

November 11, 2022

TO: Legal Counsel

News Media

Salinas Californian

El Sol

Monterey County Herald

Monterey County Weekly

KION-TV

KSBW-TV/ABC Central Coast

KSMS/Entravision-TV

The next regular meeting of the **FINANCE COMMITTEE – COMMITTEE OF THE WHOLE** of the Salinas Valley Memorial Healthcare System will be held **MONDAY, NOVEMBER 14, 2022, at 12:00 P.M.,** in the **DOWNING RESOURCE CENTER, ROOMS A, B, & C, at SALINAS VALLEY MEMORIAL HOSPITAL, 450 E. ROMIE LANE, SALINAS, CALIFORNIA,** or via **TELECONFERENCE** (visit svmh.com/virtualboardmeeting for *Access Information*).

Pursuant to SVMHS Board Resolution No. 2022-16, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.



Pete Delgado
President/Chief Executive Officer

Committee Members: Richard Turner – Chair; Juan Cabrera – Vice Chair; Pete Delgado, President/CEO; Augustine Lopez, Chief Financial Officer; Clement Miller, Chief Operating Officer; Tarun Bajaj, M.D. Medical Staff Member; Sanjeev Tandon, Community Member Harry; Wardwell, Community Member

**FINANCE COMMITTEE
NOVEMBER 2022 - COMMITTEE OF THE WHOLE
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM**

**MONDAY, NOVEMBER 14, 2022, 12:00 P.M.
DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA
or via TELECONFERENCE
(Visit svmh.com/virtualboardmeeting for Access Information)**

Pursuant to SVMHS Board Resolution No. 2022-16, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

AGENDA

1. Call to Order / Roll Call
2. Approve Minutes of the Finance Committee Meeting of October 24, 2022 (LAURENT)
 - Motion/Second
 - Action by Committee/Roll Call Vote
3. Consider Recommendation to the Board of Directors for Approval of RLDatix Risk and Feedback Modules. (BAILEY / RADNER, MD)
 - Staff Report
 - Committee Questions to Staff
 - Public Comment
 - Committee Discussion/Deliberation
 - Motion/Second
 - Action by Committee/Roll Call Vote
4. Review Balanced Scorecard – FY23 YTD October 2022 (LOPEZ)
5. Financial and Statistical Review (LOPEZ)
6. Public Input

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

9. Consider Recommendation to the Board of Directors for Approval of the Master Service Agreement Between SVMHS and Vesta Solutions Group, LLC for Teleradiology Coverage Services For SVMH and SVMC. (TEJEDA / RADNER, MD)

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

10. Consider Recommendation for Board Approval of Contract Agreement for Teleradiology Services between RADlinx, LLC and SVMHS/SVMC. (TEJEDA / RADNER, MD)

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

11. Adjournment

The next Finance Committee Meeting is scheduled for **Monday, December 12, 2022 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.svmh.com, and in the Human Resources Department of the District. All items appearing on the agenda are subject to action by the Committee.

Requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting should be made to the Board Clerk during regular business hours at 831-755-0741. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

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 Secret, Strategic Planning, Proposed New Programs and Services

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

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

**SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM
FINANCE COMMITTEE
COMMITTEE OF THE WHOLE
MEETING MINUTES
OCTOBER 24, 2022**

Pursuant to SVMHS Board Resolution No. 2022-13, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

The Finance Committee convened in the Downing Resource Center, Rooms A, B, & C at 12:04 p.m.

Committee Members Present:

Tarun Bajaj, MD, Pete Delgado, and Chair Richard Turner.

Via teleconference: Juan Cabrera, Sanjeev Tandon, and Harry Wardwell

Committee Members Absent:

Augustine Lopez and Clement Miller

Other Board Members Present, Constituting Committee of the Whole:

Via Teleconference: Regina Gage and Victor Rey.

A quorum was present and the meeting was called to order at 12:04 p.m. by Chair Turner.

Victor Rey joined the meeting at 12:44 p.m.

Pete Delgado, President/CEO, and Chair Turner welcomed newly appointed Committee member Sanjeev Tarun to the Finance Committee.

APPROVE THE MINUTES SEPTEMBER 19, 2022

Pete Delgado, President/Chief Executive Officer, recommended the Finance Committee approve the minutes of September 19, 2022 meeting, as presented. This information was included in the Committee packet.

No public comment received.

MOTION:

Upon motion by Committee member Delgado, and second by Committee member Cabrera, the minutes of the Finance Committee for September 19, 2022 were approved.

Ayes: Committee members: Bajaj, MD, Cabrera, Delgado, Tandon, Wardwell, and Chair Turner;

Noes: None; Abstentions: None; Absent: Committee members Lopez and Miller. Motion carried.

CONSIDER RECOMMENDATION FOR BOARD OF DIRECTORS APPROVAL AND AWARD THE BULK OXYGEN SUPPLY AGREEMENT TO MESSER LLC, A DELAWARE LIMITED LIABILITY COMPANY

Earl Strotman, Facilities Management and Jon Baird, Materials Management, reported that the current supply contract with Matheson Tri-Gas is scheduled to expire midnight, February 24, 2023. SVMH must either have a new supplier in place or have renewed existing contract with the present supplier. Product supply price per unit of liquid oxygen (measured in hundred cubic feet or CCF) appeared to be substantially higher than experienced trade industry expected cost. Mitigating factors to high costs for SVMH include storage capacity (3,000 gallon tank), distance from manufacturing sites and related distribution costs, as well as number of vendor accounts in the general area (economy of scale in supply). Current price per unit has risen greater than 50% in 3 years. Cost for rental equipment has risen greater than 90% during this same period. It was determined then to put this liquid oxygen supply contract out for bid at earliest possible date.

SVMH uses approximately eight hundred thousand (800,000) standard cubic feet (SCF) of gaseous oxygen for patient care services on a monthly basis. This gaseous oxygen is supplied from vendor in a liquid state to minimize storage footprint. Background, situation, and rationale were provided in the packet.

Schedule:

October 2022 – Anticipated Award to Bulk Liquid Oxygen Vendor

February 2023 – Anticipated First Delivery of Bulk Liquid Oxygen (temporary system)

February 2023 – Commencement of Contract Effective Date

Unknown – Installation Date of Permanent 3,000 gallon Tank and Auxiliary Equipment

No public comment received.

MOTION:

Upon motion by Committee member Delgado, second by Committee member Cabrera, the Finance Committee recommends the Board of Directors award the Bulk Oxygen Supply Agreement to Messer LLC in the amount of five million, six-hundred fifteen thousand, eight hundred and sixty-two dollars (\$5,615,862) pending final negotiations.

Ayes: Committee members: Bajaj, MD, Cabrera, Delgado, Tandon, Wardwell, and Chair Turner;

Noes: None; Abstentions: None; Absent: Committee members Lopez and Miller. Motion carried.

CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE FIFTH AMENDMENT TO LEASE AGREEMENT BETWEEN SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM (“LESSEE”) AND WORK STREET PARTNERS L.P., (“LESSOR”) FOR MEDICAL RECORDS WAREHOUSE SPACE LOCATED AT 590 WORK STREET, SALINAS, CA.

Earl Strotman, Facilities Management Director, stated that the current lease at 590 Work Street, Salinas, CA for Medical Records storage facility is set to expire on October 31, 2022. Current Fourth Amendment to Lease (dated March 7, 2022) at a cost of \$0.9834 per square foot. Fifth

Amendment calls for initial ten percent (10%) increase in base rent to bring property into market parity, followed by 4 consecutive three (3) percent annual increases. Background, situation, and rationale were provided in the packet.

Key Contract Terms	Work Street Partners L.P.
Proposed effective date	November 1, 2022
Term of agreement	Five (5) years commencing November 1, 2022
Renewal terms	3% annually
Cost	17,845 square feet at \$1.0818 / sq. ft. (\$19,305 month, \$231,600 annually, \$1,158,300 duration of contract.

No public comment.

MOTION:

Upon motion by Committee member Delgado, second by Committee member Turner, the Finance Committee recommends the Board of Directors approve of the Lease Agreement between Salinas Valley Memorial Healthcare System and the Work Street Partners L.P., for 17,845 square feet of warehouse space located at 590 Work Street, Salinas, CA 93901 in the amount of \$1,158,300.00.

Ayes: Committee members: Bajaj, MD, Cabrera, Delgado, Miller, Wardwell, and Chair Turner;
Noes: None; Abstentions: None; Absent: Committee members Lopez and Wilson; Motion carried.

CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF LEASE AGREEMENT RENEWAL FOR 1033 LOS PALOS DRIVE, SALINAS, CA, BETWEEN SVMHS (TENANT) AND STEVEN G. JOHNSON, M.D. (LANDLORD)

John Tejada, Chief Operating Officer SVMC / Director of Business Development, stated that Salinas Valley Medical Clinic (SVMC) has been operating its Multi-Specialty Clinic at 1033 Los Palos for many years. Current rent is at \$2.00 per square foot x 7575 sq. ft. for \$15,150.00. The terms of this lease have been renegotiated upon this renewal cycle.

The specialties in this clinic include; Dermatology, Infectious Diseases, Neurology, Neurosurgery, and Pulmonary/Critical care. SVMC would like to enter into a five (5) year lease for the 1033 Los Palos space for its Multi-Specialty Clinic. Background, situation, and rationale were provided in the packet.

No public comment.

MOTION:

Upon motion by Committee member Delgado, and second by Committee member Bajaj, MD., the Finance Committee recommends the Board of Directors approve the Renewal of the Lease Agreement with Steven G. Johnson, M.D., for 1033, Los Palos Drive, Salinas, CA, for a total rent amount of \$ one million thirty two thousand six hundred fifty-nine dollars and eighty eight cents (\$1,032,659.88) for a five year term.

Ayes: Committee members: Bajaj, MD, Cabrera, Delgado, Tandon, Wardwell, and Chair Turner;
Noes: None; Abstentions: None; Absent: Committee members Lopez and Miller. Motion carried.

FINANCIAL AND STATISTICAL REVIEW

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

Key highlights of the financial summary for September 2022 were: (1) Income from operations was \$4.8M with an operating margin of 7.6%, (2) Net income was \$2.6M with a net income margin of 4.1%; (3) Inpatient gross revenues 3%, favorable to the budget; (4) Emergency Department gross revenues were 13% favorable to the budget; (5) Outpatient gross revenues were 20% favorable to the budget in Infusion Therapy, Radiology, Surgery and Cardiology; (6) Payor mix was unfavorable to the budget; (7) Total normalized net patient revenues were \$54.1M, which was favorable to the budget by \$7.3M or 15.5%; (8) Inpatient surgeries were above budget and higher than expected inpatient business; (9) Average daily census was 123, 7% above budget and total admissions were above budget by 16%; (10) Total acute average length of stay (ALOS) Medicare traditional ALOS CMI adjusted was 1% favorable at 2.31 days with a Case Mix Index of 1.7; (11) Operating revenues were above expenses; (12) Days cash on hand was 338; days of net accounts receivable is 45.

Outpatient Surgeries were 11% (25 cases) above budget at 256; COVID cases decreased to 13 cases, a decrease of 73% over prior month; Out Patient Observation cases were below budget by 11% at 146

PUBLIC INPUT

No public comment received.

ADJOURNMENT

There being no other business, the meeting was adjourned at 12:54 p.m. The October 2022 Finance Committee Meeting is scheduled for **Monday, October 24, 2022 at 12:00 p.m.**

ATTEST:

Richard Turner, Chair
Finance Committee

/es

Board Paper: Finance Committee

Agenda Item: Consider Recommendation to Board of Directors for Approval of RLDatix Solution Six System Under an Existing Master Services Agreement with RLDatix

Executive Sponsor: Allen Radner, MD, Chief Medical Officer
 Brenda L. Bailey, Manager Risk Management and Patient Safety

Date: November 14, 2022

Executive Summary

SVMHS currently operates under an existing Master Service Agreement with RLDatix for a hospital safety reporting system. SVMHS Administration is requesting an upgrade to its current hospital safety reporting with RLDatix to a newer module under the existing Master Services Agreement, RLDatix Solution Six System. This new module better aligns the hospital with industry best practices in healthcare safety reporting.

The current Patient Safety-Event Management (WeCare), Patient Relations, and RCA modules are under the current RLDatix contract supplement at an annual cost of \$78,391.08. SVMHS has negotiated an early exit for these (3) modules at a cost savings of \$32,167.63. This savings will reduce of the cost of implementation of the new module in the first year. The cost over three (3) years for the upgrade to RLDatix Solution Six System is the amount of four hundred ninety-nine thousand five hundred ninety dollars (\$499,590.00).

Background/Situation

RLDatix hospital risk management software provided SVMHS access to targeted information, empowering the hospital to learn from errors and shift workflow to reduce harm and improve patient outcomes. Also, to comply with the requirement of tracking patients’ demographics (ethnicity/race) associated with safety events with a system that has a robust event analysis. The new module with help to eliminate data silos, ensure consistent and reliable data capture, and identify key risk areas. The Feedback Module-Captures patient feedback from different sources to gather and process complaints, compliments, suggestions, and grievances, enhancing the ability to respond more quickly to complaints and grievances with custom alerts, automated form letters and email notifications of critical information to managers, resulting in prompt action and resolution.

Timeline/Review Process to Date

December 1, 2022. The implementation will require 6-7 months.

Financial/Quality/Safety/Regulatory Implications

Key Contract Terms	
1. Proposed effective date	Effective upon execution. RLDatix Master Services Agreement between SVMHS and RLDatix effective April 1, 2022. (Contract No. 1001.4432C, previously approved by SVMHS Board.)
2. Term of agreement	Minimum commitment of three (3) years.
3. Renewal terms	Upon completion of the minimum three-year commitment, the subscription will automatically renew annually unless either party gives notice of non-renewal at least three months in advance.
4. Termination provision(s)	Either party may terminate for cause by providing thirty (30) days written notice.
5. Payment Terms	Net 45 days
6. Annual cost	1 st Year, including setup costs: \$201,030 2 nd Year: \$149,280 3 rd Year: \$149,280
7. Cost over life of agreement	\$499,590.00 over the course of the three-year commitment,
8. Budgeted (indicate y/n)	Yes

Strategic Plan Alignment

Implementation of the new module will improve patient safety with timely data and insight to improve quality of care. The system aligns with BETA Heart Initiative and creates an environment where feedback is an opportunity to improve quality.

Pillar/Goal Alignment: Service People Quality Finance Growth Community

Recommendation

Administration requests the following:

That the Finance Committee recommend to the Board of Directors approval of the RLDatix Solution Six System Module under the Master Services Agreement between Salinas Valley Memorial Healthcare System and RLDatix North America, Inc. for a total cost of \$499,590.00 over a three-year term.

Attachments

- RLDatix Order Form
- Justification for Sole Source
- Business Associate Agreement (BAA)
- HL7 Specifications
- CSV Lookups & RL6
- RL Hosted Installation Requirements



Order Form

Safer Patients. Safer Workforce. Safer Organization.

Adam Scott

ascott@rldatix.com



Included In this Order



Quote Date	April 27, 2022
Quote Number	Q-46906-20220727-1112
Organization	Salinas Valley Memorial Hospital
Currency	USD
Expiry Date	November 30, 2022
RLDatix	1 Yonge Street, Suite 2300, Toronto, ON, M5E 1E5 416-410-8456 Tax ID# 98-0357512

Licenses

Risk	Risk Entry with Mobile Forms Risk Enterprise File Managers 2 Risk Administrators
Feedback	Feedback Entry with Mobile Forms Public Submission Patient Experience Feedback Enterprise File Managers 2 Feedback Administrators
RootCause	20 RootCause File Managers 2 RootCause Administrators

Interfaces

Patient Lookup Interface (HL7)
External Authentication: Standard LDAP/ AD integration
Report Designer
Forms Designer
Export to PSO
Employee Lookup Import Utility (CSV)
Medication Lookup Import Utility (CSV)



Services

Hosting Services

Implementation Services (up to **177** hours)

Gold Success Plan



The Software ordered is licensed, not sold, and the license granted to Salinas Valley Memorial Hospital is limited in accordance with the agreement entered into between the parties in April, 2022.

The license granted to the Client listed on this Order Form is limited as follows:

	Subscription License
Hosting Type	RLDatix Hosted
Number of live database limit	1
FTE limit	2,000
The Licensed Material are restricted for use only at the following	Listed Licensed Locations see existing agreement
	Unlisted Licensed Locations The Licensed Materials may also be used at affiliated locations (which are not specifically identified above) as long as none of the unlisted licensed locations exceeds 100 FTEs and the aggregate total of all unlisted licensed locations does not exceed 400 FTEs. "FTE" refers to full-time equivalent number of employees.



Your Price

Setup Fee

\$51,750

Annual Fees

† Incremental Annual Subscription & Hosting Fee (First Year)

\$128,280

Success Plan

\$21,000

Total Year 1

\$201,030

Minimum Commitment: First Year plus 2 additional years

Payments Instructions:

Wire Payments instructions (\$USD)

Beneficiary: RLDATIX NORTH AMERICA INC.

Bank name and address: BMO Harris Bank N.A, 111 W. Monroe St. Chicago, Illinois 60603

Account number: 3870342

Routing number: 071000288

SWIFT Code: HATRUST44

† These fees are in addition to the annual fees already being paid to RLDatix on previous purchases. This additional fee will be prorated to tie into your existing annual fee renewal cycle and will be due on Effective Date of this purchase. If you wish to change your Renewal Date or get clarification on the prorated amount, contact RLDatix accounting department at 416-410-8456 ext. 267.

For the duration of the Minimum Commitment, annual fee increases shall be 5%



Main Contact Information

Name: Brenda Bailey
Email: bbailey@svmh.com
Phone Number: 8317593075
Address: , , California, , United States

Invoice Contact

Name:
Email:
Phone Number:
Address: , , , ,

Tax Status

Please indicate your sales tax status:

Taxable Exempt

If exempt, record your Tax Exemption Number here _____ and email a copy of your exemption certificate to orders@rlsolutions.com (subject: "Exemption Certificate for order form Q-46906-20220727-1112")

Client Acceptance

This Order Form is made and accepted pursuant to, and inclusive of, the Master Services Agreement entered into between the parties in April, 2022. I hereby place the above order with RLDatix and represent that I have all necessary authority of the Client listed above to do so.

Signature

Date

Client Name and Title

Addendum



As agreed between the Parties, this Order Form modifies Contract Supplement No. 8 between Verge Solutions, LLC dba Verge Health and Salinas Valley Memorial Healthcare System dated April 22, 2021, to remove Events Management – Hospital, Patient Relations and RCA from the product listing in section A. Additionally, the chart describing the Annual Access Fees shall be deleted and replaced with:

Application	July 1, 2021 – June 30, 2022	July 1, 2022 – June 30, 2023	July 1, 2023 – June 30, 2024
Compliance			
Accreditation & Regulatory - Hospital	\$16,954.83	\$17,463.65	\$17,987.56
Accreditation & Regulatory – Secondary - Ambulatory	\$2,250.55	\$2,318.53	\$2,388.09
Disease Specific Certification – Primary Stroke Center	\$928.03	\$955.84	\$984.52
Disease Specific Certification - DSC	\$928.03	\$955.84	\$984.52
Mobile Compliance	\$9,283.39	\$9,561.49	\$9,848.33
Patient Safety			
Event Management - Hospital	\$15,649.82	Removed from contract	Removed from contract
Patient Relations	\$8,695.26	Removed from contract	Removed from contract
Nursing Peer Review	\$10,326.78	\$10,636.81	\$10,955.91
RCA	\$5,976.00	Removed from contract	Removed from contract
Recurring Services			
Single Sign-On	\$2,898.42	\$2,984.94	\$3,074.49
HL7/ADT Interface	Included	Included	Included
One-Time Fees			
Implementation services – RCA Best Practices	\$1,000.00	\$ -	\$ -
Annual Total	\$74,891.11	\$44,877.12	\$46,223.41
Due Date	July 1, 2021	July 1, 2022	July 1, 2023

RLDatix is the sole developed and licensor of the RL6-branded software, among others. RLDatix maintains control over the source code, the trademarks and all other proprietary rights embodied in the aforementioned software. As the only entity with access to the source code, RLDatix is the only entity which may accurately diagnose software errors and defects, issue updates and fully integrated enhancements, and warrant performance of the software. RLDatix provides a wide range of professional services. These services are specialized in nature and focused on configuration and technical support for our proprietary software technology. These services frequently require access to proprietary information and are not available through or resold by any third parties. The subscription software services are available exclusively from RLDatix.

Confidentiality Notice

All rights reserved. This material contains valuable properties and trade secrets of RLDatix embodying substantial creative efforts and confidential information, ideas and expressions (including, but not limited to, implementation approaches, personal identifiable information related to resourcing, project work plans and statement of work, client names and contact information, system configurations, forward-looking statements, pricing and key differentiators), no part of which may be reproduced or transmitted in any form without express written permission from RLDatix.

It is understood that this material will be disclosed on a confidential basis for use by select staff of your organization including key employees and your organization's advisers, with appropriate confidentiality agreements in place, and be retained by anyone who receives it for the sole purpose of evaluating or participating in the evaluation of the proposal on a need-to-know basis.



Justification for Sole Source Form

To: Contract Review Committee

From: Brenda Bailey Risk Management

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

<i>Total Cost \$:</i>	499,590.00
<i>Vendor Name:</i>	RLDatix
<i>Agenda Item:</i>	Upgraded Safety Reporting System

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 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.**

RLDatix is the sole developer and licensor of the RL6-branded software, among others. RLDatix maintains control over the source code, the trademarks and all other proprietary rights embodied in the aforementioned software.

As the only entity with access to the source code, RLDatix is the only entity, which may accurately diagnose software errors and defects, issue updates and fully integrated enhancements, and warrant performance of the software.

RLDatix provides a wide range of professional services, such as the Gold Success Plan. These services are specialized in nature and focused on configuration and technical support for our proprietary software technology. These services frequently require access to proprietary information and are not available through or resold by any third parties. The subscription software services are available exclusively from RLDatix.

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

Uniqueness of the service. **Describe.**

RLDatix provides a wide range of professional services, such as the Gold Success Plan. These services are specialized in nature and focused on configuration and technical support for our proprietary software technology. These services frequently require access to proprietary information and are not available through or resold by any third parties. The subscription software services are available exclusively from RLDatix.

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 Brenda L Bailey Date: 10/11/2022

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (“BAA”) is made and entered into effective as of signing below (“Effective Date”) by and between **Salinas Valley Memorial Healthcare System** (“SVMHS”), a local health care district organized and operating pursuant to Division 23 of the California Health and Safety Code and **RLDatix North America Inc.** (together with its subsidiaries and affiliate, the “Business Associate” or “BA”).

RECITALS

- A. SVMHS is the owner and operator of Salinas Valley Memorial Hospital (“SVMH”), an acute care hospital located at 450 East Romie Lane, Salinas, California 93901, and is a Covered Entity (“CE”) as that term is defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).
- B. CE wishes to disclose certain information to BA pursuant to the terms of an agreement between the parties (“Agreement”) some of which may constitute Protected Health Information (PHI).
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to their Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, (“HITECH”), regulations promulgated thereunder by the U.S. Department of Health and Human Services (“HIPAA Regulations”) and other applicable state or federal laws affecting or regulating the privacy or security of health information.
- D. CE and BA intend to fully comply with the HIPAA Regulation codified at 45 C.F.R. Parts 160 and 164, Subparts A and E (“Privacy Rule”) and the HIPAA Regulation codified at 45 C.F.R. Parts 160 and 164, Subparts A and C (“Security Rule”).
- E. The Privacy Rule and the Security Rule require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI.

In consideration of the mutual promises below and the exchange of information pursuant to the BA, the parties agree as follows:

- 1. **Definitions: All capitalized terms used but not otherwise defined in this BAA shall have the same meaning as those terms in HIPAA.**
 - a. **Breach** shall have the meaning given to such term under the HITECH Act and HIPAA Regulations.
 - b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
 - c. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
 - d. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 C.F.R. Section 160.103.
 - e. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to 45 C.F.R. Section 164.501.
 - f. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to 45 C.F.R. Section 164.501.

- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- h. **Electronic Health Record** shall have the meaning given to such term under the HITECH Act, including, but not limited to 42 U.S.C. Section 17921.
- i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to 45 C.F.R. Section 164.501.
- j. **Individually Identifiable Health Information** is a subset of health information, including demographic information collected from an individual and is created or received by a health care provider, health plan, employer or health care clearinghouse and (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. 45 C.F.R. 160.103.
- k. **Protected Health Information or PHI** means any Individually Identifiable Health Information transmitted by electronic media, maintained in electronic media, transmitted, or maintained in any other form of medium (whether oral or recorded). 45 C.F.R. 160.103.
- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received, or transmitted by BA on CE's behalf.
- m. **Security Incident** shall have the meaning given to such term under the Security Rule, including, but not limited to 45 C.F.R. Section 164.304.
- n. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. **Obligations of Business Associate**

- a. **Permitted Uses and Disclosures.** BA shall use and disclose Protected Information only for performing BA's obligations under the Agreement and as permitted or required under this BAA, or as required by law. BA shall not use and disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or HITECH if so used by CE. However, BA may use and disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA or (iii) as required by law; relating to the Health Care Operation of CE.

If BA discloses Protected Information to a third party, BA must obtain prior to making any such disclosure, reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party. Third party will agree to promptly notify BA of any breaches, suspected breaches, security incidents, or unauthorized uses or disclosures of the Protected Information, to the extent it has obtained knowledge of such occurrences.

- b. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Agreement and this BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by HITECH, and the HIPAA Regulations; however, this prohibition shall

not affect payment by CE to BA for services provided pursuant to the Agreement.

- c. **Appropriate Safeguards.** BA shall implement appropriate safeguards to prevent the use or disclosure of Protected Information other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.308, 164.310, and 164.312. BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316.
- d. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agent and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, shall agree in writing to restrictions and conditions that are substantially similar to those that apply to BA with respect to such Protected Information and implement the safeguards required by paragraph 2.c above with respect to Electronic PHI. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation.
- e. **Access to Protected Information.** To the extent Business Associate holds information in a Designated Record Set, BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Set available to CE for inspection and copying within five (5) days of a request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code section 123110] and the Privacy Rule. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under HITECH Act and HIPAA Regulations.
- f. **Amendment of PHI.** To the extent Business Associate holds information in a Designated Record Set, Within (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule.

If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial or amendment of Protected Information maintained by BA or its agents or subcontractors.

- g. **Accounting of Disclosures.** Within ten (10) days of a request by CE for an accounting of disclosures of Protected Information, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, and HITECH, as determined by CE. BA agrees to implement a process that allows an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Records for treatment, payment or health care operations are required to be collected and maintained for only three (3) years prior to the request and only to the extent that BA maintains an Electronic Health Record. At minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. If a patient submits a request for an accounting directly to BA or its agents or subcontractors, BA shall within five (5) days of the request forward it to CE in writing.
- h. **Governmental Access to Records.** BA shall make its internal practices, books, and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's

compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

- i. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. BA understands and agrees that the definition of “Minimum Necessary” is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes “minimum necessary”.
- j. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
 - a. **Notification of Possible Breach.** BA shall notify CE within five (5) days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement or this BAA; any security incident (i.e., any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system) related to Protected Information, and any actual or suspected use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors 45 C.F.R Section 164.410. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including but not limited to 45 C.F.R. Section 164.404 through 45. Notwithstanding the foregoing, provided that this Section constitutes notice by BA to CE of the ongoing existence and occurrence of attempted but unsuccessful security incidents, for which no additional notice to CE shall be required, including but not limited to, pings and other broadcast attacks on BA’s firewall, port scans, unsuccessful log-on attempts, denials of service, malware that is detected and neutralized by BA’s anti-virus and other defensive software and any combination of the above, unless such incident results in unauthorized access, use, destruction, modification or disclosure of PHI).
 - k. C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws.
- l. **Notification Costs.** BA shall reimburse CE for all reasonable and actual notification costs CE incurs which arise out of any access, use or disclosure of Protected Information caused solely by actions of BA in violation of this BAA. Actual costs may include, but are not limited to costs of drafting and mailing notifications, legal costs, the responding to follow up questions from Individuals, the California Department of Public Health, the Secretary, and if applicable, any fines or penalties imposed on CE.
- n. **Mitigation.** BA agrees to mitigate any harmful effect that is known to BA of a use or disclosure of PHI by BA in violation of the requirements of this BAA.
- o. **Breach Pattern or Practice by Business Associate’s Subcontractor and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504 (e)(1)(ii); if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent’s obligations under the Agreement or this BAA or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contract with the subcontractor or agent or other arrangement if feasible.

- p. **Investigation/Audit.** BA shall notify CE within five (5) days of learning of an investigation or audit of BA involving the actual or possible unauthorized access, use, or disclosure of Protected Information of CE.

3. **Obligations of Covered Entity.**

- a. **Notifications.** CE shall notify BA of limitation(s) in its Notice of Privacy Practices, to the extent such limitation will affect BA's permitted uses and disclosures under the Agreement and notify BA of changes in, or revocation of permission by an Individual to use or disclose PHI if such restriction affects BA's permitted uses and disclosures under the Agreement.
- b. **Minimum Necessary.** CE shall not request of nor provide BA with more PHI than what is minimally necessary for BA to perform its obligations under the Agreement. CE will not request BA to use or disclose PHI in any manner that would not be permissible under HIPAA if done by CE.

4. **Termination.**

- a. **Material Breach.** A breach by BA of any provision of this BAA, as determined by CE acting reasonably, that is not cured within thirty (30) days written notice from CE shall constitute a material breach of the Agreement and shall provide grounds for termination of the Agreement, any provision in the Agreement to the contrary notwithstanding.
- b. **Judicial or Administrative Proceedings.** CE may terminate the Agreement, effective immediately if, (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, HITECH, or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** After termination of the Agreement for any reason, and upon written request from CE, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If within three (3) months of termination CE has not requested that the Protected Information be returned, then BA or its subcontractors shall destroy the Protected Information unless otherwise prohibited herein or by applicable law. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of paragraph 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. This protection shall apply to all PHI in the possession of BA and its agents and subcontractors.

- 5. **Indemnification.** Subject to the limitation of liability clause below, each party ("Indemnifying Party") shall, to the fullest extent permitted by law, indemnify and hold harmless the other party and its directors, officers and employees from and against any and all losses, out-of-pocket costs, claims, penalties, fines, or liabilities in association with third-party claims directly arising from the Indemnifying Party's breach of this BAA. This indemnification provision shall survive termination of this BAA for any reason.

- 6. **Limitation of Liability.** Neither party will be liable to the other party for indirect, incidental, consequential, special or exemplary damages arising from this BAA in any manner, or from the contractual relationship established herein. Each party's total liability for any action, claim, or costs (including costs incurred in connection with business associate's mitigation obligations herein) will not exceed three (3) times the total amount paid to BA by CE under the applicable underlying agreement for the twelve (12) month subscription period within which an action or claim has arisen. The limitations above apply whether an action is in contract or tort and regardless of the theory of liability. Notwithstanding any provision of the applicable underlying agreement to the contrary, the limitation of each party's liability arising out of

or in connection with this BAA will be governed solely by this Section 6.

- 7. **Amendment to Comply with Law.** The parties agree and acknowledge that state and federal laws relating to data security and privacy are evolving and that amendment of the BAA may be required to ensure compliance with such developments. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable laws.
- 8. **Interpretation.** The provisions of this BAA shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this BAA. The parties agree that any ambiguity in this BAA shall be resolved in favor of a meaning that complies and is consistent with HIPAA, HITECH, the HIPAA regulations, and other state and federal laws related to security and privacy.

The parties hereto have duly executed this Business Associate Agreement as of the Effective Date below.

Salinas Valley Memorial Healthcare System

RLDatix North America Inc.

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

CONTACTS

PLEASE PROVIDE CONTACT INFORMATION AS REQUIRED FOR OCR AUDIT REPORTING

COMPANY NAME	RLDatix North America Inc.
PRIMARY CONTACT	June Lewis, Director Enterprise Risk & Compliance
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HL7 Specifications

Admit, Transfer, Discharge

*For use with all non-RL6 surveillance implementations
Version 6.5.3 and higher*

December 18, 2019



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Introduction

This document provides information about HL7 specifications for all non-RL6 Surveillance implementations.

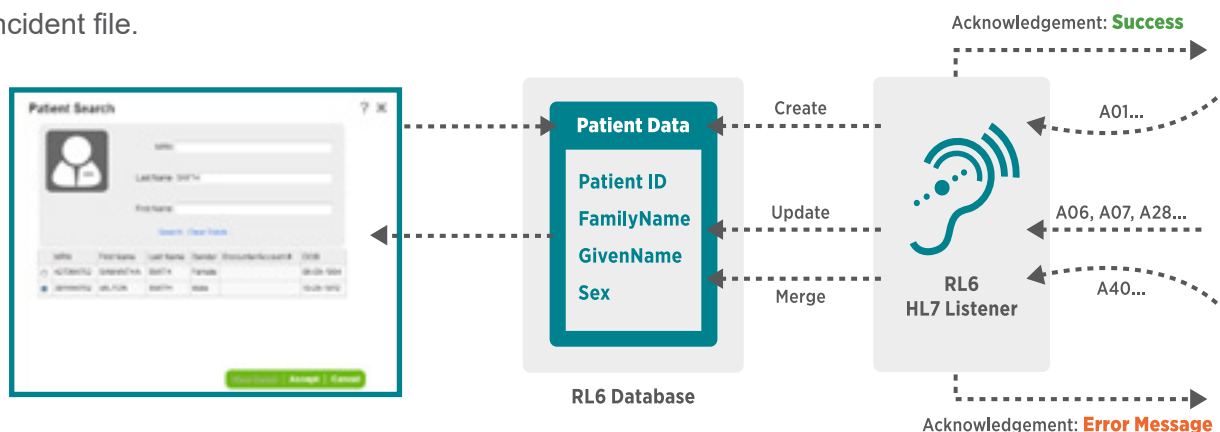
For all other implementations, see HL7 Specifications for all RL6 Risk Surveillance and RL6:Infection document.

Leveraging HL7 Messages in RLDatix Products

Health Level-7 (HL7) is a non-profit organization that creates standards for the exchange of information between medical applications. In healthcare organizations that have implemented HL7, messages are broadcast by applications that collect data, such as the hospital's Admit, Discharge, and Transfer (ADT) system. RLDatix Risk and Feedback, which are compatible with HL7 version 2.x, listen for specific messages from the ADT system and then create, update, or merge their own patient records in a table within the RLDatix database or on another server. Up to 28 different values ranging from patient name, address, and phone number to the attending doctor, assigned location, and admit date are stored in the RLDatix patient data table.

With this information close at hand, users can query for and select a patient to help complete forms accurately and efficiently. This link between the RLDatix product and your organization's ADT system alleviates the need for staff members to manually enter demographic information and allows them to focus their efforts on incident file creation and management.

The image below illustrates the HL7 link provided by RLDatix. Starting in the upper-right corner, messages are broadcast from the ADT system when an event happens, such as when a patient is admitted (an A01 - Admit a Patient event). The message contains segments, which in turn contain the components and subcomponents used to create or update the patient record. After a message is picked up by the listener program, the local copy of the patient data table is scanned to determine if a record already exists for the patient. If the patient record is not found, a new one is created; otherwise, the existing record is updated. Through the RLDatix user interface, the incident reporter or manager can use the Patient Lookup, as shown, to locate the correct patient and automatically enter his or her details into the incident file.





Message Details

Often, the HL7 messages contain more information than is required by RLDatix products. The extra information is ignored. In the following example, only the values shown in orange are used to either parse the message, create the acknowledgment, or to populate the RLDatix HL7 database tables:

```
MSH|^~\&|ADTOUT|PLW|LASTWORD|IDX|200605
301127|||ADT^A08|P|2.x|||AL|NE||US||
EVN|A08|200605301126||CREG|V0263^SMITH^
JOHN^J|PID||000410533|00507196||SMITH^
SALLY^P^^^^||19260204|F||W|123 BRUSH STREET
^^DETROIT^MI^48128||(555)555 1212|(800)555
1212||w||999999999||||US|||PV1||E|^405^2^^
||||P6392^WALKER^JANET^P^^DR^MD^^^B1^^^^
||||||||N|||3|B2||PLS 2||||||||||||
LQ|||20100510||||4398.59 BX|1|TX|COMMENT
||^CONGESTIVE HEART FAILURE||||||||
^NI^JIN|OBX|2|TX|COMMENT||^PNEUMONIA
|||||||||^JONES^ERIN^Q|
```

This message contains six segments: [1] MSH-Message Header, [2] EVN-Event Type segment, [3] PID-Patient Identifier, [4] PV1-Patient Visit, and [5] two OBX-Observation/Results segments. Some events contain the MRG-Merge Patient Information segment as well. the components of the segment are separated as well. the components of the segment are separated by the pipe character (|), with the subcomponents separated with a carat (^). RLDatix expects values for specific subcomponents — or the entire component - and maps the contents to the appropriate column in the RLDatix patient data table. The supported segments, components, and subcomponents are described later in this whitepaper.



Receiving Rules

RLDatix analyzes information received from HL7 messages and determines what action, if any, should happen in the local HL7 database tables. The following rules are used when converting HL7 messages to content stored in the HL7 database tables:

1. **Unexpected Values** - segments, components, sub-components, and extra repetition are ignored if present but not expected.
2. **Expected Values** - for new records, all expected components and subcomponents are used to create the record. For existing records, if the value has changed from the prior value, the record is updated.
3. **Expected, Not Present** - segments, components, and subcomponents that are expected but not present are treated as if they consist entirely of empty fields; i.e. the corresponding database column is not updated.

General Acknowledgment Messages

The general acknowledgment message (ACK) is used for both positive and negative acknowledgments. The acknowledgment code in the MSA segment determines the type of acknowledgment. An ACK response will be sent for every message received from a foreign system.

Requesting RLDatix to Disable Peer Review Database Triggers

Organizations with RL6 6.6.2 or earlier may notice slower message processing due to RL6:PeerReview database triggers. If you do not have RL6:PeerReview, contact your RLDatix representative to inquire if these database triggers can be disabled.



Event	Description	Supported ADT Segments												
		MSA	MSH	EVN	PID	PV1	PV2	NK1	AL1	MRG	PD1	DG1	IN1	OBX
A01	Admit a Patient: the patient is assigned to a room and bed. Creates a new record or updates an existing one if the patient ID is a match.	x	x	x	x	x	x		x		x	x	x	x
A02	Transfer a Patient: an in-patient is assigned a new bed/location, which updates the existing record.	x	x	x	x	x	x				x			x
A03	Discharge/End Visit: signals the end of the patient's stay and updates the existing record.	x	x	x	x	x	x				x	x		x
A04	Register a Patient: a one-time or recurring outpatient arrives but is not assigned a bed. Creates a new record or updates the existing one.	x	x	x	x	x	x		x		x	x	x	x
A05	Pre-admit a Patient: a patient undergoes the pre-admission process. Creates a new record or updates the existing one if a patient ID match is found.	x	x	x	x	x	x		x		x	x	x	x
A06	Change an Outpatient to an Inpatient: a patient present for a non-admitted visit is admitted after re-evaluation, which updates the existing record.	x	x	x	x	x	x		x	x	x	x	x	x
A07	Change an Inpatient to an Outpatient: an admitted patient is changed to the non-admitted status, which updates the existing record.	x	x	x	x	x	x		x	x	x	x	x	x



Event	Description	Supported ADT Segments												
		MSA	MSH	EVN	PID	PV1	PV2	NK1	AL1	MRG	PD1	DG1	IN1	OBX
A08	Update Patient Information: used strictly for patients with a current episode and updates the existing record.	x	x	x	x	x	x		x		x	x	x	x
A17	Swap Patients: used when it is decided that two patients will exchange beds.	x	x	x	x	x	x				x	x		x
A18	Merge Patient Information: exists for backward compatibility and is processed as an A40 event.	x	x	x	x	x				x	x			
A28	Add Person Information: communicates patient data to ancillary systems irrespective of a trigger event, allowing data integrity to be maintained across an institution. Updates the existing record.	x	x	x	x	x	x		x		x	x	x	x
A30	Merge Person Information: exists for backward compatibility and is processed as an A40 event.	x	x	x	x					x	x			
A31	Update Person Information: updates records for patients with a current episode.	x	x	x	x	x	x		x		x	x	x	x
A34	Merge Patient Information - Patient ID Only: exists for backward compatibility and is processed as an A40 event.	x	x	x	x					x	x			



Event	Description	Supported ADT Segments												
		MSA	MSH	EVN	PID	PV1	PV2	NK1	AL1	MRG	PD1	DG1	IN1	OBX
A35	Merge Patient Information - Account Number Only: exists for backward compatibility and is processed as an A40 event.	x	x	x	x						x	x		
A36	Merge Patient Information - Patient ID & Account Number: both patient identification-internal and patient account number have changed as a result of the merge.*	x	x	x	x						x	x		
A39	Merge Person - External Patient ID: two PID-2-patient ID identifiers have been merged into one.*	x	x	x	x	x					x	x		
A40	Merge Patient - Internal ID: the incorrect patient ID, identified in the MRG segment, is updated with the correct value in the PID segment.	x	x	x	x	x					x	x		
A41	Merge Account - Patient Account Number: two PID-18-patient account number identifiers have been merged into one.	x	x	x	x	x					x	x		
A47	Change Internal ID: updates the medical record number (MRN) when no merge has occurred.	x	x	x	x						x	x		

*Being retained for backward compatibility



Supported Segment Components

For each segment sent in an HL7 message, the components and subcomponents used are defined in the tables below. Clarifications on special fields are provided when necessary. Refer to the HL7 version 2.3 Final Standard for detailed descriptions of every attribute.

MSA - Message Acknowledgement Segment

Of the six fields contained within the MSA segment, the first three are accepted:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
1	2	ID	R		0008	00018	Acknowledgment Code	AA (Application Accept) AE (Application Error) AR (Application Reject)
2	20	ST	R			00010	Message Control ID	
3	80	ST	O			00020	Text Message	

MSH - Message Header Segment

Of the 19 fields contained within the MSH segment, the fields described below are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
1	1	ST	R			00001	Field Separator	(ASCII 124)*
2	4	ST	R			00002	Encoding Characters	^ (ASCII 94, component)* ~ (ASCII 126, repetition)* \ (ASCII 92, escape)* & (ASCII 38, subcomponent)*
3	50	HD	O		0361	00003	Sending Application	
4	50	HD	O		0362	00004	Sending Facility	
5	180	HD	O		0361	00005	Receiving Application	
9	10 10	CM	R		0076 0003	00009	Message Type	<Message Type (ID)>^ <Trigger Event (ID)>
10	20	ST	R			00010	Message Control ID	
12	10	ID	R		0104	00012	Version ID	

*These values can be overridden, if necessary



EVN - Event Type Segment

Of the six fields contained within the EVN segment, the fields described below are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name
2	12	TS	R			00100	Recorded Date/Time
3	12	TS	O			00101	Date/Time Planned Event
6	12	TS	O			01278	Event Occurred

PID - Patient Identification Segment

Of the 30 fields contained within the PID segment, the 16 described below are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
2	50	CX	B			00105	Patient ID	<ID>^^^
	50							<assigning authority>^
	50							<identifier type code>^
	50							<sending facility>
3	50	CX	R	Y		00106	Patient ID List	<ID>^^^
	50							<assigning authority>^
	50							<identifier type code>^
	50							<assigning facility>^
5	50	XPN	R	Y		00108	Patient Name	<family name>^
	50							<given name>^
	50							<middle initial or name>^
	50							<prefix <Mr., Dr., etc.>
	50							<suffix [II, Jr., etc.]>^
7	26	TS	O			00110	Date/Time of Birth	In the format CCYYMMDD
8	50	IS	O		0001	00111	Sex	
10	50	IS	O		0005	00113	Race	<value>^^^^^
11	255	XAD	O	Y		00114	Patient Address	<street address>^
	255							<other designation>^
	50							<city>^
	50							<state or province>^
	50							<country>^
	50							<address type>^
50	<other geographic designation>^^^							



SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
13	50	XTN	O	Y		00116	Phone Number - Home Phone Number - Alternative	<home phone number> or <alternate phone number>
14	50 50	XTN	O	Y		00117	Phone Number - Business	<business phone number>^ ^^^^^^business phone number extension^
15	50	CE	O		0296	00118	Primary Language	<ID>^^^^^
16	50	IS	O		0002	00119	Marital Status	
17	50	IS	O		0006	00120	Religion	<value>
18	50	CX	O			00121	Patient Account Number	<ID>^^^^^ Only the <ID> component is used, which is a character field up to 12 bytes in length.
19	50	ST	O			00122	SSN Number - Patient	Default is without dashes. With dashes: 999-99-9999.
26	50	CE	O	Y	0171	00129	Citizenship	
28	150	CE	O		0212	00739	Nationality	

Note: If an internal patient identifier is sent in the PID 3 sequence, it must be unique for each patient. Patients with the same internal ID are merged in RL6.

PV1 - Patient Visit Segment

Of the 52 fields contained within the PV1 segment, the 18 described below are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
2	50	IS	R		0004	00132	Patient Class	
3	255 50 50 255 255 255 255 255	PL	O			00133	Assigned Patient Location	<point of care>^ <room>^ <bed>^ <facility>^ <location status>^ <patient location type>^ <building>^ <floor>^
4	50	IS	O		0007	00134	Admission Type	



SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
7	255	XCN	O	Y	0010	00137	Attending Doctor	<ID>^ <family name>^ <given name>^ <middle initial or name>^ <prefix>^ <suffix>^
8	255	XCN	O	Y	0010	00138	Referring Doctor	^<family name>^ <given name>^
10	50	IS	O		0069	00140	Hospital Service	<value>
13	50	IS	O		0092	00143	Re-admission Indicator	
14	50	IS	O		0023	00144	Admit Code	
16	80	IS	O		0099	00146	VIP Indicator	
17	255	XCN	O	Y	0010	00147	Admitting Doctor	<ID>^ <family name>^ <given name>
18	50	IS	O		0018	00148	Patient Type	
19	50	CX				00149	Visit Number	
36	50	IS	O		0112	00166	Discharge Disposition	
37	50	CM	O		0113	00167	Discharge Destination	
39	50	IS	O		0115	00169	Servicing Facility	
41	50	IS	O		0117	00171	Account Status	
44	12	TS	O			00174	Admit Date/Time	In the format CCYYMMDD
45	12	TS	O			00175	Discharge Date/ Time	In the format CCYYMMDD

PV2 - Patient Visit - Additional Information Segment

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
3	50 255	CE	O			00183	Admit Reason	<reason code>^ <reason text>



NK1 - Next of Kin/Associated Parties Segment

The following fields of the NK1 segment are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
2	255	XPN	O	Y	0200	00191	Name	<family name>^
	255							<given name>^
	255							<middle initial or name>^
	255							<suffix>^
	255							<prefix>^
3	255	CE	O	Y	0063	00192	Relationship	
4	50	XAD	O	Y		00193	Address	<patient next of kin ID>^
	255							<address type>^
	255							<street address>^
	50							<other designation>^
	50							<city>^
	50							<state or province>^
	50							<zip or postal code>^
	50							<country>^
	50							<other geographic designation>^
	50							<county or parish code>
5	50	XTN	B	Y		00194	Phone Number	
6	50	XTN	B	Y		00195	Business Phone Number	<business phone number>^ ^ ^ ^ ^
	50							^<business phone number extension>
7	50	CE	O		0131	00196	Contact Role	
14	50	CE	O		0002	00119	Marital Status	
15	50	CE	O		0001	00111	Administrative Sex	
16		TS	O			00110	Date/Time of Birth	In the format CCYYMMDD
19	50	CE	O	Y	0171	00129	Citizenship	
20	255	CE	O		0296	00118	Primary Language	
22	50	CE	O		0215	00743	Publicity Code	
34	50	CE	O		0311	00752	Job Status	



AL1 - Patient Allergy Information Segment

The following fields of the AL1 segment are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
2	50	IS	O		0127	00204	Allergy Type	
3	50 50	CE	R			00205	Allergy Code/ Mnemonic/ Description	<allergy code>^ <allergy mnemonic>
4	50	IS	O		0128	00206		
5	50	ST	O	Y		00207	Allergy Reaction	
6	12	DT	O			00208	Identification Date	

MRG - Merge Patient Information Segment

The following fields of the MRG segment are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
1	50	CX	R	Y		00211	Prior Patient ID - Internal	<ID>^^^^ Only the <ID> component is used, which is a character field up to 12 bytes in length.
3	50	CX	O			00213	Prior Patient Account Number	
4	50	CS	O			00214	Prior Patient ID - External	

PD1 - Patient Additional Demographic Segment

The following fields of the PD1 segment are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
3	255	XON	O	Y		00756	Patient Primary Facility	
4	50 255 255	XCN	O	Y		00757	Patient Primary Care Provider Name & ID No.	<ID>^ <family name>^ <given name>



DG1 - Diagnosis Segment

The following fields of the DG1 segment are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
2	50	ID	(B) R		0053	00376	Diagnosis Coding Method	
3	50 150 50	CE	O		0051	00377	Diagnosis Code - DG1	<ID>^ <text>^ <code name>
4	255	ST	B			00378	Diagnosis Description	
5	12	TS	O			00379	Diagnosis Date/Time	
6	50	IS	R		0052	00380	Diagnosis Type	

IN1 - Insurance Segment

The following fields of the IN1 segment are used:

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
2	50	CE	R		0072	00368	Insurance Plan ID	
3	50	CX	R	Y		00428	Insurance Company ID	
4	255	XON	O	Y		00429	Insurance Company Name	
8	50	ST	O			00433	Group Number	
9	255	XON	O	Y		00434	Group Name	
10	255	CX	O	Y		00435	Insured's Group Emp Name	
11	50	XON	O	Y		00436	Insured's Group Emp ID	
12	8	DT	O			00437	Plan Effective Date	
13	8	DT	O			00438	Plan Expiration Date	
15	50	IS	O		0086	00440	Plan Type	
36	50	ST	O			00461	Policy Number	



OBX - Observation/Results Segment

SEQ	LEN	DT	OPT	RP/#	TBL#	ITEM#	Element Name	Expected Values
2	50	ID	C		0125	00570	Value Type	
3	50 255 50	CE	R			00571	Observation Identifier	<ID>^ <text>^ <name of system>
4	50	ST	C			00572	Observation Sub-ID	
5	65536*	*	C	Y**		00573	Observation Value	<code>^ <text>
11	50	ID	R		0085	00579	Observation Result Status	

* Length varies depending on the value type element.

** May repeat for multi-part, single answer results with the appropriate data types (CE, TX, and FT).

HL7 Database Growth Projections

As HL7 messages are processed by the HL7 listener and stored in the RLDatix HL7 database, the size of the database is expected to grow as follows:

- **With message logging turned off:** The HL7 database is expected to grow on average by 1 KB per each ADT message/transaction received.
- **With message logging turned on:** The HL7 database is expected to grow on average by 16 KB per each ADT message/transaction received.

WHITEPAPER

CSV

Lookups & RL6

RL6 Version: 6.1 and Later



software for
safer healthcare

This document describes all fields supported by CSV import.

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Understanding CSV Imports

RL6 allows you to populate certain lookups with values from a CSV file. CSV stands for Comma Separated Value file and is sometimes called “comma delimited”. These files can be opened in a variety of applications, such as Microsoft Excel® or Notepad®. When opened in Excel, each field appears in its own cell; when opened in Notepad, fields are separated by commas. Each row of a CSV file represents one record.

CSV files are often used as a simple way to transfer a large volume of data between programs or repositories, without worrying about special file types or interfaces. The CSV file is placed in a directory on the server where RL6 has been installed, through either a manual or automated process. RL6 polls this directory at a predefined interval. When a new file is found, the records it contains are copied into the RL6 database. It is recommended that a new file is created on regular frequencies, such as monthly/quarterly for Medication and Equipment lists, daily/weekly for Staff lists and weekly/monthly for Physician lists.

CSV File Specifications

CSV files are plain text files that only use printable ASCII characters. A compatible CSV file must meet the following rules:

- Each line in the file represents one record.
- Lines are of variable length and the end of a line is marked by a single linefeed (LF) character or a carriage-return/linefeed pair (CR/LF).
- Fields in a line are separated by commas.
- Fields containing apostrophes must be enclosed by quotation marks.
- String fields are delimited by quotation marks if they contain commas.
- Quotation marks are not allowed in strings that are delimited by quotation marks.
- Date fields are in a YYYY-MM-DD format.

CSV File Naming Conventions

For each of the lookups, it is recommended that the files used for the CSV import are named as followed:

- Employee CSV files: EMPYYYYMMDD.CSV
- Physician CSV files: PHYSYYYYMMDD.CSV
- Medication CSV files: MEDYYYYMMDD.CSV
- Equipment CSV files: EQPYYYYMMDD.CSV

where EMP/PHYS/MED/EQP are prefixes and YYYY = year, MM = month and DD = day. For example, MED20151015.CSV.

Fields Supported for CSV

Each lookup that supports CSV imports supports a limited number of fields that can be brought over from the system of record. The tables in the sections that follow describe the field names, types and lengths that are supported by the CSV import tool.

For Staff (Employee) CSVs

The following fields are supported for the employee CSV lookup.

Field #	Field Name	Data Type	Length	Required?	Description
0	COMPANY	Varchar	200	N	Company ID
1	EMPLID	Varchar	200	Y	Employee ID
2	EMPL_RCD	Varchar	200	N	Employee record ID
3	LASTNAME	Varchar	200	N	Employee's last name
4	FIRSTNAME	Varchar	200	N	Employee's first name
5	EMPL_STATUS	Varchar	200	N	Personnel status
6	DEPTID	Varchar	200	N	HR department ID
7	DEPT_DESCR	Varchar	200	N	HR department name
8	LOCATION	Varchar	200	N	Workplace location ID
9	MANAGER_NAME	Varchar	200	N	Manager name
10	JOB_CD	Varchar	200	N	Job code
11	JOB_DESCR	Varchar	200	N	Job title
12	PSOPERDEFN	Varchar	200	N	Location description

For Physician CSVs

The following fields are supported for the employee CSV lookup.

Field #	Field Name	Data Type	Length	Required?	Description
0	PHYSICIANID	Int		Y	Unique physician identifier
1	STAFFID	Varchar	50	N	Staff ID
2	FIRSTNAME	Varchar	50	N	Physician's first name
3	LASTNAME	Varchar	50	N	Physician's last name
4	SERVICE	Varchar	50	N	Physician's service
5	SPECIALITY	Varchar	50	N	Physician's specialty

For Medication CSVs

The following fields are supported for the medication CSV lookup.

Field #	Field Name	Data Type	Length	Required?	Description
0	MEDID	Int		Y	Unique medication identifier
1	PRODUCTNAME	Varchar	50	Y	Drug name
2	GENERICNAME	Varchar	50	N	Generic drug name
3	MEDICATIONCLASSTYPE	Varchar	50	N	Drug class
4	DOSAGEFORM	Varchar	50	N	Med dosage form
5	DOSE RATE	Varchar	50	N	Dose
6	DOSE RATE UNIT	Varchar	50	N	Dose rate unit
7	DOSE RANGE FROM	Varchar	50	N	Dose range - from
8	DOSE RANGE TO	Varchar	50	N	Dose range - to
9	DOSE RANGE UNIT	Varchar	50	N	Dose range unit
10	FLOW RATE	Varchar	50	N	Flow rate
11	FLOW RATE UNIT	Varchar	50	N	Flow rate unit
12	ADMIN ROUTE	Varchar	50	N	Route
13	MANUFACTORY	Varchar	50	N	Manufacturer
14	FREQUENCY	Varchar	50	N	Frequency
15	PRN MEDICATION	Varchar	50	N	PRN medication
16	LOT	Varchar	50	N	Lot number
17	EXPIRY DATE	Datetime		N	Expiry date
18	CONTAINER SIZE	Varchar	50	N	Container size
19	CONTAINER TYPE	Varchar	50	N	Container type
20	STRENGTH	Varchar	50	N	Strength

For Equipment CSVs

The following fields are supported for the equipment CSV lookup.

Field #	Field Name	Data Type	Length	Required?	Description
0	ID	Int		Y	Unique equipment identifier
1	EQUIPMENT	Varchar	50	Y	Equipment name
2	EQUIPSUBTYPE	Varchar	50	N	Equipment sub type
3	BEDNR	Varchar	50	N	Bed number
4	ASSETTAG	Varchar	50	N	Asset tag
5	MODULENR	Varchar	50	N	Module number
6	BRANDNAME	Varchar	100	N	Brand name
7	MANUFACTORY	Varchar	50	N	Manufacturer
8	MODELNO	Varchar	50	N	Model number
9	SERIALNUMBER	Varchar	50	N	Serial number
10	LOTNR	Varchar	100	N	Lot number
11	OTHERNR	Varchar	100	N	Other number
12	EXPIRY DATE	Date		N	Expiry date
13	CATALOGUENR	Varchar	100	N	Catalogue number

CSV Sample

The following example illustrates a sample CSV file:

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	0	EQUIPMENT	EQUIPSUBTYPE	BEDNR	ASSETTAG	MODULENR	BRANDNAME	MANUFACTOR	MODELNO	LOTNR	OTHERNR	7/13/2008	CATALOGUENR
2	1	EQUIPMENT1	EQUIPSUBTYPE1	BEDNR1	ASSETTAG1	MODULENR1	BRANDNAME1	MANUFACTOR1	MODELNO1	LOTNR1	OTHERNR1	7/13/2008	CATALOGUENR1
3	2	EQUIPMENT2	EQUIPSUBTYPE2	BEDNR2	ASSETTAG2	MODULENR2	BRANDNAME2	MANUFACTOR2	MODELNO2	LOTNR2	OTHERNR2	7/13/2008	CATALOGUENR2
4	3	EQUIPMENT3	EQUIPSUBTYPE3	BEDNR3	ASSETTAG3	MODULENR3	BRANDNAME3	MANUFACTOR3	MODELNO3	LOTNR3	OTHERNR3	7/13/2008	CATALOGUENR3
5	4	EQUIPMENT4	EQUIPSUBTYPE4	BEDNR4	ASSETTAG4	MODULENR4	BRANDNAME4	MANUFACTOR4	MODELNO4	LOTNR4	OTHERNR4	7/13/2008	CATALOGUENR4
6	5	EQUIPMENT5	EQUIPSUBTYPE5	BEDNR5	ASSETTAG5	MODULENR5	BRANDNAME5	MANUFACTOR5	MODELNO5	LOTNR5	OTHERNR5	7/13/2008	CATALOGUENR5
7	6	EQUIPMENT6	EQUIPSUBTYPE6	BEDNR6	ASSETTAG6	MODULENR6	BRANDNAME6	MANUFACTOR6	MODELNO6	LOTNR6	OTHERNR6	7/13/2008	CATALOGUENR6
8	7	EQUIPMENT7	EQUIPSUBTYPE7	BEDNR7	ASSETTAG7	MODULENR7	BRANDNAME7	MANUFACTOR7	MODELNO7	LOTNR7	OTHERNR7	7/13/2008	CATALOGUENR7
9	8	EQUIPMENT8	EQUIPSUBTYPE8	BEDNR8	ASSETTAG8	MODULENR8	BRANDNAME8	MANUFACTOR8	MODELNO8	LOTNR8	OTHERNR8	7/13/2008	CATALOGUENR8
10	9	EQUIPMENT9	EQUIPSUBTYPE9	BEDNR9	ASSETTAG9	MODULENR9	BRANDNAME9	MANUFACTOR9	MODELNO9	LOTNR9	OTHERNR9	7/13/2008	CATALOGUENR9
11	10	EQUIPMENT10	EQUIPSUBTYPE10	BEDNR10	ASSETTAG10	MODULENR10	BRANDNAME10	MANUFACTOR10	MODELNO10	LOTNR10	OTHERNR10	7/13/2008	CATALOGUENR10
12	11	EQUIPMENT11	EQUIPSUBTYPE11	BEDNR11	ASSETTAG11	MODULENR11	BRANDNAME11	MANUFACTOR11	MODELNO11	LOTNR11	OTHERNR11	7/13/2008	CATALOGUENR11
13	12	EQUIPMENT12	EQUIPSUBTYPE12	BEDNR12	ASSETTAG12	MODULENR12	BRANDNAME12	MANUFACTOR12	MODELNO12	LOTNR12	OTHERNR12	7/13/2008	CATALOGUENR12
14	13	EQUIPMENT13	EQUIPSUBTYPE13	BEDNR13	ASSETTAG13	MODULENR13	BRANDNAME13	MANUFACTOR13	MODELNO13	LOTNR13	OTHERNR13	7/13/2008	CATALOGUENR13
15	14	EQUIPMENT14	EQUIPSUBTYPE14	BEDNR14	ASSETTAG14	MODULENR14	BRANDNAME14	MANUFACTOR14	MODELNO14	LOTNR14	OTHERNR14	7/13/2008	CATALOGUENR14
16	15	EQUIPMENT15	EQUIPSUBTYPE15	BEDNR15	ASSETTAG15	MODULENR15	BRANDNAME15	MANUFACTOR15	MODELNO15	LOTNR15	OTHERNR15	7/13/2008	CATALOGUENR15
17	16	EQUIPMENT16	EQUIPSUBTYPE16	BEDNR16	ASSETTAG16	MODULENR16	BRANDNAME16	MANUFACTOR16	MODELNO16	LOTNR16	OTHERNR16	7/13/2008	CATALOGUENR16
18	17	EQUIPMENT17	EQUIPSUBTYPE17	BEDNR17	ASSETTAG17	MODULENR17	BRANDNAME17	MANUFACTOR17	MODELNO17	LOTNR17	OTHERNR17	7/13/2008	CATALOGUENR17

RL Patient Safety Software Suite

RL Solutions is a global company that designs comprehensive healthcare software for patient feedback, incident reporting & risk management, infection surveillance, claims management, peer review and root cause analysis. With over 1,800 clients – including healthcare networks, hospitals and long-term care facilities – we pride ourselves on creating and maintaining long lasting relationships.



software for
safer healthcare

Contact RL
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www.rlsolutions.com

Managed Hosting Deployments Guide

RL6 version 6.17

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OVERVIEW

RLDatix is on a mission to change healthcare. We help organizations drive safer, more efficient care by providing governance, risk, and compliance tools that drive overall improvement and safety. Our suite of cloud-based software helps organizations reduce healthcare-acquired infections, report on adverse events, and ensure patient safety learnings are deployed effectively and immediately through dynamic policy and procedure management. With over 3,000 customers in 19 countries, RLDatix software protects hundreds of millions of patients around the world. For more information, visit www.rldatix.com.

The RL6 Suite is a fully integrated suite of products that includes Risk, Feedback, Infection, Claims, RootCause, PeerReview, RiskRegister, Safety Huddles, and Surveys. All these products can be used independently or in an integrated fashion to provide a comprehensive patient safety and risk management program.

The following list details the product in the RL6 Suite:

RL6 Risk (Risk management and patient safety): capture, manage, and analyze near miss occurrences, critical incidents, adverse events, and unsafe conditions.

RL6 Feedback (Patient and employee feedback): track and resolve feedback from staff and patients, transforming it into useful, actionable information.

RL6 Infection (Infection surveillance): instantly respond to infection risks through real-time alerts from the continuous monitoring of internal systems.

RL6 Claims (Claims management): effectively manage medical malpractice, general liability, and professional liability claims from the first notice to resolution.

RL6 RootCause (Root cause analysis): discover all the root causes of your adverse events using proven methodologies.

RL6 PeerReview (Peer evaluation): manage and distribute sensitive files to healthcare professionals for evaluation of each other's clinical performance.

The purpose of this document is to describe the interfaces, network, and workstation (client) requirements that RLDatix recommends for a successful launch of the RL6 Application.

MANAGED HOSTING FACILITIES

The RL6 Application is hosted within Amazon Web Services (AWS). Amazon undergoes annual HITRUST, SOC 1, SOC 2, and SOC 3 audits. In addition to SOC certification, the underlying infrastructure provided by AWS is designed and managed in alignment with security best practices and a variety of IT security standards, including FISMA, ISO 27001, ISO 27017, FIPS 140-2, and others. AWS services are certified for the Health Information Trust Alliance (HITRUST) Common Security Framework (CSF).

Under the shared security model implemented with Amazon, Amazon manages the security of the cloud while RLDatix manages the security within the cloud.

INTERFACES

The following list of interfaces are available for use with the RL6 application and must be deployed with a permanent (i.e., “always-on”) IPSec VPN tunnel that needs to be established between RLDatix’s hosting facility and your organization’s data center.

The VPN is used to transfer all sensitive data between the appropriate on-premise existing systems. None of the interfaces are mandatory but are highly recommended to make the RL6 application easier to use, and to encourage efficient and accurate data entry.

- **Authentication and security:** RLDatix’s recommend integration is via SAML/ADFS with your corporate identity management solution. However, if customers are not able to utilize federated services for user authentication, the RL6 application can leverage the built-in user security\ authentication system. Regardless of the authentication model used, unique users are required to access the application. Supported external authentication models are:
 - » **Integrated Authentication:**
 - ◇ Federated Identity using SAML 2.0
 - RLDatix recommended method as it provides SSO and does not require a VPN tunnel.
 - 3rd party provider-initiated identity system (IdP): supported IdP providers are Okta, ADFS, Azure AD, OneLogin, and others.
 - ◇ AD Integration using LDAP
 - Note:** SSO is not possible with this method and requires an LDAP server to be accessible through the VPN tunnel.
 - » **ADT (EMR) via HL7 (version 2.3 and above):** to provide patient demographic data, used in support of data quality and integrity.
 - » **CSV (Flat file):** a general-purpose lookup tool that can connect into virtually any system that supports the ability to export CSV files. The following systems are commonly connected to:
 - ◇ Medication formularies – integrated using batched CSV file import.
 - ◇ Employee Lists – integrated using batched CSV file imports from HR System.
 - ◇ Physician lists – integrated using batched CSV file imports from HR or credentialing system.
 - ◇ Equipment lists – integrated using batched CSV file imports from an Asset Management system.
 - » **SMTP (email):** email messages generated by the RL6 application, such as alerts, are sent by the built-in SMTP mail relay service to an Exchange (or compatible) mail server for delivery.

Note: ADT, LDAP, and SMTP interfaces require a VPN.

NETWORK BANDWIDTH

Bandwidth consumption from typical end-user use of the RL6 application is not excessive. Common network configurations that support standard user web-based traffic for non-cached content during a typical workday is an appropriate estimate. The network performance/latency requirements for the RL6 application are the same as a typical user browsing a web-based EMR or practice management system.

In a typical setup for 100 concurrent users based on the minimal storage requirements, the average bandwidth requirement is 56K per connected user. Based on heavy activity level, Manager requirements are approximately 200Kbps-700Kbps. Network Interface Connection (NIC) devices should be rated for a bandwidth of 10-100Mbps for client workstations

CLIENT WORKSTATIONS

Usually, a desktop or notebook computer deployed in the last 4 years will meet the recommended requirements to efficiently run the RL6 applications.

Device	Supported	Comments
CPU*	Core i3, i5, i7	Or equivalent
RAM*	2GB, 4GB	2GB minimum, 4GB for optimal performance
OS	Windows 8.1, 10 OS X Yosemite	
Browsers (Standard or Desktop Mode only)	Microsoft IE 11 Google Chrome latest version Apple Safari latest version Mozilla Firefox latest version Microsoft Edge latest version	For IE, ActiveX must be installed if using Advanced Report Designer.
Cloud Services	Office 365	Use currently supported builds.
Video Resolution	1024 x 768	Minimum requirement
.NET Framework	4.6.2 and later	4.7.1 and later for optimal performance (required for Advanced Report Designer)
Microsoft Outlook	2010/2013/2016 (32, 64 bit)	Not required; supported if needed by your staff
Microsoft Excel	2010/2013/2016 (32, 64 bit)	Not required; supported if needed by your staff

*Users of the Batch User and Scope Administration tool (BUSA) should have a minimum of Quad Core 1.72GHz CPU and 8GB RAM client workstations. BUSA is an administrative tool accessible through the RL6 application. It is used to perform batch user and scope modifications so higher specifications are required to ensure optimal performance.

MOBILE BROWSERS

The following devices are supported for submitting and reviewing files in the RL6 application:

	Android device	iOS device
Browser	Pre-installed Android browser or Google Chrome mobile browser	Pre-installed Apple Safari
OS	KitKat 4.4 or later	iOS 8.4 or later
Screen Resolution	All standard screen resolutions for all listed devices are supported.	

VIRUS SCANNING SOFTWARE

Many organizations use enterprise-wide virus scanning software to prevent, detect, and remove malware from their infrastructure. Virus scanning software usually employs an allowlist feature that specifies which websites are trusted and can undergo a lower level of scanning.

RL6 MANAGED HOSTING SERVICE LEVEL AGREEMENT

Review RLDatix's Service Level Agreement (SLA) for details on our commitments for our RL6 Managed Hosting deployments.

BOARD Packet Submission Checklist

The original of this completed/fully signed checklist and all required supporting documents are to be hand-delivered to reviewer listed below:

- X **BOARD or CEO PAPER** – required for all submissions; see attached instructions/sample
- X **KEY CONTRACT TERMS** – required for all submissions – see table in Board/CEO Paper
- X **CONTRACT** – negotiated final contract with vendor signature
- X **PROCUREMENT PROCESS DOCUMENTATION** – required for all submissions requiring Board/CEO review/approval per Procurement Management Policy (see policy for details; indicate which sub-category is applicable):
 - X If for **data processing/telecommunications goods/services** of \$25,000 or more, check applicable option and include documentation: **CIO must review.**
 - RFP documentation *unless sole source or GPO applies.*
 - X If Sole source – provide detailed justification
 - If GPO, submit qualifying verification from Materials Management
 - If for **professional/other services or medical/surgical equipment and supplies** \$350,000 or more, check applicable option and include documentation:
 - RFP documentation *unless sole source or GPO applies.*
 - If Sole source – provide detailed justification
 - If GPO, submit qualifying verification from Materials Management
 - If for **non-medical materials/supplies/Public Works** \$25,000 or more, check applicable option and include documentation:
 - RFP/Invitation for bids documentation
 - If Sole source – provide detailed justification
 - If GPO, submit qualifying verification from Materials Management

Legal counsel/Contract Administrator reviewed: No ___ or Yes X By Whom: Natalie James JD

SUBMITTED BY DEPARTMENT DIRECTOR OR DEPARTMENT ADMINISTRATOR:

<u>Brenda L Bailey</u>	<u>Risk Manager/Risk Mgmt</u>	<u>10/11/2022</u>
Signature	Title/Dept.	Date

REVIEWED BY: (In the following order) – If Capital; Axiom approval in lieu of signature.

CIO: (if applicable) Aaron Burnsides on behalf of CIO Date: 10/11/2022

Director of Audit/Compliance: Renée W. Jaenicke Date: 11/02/2022
[Renée W. Jaenicke \(Nov 2, 2022 16:55 PDT\)](#)

SVMHS
Balanced Scorecard



YTD October 2022

Monthly Scorecard

Service (30%)



Organizational Goals by Pillar		Jul-22	Aug-22	Sep-22	Oct-22	FY 2023 Act/Proj	TARGET	Var %		FY 2022 Baseline
Weight 30%	I. Service									
	Average of Inpatient HCAHPS Scores	72.7	72.8	71.6	69.8	71.7	75.1	-4.5%		74.8
	Emergency Room Press Ganey Score	59.7	58.8	60.2	54.6	58.3	59.7	-2.3%		58.7
	Average of Ambulatory HCAHPS Scores	90.6	89.2	92.6	89.5	90.5	92.0	-1.6%		92.0

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 is based on maintaining prior year goals
- ER HCAHPS Score FY 2022 Baseline was 58.7. Rationale: Baseline = Threshold is based on FY 2022 Actuals. Target is +1.0 from baseline. Max is +2.0 from baseline.
- Ambulatory HCAHPS Score FY 2022 Baseline was 92.0. Baseline = Target is based on FY 2022 Actuals. Threshold is -1.0 from the baseline. Max is +1.0 from the baseline.

Monthly Scorecard

Quality & Safety Processes – ER (8%)



Organizational Goals by Pillar		Jul-22	Aug-22	Sep-22	Oct-22	FY 2023 Act/Proj	TARGET	Var %	FY 2022 Baseline
Weight 8%	Emergency Room Efficiencies								
	Median length of stay for non-admits (in minutes)	183.0	180.0	173.0	169.0	176.0	181.0	2.8%	170.0
	Median time from admit decision to time of admission to nursing unit (in minutes)	82.0	80.0	75.0	77.5	79.0	81.0	2.5%	79.0

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 on Feb22 thru Aug22 = 177.0. The Target is a 4 minute increase from the Max, and the Threshold is an 8 minute increase from the Max. **Rationale:** SVMH ER has recently experienced a higher volume level, including a surge of patients. 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 = Target is based on FY 2022 Actuals. The Threshold is a 2 minute decrease from the Baseline, and the Max is a 2 minute increase 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 progressive care, which may reduce admit time.

Monthly Scorecard

Quality & Safety Processes – OR (8%)



Organizational Goals by Pillar		Jul-22	Aug-22	Sep-22	Oct-22	FY 2023 Act/Proj	TARGET	Var %		FY 2022 Baseline
Weight 8%	Operating Room Efficiencies									
	Turnover Time (Wheels out / Wheels in) (in minutes)	29.9	28.5	29.1	29.7	29.3	29.5	0.7%		28.3
	Percentage of 1st Case On Time Start Time	90.2%	92.2%	93.6%	88.0%	91.0%	93.0%	-2.2%		95.0%

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 partition by actual date rather than previously scheduled date. **National benchmarks range from 25 to 38 minutes.** FY 2023 Goals are the same as prior year 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 its 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.

Percentage of 1st case On Time Start Time

- Source is from PICIS for 1st scheduled case of the day in each OR room where the scheduled time is between 07:00 AM and 08:59 AM
- Cases in which the patient is Wheeled In at least zero minutes prior to the case
- **National benchmark goals range from 70% to 80%**
- FY 2023 Max = FY 2022 Baseline = 95.0%. FY 2023 Target is 2% from Max. FY 2023 Threshold is 4% from Max.

Monthly Scorecard

Quality & Safety Processes – HAC & Hand Hygiene(4%)



Organizational Goals by Pillar		Jul-22	Aug-22	Sep-22	Oct-22	FY 2023 Act/Proj	TARGET	Var %	FY 2022 Baseline
Weight 2%	Hospital Acquired Conditions								
	CLABSI SIR (Standard Infection Ratio)	0.00				0.00	0.30	100.0%	0.16
	# of CLABSI EVENTS	0	0	0					
	CAUTI SIR (Standard Infection Ratio)	0.61				0.61	0.47	-28.7%	0.46
	# of CAUTI EVENTS	0	1	0					
	CDI SIR (Standard Infection Ratio)	0.68				0.68	0.45	-51.1%	0.48
	# of CDI EVENTS	2	1	1					
	Hospital Acquired Conditions Average	0.43				0.43	0.41	-5.3%	0.37
2%	Hand Hygiene (Percentage of successful Hand Hygiene observations)	99.5%	96.9%	97.4%	95.4%	97.3%	75.0%	29.7%	89.1%



Hospital Acquired Conditions

- Source: National Healthcare Safety Network (NHSN) & BD Health Insight Interface
- Hospital Acquired Conditions will be measured **quarterly**
- Rationale for Targets: Utilizing last years FY targets for sustainment and ongoing prevention practices. Process improvement measures for CLABSI, CAUTI for data improvements, and CDI process improvement focusing on expanding our antimicrobial stewardship program**
- Acronyms:
 - CLABSI (Central Line Associated Bloodstream Infection)
 - CAUTI (Catheter Associated Urinary Tract Infection)
 - CDI (Clostridium Difficile Infection)

Hand Hygiene

- Source: Hand Hygiene Auditing Tool populated by SVMHS staff / leaders direct observations (now on STAR net Main Page)
- Hand Hygiene will be measured **monthly**
- Rationale for Targets:**
 - Sustaining targets from last FY for expansion and on-boarding of hand hygiene goals to all SVMHS departments.
 - Hand Hygiene process improvement measures last FY with Nursing collaboration, expansion to all staff auditing monthly which will directly effect the target goal.
 - Created new interactive Hand Hygiene Dashboard for leaders/staff to view data by department/unit and staff, posted on the StarNet Infection Prevention page

Monthly Scorecard

Finance (20%)



Organizational Goals by Pillar		Jul-22	Aug-22	Sep-22	Oct-22	FY 2023 Act/Proj	TARGET	Var %	FY 2022 Baseline
Weight 20%	IV. Finance								
	Income from Operations (Normalized) (\$ in Millions)	\$2,030	\$6,289	\$7,724	\$4,092	\$60,404	\$58,906	2.5%	\$83,662
	Operating Margin (Normalized)	4.5%	11.5%	14.1%	8.0%	9.5%	10.1%	-5.3%	13.9%



- Target Methodology is based on SVMH’s 100% of FY 2023 Board Approved Annual Operating Budget
- *FY 2023 Budget is subject to change following final determination of the Plan of Finance for the Master Facility Plan and any material changes resulting from the Final CCAH contract that is under negotiations.*

Monthly Scorecard

Growth (10%)



Organizational Goals by Pillar		Jul-22	Aug-22	Sep-22	Oct-22	FY 2023 Act/Proj	TARGET	Var %	FY 2022 Baseline
Weight 10%	V. Growth								
	Grow New Service line Bariatric Surgery	1	1	0	2	4	25	-84.0%	-
	Implement e-Visits in SVMC	0	0	0	25	25	100	-75.0%	-
	Implement MyChart Inpatient	0	0	0	2,326	2,326	15,000	-84.5%	-



- **Grow New Service Line Bariatric Surgery:** CDC estimates 42.4% of U.S. adults had obesity and 9.2% had severe obesity in 2017, the highest incidence ever recorded in America. Metabolic/bariatric surgery is the most effective and durable treatment for severe obesity leading to significant weight loss and the improvement, prevention, or resolution of many related diseases. The initial program meeting was conducted during November 2021. The 1st surgery was performed successfully on 7/13/22. We are excited about this new service line and medical service to our community.
- **Implement e-Visits in SVMC:** MyChart adoption for SVMC has increased to over 40% over the last year. This continues to be a significant focus as we expand functionality for patient engagement and develop MyChart as our digital front door for the clinic. This was one of our FY'22 organizational goals. As a result of increasing our patient adoption the number of messages to our providers has increased dramatically. Messaging your doctor can be a convenient way to get medical advice. Patients can send a note through MyChart whenever they have time – day or night – and our providers will typically reply in a timely fashion. Depending on the patient needs and schedule, this can be a great alternative to an in-person, video or telephone visit. The issue for our providers is the time involved to engage in more than a simple response can be extensive and is not billed for currently. We are giving our providers the ability to determine whether a message exchange should be billed to insurance. Even if a message is billed to insurance, many patients won't have to pay anything. For those who do, out-of-pocket expenses for this type of care vary by insurance plan and are generally low.
- **Implement MyChart Inpatient in SVMH:** There's a regulatory requirement which goes into effect the first week of October. It is a component of the 21st Century CURES ACT which must provide patient requests of their inpatient record, real time. We are implementing MyChart Inpatient to comply with the requirement. The current patient portal doesn't meet 21st Century CURES requirements so we are at risk of missing the Promoting Interoperability metrics. Each occurrence of patient information blocking as it is termed is fineable up to \$1M. Currently, what is in scope for documentation view to comply is Discharge summaries, Progress notes, Lab and Radiology results. Out of scope are scanned documents, nursing documentation, provider messaging (inpatient), scheduling (hospital departments), bill pay (inpatient), and COVID vaccination status.

Monthly Scorecard

Community (5%)



Organizational Goals by Pillar		Jul-22	Aug-22	Sep-22	Oct-22	FY 2023 Act/Proj	TARGET	Var %	FY 2022 Baseline
Weight 5%	VI. Community								
	Employees Complete the Real Age Test via the SVMHS wellness platform, Wellness Your Way				106	106	600	-82.3%	-

- A **New Employee Wellness Platform**, Wellness Your Way, will launch in October 2022. It will serve all SVMHS employees and members of their households who are covered by our health plan.
- All users of Wellness Your Way will be encouraged to complete the Real Age Test. The information provided by the user in the Real Age Test will allow customization of the platform for the user.
- Users will be able to complete the Real Age Test anytime after the launch of the platform. For the purposes of this Pillar Goal metric, all Real Age Tests completed by SVMHS employees between the launch of the platform through June 30, 2023 will count toward the goal.

Questions / Comments?



APPENDIX

Organizational Goals by Pillar		FY 2023 Act/Proj	TARGET	Var %		FY 2022 Baseline	
Weight 30%	I. Service						
	Average of Inpatient HCAHPS Scores	71.7	75.1	-4.5%	☁️	74.8	☁️
	Emergency Room Press Ganey Score	58.3	59.7	-2.3%	☁️	58.7	☁️
	Average of Ambulatory HCAHPS Scores	90.5	92.0	-1.6%	☁️	92.0	☁️
15%	II. People						
	Annual Employee Indicator Survey Score	-	4.32 - 4.36		?	4.32	?
20%	III. Quality & Safety Processes						
	Emergency Room Efficiencies						
	Median length of stay for non-admits (in minutes)	176.0	181.0	2.8%	☀️	170.0	☁️
	Median time from admit decision to time of admission to nursing unit (in minutes)	79.0	81.0	2.5%	☀️	79.0	☀️
	Operating Room Efficiencies						
	Turnover Time (Wheels out / Wheels in) (in minutes)	29.3	29.5	0.7%	☀️	28.3	☁️
	Percentage of 1st Case On Time Start Time	91.0%	93.0%	-2.2%	☁️	95.0%	☁️
	Hospital Acquired Conditions Average	0.43	0.41	-5.3%	☁️	0.37	☁️
	Hand Hygiene (Percentage of successful Hand Hygiene observations)	97.3%	75.0%	29.7%	☀️	89.1%	☀️
20%	IV. Finance						
	Income from Operations (Normalized) (\$ in Millions)	\$60,404	\$58,906	2.5%	☀️	\$83,662	☁️
	Operating Margin (Normalized)	9.5%	10.1%	-5.3%		13.9%	
10%	V. Growth						
	Grow New Service line Bariatric Surgery	4	25	-84.0%	☁️	-	
	Implement e-Visits in SVMC	25	100	-75.0%	☁️	-	
	Implement MyChart Inpatient	2,326	15,000	-84.5%	☁️	-	
5%	VI. Community						
	Employees Complete the Real Age Test via the SVMHS wellness platform, Wellness Your Way	106	600	-82.3%	☁️	-	

Financial Performance Review

October 2022

Augustine Lopez
Chief Financial Officer



Consolidated Financial Summary

For the Month of October 2022 – No Normalizing Items

\$ in Millions	For the Month of October 2022				
			Variance fav (unfav)		
	Actual	Budget	\$VAR	%VAR	
Operating Revenue	\$ 58.7	\$ 57.2	\$ 1.5		2.6%
Operating Expense	\$ 58.0	\$ 55.9	\$ (2.1)		-3.8%
Income from Operations*	\$ 0.7	\$ 1.3	\$ (0.6)		-46.2%
<i>Operating Margin %</i>	1.1%	2.3%	-1.2%		-52.17%
Non Operating Income**	\$ (1.5)	\$ 1.0	\$ (2.5)		-250.0%
Net Income	\$ (0.8)	\$ 2.3	\$ (3.1)		-134.8%
<i>Net Income Margin %</i>	-1.4%	4.0%	-5.4%		-135.0%

Overall unfavorable financial performance was driven by:

Despite a high patient volume month, both in IP and OP, the payor mix was materially unfavorable coupled with a higher utilization of registry cost and overtime labor.

- Total gross revenues were over budget by \$21 million (9%):
 - ✓ However, Medicare and Medi-Cal were over by \$20 million 13% while commercial was at budget.
 - ✓ Inpatient acuity/CMI remains lower than budget
 - ✓ Total admissions were 170 admits (20%) above budget, of those 163 were Medicare/Medi-Cal
- Total net patient revenues were \$2.2 million (4%) above budget driven by:
 - ✓ OP infusion cases were at 995, 23% above budget, but lower than the previous month
 - ✓ IP and OP surgical cases were above budget by 25% and 6%, respectively
- Increased patient volume and staffing challenges continue to require higher than expected contract labor and overtime utilization.
- Overall Labor Productivity was favorable by 6% (16 FTEs) due to staffing efficiencies and unfilled budgeted positions.

Non Operating Income was lower than expected due to increased support cost for our subsidiaries and unrealized losses due to mark to market adjustments.

Consolidated Financial Summary

Year-to-Date October 2022 – No Normalizing Items

\$ in Millions	FY 2022 YTD October			
	Actual	Budget	Variance fav (unfav)	
			\$VAR	%VAR
Operating Revenue	\$ 237.0	\$ 228.4	\$ 8.6	3.8%
Operating Expense	\$ 229.3	\$ 223.6	\$ (5.7)	-2.5%
Income from Operations*	\$ 7.7	\$ 4.8	\$ 2.9	60.4%
<i>Operating Margin %</i>	3.2%	2.1%	1.1%	52.4%
Non Operating Income**	\$ (1.7)	\$ 3.9	\$ (5.6)	-143.6%
Net Income	\$ 6.0	\$ 8.7	\$ (2.7)	-31.0%
<i>Net Income Margin %</i>	2.5%	3.8%	-1.3%	-34.2%

SVMH Financial Highlights October 2022

Gross Revenues were Favorable

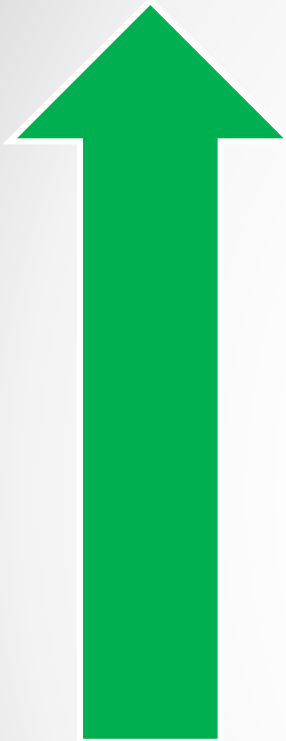
- **Gross Revenues** were 10 % favorable to budget
- **IP Gross Revenues** were 10% favorable to budget
- **ED Gross Revenues** were 9% favorable to budget
- **OP Gross Revenues** were 10% favorable to budget in the following areas:
 - Infusion Therapy
 - Radiology
 - Surgery
 - Cardiology

- **Commercial:** 0% on budget
- **Medicaid:** 20% above budget
- **Medicare:** 9% above budget

Payor Mix – significantly unfavorable to budget

Total Normalized Net Patient Revenues were \$51.0 M, which was Favorable to budget by \$1.6M or 4.8%

Financial Summary – October 2022



- 1) Higher than expected Inpatient business:
 - Average daily census was at 132, 15% above budget of 115
- 2) Total admissions were 20% (170 admits) above budget
 - ER admissions were 24% above budget (158 admits)
- 3) ER Outpatient visits were above budget by 25% at 5,079, of this Medi-Cal utilization represents 57%
- 4) Inpatient Surgeries were 25% (35 cases) above budget at 176
- 5) Higher than expected Outpatient business:
 - Predominantly due to higher than budgeted volumes in Infusion Therapy, Surgery, Radiology, Cardiology and Cath Lab
- 6) Outpatient Surgeries were 6% (14 cases) above budget at 253
- 7) Covid cases decreased to 13 cases, a decrease of 73% over prior month
- 8) OP Observation cases were below budget by 37% at 101

9) Medicare Traditional ALOS CMI adjusted was 9% unfavorable at 2.57 days with a Case Mix Index of 1.7

10) Deliveries were 16% (23 deliveries) below budget at 116



COVID Inpatient Discharge Cases

Payor Mix Analysis

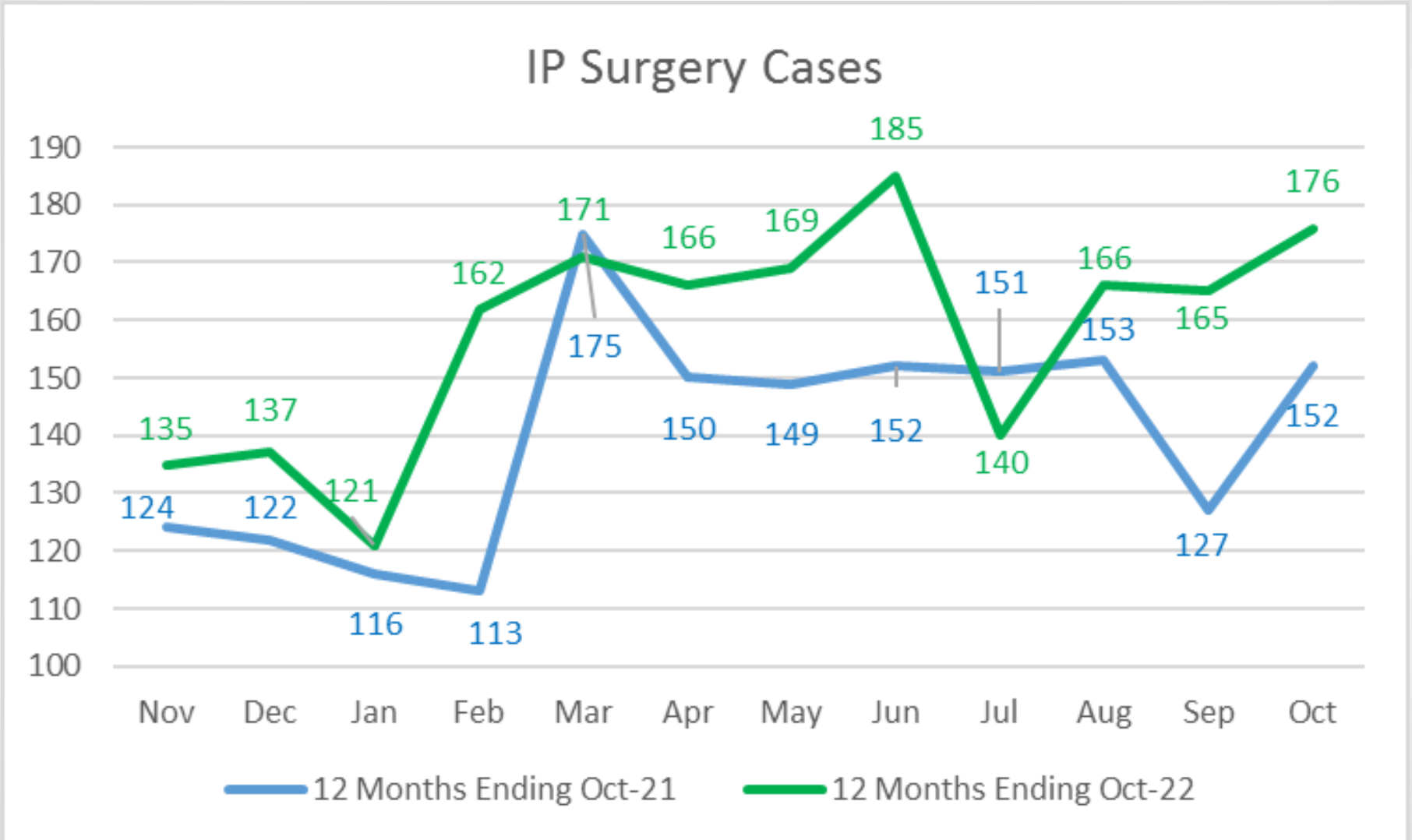
Oct 2021 thru Oct 2022

Cases	Month												
Payor	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22
Medicare	12	5	18	82	59	9	9	18	25	44	31	7	13
Medi-Cal	10	6	12	44	27	2	1	4	5	25	10	4	3
Commercial	7	11	11	38	14	3		1	11	7	5	2	2
Other		1		3			1			2	3		
Grand Total	29	23	41	167	100	14	11	23	41	78	49	13	18

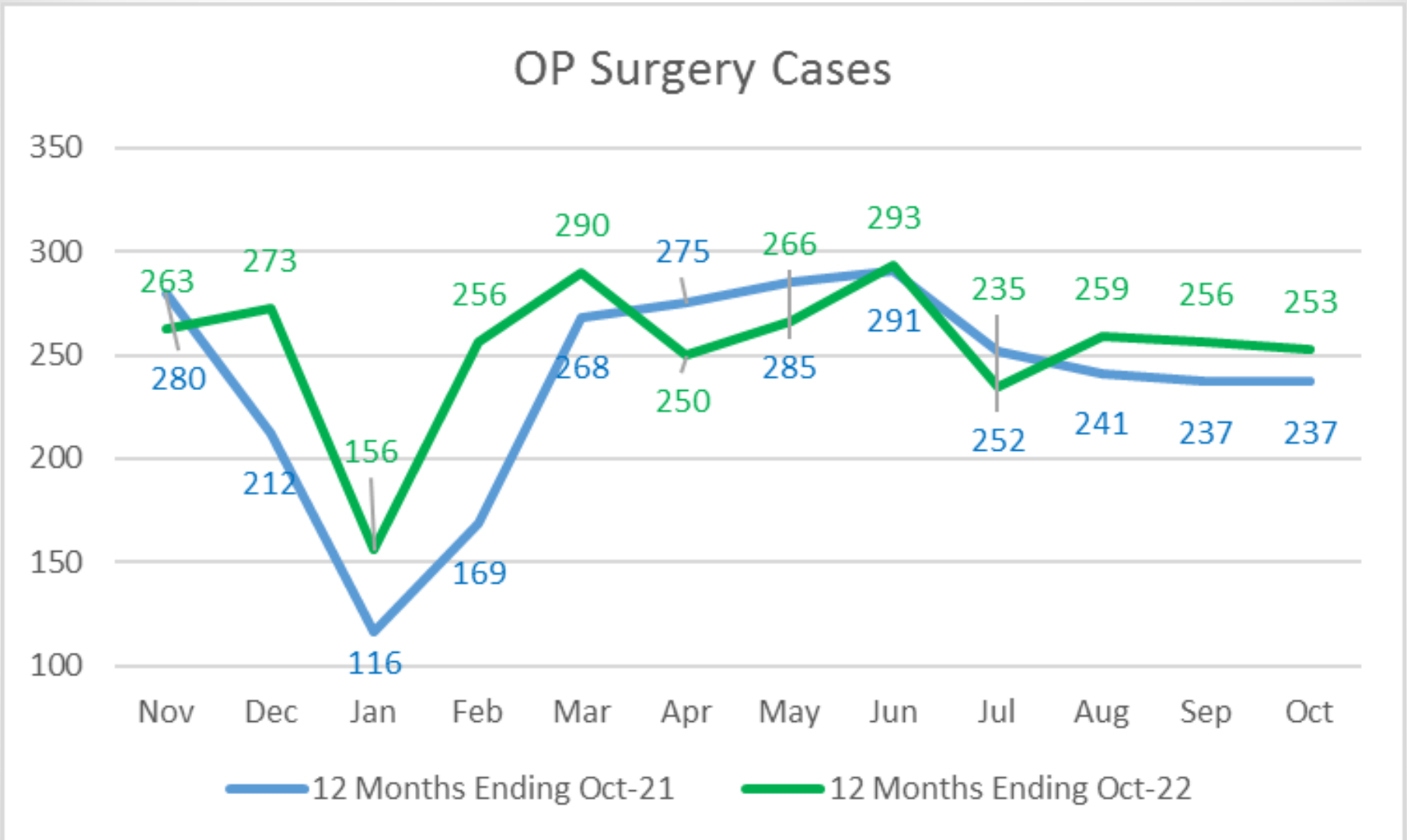
COVID Inpatient cases increased during October compared to prior month.

Note: COVID Criteria is based any DX U07.1

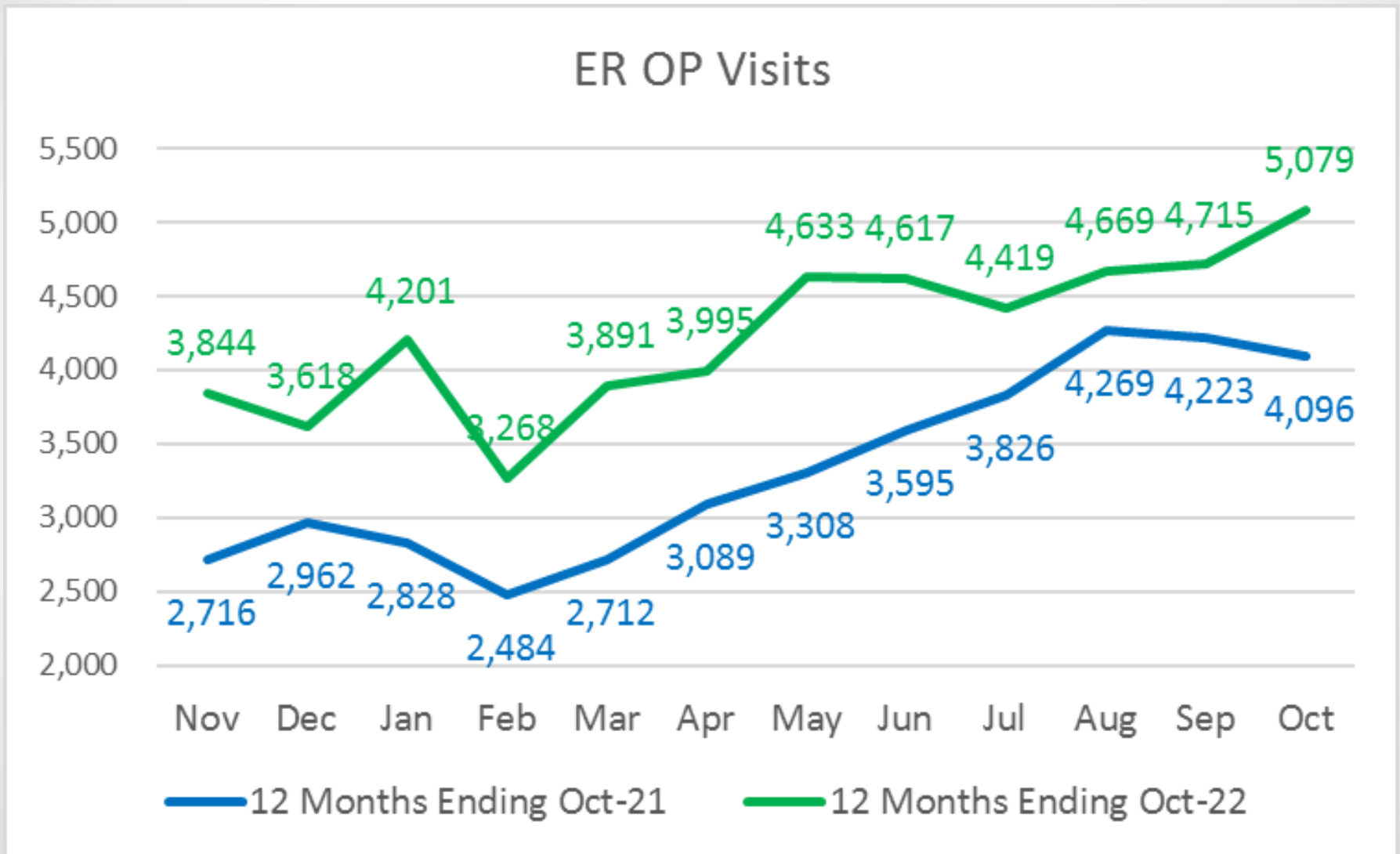
IP Surgery Cases – October 2022



OP Surgery Cases – October 2022

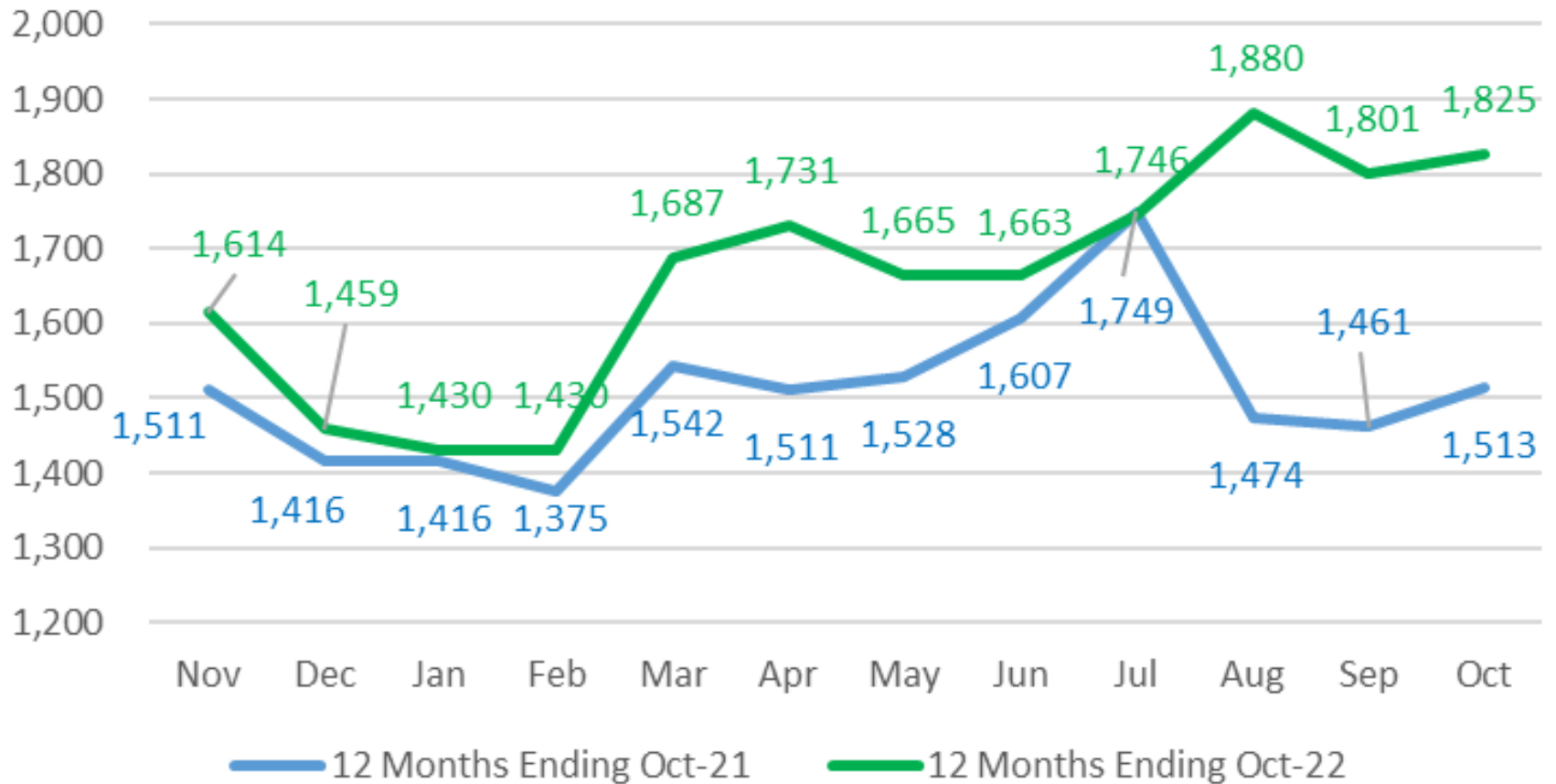


ER OP Visits – October 2022

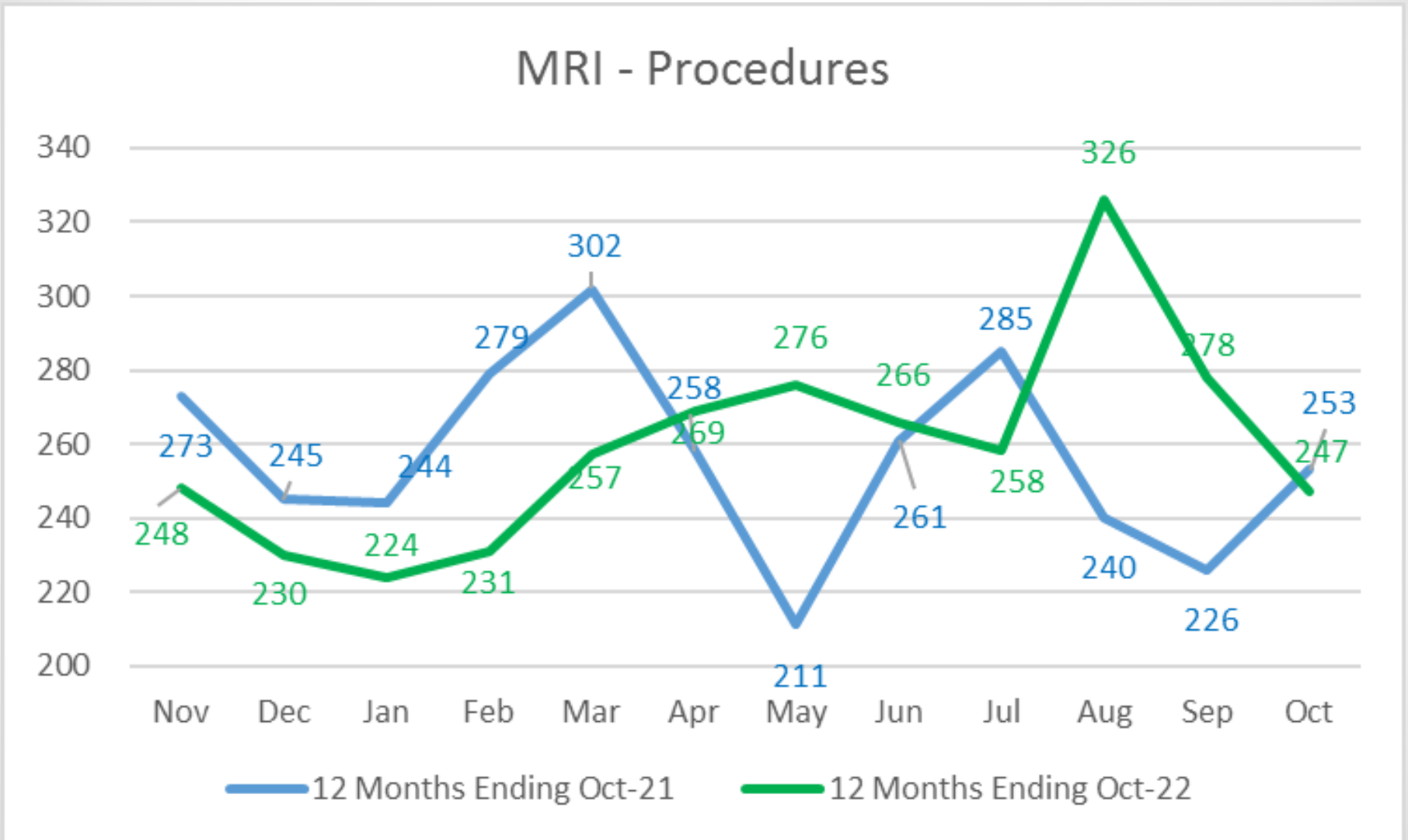


CT Scan Cases – October 2022

CT Scan - Procedures

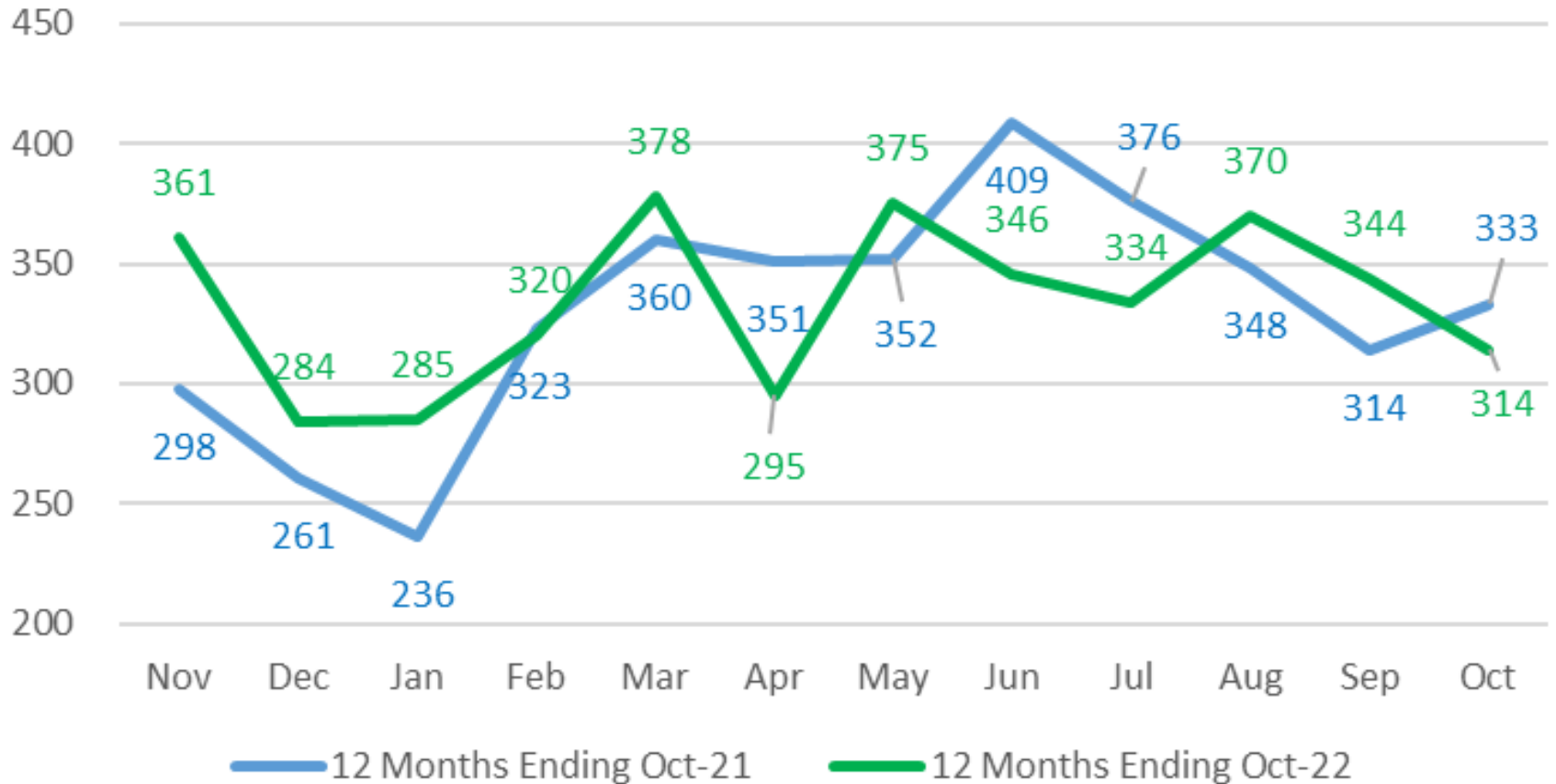


MRI – October 2022



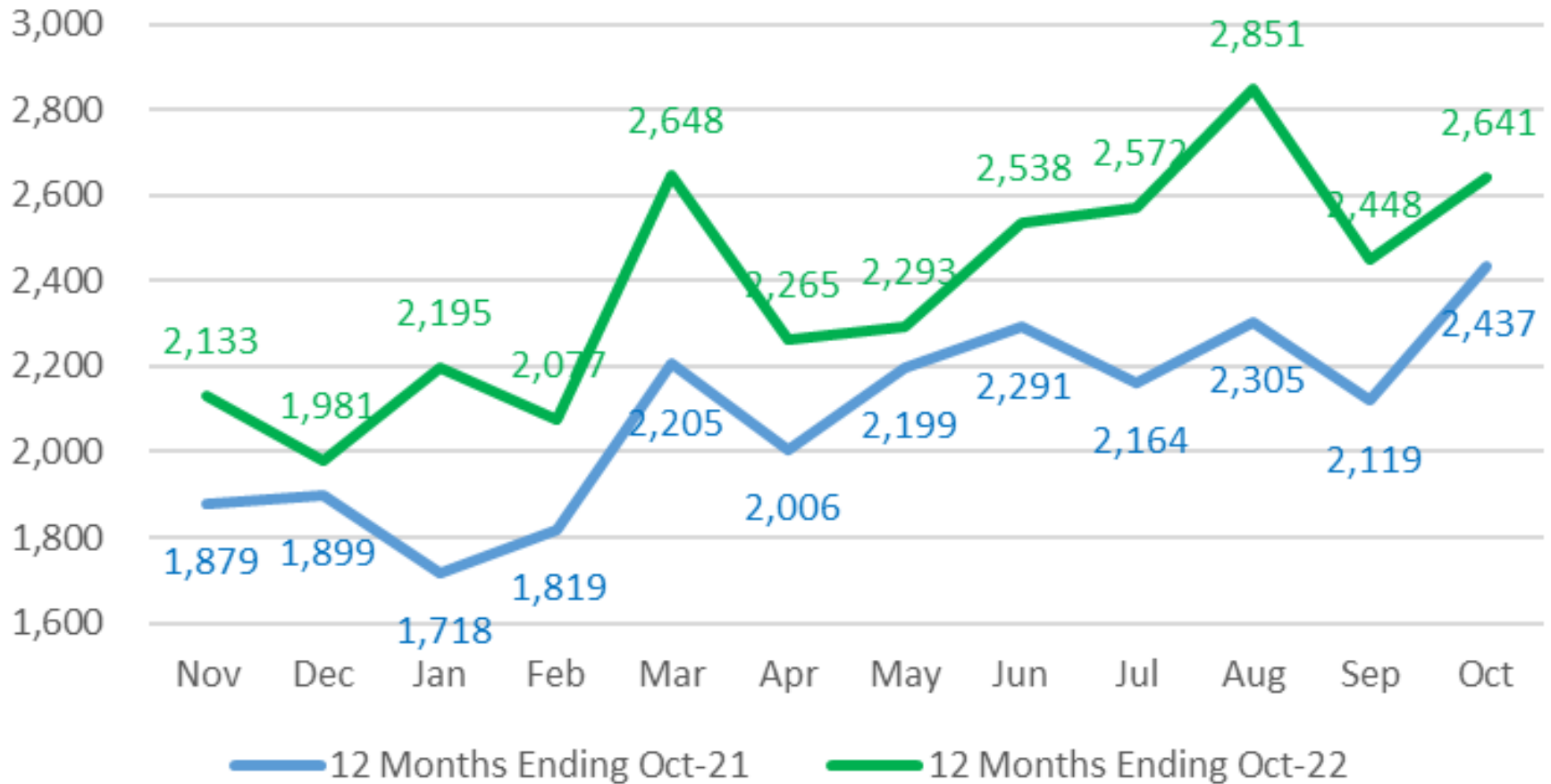
Cath Lab – October 2022

Cath Lab - Procedures

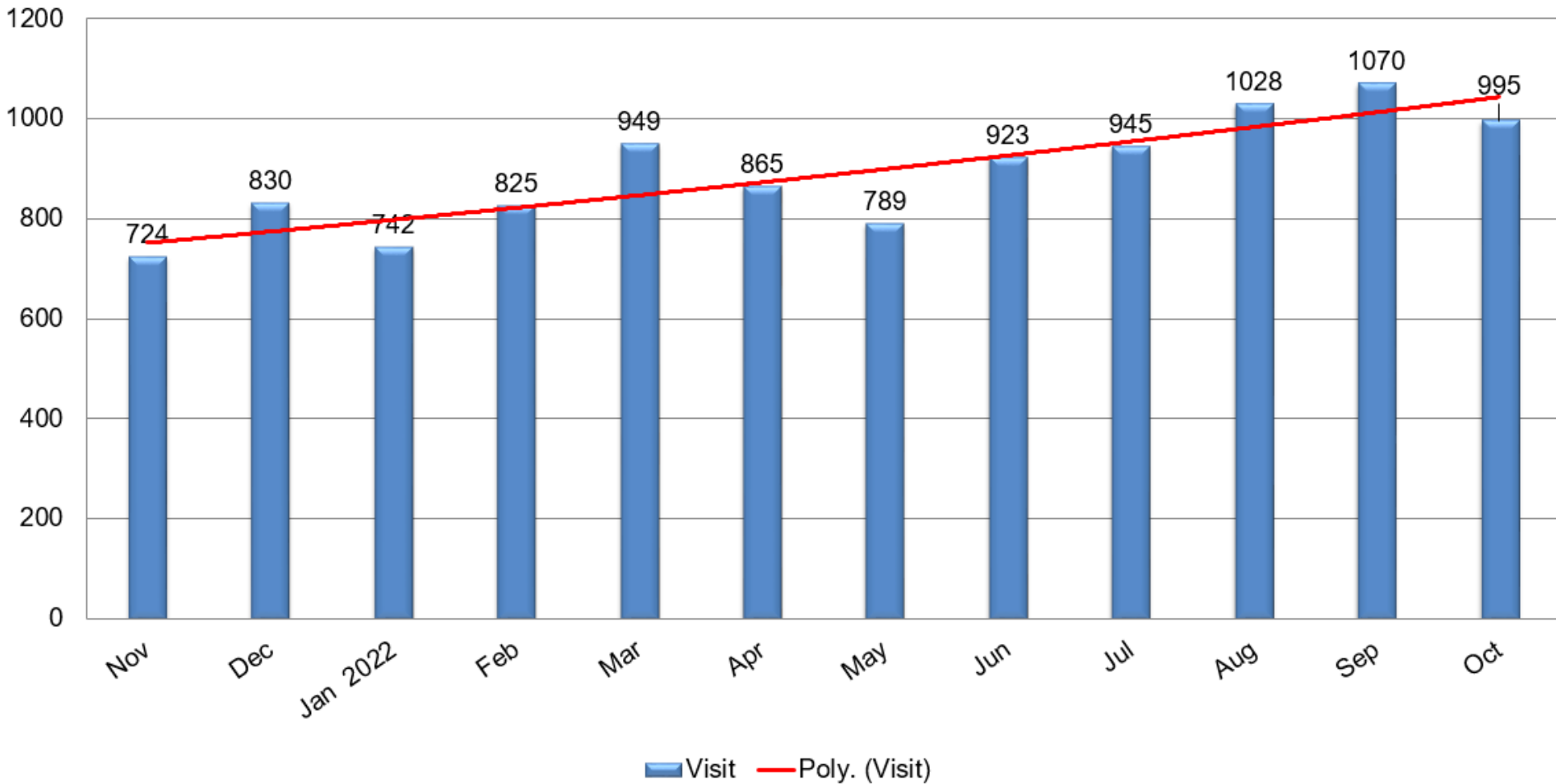


Mammography – October 2022

Mammography - Procedures

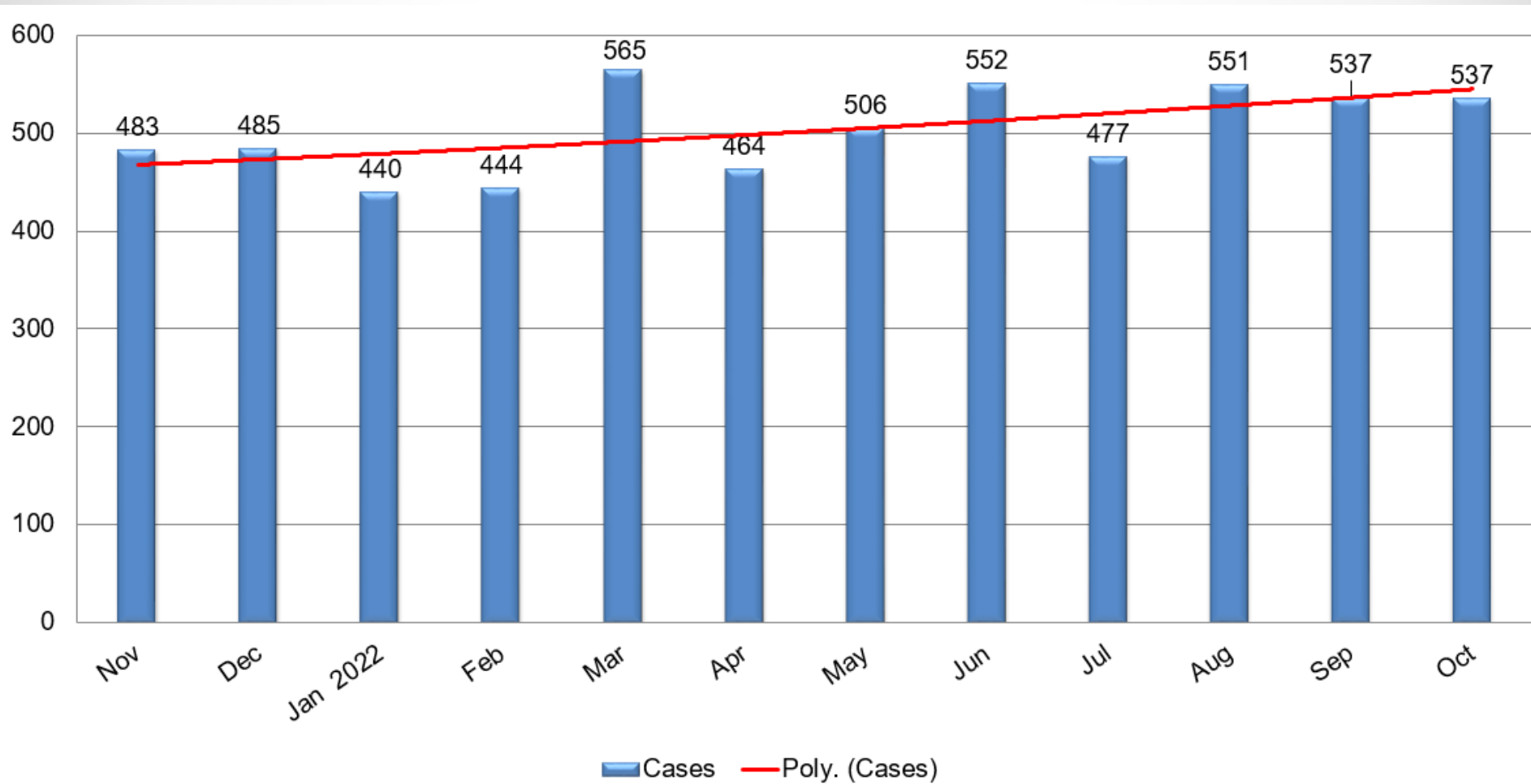


OP Infusion - Rolling 12 Month Trend (Includes Botox) November 2021 thru October 2022



CDOC Cases - Rolling 12 Month Trend

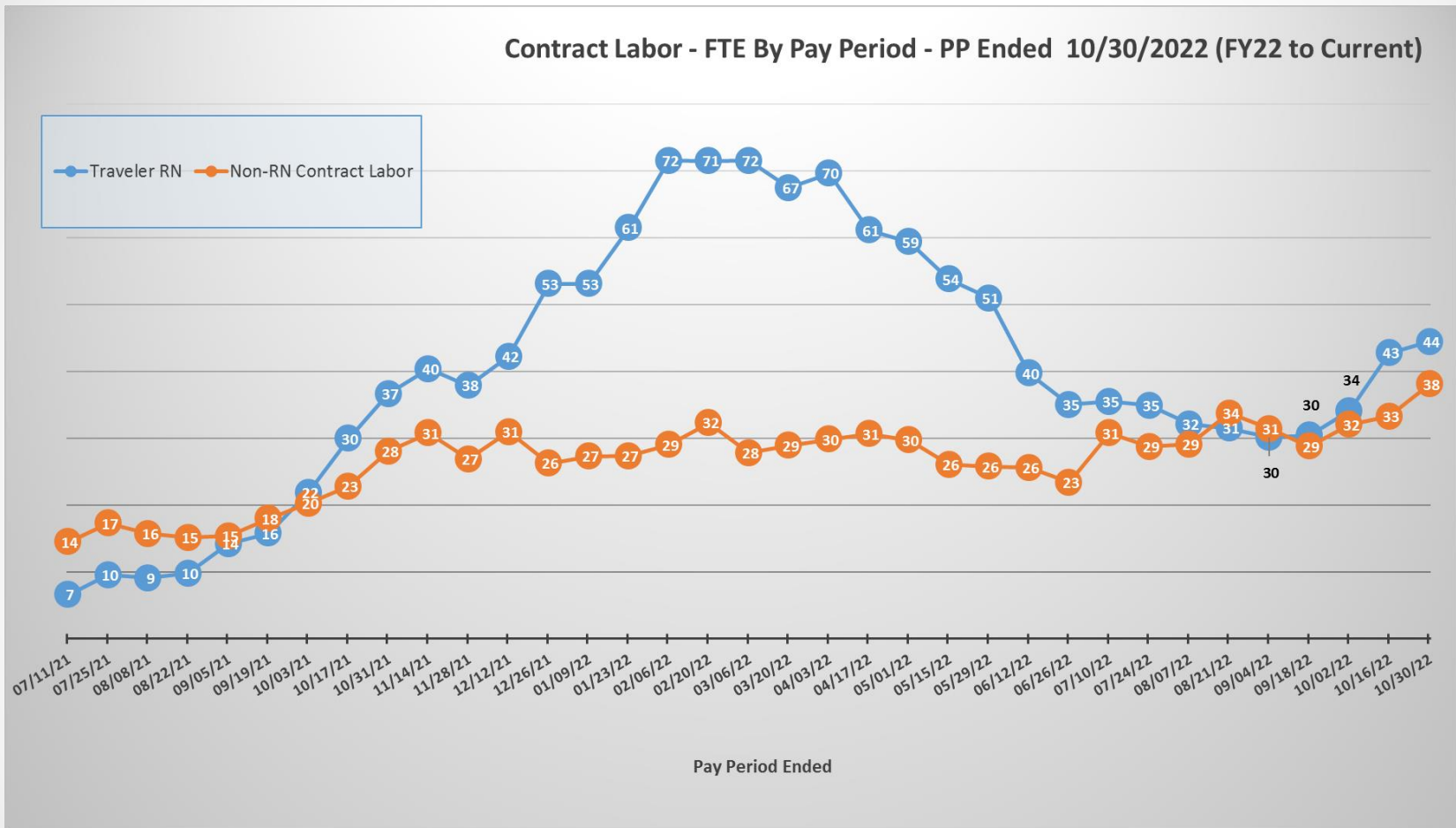
November 2021 thru October 2022



Labor Productivity – October 2022

- 1. Worked FTEs:** During the month of October, worked FTEs on a PAADC basis were **5.5%** favorable at **6.41** with a target of **6.78**. *When reviewed on a unit by unit level, the variance was 16.2 FTEs positive (\$0.2m)*. The key drivers included higher volume than budgeted and budgeted positions not filled. Average Daily Census increased to 132 (+7.3%) compared to 123 in September. Worked FTEs increased to 1,572 in October (1,504 in September).
- 2. Paid FTEs:** On a PAADC basis paid FTEs were **8.0%** favorable to budget at **7.40 actual vs. 8.04 budget**. Paid FTEs increased slightly from 1,769 in September to 1,815 in October.

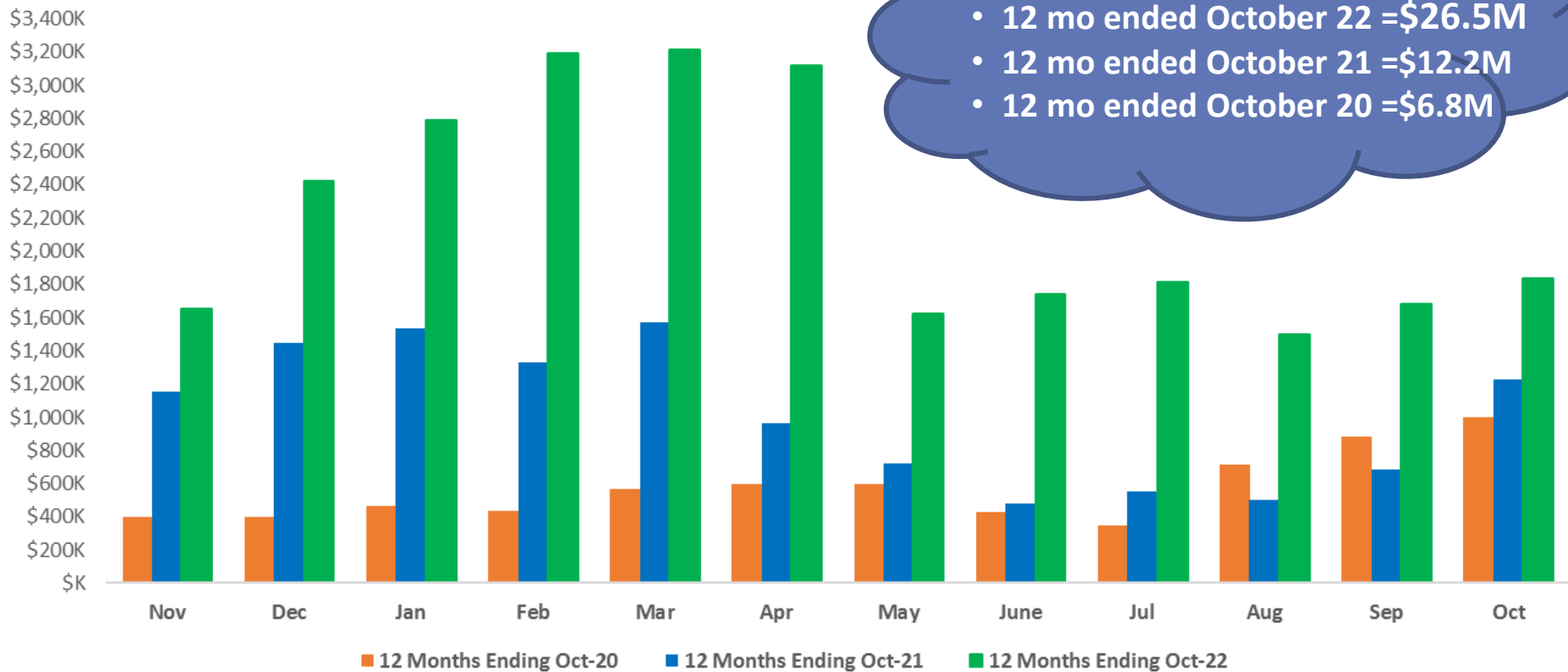
Contract Labor FTE By Pay Period



Contract labor continues to be utilized as direct result of staff shortages (national issue). Overall use increased sharply in October and is used to offset the loss of staff from the Covid vaccine mandates, hiring challenges, and volume growth.

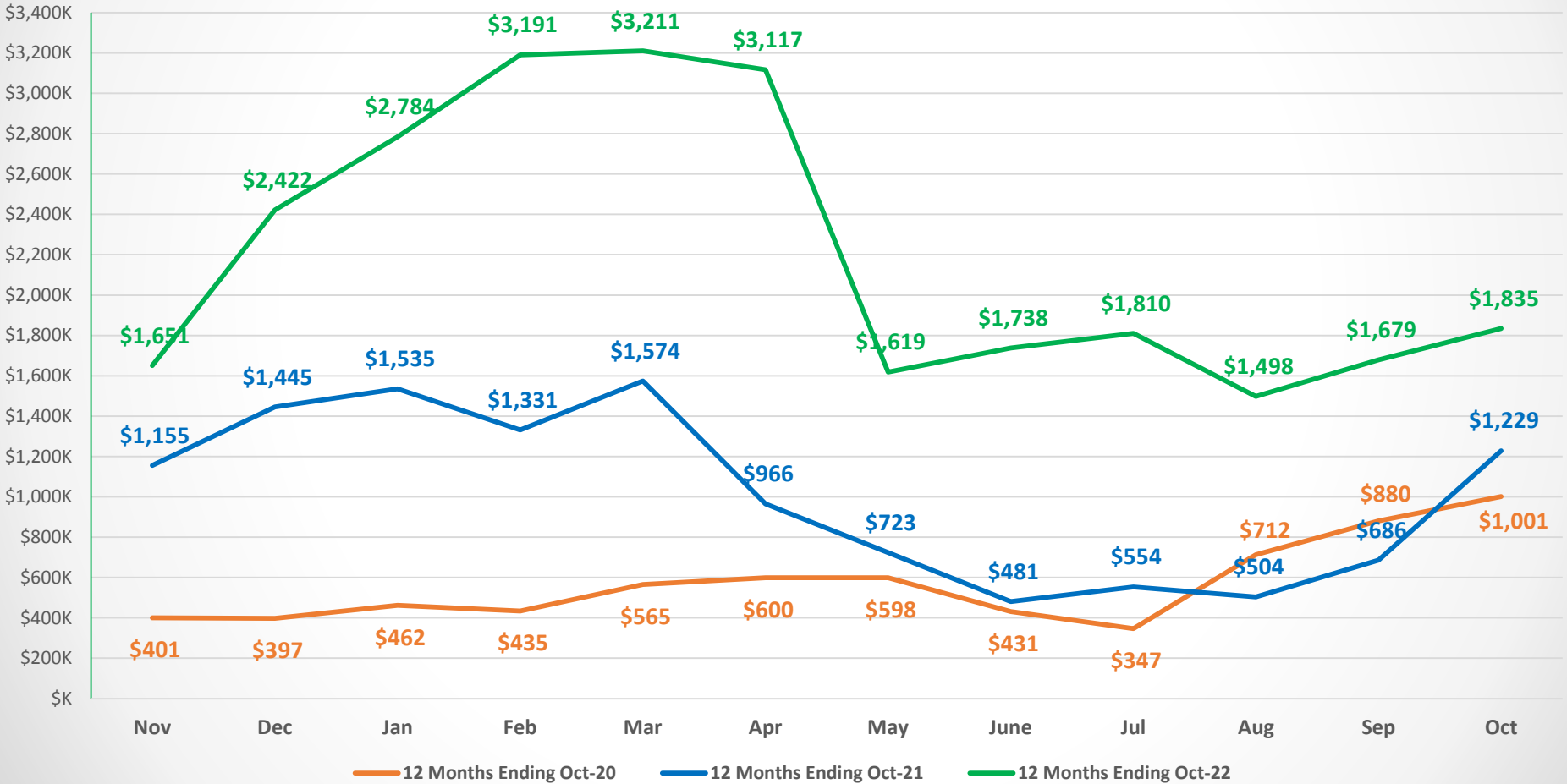
Registry – October 2022

Registry Dollars
(\$ in thousands)



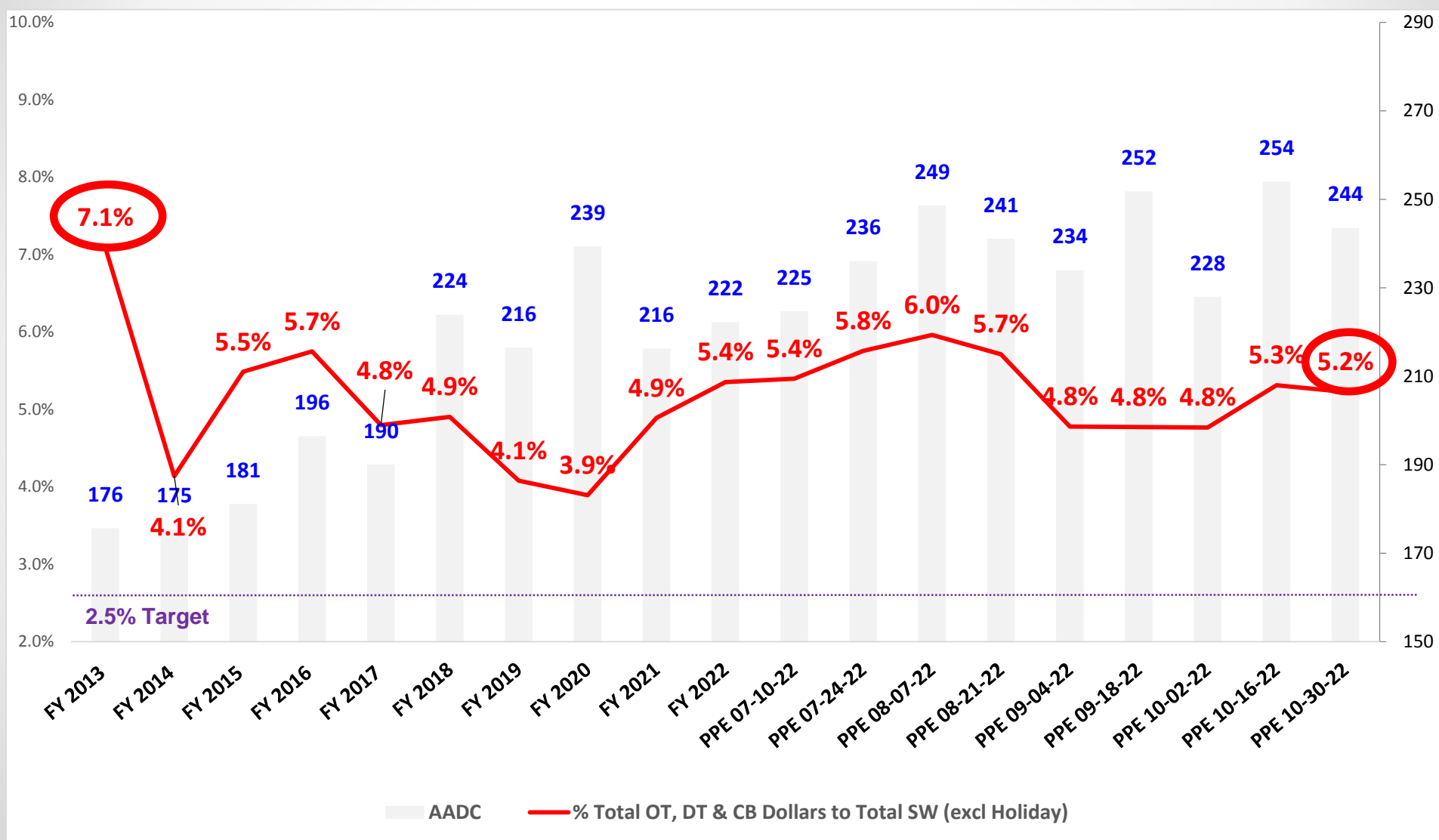
Registry – October 2022

Registry Dollars
(\$ in thousands)



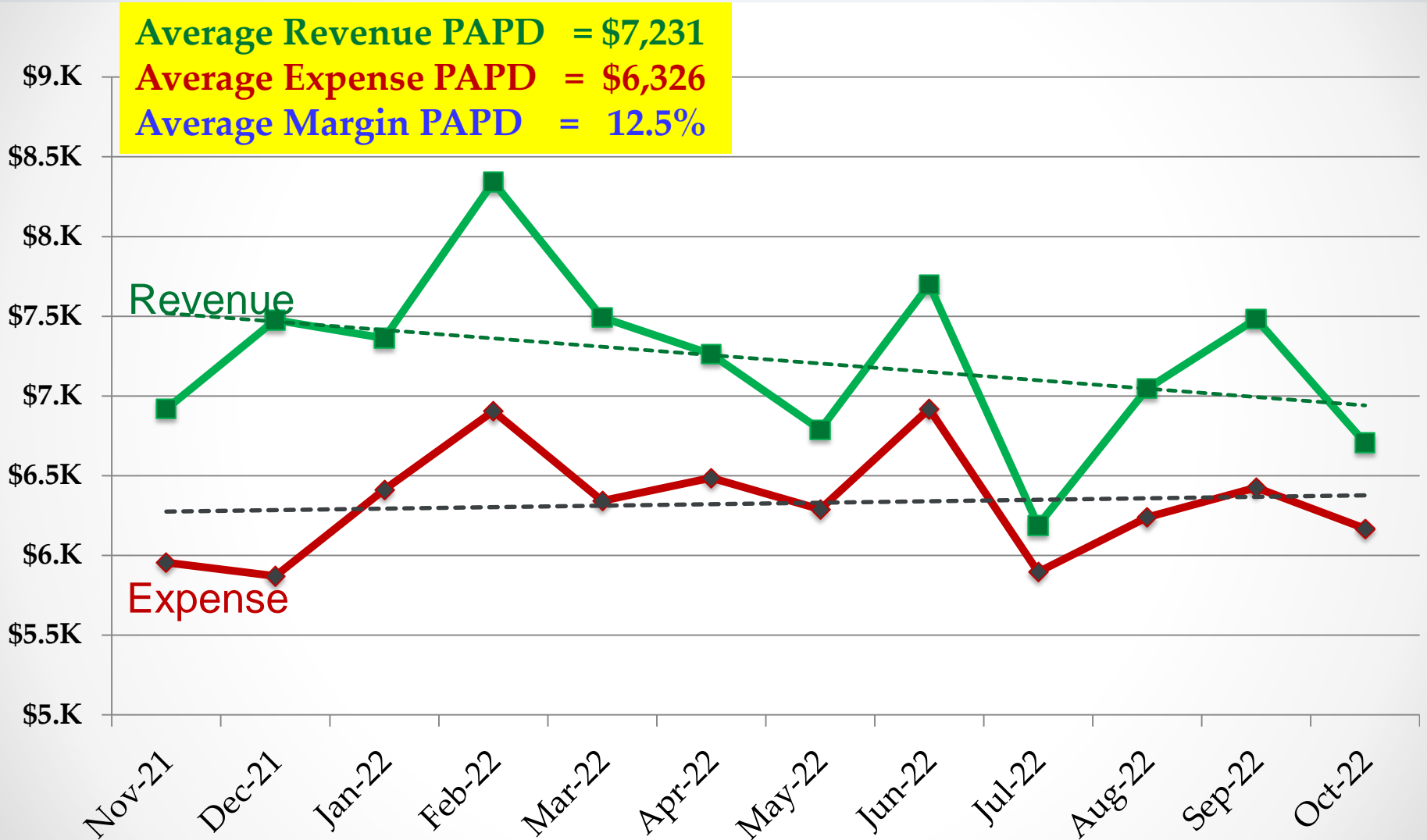
% of Total OT, DT & CB Dollars to Total S&W

Updated Thru PPE 10-30-22



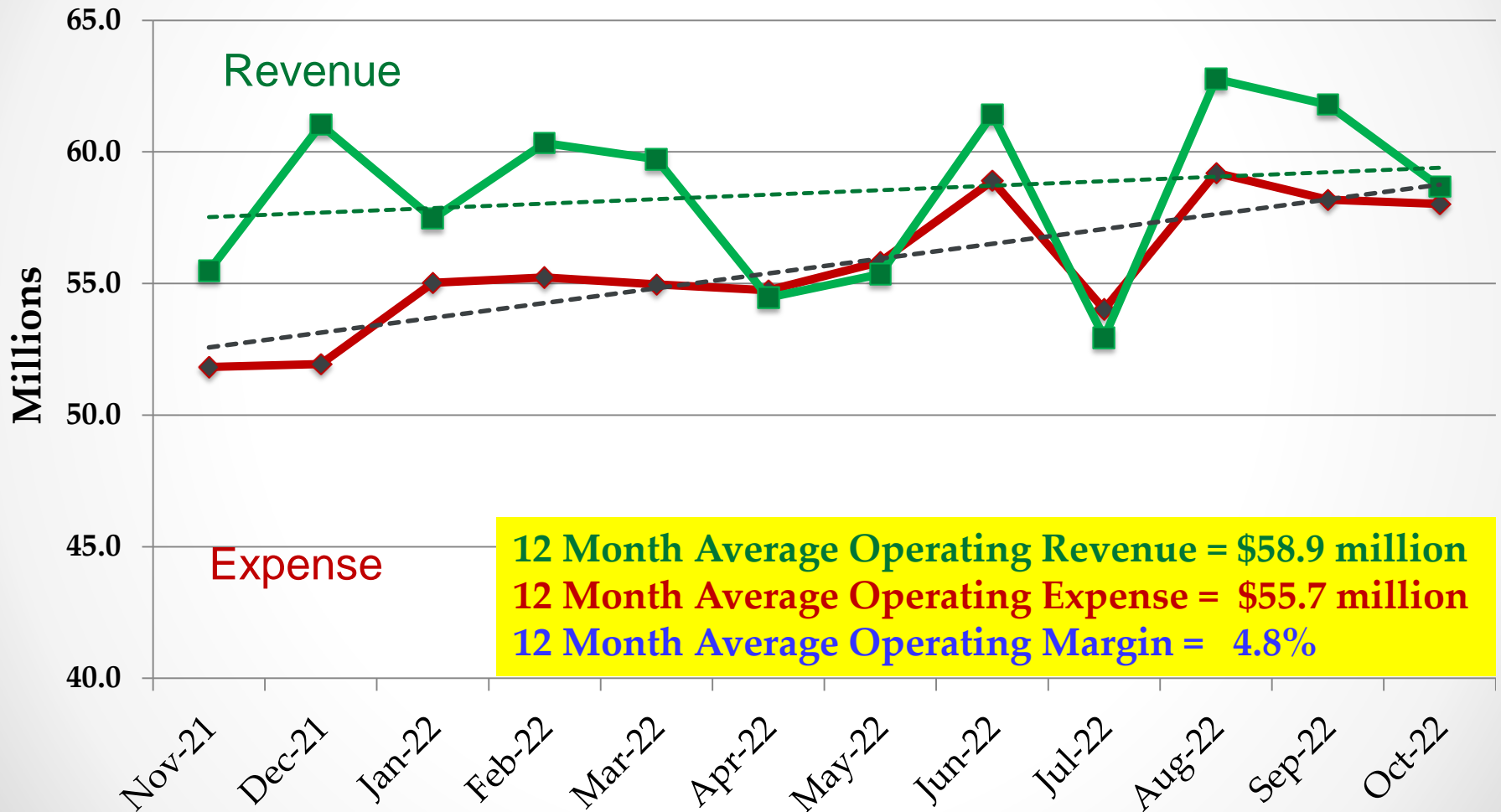
SVMH Revenues & Expenses Per Adjusted Patient Day (Normalized)

Rolling 12 Months: November 21 to October 22



SVMHS Operating Revenues & Expenses (Normalized)

Rolling 12 Months: November 21 to October 22



SVMHS Key Financial Indicators

Statistic	YTD Oct 22	SVMHS Target	+/-	S&P A+ Rated Hospitals	+/-	YTD Oct-21	+/-
Operating Margin*	3.2%	5.0%		4.0%		5.7%	
Total Margin*	2.5%	6.0%		6.6%		6.3%	
EBITDA Margin**	7.1%	7.4%		13.6%		9.8%	
Days of Cash*	333	305		249		372	
Days of Accounts Payable*	52	45		-		44	
Days of Net Accounts Receivable*	49	45		49		48	
Supply Expense as % NPR	13.0%	14.0%		-		13.2%	
SWB Expense as % NPR	54.3%	53.0%		53.7%		53.4%	
Operating Expense per APD*	6,231	6,739		-		6,377	

*These metrics have been adjusted for normalizing items

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

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

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

SVMHS Days Cash Comparison

to June 30, 2022 compare to October 31, 2022

Days Cash on Hand has started to decrease due to expenses rising faster than the cash and investment balance and the beginning of the master facility plan.

	<u>6/30/2022</u>	<u>10/31/2022</u>	<u>change</u>	<u>% change</u>
Cash Expense for Trailing 4 months	\$ 621,995,220	\$ 642,603,626	\$ 20,608,406	3.3%
One day Equivalent Expense	\$ 1,703,987	\$ 1,760,558	\$ 56,571	3.3%
Cash and Investment Balance	\$ 585,378,986	\$ 585,694,722	\$ 315,736	0.1%
Days Cash and Investments on Hand	344	333	(11)	-3.3%

For the period July-October 2022 the Master Facility Spending is \$4,712,034

Salinas Valley Memorial Healthcare System

Days Cash on Hand = 333 Days (\$586M)

October 2022



2014

2015

2016

2017

2018

2019

2020

2021

2022

ROUTINE CAPITAL EXPENDITURES Through October 2022

Fiscal Month	FY 2023 Approved Budget *	Total Purchased Expenditures	Remaining	Project	Amount
July	1,666,667	417,301	1,249,366	Starbucks Renovation	158,323
August	1,666,667	865,174	2,050,858	OB C-Section OR Room	84,197
September	1,666,667	1,452,278	2,265,247	Omnicell Conversion	70,686
October	1,666,667	746,115	3,185,799	CT Scanner Replacement	33,669
November	1,666,667		4,852,465	Other CIP	37,043
December	1,666,667		6,519,132	Total Improvements	383,918
January	1,666,667		8,185,799	Advanced Sterilization Products	108,471
February	1,666,667		9,852,465	CDW-Computers and other IT equipment	66,564
March	1,666,667		11,519,132	Allen Technologies	50,522
April	1,666,667		13,185,799	One Workplace Ferrari	42,571
May	1,666,667		14,852,465	Other equip	94,069
June	1,666,667		16,519,132	Total Equipment	362,197
YTD TOTAL	20,000,000	3,480,868	16,519,132	Grand Total	746,115

QUESTIONS / COMMENTS

SALINAS VALLEY MEMORIAL HOSPITAL
SUMMARY INCOME STATEMENT
October 31, 2022

	<u>Month of October,</u>		<u>Four months ended October 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 50,289,316	\$ 44,503,745	\$ 202,630,079	\$ 188,987,453
Other operating revenue	708,887	592,289	2,832,430	3,955,863
Total operating revenue	<u>50,998,203</u>	<u>45,096,034</u>	<u>205,462,509</u>	<u>192,943,316</u>
Total operating expenses	46,906,308	40,534,652	185,327,828	164,842,685
Total non-operating income	<u>(4,952,574)</u>	<u>(5,780,644)</u>	<u>(13,007,925)</u>	<u>(11,955,383)</u>
Operating and non-operating income	<u>\$ (860,679)</u>	<u>\$ (1,219,262)</u>	<u>\$ 7,126,756</u>	<u>\$ 16,145,248</u>

SALINAS VALLEY MEMORIAL HOSPITAL
 BALANCE SHEETS
 October 31, 2022

	<u>Current year</u>	<u>Prior year</u>
ASSETS:		
Current assets	\$ 387,921,362	\$ 421,142,680
Assets whose use is limited or restricted by board	150,622,424	146,643,318
Capital assets	240,456,793	241,249,565
Other assets	181,326,897	190,452,550
Deferred pension outflows	<u>95,401,205</u>	<u>50,119,236</u>
	<u>\$ 1,055,728,681</u>	<u>\$ 1,049,607,349</u>
LIABILITIES AND EQUITY:		
Current liabilities	98,571,055	124,965,908
Long term liabilities	14,058,922	14,556,513
	76,126,944	83,585,120
Net assets	<u>866,971,760</u>	<u>826,499,808</u>
	<u>\$ 1,055,728,681</u>	<u>\$ 1,049,607,349</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF NET PATIENT REVENUE
October 31, 2022**

	Month of October,		Four months ended October 31,	
	current year	prior year	current year	prior year
Patient days:				
By payer:				
Medicare	2,012	1,615	7,670	6,310
Medi-Cal	1,204	966	4,475	3,894
Commercial insurance	779	679	3,031	2,870
Other patient	112	71	407	415
Total patient days	4,107	3,331	15,583	13,489
 Gross revenue:				
Medicare	\$ 100,067,776	\$ 87,017,775	\$ 397,358,670	\$ 355,721,409
Medi-Cal	69,289,259	54,440,661	260,048,351	226,248,660
Commercial insurance	51,767,295	45,862,666	208,520,709	194,946,335
Other patient	9,370,137	6,183,114	32,999,936	31,208,913
Gross revenue	230,494,467	193,504,217	898,927,666	808,125,318
 Deductions from revenue:				
Administrative adjustment	89,863	183,641	700,155	1,161,930
Charity care	889,140	686,444	3,142,609	4,377,120
Contractual adjustments:				
Medicare outpatient	28,526,083	26,883,761	120,285,952	112,263,050
Medicare inpatient	47,649,599	39,687,187	173,350,023	149,902,155
Medi-Cal traditional outpatient	3,028,934	2,727,819	12,977,361	10,196,287
Medi-Cal traditional inpatient	4,814,343	7,455,907	17,997,061	24,498,118
Medi-Cal managed care outpatient	28,317,415	21,560,408	103,814,679	89,469,947
Medi-Cal managed care inpatient	25,868,830	17,590,484	97,178,833	79,715,420
Commercial insurance outpatient	17,428,652	15,325,974	70,749,488	66,236,808
Commercial insurance inpatient	18,022,711	13,374,731	76,735,571	64,277,095
Uncollectible accounts expense	3,713,662	3,532,531	15,636,031	15,047,265
Other payors	1,855,919	(8,415)	3,729,824	1,992,669
Deductions from revenue	180,205,151	149,000,472	696,297,587	619,137,865
Net patient revenue	\$ 50,289,316	\$ 44,503,745	\$ 202,630,079	\$ 188,987,453
 Gross billed charges by patient type:				
Inpatient	\$ 124,454,276	\$ 101,958,348	\$ 473,155,211	\$ 421,763,882
Outpatient	76,791,223	65,203,186	311,875,590	276,469,382
Emergency room	29,248,969	26,342,684	113,896,865	109,892,054
Total	\$ 230,494,468	\$ 193,504,217	\$ 898,927,666	\$ 808,125,318

**SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES
October 31, 2022**

	<u>Month of October,</u>		<u>Four months ended October 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Operating revenue:				
Net patient revenue	\$ 50,289,316	\$ 44,503,745	\$ 202,630,079	\$ 188,987,453
Other operating revenue	708,887	592,289	2,832,430	3,955,863
Total operating revenue	<u>50,998,203</u>	<u>45,096,034</u>	<u>205,462,509</u>	<u>192,943,316</u>
Operating expenses:				
Salaries and wages	17,109,510	15,420,230	70,169,492	62,312,002
Compensated absences	3,240,154	3,410,757	11,199,200	11,036,952
Employee benefits	7,705,239	6,164,151	29,868,786	28,686,576
Supplies, food, and linen	6,494,538	6,171,749	26,965,431	24,604,482
Purchased department functions	4,530,945	3,110,619	16,103,028	12,716,310
Medical fees	2,033,674	2,028,595	7,453,948	7,835,252
Other fees	2,543,794	1,434,162	9,710,704	4,940,833
Depreciation	1,779,457	1,771,042	7,463,055	7,071,814
All other expense	1,468,997	1,023,347	6,394,184	5,638,464
Total operating expenses	<u>46,906,308</u>	<u>40,534,652</u>	<u>185,327,828</u>	<u>164,842,685</u>
Income from operations	<u>4,091,895</u>	<u>4,561,382</u>	<u>20,134,681</u>	<u>28,100,631</u>
Non-operating income:				
Donations	(500,000)	166,667	1,801,378	666,667
Property taxes	333,333	333,333	1,333,333	1,333,333
Investment income	(772,335)	(1,521,393)	(4,146,975)	(2,282,561)
Taxes and licenses	0	0	0	0
Income from subsidiaries	(4,013,572)	(4,759,251)	(11,995,661)	(11,672,822)
Total non-operating income	<u>(4,952,574)</u>	<u>(5,780,644)</u>	<u>(13,007,925)</u>	<u>(11,955,383)</u>
Operating and non-operating income	(860,679)	(1,219,262)	7,126,756	16,145,248
Net assets to begin	<u>867,832,438</u>	<u>827,719,070</u>	<u>859,845,004</u>	<u>810,354,560</u>
Net assets to end	<u>\$ 866,971,760</u>	<u>\$ 826,499,808</u>	<u>\$ 866,971,760</u>	<u>\$ 826,499,808</u>
Net income excluding non-recurring items	\$ (860,679)	\$ (1,219,262)	\$ 7,126,756	\$ 15,663,470
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>481,778</u>
Operating and non-operating income	<u>\$ (860,679)</u>	<u>\$ (1,219,262)</u>	<u>\$ 7,126,756</u>	<u>\$ 16,145,248</u>

**SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF INVESTMENT INCOME
October 31, 2022**

	<u>Month of October,</u>		<u>Four months ended October 31,</u>	
	<u>current year</u>	<u>prior year</u>	<u>current year</u>	<u>prior year</u>
Detail of other operating income:				
Dietary revenue	\$ 167,416	\$ 171,716	\$ 540,835	\$ 571,721
Discounts and scrap sale	930	12,444	275,429	294,847
Sale of products and services	67,811	22,975	164,978	390,253
Clinical trial fees	0	0	0	20,878
Stimulus Funds	0	0	0	0
Rental income	173,485	159,737	696,821	642,636
Other	299,245	225,417	1,154,367	2,035,528
Total	\$ 708,887	\$ 592,289	\$ 2,832,430	\$ 3,955,863
Detail of investment income:				
Bank and payor interest	\$ 618,842	\$ 93,877	\$ 1,798,805	\$ 382,374
Income from investments	(1,213,342)	(1,615,270)	(5,763,228)	(2,690,560)
Gain or loss on property and equipment	(177,836)	0	(182,551)	25,625
Total	\$ (772,335)	\$ (1,521,393)	\$ (4,146,975)	\$ (2,282,561)
Detail of income from subsidiaries:				
Salinas Valley Medical Center:				
Pulmonary Medicine Center	\$ (300,762)	\$ (217,327)	\$ (796,932)	\$ (851,429)
Neurological Clinic	(60,546)	(81,091)	(292,324)	(235,038)
Palliative Care Clinic	(64,509)	(95,543)	(247,764)	(357,155)
Surgery Clinic	(175,155)	(202,437)	(556,396)	(526,308)
Infectious Disease Clinic	(33,367)	(35,514)	(119,959)	(112,789)
Endocrinology Clinic	(142,675)	(151,614)	(612,348)	(528,602)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(562,968)	(539,812)	(1,667,913)	(1,752,741)
OB/GYN Clinic	(160,098)	(420,704)	(1,045,650)	(1,406,236)
PrimeCare Medical Group	(485,566)	(710,741)	(1,635,577)	(2,000,018)
Oncology Clinic	(436,387)	(626,649)	(1,190,934)	(1,376,648)
Cardiac Surgery	(47,016)	(143,059)	(834,416)	(633,494)
Sleep Center	15,357	(26,920)	(44,032)	(104,478)
Rheumatology	(50,470)	(44,239)	(236,168)	(195,756)
Precision Ortho MDs	(594,911)	(289,014)	(1,430,465)	(1,147,034)
Precision Ortho-MRI	0	0	0	0
Precision Ortho-PT	(55,345)	(55,393)	(175,414)	(218,280)
Vaccine Clinic	571	(35,711)	(683)	(35,711)
Dermatology	(33,015)	7,537	(76,055)	(64,824)
Hospitalists	0	0	0	0
Behavioral Health	(45,151)	(66,151)	(117,487)	(285,278)
Pediatric Diabetes	(42,106)	(34,778)	(182,254)	(175,038)
Neurosurgery	(57,727)	(47,697)	(128,692)	(100,245)
Multi-Specialty-RR	26,284	890	47,221	18,600
Radiology	(221,988)	(206,848)	(635,736)	(1,111,674)
Salinas Family Practice	(163,626)	(120,540)	(401,037)	(389,452)
Urology	(303,218)	0	(477,344)	0
Total SVMC	(3,994,394)	(4,143,355)	(12,858,359)	(13,589,628)
Doctors on Duty	23,786	(827,800)	313,105	477,674
Vantage Surgery Center	0	25,421	0	95,303
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	63,502	173,661	464,955	1,035,370
Aspire/CHI/Coastal	(93,502)	27,697	(57,525)	(32,268)
Apex	0	(56,860)	0	59,998
21st Century Oncology	(55,946)	547	(27,945)	121,015
Monterey Bay Endoscopy Center	42,981	41,438	170,108	159,715
Total	\$ (4,013,572)	\$ (4,759,251)	\$ (11,995,661)	\$ (11,672,822)

**SALINAS VALLEY MEMORIAL HOSPITAL
BALANCE SHEETS
October 31, 2022**

	Current year	Prior year
A S S E T S		
Current assets:		
Cash and cash equivalents	\$ 271,343,734	\$ 323,676,564
Patient accounts receivable, net of estimated uncollectibles of \$31,349,800	88,830,207	77,386,170
Supplies inventory at cost	7,596,948	8,030,814
Other current assets	20,150,473	12,049,132
Total current assets	387,921,362	421,142,680
Assets whose use is limited or restricted by board	150,622,424	146,643,318
Capital assets:		
Land and construction in process	43,531,752	36,210,359
Other capital assets, net of depreciation	196,925,041	205,039,206
Total capital assets	240,456,793	241,249,565
Other assets:		
Investment in Securities	141,829,047	147,029,222
Investment in SVMC	14,248,586	15,133,220
Investment in Aspire/CHI/Coastal	1,586,175	3,612,579
Investment in other affiliates	23,591,870	21,598,283
Net pension asset	71,219	3,079,246
Total other assets	181,326,897	190,452,550
Deferred pension outflows	95,401,205	50,119,236
	\$ 1,055,728,681	\$ 1,049,607,349
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 63,233,836	\$ 52,540,077
Due to third party payers	17,755,329	54,910,575
Current portion of self-insurance liability	17,581,890	17,515,256
Total current liabilities	98,571,055	124,965,908
Long term portion of workers comp liability	14,058,922	14,556,513
Total liabilities	112,629,977	139,522,421
Pension liability	76,126,944	83,585,120
Net assets:		
Invested in capital assets, net of related debt	240,456,793	241,249,565
Unrestricted	626,514,967	585,250,243
Total net assets	866,971,760	826,499,808
	\$ 1,055,728,681	\$ 1,049,607,349

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
October 31, 2022

	Month of October,				Four months ended October 31,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	\$ 230,494,467	\$ 209,636,473	20,857,994	9.95%	\$ 898,927,666	\$ 831,786,773	67,140,893	8.07%
Deductions from revenue	180,205,151	161,662,157	18,542,994	11.47%	696,297,587	640,304,907	55,992,680	8.74%
Net patient revenue	50,289,316	47,974,316	2,315,000	4.83%	202,630,079	191,481,866	11,148,213	5.82%
Other operating revenue	708,887	1,374,687	(665,800)	-48.43%	2,832,430	5,498,746	(2,666,316)	-48.49%
Total operating revenue	50,998,203	49,349,002	1,649,201	3.34%	205,462,509	196,980,612	8,481,897	4.31%
Operating expenses:								
Salaries and wages	17,109,510	16,541,104	568,406	3.44%	70,169,492	64,844,934	5,324,558	8.21%
Compensated absences	3,240,154	2,900,318	339,836	11.72%	11,199,200	12,135,451	(936,251)	-7.72%
Employee benefits	7,705,239	7,124,892	580,347	8.15%	29,868,786	29,287,036	581,750	1.99%
Supplies, food, and linen	6,494,538	6,417,896	76,642	1.19%	26,965,431	25,467,285	1,498,146	5.88%
Purchased department functions	4,530,945	3,491,015	1,039,930	29.79%	16,103,028	13,964,040	2,138,988	15.32%
Medical fees	2,033,674	2,026,754	6,920	0.34%	7,453,948	8,107,017	(653,069)	-8.06%
Other fees	2,543,794	2,161,266	382,528	17.70%	9,710,704	8,675,054	1,035,650	11.94%
Depreciation	1,779,457	1,915,617	(136,160)	-7.11%	7,463,055	7,615,614	(152,559)	-2.00%
All other expense	1,468,997	1,767,161	(298,164)	-16.87%	6,394,184	7,033,648	(639,464)	-9.09%
Total operating expenses	46,906,308	44,346,023	2,560,285	5.77%	185,327,828	177,130,080	8,197,748	4.63%
Income from operations	4,091,895	5,002,980	(911,085)	-18.21%	20,134,681	19,850,532	284,149	1.43%
Non-operating income:								
Donations	(500,000)	166,667	(666,667)	-400.00%	1,801,378	666,667	1,134,711	170.21%
Property taxes	333,333	333,333	(0)	0.00%	1,333,333	1,333,333	(0)	0.00%
Investment income	(772,335)	129,915	(902,250)	-694.49%	(4,146,975)	519,662	(4,666,637)	-898.01%
Income from subsidiaries	(4,013,572)	(3,382,786)	(630,786)	18.65%	(11,995,661)	(13,803,469)	1,807,808	-13.10%
Total non-operating income	(4,952,574)	(2,752,871)	(2,199,703)	79.91%	(13,007,925)	(11,283,807)	(1,724,118)	15.28%
Operating and non-operating income \$	(860,679)	\$ 2,250,109	(3,110,788)	-138.25%	\$ 7,126,756	\$ 8,566,725	(1,439,969)	-16.81%

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Oct and four months to date

	<u>Month of Oct</u>		<u>Four months to date</u>		<u>Variance</u>
	<u>2021</u>	<u>2022</u>	<u>2020-21</u>	<u>2021-22</u>	
<u>NEWBORN STATISTICS</u>					
Medi-Cal Admissions	35	39	175	153	(22)
Other Admissions	80	79	373	345	(28)
Total Admissions	115	118	548	498	(50)
Medi-Cal Patient Days	58	58	264	239	(25)
Other Patient Days	143	141	629	(40)	(669)
Total Patient Days of Care	201	199	893	199	(694)
Average Daily Census	6.5	6.4	7.3	1.6	(5.6)
Medi-Cal Average Days	1.7	1.5	1.5	1.6	0.1
Other Average Days	1.2	1.8	1.7	-0.1	(1.8)
Total Average Days Stay	1.7	1.7	1.6	0.4	(1.2)
<u>ADULTS & PEDIATRICS</u>					
Medicare Admissions	323	387	1,239	1,544	305
Medi-Cal Admissions	264	329	957	1,153	196
Other Admissions	368	309	1,189	1,258	69
Total Admissions	955	1,025	3,385	3,955	570
Medicare Patient Days	1,430	1,733	5,451	6,370	919
Medi-Cal Patient Days	975	1,243	4,011	4,644	633
Other Patient Days	899	1,341	3,741	(6,697)	(10,438)
Total Patient Days of Care	3,304	4,317	13,203	4,317	(8,886)
Average Daily Census	106.6	139.3	107.3	35.1	(72.2)
Medicare Average Length of Stay	4.5	4.6	4.3	4.1	(0.2)
Medi-Cal Average Length of Stay	3.8	3.4	3.4	3.5	0.1
Other Average Length of Stay	2.5	3.5	2.5	-4.3	(6.8)
Total Average Length of Stay	3.5	3.8	3.3	1.0	(2.3)
Deaths	21	22	100	86	(14)
Total Patient Days	3,505	4,516	14,096	4,516	(9,580)
Medi-Cal Administrative Days	0	5	74	32	(42)
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	0	5	74	32	(42)
Percent Non-Acute	0.00%	0.11%	0.52%	0.71%	0.18%

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Oct and four months to date

	<u>Month of Oct</u>		<u>Four months to date</u>		<u>Variance</u>
	<u>2021</u>	<u>2022</u>	<u>2020-21</u>	<u>2021-22</u>	
<u>PATIENT DAYS BY LOCATION</u>					
Level I	289	463	1,041	463	(578)
Heart Center	329	431	1,290	431	(859)
Monitored Beds	691	642	3,078	642	(2,436)
Single Room Maternity/Obstetrics	301	347	1,410	347	(1,063)
Med/Surg - Cardiovascular	622	990	2,399	990	(1,409)
Med/Surg - Oncology	299	226	1,115	226	(889)
Med/Surg - Rehab	391	633	1,614	633	(981)
Pediatrics	73	153	349	153	(196)
Nursery	201	199	893	199	(694)
Neonatal Intensive Care	29	0	282	0	(282)
<u>PERCENTAGE OF OCCUPANCY</u>					
Level I	71.71%	114.89%	65.10%	115.82%	
Heart Center	70.75%	92.69%	69.92%	93.44%	
Monitored Beds	82.56%	76.70%	92.68%	77.33%	
Single Room Maternity/Obstetrics	26.24%	30.25%	30.98%	30.50%	
Med/Surg - Cardiovascular	44.59%	70.97%	43.34%	71.54%	
Med/Surg - Oncology	74.19%	56.08%	69.73%	56.54%	
Med/Surg - Rehab	48.51%	78.54%	50.47%	79.17%	
Med/Surg - Observation Care Unit	0.00%	81.97%	0.00%	82.64%	
Pediatrics	13.08%	27.42%	15.76%	27.64%	
Nursery	39.30%	38.91%	22.00%	19.61%	
Neonatal Intensive Care	8.50%	0.00%	20.84%	0.00%	

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Oct and four months to date

	<u>Month of Oct</u>		<u>Four months to date</u>		<u>Variance</u>
	<u>2021</u>	<u>2022</u>	<u>2020-21</u>	<u>2021-22</u>	
<u>DELIVERY ROOM</u>					
Total deliveries	103	123	529	485	(44)
C-Section deliveries	38	41	172	143	(29)
Percent of C-section deliveries	36.89%	33.33%	32.51%	29.48%	-3.03%
<u>OPERATING ROOM</u>					
In-Patient Operating Minutes	20,615	24,188	81,588	80,075	(1,513)
Out-Patient Operating Minutes	24,545	25,030	99,142	103,309	4,167
Total	45,160	49,218	180,730	183,384	2,654
Open Heart Surgeries	12	14	49	52	3
In-Patient Cases	150	166	569	569	0
Out-Patient Cases	239	263	981	1,081	100
<u>EMERGENCY ROOM</u>					
Immediate Life Saving	30	26	156	106	(50)
High Risk	471	560	1,764	2,165	401
More Than One Resource	2,639	3,074	10,513	11,965	1,452
One Resource	1,704	2,380	6,966	8,324	1,358
No Resources	72	93	397	371	(26)
Total	<u>4,916</u>	<u>6,133</u>	<u>19,796</u>	<u>22,931</u>	<u>3,135</u>

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Oct and four months to date

	Month of Oct		Four months to date		Variance
	2021	2022	2020-21	2021-22	
CENTRAL SUPPLY					
In-patient requisitions	16,315	15,295	102,118	105,727	3,609
Out-patient requisitions	6,250	6,730	67,967	63,426	-4,541
Emergency room requisitions	1,375	698	11,273	8,349	-2,924
Interdepartmental requisitions	7,849	7,115	49,644	44,398	-5,246
Total requisitions	31,789	29,838	231,002	221,900	-9,102
LABORATORY					
In-patient procedures	42,107	38,721	253,735	241,589	-12,146
Out-patient procedures	9,286	11,597	76,062	80,263	4,201
Emergency room procedures	9,433	11,145	60,934	76,430	15,496
Total patient procedures	60,826	61,463	390,731	398,282	7,551
BLOOD BANK					
Units processed	318	297	1,996	1,965	-31
ELECTROCARDIOLOGY					
In-patient procedures	1,041	1,068	6,566	6,885	319
Out-patient procedures	349	302	2,706	2,668	-38
Emergency room procedures	1,045	1,148	6,142	7,127	985
Total procedures	2,435	2,518	15,414	16,680	1,266
CATH LAB					
In-patient procedures	64	77	512	607	95
Out-patient procedures	51	71	571	625	54
Emergency room procedures	0	0	1	0	-1
Total procedures	115	148	1,084	1,232	148
ECHO-CARDIOLOGY					
In-patient studies	298	371	2,033	2,406	373
Out-patient studies	138	156	1,262	1,520	258
Emergency room studies	2	1	16	5	-11
Total studies	438	528	3,311	3,931	620
NEURODIAGNOSTIC					
In-patient procedures	140	165	1,109	1,090	-19
Out-patient procedures	24	27	169	164	-5
Emergency room procedures	0	0	0	0	0
Total procedures	164	192	1,278	1,254	-24

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Oct and four months to date

	<u>Month of Oct</u>		<u>Four months to date</u>		<u>Variance</u>
	<u>2021</u>	<u>2022</u>	<u>2020-21</u>	<u>2021-22</u>	
SLEEP CENTER					
In-patient procedures	0	0	1	0	-1
Out-patient procedures	183	167	1,315	1,153	-162
Emergency room procedures	0	0	0	0	0
Total procedures	183	167	1,316	1,153	-163
RADIOLOGY					
In-patient procedures	1,654	1,429	9,708	8,710	-998
Out-patient procedures	416	356	4,323	2,915	-1,408
Emergency room procedures	1,217	1,382	7,939	8,809	870
Total patient procedures	3,287	3,167	21,970	20,434	-1,536
MAGNETIC RESONANCE IMAGING					
In-patient procedures	105	141	860	890	30
Out-patient procedures	127	77	953	768	-185
Emergency room procedures	14	6	80	49	-31
Total procedures	246	224	1,893	1,707	-186
MAMMOGRAPHY CENTER					
In-patient procedures	2,718	3,550	20,910	24,711	3,801
Out-patient procedures	2,696	3,518	20,790	24,527	3,737
Emergency room procedures	3	0	3	8	5
Total procedures	5,417	7,068	41,703	49,246	7,543
NUCLEAR MEDICINE					
In-patient procedures	12	14	86	94	8
Out-patient procedures	61	78	506	541	35
Emergency room procedures	1	0	4	4	0
Total procedures	74	92	596	639	43
PHARMACY					
In-patient prescriptions	111,491	94,299	636,356	605,331	-31,025
Out-patient prescriptions	10,439	11,319	99,978	104,283	4,305
Emergency room prescriptions	5,342	7,197	36,983	48,996	12,013
Total prescriptions	127,272	112,815	773,317	758,610	-14,707
RESPIRATORY THERAPY					
In-patient treatments	29,606	21,738	156,457	131,478	-24,979
Out-patient treatments	143	981	3,391	7,896	4,505
Emergency room treatments	373	194	1,179	1,583	404
Total patient treatments	30,122	22,913	161,027	140,957	-20,070
PHYSICAL THERAPY					
In-patient treatments	2,256	2,396	16,109	16,284	175
Out-patient treatments	99	170	1,751	2,108	357
Emergency room treatments	0	0	0	0	0
Total treatments	2,355	2,566	17,860	18,392	532

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of Oct and four months to date

	<u>Month of Oct</u>		<u>Four months to date</u>		<u>Variance</u>
	<u>2021</u>	<u>2022</u>	<u>2020-21</u>	<u>2021-22</u>	
OCCUPATIONAL THERAPY					
In-patient procedures	1,445	1,660	9,403	10,682	1,279
Out-patient procedures	74	99	797	1,086	289
Emergency room procedures	0	0	0	0	0
Total procedures	<u>1,519</u>	<u>1,759</u>	<u>10,200</u>	<u>11,768</u>	<u>1,568</u>
SPEECH THERAPY					
In-patient treatments	348	525	2,682	3,077	395
Out-patient treatments	23	28	171	200	29
Emergency room treatments	0	0	0	0	0
Total treatments	<u>371</u>	<u>553</u>	<u>2,853</u>	<u>3,277</u>	<u>424</u>
CARDIAC REHABILITATION					
In-patient treatments	0	0	0	0	0
Out-patient treatments	498	401	2,637	4,268	1,631
Emergency room treatments	0	0	1	0	-1
Total treatments	<u>498</u>	<u>401</u>	<u>2,638</u>	<u>4,268</u>	<u>1,630</u>
CRITICAL DECISION UNIT					
Observation hours	<u>378</u>	<u>344</u>	<u>1,866</u>	<u>2,252</u>	<u>386</u>
ENDOSCOPY					
In-patient procedures	85	78	626	636	10
Out-patient procedures	12	29	159	223	64
Emergency room procedures	0	0	0	0	0
Total procedures	<u>97</u>	<u>107</u>	<u>785</u>	<u>859</u>	<u>74</u>
C.T. SCAN					
In-patient procedures	537	596	3,803	4,027	224
Out-patient procedures	445	281	3,598	2,517	-1,081
Emergency room procedures	433	552	3,208	4,164	956
Total procedures	<u>1,415</u>	<u>1,429</u>	<u>10,609</u>	<u>10,708</u>	<u>99</u>
DIETARY					
Routine patient diets	17,554	21,351	113,154	130,102	16,948
Meals to personnel	19,345	21,421	144,216	152,161	7,945
Total diets and meals	<u>36,899</u>	<u>42,772</u>	<u>257,370</u>	<u>282,263</u>	<u>24,893</u>
LAUNDRY AND LINEN					
Total pounds laundered	<u>99,573</u>	<u>100,531</u>	<u>710,088</u>	<u>689,921</u>	<u>-20,167</u>

PUBLIC INPUT

CLOSED SESSION

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

*RECONVENE OPEN SESSION/
REPORT ON CLOSED SESSION*

Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of Master Service Agreement for Teleradiology Services between Vesta Teleradiology and SVMHS**

Executive Sponsor: Allen Radner, MD, Chief Executive Officer, SVMC
John Tejada, D.H.A., FACHE, Chief Operating Officer, SVMC

Date: November 14, 2022

Executive Summary

SVMHS has utilized nighttime teleradiology coverage (currently StatRad) through a contractual relationship with the independent Radiology group Salinas Valley Radiologists, Inc. (SVR). SVR presently holds a hospital-based exclusive radiology contract with Salinas Valley Memorial Healthcare System (SVMHS) which expires on December 16, 2022. As of the expiration date of the agreement, SVR will no longer be providing radiology coverage for SVMHS. It is SVMHS's intent and proposal to offer radiology services through a hybrid model of contracted providers within the Salinas Valley Medical Clinic and via teleradiology. SVMHS Administration requests approval to enter into a one (1) year agreement for teleradiology services with Vesta Teleradiology. This will allow coverage, as needed for radiology coverage 24 hours/day, 365 days/year.

Timeline

November 14, 2022 – Request SVMHS Finance Committee Recommendation for Board Approval
November 17, 2022 – SVMHS Board of Directors Meeting/Consider Recommendation for Approval
December 10, 2022 – Commencement date of Services Agreement

Meeting our Mission, Vision, Goals

Strategic Plan Alignment

This transaction is aligned with the strategic initiatives outlined in our most recent strategic planning work for growth, in developing healthcare services and programs that drive value for our patients.

Pillar/Goal Alignment: Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications

Agreement Vesta Teleradiology and SVMHS. Utilizing this cost effective hybrid model of contracted providers within the SVMHS/SVMC and teleradiology enables us to provide comprehensive radiology services at less cost than contracting with additional radiologists under a wRVU productivity payment model, overhead, and healthcare benefits coverage.

Our volumes support 14 FTE radiologists. We may have a total of 7 plus the cost effective model of these teleradiology services.

Recommendation

Administration requests that the Board Finance Committee make a recommendation to the Board of Directors for approval (pending final review by District legal counsel) of the following agreement:

Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of Contract Agreement for Teleradiology Services between RADlinx, LLC and SVMHS/SVMC**

Executive Sponsor: Allen Radner, MD, Chief Executive Officer, SVMC
John Tejada, D.H.A., FACHE, Chief Operating Officer, SVMC

Date: November 14, 2022

Executive Summary

SVMHS has utilized daytime radiology coverage through a contractual relationship with the independent Radiology group Salinas Valley Radiologists, Inc. (SVR). SVR presently holds a hospital-based exclusive radiology contract with Salinas Valley Memorial Healthcare System (SVMHS) which expires on December 16, 2022. As of the expiration date of the agreement, SVR will no longer be providing radiology coverage for SVMHS/SVMC. It is SVMHS/SVMC's intent and proposal to offer radiology services through a hybrid model of contracted providers within the Salinas Valley Medical Clinic and via teleradiology. SVMHS/SVMC Administration requests approval to enter into a one (1) year agreement for teleradiology services with RADlinx, LLC. This will allow coverage, as needed for radiology during the business hours of our SVMC Imaging Centers.

Timeline

November 14, 2022 – Request SVMHS Finance Committee Recommendation for Board Approval
November 17, 2022 – SVMHS Board of Directors Meeting/Consider Recommendation for Approval
December 16, 2022 – Commencement date of Services Agreement

Meeting our Mission, Vision, Goals

Strategic Plan Alignment

This transaction is aligned with the strategic initiatives outlined in our most recent strategic planning work for growth, in developing healthcare clinics and programs that drive value for our patients.

Pillar/Goal Alignment: Service People Quality Finance Growth Community

Financial/Quality/Safety/Regulatory Implications

Agreement RADlinx and SVMC. Utilizing this cost effective hybrid model of contracted providers within the SVMHS/SVMC and teleradiology enables us to provide comprehensive radiology services at less cost than contracting with additional radiologists under a wRVU productivity payment model, overhead, and healthcare benefits coverage.

Our volumes support 14 FTE radiologists. We may have a total of 7 plus the cost effective model of these teleradiology services.

Recommendation

Administration requests that the Board Finance Committee make a recommendation to the Board of Directors for approval (pending final review by District legal counsel).

ADJOURNMENT

*The next Finance Committee Meeting is
scheduled for Monday, December 12, 2022 at
12:00 p.m.*