

SUBJECT: SAFETY MANAGEMENT PLAN	SECTION: <i>Safety Management</i> Page 7 of 11
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sewage and storm lift stations and equipment yards. Sierra View Medical Center does not provide any patient care, treatment, or services outside of hospital buildings. There are no patient activity areas outside of hospital buildings that require supervision by hospital staff.

The Facilities Manager is responsible for scheduling the work required to maintain the appearance and safety of hospital grounds. The Engineering staff and Security Officers make regular rounds of the grounds to identify unsafe conditions. The Security Supervisor and Engineering staff reports all deficiencies to the Facilities Manager for appropriate action.

EC.02.01.01 EP11 – The hospital responds to product notices and recalls

The Manager of the Environment of Care and the Director of Materials Management coordinates a product safety recall system. The system is designed to quickly assess safety recall notices; to respond to those that affect Sierra View Medical Center; and to assure all active safety recalls are completed in a timely manner.

A quarterly report of safety recall notices that required action to eliminate defective equipment or supplies from Sierra View Medical Center is presented to the Environmental Safety Committee by the Manager of the Environment of Care and the Director of Materials Management.

EC.02.01.03 EP1 – The hospital prohibits smoking

Sierra View Medical Center has developed a Tobacco Free Environment policy. The policy prohibits the usage of any tobacco product (i.e.: cigarettes, cigars, pipe, chewing tobacco, e-cigarettes) in any hospital building or grounds by all, including staff, visitors and patients.

Sierra View Medical Center has identified alternatives to tobacco products that are offered to all. Sierra View Medical Center has developed tobacco replacement product resources to assist staff and patients with smoking cessation as desired.

The procedures for managing the use of tobacco replacement materials are followed and enforced by all managers and staff.

EC.02.01.03 EP6 – The hospital takes action to maintain compliance with its smoking policy

The procedures for managing the use of smoking materials are followed and enforced by all leadership and staff.

EC.04.01.01 EP1 - EP11 – The hospital monitors conditions in the environment

The Administrative Director of Quality and Care Management coordinates the design and implementation of the incident reporting and analysis process. The Safety Officer works with Risk Management to design appropriate forms and procedures to document and evaluate patient

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and visitor incidents, staff member incidents, and property damage related to environmental conditions.

Incident reports are completed by a witness or the staff member to whom a patient or visitor incident is reported. The completed reports are forwarded to Risk Management. Risk Management works with appropriate staff to analyze and evaluate the reports. The results of the evaluation are used to eliminate immediate problems in the environment.

In addition, the Administrative Director of Quality and Care and the Safety Officer collaborate to conduct an aggregate analysis of incident reports generated from environmental conditions to determine if there are patterns of deficiencies in the environment of staff behaviors that require action. The findings of such analysis are reported to the Safety Committee and the Performance Improvement Patient Safety Committee, as appropriate, as part of quarterly Environmental Safety reports. The Safety Officer provides summary information related to incidents to the Chief Executive Officer, Board of Directors and Senior Leadership as appropriate.

The Safety Officer coordinates the collection of information about environmental safety and patient safety deficiencies, including identification of opportunities for improvement from all areas of Sierra View Medical Center. Appropriate representatives from hospital administration, clinical services, support services, and the Facilities Manager, who represents each of the seven management of the environment of care functions, use the information to analyze safety and environmental issues and to develop recommendations for addressing them.

The Safety Committee and the Performance Improvement/Patient Safety Committee are responsible for identifying opportunities for improving environmental safety, for setting priorities for the identified needs for improvement, and for monitoring the effectiveness of changes made to any of the environment of care management programs.

The Safety Officer and the Chairpersons of the Safety Committee and the Performance Improvement/Patient Safety Committee prepare quarterly reports to the leadership of Sierra View Medical Center. The quarterly reports summarize key issues reported to the Committees, with their recommendations. The quarterly report is also used to communicate information related to standards and regulatory compliance, program issues, objectives, program performance, annual evaluations, and other information, as needed, to assure Hospital leaders that management responsibilities have been carried out.

EC.04.01.01 EP15 – Every twelve months, the hospital evaluates each environment of care management plan, including a review of the scope, objectives, performance, and effectiveness of the program described by the plan.

The Safety Officer coordinates the annual evaluation of the management plans associated with the Environment of Care functions.

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The annual evaluation examines the management plans to determine if they accurately represent the management of environmental and patient safety risks. The review also evaluates the operational results of each Environment of Care program to determine if the scope, objectives, performance, and effectiveness of each program are acceptable. The annual evaluation uses a variety of information sources. The sources include aggregate analysis of environmental rounds and incident reports, findings of external reviews, benchmarking programs or assessments by regulators, accrediting bodies, insurers, and consultants, minutes of Safety Committee meetings, and analytical summaries of other activities. The findings of the annual review are presented to the Safety Committee by the end of the first quarter of the fiscal year. Each report presents a balanced summary of an Environment of Care program for the preceding fiscal year. Each report includes an action plan to address identified weaknesses.

In addition, the annual review incorporates appropriate elements of The Joint Commission's required Periodic Performance Review (PPR). Any deficiencies identified on an annual basis will be immediately addressed by a plan for improvement.

Effective development and implementation of the plans for improvement will be monitored by the Safety Officer.

The results of the annual evaluation are presented to the Safety Committee. The Committee reviews and approves the reports. Actions and recommendations of the Committee are documented in the minutes.

The annual evaluation is distributed to the Chief Executive Officer, Board of Directors, Senior Leadership, the Performance Improvement/Patient Safety Committee and others as appropriate. The manager of each Environment of Care program is responsible for implementing the recommendations in the report as part of the performance improvement process.

EC.04.01.03 EP2 - Analysis and actions regarding identified environmental issues

The Safety Committee receives reports of activities related to the environmental and patient safety programs based on a quarterly reporting schedule. The Committee evaluates each report to determine if there are needs for improvement.

Each time a need for improvement is identified, the Committee summarizes the issues as opportunities for improvement and communicates them to the leadership of the hospital, the performance improvement program, and the patient safety program.

EC.04.01.05 EP1 Improving the Environment

When the Senior Leadership or the Administrative Director of Quality and Care concurs with the Safety Committee recommendations for improvements to the environment of care management programs, a team of appropriate staff is appointed to manage the improvement project. The Safety

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Committee works with the team to identify the goals for improvement, the timeline for the project, the steps in the project, and to establish objective measures of improvement.

The Safety Committee also establishes a schedule for the team to report progress and results. All final improvement reports are summarized as part of the annual review of the program and presented to hospital administration, performance improvement, and patient safety leadership.

GOAL:

- Work to lower Patient Slips and Falls resulting in Class IV injuries (Major Injuries) to the 50th percentile in the Osborne Engineering Benchmarking database. The current rate is the 92nd percentile. *Review and assess with Risk Management*

HR.01.04.01 EP1 & EP3; HR.01.05.03 EP1 and EC.03.01.01 EP1 & EP2 Orientation and Ongoing Education and Training

Orientation and training addressing all subjects of the environment of care is provided to each employee, volunteer, and to each new medical staff member at the time of their employment or appointment.

In addition, all current employees, as well as volunteers, physicians, and students, participate in an annual update of the orientation program as deemed appropriate.

The update addresses changes to the procedures and controls, laws and regulations, and the state of the art of environmental safety.

The Human Resources Department, with participation from the Education Department, coordinates the general orientation program. New staff members are required to attend the first general orientation program after their date of employment.

The Human Resources Department, with participation from the Education Department, maintains attendance records for each new staff member completing the general orientation program.

New staff members are also required to participate in orientation to the department where they are assigned to work. The departmental orientation addresses job-related patient safety and environmental risks and the policies, procedures and controls in place to minimize or eliminate them during routine daily operations.

The Safety Officer collaborates with the Environment of Care managers, Department Directors, Administrative Director of Quality and Care, Manager of Infection Control, the Patient Safety Officer and others as appropriate to develop content materials for general and job-related orientation and continuing education programs. The content and supporting materials used for

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general and department-specific orientation and continuing education programs are reviewed as part of the annual review of each EC program and revised as necessary.

The Safety Officer gathers data during environmental rounds and other activities to determine the degree to which staff and licensed independent practitioners are able to describe or demonstrate how job-related physical risks are to be managed or eliminated as part of daily work. In addition, the Safety Officer evaluates the degree to which staff and licensed independent practitioners understand or can demonstrate the actions to be taken when an environmental incident occurs and how to report environment of care risks or incidents.

Information about staff and licensed independent practitioner knowledge and technical skills related to managing or eliminating environment of care risks is reported to the Safety Committee. When deficiencies are identified, action is taken to improve orientation and ongoing educational materials, methods, and retention of knowledge as appropriate.

AFFECTED PERSONNEL / AREAS: *BOARD OF DIRECTORS, MEDICAL STAFF, ALL HOSPITAL EMPLOYEES, VOLUNTEERS, VENDORS, CONTRACTED SERVICES AND STAFF*

REFERENCES:

- The Joint Commission (2022). Hospital accreditation standards. EC. 01.01.01 EP4 Joint Commission Resources. Oak Brook, IL.

CROSS REFERENCES:

- [WORKPLACE VIOLENCE PREVENTION PLAN](#)

SUBJECT: VENDOR CREDIT APPLICATIONS	SECTION: Page 1 of 1
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PURPOSE:

To define the process of completing vendor credit applications.

POLICY:

The vendor credit application is to be completed in a timely manner for purchasing purposes.

AFFECTED PERSONNEL/AREAS: *GENERAL ACCOUNTING – ACCOUNTS PAYABLE STAFF, MATERIALS MANAGEMENT – BUYER, ADMINISTRATION – CHIEF FINANCIAL OFFICER*

PROCEDURE:

Frequency: As needed

Responsibility: Accounts Payable Staff

1. Materials Management or authorized buyer informs Accounts Payable Staff that a credit application is required.
2. The credit application is completed by an Accounts Payable Staff and is submitted to the Chief Financial Officer (CFO), along with a written request stating the need for the credit. After the CFO approves and signs the credit application, it is returned to Accounts Payable.
3. The credit application is sent to the vendor which contains bank information and trade references. A copy is kept in Accounts Payable for future reference.

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SUBJECT: VENDOR DICTIONARY	SECTION: Page 1 of 1
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PURPOSE:

To define the process of adding and changing vendor information in the Meditech System.

POLICY:

The Vendor Master File in the Meditech System shall be maintained on an on-going basis to ensure accurate and up to date vendor information.

AFFECTED PERSONNEL/AREAS: *GENERAL ACCOUNTING – ACCOUNTS PAYABLE STAFF, DIRECTOR, MATERIALS MANAGEMENT STAFF*

PROCEDURE:

Frequency: Daily, as needed

Responsibility: Accounts Payable Staff, and Materials Management (MM) Staff

1. Only the Accounts Payable Staff, Director of General Accounting, and MM Staff are given access to the Vendor Master File function, which is a shared Dictionary in the Meditech System.
2. When MM Staff adds a new vendor in the Dictionary, they subsequently send Accounts Payable a copy of the print screen of the new vendor added.
3. Accounts Payable reviews the new vendor information for completion of any necessary information such as the bank account, remittance info, etc.
4. The Accounts Payable Staff also adds new vendors that do not require purchase orders.
5. Accounts Payable searches the Exclusion Database with the Office of Inspector General (OIG) to confirm that the vendor is not an excluded vendor. If vendor is not listed in the database, then Accounts Payable can add the new vendor.
6. New Vendor Packets are sent out to all new vendors for completion and then returned to Accounts Payable.
7. Accounts Payable and MM Staff are to review and edit the Vendor Master File to ensure that there is no duplication of vendors and to ensure the accuracy of vendor information, as needed.

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FINANCIAL PACKAGE
March 2022

SIERRA VIEW MEDICAL CENTER

BOARD PACKAGE

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Income Statement	5
Statement of Cash Flows	6
Monthly Cash Receipts	7

Sierra View Medical Center
Financial Statistics Summary Report
March 2022

Statistical Utilization	Mar-22			YTD			Fiscal 21 YTD	Increase/ (Decrease) 03/2021	% Change	
	Actual	Budget	Over/ (Under)	% Var.	Actual	Budget				Over/ (Under)
SNF Patient Days										
Total	86	61	25	41.0%	682	532	150	792	(110)	-13.9%
Medi-Cal	86	61	25	41.0%	609	502	107	749	(140)	-18.7%
Sub-Acute Patient Days										
Total	945	932	13	1.4%	8,170	8,719	(549)	8,176	(6)	-0.1%
Medi-Cal	641	749	(108)	-14.4%	5,372	6,904	(1,532)	6,727	(1,355)	-20.1%
Acute Patient Days										
Total	1,959	1,863	96	5.1%	20,311	17,027	3,284	16,960	3,351	19.8%
Medicare	484	472	12	2.5%	4,309	4,344	(35)	3,998	311	7.8%
Medi-Cal	201	176	25	14.1%	1,634	1,578	56	1,447	187	12.9%
Contract	221	238	(17)	-7.0%	2,077	2,101	(24)	1,936	141	7.3%
Other	61	57	4	6.4%	570	628	(58)	583	(13)	-2.2%
	1	1	(0)	-2.3%	28	38	(10)	32	(4)	-12.5%
Average Length of Stay	4.05	3.95	0.10	2.5%	4.71	3.92	0.79	4.24	0.47	11.1%
Newborn Patient Days										
Medi-Cal	136	205	(69)	-33.7%	1,542	1,845	(303)	1,668	(126)	-7.8%
Other	53	40	13	33.7%	363	359	4	419	(56)	-13.4%
Total	189	245	(56)	-22.8%	1,905	2,204	(299)	2,087	(182)	-8.7%
Total Deliveries	109	127	(18)	-14.2%	999	1,143	(144)	1,137	(138)	-12.1%
Medi-Cal %	72.38%	82.98%	-10.59%	-12.8%	81.80%	82.98%	-1.18%	80.05%	1.75%	2.2%
Case Mix Index										
Medicare	1,5737	1,6698	(0,962)	-5.8%	1,6968	1,6699	0,269	1,7270	(0,0302)	-1.7%
Medi-Cal	1,2625	1,2297	0,0328	2.7%	1,2652	1,2297	0,0355	1,2790	(0,0138)	-1.1%
Overall	1,3962	1,4118	(0,0166)	-1.2%	1,4711	1,4118	0,0593	1,4591	0,0120	0.8%
Ancillary Services										
Inpatient										
Surgery Minutes	8,785	9,091	(306)	-3.4%	78,002	84,657	(6,655)	78,516	(514)	-0.7%
Surgery Cases	98	116	(18)	-15.5%	894	1,043	(149)	900	(6)	-0.7%
Imaging Procedures	1,511	1,260	251	19.9%	13,929	11,508	2,421	10,904	3,025	27.7%
Outpatient										
Surgery Minutes	12,501	13,027	(526)	-4.0%	96,935	117,243	(20,308)	113,069	(16,134)	-14.3%
Surgery Cases	193	260	(67)	-25.8%	1,468	2,191	(723)	1,624	(156)	-9.6%
Endoscopy Procedures	206	222	(16)	-7.2%	1,988	1,988	(523)	979	496	50.7%
Imaging Procedures	4,318	3,147	1,171	37.2%	32,620	28,323	4,297	28,042	4,578	16.3%
MRI Procedures	303	293	10	3.4%	2,569	2,647	(78)	2,381	188	7.9%
CT Procedures	1,269	812	457	56.3%	9,084	7,314	1,750	7,533	1,531	20.3%
Ultrasound Procedures	1,108	954	154	16.1%	8,324	8,136	188	6,400	1,924	30.1%
Lab Tests	34,446	36,517	(2,071)	-5.7%	348,158	328,653	19,505	324,003	24,155	7.5%
Dialysis	6	10	(4)	-40.0%	45	90	(45)	68	(23)	-33.8%

Sierra View Medical Center
Financial Statistics Summary Report
March 2022

Statistic	Mar-22			YTD			Fiscal 21 YTD	Increase/ (Decrease) 03/2021	% Change
	Actual	Budget	Over/ (Under)	% Var.	Actual	Budget			
Cancer Treatment Center									
Chemo Treatments	1,972	1,885	287	17.1%	16,346	15,163	1,183	7.8%	2,346
Radiation Treatments	1,852	1,958	(106)	-5.4%	14,287	17,625	(3,358)	-19.1%	(843)
Cardiac Cath Lab									
Cath Lab IP Procedures	14	6	8	133.3%	85	60	25	41.7%	14
Cath Lab OP Procedures	28	35	(7)	-20.0%	213	315	(102)	-32.4%	(78)
Total Cardiac Cath Lab	42	41	1	2.4%	298	375	(77)	-20.5%	(64)
Outpatient Visits									
Emergency	3,107	2,885	222	7.7%	27,152	26,019	1,133	4.4%	5,404
Total Outpatient	13,425	12,353	1,072	8.7%	110,888	110,732	154	0.1%	7,866
Staffing									
Paid FTE's	989.29	918.19	51.10	5.6%	914.86	918.19	(3.33)	-0.4%	34.26
Productive FTE's	787.29	790.79	(3.50)	-0.4%	773.84	790.79	(16.85)	-2.1%	17.93
Paid FTE's/AOB	5.56	5.63	(0.07)	-1.2%	5.15	5.43	(0.29)	-5.3%	(0.28)
Revenue/Costs (w/o Case Mix)									
Revenue/Adj. Patient Day	10,663	10,769	(106)	-1.0%	10,225	10,600	(375)	-3.6%	(247)
Cost/Adj. Patient Day	2,811	2,492	319	12.8%	2,588	2,438	150	6.2%	85
Revenue/Adj. Discharge	53,792	53,491	301	0.6%	60,124	52,510	7,614	14.5%	4,655
Cost/Adj. Discharge	14,181	12,379	1,801	14.6%	15,217	12,075	3,142	26.0%	1,980
Adj. Discharge	1,072	1,019	53	5.2%	8,285	9,345	(1,060)	-11.3%	(136)
Net Op. Gain/(Loss) %	-12.17%	-5.25%	-6.91%	131.6%	-7.25%	-5.25%	-2.00%	38.1%	0.87%
Net Op. Gain/(Loss) \$	(1,648,692)	(629,383)	(1,019,309)	162.0%	(6,527,859)	(4,678,213)	(3,849,646)	82.3%	(135,524)
Gross Days in Accts Rec.	88.26	87.97	0.30	0.3%	88.26	87.97	0.30	0.3%	0.96
Net Days in Accts. Rec.	66.54	59.02	7.52	12.7%	66.54	59.02	7.52	12.7%	(0.33)

COMBINED BALANCE SHEET FOR SIERRA VIEW LOCAL HLTHCR DISTR
 SIERRA VIEW LOCAL HEALTH CARE DISTRICT

MAR 2022

FEB 2022

ASSETS

CURRENT ASSETS:

CASH & CASH EQUIVALENTS	\$ 22,666,118	\$ 18,476,421
SHORT-TERM INVESTMENTS	11,537,910	13,608,301
ASSETS LIMITED AS TO USE	1,806,079	1,806,643
PATIENT ACCOUNTS RECEIVABLE	156,460,214	155,690,164
LESS UNCOLLECTIBLES	(21,737,354)	(22,615,778)
CONTRACTUAL ALLOWANCES	(107,022,319)	(104,887,238)
OTHER RECEIVABLES	6,249,372	9,117,069
INVENTORIES	4,019,005	3,886,466
PREPAID EXPENSES AND DEPOSITS	2,608,977	3,321,407

TOTAL CURRENT ASSETS	76,588,002	78,403,455
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ASSETS LIMITED AS TO USE, LESS
 CURRENT REQUIREMENTS

32,577,387	32,108,912
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LONG-TERM INVESTMENTS

135,645,506	136,238,845
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PROPERTY, PLANT AND EQUIPMENT, NET

92,217,125	92,769,565
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INTANGIBLE RIGHT OF USE ASSETS

441,028	458,603
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OTHER ASSETS:

OTHER INVESTMENTS	250,000	250,000
PREPAID LOSS ON BONDS	2,076,982	2,097,962

TOTAL ASSETS	\$ 339,796,030	\$ 342,327,341
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COMBINED BALANCE SHEET FOR SIERRA VIEW LOCAL HLTHCR DISTR
 SIERRA VIEW LOCAL HEALTH CARE DISTRICT

	MAR 2022	FEB 2022
LIABILITIES AND FUND BALANCE		
CURRENT LIABILITIES:		
BOND INTEREST PAYABLE	\$ 476,238	\$ 317,492
CURRENT MATURITIES OF BONDS PAYABLE	3,715,000	3,715,000
CURRENT MATURITIES OF LONG TERM DEBT	1,164,509	1,164,509
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	6,270,861	6,368,043
ACCRUED PAYROLL AND RELATED COSTS	9,537,458	9,402,877
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	3,853,074	4,228,074
LEASE LIABILITY - CURRENT	249,021	260,282
	<hr/>	<hr/>
TOTAL CURRENT LIABILITIES	25,266,159	25,456,276
SELF-INSURANCE RESERVES	1,086,381	1,128,407
CAPITAL LEASE LIAB LT	3,211,266	3,292,856
BONDS PAYABLE, LESS CURR REQ	45,445,000	45,445,000
BOND PREMIUM LIABILITY - LT	4,396,707	4,467,685
LEASE LIABILITY - LT	192,007	198,321
OTHER NON CURRENT LIABILITIES	563,781	563,781
	<hr/>	<hr/>
TOTAL LIABILITIES	80,161,300	80,552,325
UNRESTRICTED FUND	263,162,280	263,162,280
PROFIT OR (LOSS)	(3,527,550)	(1,387,265)
	<hr/>	<hr/>
TOTAL LIABILITIES AND FUND BALANCE	\$ 339,796,030	\$ 342,327,341
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COMBINED INCOME STATEMENT FOR SIERRA VIEW LOCAL HLTHR DISTR
SIERRA VIEW LOCAL HEALTH CARE DISTRICT

MAR 2022 ACTUAL	MAR 2022 BUDGET	DOLLAR VARIANCE	PERCENT VARIANCE	Y-T-D ACTUAL	Y-T-D BUDGET	DOLLAR VARIANCE	PERCENT VARIANCE
5,356,175	5,203,430	(152,745)	3%	52,422,120	46,302,653	(6,119,467)	13%
20,800,096	20,044,319	(755,777)	4%	198,774,532	181,799,109	(16,975,423)	9%
26,156,271	25,247,749	(908,522)	4%	251,196,651	228,101,762	(23,094,889)	10%
31,504,346	29,236,357	(2,265,979)	8%	246,945,618	262,619,355	15,673,737	(6)%
57,660,617	54,485,116	(3,174,501)	6%	498,142,269	490,721,117	(7,421,152)	2%
(19,823,353)	(19,133,224)	690,129	4%	(162,430,745)	(172,199,016)	(9,768,272)	(6)%
(18,171,214)	(14,943,830)	3,227,384	22%	(155,382,329)	(134,494,470)	20,887,859	16%
(7,563,243)	(8,318,072)	(754,829)	(9)%	(62,302,319)	(74,862,648)	(12,560,329)	(17)%
22,009	(26,506)	(48,515)	(183)%	(103,377)	(238,554)	(135,177)	(57)%
669,298	(592,179)	(1,261,477)	(213)%	(4,052,749)	(5,329,611)	(1,276,862)	(24)%
(44,856,503)	(43,013,811)	1,852,692	4%	(394,271,519)	(387,124,299)	(2,852,780)	(1)%
12,794,115	11,472,305	(1,321,810)	12%	113,870,750	103,596,818	(10,273,932)	10%
757,810	507,894	(249,916)	49%	3,682,355	4,571,044	888,689	(19)%
13,551,924	11,980,199	(1,571,725)	13%	117,553,105	108,167,862	(9,385,243)	9%
4,784,858	5,061,248	(276,390)	(6)%	42,315,534	44,820,614	(2,505,081)	(6)%
813,970	614,675	199,295	32%	5,615,929	5,427,290	188,639	4%
1,296,360	1,351,913	(55,553)	(4)%	11,479,278	12,024,463	(545,185)	(5)%
3,650,192	1,227,069	2,423,123	198%	24,889,025	11,041,815	13,847,210	125%
865,708	698,733	166,975	24%	6,792,956	6,344,470	448,486	7%
1,946,282	1,949,606	(3,324)	0%	18,354,973	17,601,472	753,501	4%
292,064	213,003	79,061	37%	1,981,411	1,801,403	180,008	10%
187,313	163,719	23,594	14%	1,894,204	1,473,471	410,733	28%
88,871	62,771	26,100	42%	754,769	564,933	189,836	34%
105,564	97,200	8,364	9%	916,211	874,800	41,411	5%
851,406	860,511	(9,105)	(1)%	7,751,648	8,040,241	(288,593)	(4)%
318,028	309,134	8,894	3%	3,345,029	2,831,103	513,926	18%
0	0	0	0%	0	0	0	0%
15,200,616	12,609,582	2,591,034	21%	126,080,965	112,846,075	13,234,890	12%
(1,648,692)	(629,383)	1,019,309	162%	(8,527,860)	(4,678,213)	3,849,647	82%
110,972	110,972	0	0%	998,748	998,750	2	0%
178,779	137,501	(41,278)	30%	1,405,407	1,237,502	(167,905)	14%
2,175,055	171,269	(2,003,786)	1,170%	11,625,031	1,541,420	(10,083,611)	654%
(92,190)	(92,349)	(159)	0%	(832,841)	(831,140)	(1,701)	0%
(28,184)	(56,869)	(28,685)	(50)%	(476,529)	(511,816)	(35,287)	(7)%
2,344,432	270,524	(2,073,908)	767%	12,719,816	2,434,716	(10,285,100)	422%
695,740	(358,859)	(1,054,599)	(294)%	4,191,956	(2,243,497)	(6,435,453)	(287)%
(2,836,025)	0	2,836,025		(7,719,506)	0	7,719,506	
(2,140,285)	(358,859)	1,781,426	496%	(3,527,550)	(2,243,497)	1,284,053	57%

SIERRA VIEW MEDICAL CENTER
Statement of Cash Flows
03/31/22

	CURRENT MONTH	YEAR TO DATE
Cash flows from operating activities:		
Operating Income/(Loss)	(1,648,692)	(8,527,860)
Adjustments to reconcile operating income to net cash from operating activities		
Depreciation and amortization	851,406	7,751,648
Provision for bad debts	(878,424)	(5,351,185)
 Changes in assets and liabilities:		
Patient accounts receivable	1,365,030	2,222,196
Other receivables	2,867,697	468,223
Inventories	(132,539)	(319,234)
Prepaid expenses and deposits	712,430	(933,125)
Advance refunding of bonds payable	20,980	188,816
Accounts payable and accrued expenses	(97,184)	(1,856,200)
Accrued payroll and related liabilities	134,581	2,203,957
Estimated third-party payor settlements	(375,000)	(1,016,749)
Self-insured program reserves	(42,026)	(396,472)
Total adjustments	4,426,951	2,961,875
Net cash provided by (used in) operating activities	2,778,259	(5,565,985)
 Cash flows from noncapital financing activities:		
District tax revenues	110,972	998,748
Noncapital grants and contributions, net of other expenses	2,146,821	11,147,925
Net cash provided by (used in) noncapital financing activities	2,257,793	12,146,673
 Cash flows from capital and related financing activities:		
Purchase of capital assets, net of disposals	(298,966)	(4,240,281)
Intangible right of use assets	17,575	(441,028)
Principal payments on debt borrowings	-	(3,770,000)
Interest payments	(4,372)	(2,031,228)
Net change in notes payable and lease liability	(99,165)	(290,282)
Net changes in assets limited as to use	(467,911)	6,340,174
Net cash provided by (used in) capital and related financing activities	(852,839)	(4,432,645)
 Cash flows from investing activities:		
Net (purchase) or sale of investments	(2,242,686)	4,992,449
Interest and dividends received from investments	178,779	1,405,407
Net cash provided by (used in) investing activities	(2,063,907)	6,397,856
 Net increase (decrease) in cash and cash equivalents:	 2,119,306	 8,545,899
Cash and cash equivalents at beginning of month/year	32,084,722	25,658,129
Cash and cash equivalents at end of month	34,204,028	34,204,028

SIERRA VIEW MEDICAL CENTER

MONTHLY CASH RECEIPTS

March 2022

	PATIENT ACCOUNTS RECEIVABLE	OTHER ACTIVITY	TOTAL DEPOSITED
Apr-21	9,160,126	1,030,932	10,191,058
May-21	9,135,876	4,460,223	13,596,099
Jun-21	11,341,330	6,918,000	18,259,330
Jul-21	8,753,563	5,989,305	14,742,868
Aug-21	11,472,363	601,204	12,073,567
Sep-21	12,759,611	1,650,547	14,410,158
Oct-21	10,376,691	1,244,630	11,621,321
Nov-21	10,974,393	1,575,199	12,549,592
Dec-21	13,662,211	6,342,016	20,004,227
Jan-22	9,101,598	3,002,395	12,103,993
Feb-22	9,223,160	1,873,199	11,096,359
Mar-22	11,160,102	6,179,876	17,339,978

NOTE:

Cash receipts in "Other Activity" include the following:

- Other Operating Revenues - cash receipts for Cafe and Coffee Corner sales, rebates, refunds, and receipts from miscellaneous funding source
- Non-Operating Revenues - rental income, property tax revenues
- Medi-Cal OP Supplemental and DSH funds received
- Medi-Cal and Medi-Care Tentative Cost Settlements received for prior
- Grants, IGT, & HQAF

March 2022 Summary of Other Activity:

5,365,604	Anthem BC HQAF6 IGT 01/21 - 12/21
<u>465,203</u>	HQAF7 Direct Grant CY22 01/22 - 03/22
<u><u>349,069</u></u>	03/22 Total Other Activity

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PUBLIC RECORDS REQUEST SUMMARY

REQUEST March 28, 2022

Request via Email from Richard Eckhoff

I would like to get the agendas, including minutes and other public package information for the Board meetings. E-mail to this address would be preferable.

March 30, 2022

For each meeting I want to review the minutes for the prior meeting.

For each meeting I want to access all the information for each agenda item that is available for the Board.

I don't know what a slide deck is.

Recordings are fine for detail, and great for when one wants to know exactly what was said, but overkill in most cases.

RESPONSE March 31, 2022

All items requested were responded to via email; by Legal Counsel
