

Finance Committee

October 3, 2024

Finance Board Packet

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OUR MISSION

“We Focus on Personalized Quality Health Care and Wellness for Those We Serve”

OUR VISION

“Oak Valley Hospital District Will Continue as an Independent Locally Controlled and Governed Special District Hospital.

OUR VALUES

“Accountability; Being Responsible for Actions Taken and Not Taken
Integrity; Doing the Right Thing for the Right Reason
Respect; Valuing All People at All Times”

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## **OAK VALLEY HOSPITAL DISTRICT FINANCE COMMITTEE MEETING October 3, 2024**

**ROYAL OAK CONFERENCE ROOM  
1425 West H Street, Oakdale,  
California 5:00 P.M.**

## **AGENDA**

5:00 p.m.      Call Meeting to Order      Edward Chock, , M.D., Chairperson

### **PUBLIC COMMENT**

In compliance with the California Brown Act the District Board of Directors welcomes comments from the public.

This is the opportunity for members of the public to directly address the District Board of Directors on any item of interest to the public under the jurisdiction of the District including items on this agenda.

Persons wishing to make a presentation to the Board of Directors shall observe the following procedure:

1. A written request to the Board on the form provided at the meeting (optional)
2. Oral presentations are limited to three (3) minutes.
3. Members of the public will be afforded the opportunity to speak at the beginning of the public meeting during the general Public Comment section of the agenda on any item under the jurisdiction of the District as well as during the consideration of an individual item on the agenda for that public meeting, however the three-minute limit described in item 2, above, will be applied to an individual’s cumulative comments during the meeting.

The proceedings of the Board are recorded and are part of the public record.

Materials related to an item on this Agenda, submitted to the Oak Valley Hospital District after distribution of the agenda packet, are available for public inspection in the Secretary’s Office at 1425 West H Street, Suite 270, Oakdale, CA during normal business hours.



**OAK VALLEY HOSPITAL DISTRICT**  
**September 5, 2024**  
**FINANCE COMMITTEE MEETING**  
**MINUTES**

**Committee Members**

Edward Chock, M.D., Chairperson  
Jim Teter, Vice Chairperson - Absent  
Matthew Heyn, Pres. & CEO  
Will Pringle, V.P., ONRC  
David Neal, VP, Nursing - Absent  
Ann Croskrey, CFO

**MEETING CALLED TO ORDER**

The Finance Committee meeting was called to order by Edward Chock, M.D., Chairperson at 5:03p.m.

**PUBLIC COMMENT**

Public Comment read. Public in attendance.

**APPROVAL OF MINUTES: - August 1, 2024:**

Matthew Heyn made the motion to approve the August 1, 2024, Finance minutes. Will Pringle made the second. No Public Input.

Chock - Aye  
Heyn - Aye  
Pringle - Aye  
Croskrey - Aye

**MOTION CARRIED**

**FINANCIALS:**

**Financial Report for July 2024**

Ann Croskrey, CFO presented the July Financial Report.

**Executive Summary:**

July is the first month in our fiscal year. In July, the District posted a profit from operations before new hospital expenses of \$414 thousand dollars. The profit from operations including new hospital expenses was \$28 thousand dollars. The difference is the new hospital expenses of interest and depreciation.

As of the end of July, the year-to-date earnings before interest and depreciation (EBIDA), was 9.8%. Accounts receivable gross days decreased from 78 days to 70 days, and days of cash on hand decreased from 117 to 114 days.

**Income Statement:**

**Acute Care Revenue:**

In July we had 31 acute care admits, and only one of those patients had a COVID-19 diagnosis. Our acute care inpatient days were 90 in July. Low inpatient revenue is one of the reasons we had a close to break-even month.

We also had 19 patients in July admitted to an observation status on the Med/Surg acute care unit, but they are considered outpatients as they are not sick enough to meet inpatient criteria. Even though the patients do not meet inpatient criteria, they still require significant staffing and other resources.

**Skilled Nursing:**

In skilled nursing, we had 2,844 Resident (patient) days during July. Our skilled nursing average daily census for July was 92. We had 6 admit to our transitional care unit (TCU) for short-term rehab and 2 admits to our long-term care unit.

**Outpatient Services:**

The emergency room averaged 56 daily visits in July.

**Clinic Services:**

Clinic visits for all the clinics totaled 4,038 in July. We have several providers out on leave and that negatively impacted the July visits. During July, telehealth visits comprised 18% of total clinic visits. Telehealth visits remain a fantastic tool to see clinic patients that may not otherwise have access.

**Ambulance Services:**

Our ambulance services sector had 572 “runs” in July. Although there is still a nationwide shortage of Paramedics, our open positions are filled.

Expenses:

The nursing shortage continues to require the use of travelers. In July we incurred \$126K in traveler costs. The hiring of more nurses and closure of the ICU has positively impacted traveler costs.

Our benefit package is an important tool for employee attraction and retention. In July we incurred \$226K in health insurance costs for our employees and their dependents.

**Balance Sheet**

Days of Cash on Hand:

Our days of cash on hand as of the end of July were 114 days. This total includes \$5 million dollars received from the 2024 revenue bonds that are being held to repay the balance of the bridge loans due in January of 2025, which amounts to approximately 24 days of cash on hand. The district continues to manage cash closely.

Accounts Receivable Gross Days:

Gross days in accounts receivable decreased by 8 days. We were able to hire more staff during July. They are going through training and will soon help us reduce the open accounts receivable balances.

Will Pringle made the motion to approve the June 2024 Financial Report. Ann Croskrey made the second. No public input.

Chock - Aye  
Heyn - Aye  
Pringle - Aye  
Croskrey - Aye

**MOTION CARRIED**

**Receivables Scorecard:**

Gross Receivable Clinic Days increased in June, rising to 119.74 from 96.37 in May. In July, Gross Receivable Days decreased by 30 days, reaching 87.11. Payment processes have resumed following the resolution of the earlier computer breach experienced by Change Healthcare this year.

**Fund Transfers/Investment Review & Recommendation:**

In July, the LAIF interest rate exceeded 4%, generating \$84,995 in interest earnings. We transferred \$1 million from LAIF into our operating bank account. No recommendations at this time.

**ADJOURNMENT**

Mathew Heyn made the motion to adjourn the Finance Committee meeting. Ann Croskrey made the second. No public input.

Chock - Aye  
Heyn - Aye  
Pringle - Aye  
Croskrey - Aye

**MOTION CARRIED**

**MOTION CARRIED**

The meeting was adjourned at 5:14p.m.

Recorder: Barbara Shanahan, Recorder

APPROVED: Louise Sanders, Secretary

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DATE:

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To: Finance Committee

From: Ann Croskrey

Date: September 27, 2024

Subject: Hospital Operations – August 2024

## Executive Summary

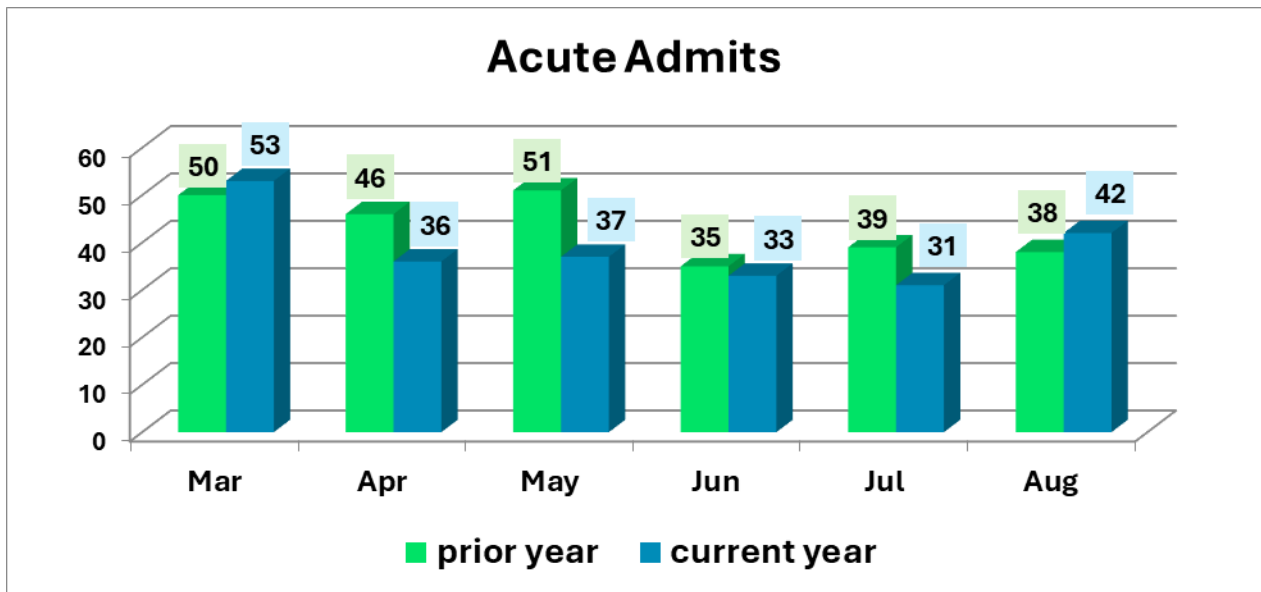
In August, the District posted a profit from operations before new hospital expenses of \$738 thousand dollars. The profit from operations including new hospital expenses was \$352 thousand dollars. The difference is the new hospital expenses of interest and depreciation.

As of the end of August, the year-to-date earnings before interest and depreciation (EBIDA), was 11.7%. Accounts receivable gross days increased from 70 days to 73 days, and days of cash on hand decreased from 114 to 103 days.

## Income Statement

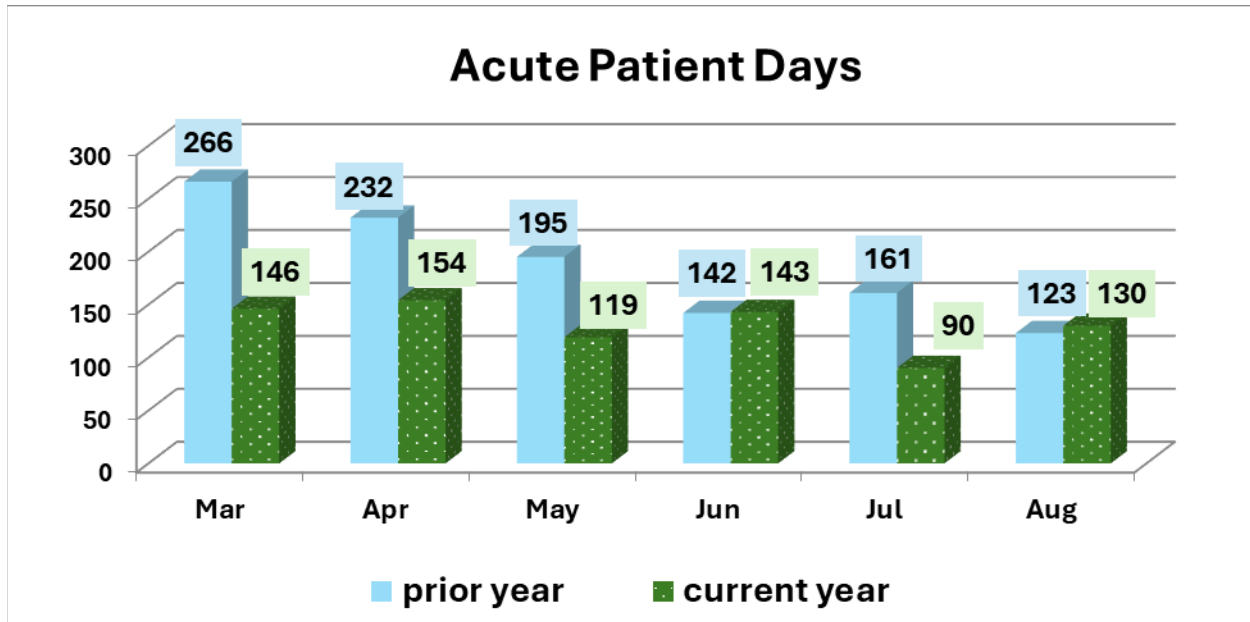
### Acute Care Revenue:

In August we had 42 acute care admits, and two of those patients had a COVID-19 diagnosis.

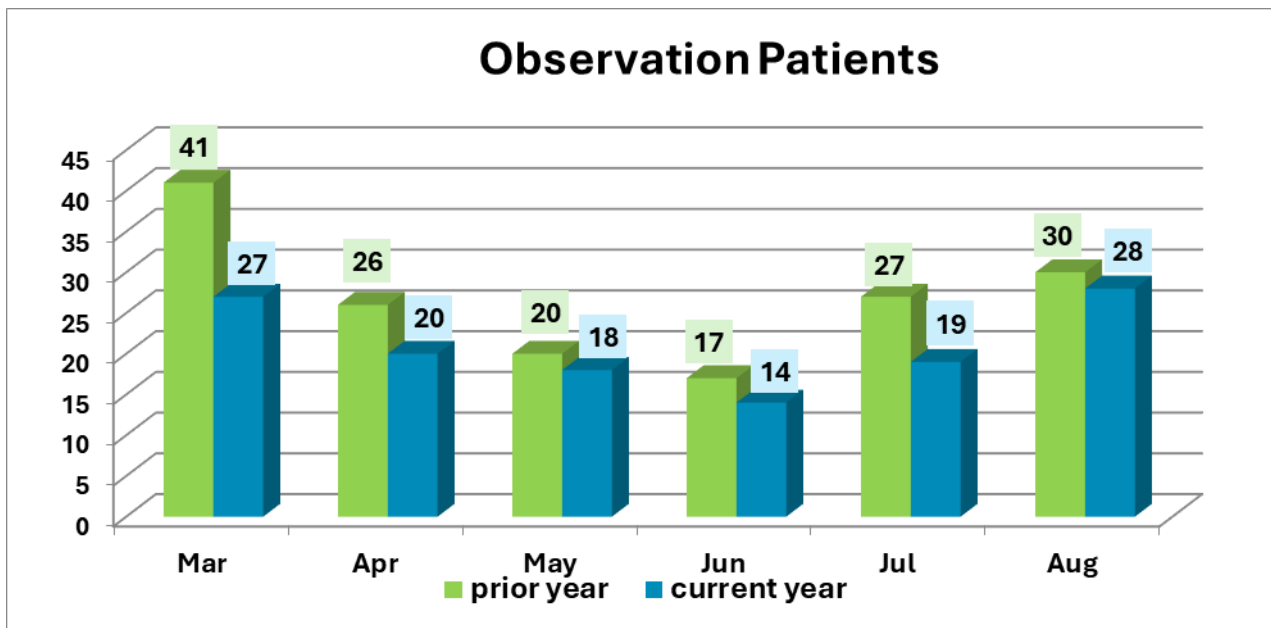




Our acute care inpatient days were 130 in August.

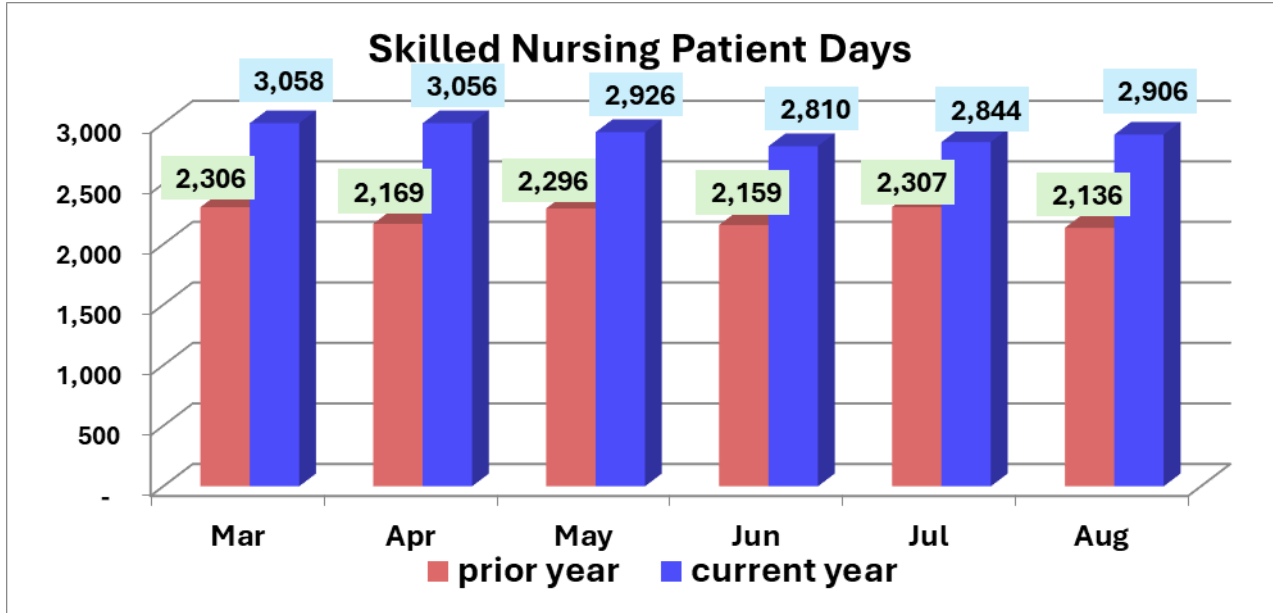


We also had 28 patients in August admitted to an observation status on the Med/Surg acute care unit, but they are considered outpatients as they are not sick enough to meet inpatient criteria. Even though the patients do not meet inpatient criteria, they still require significant staffing and other resources.

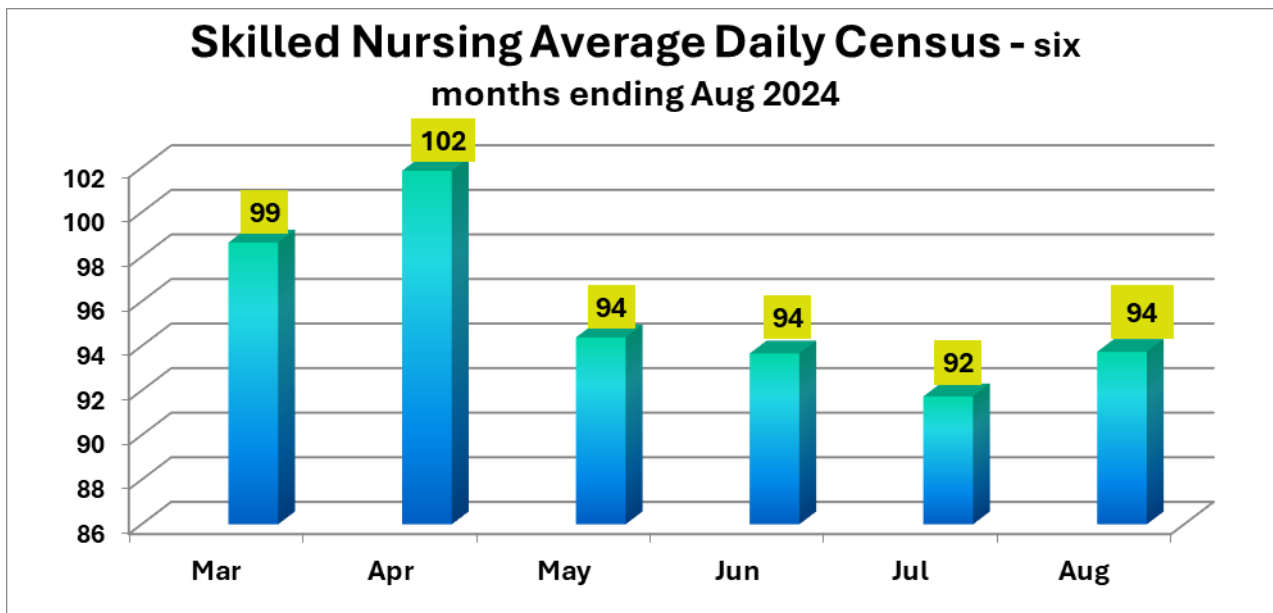


## Skilled Nursing:

In skilled nursing, we had 2,906 Resident (patient) days during August.

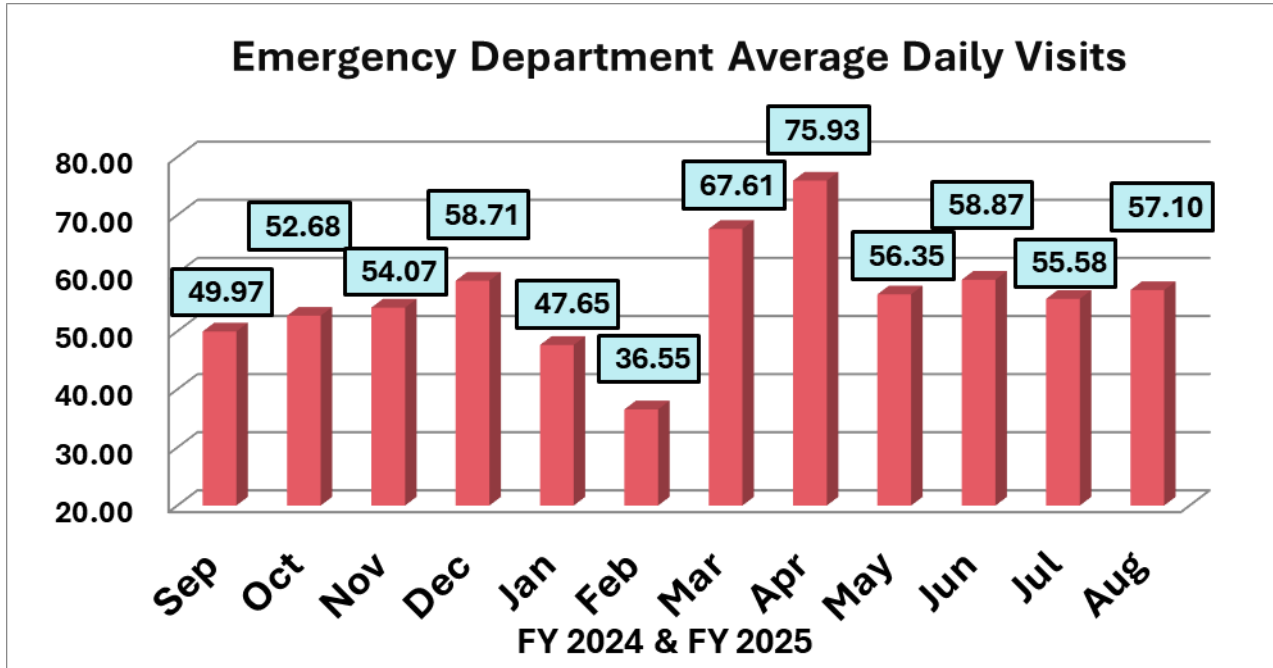


Our skilled nursing average daily census for August was 94. We had 11 admits in August, including 9 admits to our transitional care unit (TCU) for short-term rehab and 2 admits to our long-term care unit.



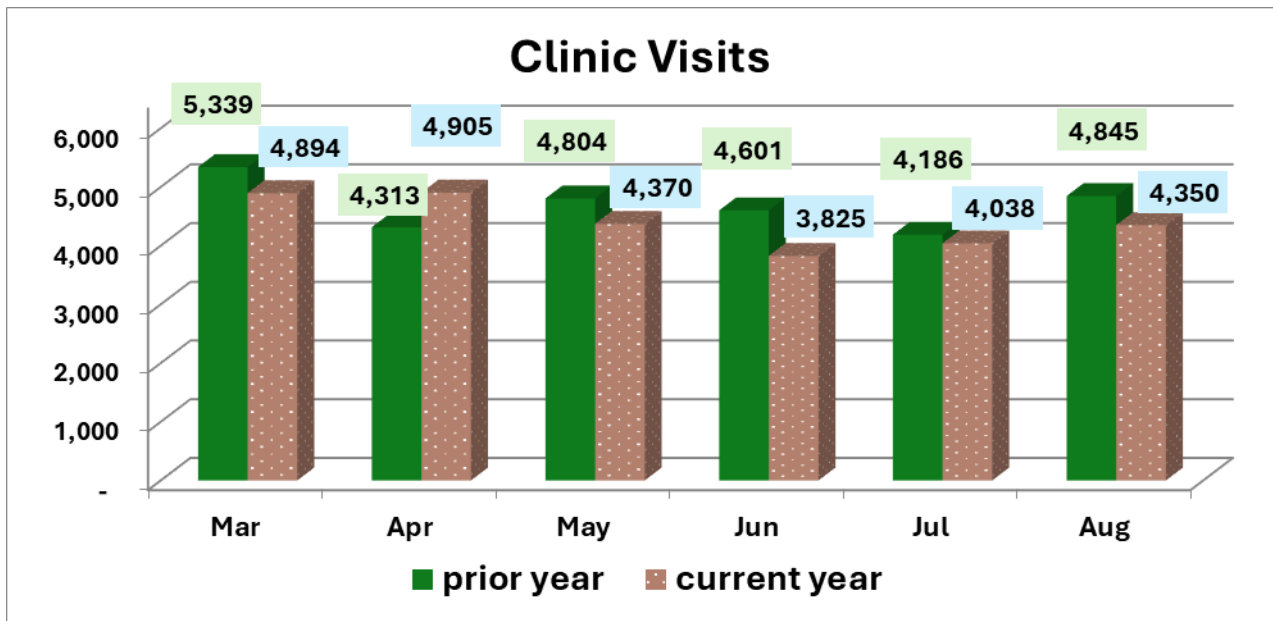
## Outpatient Services

The emergency room averaged 57 daily visits in August. The graph below shows the average daily visits for the last twelve months.

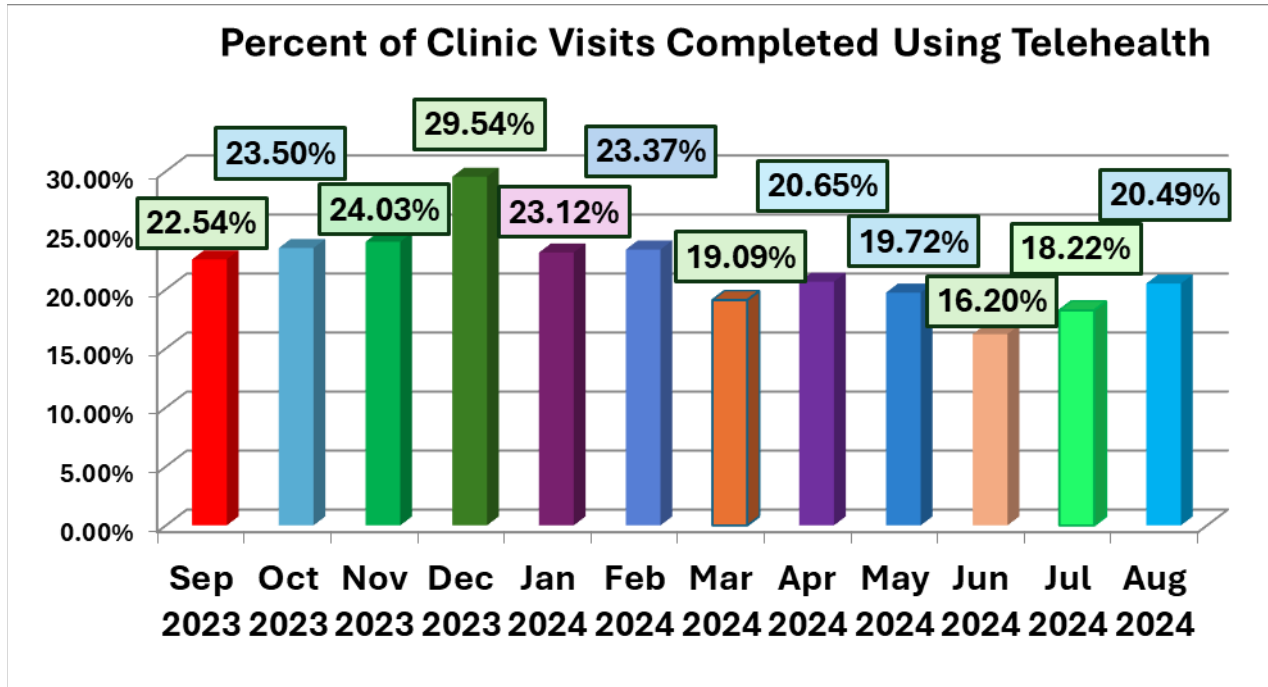


## Clinic Services:

Clinic visits for all the clinics totaled 4,350 in August. We have several providers out on leave and that negatively impacted total visits. The graph below shows the total number of clinic visits for the last six months with a comparison to the prior year.

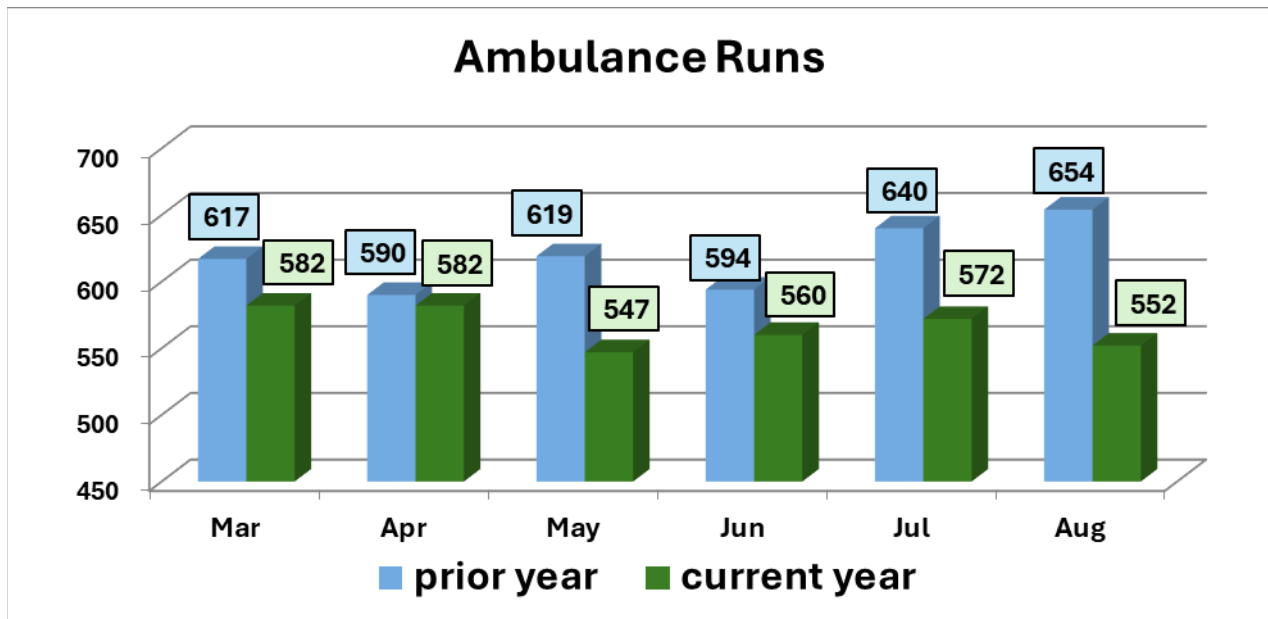


During August, telehealth visits comprised 20% of total clinic visits. Telehealth visits remain an excellent tool to see clinic patients that may not otherwise have access.



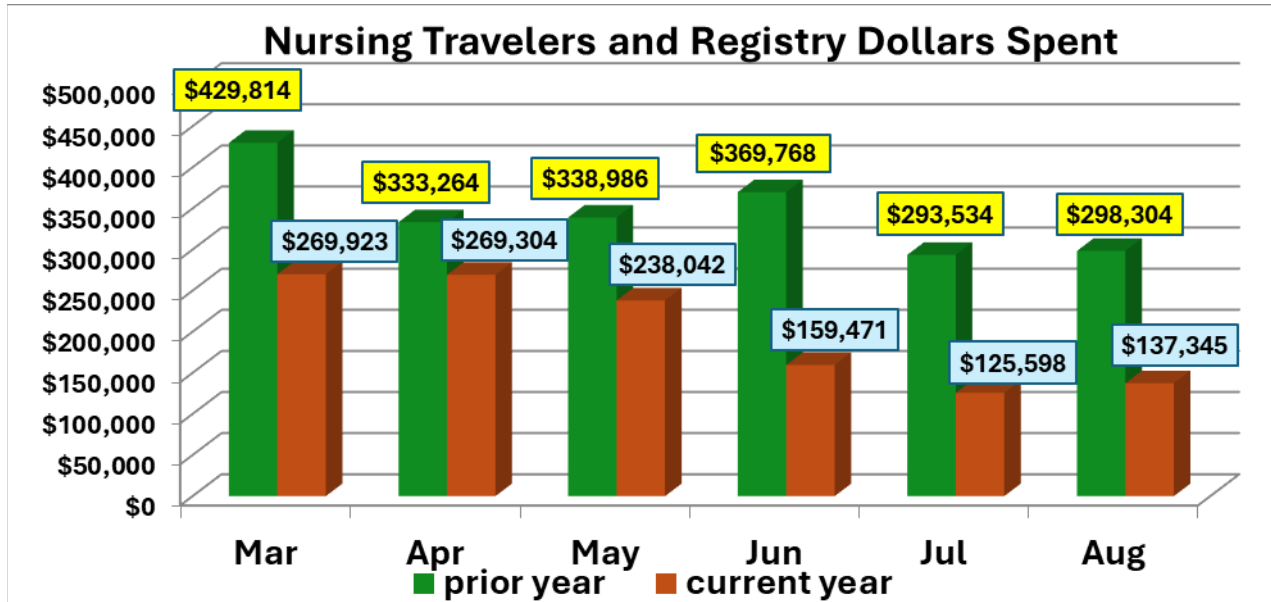
### Ambulance Services:

Our ambulance services sector had 552 “runs” in August.

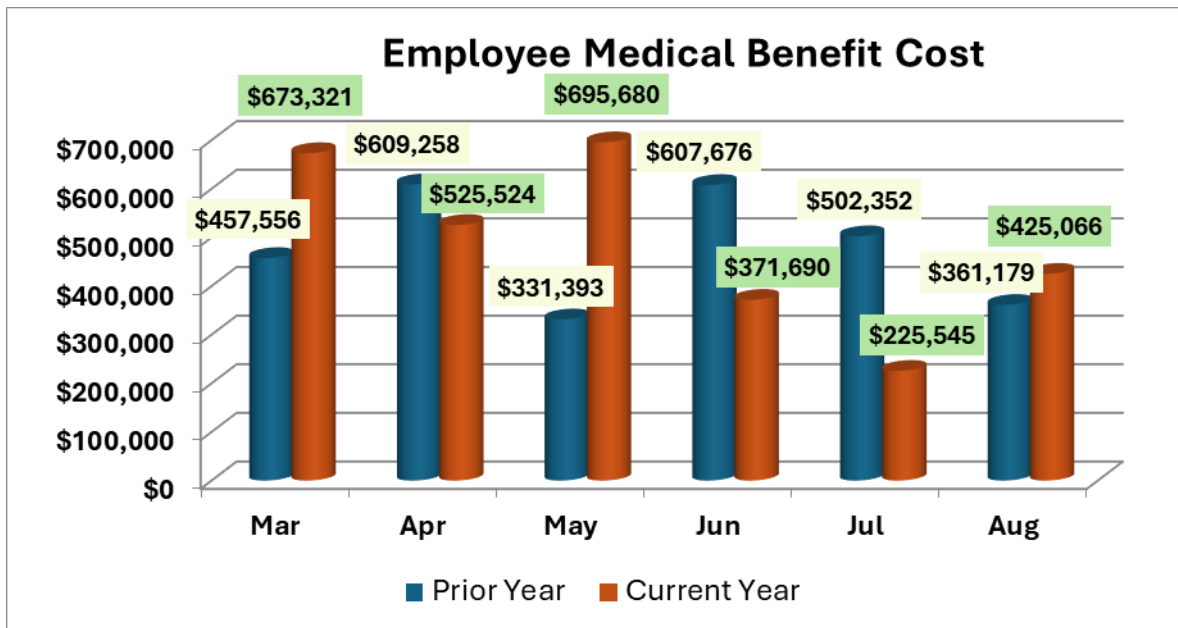


## Expenses:

The nursing shortage continues to require the use of travelers. In August we incurred \$137K in traveler costs. The hiring of more nurses and closure of the ICU has positively impacted traveler costs.



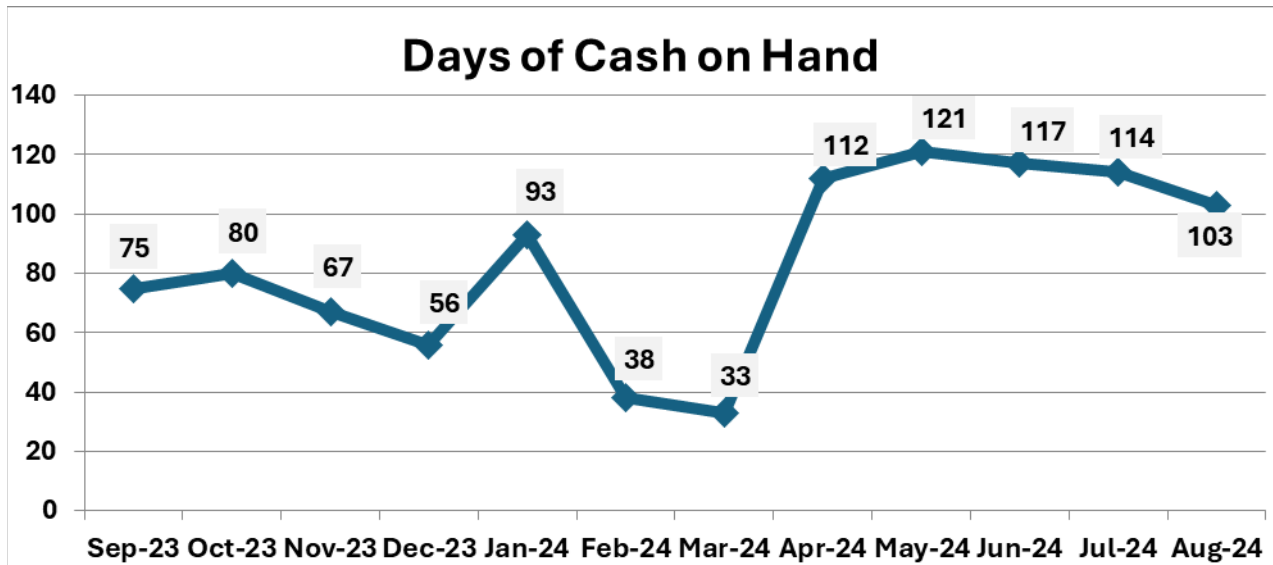
Our benefit package is an important tool for employee attraction and retention. In August we incurred \$425K in health insurance costs for our employees and their dependents.



## Balance Sheet

### Days of Cash on Hand

Our days of cash on hand as of the end of August were at 103 days. This total includes \$5 million dollars received from the 2024 revenue bonds that are being held to repay the balance of the bridge loans due in January of 2025, which amounts to approximately 24 days of cash on hand. The District continues to manage cash closely.



### Accounts Receivable Gross Days

The gross accounts receivable days for the last twelve months are shown below. Gross days in accounts receivable increased by 3 days during August. This is partially due to our clinic invoicing which converted to a new claims platform that resulted in delays in payments that are still being resolved.

