



May 21, 2026

TO: Legal Counsel

News Media

Salinas Californian

El Sol

Monterey County Herald

Monterey County Weekly

KION-TV

KSBW-TV/ABC Central Coast

KSMS/Entravision-TV

The next regular meeting of the **FINANCE COMMITTEE - COMMITTEE OF THE WHOLE** of **SALINAS VALLEY HEALTH<sup>1</sup>** will be held **TUESDAY, MAY 26, 2026, AT 4:00 P.M., HEART CENTER TELECONFERENCE ROOM, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA.**

(For Public Access Information Visit <https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/>.)

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

Allen Radner, MD  
President/Chief Executive Officer



Committee Voting Members: **Victor Rey, Jr.**, Chair, **Joel Hernandez Laguna**, Vice Chair, **Allen Radner, MD**, President/CEO, **Iftikhar Hussain**, Chief Financial Officer, and **Steven Regwan, DO**, Medical Staff Member

Advisory Non-Voting Members: Sanjeev Tandon, Community Member

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

**TUESDAY, MAY 26, 2026, 4:00 P.M.  
HEART CENTER TELECONFERENCE ROOM**

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

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

**AGENDA**

1. Call to Order / Roll Call
2. Public Comment

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

3. Approve Minutes of the Finance Committee Meeting of April 20, 2026 (REY)
  - Motion/Second
  - Public Comment
  - Action by Committee/Roll Call Vote
4. Consider Recommendation for Board Approval of the Total Estimated Project Cost and Award of the Construction Contract to SSB Contracting Inc. for the 355 Abbott Street Project (MILLER/HYLAND)
  - Staff Report
  - Committee Questions to Staff
  - Public Comment
  - Committee Discussion/Deliberation
  - Motion/Second
  - Action by Committee/Roll Call Vote

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

5. Consider Recommendation for Board Approval of Budget Funding Increase for the Angio Equipment Replacement Project (MILLER/MCCOY)
  - Staff Report
  - Committee Questions to Staff
  - Public Comment
  - Committee Discussion/Deliberation
  - Motion/Second
  - Action by Committee/Roll Call Vote
  
6. Consider Recommendation for Board approval of the Lease Agreement between Salinas Valley Memorial Healthcare System (SVMHS) and Los Palos Partners, LLC at 505 E Romie, Suite E. (MILLER/MCCOY)
  - Staff Report
  - Committee Questions to Staff
  - Public Comment
  - Committee Discussion/Deliberation
  - Motion/Second
  - Action by Committee/Roll Call Vote
  
7. Consider Recommendation for Board Approval of the Symplr Cloud Migration as Sole Source Justification and Contract Award (HYLAND/HUSSAIN)
  - Staff Report
  - Committee Questions to Staff
  - Public Comment
  - Committee Discussion/Deliberation
  - Motion/Second
  - Action by Committee/Roll Call Vote
  
8. Financial and Statistical Review (HUSSAIN)
  
9. Capital Spending YTD March 31, 2026 Update (PETERSON/SULLIVAN)
  
10. Adjournment

The next Finance Committee Meeting is scheduled for Monday, **June 22, 2026** at 4:00 p.m.

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

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 Salinas Valley Health (SVH) Committee packet is available at the Committee Meeting, electronically at <https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2026/>, and in the SVH Human Resources Department located at 611 Abbott Street, Suite 201, Salinas, California, 93901. All items appearing on the agenda are subject to action by the SVH Board.

Requests for a disability related modification or accommodation, including auxiliary aids or Spanish translation services, in order to attend or participate in-person at a meeting, need to be made to the Board Clerk during regular business hours at 831-759-3208 at least forty-eight (48) hours prior to the posted time for the meeting in order to enable the District to make reasonable accommodations.

*CALL TO ORDER*  
*ROLL CALL*

*(Chair to call the meeting to order)*

*PUBLIC COMMENT*

**DRAFT SALINAS VALLEY HEALTH<sup>1</sup>**  
**FINANCE COMMITTEE**  
**COMMITTEE OF THE WHOLE**  
**MEETING MINUTES APRIL 20 2026**

Committee Member Attendance:

Voting Members Present: **Joel Hernandez Laguna**, Vice Chair, **Allen Radner, M.D.**, President/CEO, **Iftikhar Hussain**, CFO, **Steven Regwan, D.O.**, Medical Staff Member

Voting Members Absent: **Victor Rey, Jr.**, Chair

Advisory Non-Voting Members Present:

In person: Clement Miller, COO, Gary Ray, CLO, Alysha Hyland, CAO, Carla Spencer, CNO, Sanjeev Tandon, SME

Via teleconference: Michelle Childs, CHRO

Other Board Members Present, Constituting Committee of the Whole:

Via teleconference: Rolando Cabrera, M.D. and Catherine Carson

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

A quorum was present and Vice Chair **Joel Hernandez Laguna**, called the meeting to order at 4:00 p.m. in the Heart Center Teleconference Room.

**2. PUBLIC COMMENT:** None.

**3. APPROVAL OF MINUTES FROM THE FINANCE COMMITTEE MEETING OF MARCH 23, 2026.**

Approve the minutes of the March 23, 2026 Finance Committee meeting. The information was included in the Committee packet.

**PUBLIC COMMENT:** None.

**COMMITTEE MEMBER DISCUSSION:** None.

**MOTION:**

Upon motion by Committee Member Hussain, and second by Committee Member Dr. Radner, the minutes of the March 23, 2026 Finance Committee are approved as presented.

**ROLL CALL VOTE:**

Ayes: Vice Chair Hernandez Laguna, Dr. Radner, Hussain, Dr. Regwan;

Nays: None;

Abstentions: None;

Absent: Chair Rey;

**Motion Carried.**

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

#### **4. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF THE RENEWAL OF PRIME PERFUSION, INC. SERVICES AGREEMENT**

The Perioperative Services Department requests Board approval to renew the existing Perfusion Services Agreement between Salinas Valley Memorial Healthcare System and Prime Perfusion, Inc. for an additional two (2) year term through March 2028. Support our Heart Cardiac Services.

A full report was included in the packet.

**PUBLIC COMMENT:** Catherine Carson commented on the need to include Quality Metrics in Perfusion Agreements. Community Member and clinical perfusionist, Brent Thye, commented on perfusion programs in Monterey and the potential renewal of this agreement.

**COMMITTEE MEMBER DISCUSSION:** None.

#### **MOTION:**

Upon motion by Committee Member Dr. Radner and second by Committee Member Dr. Regwan, the Finance Committee recommendation to Board of Directors to approve Renewal of Prime Perfusion, Inc. Services Agreement in the amount of \$1,736,441.86.

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

Ayes: Vice Chair Hernandez Laguna, Dr. Radner, Hussain, Dr. Regwan;

Nays: None;

Abstentions: None;

Absent: Chair Rey;

**Motion Carried.**

#### **5. CONSIDER RECOMMENDATION FOR BOARD OF APPROVAL OF BUDGET AUGMENTATION FOR THE BRUNKEN MRI PROJECT AND CONSTRUCTION CONTRACT AWARD TO SSB CONSTRUCTION**

Salinas Valley Health authorized the purchase of a new Canon 1.5T MRI for installation at 626 Brunken in January 2025. In February 2025, a total project budget of \$3,367,810 was approved by the Board to procure Canon equipment and service agreements, design, and construct improvements associated with installation of the new MRI equipment.

A full report was included in the packet.

**PUBLIC COMMENT:** None.

**COMMITTEE MEMBER DISCUSSION:** Brad McCoy, Vice President of Facilities, Construction & Real Estate, presented details regarding the project and estimated a completion date in August 2026.

#### **MOTION:**

Upon motion by Committee Member Hussain, and second by Committee Member Dr. Radner, the Finance Committee recommends Board approval of (i) increase to the approved budget in the amount of \$642,000 and (ii) award of construction contract to SSB Construction in the amount of \$1,254,050.

**ROLL CALL VOTE:**

Ayes: Vice Chair Hernandez Laguna, Hussain, Dr. Radner, Dr. Regwan;

Nays: None;

Abstentions: None;

Absent: Chair Rey.

**Motion Carried.**

**6. CONSIDER RECOMMENDATION FOR BOARD APPROVAL OF COMMERCIAL PURCHASE AGREEMENT AND JOINT ESCROW INSTRUCTIONS BETWEEN SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM AND M 2 S INC, AN ALASKA CORPORATION, FOR THE PURCHASE OF 1188 PADRE DRIVE, SALINAS, CALIFORNIA AND APPROVAL OF RESOLUTION 2026-02 AUTHORIZING PURCHASE OF REAL PROPERTY**

The Salinas Valley Health (SVH) Leadership Team has been in negotiations with M 2 S, Inc. (M2S) for several months and has reached agreement with the building ownership to purchase the property located at 1188 Padre Drive, Salinas, California. A full report was included in the packet.

Brad McCoy, Vice President of Facilities, Construction & Real Estate, provided an overview of the background of our Master and Strategic plans. Dr. Radner noted that this property will help mitigate the ongoing congestion related to office space and parking surrounding the medical center. This property will also eliminate additional leased space.

**PUBLIC COMMENT:** None.

**COMMITTEE MEMBER DISCUSSION:** Vice Chair Hernandez Laguna requested an assessment in 6-12 months on the status of the property transition and usage.

**MOTION:**

Upon motion by Committee Member Hussain and second by Committee Member Dr. Regwan, the Finance Committee recommends Board approval of (i) Commercial Purchase Agreement and Joint Escrow Instructions between Salinas Valley Memorial Healthcare System and M 2 S Inc, an Alaska Corporation, for the Purchase of 1188 Padre Drive, Salinas, California and (ii) approval of Resolution 2026-02 Approving Purchase of 1188 Padre Drive, Salinas, California and (Authorizing the SVH President/CEO to Execute the Purchase Documents.

**ROLL CALL VOTE:**

Ayes: Vice Chair Hernandez Laguna, Hussain, Dr. Radner, Dr. Regwan;

Nays: None;

Abstentions: None;

Absent: Chair Rey.

**Motion Carried.**

## 7. FINANCIAL AND STATISTICAL REVIEW

An update was received from Iftikhar Hussain, CFO, on the Financial and Statistical Review for the month of February 2026. Highlights included \$25.4 million in supplemental payments for the year, Net Income Margin is 7.1% YTD. Key Financial Indicators are in the green with the exception of three indicators – Days in Accounts Receivable and expenses. Accounts receivable days have improved but are high compared to EPIC benchmark of 47.9 days. Costs are higher due to EPIC implementation. YTD Admissions and observations are 1.6% higher than previous year (PY), Commercial payor mix was stable for the month at 21%.

A full report was included in the packet.

**PUBLIC COMMENT:** None

**COMMITTEE MEMBER DISCUSSION:** Vice Chair Hernandez Laguna was pleased to see the Accounts Receivable Days Trend is heading towards the benchmark as the Board continues to monitor.

## 8. REVIEW BALANCED SCORECARD

Iftikhar Hussain, CFO, reviewed the 3<sup>rd</sup> quarter Balanced Scorecard with the committee. Each Executive provided an update on their pillar goals. A full report was included in the packet.

**PUBLIC COMMENT:** Dr. Cabrera emphasized the need to account for reductions in reimbursement for healthcare services in the coming years and possible budget cuts.

**COMMITTEE MEMBER DISCUSSION:** Dr. Radner stated as the organization heads towards the 4th quarter, he has asked his Executive team to start thinking of goals for the next fiscal year. Dr. Radner also requested for the Board members to provide any feedback they may have for next years goals.

## 9. FY2027 BUDGET PLAN REVIEW

A high-level summary of the proposed FY2027 Budget Plan was provided by Iftikhar Hussain, CFO. The Summary included Strategic Considerations HR1 Revenue headwinds with Lower Margin and High Capital needs for investment in Facility and Clinics. A full report was included in the packet.

**PUBLIC COMMENT:** None.

**COMMITTEE MEMBER DISCUSSION:** Vice Chair Hernandez Laguna requested a break down in cost for the six (6) Facility Needs projects. Dr. Radner noted the Executive Team will continue to update the Board of the Strategic plans, Financial stability and the priority of the six (6) facility projects listed. As the ED Expansion project progresses the Executive Team will have a better assessment of the timeline for each of the five (5) projects remaining.

## 10. ADJOURNMENT

There being no other business, the meeting was adjourned at 4:48 p.m. The next Finance Committee Meeting is scheduled for Tuesday, **May 26, 2026** at 4:00 p.m.

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Joel Hernandez Laguna, Vice Chair  
Finance Committee

# Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of the Total Estimated Project Cost and Award of the Construction Contract to SSB Contracting Inc. for the 355 Abbott Street Project**

Executive Sponsors: Clement Miller, Chief Operating Officer  
Alysha Hyland, Chief Administration Officer

Date: May 11, 2026

## Executive Summary

This project will replace interior finishes throughout the first floor, which are approaching the end of their useful life, modernizes patient-facing areas through reception and workflow improvements, a new reception desk, upgraded lighting to improve both function and aesthetics in the waiting room, and HVAC improvements to address legacy heating and cooling inefficiencies to provide better comfort for patients and staff. To minimize disruption to operations and maintain access to care, the work will be executed in seven sequential phases.

## Background/Situation/Rationale

PrimeCare serves as the flagship clinic for Salinas Valley Health Clinics and is the cornerstone of the organization’s primary care network, supporting more than 10,000 patient visits each month. Over the years, the clinic has expanded services, operating hours, and days of operation to improve access and ensure patients receive timely care. While the facility was originally designed to support a high-volume primary care practice, the clinic space has not undergone significant cosmetic or functional updates in more than 16 years. This capital improvement project will modernize the clinic environment through updated finishes, painting, and targeted facility enhancements that improve functionality, patient comfort, and overall appearance. As one of the organization’s busiest ambulatory sites, these upgrades will support a more positive patient experience, enhance staff workflow and efficiency, and reinforce Salinas Valley Health’s commitment to delivering high-quality care in spaces that are welcoming, operationally effective, and aligned with the organization’s standards for excellence.

## Timeline

- November 2025 – Funding of \$172,000 approved to procure bid documents, investigate existing HVAC conditions, and project management fees.
- March 2026 – Solicitation of bids from general contractors.
- April 2026 – Recommend project budget and contractor award for approval.
- May 2026 – Construction contract execution and contractor mobilization.

## Meeting our Mission, Vision, Goals—Strategic Plan Alignment

Pillar/Goal Alignment:  Service  People  Quality  Finance  Growth  Community

## Financial/Quality/Safety/Regulatory Implications

1. Total Estimated Project Cost	\$2,911,629.00
2. Amount of Construction Contract	\$1,879,544.00

3. Construction Contract Time	240 Days from Notice To Proceed to Substantial Completion
4. Payment Terms	Percentage of completion progress payments. Net 30.
5. Budgeted	Yes.

**Recommendation**

**SVH Administration requests that the Finance Committee recommend that the SVH Board of Directors approve (i) the total estimated project cost of \$2,911,629.00 and (ii) award the construction contract to SSB Contracting Inc., including the deductive alternate to remove the phase in the area planned for a future pharmacy, in the amount of \$1,879,544.00 for the 355 Abbott Street Project.**

# Finance Committee Board Paper

Agenda Item: **Consider Recommendation for Board Approval of Budget Funding Increase for the Angio Equipment Replacement project**

Executive Sponsors: Clement Miller – Chief Operating Officer  
 Brad McCoy – Vice President of Facilities, Construction & Real Estate

Date: May 8, 2026

## Executive Summary

Salinas Valley Health Medical Center is seeking approval for a budget augmentation of \$392,967 for the ongoing Angio Equipment Replacement project. Funded in the fiscal year 2025 capital budget at \$5,642,022 based on pre-construction estimates, the total anticipated direct and indirect costs have been refined to \$6,034,989 as the project advanced. This augmentation is necessary to facilitate required structural remediation, electrical infrastructure upgrades, and clinical equipment integrations to ensure the operational delivery of the interventional radiology suite.

## Background/Situation/Rationale

Hidden conditions found after demolition revealed the need for structural and fire life safety remediation and design adjustments to bring the suite into current code compliance. The electrical infrastructure feeding the suite required significant upgrades beyond the original scope to achieve a ‘Class III’ rating which is required to ensure that we have the capability to provide cardiac services, effectively giving our organization four rooms that can function as cardiovascular labs. Integration of these discovered conditions and clinical enhancements has extended the critical path to completion, resulting in a 3-week schedule impact.

## Timeline

- Project in Progress – Estimated Completion August 2026

## Meeting our Mission, Vision, Goals—Strategic Plan Alignment

Pillar/Goal Alignment:  Service  People  Quality  Finance  Growth  Community

## Financial/Quality/Safety/Regulatory Implications

Key Terms	
1. Budget Augmentation Requested	<b>\$392,967.00</b>
2. Project Commencement	December 2025
3. Est. Completion & Occupancy	August 2026
4. Budgeted (indicate y/n)	Yes – Project 2024-010 – 2024/2025 FY

## Recommendation

**Consider recommendation for board approval of the Budget Funding Increase for the Angio Equipment Replacement project in the amount of \$392,967.00, bring the new cost of the capital project to \$6,034,989.**

## Attachment

- (1) Budget Augmentation Breakdown

**Salinas Valley Memorial Healthcare System**

**SVM CIP ANGIO EQ REPLACEMENT - 2024-010**

Architect: SKA

Subject: Budget prepared at Augmentation Request 04/01/2026

Date Printed:

4/10/2026

Augmentation Request

\$392,967

Budget Approved Date:

5/12/2025

Anticipated Completion:

Q1 FY27

Prepared by: SM/SL, Checked by

Budget Summary		A	A1	A2	
Line Item	Description	Board Approved Budget	Augmentation Request	Revised Budget	Augmentation Notes
	<b>1 Construction</b>				
100	Construction	\$2,091,246	\$331,269	\$2,422,515	Fund all existing condition costs and design adjustments, upgrade elect for expanded procedure list, incudes credit back from contract allowance
101	Owner Contingency	\$60,000	\$0	\$60,000	
	<b>2 Design</b>				
200	Professional Fees	\$358,655	\$70,698	\$429,353	discovered condition drawings & electrical upgrade & hemo/MedRad drawings, FA drawings & Ramp drawings
200	Reimbursables	\$0	\$0	\$0	
	<b>3 Inspections and Consultation</b>				
300	Inspector of Record	\$50,000	-\$10,000	\$40,000	will not hit T&M limit
301	Special Inspections	\$22,000	\$0	\$22,000	
303	Testing	\$8,800	\$7,500	\$16,300	adding med gas testing after reworking
	<b>4 AHJ Fees</b>				
400	HCAI Fees	\$68,387	\$5,000	\$73,387	add for multiple plan checks of added drawings
	<b>5 Soft Costs</b>				
502	Construction Management	\$354,424	-\$50,000	\$304,424	will not hit T&M limit
503	Abatement	\$1,500	-\$1,500	\$0	carried elsewhere
504	Infection Control	\$0		\$0	
	<b>7 FF&amp;E</b>				
701	Medical Equipment	\$2,205,144		\$2,205,144	
702	Non-Medical Equipment	\$338,550	\$20,000	\$358,550	added conex and logiquip inside trailer
703	Data & Phone Equipment	\$25,000		\$25,000	
704	Furnishings	\$16,000		\$16,000	
704	Hazmat	\$0	\$0	\$0	
9900	Project Contingency	\$42,316	\$20,000	\$62,316	guard against closeout unforeseen issues
<b>Totals</b>		<b>\$5,642,022</b>	<b>\$392,967</b>	<b>\$6,034,989</b>	

# Finance Committee Board Paper

**Agenda Item:** Consider Recommendation for Board Approval of the Lease Agreement between Salinas Valley Memorial Healthcare System (SVMHS) and Los Palos Partners, LLC at 505 E Romie, Suite E.

**Executive Sponsors:** Clement Miller, Chief Operating Officer  
 Brad McCoy, Vice President Construction, Facilities Management & Real-Estate

**Date:** May 16, 2026

## Executive Summary

As part of the strategy to increase specialty and oncology care clinic space, a recommendation is presented to lease approximately 815 sq. ft. of space located at 505 East Romie, Suite E to ensure that we maintain adequate space to meet the needs of the healthcare district. This suite is immediately adjacent to suites A, F & G that the district currently leases and will expand that space. It has been recently renovated prior to this leasing and is ready to be occupied immediately after the lease execution.

## Timeline

- May 26, 2026 – Request SVH Finance Committee Recommendation for Board Approval
- May 28, 2026 – SVH Board of Directors Meeting/Consider Recommendation for Approval
- July 15, 2026 – Effective Commencement Date for the Lease Agreement

## Meeting our Mission, Vision, Goals—Strategic Plan Alignment

This transaction is aligned with strategic initiatives to expand SVH Clinics primary care services and to improve provider access in the Salinas area.

**Pillar/Goal Alignment:**  Service  People  Quality  Finance  Growth  Community

## Financial/Quality/Safety/Regulatory Implications

The Lease Amendment is for 4.54 years and is coterminous with the lease term for 505 E. Romie Lane, Suites A, F, G.

1. Lease Extension Dates	Approximately July 15, 2026 through January 31, 2031
2. Term of Lease	Approximately 54 months and 16 days
3. Options	None
4. Payment Terms	Modified Gross / Hybrid
5. Rentable square feet	Approximately 815 rentable square feet
6. Monthly Rent	\$1,548.50
7. Increases	Fixed Rent

## Recommendation

**Administration requests that the Finance Committee make a recommendation to the Board of Directors to approve the Lease Agreement for 505 E Romie, Suite E in Salinas for 4.5 years.**

# Finance Committee Board Paper

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Agenda Item: **Consider Recommendation for Board Approval of the Symplr Cloud Migration as Sole Source Justification and Contract Award**

Executive Sponsor: Alysha Hyland, Chief Administrative Officer  
Iftikhar Hussain, Chief Financial Officer

Date: May 14, 2026

## Executive Summary

Salinas Valley Health currently uses Symplr solutions for time and attendance and staffing and scheduling. Symplr is formerly known as API (Automated Peripherals, Inc) but is now owned by Symplr. Symplr is proposing a migration to its cloud hosted solution which offers advanced reporting features and additional functionality. While the vendor has not provided an end-of-life date for the solution currently in use by Salinas Valley Health, we reasonably anticipate that the vendor will share this date as they move more of its customer base to the cloud.

Symplr's new features with its cloud-based solutions, sWorkforce and Smart Square, are as follows (a sample of key features):

- Rapid deployment of new features, including AI-enabled enhancements and tools
- Shifting cybersecurity risks to the cloud

## sWorkforce

- Improved schedule overview and weekly views
- Weekly view with automated intelligence that generates suggestions based on employee commitments, allowing the Staffing Office to fill shifts more efficiently
- Self-scheduling that empowers staff to choose their shifts quicker than before plus a new mobile self-scheduling solution
- Improved time card experience

## Smart Square

- Predictive scheduling engine that accurately forecasts patient volume up to 120 days in advance
- Actionable labor insights through built-in reporting and productivity analytics to monitor staffing performance and improve models

## Timeline

May 26 & 28 2026: Presented to the SVH Finance Committee and Board for recommendation and approval.

Implementation: September 1, 2028 (end of current contract term)

## Meeting our Mission, Vision, Goals

### Pillar/Goal Alignment

Service    People    Quality    Finance    Growth    Community

## Financial/Quality/Safety/Regulatory Implications

The cost over the life of the agreement is \$1,705,324 in subscription fees over five (5) years plus one-time implementation fees in the amount of \$388,288 for a total cost of **\$2,093,612**. This item is budgeted.

Key Contract Terms		Vendor: symplr (formerly known as API)				
1. Proposed contract signing date	May 29, 2026					
2. Term of agreement	September 1, 2028 (end of current contract term) – August 31, 2031					
3. Renewal terms	Automatic annual renewal unless 90 days' written notice is provided					
4. Termination provision(s)	Early termination possible but Salinas Valley Health responsible for subscription to end of active term					
5. Payment Terms	Net 45					
Pricing Summary						
Category	2026 – 2027	2027 – 2028	2028 - 2029	2029 - 2030	2030 - 2031	
sWorkforce - Time and Attendance	\$184,954	\$214,577	\$244,410	\$256,631	\$269,462	
sWorkforce - Smart Square	\$55,377	\$83,188	\$111,000	\$116,550	\$122,378	
Time Clock Maintenance	\$8,469	\$8,893	\$9,337	\$9,804	\$10,294	
Implementation (One-Time)	--	\$388,288*	--	--	--	
Annual Fees	\$637,088	\$306,658	\$364,747	\$382,985	\$402,134	
* 50% at kickoff or March 31, 2027, 50% upon the earlier of go live or December 31, 2027						
6. Annual cost(s)	(see table above)					
7. Cost over life of agreement	<p style="text-align: right;">\$1,705,324 in subscription fees over 5-years            + \$ 388,288 in one-time implementation fees  <b>Total of \$2,093,612</b></p> <p>Salinas Valley Health's estimated annual spend for maintenance and support between 2026 – 2028 is \$520,000.</p>					
8. Budgeted (yes or no)	Yes.					

**Recommendation**

**SVMH Administration requests that the Finance Committee make a recommendation to the SVH Board of Directors for approval of the Symplr cloud migration as sole source justification and contract award in the amount of \$2,093,612 over the next five years through August 31, 2031 subject to final contract negotiation.**

**Attachments**

- Symplr Addendum No. 2 to software license, equipment and services agreement, Statement of Work
- “2025 Compass Survey Report,” by Symplr



**ADDENDUM NO. 2 to  
SOFTWARE LICENSE, EQUIPMENT & SERVICES AGREEMENT**

This Addendum No. 2 ("Addendum") to the Software License, Equipment & Services Agreement dated July 31, 2013, as amended (the "Agreement") between **symplr software LLC**, formerly API Healthcare Corporation, a symplr company ("API Healthcare" or "symplr") and **Salinas Valley Memorial Healthcare System** ("Client") is effective on the date of the last signature hereto ("Addendum Effective Date"). In the event of a conflict between the terms of the Agreement and the terms of this Addendum, the terms of this Addendum will control. All capitalized terms not defined herein will have the meaning assigned to them in the Agreement.

**WHEREAS**, under the Agreement, API Healthcare granted to Client licenses to use certain of its proprietary software; and

**WHEREAS**, Client wishes to purchase, and symplr has agreed to provide, the following additional subscriptions or services from symplr or a symplr Affiliate: symplr Time & Attendance and Smart Square Software SaaS Subscriptions and Services (collectively, "symplr Workforce Solutions") as set forth in the Order Form attached hereto as Attachment 1 and the Statement of Work attached hereto as Attachment 2 which are both incorporated herein by this reference; and

**WHEREAS**, symplr wishes to evince changes to the Agreement as a result of the acquisition of API Healthcare Corporation.

**NOW THEREFORE**, for good and valuable consideration, the receipt of which is hereby acknowledged, the parties hereafter agree to revise the Agreement in accordance with the following terms:

**I. TERMS APPLICABLE TO THE AGREEMENT:**

1. **Assignment.** API Healthcare Corporation assigns to symplr software LLC all of API Healthcare Corporation's rights under the Agreement dated July 31, 2013, as previously amended or supplemented, ("**Original Agreement(s)**"). symplr software LLC accepts such assignment, and assumes, and agrees to be bound by, all of API Healthcare Corporation's duties and obligations relating to the Original Agreement(s) as of this Addendum Effective Date Client consents to such assignment as of this Addendum Effective Date and agrees to release API Healthcare Corporation from any such duties and obligations that accrue after this Addendum Effective Date.
2. **Term Extension.** The term of the Agreement is extended for an additional three (3) years commencing with the expiration of the current Agreement term, August 31, 2028 ("Extended Term"). Thereafter, the Agreement will automatically **renew for successive one (1) year terms** (each a "Renewal Term") unless either party delivers written notice of termination to the other party at least **ninety (90) days** before the end of the then current term. The Extended Term and any Renewal Terms are collectively referred to herein as the "Term". The remainder of the terms set forth in Section 5 (TERM AND TERMINATION) of the Agreement shall remain in full force and effect.
3. **symplr Workforce and Smart Square SaaS Use Rights.** Subject to the terms of this Addendum, the Agreement and payment of the applicable fees, as of this Addendum Effective Date and through the Term of the Agreement, API Healthcare grants to Client a limited, nonexclusive, nontransferable, and terminable right to use the SaaS described in Attachment 1 attached hereto, for the number of Active Employees listed in Attachment 1, solely for the conduct of Client's internal business purposes and the internal business purposes of its Affiliates. API Healthcare will provide Client with the SaaS in accordance with its Documentation. Notwithstanding the foregoing, the parties agree that any reference in the Agreement to representations or warranties are all hereby not applicable to the SaaS set forth in Attachment 1. For the avoidance of doubt, the terms in the Agreement that are applicable to SaaS shall govern the symplr Workforce Time and Attendance and the Smart Square SaaS solutions set forth in Attachment 1 hereto.
4. **Payment and Fees.** Fees for the SaaS and additional Services, as applicable, are set forth in Attachment 1 to this Addendum, which is incorporated herein by this reference, and shall be made part of the definition of Price Schedule in the Agreement. **Pricing for the SaaS is based on the size of Client's organization**; therefore, increasing the symplr Workforce Solution licenses may also affect the recurring fee of the SaaS package.

Client shall pay all fees set forth in Attachment 1 and Travel Expenses to API Healthcare and such fees are



noncancelable, and nonrefundable. All amounts due under this Agreement shall be paid in United States Dollars. Client shall be invoiced as set forth in Attachment 1. API Healthcare may suspend, in its sole discretion, this Agreement, all license grants, and other rights provided under this Agreement if Client fails to timely make payment to API Healthcare (e.g. by failing to pay recurring fees).

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- 5. Fee Increase. Commencing sixty (60) months after the Addendum Effective Date, the recurring fees specified in this Addendum including Fees for SaaS, may increase on an annual basis in accordance with Section 4(c) of the Agreement.
- 6. Short Message Service (SMS). symplr has features designed to maximize automation via text messaging to streamline recruitment efforts for available shift needs. Customer must opt in to SMS features in order to utilize them.

SMS Transmission. Customer acknowledges and agrees that the use of Short Message Service (SMS), also known as SMS Messaging or Text Messaging, as a means of sending messages involves a likely possibility from time to time of delayed, undelivered, or incomplete messages and that the process of transmitting SMS Messages can be unreliable and include multiple third parties that participate in the transmission process, include mobile network operators and intermediary transmission companies. symplr will support industry-standard carrier protocols for message delivery. symplr assumes no responsibility for non-standard transmissions of common carriers. Customer represents and warrants that it has obtained any legally required opt-in or consent from each individual who is sent a message, and Customer assumes all risk associated with any such delay, lack of delivery, or incompleteness.

- 7. Statement of Work. Client shall pay for the Services listed in Attachment 2 and Travel Expenses. Client agrees to pay for additional Services and Travel Expenses, incurred but not included in the Attachment 2, regardless of whether such Services are performed during or after completion of the implementation of the SaaS.
- 8. Client Data Transition. In the event of expiration or termination of this Agreement, as amended, or any Order Form or Statement of Work hereunder, the parties agree as follows:
  - **Data Portability & Format:** Upon Client’s written request received by symplr within thirty (30) days following such expiration or termination, symplr will make available to Client the Client Data then maintained by the Software or SaaS by either: (i) returning Client Data to Client in a reasonable format, or (ii) enabling Client to export Client Data. Access to Client Data in the Software or SaaS will be disabled after expiration or termination, and except as otherwise required by applicable law, symplr may permanently erase Client Data thirty (30) days after expiration or termination of Client’s account.
  - **Transition Services:** In the event of any expiration or termination of this Agreement other than termination due to breach of the Agreement by Client (including breach attributable to non-payment of any undisputed amounts), symplr may provide to Client transition services enabling Client to continue using the License or SaaS for up to twelve (12) months after the effective date of such expiration or termination of this Agreement or any Order Form (the “Transition Services”), provided that the terms and conditions of this Agreement shall remain in effect during the term of such Transition Services, including Client’s payment obligations set forth in the Agreement and in any Order Form. Client will be required to sign an Order Form reflecting the Transition Services period and applicable fees.
- 9. Except as expressly modified in this Addendum, all other terms and conditions of the Agreement shall remain in full force and effect. Nothing contained in Client’s purchase order, shipping release forms, or in any other document submitted by Client, shall be binding unless agreed to in writing and signed by authorized representatives of both parties.
- 10. Each person signing in a representative capacity warrants and represents that (s)he is duly authorized by such party to do so. This Addendum may be executed and delivered via electronic facsimile or electronic transmission with the same force and effect as if it were executed and delivered by the parties simultaneously in the presence of one another.

The parties, by their signature below, agree that this Addendum and the Agreement are the complete and exclusive statement of the agreement between them and supersede all prior oral and written communications and agreements between the parties with respect to the goods and services contemplated hereunder.

<b>API Healthcare Corporation, a symplr company</b>	<b>SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM</b>
By:	By:



Title:	Title:
Signature	Signature
Date	Date

<b>symplr software LLC</b>
By:
Title:
Signature
Date

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ATTACHMENTS:  
Attachment 1 – Order Form  
Attachment 2 – Statements of  
Work

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ATTACHMENT 1

ORDER FORM

**Customer:**  
 Salinas Valley Memorial  
 Healthcare Systems  
 PO BOX 3827  
 Salinas, California 93912-3827  
 United States

**Prepared By:**  
 symplr software LLC  
 315 Capitol St., Suite  
 100  
 Houston, TX 77002  
 United States

**Order Details:**  
**Quote #:** Q-152197  
**Initial Contract Term (in months):** Co Termed  
**Renewal Contract Term (in months):** Co Termed  
**Expires On:** 06/30/2026

Carla Spencer  
 cspencer@salinasvalleyhealth.com

Laura Razzano  
 lrazzano@symplr.com

**Payment Terms:** Net 45

Software Subscriptions					
Product Name	Billing Frequency	Quantity	License Metric	Unit Price	Total Annual Fees
symplr Workforce Time and Attendance Professional Subscription	Annual	2700	Employees	\$68.50	\$184,953.76
Smart Square Subscription <small>"symplr will conduct a quarterly audit of Customer's total SMS messages sent and received. If Customer's usage exceeds the annual SMS Message Threshold of 400,000, symplr will invoice Customer for all excess messages at an average rate of \$0.04 per message and billed monthly."</small>	Annual	2700	Employees	\$20.51	\$55,376.87
<b>Total Software Subscriptions:</b>					\$240,330.63

Services					
Description	Project Type	Billing Frequency	Quantity	Unit Price	Total Fees
symplr Workforce Professional Services	Fixed Cost	As specified in the Terms and Conditions below	1	\$388,287.90	\$388,287.90
<b>Total Services:</b>					\$388,287.90



**Terms & Conditions**

**EFFECTIVE DATE & GOVERNED BY MASTER AGREEMENT**

This Order Form, and any SOW attached, is effective as of the date of last signature hereto ("Order Form Effective Date") and is governed by the Software License, Equipment & Services Agreement effective July 31, 2013, as amended (collectively the "Agreement"). Capitalized terms used in this Order Form and not otherwise defined herein shall have the meanings assigned to them in the Agreement.

**SUBSCRIPTION TERM**

Software, Equipment, and/or Service Subscriptions in this Order Form shall begin their Initial Term on the Order Form Effective Date, and shall automatically renew for successive Renewal Terms pursuant to the Agreement. Incremental additions to the Software, Equipment, and/or Service Subscriptions purchased under additional Order Forms will be coterminous with the Initial Term, or Renewal Term if applicable, and will be prorated based on the remaining portion of the Customer's annual billing cycle.

**TERMINATION OF EXISTING PRODUCTS**

This section sets forth the Software and Software Support & Maintenance, as implemented and licensed as of the Order Form Effective Date ("Existing Products") that will terminate upon the go-live of the Software Subscriptions set forth above. For the avoidance of doubt, Customer shall be responsible for paying for additional Software, Software Support & Maintenance, and related Services, if any, that it initiates or requests after the Order Form Effective Date.

List of Existing Products:

- Outcomes Analytics Subscription
- Outcomes Analytics Test Environment Subscriptions
- Staffing and Scheduling eLearn Advance
- Maintenance Staffing and Scheduling Software Maintenance
- Time and Attendance eLearn Advance
- Maintenance Time and Attendance Software
- Maintenance Staffing and Scheduling Interface
- Maintenance

The Term of the Existing Products shall terminate upon the go-live of the Software Subscriptions set forth above.

**SAAS SUBSCRIPTION ADDITIONAL BILLING TERMS**

Customer shall receive a credit for its payment of the Fees for the Existing Products in an amount that is prorated to the Order Form Effective Date.

**FIVE-YEAR RAMP PRICING**

The Fees for the Software Subscriptions at the License Metric set forth herein shall be billed for the next five (5) years of the Agreement as set forth in the Pricing Summary below. Subsequent purchases of additional Software or incremental licensing or services will increase the Fees below.

**Pricing Summary\***

Category	Year 1	Year 2	Year 3	Year 4	Year 5
sWorkforce - Time and Attendance	\$184,954	\$214,577	\$244,410	\$256,631	\$269,462
sWorkforce - Smart Square	\$55,377	\$83,188	\$111,000	\$116,550	\$122,378
Time Clock Maintenance	\$8,469	\$8,893	\$9,337	\$9,804	\$10,294
Implementation	--	\$388,288	--	--	--
Annual Fees	\$637,088	\$306,658	\$364,747	\$382,985	\$402,134

\*After the first five years of the Term, symplr may increase the Fees per the terms of the Agreement.

**ADDITIONAL SERVICES PAYMENT TERMS** The Services Fee for Implementation shall be invoiced on the Order Form Effective Date and will be due and payable to symplr in two payments as follows:

- 50% due upon the earlier of project kickoff or March 31, 2027 in the amount of \$194,143.95
- 50% due upon the earlier of go-live or December 31, 2027 in the amount of \$194,143.95

**For Salinas Valley Memorial Healthcare Systems**

**For symplr software LLC**

**Signature:** \_\_\_\_\_

**Name (Printed):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name (Printed):** \_\_\_\_\_

**Title:** \_\_\_\_\_



Date: \_\_\_\_\_

Date: \_\_\_\_\_

PO Required? \_\_\_\_\_

PO Number: \_\_\_\_\_

Accounts Payable Email Address: \_\_\_\_\_

Billing Department Contact Name: \_\_\_\_\_

Billing Department Contact Email: \_\_\_\_\_

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**symplr Objective and Functionality****Time & Attendance:**

To migrate the symplr Time & Attendance on premise solution to symplr's cloud based symplr Workforce (sWorkforce) solution for Customer's licensed facilities.

symplr will migrate and provide consulting for Time & Attendance standard capabilities currently live in the Customer's production environment at the start of project. In addition, the following supporting capabilities, if not already in use, will be configured during the migration process:

- o Mobile Time Management (MTM)
- o Mobile Time Management with Location (Location Enabled Clocking) (MTML)
- o Outcomes Analytics (Operational Dashboards) (OA)
  - Includes Units of Service Productivity Tracking
- o Attendance+ (Currently used on premise)

**Smart Square:**

HELM® (Healthcare Enterprise Labor Management) is symplr's proprietary methodology that combines and embeds the science of workforce planning, demand forecasting and operational best practices into a robust and customizable scheduling and productivity software solution, providing sustainable and predictable long-term quality and financial gains across the enterprise.

The **TYPICAL** full HELM implementation model includes the following:

- Gap Assessment, which focuses on the fundamentals of the HELM pillars and effective staffing policies and workflows.
- Resource Management Center (RMC) workshop, concentrating on the centralizing of staffing and deployment decisions and processes.
- Implementation of Smart Square®, symplr's proprietary software product utilized by healthcare organizations to better manage their people resources. Smart Square is driven by the symplr Predictive Model, a multivariate regression model that uses a range of time series and explanatory variables to enable organizations to better manage the fluctuation demand for resources

symplr and Customer will work together to clearly define and build consensus around all stages of the software implementation. Responsibilities will be assigned, timelines and expected deliverables will be mapped in a phase-by-phase approach, and a series of meetings and calls will be scheduled to ensure communication and timely progress updates.

## symplr Time & Attendance Migration

### Project Approach

symplr Workforce migrations are delivered in 4 Phases:

#### Planning Phase

During this phase, the symplr Project Team will work with Customer Project Manager to establish a project plan and timeline, identify key project resources, align on project governance, and formally kick off the project.

In addition:

- Customer will provide a backup of their database to be used for validation during the execute phase
- symplr will deploy one production and one test environment.

#### Design Phase

During this phase, core design decisions will be made regarding the configuration of sWorkforce and preparation and planning for custom reporting will be completed. To accomplish this, your assigned symplr Business Consultant will lead discovery and design sessions to assess your current state and suggest best practice recommendations for Customer's configuration choices.

- Conduct discovery sessions over three consecutive weeks to review the current state process:
  - Time and Attendance processes
  - Mobile Time Management
  - Location Enabled Clocking
  - Operational Dashboards
  - Custom pay policies
  - Reporting
  - Single Sign On (SSO)

It is expected that the Customer decision makers will attend all meetings, and that Project Sponsor will be responsible for alignment of cross-department processes. Customer may need to meet outside of discovery sessions to develop a plan for customer reports. The outcome of the Design phase is a signed-off design for sWorkforce.

#### Execute Phase

During this phase, the system is configured and validated by the assigned symplr project team, Customer executes the custom reporting plan and conducts User Acceptance Testing, and Training is planned and delivered by symplr.

Custom Pay Policies:

- Configure up to twenty (20) custom pay policies to mirror Customer's existing pay policies
- Perform Validation Iteration 1:
  - Generate payroll interface to prepare environment for system validation and compare process
  - symplr will compare payroll processing in the database provided by Customer to the newly configured sWorkforce environment to validate the results.
  - Customer will validate data within 1 week
- Perform Validation Iteration 2

Custom Reporting:

- symplr will recreate two (2) Custom reports for Customer.
- Customer will recreate critical custom reports in sWorkforce
- symplr will conduct up to 8 weekly sessions (two hours each) to provide guidance.

Interfaces:

- Configure SSO
- Configuration and readiness testing of existing interfaces in the sWorkforce environment
- Payroll Based Journal

### Other Setup and Configuration Services:

- Mobile Time Management
- Location Enabled Clocking
- Operational Dashboards
- Attendance+
- Time & Attendance standard configuration currently used by Customer not listed above

### Training Services include:

- Four - Computer Based Training modules that outline differences between on-premise TASS and the sWorkforce environment.
  1. Migrating from TASS to symplr Workforce – An Overview for Organization Main Contacts'
  2. TASS to symplr Workforce – Employee Crosswalk
  3. Time & Attendance to symplr Workforce – Supervisor Crosswalk
  4. TASS to symplr Workforce – Administrator Crosswalk
- One Consultant led Time & Attendance overview session (1 hour)

### User Acceptance Testing (UAT) include:

- Test Cases: Customer will define test cases prior to the start of User Acceptance Testing.
- User Acceptance Testing planning and logistics is completed by Customer.
- User Acceptance Testing execution is completed by Customer. symplr will assist with issues identified by Customer during the agreed UAT testing window.

### Cut-Over Activities include:

- All current customer data at cutover will be migrated from the customer's on-premise system to the new sWorkforce environment
- symplr will coordinate the cutover to the new system ensuring all historical data is properly migrated to the new environment.
- Production validation will be performed by symplr and turned over to the Customer to confirm prior to releasing to end users.

### Close Phase

Close Phase begins at the time sWorkforce is live in a production environment. During the Close Phase, symplr will provide the following post go-live support:

- Four weeks of post go-live support including one payroll close
- Operational Dashboards will be enabled
- One Transition to Support Introduction (30 minutes)

Based on the scope of work outlined, the estimated Implementation Duration of the project is between 10-11 months.

## Key Customer Project Roles

*Executive Sponsor* – Acts as the executive sponsor for the project. Provides strategic direction and vision. Approves budget and resources and removes roadblocks.

*Project Manager* - Works in conjunction with the symplr Implementation Team to complete all project phases. Coordinates daily operations, communications, and interactions of the team. Coordinates the scheduling of on-site sessions. Monitors, measures, and reports activity. Helps resolve and escalates issues which may arise within Customer's organization.

*System Manager* – Defines system permissions, creates users, and sets system security. Assists with reports from EMR for data validation.

*Information Technology* – Helps the Customer project team with defining data mapping and interface requirements. Completes setup/configuration of server.

*Super Users* – Defines classifications and user permissions for area of responsibility. Defines requirements and assists with system configuration and data mapping design. Participates in testing and data validation. Provides sign off before final cutover and go-live.

*Test Lead* – accountable for development of User Acceptance Testing (UAT) Strategy and Scripts, coordination of UAT, and signoff at the end of UAT execution.

*Change Management Lead* – accountable for development and execution of Customer Change Management Strategy.

## Project Governance

symplr will assign a Project Manager who will serve as the primary implementation contact for the duration of the project and has overall responsibility for planning, design, execution, monitoring, controlling, and closure of the project, working with the Customer assigned Project Manager.

The symplr governance model includes:

- Project charter
- Weekly project status meetings
- Combined project plan that includes activities required by symplr and Customer
- Issue and Risk tracking and reporting
- Project Owner sign-off of key deliverables
- Phase Exit Gate Sign-off
- Monthly Executive Steering Committee meetings

Project Governance is continuous throughout the project, covering all Phases.

The Services Terms General Terms and Conditions set forth at <https://symplr.com/terms> are hereby incorporated by reference in this SOW and will govern and apply to the Services and the project therefor.

## Assumptions

The Scope of Work is based on assumptions that include but are not limited to Customer responsibilities as are further described in this section.

- All locations will go live on symplr Workforce in a single cutover.
- Customer coordinates security configuration or permission level changes for the Software, Customer's network, and third-party vendors.
- Single Sign On (SSO) functionality is required to be in place for Customer's entire organization
- Customer's Functional System Administrator (FSA) is proficient in the use of Time and Attendance in Customer's legacy system:
  - Familiar with navigating system and the Timecard Screen (TCS)
  - Has basic troubleshooting skills of timecard issues such as "Odd Clockings", benefit balances, supervisor assignments, etc.
  - Understands Critical, Warning, and Informational exceptions on the TCS
- Operational Dashboards
  - The deployment of the Time & Attendance operational dashboards will focus on the following reporting/dashboard categories.
    - Compliance
      - Supervisor Efficiency
      - Utilization
    - Financial
      - Premium Usage
      - Unplanned Hours
- The following devices (Time Clocks) are supported in symplr Workforce:
  - Series 600 Clocks: Model 600, 610
  - Series 5000 Clocks: Model 5000, 5100, 5110
- Attendance+
  - Attendance+ configuration in sWorkforce will match current configuration and use.
- Payroll Based Journal
  - Payroll Based Journal configuration in sWorkforce will match current configuration and use.

## Out of Scope Work

"Out of Scope Work" means any work or Services not identified in the Scope of Work, not contemplated in the Assumptions.

- Installation of symplr Equipment, if purchased
- Pay policies:
  - New custom policies
  - Changes to existing pay policies
- Custom Reporting:
  - Creation or migration of custom reports and stored procedures supporting them
- Custom Scripts that update the database
- If not already in productive use, the following functionality is out of scope:
  - Attendance+
  - Benefit Accruals
  - Grant/Project Tracking
  - Payroll Journal Interface

- 
- The following functionality is not available or has limited availability in symplr Workforce:
  - Staffing & Scheduling (Moving to Smart Square)
  - Archiving Schedules
  - Limited Authorization Manager Capabilities
  - Business Analytics (End of Life)
  - DeductIT® (End of Life)
  - Education Tracking® (End of Life)
  - HL7 Integration
  - Labor Compliance Kit
  - Schedule Incentives (Bidding)
  - TimeCall®

Customer agrees to pay for Out Scope of Work that it authorizes at the rate set forth in the applicable Order Form. Out of Scope of Work on a Fixed Cost project must be mutually agreed to in writing (a “Change Order”). symplr has the right to refuse to perform any Services for Out of Scope Work until the Change Order is approved. Approval of Change Orders shall not be unreasonably withheld or delayed by either party.

## symplr Smart Square Implementation

### Scope

The HELM offerings and Smart Square modules and features that will be implemented at Customer during the course of the project, for up to 8,000 users and 1 phase, are listed on the next page. The Customer has the option to not implement any Smart Square module or feature that does not meet its organizational goals. If modules or features are deferred, then the project plan would be adjusted accordingly to reflect the changes. System Administrators will be trained in all the modules listed below. symplr leverages a Train-the-Trainer model empowering Customer to manage and own their unique instance of Smart Square. Therefore, Customer is responsible for implementing any additional phases beyond the first phase, units, or features not included within this Statement of Work on their own.

### Included Deliverables

#### Implementation of Smart Square

- Gap Assessment of policy to scheduling and staffing workflows to define enterprise business rules
- Scheduling and Staffing
  - Unit/Cost Center Scheduling
  - Predictive Model
  - Self-Scheduling
  - Open Shift (without Incentive)
  - Staff Member Access (Single Sign On, Communications, Schedule Change Requests)
- Deployment Tools
  - Deployment Page
  - Auto-balancer
  - Call List
  - Census & Staffing Adjustments
  - SMS Features
  - Recruitment Call Lists
  - Staffing Analysis
  - Daily Assignment Tool
- Reports
  - Standard Reports
  - Report Writer (export of predefined data fields)
- Dashboards
  - Schedule Dashboard
  - Financial Dashboard
  - Variance Dashboard
  - FTE Vacancy Dashboard
- Open Shift with or without Incentive
- Smart Square Schedule Data Export for daily Time and Attendance interface

### Summary of Project

#### Approach Overview of Project

##### Schedule

The HELM implementation project will commence with the project kickoff and conclude with a post-go-live system

review. symplr and Customer will establish the final project schedule based on a mutually agreed-upon implementation strategy.

## Project Responsibilities

### symplr

symplr is responsible for providing Customer with the following:

- 1) Completion of the project from within the Statement of Work.
  - a. An Implementation Consultant with software implementation experience, including working with healthcare organizations to complete the various components of the project.
- 2) A Project Manager whose primary responsibilities will include:
  - a. documenting and managing all phases of the implementation project within each agreed upon subsequently and separately agreed SOW
  - b. serving as the day-to-day internal project coordinator
  - c. main symplr point-of-contact for Customer
- 3) A Technical Trainer to collaborate with Customer resources on the development of training materials and outlining the process of a "Train-the-Trainer" program allowing Customer's System Admin and training team to be able to co-lead actual training sessions.

## Customer

Prior to the delivery of any services defined in this Statement of Work, Customer will designate a person as symplr's Primary Contact (PC) of Customer. The PC will be the person to whom all symplr communications will be addressed and who has the authority to act on behalf of Customer in all aspects of the project.

The PC's responsibilities will include:

- 1) Serving as the interface between symplr and Customer.
- 2) Designate System Administrator(s) to complete training, with the desire to help with configuration of the system within the initial phase of the implementation. This role will be responsible for serving as the primary point of contact during Go-live milestones for technical inquiries and is responsible for all future unit builds, functionality adoption, and configuration changes.
- 3) Identifying, scheduling, and confirming availability of support staff and management for on-site interviews and meetings.
- 4) Ensure appropriate decision makers are engaged and involved in final approval of all business rules, program parameters, and policies prior to implementation.
- 5) Obtaining and providing information, data, decisions, and approvals, within three (3) working days of symplr's request as outlined in project plan, unless both parties agree to an extended response time. If there is not a response, this could lead to a delay in the project plan, and the timeline will be adjusted accordingly to reflect.
- 6) Resolving deviations from project plans that may be caused by Customer.
- 7) Helping resolve project issues and escalating issues within Customer organization.
- 8) Monitoring and reporting project status on a regular basis with Customer management.
- 9) Identifying training resources for both Nurse Manager and Integrated Staffing user groups. Trainers should be involved in testing of system and overall responsible for new user training.
- 10) Scheduling meeting rooms as necessary, per agenda.
- 11) Ensuring workspace facilities are available for the consultant(s), when on site, that include a work area, printer/network connectivity, and phone/data line.
- 12) Ensuring IT resources are available, at minimum for one hour a week, and able to execute meeting the requirements for data files and interfaces from other Customer software systems to integrate with Smart Square.

## Integration Responsibilities

The following outlines the data components that both Customer and symplr are responsible for delivering. It is recommended that all Smart Square files that may be deemed optional per the Smart Square Feed Specifications

document are implemented to gain the most benefit and to ensure the software works effectively and efficiently. Details of each file scope are defined in the Smart Square Feed Specifications. Prioritization of the files and project dependencies will be reviewed during project team meetings and tracked in the detailed project plan.

Customer

The following files are required to be delivered by Customer to symplr for the Gap Assessment:

- All written policies, procedures and/or union contracts
- Distribution and participation in on-line or in person survey(s)

The following files and/or data elements are required to be delivered by Customer to symplr for the Smart Square implementation:

- HR data file (sent daily)
- Detail punch file (sent daily)
- Volume file (sent at multiple points of time per day; recommendation is 4x per day)
- Historical volume file (one time file)
- Job code to skill mapping (one time file)
- Pay code mapping (one time file)
- Staffing plans/grids (one time file)
- Alternate Base rate (sent daily) (only if not able to provide in HR data file)
- Final Detail Punch file (sent bi-weekly) (optional)
- Licensure and certification data (sent daily) (optional)
- Workload Volumes file (sent daily) (optional)
- Budget file (sent annually) (optional)

symplr

The following files and/or data elements are required to be delivered for the Smart Square implementation:

- Schedule data export (created by symplr and downloaded by Customer for import into Time and Attendance system)

Tasks

Smart Square Tasks	Responsible Party	
	symplr	Customer
Project Management Methodology and Project Plan Development	X	X
Documentation of Project Metrics/Benefits		X
Unit Assessments	X	X
Integrated Staffing Plan		X
Configuration	X	X
Testing Resources, Plan and Scripts	X	X
Software Development and Prioritization of Needs	X	



User Access Approval Process		X
Interface Development	X	X
Ongoing Custom Training Materials		X
Development for Payroll Processing on Open Shift incentives – Work Rules, Pay Type, etc., if incentives offered		X
Provide calculation tool outside of Time and Attendance for Open Shift incentive calculation, if incentives offered	X	
Custom Communication Plan for Smart Square and Open Shift		X
Support plan for end-users – contacts, help desk		X

**System Training**

Training during the implementation of Smart Square will include various audiences such as Smart Square Champions, System Administrators, Elevated Users, Central Staffing Office and Staff. Classes will be delivered in a variety of formats based on recommendations; however, if a different method is needed due to Customer request or required logistics, we will do our best to accommodate. Any onsite travel will be billed back to Customer based on class size (1 trainer per 20 participants). Classes and delivery recommendations are listed in Appendix A.

Customer will actively participate as a key partner throughout the initial implementation and training process, contributing beyond attendance in each session to ensure effective engagement and successful adoption. Customer will be responsible for training post-implementation and must have the proper resources engaged in specific milestones to ensure they are properly onboarded.

symplr will be the primary education facilitator for scoped units as part of this SOW for implementation training sessions, including various onsite, virtual, and e-learning training methods. Organizations that align their system administrators to participate and co-facilitate the training(s) that have accelerated their ability to support their role responsibility at go-live milestones and beyond.

**Customer Training Roles**

The following resource roles are required during implementation and post-implementation.

- Smart Square Champions are a key group of individuals who will receive the full end-to-end training of the front-end use of Smart Square. A Smart Square Champion should be someone who understands Operational decisions, workflows, and overall vision for the Smart Square project.
  - At least one Champion needs to be present during all training sessions to represent Customer leadership and ensure Customer specific conversations are led with internal representation to support the symplr facilitator.
  - There should be 3-4 Smart Square Champions within each facility. Usually, organizations do not have more than 20. Examples of individuals who hold this role are those who have a good working knowledge of organizational process and procedure, have awareness of the Smart Square project goals and optimized state, are adaptable to technology, and have a positive attitude toward change.

- System Administrators are another key group of individuals who will receive full front-end training, as well as configuration training for Smart Square. The System Administrator(s) shall be present at all training sessions to build relationships, help troubleshoot in the moment, access and configuration in supporting the symplr Implementation Consultant.
- symplr Customer Education Resources will support the Train-the-Trainer approach. This is a group of education professionals who will provide training instruction and materials to support ongoing training within Customer organization. Training materials can include tip sheet templates, facilitator guides, training PPTs, and e-learnings.
- Other Resources may be needed for long-term success. This can include LMS System and Administrator resources if Customer wants to host symplr e-learnings within their own network. Other resources can include an Intranet site to host internal documents; training rooms with computers and audio/visual support, virtual hosting capabilities, and document printing should hard copies are desired.

### symplr Responsibilities

- Facilitate a review of options available for all user-type training for initial implementation.
- Collaborate on the right approach for initial implementation.
- Facilitate training sessions in partnership with Customer (in-person or virtual).
- Facilitate initial “Train-the-Trainer” sessions with Customer education resources.
- Design a long-term training approach for Customer ownership post-implementation.
- Update access based on the User List.

### Customer Responsibilities

- Customer will be responsible for training post-implementation and must have resources engaged at specific milestones to ensure they are properly onboarded.
- Have active leadership engagement and attendance at all education sessions to kick off and support workflow decisions.
- Appropriate logistics for successful training, including participant lists, a computer for each participant, and advance communication.
- Identify and train Smart Square Champion(s), that are responsible for training any participants not able to attend the initial training due to conflicts.
- Provide a list of participants for each class, which is required to be delivered no less than one week prior to training to ensure proper access. The list of participants must include name, user type, cost center, and department.
- Collaborate with symplr to review available options for initial implementation and determine the preferred approach no later than four weeks before the scheduled training session.

### Ongoing Training

Smart Square requires ongoing training beyond implementation; symplr utilizes a Train-the-Trainer methodology by providing guidance and training materials that can be customized by Customer. Once Customer is trained, they are accountable for all ongoing training to end users.

The Customer's Core Team will determine the best long-term approach with guidance from symplr Education team.

- symplr will provide standard word template Agendas, Tip Sheets, and Facilitator Guides for Customer to customize and host their own instructor led sessions.
- symplr will provide a catalog of e-learning available for any of the classes delivered during implementation. symplr will provide either a web link or the appropriate LMS files, if Customer wants to load into their LMS system.
- symplr will provide ongoing touchpoints with Customer Optimization team to ensure ongoing education needs are met, and if a need is identified it will determine the best approach.

## Logistics

### symplr team members' on-site schedule

symplr team members will work on site at Customer according to the travel schedule developed in conjunction with the detailed project plan to complete the project. All travel fees related to project planning, team on-boarding, implementation activities, and other meeting attendance at the request of Customer are billed to Customer as a pass-through, pursuant to the terms and requirements set forth in the Agreement. Up to seven (7) functions/events require the symplr team to be on-site. Events may be consolidated into a single trip; or multiple "trips" could be required for a single event based on resource availability and other logistics.

1. On Site Work Session for initial project planning & Smart Square Project Kick-Offs (including Executive, System Design and Facility kickoff sessions)
2. Gap Assessment and Enterprise Business Rules (virtual or onsite)
3. System Design Sessions
4. Full Feature and Functionality Training
5. Schedule Profile and Maintenance Training and Go-Live
6. Staffing Office Go-Live

Additional travel may be required to fulfill the needs of the project; this includes, but is not limited to, on-boarding of Customer project stakeholders, project planning, and general work sessions. A draft travel schedule and dates will be distributed based on the initial work plan, with Customer approval and finalization based upon final project dates.

Adjustments to the travel schedule can be made upon mutual agreement of symplr and Customer to support project needs with written approval by Customer. Additional on-site support from symplr team members is available on Customer request and symplr resource availability. Any travel fees for this additional travel will be subject to prior approval of Customer and the terms of the Agreement. Professional Service fees will not be charged if work is defined as part of this project's scope. Any additional support for this project that is outside of the scope of this project will result in professional service fees billed in addition to travel expenses, subject to the terms of the Agreement, including, without limitation, requirements for prior approval by Customer.

When symplr team members are on site at Customer, the following travel requirements are requested:

- Travel dates are to be confirmed and scheduled at least two weeks in advance
- On-site schedule will be mutually agreed upon by symplr and Customer
- Dates of travel are subject to change based upon project needs and personal requests
- Travel and meetings will take place during the traditional work week (Monday – Friday 8am – 4:30pm CST)

### Completion Criteria

The project will be considered complete when the deliverables described in this Statement of Work have been fulfilled and have been delivered to Customer core team. A Project Completion Survey will be presented to Customer's core team for agreement and execution indicating completion of the project.

This will signal the transition to symplr Account Manager as the main point of contact for all future interactions.

**Appendix A: System Training**

Training Delivery Methods

The table below outlines roles and responsibilities for symplr and Customer regarding the three different delivery avenues of education. If Customer has participants who are not able to attend one of the scheduled implementation sessions, Customer may leverage the e-learning or host their own session as make up (see Ongoing Training).

Team	E-learning	Virtual	Onsite sessions
symplr Implementation		Present for questions and troubleshooting	Present for questions and troubleshooting
symplr Education	Will provide files for Customer LMS or via web link	Logistic Advisor Facilitator of the session Delivery of Materials Perform Follow up	Logistic Advisor Facilitator of the session Delivery of Materials Perform Follow up
Customer Champion	Supports Distribution and user expectations	At least 1 present for questions	At least 1 present for questions
Customer System Admin	Supports Distribution and user expectations	Present for questions and troubleshooting	Present for questions and troubleshooting
Customer Functional Lead	Supports Distribution and user expectations	Present at training kick start to ensure alignment and buy-in	Present at training kick start to ensure alignment and buy-in

Training Curriculum

Class	Delivery method	Length	Customer Audience
Intro to Education	Virtual	30 min	Core team System Admin
Full Feature and Functionality	Virtual	12 hrs  Three sessions; 4 hrs each	Core Team System Admin Smart Square Champions Train-the-Trainer
System Acceptance	Virtual	4 hrs	Core Team System Admin
Train the Trainer	Virtual	4 hrs	Core Team System Admin

<p>Schedule and Profile Maintenance</p>	<p>Onsite Up to 8 days (class size and number of sessions dependent on organization need)</p>	<p>8 hrs per class  Ideal class size 20 participants discuss larger class sizes as needed Max 60</p>	<p>Managers, Schedulers, and others who maintain staff profiles or build schedules.  Smart Square  Champions System  Admin</p>
-----------------------------------------	-------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

DRAFT

Class	Delivery method	Length	Customer Audience
Staffing and Deployment Tools	Virtual Up to 2 classes	4 hrs per class	Staffing office personnel and others who perform day of staffing tasks Smart Square Champions System Admin
Advanced Smart Square	Virtual	1.5 Days	System Admin Smart Square Champions
Dashboard Training	Virtual 1 hr per dashboard, up to 4 dashboards  Up to 3 classes, based on organizational need	Up to 4 hrs per class	Managers, Directors, Executives  Smart Square  Champions System  Admin
Basic Troubleshooting	E-learning	6 hours	System Admin
Full Configuration Training	Hybrid e-learning, flipped classroom, and instructor Check in sessions	40 hours  Self-paced, with instructor led check-ins over 4-6 weeks	System Admin
Reality Based Leadership	Virtual Up to 20 people	3 hr	System Admin, Smart Square Champions

Customer agrees to pay for Out Scope of Work that it authorizes at the rate set forth in the applicable Order Form. Out of Scope of Work on a Fixed Cost project must be mutually agreed to in writing (a "Change Order"). symplr has the right to refuse to perform any Services for Out of Scope Work until the Change Order is approved. Approval of Change Orders shall not be unreasonably withheld or delayed by either party.

# PROGRESS STALLED:

## HOW CRISIS CULTURE IS COSTING HEALTHCARE

Despite an understanding of where it needs to go, the industry remains tangled in a reactive cycle that diverts teams and undermines momentum



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## Healthcare Is at a Turning Point

The pressures are real from staffing shortages to financial strain to looming legislation like the One Big Beautiful Bill Act (OBBBA) but so are the possibilities. The industry stands to either buckle further under the weight of “crisis culture” or break free by embracing innovation, alignment, and strategic resilience.

At symplr, we’ve run our Compass Survey for the past four years to understand how health systems are navigating these critical moments and how technology can support them in delivering high-quality care. Through our survey and ongoing conversations with healthcare leaders, one thing is clear: the constant barrage of challenges, such as burnout, cyber threats, and rising costs, is no longer sustainable. Crisis culture, where organizations operate in a reactive mode, prevents progress and fractures even the best-intentioned teams—and has the potential to negatively impact patient outcomes. Nurse burnout, for example, is associated with lower patient safety climates and care quality.

Healthcare has been battle-tested before and proven to be resilient. But Compass also shows that resilience alone isn’t enough healthcare must find a new way of working. Clinicians are asking for a stronger voice in decisions that shape how they deliver care, and IT leaders agree. That shared priority is a signal: progress in this moment depends on breaking old silos and creating models where technology, clinical expertise, and operational strategy move forward together.

One enabler of that shift is Artificial Intelligence. According to a recent Bain survey, 95% of healthcare executives believe generative AI will transform the industry. AI holds immense promise—from improving patient safety to boosting margins. Perhaps its most important potential lies in reducing administrative burden and unlocking clinician capacity, an area where an estimated \$265 billion could be reduced without compromising care quality or access, according to a report from McKinsey.

Technology, though, is only as powerful as the collaboration behind it. One of the most rewarding parts of our work is

engaging with leaders across clinical, IT, and operational roles and helping to bring them together toward better outcomes. Our ability to connect those dots, and unify those teams, is something we take seriously and with great pride.

The fact of the matter is that when funding shrinks, time becomes currency. Optimization is no longer negotiable. It’s imperative. These moments of constraint can provide opportunities for transformation. The future belongs to those who step back from the chaos, align their people, processes, and partners to move with clarity and purpose. The time is now. And we are here to help.

**Theresa Meadows,**  
CIO in Residence, symplr

**Susan Grant,**  
Chief Clinical Officer,  
symplr



### 1

#### Crisis culture is paralyzing strategic progress

For years, hospitals and health systems have battled new crises emerging as fast as previous ones are addressed. Persistent financial strain, burnout, and cybersecurity threats are keeping systems locked in reactive mode. As a result, long-term planning is constantly deferred, and fragmentation in decision-making, such as the ongoing purchase of Shadow IT, is worsening risk and inefficiency.

### 2

#### Operational efficiency is the top priority—and AI can help unlock it

A shift toward integrated technology promises real efficiency gains and relief from crushing administrative burdens.

More than 75% of leaders agree that a consolidated healthcare operations platform could reduce administrative burden. AI also offers near-term promise, especially in automating non-clinical workflows like scheduling and billing—but only if layered on top of clean data and trusted processes.

### 3

#### Alignment, not just innovation, will define the winners

Breaking the cycle of chaos requires cross-functional alignment. Clinicians, IT, and operations leaders all want more influence over tech decisions. Adding to the confusion, various groups continue to differ, and even change their minds, on which issues they perceive as the most critical. Without shared language, clear roles, and unified governance, tech investments will continue to under perform and progress will stall.

## How did we draw these conclusions?

We partnered with CHIME for the fourth annual symplr Compass Survey to better understand technology's impact on healthcare organizations' ability to provide excellent patient care and outcomes, while addressing operational inefficiencies and the industry's biggest challenges and pain points.

Data from 400+ clinical, operational, and IT decision-makers at top U.S. health systems shows their perspectives on healthcare operations, defined as the essential administrative, non-clinical tasks that help run a hospital or health system, including provider data management and credentialing, workforce, scheduling, team-based communication, quality and compliance management, and supply chain management. The survey also covers threats to their organizations, and the roles they should play in improving and managing successful business operations.

While there's work ahead to unify stakeholders and define maturity models, a deeper understanding of the unique priorities and viewpoints of each group—clinical, operations, and IT—is a crucial first step. This will help chart a mutually beneficial path forward, ultimately leading to better patient outcomes.

5 | Progress Stalled: How Crisis Culture is Costing Healthcare



## Four years in: the trends that still define healthcare

Over four years of Compass reporting, one trend is clear: the pressures may shift in form, but the underlying dysfunction remains constant and unresolved. This year's findings not only reaffirm that reality but underscore the mounting urgency for health systems to move from reactive tactics to long-term transformation.



### Competing threats remain entrenched

Financial pressure returns in 2025 as the most pervasive concern across all roles and titles. In 2022 and 2023, this pressure competed neck and neck with clinician burnout, and while burnout temporarily overtook finances last year, both have persisted in the top two spots year after year. Despite shifting headlines, these core challenges remain stubbornly unresolved.



### Burnout is no longer a crisis. It's a chronic condition

Clinician burnout continues to top the list of threats in 2025 for 41% of clinicians and 33% of operations leaders, especially those in frontline or managerial roles. These numbers have barely budged since 2023, reflecting how deeply embedded these issues have become. In the 2022 survey, burnout was beginning to spike; today, it's normalized and that's a red flag.



### Cybersecurity concerns persist even as attention shifts

While cybersecurity dipped slightly in this year's rankings (34% vs. 40% in 2024), this does not reflect reduced risk. Instead, it's only competition from other urgent issues. Since first rising into the top three concerns during the 2023 Compass report (largely driven by ransomware attacks), cyber threats have remained a constant concern, particularly among IT leaders managing increasingly fragmented systems.



### Time lost to admin work keeps climbing

The average clinician now spends 88 minutes a day on administrative tasks—up from 83 minutes in 2024 and 79 minutes in 2023. In 2022, this stat was already sounding alarms. It's only evidence of stagnation now. More than half of clinicians still report wasting over an hour daily on work that could be reduced or eliminated with better software and automation.

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51%

#### Clinicians demand a bigger role in tech decisions

In 2022, only 51% of clinicians reported having influence in software purchasing. That number jumped to 72% last year and has reached 85% in 2025. This sharp rise speaks to a broader cultural shift: frontline care teams no longer see technology as “IT’s job”—they see it as fundamental to care delivery.

86%

#### Shadow IT continues to surge

The percentage of IT leaders reporting department-level software purchases outside formal governance has grown steadily from 74% in 2022 to 81% in 2024 and now 86% in 2025. This surge reflects both the appetite for autonomy and the frustration with slow or unclear purchasing processes. But it’s also increasing cyber risk and interoperability problems across systems.

69%

#### AI’s appeal is pragmatic, not futuristic

In 2023, excitement around AI centered mostly on clinical diagnostics and theoretical breakthroughs. In 2025, leaders are gravitating toward practical, non-clinical applications: workflow agents, scheduling, claims management, and supply chain optimization. These are the use cases health systems believe can make an immediate operational impact, especially for IT leaders (69%) and executive leaders (64%).

75%

#### Platform consolidation is no longer optional

More than 75% of leaders say a consolidated healthcare operations platform would help address inefficiency and administrative burden. In 2022, most organizations were still evaluating individual point solutions. By 2024, platform conversations had taken hold. Today, it’s clear that fragmented systems are fueling crisis culture and consolidation is seen as the clearest path forward.



#### Efficiency and automation top the investment list

When asked what actions they’re taking to respond to external challenges like burnout and financial pressure, leaders consistently point to operational efficiency and automation. In fact, across all four years of the Compass Survey, this is the first time these actions have overtaken staffing increases or cost-cutting measures as the dominant strategy.

## CHAPTER 1

## Always Reacting, Never Advancing: Why Progress Keeps Getting Postponed

Despite role, title, or region, those working in hospitals and health systems share a singular goal: to improve patient outcomes. But in the face of unrelenting pressure—from staffing shortages to financial instability to mounting regulatory change—teams are forced to view problems through increasingly narrow lenses. This reactive posture is fragmenting operations, stalling innovation, and diverting attention away from systemic transformation.

The 2025 Compass Survey reveals that environmental threats to health systems are not only compounding, they’re evolving differently by role. While burnout dominates for clinicians and operations managers, financial strain now eclipses all other concerns across the executive suite. That divergence makes progress difficult to coordinate.

And looming on the horizon is OBBA—a policy change expected to dramatically shrink reimbursements and widen access gaps. Without a new operating model, health systems may find themselves once again deferring strategy instead of forging ahead.

## Evolving pervasive pressures

Year over year, the same three threats continue to dominate: burnout, financial strain, and cybersecurity. But their impacts are becoming more acute and the system's response remains fragmented.

JOIN THE CONVERSATION



**In 2022**, financial pressures were the top threat with healthcare still dealing with COVID-19's financial ripple effects.

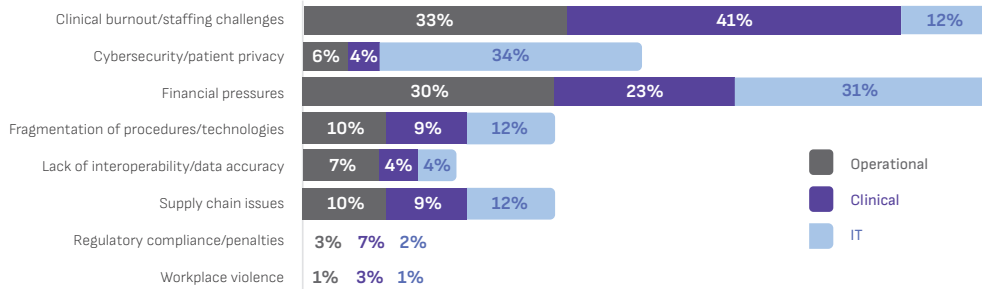
**In 2023**, clinician burnout overtook financial pressure as the #1 threat.

**In 2024**, cybersecurity surged following a major cyberattack, shaking C-suites across the country.

**In 2025**, financial pressure reclaims the top spot across roles, but burnout holds firm among frontline staff.

**The takeaway:** despite knowing what's broken, we haven't made real progress fixing it.

### GREATEST THREATS OVER THE NEXT YEAR

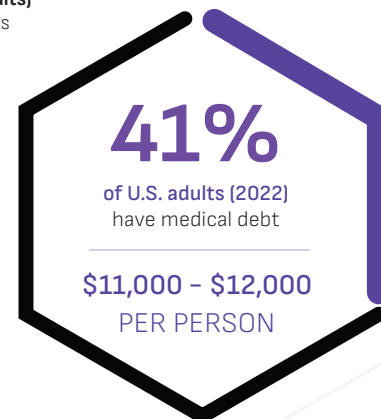


9 | Progress Stalled: How Crisis Culture is Costing Healthcare

## Financial strain on hospitals and health systems is pervasive and continues to worsen

In 2024, **hospital year-end margins were, on average, 2.1%, compared with 7.0% in 2019**, according to a report from PwC. These cost increases go hand-in-hand with the unaffordability of care for patients. A 2024 analysis **shows that approximately 14 million people (6% of adults) in the U.S. owe over \$1,000 in medical debt**. Further, the problem disproportionately affects people of color: 28 percent of Black and 22 percent of Hispanic people carry medical debt, according to Consumer Reports.

METRIC	ESTIMATE (latest data)
Adults with medical debt	<b>Around 41% of U.S. adults (2022)</b>
Number of adults in debt	20 million with explicit medical debt
Median debt among debtors	<b>\$2,000 (half owe less, half owe more)</b>
Average (mean) debt	<b>\$11,000-\$12,000 per person</b>



**Key Sources**

**Kaiser Family Foundation / Health System Tracker (Feb 2024)**: based on 2021 Survey of Income and Program Participation (SIPP) data—detailed breakdowns of prevalence and debt amounts. New York Post+15KFF+15Census.gov+15Health System TrackerCensus.gov

**Third Way (Mar 2024)**: Trends showing rising average medical debt per household. Urban Institute+4Third Way+4Consumer Financial Protection Bureau+4

**Commonwealth Fund** and U.S. Census Bureau SIPP survey data on prevalence; aligns that about 41% of working-age adults face medical billing issues.

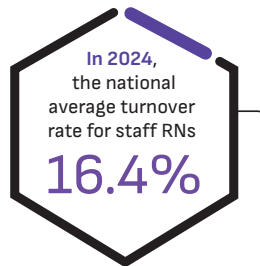
10 | Progress Stalled: How Crisis Culture is Costing Healthcare

## Even more time wasted = continued burnout

For the second year in a row, over 50% of healthcare leaders reported wasting more than an hour per day on administrative tasks that could be significantly reduced or eliminated using software. Even more concerning? **The average time wasted jumped 6% year-over-year, from 83 minutes to 88 minutes – that’s nearly a full workday per employee lost to inefficiency.** Overwork and inefficiency are major contributors to poor morale and poor retention, ultimately compromising the quality and consistency of patient care.

"As a surgeon, I've seen firsthand the toll years of operational pressures have taken on our teams. With growing patient loads, increasing administrative work, staffing challenges - the pressure is constant. Targeted strategies to reduce widespread burnout is critical for the retention of the people who make quality care possible."

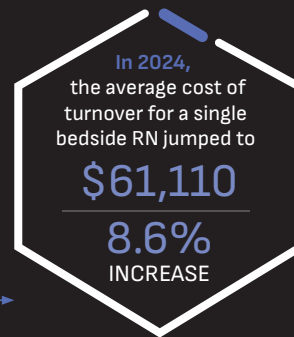
**Dr. Aaron Wilcox, MD**  
Physician Lead, Surgical Care Experience Technology  
Kaiser Permanente



According to the 2025 NSI National Health Care Retention & RN Staffing Report. This pace is problematic, not only from the perspective of the time and energy it takes to train new staff and potential patient disruption, but also cost.

Middle managers remain one of the most impacted groups, balancing workforce churn, clunky systems, and operational compliance—all while having little power to change the tools they're given. Burnout is the top threat for directors and managers, and they report seeing the biggest opportunity for automation. This is no surprise given the challenges those at this level must combat every day, such as:

- Excessive administrative workloads
- Inefficiencies created by fragmented technology and processes
- Short staffing and retention
- Complexity of regulatory compliance



## Cybersecurity challenges

While the data shows a slight dip in IT leaders indicating cybersecurity as a top threat (34% this year versus 40% last year), this modest improvement is not an indication that cyber concerns have been resolved. Rather, the data likely represents that other priorities are taking up mindshare.

Although many organizations have put thoughtful cybersecurity roadmaps together in recent years, the sophistication and risk of digital attacks on the healthcare system have not abated. Virtually all healthcare organizations have experienced at least one cyberattack in the past 12 months, according to a Fall 2024 survey by the Ponemon Institute. While the 2024 Change Healthcare cyberattack was unprecedented in its scale, affecting an estimated 190 million individuals and causing billions in financial impact, the healthcare sector has continued to experience numerous large-scale cyberattacks and data breaches since that incident.



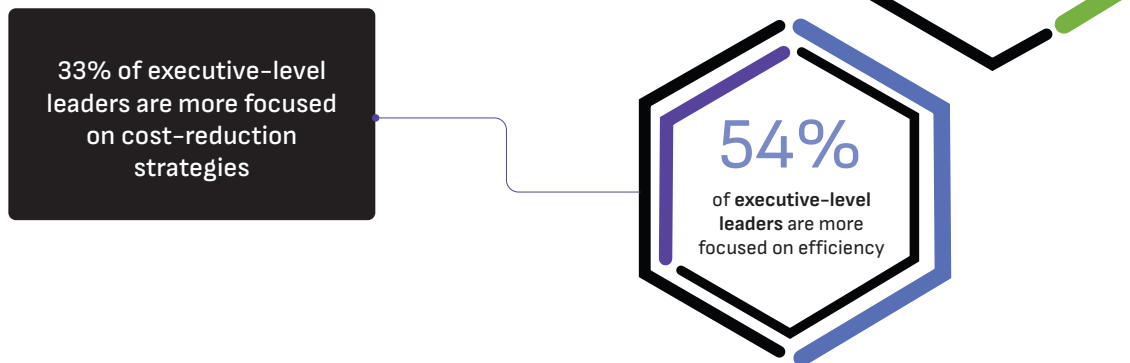
"Cybercriminals continue to target healthcare data due to the nature of patient records, which contain personal, financial, and medical information. Not only do attacks compromise that data, but any resulting issues with connectivity and outages can directly impact patient care. The potential for a system failure to affect patient lives makes healthcare organizations extremely vulnerable."

**Blaine Hebert, CISSP, HCISPP, CHISL, CDH-E, CHIME-AEHIS Board**  
VP & Chief Information Security Officer  
Onvida Health



## Differences in prioritization by role

When it comes to solutions for pervasive issues, **investing in operational efficiency and automation is cited as the number one (37%) action health system leaders are taking** to help address environmental challenges such as burnout, staff shortages, and financial pressure. These investments include total workforce management systems, smart scheduling, and provider onboarding/offboarding tools. However, there appears to be hierarchical disconnects on prioritization, with executive-level leaders more focused on efficiency (54%) and cost-reduction strategies (33%), while mid-level managers are more likely to mention staff retention initiatives (42%).



## The latest hit: regulatory ramifications

The Congressional Budget Office (CBO) estimates that OBBBA's Medicare and Affordable Care Act (ACA) changes will leave 10 million more people uninsured.

As changes under OBBBA will undoubtedly equate to lost revenue, health systems must look for other areas where they can cut budgets to prepare and accommodate for what is ahead.

The impacts of the bill will also have ripple effects on the healthcare system beyond just financial strain. Given the bill's impact on care access for many, emergency departments will likely see a higher volume of patients, potentially in worse condition due to not receiving preventative care by a primary care physician. This will not only complicate emergency room workflows but also add to the workload of already stretched clinicians.

### UNEQUAL IMPACT

The cuts to Medicaid and ACA programs are the largest in U.S. history, with over a trillion dollars being shaved off funding over the next decade. Hospitals serving high areas of Medicaid patients and rural communities are already under financial strain, with rural and high-Medicaid hospitals more likely to be in the red, according to the Kaiser Family Foundation. OBBBA could worsen this by tightening Medicaid eligibility, limiting state financing tools, and increasing the uninsured. PwC notes these changes may raise uncompensated care and intensify pressures — especially in rural areas, despite the law's \$50 billion rural stabilization fund.

**PwC (2024):** Analysis of the One Big Beautiful Bill Act (OBBBA) and its impact on U.S. health systems; covers financial, workforce, and operational implications. PwC.com/Health-Industries.

**Kaiser Family Foundation (2024):** Review of the 2025 Budget Reconciliation Bill's implications for hospitals, with focus on Medicaid and funding shifts. KFF.org/Medicaid.



CHAPTER 2

## Crisis Culture and Decision Disarray

While there was once a time when some stakeholders viewed technology with skepticism, today there is no denying its critical role in shaping both patient and provider experiences. This shift naturally fuels a growing desire among clinicians and other stakeholders to have a stronger voice in technology decisions. Healthcare leaders know they need to be able to lean on technology, but a bad purchasing decision can actually hinder productivity and patient care. To that end, according to last year's Compass Survey, **only 57% of clinicians agreed that their hospital operations software enables them to provide the best possible patient care.**

CHAPTER 2



## Competing for decision-making influence

For those reasons, it isn't much of a surprise that this year **85% of clinicians report wanting more influence in software purchasing decisions**, up from 72% last year. According to a recent Deloitte Center for Health Solutions and the Scottsdale Institute, 64% of surveyed executives reported that involving end users, including providers, nurses, and administrative staff, in designing the tech initiatives is an important driver of success in tech initiatives. The good news is that IT and Operations colleagues seem to be in agreement.

While last year, IT (60%) and operations leaders (51%) were more hesitant to give clinicians more influence in these decisions, **this year, 77% of operations leaders and 76% of IT leaders reported that clinicians should have more influence in software buying decisions.**

In some cases, perceived exclusion in decisions may not be intentional. For example, health systems may be asking a smaller subset of clinicians, such as only those in leadership roles, to participate. In other instances, it is possible that input is being taken into account in some capacity without participants being aware.

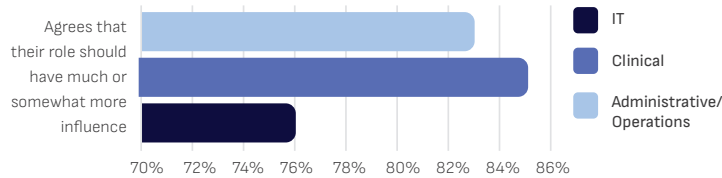
**"Technology should serve as an enabler, reducing administrative tasks and streamlining care coordination, so nurses can prioritize the care and deep human connections that are the purpose of our profession. In today's high-pressure healthcare environment, it's crucial that nurses are empowered to have a strong say in what tools we are using to ensure that technology not only optimizes our daily practice but also directly enhances patient care."**

Dr. Tracy Gosselin, PhD, RN  
Chief Nurse Executive  
Memorial Sloan Kettering  
Cancer Center

CHAPTER 2

While it is a positive sign to see IT and operations leaders recognizing the influence clinicians should have in technology decisions, those leaders also think that their own teams should have more influence. According to this year's survey, **83% of operations leaders seek more influence in decision-making, and IT is right on their heels with 79% of respondents seeking more influence.** Although there is no doubt that each voice is valuable, an increase in the number of voices may also inadvertently add to complexity around decision-making and intensify the issue of deferred strategy. According to research from the Boston Consulting Group, 70% of digital transformations fall short of their objectives, often with profound consequences. Of the 30% that do succeed, integrated strategies and leadership buy-in, from CEOs to middle management, are keys to success.

POVs ON PURCHASING INFLUENCE BY FUNCTION



In order to think more holistically and strategically, gaps must be closed between the clinical, operational and IT worlds, and the specific pain points of various levels must be better understood. The stakes are once again rising, and as resources continue to get more constrained, a lack of clarity around priorities and an inability to do more with less can be detrimental to both health systems and their patients.



Last year, 40% of clinicians reported they should have more purchasing power.

What Clinicians Prioritize	What IT prioritizes
Efficiency	Functionality
Functionality	Cybersecurity
User experience	User experience
Outcomes	Relationship/service

CHAPTER 3

## Strategic Revival: Reigniting Momentum

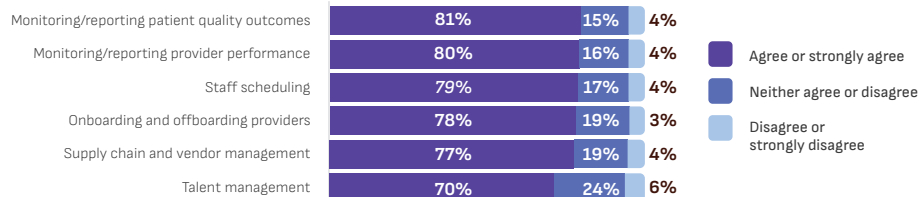


**More than 75% of health system leaders agree that a healthcare operations platform will help address operational inefficiency and administrative burden.** With so much technology within organizations, there is an obvious potential to consolidate, moving to a more platform-focused approach specifically designed to support operational strategy.

Further, consolidating healthcare operations has become a top priority for about 40% of health systems surveyed, with another 30% saying the idea is gaining traction.

The data also looks at specific workflows, with most health system leaders (70% or higher) agreeing that a healthcare operations platform can help a variety of workflows.

A HEALTHCARE OPERATIONS PLATFORM WILL HELP ADDRESS



While there is alignment on these benefits across the board, a higher percentage of those in the IT role and amongst high-level executives expressed that an operations platform can help with these tasks — **meaning there is more work to be done to align frontline and patient-facing staff on the value of consolidating these workflows with platform technology.**

Before moving forward, health systems must be sure to understand the exact ROI expected out of each new technology they are investing in, and how it will drive real, tangible efficiencies within their system.

## The promise of AI

While AI cannot and should not be used as a replacement for humans, it does have great potential as an augmentation tool. Gained efficiencies from AI can positively impact the problem of clinician burnout.

According to a recent survey by the American Medical Association, nearly two-thirds of physicians reported using healthcare AI in 2024, a 78% jump from the 38% of physicians who said they used it in 2023.

Additionally, more than half of physicians (57%) said reducing administrative burdens through automation was the biggest area of opportunity for AI.

On the flip side, there is room for greater adoption of more advanced AI. Accenture reports that 83% of healthcare executives are piloting gen AI, but fewer than 10% are investing in the infrastructure for widespread deployment.

**Compass Survey respondents expressed excitement for a variety of non-clinical applications of AI.** Respondents indicated interest in each category presented, including:

- Workflow agents for activities such as patient scheduling and claims management
- Prediction and optimization of staff schedule and supply chain workflows
- Conversational AI to analyze contracts or HR policies
- Anomaly detection for mismatched or non-compliant information

Workflow agents were of particular interest to IT (69%) and C-suite/VP respondents (64%).

19 | Progress Stalled: How Crisis Culture is Costing Healthcare

While AI will transform the healthcare industry in many positive ways in the years to come, it is clear that there is immediate potential in the near-term for hospitals to work smarter, faster, and with greater confidence through the application of AI for non-clinical tasks. One thing to consider, however, is that if you try to layer AI over bad data or broken processes, it is not going to be the change that a health system or hospital needs. Data is still king, and it is critical to take a strategic approach to ensure accurate data and trusted processes, before trying to layer over innovative technology such as AI.

**Dr. Rob Bart, MD**  
Chief Medical Information Officer  
UPMC

## Calming the Chaos: Deactivating Crisis Mode

We've explored the pervasive issues that have stalled strategic progress in healthcare and pointed to some emerging reasons for hope. So, what's the path forward? Here are actionable steps your organization can take to navigate towards optimal patient outcomes and organizational sustainability of forging ahead.

### FIND BRIDGES BETWEEN HOSPITAL FUNCTIONS:

- Become multi-(department)-lingual: From an individual perspective, leaders should take it upon themselves to become fluent in not only the needs of their own department, but of other departments as well to better inform and prioritize the resulting organizational priorities.
- Define roles and working groups: Establish clear roles and responsibilities for enterprise operations software purchasing decisions. Create cross-functional groups to align on needs, ensuring that everyone's voice is represented, while also optimizing the number of people that ultimately make the decisions.

- Create conversational cadence: Discussions around needs and priorities should not only happen during the latest crisis or when a vendor contract is up. Engage cross-functional leaders and those on the frontlines regularly by including them in demonstrations and creating forums for feedback to optimize workflows

Actively seek input from a diverse range of frontline clinicians, rather than limiting engagement to only those in leadership. Regular feedback loops and annual audits to ensure the right products are in place will also help to align on needs.

- Peel back the curtain: Maintain transparency in the decision-making process to assure clinicians on the frontline that their expertise is genuinely valued and integrated.
  - There is no "I" in team: Think about your team outside of your formal organization, and lean on your vendors as active, integral partners who have an understanding of the dynamic healthcare landscape and what your organization needs to do to not only withstand challenges but continue to grow.



21 | Progress Stalled: How Crisis Culture is Costing Healthcare

**"Health system CIOs start every day with two strikes against us. We can't afford to take a risk and waste our last strike on your solution unless we are absolutely confident in the relevancy and expected results. For new IT solutions, in particular, we confirm expected outcomes and affirm results by speaking with your customers who are our peers."**

**Dr. Jonathan Manis, MD, MBA, CHCIO**  
SVP & Chief Information Officer  
CHRISTUS® Health

## Optimize so you can move beyond crisis mode

We've explored the pervasive issues that have stalled strategic progress in healthcare and pointed to some emerging reasons for hope. So, what's the path forward? Here are actionable steps your organization can take to navigate towards optimal patient outcomes and organizational sustainability:

- Consolidate software and consider IT as part of broader corporate strategy: Look for platform solutions that meet multiple needs across departments.
- Effectively prepare staff: In addition to investing in AI and other innovations, take the time to make sure that your people, no matter the department, are trained in data, so that they can better understand what they are looking at and how conclusions were drawn to ensure accuracy and relevance.
- Be willing to embrace change: Given how much healthcare leaders and their teams are already up against, it can seem like one more change might be the straw that breaks the camel's back. But innovations today have the ability to help highly-trained clinicians get back to what they should be spending their time doing — healing patients.
- Build a dedicated change management muscle: One that is well-versed in best practices to enact positive, scalable change at your particular organization and create a culture where everyone is not just always reacting to the latest crisis.

22 | Progress Stalled: How Crisis Culture is Costing Healthcare

The key to not just surviving, but thriving is preparing your people for change, optimizing processes and technologies, collecting the right data, and partnering with vendors strategically. These steps will empower the workforce to manage challenges effectively, leaving room for progress.

## METHODOLOGY

### How We Conducted Our Research

For the fourth consecutive year, symplr partnered with the College of Healthcare Information Management Executives (CHIME), an organization dedicated to serving CIOs, chief medical information officers, chief nursing information officers, chief innovation officers, chief digital officers, and other senior healthcare IT leaders, to conduct our survey. The online survey was conducted in June 2025, with 409 respondents across healthcare leaders in IT, clinical, and operational roles.

### PREVIOUS REPORTS

Explore the Compass Survey Reports from previous years.



2022 Compass Survey Report

[Get the 2022 Report](#)



2023 Compass Survey Report

[Get the 2023 Report](#)



2024 Compass Survey Report

[Get the 2024 Report](#)

23 | **Progress Stalled:** How Crisis Culture is Costing Healthcare

## 2025 RESPONSES

- 23% IT
- 41% Operational
- 36% Clinical

"Today we are leveraging hundreds of technologies across our entire ecosystem—from administrative support to patient engagement tools, as well as clinical support. This technology sprawl, some born out of need and others without approval, creates a myriad of potential vulnerabilities and inefficiencies. For these reasons, regular IT audits, as well as conversations around technology needs, are vital. These steps allow hospitals and health systems to identify redundant systems, address security gaps and ultimately ensure that every software solution is truly serving our mission of delivering exceptional patient care, rather than hindering it."

**Joe Diver, FACHDM**  
Chief Information Officer  
Signature Healthcare

## COMPASS SURVEY REPORT 2025

symplr is a leader in enterprise healthcare operations software and services. Trusted by leaders for more than 30 years, our solutions are found in 400+ U.S. health plans and 9 of 10 U.S. hospitals where our cloud-based solutions drive better operations for better outcomes. Our provider data management, workforce management, compliance, quality and safety, and contract and supplier management solutions improve the efficiency and efficacy of healthcare operations. This enables caregivers to quickly handle administrative tasks, so they have more time to do what they do best: provide high-quality patient care.

Learn how at [www.symplr.com](http://www.symplr.com)



## Justification for Sole Source Form

To: Proposal Evaluation Panel

From: Scott Cleveland, Controller; Audrey Parks, VP, IT

Type of Purchase: (check one)

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

Cost Estimate (\$):	\$2,093,612
Vendor Name:	Symplr (formerly known as API)
Item Title:	Symplr Migration to Cloud

**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 the SVMHS. 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 why it is mandatory to use this licensed or patented product or service:**
- Existing SVMHS equipment, inventory, custom-built information system, custom built data inventory system, or similar products or programs. **Describe. If product is off-the-shelf, list efforts to find other vendors (i.e. web site search, contacting the manufacturer to see if other dealers are available to service this region, etc.).**

Symplr's Time and Attendance and Staffing and Scheduling (TASS) solution has been in use at Salinas Valley Health since the early 1990s. Salinas Valley Health also has the time and attendance badging equipment and infrastructure in place. The proposal is to migrate this solution from the current on-premise installation to the cloud to improve features, functionality, cybersecurity, advancements with AI and other improvements that are not expected to be available with the on-premise solution Salinas Valley Health currently uses. No end of life or end of support dates have been published by symplr, though these are anticipated.

- Uniqueness of the service. **Describe.**
- SVMHS has established a standard for this manufacturer, supplier or provider and there is only one vendor. **Attach documentation from manufacturer to confirm that only one dealer provides the product.**
- 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, **Describe:**

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

Submitter Signature: Scott Cleveland

Date: 05/11/2026

# Financial Performance Review

March 2026

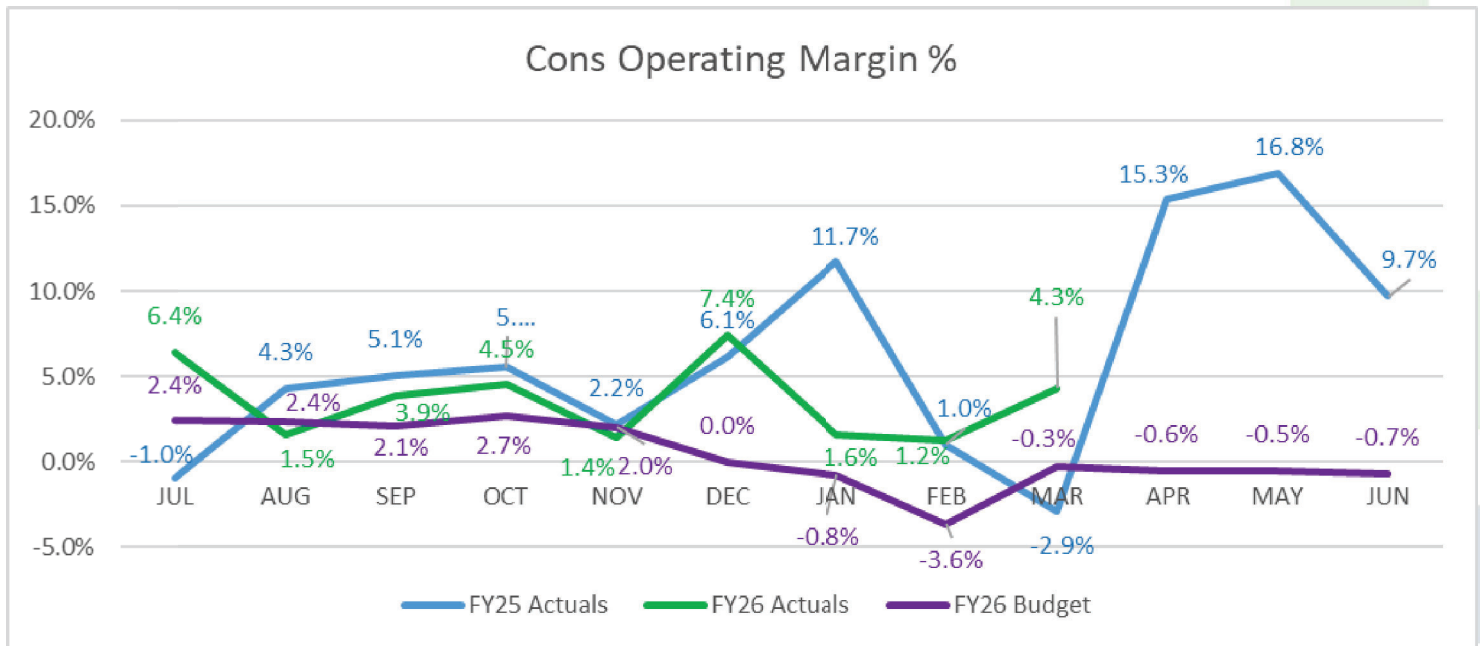
Iftikhar Hussain  
Chief Financial Officer

## Consolidated Financial Results March 2026

Consolidated					\$ in Millions	Consolidated				
Month			Bud Variance (unfav)			YTD				
Mar		Prior Year	Bud Variance (unfav)			Mar			Bud Variance (unfav)	
Actual	Budget	Prior Year	\$	%	Actual	Budget	Prior Year	\$	%	
\$ 75.6	\$ 72.0	\$ 68.1	\$ 3.6	5.0%	Operating Revenue	\$ 659.6	\$ 624.7	\$ 545.6	\$ 34.9	5.6%
72.3	72.2	67.4	(0.1)	-0.1%	Operating Expense	635.3	619.8	520.8	(15.5)	-2.5%
<b>3.3</b>	<b>(0.2)</b>	<b>0.7</b>	<b>3.5</b>	<b>1750.0%</b>	<b>Income from Operations</b>	<b>24.3</b>	<b>4.9</b>	<b>24.8</b>	<b>19.4</b>	<b>395.9%</b>
4.3%	-0.3%	1.0%	4.6%	1533.33%	Operating Margin %	3.7%	0.8%	4.6%	2.9%	362.5%
					Op. margin % full year target		3.0%			
(6.0)	2.5	6.3	(8.5)	-340.0%	Non Operating Income	14.3	22.3	26.4	(8.0)	-35.9%
<b>(2.7)</b>	<b>2.3</b>	<b>7.0</b>	<b>(5.0)</b>	<b>-217.4%</b>	<b>Net Income</b>	<b>38.6</b>	<b>27.2</b>	<b>51.2</b>	<b>11.4</b>	<b>41.9%</b>
-3.7%	3.1%	10.2%	-6.8%	-219.35%	Net Income Margin %	5.9%	4.3%	9.4%	1.6%	37.2%

No Supplemental payments received in March. Results for the year include \$25.4 million in supplemental payments.

# Consolidated Operating Margin



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## Key Financial Indicators

Indicator Metric	YTD 3/31/2026	Budget	S&P A+ Rated	YTD Prior Year
Operating Margin*	3.7%	0.4%	4.0%	3.8%
Total Margin*	5.9%	4.0%	6.6%	8.6%
EBITDA Margin**	8.5%	5.4%	13.6%	8.3%
Days of Cash*	357	317	249	365
Days of Accounts Payable*	46	45	-	44
Days of Net Accounts Receivable***	78	60	49	64
Supply Expense as % NPR	14.8%	14.6%	-	14.7%
Labor Expense as % NPR	51.2%	55.7%	53.7%	52.0%
Operating Expense per APD*	7,502	7,205	-	6,703

All metrics above are consolidated for SVH except Operating Expense per APD  
 \*These metrics have not been adjusted for normalizing items  
 \*\*Metric based on Operating Income (consistent with industry standard)  
 \*\*\*Metric based on 365 days average net revenue (consistent with industry standard)

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# Executive Summary: Volume Trends

- Admissions and Census
  - YTD Admissions and observations are 1.7% higher than PY
  - YTD ADC is 6% lower than PY due to length of stay improvement
  - Monthly admissions trend is similar to PY with higher volume in the winter months
  - YTD ER volumes are down 4% from PY
- Deliveries have decreased consistent with demographic trends
- Cath Lab – YTD cases are 6% higher than PY
- Procedure Volume for the year show growth.
  - Strong growth in Infusion services
  - YTD Surgical volume is 2.3% higher than PY.

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## Volume Summary – March 2026

Actual	Prior Year	Mar Bud	Bud Var	Key Statistics	YTD	YTD-PY	YTD Mar Bud	YTD Bud Var
<b>Inpatient</b>								
110	114	114	↓	-4% ADC	109	116	114	↓ -4%
969	955	931	↑	4% Admissions	8,673	8,815	8,232	↑ 5%
102	108	130	↓	-22% Deliveries	966	1,050	1,153	↓ -16%
2.0	2.1	2.3	↓	-13% Medicare Traditional ALOS CMI Adjusted	2.1	2.2	2.3	↓ -10%
1.74	1.83	1.75	↓	-1% Medicare Traditional Case Mix	1.72	1.74	1.75	↓ -2%
<b>Emergency Room</b>								
4,592	4,421	4,653	↓	-1% ER OP Visits	39,184	40,823	41,131	↓ -5%
749	750	719	↑	4% ER IP Admissions	6,755	6,826	6,351	↑ 6%
<b>Procedures</b>								
159	183	146	↑	9% IP Surgeries	1,388	1,338	1,290	↑ 8%
344	317	293	↑	17% OP Surgeries	2,742	2,699	2,588	↑ 6%
346	330	333	↑	4% Cath Lab	2,948	2,790	2,947	↑ 0%
1,176	1,195	1,158	↑	2% OP Infusion Cases	11,185	10,306	10,236	↑ 9%
432	321	405	↑	7% MRI Procedures	2,962	2,431	3,577	↓ -17%
2,208	1,938	2,168	↑	2% CT Scans	17,967	17,815	19,163	↓ -6%
<b>Observation Cases</b>								
178	164	152	↑	17% Obs Cases	1,741	1,429	1,348	↑ 29%

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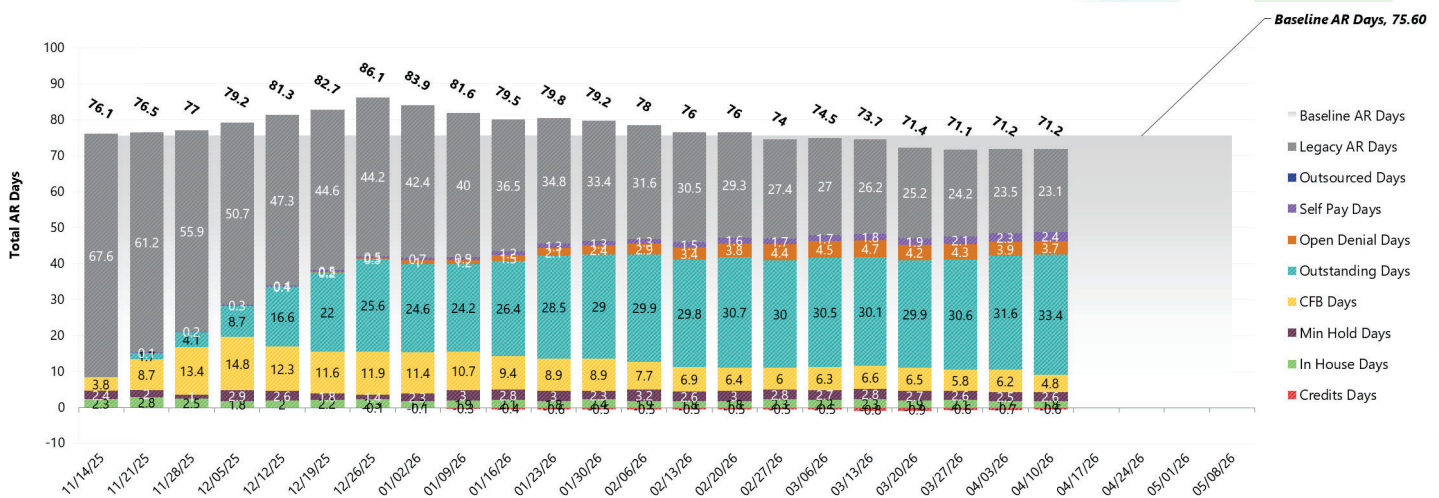
# Executive Summary: March Financial Performance – Continued

## Cost and Utilization:

- **Worked FTEs** on a per Adjusted ADC basis were **9%** unfavorable at **7.3** - compared to a target of **6.7**
- **Payor Mix** was unfavorable with commercial revenue off 8% from budget
- **Non-Operating Income** was under budget by \$8.5 Million due to unrealized investment declines in March
- **Days in AR** at **78** is trending over target. EPIC Days stable down 3 days from February
- **Days Cash on Hand** decreased to 357 days driven by investment loss due to interest rate increase and capital investments.

Key Metrics	Prior 3 Months			Current Month		Year-To-Date	
	Dec-25 Actual	Jan-26 Actual	Feb-26 Actual	Mar-26 Actuals	Mar-26 Budget	FY26 YTD Actuals	FY25 YTD Prior Year Actuals
<b>Total Gross Revenue</b>	\$ 279,453	\$ 299,889	\$ 286,944	\$ 313,675	\$ 305,516	\$ 2,615,841	\$ 2,503,226
<b>Medicare %</b>	45%	49%	47%	49%	46%	46%	46%
<b>Medicaid %</b>	29%	27%	29%	29%	29%	29%	30%
<b>Commercial %</b>	22%	20%	21%	19%	21%	21%	21%
<b>All Other %</b>	4%	4%	4%	4%	4%	4%	4%

## Accounts Receivable – AR Days Trend



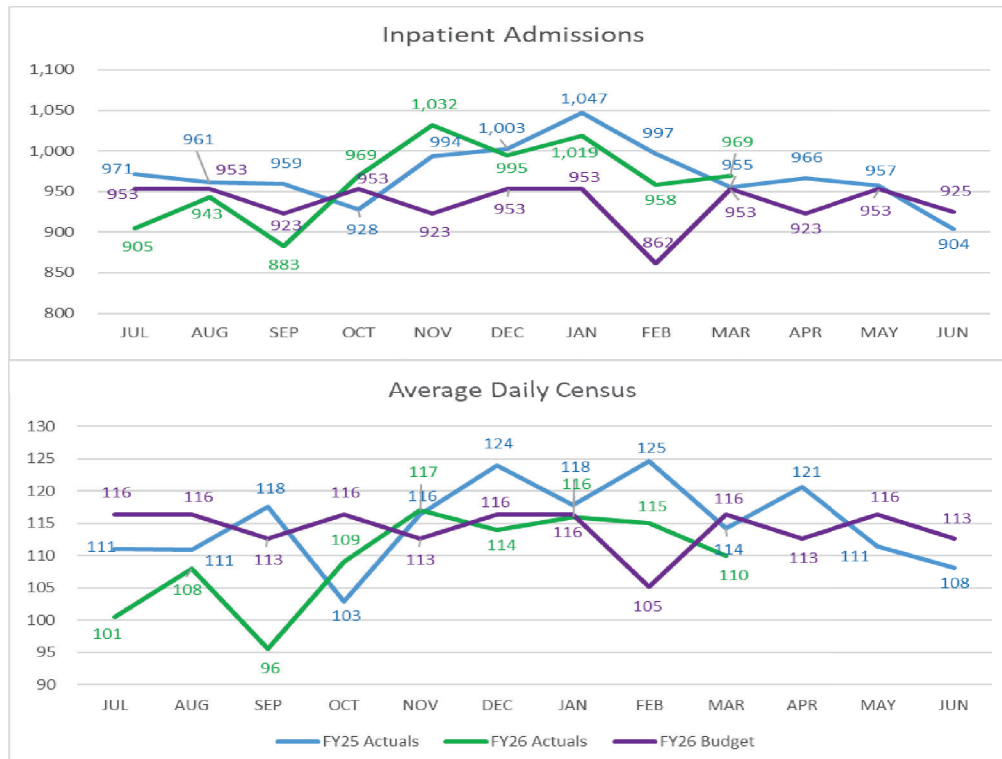
# Medi-Cal and Other Supplemental Payments

FY 2026					
Date	Payor	Description	Total Amount	Regular	One Time
Oct 2025	CAAH	Direct Payment Program (net) Phase 2- CY 2023	4,474,778	4,474,778	
Oct 2025	CAAH	DMPH-Quality Incentive Payment CY 2024 Interim	3,326,677	3,326,677	
Dec 2025	CAAH	CAAH-EPIC Training & Implementation	12,000,000		12,000,000
Jan 2026	CAAH	Voluntary Rate Range-CY 2024 (net)	5,579,554	5,579,554	
<b>Total FY 2026</b>			<b>25,381,009</b>	<b>13,381,009</b>	<b>12,000,000</b>

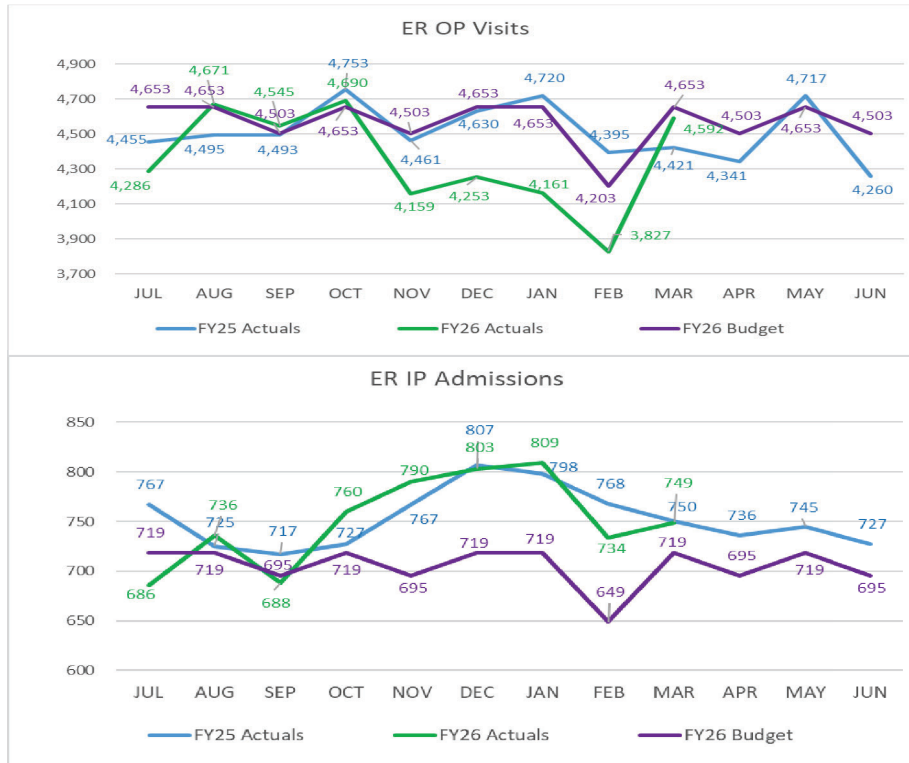
  

FY 2025					
Date	Payor	Description	Amount	Regular	One Time
Jan 2025	CAAH	Voluntary Rate Range-CY 2023 (net)	4,639,758	4,639,758	
Apr 2025	CAAH	Medi-Cal Quality Incentive Program (net)	7,045,692	7,045,692	
Apr 2025	DHCS	Medi-Cal OP Supplemental (net) CY 2023-24	1,398,017	1,398,017	
Apr 2025	CAAH	Direct Payment Program (net) Phase 1- CY 2023	4,797,482	4,797,482	
May 2025	CAAH	NDPH HQAF (net) Program Year-2024	4,270,850	4,270,850	
Jun 2025	DHCS	Medi-Cal Rate Range (net) CY 2024-25	2,305,245	2,305,245	
Multiple Dates	FEMA	Grant Funds (net) FY2025	6,260,697		6,260,697
<b>Total FY 2025</b>			<b>30,717,741</b>	<b>24,457,044</b>	<b>6,260,697</b>

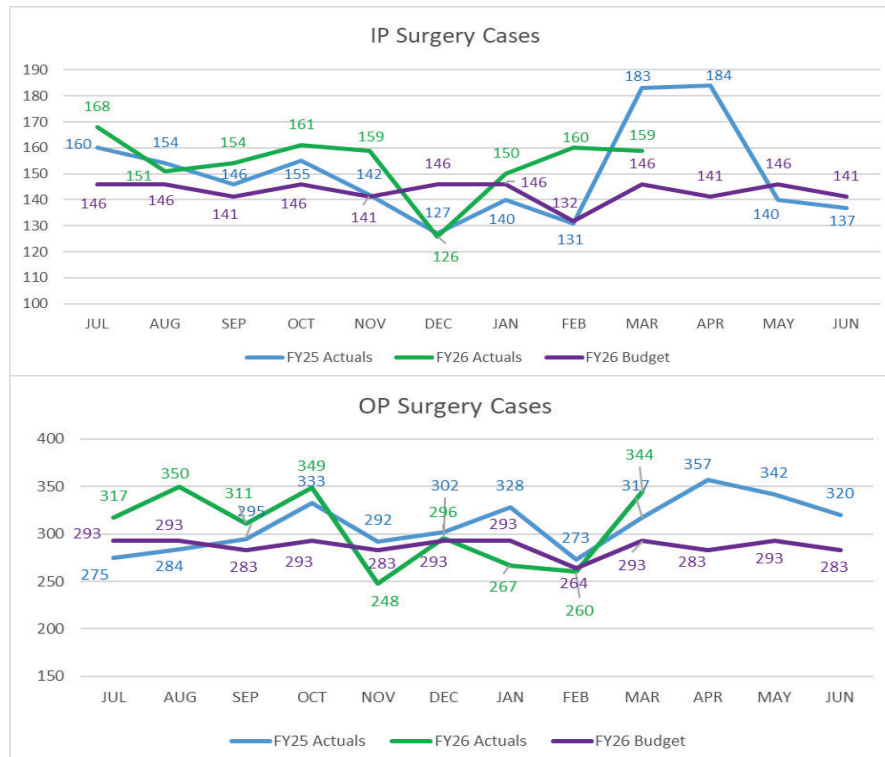
## Volume Trends – Admissions & ADC



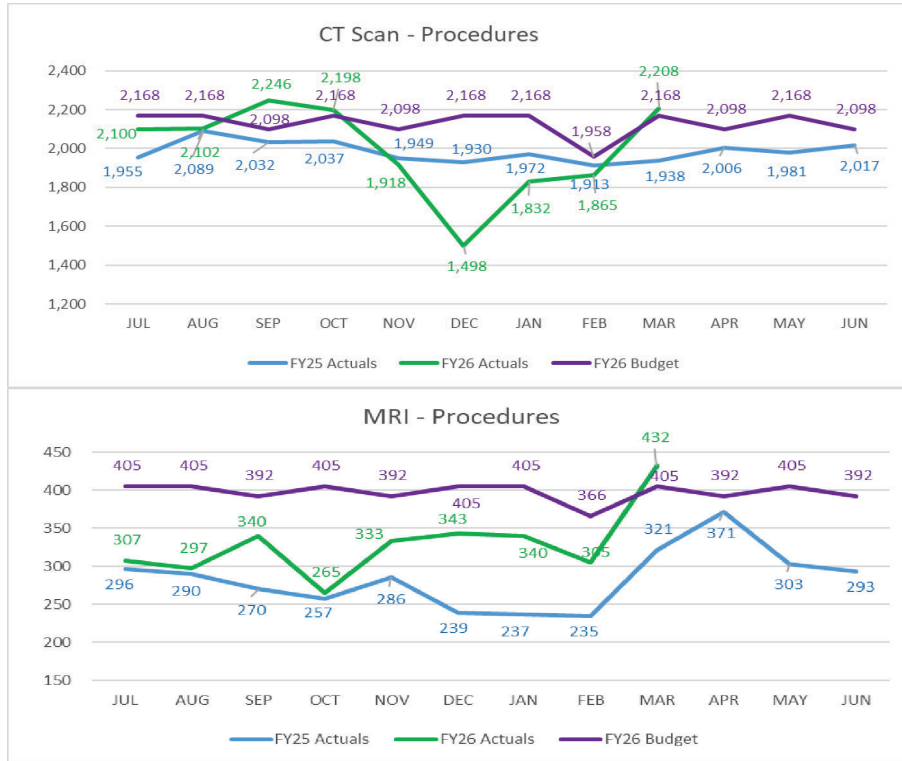
# Volume Trends – ER



# Volume Trends - Surgery Cases



# Volume Trends - Imaging



# Labor Productivity Key Indicators

Current Month				Year-to-Date				
Prior Year	Actual	Budget	Variance (in FTE)		Prior Year	Actual	Budget	Variance (in FTE)
1,711.6	1,766.5	1,643.5	(123.0 FTE)	Worked FTE	1,601.4	1,695.6	1,602.5	(93.1 FTE)
3.8%	3.0%	4.5%	26.5 FTE	Overtime as a % of Worked Hours	4.6%	4.6%	4.6%	0.6 FTE
3.6%	5.3%	3.0%	(41.0 FTE)	Contract Labor as a % of Worked Hours	4.2%	6.2%	3.1%	(52.6 FTE)

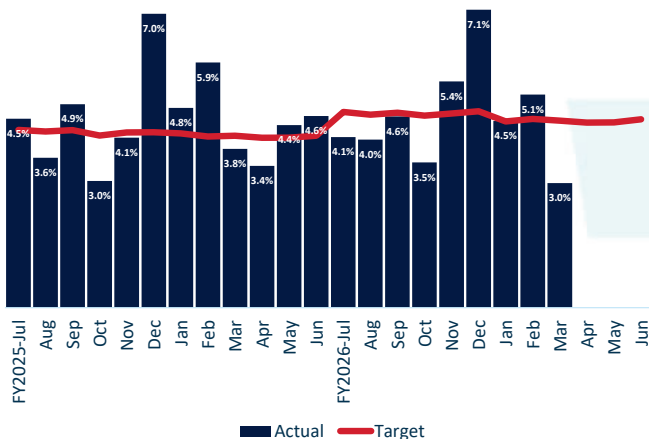
# Labor Productivity

## As of March 2026 Year-to-Date

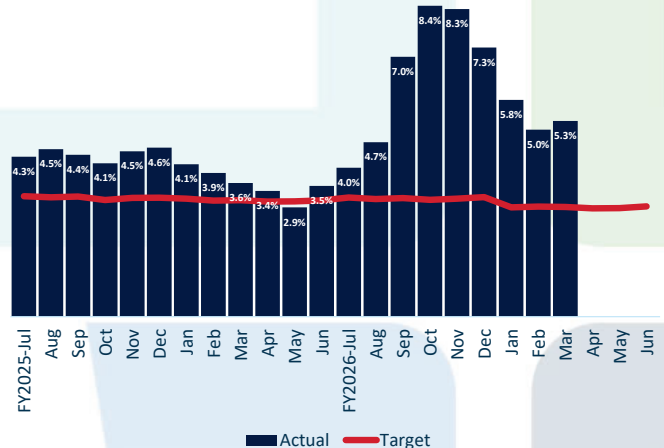
- Worked FTE:** Worked FTE is unfavorable to budget by 123.0 in the month and 93.1 on a year-to-date basis. The variance is primarily driven by:
  - Contract Labor: Both the current month and year-to-date contract labor utilization is higher than budget. The impact is a negative FTE variance of 41.0 in March and 52.6 on a year-to-date basis.
  - Imaging Services: Expanded hours in mammography and internalizing MRI services have led to unbudgeted FTE growth.
  - Approved but Unbudgeted FTE: Approved cyber security, Workday and system analyst positions were inadvertently not added to the budget resulting in a negative variance of 10.9 FTE.
  - Surgery: FTE increases are largely driven by nurse specialist additions. These roles do not provide direct patient care but, instead, focus on increasing service lines.
- Contract Labor:** Contract labor usage is over budget at 5.3% of Worked FTE in the month and 6.2% on a year-to-date basis.
  - The increase is driven by the Epic implementation and filling roles that have been challenging to recruit.

# Overtime & Contract Labor Trends

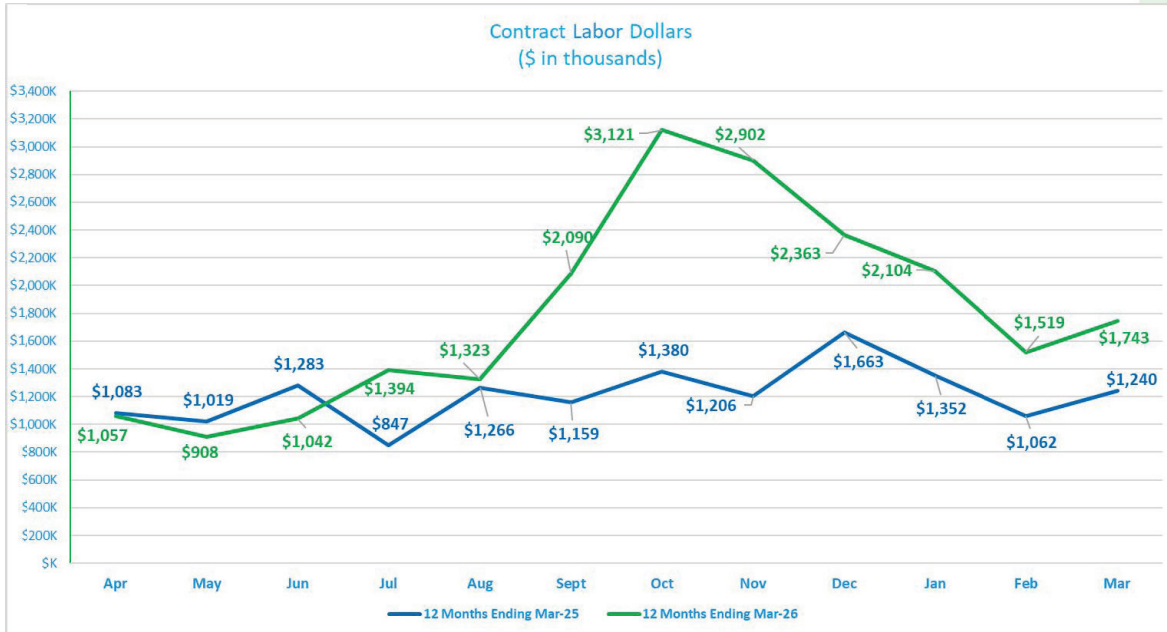
Overtime as a Percent of Worked FTE



Contract Labor as a Percent of Worked FTE

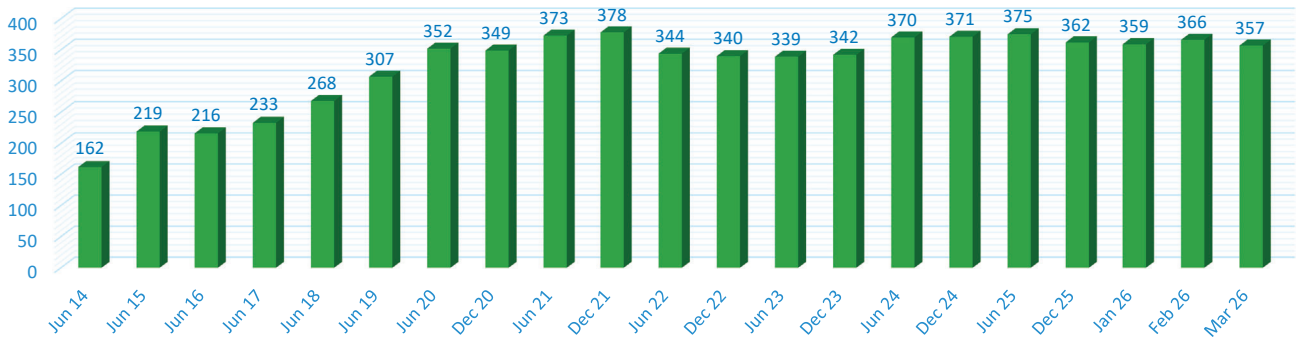


# Contract Labor Trends

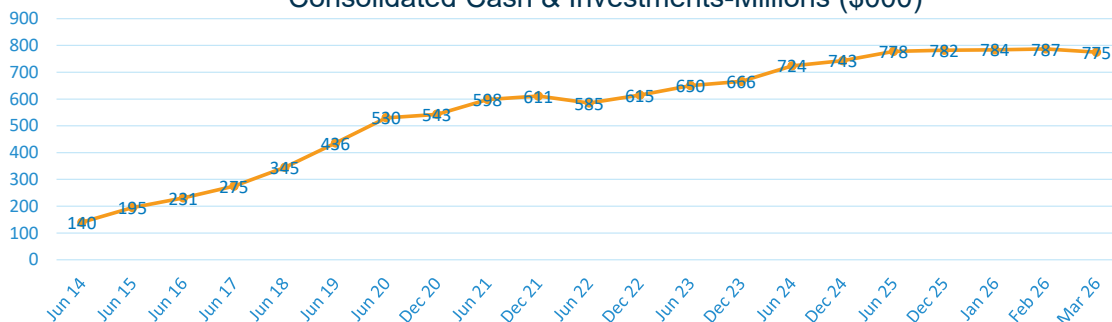


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Days Cash on Hand = 357 Days (\$775M) - March 2026



Consolidated Cash & Investments-Millions (\$000)



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# Sources and Uses of Cash

Salinas Valley Health - Consolidated Change in Days Cash on Hand	March		YTD	
	Days	Dollars	Days	Dollars
<b>Sources of cash (inflow):</b>				
Net income (loss) from operations	1.5	3,261,772	11.2	24,363,390
Add back depreciation/amortization	1.8	3,889,543	14.1	30,519,280
Non-operating income (loss)	(2.8)	(6,048,438)	6.6	14,278,222
Decrease (increase) in supplies inventory-SVHMC	(0.0)	(22,804)	1.1	2,464,214
Increase (decrease) in SVHMC accounts pay & accrued exp-SVHMC	(1.7)	(3,714,395)	3.0	6,488,899
Increase (decrease) in SVHMC SBITA/Lease Liability	0.1	210,799	5.7	12,369,948
<b>Total sources of cash (inflow)</b>	<b>(1.1)</b>	<b>(2,423,522)</b>	<b>41.7</b>	<b>90,483,953</b>
<b>Uses of cash (outflow):</b>				
Increase (decrease) in net patient accounts receivable SVHMC	(0.0)	(89,265)	10.7	23,179,042
Increase (decrease) in other current assets SVHMC	0.3	639,233	1.6	3,539,181
Increase (decrease) in SBITA Renewals	(0.2)	(483,353)	8.8	19,151,772
Increase (decrease) in right of use lease assets	0.4	862,188	0.4	862,188
Capital and strategic investments	1.0	2,068,459	17.9	38,932,741
Increase (decrease) Pension plan	1.3	2,914,667	2.8	6,156,715
Increase Investment in Non-Consolidating Affiliate	1.8	3,966,000	1.8	3,966,000
Miscellaneous	0.0	13,138	0.1	278,243
<b>Total uses of cash</b>	<b>4.6</b>	<b>9,891,067</b>	<b>44.2</b>	<b>96,065,882</b>
<b>Net cash flow</b>	<b>(5.7)</b>	<b>(12,314,590)</b>	<b>(2.6)</b>	<b>(5,581,929)</b>
Beginning cash and investments	362.5	787,195,022	359.4	780,462,360
<b>Ending cash and investments</b>	<b>356.8</b>	<b>774,880,432</b>	<b>356.8</b>	<b>774,880,431</b>

**Capital Expenditures Includes:**

Epic Acute Installation	\$ 61,777	\$ 16,998,386
Thermal Fluid Plant	349,927	349,927
Master Plan Retro Fit	162,077	3,617,691
Emergency Department Replacement	126,800	126,800
SVHC - Ultrasound Imaging System	558,596	558,596
SVHC - Ortho/Pod	68,346	
5 Lower Ragsdale - Roof Replacement		2,406,005
Training Rooms Basement Annex		1,883,457
Angio/Special Procedures Suite		913,986
Workday Finance, SCM, Planning, and Analytics		873,409
Medical Center Campus Colorization		811,000

**Change in Other Current Assets:**

Direct Payment Program Voluntary Contribution		\$ 4,493,759
-----------------------------------------------	--	--------------

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# Questions/Comments

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# Capital Spending Update: Active Projects Approved by the Board

Status as of: March 2026 Year to Date

## Board Approved Capital Project Spend – Through March 2026

	(1) Project Name	(2) Month Board Approved	(3) Board Approved Amount	(4) FY2026 Spend	(5) Total Project Spend Since Inception	(6) Under / (Over) Spend Since Inception
1	Medical Center Campus Painting	September 2023	\$3,500,000	\$811,000	\$1,529,771	\$1,970,229
2	Epic IP Electronic Health Record (5 Year Capital Portion)	May 2024	\$57,359,817	\$16,998,386	\$25,084,827	\$32,274,990
3	Workday Financial and Supply Chain Software (Capital Portion)	July 2024	\$3,074,618	\$873,409	\$2,986,581	\$88,037
4	Seismic Retrofit	January 2025	\$62,500,000	\$3,617,691	\$6,692,586	\$55,807,414
5	Angio Suite Replacement	October 2023 May 2024 May 2025	\$5,595,184	\$913,986	\$1,916,352	\$3,678,831
6	Training Rooms Basement Annex	May 2025	\$2,890,000	\$1,883,457	\$2,123,339	\$766,661
7	Emergency Department	June 2025	\$2,081,742	\$126,800	\$791,949	\$1,289,793
8	Thermafluid Heating Plant Replacement (Phase 1)	August 2025	\$5,595,184	\$349,927	\$1,294,227	\$4,300,957
9	Roofing Replacement (5 Lower Ragsdale)	September 2025	\$2,769,745	\$2,406,005	\$2,466,057	\$303,688
<b>Total</b>			<b>\$145,366,290</b>	<b>\$27,980,661</b>	<b>\$44,885,689</b>	<b>\$100,480,601</b>
<b>Other Projects</b>						
10	IT Switches, Servers, Network, Computers, AV Upgrades.	N/A		\$1,524,795		
11	All Other SVMH/SVMC Capital Spending	N/A		\$9,427,285		
<b>Grand Total</b>				<b>\$38,932,741</b>		

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Questions or Comments?

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*ADJOURNMENT*