (indicate y/n)	Equipment expense of \$435,773.00 was budgeted in 2025 capital. Associated construction/project cost of \$221,140.00 was not budgeted.

**Recommendation**

Consider recommendation for Board approval of (i) capital funding in the amount of \$852,418.00 for the replacement of the medical center based D-SPECT Nuclear Medicine camera to include associated project/construction costs and (ii) equipment purchase in the amount of \$435,773 from Spectrum Dynamics Medical and (iii) the five (5) year service agreement in the amount of \$195,505.00 with Spectrum Dynamics Medical.

**Attachments**

- (1) Project Budget (Bogard Const.)
- (2) Equipment Quote (Spectrum Dynamics Medical) – Closed Session
- (3) Equipment Service Quote (Spectrum Dynamics Medical) – Closed Session

# Salinas Valley Health Medical Center

Project Cost Model: D-Spect Cardio Camera Replacement

Architect/Engineer: TBD

Subject: Budget prepared during predesign

Date Printed: 8/12/2024  
 Budget Amount: \$0  
 Budget Approved Date: FY 2025  
 Version 1  
 Anticipated Completion: 3/1/2025  
 Prepared by: DS, Checked by SL 081224

Budget Summary			
Line Item	Description	A Target Values	B Comments
1	<b>Construction</b>		
100	Equipment-related construction on-site	\$58,140	ICRA, Finishes, MEPT, Structural Anchorage
2	<b>Design</b>		
200	Design Professionals	\$75,000	Arch, Structural, MEPT
3	<b>Inspections &amp; Consultations</b>		
300	Inspector of Record	\$8,000	
301	Physicist	\$14,000	Lead Lining Certification
303	Hazmat Survey	\$6,000	
4	<b>Permits &amp; Fees</b>		
400	HCAI	\$5,000	
5	<b>Soft Costs</b>		
502	Construction Management	\$50,000	
7	<b>FF&amp;E</b>		
702	Imaging Equipment	\$435,773	Price per J Kazel Board Paper Quote
9			
9900	Project Contingency	\$5,000	
<b>Totals</b>		<b>\$656,913</b>	

**Cardio D-Spect Camera Replacement**

- Executive Notice to Pursue Project
- Engage Design Team
- Design Option Development
- Staff Review & Refinement of Equipment Configuration
- SVH Board Action to Approve Project and Equipment**
- Execute Purchase Order for Equipment
- Architect/Engineering HCAI Package Submittal
- HCAI Plancheck & Permit Issuance
- Removal of Existing Equipment
- Construction
- Equipment install, facility activation
- Licensing & Commissioning
- First Patient Visit**

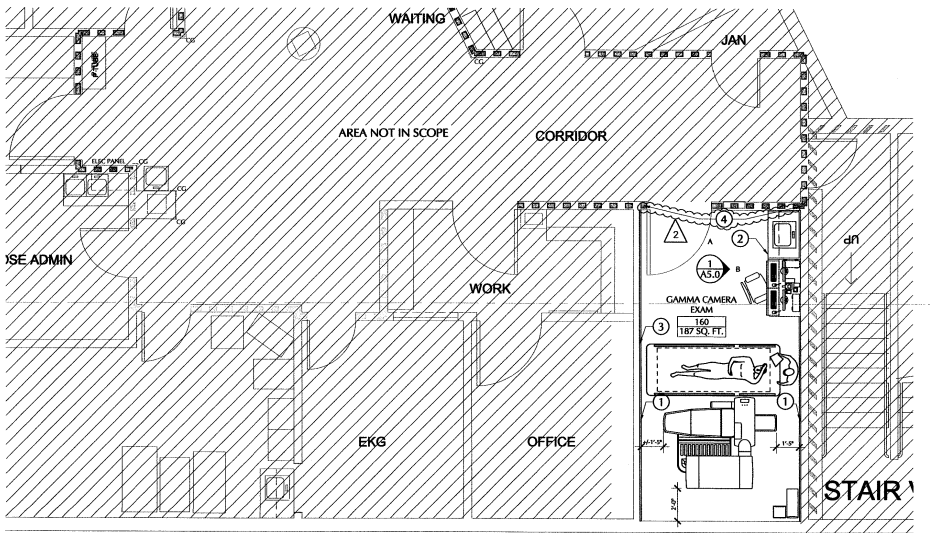
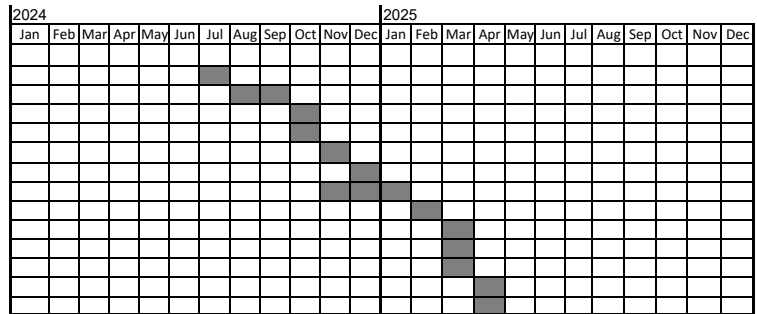


Figure 1-1 D-SPECT® Cardiac Scanner

1 PARTIAL BASEMENT FLOOR PLAN

SCALE: 1/4"=1'-0" NORTH

**Justification for Sole Source Form**

To: Contract Review Committee

From: John Kazel, Nuclear Medicine

**Type of Purchase: (Check One)**

- Non-Medical, Non-Surgical Equipment/Supplies >= \$25,000
- Data Processing/Telecommunication Goods >= \$25,000
- Medical/Surgical – Supplies/Equipment >= \$25,000
- Purchased Services >= \$350,000

<b>Total Cost \$:</b>	\$435,773.63 (Includes sales tax)
<b>Vendor Name:</b>	Spectrum Dynamics Medical Inc.
<b>Agenda Item:</b>	

**Statement of Need:** My department’s recommendation for sole source is based upon an objective review of the product/service required and appears to be in the best interest of SVMHS. The procurement of the Spectrum Dynamics D-Spect camera gives us the ability to quickly switch out the camera with a newer model of the same equipment allowing for efficiency in construction and staff training, effectively minimizing downtime. The procurements proposed for acquisition through sole source are the only ones that can meet the district’s need. I know of no conflict of interest on my part or personal involvement in any way with this request. No gratuities, favors or compromising action have taken place. Neither has my personal familiarity with particular brands, types of equipment, materials or firms been a deciding influence on my request to sole source this purchase when there are other known suppliers to exist.

**Describe how this selection results in the best value to SVMHS. See typical examples below.**

Licensed or patented product or service. No other vendor provides this. Warranty or defect correction service obligations of the consultant. **Describe.**

Existing SVMHS equipment, inventory, custom-built information system, custom built data inventory system, or similar products or programs. **Describe.**

Uniqueness of the service. **Describe.**

SVMHS has established a standard for this manufacturer, supplier or provider and there is only one vendor. **Describe.**

Factory-authorized warranty service available from only this single dealer. Sole availability at the location required. **Describe.**

Used item with bargain price (describe what a new item would cost). **Describe.**

Other -The above reasons are the most common and established causes for an eligible sole source. If you have a different reason, please **describe:**

**By signing below, I am attesting to the accuracy and completeness of this form.**

Submitter Signature John Kazel Date: 8/15/24

# Financial Performance Review

## July 2024

### Finance Committee - Open Session

**Augustine Lopez**

**Chief Financial Officer**

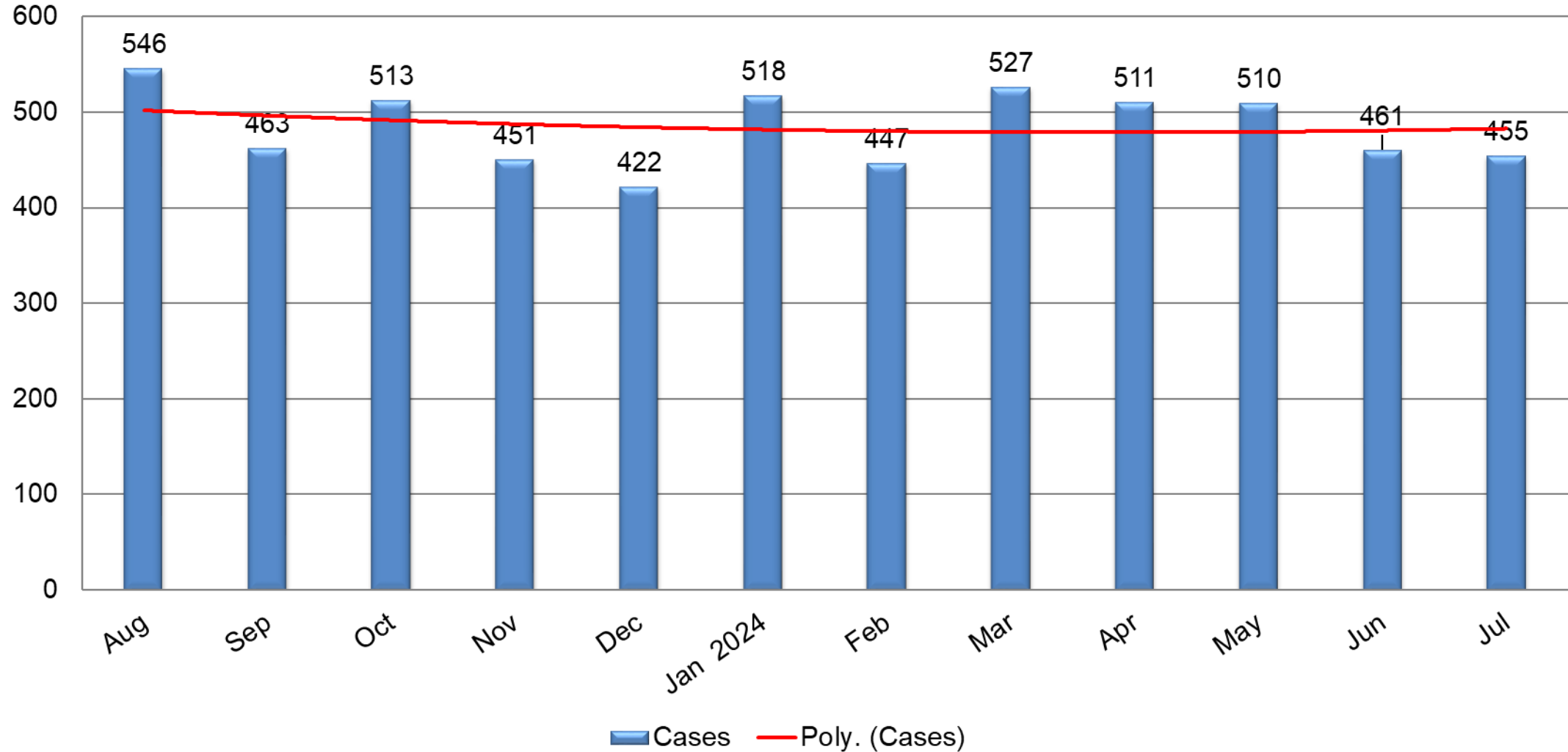
# Consolidated Financial Summary

## For the Month of July 2024

\$ in Millions	For the Month of July 2024				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 61.5	\$ 62.5	\$ (1.0)	-1.6%	
Operating Expense	\$ 62.1	\$ 63.6	\$ 1.5	2.4%	
<b>Income from Operations</b>	<b>\$ (0.6)</b>	<b>\$ (1.1)</b>	<b>\$ 0.5</b>	<b>45.5%</b>	
<i>Operating Margin %</i>	<i>-1.0%</i>	<i>-1.6%</i>	<i>0.6%</i>	<i>37.50%</i>	
Non Operating Income **	\$ 6.6	\$ 3.1	\$ 3.5	112.9%	
<b>Net Income</b>	<b>\$ 6.0</b>	<b>\$ 2.0</b>	<b>\$ 4.0</b>	<b>200.0%</b>	
<i>Net Income Margin %</i>	<i>9.7%</i>	<i>3.2%</i>	<i>6.5%</i>	<i>203.1%</i>	

\*\*Non Operating Income favorable budget impact includes \$4.0M Favorable Investment Income

# CDOC Cases - Rolling 12 Month Trend Aug 2023 thru Jul 2024





# Salinas Valley Health Key Financial Indicators

Statistic	YTD	SVH		S&P A+ Rated		YTD	
	07/31/24	Target	+/-	Hospitals	+/-	7/31/23	+/-
Operating Margin*	-1.0%	5.0%		4.0%		-1.5%	
Total Margin*	9.7%	6.0%		6.6%		3.7%	
EBITDA Margin**	3.8%	7.4%		13.6%		2.3%	
Days of Cash*	371	305		249		343	
Days of Accounts Payable*	49	45		-		44	
Days of Net Accounts Receivable***	58	45		49		52	
Supply Expense as % NPR	14.6%	14.0%		-		13.0%	
SWB Expense as % NPR	55.2%	53.0%		53.7%		55.7%	
Operating Expense per APD*	6,508	6,739		-		6,544	

All metrics above are consolidated for SVH except Operating Expense per APD

\*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)

# Questions/Comments

SALINAS VALLEY HEALTH MEDICAL CENTER  
SUMMARY INCOME STATEMENT  
July 31, 2024

	<u>Month of July,</u>		<u>One months ended July 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 50,449,190	\$ 49,290,716	\$ 50,449,190	\$ 49,290,716
Other operating revenue	<u>1,187,180</u>	<u>1,041,862</u>	<u>1,187,180</u>	<u>1,041,862</u>
Total operating revenue	<u>51,636,370</u>	<u>50,332,578</u>	<u>51,636,370</u>	<u>50,332,578</u>
Total operating expenses	46,907,586	47,015,796	46,907,586	47,015,796
Total non-operating income	<u>1,222,522</u>	<u>(786,603)</u>	<u>1,222,522</u>	<u>(786,603)</u>
Operating and non-operating income	<u>\$ 5,951,307</u>	<u>\$ 2,530,179</u>	<u>\$ 5,951,307</u>	<u>\$ 2,530,179</u>

SALINAS VALLEY HEALTH MEDICAL CENTER  
 BALANCE SHEETS  
 July 31, 2024

	<u>Current year</u>	<u>Prior year</u>
<b>ASSETS:</b>		
Current assets	\$ 401,367,503	\$ 440,118,325
Assets whose use is limited or restricted by board	168,797,833	158,603,034
Capital assets	248,796,850	245,617,710
Other assets	303,209,529	191,771,068
Deferred pension outflows	<u>88,274,589</u>	<u>116,911,125</u>
	<u>\$ 1,210,446,304</u>	<u>\$ 1,153,021,262</u>
<b>LIABILITIES AND EQUITY:</b>		
Current liabilities	93,878,605	86,794,178
Long term liabilities	20,971,301	22,722,645
Lease deferred inflows	2,027,900	2,856,606
Pension liability	93,403,946	118,792,064
Net assets	<u>1,000,164,552</u>	<u>921,855,769</u>
	<u>\$ 1,210,446,304</u>	<u>\$ 1,153,021,262</u>

**SALINAS VALLEY HEALTH MEDICAL CENTER**  
**SCHEDULES OF NET PATIENT REVENUE**  
**July 31, 2024**

	Month of July,		One months ended July 31,	
	current year	prior year	current year	prior year
Patient days:				
By payer:				
Medicare	1,801	1,862	1,801	1,862
Medi-Cal	968	1,026	968	1,026
Commercial insurance	531	691	531	691
Other patient	85	111	85	111
Total patient days	3,385	3,690	3,385	3,690
Gross revenue:				
Medicare	\$ 125,586,541	\$ 110,980,965	\$ 125,586,541	\$ 110,980,965
Medi-Cal	79,105,569	60,807,708	79,105,569	60,807,708
Commercial insurance	54,631,570	50,069,566	54,631,570	50,069,566
Other patient	9,488,283	9,118,585	9,488,283	9,118,585
Gross revenue	268,811,963	230,976,824	268,811,963	230,976,824
Deductions from revenue:				
Administrative adjustment	360,469	344,863	360,469	344,863
Charity care	771,905	651,415	771,905	651,415
Contractual adjustments:				
Medicare outpatient	40,946,735	34,154,645	40,946,735	34,154,645
Medicare inpatient	50,630,527	48,282,003	50,630,527	48,282,003
Medi-Cal traditional outpatient	1,523,198	2,365,238	1,523,198	2,365,238
Medi-Cal traditional inpatient	4,553,235	5,746,550	4,553,235	5,746,550
Medi-Cal managed care outpatient	39,752,792	26,214,788	39,752,792	26,214,788
Medi-Cal managed care inpatient	26,787,598	19,745,496	26,787,598	19,745,496
Commercial insurance outpatient	25,663,502	19,564,566	25,663,502	19,564,566
Commercial insurance inpatient	21,732,373	19,180,324	21,732,373	19,180,324
Uncollectible accounts expense	5,091,829	4,071,764	5,091,829	4,071,764
Other payors	548,610	1,364,455	548,610	1,364,455
Deductions from revenue	218,362,773	181,686,108	218,362,773	181,686,108
Net patient revenue	\$ 50,449,190	\$ 49,290,716	\$ 50,449,190	\$ 49,290,716
Gross billed charges by patient type:				
Inpatient	\$ 129,469,463	\$ 119,461,977	\$ 129,469,463	\$ 119,461,977
Outpatient	106,986,747	81,911,981	106,986,747	81,911,981
Emergency room	32,355,753	29,602,866	32,355,753	29,602,866
Total	\$ 268,811,963	\$ 230,976,824	\$ 268,811,963	\$ 230,976,824

**SALINAS VALLEY HEALTH MEDICAL CENTER**  
**STATEMENTS OF REVENUE AND EXPENSES**  
**July 31, 2024**

	Month of July,		One months ended July 31,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	\$ 50,449,190	\$ 49,290,716	\$ 50,449,190	\$ 49,290,716
Other operating revenue	<u>1,187,180</u>	<u>1,041,862</u>	<u>1,187,180</u>	<u>1,041,862</u>
Total operating revenue	<u>51,636,370</u>	<u>50,332,578</u>	<u>51,636,370</u>	<u>50,332,578</u>
Operating expenses:				
Salaries and wages	16,672,047	16,175,545	16,672,047	16,175,545
Compensated absences	3,577,020	3,048,106	3,577,020	3,048,106
Employee benefits	7,710,583	8,687,225	7,710,583	8,687,225
Supplies, food, and linen	7,772,212	6,607,489	7,772,212	6,607,489
Purchased department functions	3,266,362	3,962,609	3,266,362	3,962,609
Medical fees	2,214,807	2,126,284	2,214,807	2,126,284
Other fees	1,331,595	2,888,597	1,331,595	2,888,597
Depreciation	2,475,811	1,806,499	2,475,811	1,806,499
All other expense	<u>1,887,149</u>	<u>1,713,442</u>	<u>1,887,149</u>	<u>1,713,442</u>
Total operating expenses	<u>46,907,586</u>	<u>47,015,796</u>	<u>46,907,586</u>	<u>47,015,796</u>
Income from operations	<u>4,728,784</u>	<u>3,316,782</u>	<u>4,728,784</u>	<u>3,316,782</u>
Non-operating income:				
Donations	5,400	(21,180)	5,400	(21,180)
Property taxes	476,714	333,333	476,714	333,333
Investment income	5,850,454	2,544,661	5,850,454	2,544,661
Taxes and licenses	0	0	0	0
Income from subsidiaries	<u>(5,110,046)</u>	<u>(3,643,417)</u>	<u>(5,110,046)</u>	<u>(3,643,417)</u>
Total non-operating income	<u>1,222,522</u>	<u>(786,603)</u>	<u>1,222,522</u>	<u>(786,603)</u>
Operating and non-operating income	5,951,307	2,530,179	5,951,307	2,530,179
Net assets to begin	<u>994,213,245</u>	<u>919,325,590</u>	<u>994,213,245</u>	<u>919,325,590</u>
Net assets to end	<u>\$ 1,000,164,552</u>	<u>\$ 921,855,769</u>	<u>\$ 1,000,164,552</u>	<u>\$ 921,855,769</u>
Net income excluding non-recurring items	\$ 5,951,307	\$ 2,530,179	\$ 5,951,307	\$ 2,530,179
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Operating and non-operating income	<u>\$ 5,951,307</u>	<u>\$ 2,530,179</u>	<u>\$ 5,951,307</u>	<u>\$ 2,530,179</u>

**SALINAS VALLEY HEALTH MEDICAL CENTER**  
**SCHEDULES OF INVESTMENT INCOME**  
**July 31, 2024**

	<u>Month of July,</u>		<u>One months ended July 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Detail of income from subsidiaries:				
Salinas Valley Health Clinics				
Pulmonary Medicine Center	\$ (213,523)	\$ (177,364)	\$ (213,523)	\$ (177,364)
Neurological Clinic	(60,955)	(79,165)	(60,955)	(79,165)
Palliative Care Clinic	(133,084)	(84,521)	(133,084)	(84,521)
Surgery Clinic	(262,520)	(226,390)	(262,520)	(226,390)
Infectious Disease Clinic	(31,154)	(34,483)	(31,154)	(34,483)
Endocrinology Clinic	(251,585)	(209,267)	(251,585)	(209,267)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(519,836)	(526,532)	(519,836)	(526,532)
OB/GYN Clinic	(372,219)	(319,797)	(372,219)	(319,797)
PrimeCare Medical Group	(906,595)	(734,034)	(906,595)	(734,034)
Oncology Clinic	(482,554)	(293,778)	(482,554)	(293,778)
Cardiac Surgery	(316,251)	(222,875)	(316,251)	(222,875)
Sleep Center	(91,498)	(37,209)	(91,498)	(37,209)
Rheumatology	(91,901)	(63,574)	(91,901)	(63,574)
Precision Ortho MDs	(390,954)	(406,363)	(390,954)	(406,363)
Precision Ortho-MRI	0	0	0	0
Precision Ortho-PT	(97,117)	(63,332)	(97,117)	(63,332)
Vaccine Clinic	0	0	0	0
Dermatology	(48,240)	(1,642)	(48,240)	(1,642)
Hospitalists	0	0	0	0
Behavioral Health	(54,231)	(36,842)	(54,231)	(36,842)
Pediatric Diabetes	(63,782)	(51,607)	(63,782)	(51,607)
Neurosurgery	(128,310)	(30,526)	(128,310)	(30,526)
Multi-Specialty-RR	7,920	7,633	7,920	7,633
Radiology	(530,695)	23,793	(530,695)	23,793
Salinas Family Practice	(119,475)	(116,979)	(119,475)	(116,979)
Urology	(212,284)	(146,575)	(212,284)	(146,575)
Total SVHC	(5,370,843)	(3,831,429)	(5,370,843)	(3,831,429)
Doctors on Duty	20,875	33,869	20,875	33,869
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	151,541	110,651	151,541	110,651
Coastal	33,381	22,893	33,381	22,893
Apex	0	0	0	0
21st Century Oncology	0	(16,412)	0	(16,412)
Monterey Bay Endoscopy Center	54,999	37,011	54,999	37,011
Total	<u>\$ (5,110,046)</u>	<u>\$ (3,643,417)</u>	<u>\$ (5,110,046)</u>	<u>\$ (3,643,417)</u>

**SALINAS VALLEY HEALTH MEDICAL CENTER**  
**BALANCE SHEETS**  
**July 31, 2024**

	<b>Current year</b>	<b>Prior year</b>
<b>A S S E T S</b>		
Current assets:		
Cash and cash equivalents	\$ 266,936,928	\$ 330,930,358
Patient accounts receivable, net of estimated uncollectibles of \$43,363,463	112,945,542	87,141,496
Supplies inventory at cost	8,673,126	8,048,689
Current portion of lease receivable	1,621,407	1,921,803
Other current assets	11,190,500	12,075,978
Total current assets	401,367,503	440,118,325
Assets whose use is limited or restricted by board	168,797,833	158,603,034
Capital assets:		
Land and construction in process	43,163,809	60,334,728
Other capital assets, net of depreciation	205,633,041	185,282,982
Total capital assets	248,796,850	245,617,710
Other assets:		
Right of use assets, net of amortization	7,066,009	5,681,859
Long term lease receivable	435,661	1,115,546
Subscription assets, net of amortization	9,736,690	10,754,599
Investment in Securities	260,112,491	146,194,103
Investment in SVMC	1,994,494	9,696,941
Investment in Coastal	1,910,752	1,704,534
Investment in other affiliates	21,682,327	17,411,763
Net pension asset	271,105	(788,277)
Total other assets	303,209,529	191,771,068
Deferred pension outflows	88,274,589	116,911,125
	\$ 1,210,446,304	\$ 1,153,021,262
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 64,324,257	\$ 57,659,157
Due to third party payers	3,679,405	5,404,186
Current portion of self-insurance liability	19,248,183	17,205,482
Current subscription liability	4,005,767	4,630,742
Current portion of lease liability	2,620,993	1,894,611
Total current liabilities	93,878,605	86,794,178
Long term portion of workers comp liability	12,752,056	13,027,333
Long term portion of lease liability	4,904,742	3,980,405
Long term subscription liability	3,314,503	5,714,907
Total liabilities	114,849,906	109,516,823
Lease deferred inflows	2,027,900	2,856,606
Pension liability	93,403,946	118,792,064
Net assets:		
Invested in capital assets, net of related debt	248,796,850	245,617,710
Unrestricted	751,367,702	676,238,059
Total net assets	1,000,164,552	921,855,769
	\$ 1,210,446,304	\$ 1,153,021,262



**SALINAS VALLEY HEALTH MEDICAL CENTER**  
**STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL**  
**July 31, 2024**

	Month of July,				One months ended July 31,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	\$ 268,811,963	\$ 257,912,588	10,899,375	4.23%	\$ 268,811,963	\$ 257,912,588	10,899,375	4.23%
Deductions from revenue	218,362,773	206,659,967	11,702,806	5.66%	218,362,773	206,659,967	11,702,806	5.66%
Net patient revenue	50,449,190	51,252,620	(803,430)	-1.57%	50,449,190	51,252,620	(803,430)	-1.57%
Other operating revenue	1,187,180	1,452,669	(265,489)	-18.28%	1,187,180	1,452,669	(265,489)	-18.28%
<b>Total operating revenue</b>	<b>51,636,370</b>	<b>52,705,289</b>	<b>(1,068,919)</b>	<b>-2.03%</b>	<b>51,636,370</b>	<b>52,705,289</b>	<b>(1,068,919)</b>	<b>-2.03%</b>
Operating expenses:								
Salaries and wages	16,672,047	16,995,758	(323,711)	-1.90%	16,672,047	16,995,758	(323,711)	-1.90%
Compensated absences	3,577,020	3,605,706	(28,686)	-0.80%	3,577,020	3,605,706	(28,686)	-0.80%
Employee benefits	7,710,583	8,052,004	(341,421)	-4.24%	7,710,583	8,052,004	(341,421)	-4.24%
Supplies, food, and linen	7,772,212	7,302,276	469,936	6.44%	7,772,212	7,302,276	469,936	6.44%
Purchased department functions	3,266,362	3,825,284	(558,922)	-14.61%	3,266,362	3,825,284	(558,922)	-14.61%
Medical fees	2,214,807	2,485,637	(270,830)	-10.90%	2,214,807	2,485,637	(270,830)	-10.90%
Other fees	1,331,595	1,756,428	(424,833)	-24.19%	1,331,595	1,756,428	(424,833)	-24.19%
Depreciation	2,475,811	2,359,059	116,752	4.95%	2,475,811	2,359,059	116,752	4.95%
All other expense	1,887,149	2,008,333	(121,184)	-6.03%	1,887,149	2,008,333	(121,184)	-6.03%
<b>Total operating expenses</b>	<b>46,907,586</b>	<b>48,390,486</b>	<b>(1,482,900)</b>	<b>-3.06%</b>	<b>46,907,586</b>	<b>48,390,486</b>	<b>(1,482,900)</b>	<b>-3.06%</b>
<b>Income from operations</b>	<b>4,728,784</b>	<b>4,314,804</b>	<b>413,980</b>	<b>9.59%</b>	<b>4,728,784</b>	<b>4,314,804</b>	<b>413,980</b>	<b>9.59%</b>
Non-operating income:								
Donations	5,400	208,333	(202,933)	-97.41%	5,400	208,333	(202,933)	-97.41%
Property taxes	476,714	476,714	(0)	0.00%	476,714	476,714	(0)	0.00%
Investment income	5,850,454	1,891,173	3,959,281	209.36%	5,850,454	1,891,173	3,959,281	209.36%
Income from subsidiaries	(5,110,046)	(5,123,222)	13,176	-0.26%	(5,110,046)	(5,123,222)	13,176	-0.26%
<b>Total non-operating income</b>	<b>1,222,522</b>	<b>(2,547,001)</b>	<b>3,769,524</b>	<b>-148.00%</b>	<b>1,222,522</b>	<b>(2,547,001)</b>	<b>3,769,524</b>	<b>-148.00%</b>
<b>Operating and non-operating income \$</b>	<b>5,951,306</b>	<b>\$ 1,767,802</b>	<b>4,183,504</b>	<b>236.65%</b>	<b>\$ 5,951,306</b>	<b>\$ 1,767,802</b>	<b>4,183,504</b>	<b>236.65%</b>

**SALINAS VALLEY HEALTH MEDICAL CENTER**

**PATIENT STATISTICAL REPORT**

For the month of July and one months to date

	<u>Month of July</u>		<u>One months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2023-24</u>	<u>2024-25</u>	
<u>NEWBORN STATISTICS</u>					
Medi-Cal Admissions	31	31	31	31	0
Other Admissions	82	76	82	76	(6)
Total Admissions	113	107	113	107	(6)
Medi-Cal Patient Days	51	120	51	120	69
Other Patient Days	130	54	130	54	(76)
Total Patient Days of Care	181	174	181	174	(7)
Average Daily Census	5.8	5.6	5.8	5.6	(0.2)
Medi-Cal Average Days	1.8	3.9	1.8	3.9	2.1
Other Average Days	1.6	0.7	1.6	0.7	(0.9)
Total Average Days Stay	1.7	1.6	1.7	1.6	(0.0)
<u>ADULTS &amp; PEDIATRICS</u>					
Medicare Admissions	387	391	387	391	4
Medi-Cal Admissions	267	280	236	280	44
Other Admissions	384	303	302	303	1
Total Admissions	1,038	974	925	974	49
Medicare Patient Days	1,630	1,496	1,630	1,496	(134)
Medi-Cal Patient Days	1,058	981	1,058	981	(77)
Other Patient Days	932	714	932	714	(218)
Total Patient Days of Care	3,620	3,191	3,620	3,191	(429)
Average Daily Census	116.8	102.9	116.8	102.9	(13.8)
Medicare Average Length of Stay	4.3	3.8	4.3	3.8	(0.6)
Medi-Cal Average Length of Stay	3.7	3.2	3.7	3.2	(0.6)
Other Average Length of Stay	2.5	1.9	2.5	1.9	(0.7)
Total Average Length of Stay	3.5	2.9	3.5	2.9	(0.6)
Deaths	25	37	25	37	12
Total Patient Days	3,801	3,365	3,801	3,365	(436)
Medi-Cal Administrative Days	3	0	3	0	(3)
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	3	0	3	0	(3)
Percent Non-Acute	0.08%	0.00%	0.08%	0.00%	-0.08%

**SALINAS VALLEY HEALTH MEDICAL CENTER**

**PATIENT STATISTICAL REPORT**

For the month of July and one months to date

	<u>Month of July</u>		<u>One months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2023-24</u>	<u>2024-25</u>	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	223	271	223	271	48
Heart Center	329	313	329	313	(16)
Monitored Beds	625	570	625	570	(55)
Single Room Maternity/Obstetrics	313	303	313	303	(10)
Med/Surg - Cardiovascular	891	820	891	820	(71)
Med/Surg - Oncology	293	271	293	271	(22)
Med/Surg - Rehab	467	469	467	469	2
Pediatrics	95	98	95	98	3
Nursery	181	174	181	174	(7)
Neonatal Intensive Care	122	76	122	76	(46)
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	55.33%	67.25%	55.33%	67.25%	
Heart Center	70.75%	67.31%	70.75%	67.31%	
Monitored Beds	74.67%	68.10%	74.67%	68.10%	
Single Room Maternity/Obstetrics	27.29%	26.42%	27.29%	26.42%	
Med/Surg - Cardiovascular	63.87%	58.78%	63.87%	58.78%	
Med/Surg - Oncology	72.70%	67.25%	72.70%	67.25%	
Med/Surg - Rehab	57.94%	58.19%	57.94%	58.19%	
Med/Surg - Observation Care Unit	0.00%	0.00%	0.00%	0.00%	
Pediatrics	17.03%	17.56%	17.03%	17.56%	
Nursery	35.39%	34.02%	17.69%	17.01%	
Neonatal Intensive Care	35.78%	22.29%	35.78%	22.29%	

**SALINAS VALLEY HEALTH MEDICAL CENTER**

**PATIENT STATISTICAL REPORT**

For the month of July and one months to date

	<u>Month of July</u>		<u>One months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2023-24</u>	<u>2024-25</u>	
<u>DELIVERY ROOM</u>					
Total deliveries	111	123	111	123	12
C-Section deliveries	32	31	32	31	(1)
Percent of C-section deliveries	28.83%	25.20%	28.83%	25.20%	-3.63%
<u>OPERATING ROOM</u>					
In-Patient Operating Minutes	16,247	20,885	16,247	20,885	4,638
Out-Patient Operating Minutes	28,629	29,584	28,629	29,584	955
Total	44,876	50,469	44,876	50,469	5,593
Open Heart Surgeries	9	12	9	12	3
In-Patient Cases	118	134	118	134	16
Out-Patient Cases	273	301	273	301	28
<u>EMERGENCY ROOM</u>					
Immediate Life Saving	37	31	37	31	(6)
High Risk	699	838	699	838	139
More Than One Resource	2,767	2,736	2,767	2,736	(31)
One Resource	1,634	1,672	1,634	1,672	38
No Resources	115	62	115	62	(53)
Total	<u>5,252</u>	<u>5,339</u>	<u>5,252</u>	<u>5,339</u>	<u>87</u>

**SALINAS VALLEY HEALTH MEDICAL CENTER**

**PATIENT STATISTICAL REPORT**

For the month of July and one months to date

	<u>Month of July</u>		<u>One months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2023-24</u>	<u>2024-25</u>	
<b>CENTRAL SUPPLY</b>					
In-patient requisitions	14,091	12,872	14,091	12,872	-1,219
Out-patient requisitions	10,154	10,476	10,154	10,476	322
Emergency room requisitions	613	827	613	827	214
Interdepartmental requisitions	6,343	6,497	6,343	6,497	154
Total requisitions	<u>31,201</u>	<u>30,672</u>	<u>31,201</u>	<u>30,672</u>	<u>-529</u>
<b>LABORATORY</b>					
In-patient procedures	35,996	35,911	35,996	35,911	-85
Out-patient procedures	10,695	44,179	10,695	44,179	33,484
Emergency room procedures	12,162	12,352	12,162	12,352	190
Total patient procedures	<u>58,853</u>	<u>92,442</u>	<u>58,853</u>	<u>92,442</u>	<u>33,589</u>
<b>BLOOD BANK</b>					
Units processed	<u>300</u>	<u>231</u>	<u>300</u>	<u>231</u>	<u>-69</u>
<b>ELECTROCARDIOLOGY</b>					
In-patient procedures	1,077	1,106	1,077	1,106	29
Out-patient procedures	396	347	396	347	-49
Emergency room procedures	1,210	1,249	1,210	1,249	39
Total procedures	<u>2,683</u>	<u>2,702</u>	<u>2,683</u>	<u>2,702</u>	<u>19</u>
<b>CATH LAB</b>					
In-patient procedures	115	125	115	125	10
Out-patient procedures	90	119	90	119	29
Emergency room procedures	0	0	0	0	0
Total procedures	<u>205</u>	<u>244</u>	<u>205</u>	<u>244</u>	<u>39</u>
<b>ECHO-CARDIOLOGY</b>					
In-patient studies	330	448	330	448	118
Out-patient studies	248	357	248	357	109
Emergency room studies	0	2	0	2	2
Total studies	<u>578</u>	<u>807</u>	<u>578</u>	<u>807</u>	<u>229</u>
<b>NEURODIAGNOSTIC</b>					
In-patient procedures	118	124	118	124	6
Out-patient procedures	20	14	20	14	-6
Emergency room procedures	0	0	0	0	0
Total procedures	<u>138</u>	<u>138</u>	<u>138</u>	<u>138</u>	<u>0</u>

**SALINAS VALLEY HEALTH MEDICAL CENTER**

**PATIENT STATISTICAL REPORT**

For the month of July and one months to date

	<u>Month of July</u>		<u>One months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2023-24</u>	<u>2024-25</u>	
<b>SLEEP CENTER</b>					
In-patient procedures	0	0	0	0	0
Out-patient procedures	189	270	189	270	81
Emergency room procedures	0	0	0	0	0
<b>Total procedures</b>	<b>189</b>	<b>270</b>	<b>189</b>	<b>270</b>	<b>81</b>
<b>RADIOLOGY</b>					
In-patient procedures	1,254	1,365	1,254	1,365	111
Out-patient procedures	407	444	407	444	37
Emergency room procedures	1,421	1,551	1,421	1,551	130
<b>Total patient procedures</b>	<b>3,082</b>	<b>3,360</b>	<b>3,082</b>	<b>3,360</b>	<b>278</b>
<b>MAGNETIC RESONANCE IMAGING</b>					
In-patient procedures	152	208	152	208	56
Out-patient procedures	133	111	133	111	-22
Emergency room procedures	9	6	9	6	-3
<b>Total procedures</b>	<b>294</b>	<b>325</b>	<b>294</b>	<b>325</b>	<b>31</b>
<b>MAMMOGRAPHY CENTER</b>					
In-patient procedures	3,643	3,248	3,643	3,248	-395
Out-patient procedures	3,608	3,236	3,608	3,236	-372
Emergency room procedures	0	1	0	1	1
<b>Total procedures</b>	<b>7,251</b>	<b>6,485</b>	<b>7,251</b>	<b>6,485</b>	<b>-766</b>
<b>NUCLEAR MEDICINE</b>					
In-patient procedures	21	26	21	26	5
Out-patient procedures	110	116	110	116	6
Emergency room procedures	0	0	0	0	0
<b>Total procedures</b>	<b>131</b>	<b>142</b>	<b>131</b>	<b>142</b>	<b>11</b>
<b>PHARMACY</b>					
In-patient prescriptions	81,796	82,755	81,796	82,755	959
Out-patient prescriptions	15,349	15,988	15,349	15,988	639
Emergency room prescriptions	8,771	9,317	8,771	9,317	546
<b>Total prescriptions</b>	<b>105,916</b>	<b>108,060</b>	<b>105,916</b>	<b>108,060</b>	<b>2,144</b>
<b>RESPIRATORY THERAPY</b>					
In-patient treatments	12,529	15,247	12,529	15,247	2,718
Out-patient treatments	1,179	651	1,179	651	-528
Emergency room treatments	322	360	322	360	38
<b>Total patient treatments</b>	<b>14,030</b>	<b>16,258</b>	<b>14,030</b>	<b>16,258</b>	<b>2,228</b>
<b>PHYSICAL THERAPY</b>					
In-patient treatments	2,446	2,198	2,446	2,198	-248
Out-patient treatments	263	269	263	269	6
Emergency room treatments	0	0	0	0	0
<b>Total treatments</b>	<b>2,709</b>	<b>2,467</b>	<b>2,709</b>	<b>2,467</b>	<b>-242</b>

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	<u>Month of July</u>		<u>One months to date</u>		<u>Variance</u>
	<u>2023</u>	<u>2024</u>	<u>2023-24</u>	<u>2024-25</u>	
<b>OCCUPATIONAL THERAPY</b>					
In-patient procedures	1,418	1,597	1,418	1,597	179
Out-patient procedures	259	233	259	233	-26
Emergency room procedures	0	0	0	0	0
Total procedures	<u>1,677</u>	<u>1,830</u>	<u>1,677</u>	<u>1,830</u>	<u>153</u>
<b>SPEECH THERAPY</b>					
In-patient treatments	481	475	481	475	-6
Out-patient treatments	24	23	24	23	-1
Emergency room treatments	0	0	0	0	0
Total treatments	<u>505</u>	<u>498</u>	<u>505</u>	<u>498</u>	<u>-7</u>
<b>CARDIAC REHABILITATION</b>					
In-patient treatments	2	1	2	1	-1
Out-patient treatments	499	672	499	672	173
Emergency room treatments	0	0	0	0	0
Total treatments	<u>501</u>	<u>673</u>	<u>501</u>	<u>673</u>	<u>172</u>
<b>CRITICAL DECISION UNIT</b>					
Observation hours	<u>372</u>	<u>306</u>	<u>372</u>	<u>306</u>	<u>-66</u>
<b>ENDOSCOPY</b>					
In-patient procedures	60	72	60	72	12
Out-patient procedures	46	44	46	44	-2
Emergency room procedures	0	0	0	0	0
Total procedures	<u>106</u>	<u>116</u>	<u>106</u>	<u>116</u>	<u>10</u>
<b>C.T. SCAN</b>					
In-patient procedures	722	788	722	788	66
Out-patient procedures	471	416	471	416	-55
Emergency room procedures	753	753	753	753	0
Total procedures	<u>1,946</u>	<u>1,957</u>	<u>1,946</u>	<u>1,957</u>	<u>11</u>
<b>DIETARY</b>					
Routine patient diets	21,298	14,942	21,298	14,942	-6,356
Meals to personnel	27,945	35,476	27,945	35,476	7,531
Total diets and meals	<u>49,243</u>	<u>50,418</u>	<u>49,243</u>	<u>50,418</u>	<u>1,175</u>
<b>LAUNDRY AND LINEN</b>					
Total pounds laundered	<u>98,051</u>	<u>93,665</u>	<u>98,051</u>	<u>93,665</u>	<u>-4,386</u>

# Balanced Scorecard

*Year To Date: June 2024*



# Monthly Scorecard Service (30%)

Organizational Goals by Pillar	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 2024 Act/Proj	TARGET	Var %	FY 2023 Baseline
<b>I. Service</b>																
Average of Inpatient HCAHPS Scores	72.5	72.6	74.6	76.8	73.8	74.0	72.2	70.8	72.2	71.5	73.2	72.5	73.0	73.1	-0.1%	72.6
# of Total Responses - IP	139	189	136	92	138	120	141	136	119	176	140	141				
Emergency Room Press Ganey Score	63.4	59.4	57.5	53.0	54.8	59.8	53.3	61.9	64.7	61.0	59.2	65.0	59.4	58.5	1.6%	58.0
# of Total Responses - ER	223	193	195	224	169	161	195	146	279	236	273	252				
Average of Ambulatory HCAHPS Scores	92.4	91.6	92.3	90.6	92.9	96.4	93.6	95.8	94.4	92.3	89.3	90.5	92.7	92.1	0.6%	91.6
# of Total Responses - Ambulatory	61	72	62	47	54	44	48	21	53	70	91	82				

## 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 2023 Baseline was 72.6. Rationale: Baseline = Threshold is based on FY 2023 Actuals. Target is +0.5 from baseline. Max is +1.0 from baseline.
- ER HCAHPS Score FY 2023 Baseline was 58.0. Rationale: Baseline = Threshold is based on FY 2023 Actuals. Target is +0.5 from baseline. Max is +1.0 from baseline.
- Ambulatory HCAHPS Score FY 2023 Baseline was 91.6. Rationale: Baseline = Threshold is based on FY 2023 Actuals. Target is +0.5 from baseline. Max is +1.0 from baseline.

# Monthly Scorecard

## People (15%)

Organizational Goals by Pillar	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 2024 Act/Proj	TARGET	Var %	FY 2023 Baseline
<b>II. People</b>																
Employee Indicator Score	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4.18	N/A	4.18	4.29	-2.6%	4.28
Safety Culture Index: Prevention and Reporting	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4.07	N/A	4.07	4.18	-2.6%	4.14
Safety Culture Index: Resources and Teamwork	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3.76	N/A	3.76	3.84	-2.1%	3.81

### Notes / Assumptions:

- Source: Press Ganey
- Achieve Engagement Indicator score in the range of 4.22 to 4.35 as measured by the 2024 Employee Engagement Survey.
- Achieve Prevention and Reporting score in the range of 4.14 to 4.20 as measured by the 2024 Employee Engagement Survey, Safety Culture Index.
- Achieve Resources and Teamwork score in the range of 3.81 to 3.87 as measured by the 2024 Employee Engagement Survey, Safety Culture Index.

# Monthly Scorecard

## Quality & Safety Processes – ER (5%)

Organizational Goals by Pillar	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 2024 Act/Proj	TARGET	Var %	FY 2023 Baseline
<b>Emergency Room Efficiencies</b>																
Median length of stay for non-admits (in minutes)	180.0	189.0	181.0	185.0	183.0	189.0	173.0	174.0	175.0	185.0	186.0	172.0	181.0	183.0	1.1%	180.0
Median time from admit decision to time of admission to nursing unit (in minutes)	75.5	71.0	73.0	71.0	76.0	79.0	80.0	77.0	76.0	70.0	71.0	71.0	74.0	74.0	0.0%	76.0

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.) Maximum is based the FY23 Baseline. The Target is a 3 minute increase from the Max, and the Threshold is a 6 minute increase from the Max. **Rationale:** SVMH ER has recently experienced a higher volume level, including a surge of patients and provider turnover. According to CMS, the latest available data from 2021 indicates that the State Rate is 196 minutes and the National Rate is 203 minutes for comparable size hospitals.

**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). Baseline = Threshold is based on FY 2023 Actuals. The Target is a 2 minute decrease from the Baseline, and the Max is a 4 minute decrease from the Baseline.

**Rationale:** The ER average daily census is currently averaging at about 186 patients a day compared to the baseline period of 128 (Jul21-Jan22), or a **45%** increase in ER census. We also have continued challenges with COVID and respiratory isolation. The vast increase of volume leads to limited space availability and delays. We have put forth a new initiative called the “Big 5 Handover Process”, which is a streamline handover process between the ED and nursing units, which may reduce admit time.

# Monthly Scorecard

## Quality & Safety Processes – OR & Cath Lab (5%)

Organizational Goals by Pillar	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 2024 Act/Proj	TARGET	Var %	FY 2023 Baseline
<b>Operating Room Efficiencies</b>																
Turnover Time (Wheels out / Wheels in) (in minutes)	30.2	28.4	30.2	31.0	31.1	31.3	31.9	31.2	31.3	30.7	31.3	30.7	30.8	30.5	-0.9%	29.6
<b>Cath Lab Efficiencies</b>																
First Case - On Time Start %	N/A	N/A	N/A	N/A	79.5%	73.7%	88.6%	85.3%	79.5%	70.5%	86.4%	79.5%	80.4%	75.0%	7.1%	49.0%

**OR Turnover Time Measurement:** Source is from the **PICIS OR Nurse Record**. Calculate minutes elapsed between the wheels out & wheels in of the next case. 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 partitioned by actual date rather than previously scheduled date. **National benchmarks range from 25 to 38 minutes.** FY 2024 Goals are set at a level to continue high efficiency performance and strive to maintain sustainability at these levels. Planning to reduce minutes may cause patient safety risks and other concerns, especially considering the Covid-19 ongoing pandemic and the impact it has had in our hospital capacity as well as in our perioperative operations. Additionally, our OPS department has moved over to the other side of the building into 1 Main, which means the nurse, anesthesiologist and surgeon now have to go that distance to interview and mark the patient. While this isn't a huge distance, it can add 1-2 minutes to each start and/or turnover.

### Cath Lab Percentage of 1<sup>st</sup> case On Time Start Time

- Source is from Meditech Community Wide Scheduling for the first case scheduled in each Cath Lab, where the scheduled time is from 7:00 am to 9:00 am
- Conscious sedation patients prepped and draped 5 minutes before the scheduled start time as measured by "Patient Ready" note charted in McKesson/CPACS
- Anesthesia patients prepped and draped within 60 minutes of scheduled start time as measured by "Patient Ready" note charted in McKesson/CPACS
- *Measurement period is from November 2023 through June 2024.* This is due to adjustments made to the Cath Lab scheduling policy, provider notification and implementation time.

# Monthly Scorecard

## Quality & Safety Processes – HAC & Hand Hygiene (10%)

Organizational Goals by Pillar	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 2024 Act/Proj	TARGET	Var %	FY 2023 Baseline
Hospital Acquired Conditions Index (Weighted Total)	N/A	N/A	6.6	N/A	N/A	3.1	N/A	N/A	2.8	N/A	N/A	2.8	3.9	3.9	0.4%	4.2
Hand Hygiene (Average Number of Observations Per Quarter Per Nursing Unit)	N/A	N/A	N/A	N/A	N/A	198	N/A	N/A	192	N/A	N/A	259	216	100	116.3%	60

### Hospital Acquired Conditions

Source: National Healthcare Safety Network (NHSN) & BD Health Insight Interface

Hospital Acquired Conditions will be measured **quarterly**

**Rationale for Targets: Utilizing CMS/NHSN/Magnet benchmarks and last years FY targets for sustainment and ongoing prevention practices. Process improvement measures for Falls, HAPIs, CLABSI, CAUTI, CDI and SSI processes are in place.**

- **Falls with injury:** NDNQI Magnet benchmark 0.5- our outcomes in FY2022 and FY2023 are meeting the benchmarks
- **HAPI-** stage 2 and Deep tissue injuries are added to the CMS measures already reported (currently stage 3,4 and unstageable events are reported)- goal expanded. No current benchmark. We have already improved the outcomes in FY 2023 over FY 2021- we are proposing to keep/sustain the current outcomes. Displayed as a rate: number of pressure injuries /over 1000 patient days.
- **CLABSI** (Central Line Associated Bloodstream Infection), Health & Human Services 2023 Goal for CLABSI: SIR <0.50. An HAI Event can create increases above the benchmark SIR due to low utilization. Example: FY Q2 2021 1 CLABSI increased the SIR to 0.63. We will utilize a rate methodology: number of infections/ over 1000 line days – this rate is not risk adjusted like the SIR rate is but it provides us with the ability to display outcome measures after the close of the month instead of waiting from NHSN for benchmarked data. This is important for rapid continuous improvement work.
- **CAUTI** (Catheter Associated Urinary Tract Infection) Health & Human Services 2023 Goal for CAUTI: SIR <0.75. An HAI Event(s) can create increases above the benchmark SIR due to low utilization. Example: FY Q4 2022 1 CAUTI increased the SIR to 0.72 .We will utilize a rate methodology: number of infections/ over 1000 line days – this rate is not risk adjusted like the SIR rate is but it provides us with the ability to display outcome measures after the close of the month instead of waiting from NHSN for benchmarked data.
- **CDI** (Clostridium Difficile Infection), Health & Human Services 2023 Goal for CDI: SIR <0.70. We will utilize a rate methodology: number of infections/ over 1000 patient days – this rate is not risk adjusted like the SIR rate is but it provides us with the ability to display outcome measures after the close of the month instead of waiting from NHSN for benchmarked data.
- **SSI** (Surgical Site Infections), Health and Human Services 2023 Goal for SSI <0.70. We will utilize a rate methodology: number of infections/ over 1000 procedure days – this rate is not risk adjusted like the SIR rate is but it provides us with the ability to display outcome measures after the close of the month instead of waiting from NHSN for benchmarked data.

### Hand Hygiene

Source: Hand Hygiene Auditing Tool populated by SVHMC staff, Goal is to reach 100 observations/quarter/unit –Leapfrog minimum recommended goal

*Because this is a new program, the measurement period starts October 1<sup>st</sup> and the first measurement period will be available for FY24 Q2*

# Monthly Scorecard

## Finance (20%)

Organizational Goals by Pillar	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 2024 Act/Proj	TARGET	Var %	FY 2023 Baseline
<b>IV. Finance</b>																
Income from Operations (Normalized & Adjusted) (\$ in Millions)	\$3,317	\$5,915	\$6,601	\$5,278	\$2,646	\$5,928	\$10,993	\$4,031	\$5,463	\$7,620	\$5,914	\$10,707	\$74,413	\$50,681	46.8%	\$79,748
Operating Margin (Normalized)	6.6%	11.1%	12.4%	10.2%	5.2%	10.9%	17.7%	7.9%	10.1%	10.3%	10.3%	17.9%	11.5%	8.2%	39.7%	12.4%



### Notes / Assumptions:

- Target Methodology is based on SVHMC's 100% of FY 2024 Board Approved Annual Operating Budget (in dollars).
- *Targets/actuals will be adjusted for FY24 for any negative impacts from the Anthem negotiations.*

# Monthly Scorecard

## Growth (10%)

Organizational Goals by Pillar	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 2024 Act/Proj	TARGET	Var %	FY 2023 Baseline
<b>V. Growth</b>																
Percentage of Medicare Patients with <u>Post Discharge Follow Ups</u> within 14 days for an Inpatient Encounter (Attributed to SVH Clinics; Medicare Shared Savings Program and Aspire)	N/A	N/A	70.4%	N/A	N/A	67.7%	N/A	N/A	73.5%	N/A	N/A	74.5%	70.7%	70%	1.0%	60.7%
Robotic-Assisted Surgeries (DaVinci X1 System Only)	16	21	25	35	28	27	16	17	19	19	36	30	289	124	133.1%	113
Expand Epic Access for Hospital Departments (view access to Ambulatory Medical Record)	N/A	N/A	3	N/A	N/A	0	N/A	N/A	7	N/A	N/A	2	12	6	100.0%	3

- **Post Discharge Follow Up:** The eligible population is approximately 13,000 (MSSP=9768 and Aspire=3315). The denominator will consist of any hospital discharges for this eligible population. The numerator will consist of those patients with a post-discharge follow-up within 14 days. [Data will be provided quarterly.](#)
- **Robotic Surgery:** The volume of robotic-assisted surgeries attributed to use of DaVinci system only. Currently 4 surgeons are using the robot. Plan for expansion to urology. [Data will be provided monthly](#) and will be broken down by physician and procedure category.
- **Expanded Epic Access:** Plan is to provide access to various hospital departments with emphasis on departments with clinical staff.
  - Areas of emphasis for FY 2024: L&D, ONS (4th Floor), Med Surg (3rd Floor), Critical Care (1Main), 3rd Tower, 4th Tower, ICU, Telemetry
  - Rollout will require implementation plan and resources to ensure success/adoption
  - Important for care continuity, especially medication reconciliation
  - [Data will be provided quarterly.](#)

# Monthly Scorecard Community (5%)

Organizational Goals by Pillar	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	FY 2024 Act/Proj	TARGET	Var %	FY 2023 Baseline
<b>VI. Community</b>																
Increase community engagement through a newly designed employee outreach program resulting in community benefit events involving Salinas Valley Health staff. (Number of events)	0	0	0	0	0	1	2	0	0	1	0	0	4	2	100.0%	NA



- The Community Pillar team will engage employees to create an employee outreach program, designing various program elements and characteristics such as:
  - Method of measuring impact/benefit provided to the community
  - Measurement of employee/family/friends engagement
  - Alignment with Community Benefit Funding
  - Addresses issues identified in Community Health Needs Assessment
  - Communication strategy
  - Measurement and reporting structure
  - Objectives and goals
  - Employee driven
  - Sustainability
  - Processes such as applications and approvals
  
- The Community Pillar team will engage employees to execute the created employee outreach program resulting in community benefit events.
  
- Engagement Events:
  1. Christmas in Closer Park, December 4<sup>th</sup>
  2. Martin Luthor King Day of Service Events, January 15<sup>th</sup> & January 20<sup>th</sup>
  3. Community Engagement Event, April 21<sup>st</sup>



# *Questions / Comments?*



# **ADJOURNMENT**