



BOARD OF DIRECTORS' MEETING
AGENDA

THURSDAY, MAY 4, 2017
REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 First St. W., Sonoma, CA

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Stacey Finn at (707) 935.5004 at least 48 hours prior to the meeting.	RECOMMENDATION	
AGENDA ITEM		
MISSION STATEMENT The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER	<i>Hirsch</i>	
2. PUBLIC COMMENT SECTION	<i>Hirsch</i>	
3. CONSENT CALENDAR A. Board Minutes 04.06.17 B. Finance Committee Minutes 03.28.17 C. Quality Committee Minutes 03.22.17 D. Governance Committee Minutes 02.28.17 E. Executed Policies and Procedures F. Medical Staff Credentialing Report	<i>Hirsch</i>	Action
4. INFECTION PREVENTION REPORT	<i>Mathews</i>	Inform
5. EMPLOYEE ENGAGEMENT SURVEY	<i>Mathers</i>	Inform
6. STRATEGIC PLAN FY 2018 - FINAL	<i>Mather</i>	Inform/Action
7. FINANCIAL REPORT MONTH END MARCH 31, 2017	<i>Jensen</i>	Inform
8. ADMINISTRATIVE REPORT FOR MAY 2017	<i>Mather</i>	Inform
9. COMMITTEE REPORTS • Governance Committee Work Plan • Finance Committee Appointment	<i>Hohorst/ Nevins</i>	Inform/Action
10. BOARD COMMENTS	<i>Board Members</i>	Inform
11. ADJOURN	<i>Hirsch</i>	

3.

CONSENT

3. A.

BOARD MINUTES

04.06.17



BOARD OF DIRECTORS' MEETING
MINUTES
 THURSDAY, APRIL 6, 2017
 REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
 175 First Street West Sonoma CA

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER The meeting was called to order at 6:00 p.m.	<i>Hirsch</i>	
2. PUBLIC COMMENT SECTION	<i>Hirsch</i>	
No public comment.		
3. CONSENT CALENDAR A. Board Minutes 03.02.17 B. Board Minutes 03.08.17 C. Board Minutes 03.09.17 D. FC Minutes 01.24.17 E. FC Minutes 02.28.17 F. QC Minutes 01.25.17 G. QC Minutes 02.22.17 H. Executed Policies and Procedures I. Medical Staff Credentialing Report J. Medical Staff Bylaws and Rules and Regulations	<i>Hirsch</i>	Action
		MOTION: by Nevins and 2 nd by Hohorst to approve. All in favor.
4. CHA PERSPECTIVES ON THE CURRENT STATE OF HEALTH CARE	<i>T. Abraham</i>	Inform
<p>T. Abraham, Hospital Council Regional Vice President, gave a presentation on the current and future state of health care. The current situation in Washington is unstable. No matter what the decision on ACA repeal and replace, there will be Medicare and Medicaid cuts. CHA and the Hospital Council teamed up to talk to legislators. Each legislator was presented with a specific plan for their congressional district, with lobbying heavily concentrated on Republicans voting no to the new health care plan.</p> <p>Moving forward, CHA priorities include comparable health care coverage, quality and meaningful access with affordability. He reviewed several CHA sponsored programs in California and then discussed the health policy outlook for 2017. It is a very safe bet that the reimbursement hospitals are getting today will only go down, and the hoops to jump through to get that money will only increase. What we have done in the past will no longer work, and new partnerships will be vital to address change at a local level.</p> <p>Ms. Nevins asked about SVH receiving grant funds in addition to IGT (inter-governmental transfer) funds. Mr. Abraham indicated that the DHLF (District Hospital Leadership Forum) set up these funds initially. He offered to arrange a call with Anne McLeod (who was not able to attend tonight's meeting) to discuss this issue further.</p>		

5. SOUTH LOT PROPOSAL STUDY SESSIONS		Inform/Action
Ms. Mather suggested having one study session and then assess the need for more. The Board members agreed to schedule a study session for June 22, 2017.		MOTION: by Nevins, 2 nd by Rymer. All in favor.
6. STRYKER SYSTEM PRESENTATION	<i>Kobe</i>	Inform
<p>Mr. Kobe presented an overview of the new Stryker system that has been placed in all three surgical suites. It is a system of monitors hanging from booms in the ceiling that produce a very high level of visualization via laparoscope for surgeons as they operate. The system has improved mobility during surgeries with the elimination of several towers of equipment, as well as improved illumination and clarity in the surgical field.</p> <p>Mr. Kobe invited the Board members to schedule a visit to observe the system in operation. He said it should be possible to pipe video out of the surgical suite to be viewed from other areas. He also believed the system would draw more surgeons and procedures to SVH</p>		
7. FY 2018 ROLLING STRATEGIC PLAN	<i>Mather</i>	Inform
<p>Ms. Mather reviewed the strategic priorities for FY 2018-2020, which included the following:</p> <ul style="list-style-type: none"> • Achieve the highest levels of health care safety, quality and value • Be the preferred hospital for patients, physicians, employers and health plans • Implement new and enhanced revenue strategies • Continue to improve financial stability • Lead progress toward being a healthier community. <p>She then discussed specific goals for implementing each of these strategies, and planned to draft a new performance dashboard by June.</p> <p>There was some discussion regarding new revenue strategies (implementing the Chronic Pain Network) and use of the terminology “medical cannabis” and “opioid addiction.” Agreed-upon changes were provided to Ms. Mather and the Clerk.</p>		
8. FINANCIAL REPORT FEBRUARY 28, 2017	<i>Jensen</i>	Inform
<p>Inpatient gross revenue was under budget by (\$106,114). Outpatient revenue was under budget by (\$969,339). After accounting for all other operating revenue, the total operating revenue was unfavorable to budget by (\$272,455). Operating Expenses of \$4,802,557 were favorable to budget by \$116,416. The total net income for February after all activity was \$307,753 vs. a budgeted net loss of (\$8,761).</p> <p>EBIDA for the month of February was 0.5% vs. the budgeted 3.5%. Cash collections were over goal by \$1,032,955. Days of cash on hand are 27.0 days at February 28, 2017. Accounts Receivable decreased from 49.7 days in January to 45.7 days in February. Accounts Payable decreased by \$288,789 and Accounts Payable days are at 38.9.</p>		
9. ADMINISTRATIVE REPORT FOR APRIL 2017	<i>Mather</i>	Inform
Ms. Mather reviewed the administrative report. The three-year accreditation survey went very well. The final report will be here next week, but there were no conditional recommendations. Staff satisfaction survey was completed with 90% participation. Most of the nurses completed the survey this year; this is a group that has not generally participated in the past.		

10. COMMITTEE REPORTS		
A. Northern California Health Care Authority (JPA) – Meeting Report	<i>Boerum</i>	Inform/Action
Mr. Boerum discussed an upcoming study session on a medical cannabis regulation.		
B. Change Bylaws of Northern California Health Care Authority	<i>Boerum</i>	Inform/Action
<p>Mr. Boerum reviewed the background and recommendation to change the bylaws of the JPA. A business opportunity exists for the JPA to act as a conduit issuer of tax exempt obligations. The purpose is to generate revenues from non-member client fees to make the JPA largely self-sustaining and thereby funding the organization’s collaboration, communications, educational and administrative activities.</p> <p>There was some discussion; the other Board members felt that the opportunity did not add any value to the SVHCD nor fit with its strategies or goals. However, they also had no objections to the idea.</p>		MOTION: by Boerum with change. 2nd by Hohorst. All in favor
11. BOARD COMMENTS	<i>All</i>	Inform/Discussion
SVH Oppose Letter Regarding AB 387		
<ul style="list-style-type: none"> • Ms. Hirsch said the letter included in the packet was sent in opposition to the proposed bill to pay students in hospital settings minimum wage during an internship. • Ms. Hirsch announced an educational opportunity at the AHA annual leadership summit in San Diego July 27-29. • Mr. Hohorst distributed a parcel tax flyer to the group and asked for comments or changes; those were provided to him. 		
12. ADJOURN The meeting adjourned at 8:05 p.m.	<i>Hirsch</i>	

3. B.
FINANCE
COMMITTEE
MINUTES 03.28.17



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, MARCH 28, 2017
Schantz Conference Room**

Present	Excused	Staff	Public
Sharon Nevins Keith Chamberlin, MD Stephen Berezin Peter Hohorst Subhash Mishra, MD Susan Porth		Ken Jensen Jeannette Tarver Kelly Mather	David Wildmon

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	Meeting called to order at 5:04 pm.		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	<u>David Wildmon</u> : My wife and I have lived here for five years. I am here to voice my objection to the parcel tax increase. I'm opposed to the parcel tax idea. The basis of my opposition is that using the parcel tax to pay for [hospital costs] is having the bulk of it paid for by people not using the services. I wonder if the ER is being overused by people for non-emergency purposes. That is where I believe the savings should be focused. To be told that we need more money because we're operating in the red is not a good enough reason. You're coming to me saying to me I need 25% more because I don't have enough. I'm a small business person; I live within		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	<p>my budget constraints and I believe the hospital should do the same. Do the things you must do first, then do the things you'd like to do, and lastly do discretionary things. Save on things that don't need to be done. Demonstrate that you have done everything possible to live within your means.</p> <p><u>Dr. Chamberlin</u>: How many clients do you have that do not pay you and still expect services? What do we do with people who come to the ER for services and can't afford to pay? It would be immoral on our part not to see them. (It is also illegal.) Obamacare was supposed to reduce ER visits but has doubled them instead. We are obligated to see those patients. I do about 20% of my work on nights and weekends for free.</p> <p><u>Mr. Wildmon</u>: I agree there are no short answers. What I don't agree with is pushing it off on me. I have seen my insurance and deductibles go up over the last several years. I'm being hit from two sides – paying for my own health care and paying for others. Just eliminate the waste and then come ask me.</p> <p><u>Ms. Mather</u>: We have eliminated the waste already, and I'm sorry you are not aware of that.</p> <p><u>Mr. Berezin</u>: These people are breaking their backs to make this hospital feasible.</p> <p><u>Mr. Wildmon</u>: Everyone who is voting is working from a point of ignorance on this.</p>		
3. CONSENT CALENDAR FC Minutes 01.24.17	<i>Nevins</i>	Action	
		MOTION by to approve by Hohorst, 2 nd by Berezin. All in favor	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
4. FINANCIAL REPORT FOR MONTH ENDING JANUARY 31, 2017	<i>Jensen</i>	Inform/Action	
	<p>Mr. Jensen reported that days' cash are 27, accounts receivable are 45.7 days, and accounts payable are 38.9 days. On the balance sheet operating revenue was short by \$272,000. With surgeries down, implant costs were also down and 340b drug costs were down. The operating margin was (\$514,000) vs. a budget (\$358,000). Net income for February was \$308,000 vs. a budgeted loss of (\$9,000). EBIDA was 0.5% vs. a budget of 3.5%.</p> <p>Ms. Nevins commented on the year-to-date operating margin being out of sync with the budget for a variance of (\$273,000). Ms. Mather said two executive salaries were cut totaling approximately \$270,000, and a \$450,000 savings was expected from the 340b drug program. Mammography was expected to move back on site at the end of August for some savings. As long as surgery volumes continue to stay up, we can make up this variance. Surgery volumes on this statement do not capture special procedures, which are way up as well. We may open up another operating room on Mondays.</p> <p>Dr. Chamberlin asked about ER gross patient charges vs. net revenue. Mr. Jensen said it could be obtained from showing the five levels of ER charges. Ms. Mather reminded him that the Medical Executive Committee received that information regularly. Dr. Chamberlin thought the information could be disseminated to the public to tell them what the ER is used for.</p>		
5. CAPITAL CASH REQUIREMENTS	<i>Jensen</i>	Inform	
	Mr. Jensen explained that the Hospital is developing		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	<p>a road map right now on where we'd like to head with the capital spending plan. We are currently at our debt capacity. Ms. Nevins asked to see timing on the capital spending plan as it develops. She asked for a capital plan at the next meeting with timing on when money would be needed for each item.</p> <p>Ms. Mather mentioned that the pharmacy upgrade on the list is over \$1 million alone, and one air handler has to be done. We are looking at \$2.5 million of items that have to be done in the next year. The pipes and nurse call system projects are under way, and the Mammography move is out to bid.</p>		
6. REVIEW OF CURRENT DEBT	<i>Jensen</i>	Inform	
	Mr. Jensen reviewed the current debt schedule.		
7. ADJOURN	<i>Nevins</i>		
	Meeting adjourned at 6:03 p.m.		

3. C.
QUALITY
COMMITTEE
MINUTES 03.22.17



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**
March 22, 2017, 5PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Susan Idell Michael Mainardi, MD Ingrid Sheets Kelsey Woodward Carol Snyder	Brian Sebastian, MD	Howard Eisenstark, MD Cathy Webber Joshua Rymer	Leslie Lovejoy Kathy Mathews Mark Kobe Emma Snyder

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Meeting called to order at 5:03 p.m.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	No public comment.	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 02.22.17 		MOTION: by Idell to approve, 2 nd by Mainardi. All in favor
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
	Ms. Lovejoy discussed the informed consent policy where the issue of capacity was added. She also explained the informed consent process. The job shadowing policy had a change made to Att. C from physician to mentor.	MOTION: by Mainardi to approve, 2 nd by Woodward. All in favor.
5. QUALITY REPORT MARCH 2017	<i>Lovejoy</i>	Inform/Action
	Ms. Lovejoy reviewed the March quality report. She had engaged three community health coaches, including Ms. Sheets, and one of them would help with the orientation manual. Health coach criteria were part of the packet. Though the criteria are stringent, the first step is taking Wellness University, and then Ms. Lovejoy would help with training.	MOTION: by Idell to approve, 2 nd by Sheets. All in favor

AGENDA ITEM	DISCUSSION	ACTION
	The medical staff coordinator and RN informatics positions are open and posted.	
6. ANNUAL INFECTION CONTROL REPORT	<i>Mathews</i>	Inform
	<p>Ms. Mathews presented the annual Hospital infection control report and explained the handout dashboard. (Home Care, as well as the acute Hospital, are included on the handout but are not part of the presentation.)</p> <p>The Hospital and Skilled Nursing have not had a central line infection since 2011. Ms. Mathews discussed the Hospital's anti-microbial stewardship program, which she also presented to CALHEN. SVH engaged an infectious disease telemedicine physician in 2007 and began looking at anti-microbial stewardship.</p> <p>Ms. Mathews discussed the importance of giving live culture yogurt or probiotics to patients taking antibiotics in order to reduce C. difficile infections starting in 2014. There has also been an improvement in surgical site infections. CAUTI (catheter associated urinary tract infection) is this year's performance improvement project.</p>	
7. ANNUAL CONTRACT REPORT	<i>Lovejoy</i>	Inform
	<p>Contracts maintenance has been split with patient care contracts going to Quality, and non-patient care contracts to Materials Management. All patient care contracts have assigned specific metrics according to job duties, and those metrics are monitored. Physician contracts and metrics are reviewed in the Medical Executive Committee.</p>	
8. REVIEW AND DISCUSSION OF BOARD QUALITY SCORECARD	<i>Lovejoy</i>	Inform/Discussion
	<p>Ms. Lovejoy discussed the Quality scorecard. Several Committee members thought the indicator arrow was confusing. Dr. Mainardi mentioned the PSI incidents could use some trailing data or mention of when the last occurrence was. The report is making good progress.</p>	

AGENDA ITEM	DISCUSSION	ACTION
9. UPON ADJOURNMENT OF REGULAR SESSION	<i>Hirsch</i>	
	Regular session adjourned at 6:19 p.m.	
10. CLOSED SESSION <ul style="list-style-type: none"> • <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report 	<i>Hirsch/Sebastian</i>	Action
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
	The Medical Staff Credentialing was unanimously approved. Two individuals would need to be expedited.	
12. ADJORN	<i>Hirsch</i>	
	Meeting adjourned at 6:22 p.m.	

3. D.
GOVERNANCE
COMMITTEE
MINUTES 02.28.17



**SONOMA VALLEY HEALTH CARE DISTRICT
GOVERNANCE COMMITTEE MEETING**

MINUTES

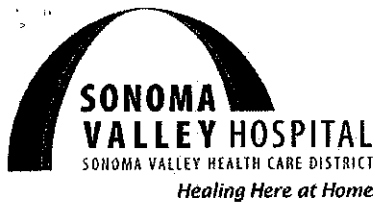
TUESDAY, February 28, 2017

8:30AM

**ADMINISTRATION CONFERENCE ROOM
347 ANDRIEUX STREET, SONOMA, CA 95476**

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District meeting, please contact the Interim District Clerk, Vivian Woodall at (707) 935.5005 at least 48 hours prior to the meeting.		
MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS Meeting called to order at 8:00am Mr. Boerum was excused from the meeting.	<i>Hohorst</i>	
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up.	<i>Hohorst</i>	
3. ANNUAL WORK PLAN FOR 2017	<i>Hohorst</i>	MOTION by Boreum to approve. All in
4. REVIEW AND RECOMMENDATION FOR APPROVAL OF MEDICAL STAFF BYLAWS.	<i>Hohorst</i>	MOTION by Hohorst to approve. All in favor
4. ADJOURN	<i>Hohorst</i>	

3. E.
EXECUTED
POLCIES AND
PROCEDURES



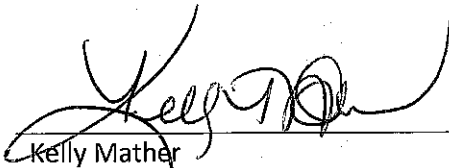
Policy and Procedure - Approvals Signature Page

Review and Approval Requirements

The SVH departmental/organizational policies and/or procedures on the attached list have been reviewed and approved by the following organizational leaders for meeting all of the following criteria. All of these policies and procedures are:

- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent with evidence-based practice

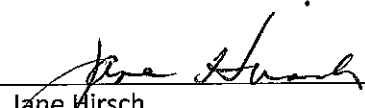
We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.



Kelly Mather
Chief Executive Officer

4.26.17

Date



Jane Hirsch
Chair, Board of Directors


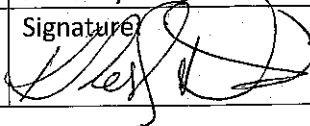
4/26/17

Date

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	3/21/2017	Y	
Quality Committee	4/26/2017		
Board of Directors	5/04/2017		



Policy Submission Summary Sheet

Grigory Gatenian, Lead Engineer		Kimberly Drummond, Facilities Director	
Signature: 	DATE: 4/4/17	Signature: 	DATE: 4/4/17

ORGANIZATIONAL

REVISIONS

CE8610-108 Clinical Engineering Equipment Safety PM Program

name change from Bio-Med Safety/PM Program to reflect all Clinical Medical Equipment used in patient care. Outlined new Vendor and process for inventory, maintenance compliance, documentation and reporting for all owned, leased and borrowed clinical equipment

CE8610-112 Building Maintenance Plan

minor revisions to reflect newly adopted code by CMS - NFPA 2012 LSC

CE8610-120 Environmental Safety Security Management Plan

minor revision includes updated policy references

CE8610-122 Equipment Disposition Form Process

major revision includes new instructions

CE8610-152 Key Return Process

minor revision includes: keys may not be assigned from employee to employee

CE8610-156 Medical Equipment Management Plan

minor revision includes update policy references and add Renovo Clinical Engineering reporting process

CE8610-178 Utilities Management Plan

minor revisions to include updated policy references including Organizational Policy: OI8610-102 Humidity and Temperature Monitoring in Surgery and Birthplace Surgical Suites and Engineering Policies re: specific Utilities disruptions.



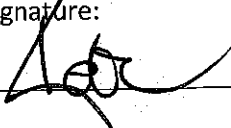
DEPARTMENTAL - ENGINEERING

REVISIONS

CE8450-65 Emergency generator testing

minor revisions to remove TJC reference and add weekly generator inspection/testing per NFPA 110-2010.



Lisa Mahaffey, Medical/Surgical Manager		Mark Kobe, Chief Nursing Officer	
Signature: 	DATE: 	Signature: 	4-11-17

ORGANIZATIONAL

REVISIONS

PC8610-112 Cardiac Rhythm Monitoring

Removed old reference and replaced with: Lippincott Cardiac Monitoring Procedures and Skills, Revised 8/12/16

PC8610-148 Patient Elopement

Changed Section in Reference from 15484.5 to 1584.5

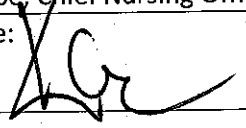
PC8610-158 Plan for the Assessment and Provision of Individual patient Family Needs

Removed "Joint commission Standards" Reference

Added Reference:

- CIHQ Standards and Requirements, DC-1: Discharge Planning Services, 42 CFR, 482.43
- CIHQ Standards and Requirements, NU-5: Nutrition Assessment and Care Plan, 482.28

Added "Appendix A" after reference "CMS Medicare conditions of Participation"

Mark Kobe, Chief Nursing Officer	
Signature: 	DATE: 4-11-17

ORGANIZATIONAL

REVISIONS

RS8610-102 Restraint Use

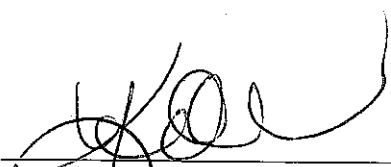
Removed Joint Commission references

Review and Approval Requirements

The SVH departmental/organizational policies and/or procedures on the attached list have been reviewed and approved by the following organizational leaders for meeting all of the following criteria. All of these policies and procedures are:

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- Consistent with evidence-based practice

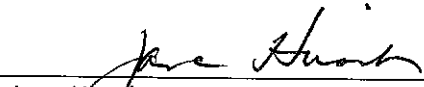
We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.



Kelly Mather
Chief Executive Officer

4.26.17

Date



Jane Hirsch
Chair, Board of Directors


4/26/17

Date

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	4/18/2017	Y	
Quality Committee	4/26/2017		
Board of Directors	5/04/2017		



Policy Submission Summary Sheet

Lynn McKissock, Director of Human Resources	
Signature: 	DATE: 4/24/17

ORGANIZATIONAL

REVISIONS

HR8610-174 Work Related Injuries

Updated language in regards to treatment and reporting procedures, including correction of form names and department names (removing Employee Health as a department reference, replacing with Human Resources)

HR8610-207 Bulletin Boards

Clarified references to locations

HR8610-370 Licensure, Certification, Registration Verification

Minor format changes and general clarification in the language with regards to process and responsibilities

QS8610-118 Interpreter Services

Updated procedure to reflect use of phone translation services as the first option. Clarified location of employee certified and non-certified translators and appropriate translation services.

Review and Approval Requirements

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We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.



Douglas S. Campbell, MD
Chair Medicine Committee

4/24/17

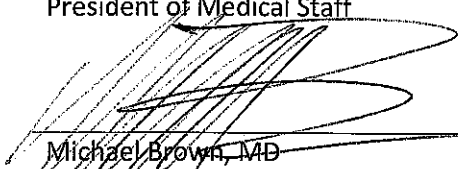
Date



Keith J. Chamberlin, MD MBA
President of Medical Staff

4/27/17

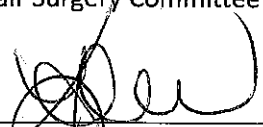
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Michael Brown, MD
Chair Surgery Committee

4/29/17

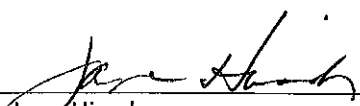
Date



Kelly Mather
Chief Executive Officer

4/21/17

Date



Jane Hirsch
Chair, Board of Directors

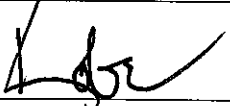
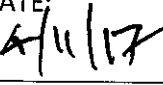
4/28/17

Date

Reviewed by:	Date	Approved (Y/N)	Comment
Medicine Committee	4/13/2017		
Medical Exec. Committee	4/20/2017		
Quality Committee	4/26/2017		
Surgery Committee	4/03/2017		
Board of Directors	5/04/2017		



Policy Submission Summary Sheet

Mark Kobe, Chief Nursing Officer	
Signature: 	DATE: 

ORGANIZATIONAL

REVISED

AN8610-102 Moderate Sedation

1. Name of policy changed to reflect current nomenclature: "Procedural Sedation" to "Moderate Sedation"
2. Propofol added to list of agents used in Moderate Sedation
3. Citation of National Standards of Care for Moderate Sedation (American Society of Anesthesia)
4. JCAHO reference replaced with CIHQ

3. F.

**MEDICAL STAFF
CREDENTIALING**

4.

INFECTION PREVENTION REPORT

Infection Prevention at Sonoma Valley Hospital

Board Report
May 4, 2017

Kathy Mathews RN
Clinical Quality Coordinator, Infection Prevention



2016 Healthcare Associated Infections

- Serious bloodstream infections have decreased in recent years due to infection prevention measures
- Acute and SNF patients have not experienced a Central Line-Associated Bloodstream Infection since 2011. Practitioners follow infection prevention “best practices” (aka CLIP). Audits on all central lines placed reveal excellent practice
- Methicillin Resistant *Staph aureus* (MRSA) bacteremia: Zero since 2014.
- *Vancomycin Resistant Enterococcus* (VRE) bacteremia: Zero since 2013

Antimicrobial Stewardship

- In 2007 the Antimicrobial Stewardship Program (ASP) identified Fluoroquinolone e.g., Ciprofloxacin and Piperacillin/tazobactam were overused in the hospital
- Fluoroquinolones were overused for cystitis and community acquired pneumonia
- Piperacillin/tazobactam was being overused in a variety of patients

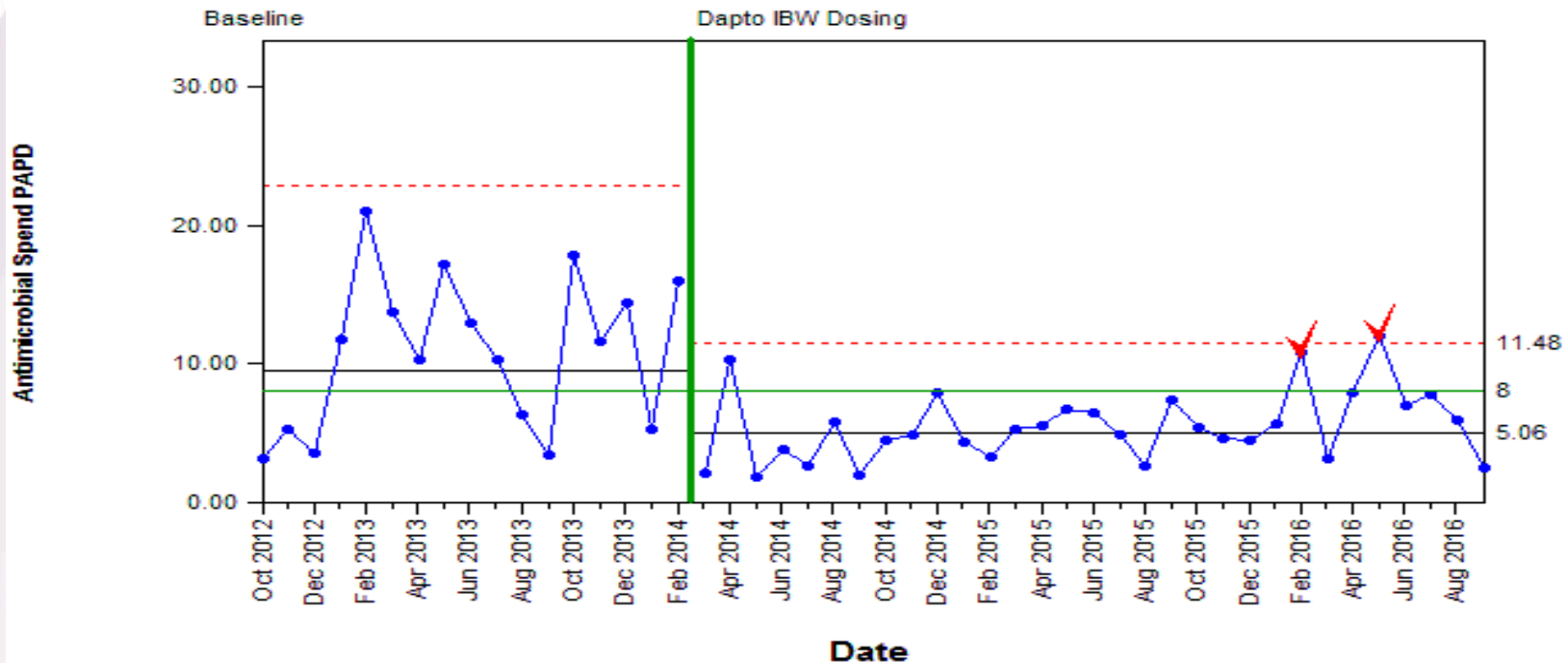
Affect of ASP on \$\$\$

- **Flouroquinolone pharmacy charges**
 - 2008: \$10,169
 - 2011: \$2,359
 - 77% reduction
- **Piperacillin/tazobactam**
 - 2008: \$51,363
 - 2011: \$14,624
 - 72% reduction

Spending on Antibiotics Decreased

Rx-Antimicrobial Stewardship-Antimicrobial Spend PAPD (\$)

I Chart



Nov 9, 2016 15:22:52

What can be done to reduce *C. difficile*?

- Reduce the number of patients that get hospital onset *C. diff* infections by 50%
- Reduce the Sonoma Valley Hospital *C. diff* rate below benchmark
- Reduce the cost associated with *C. diff* by 50%

Cochrane Review-Probiotics

- 23 studies, 4,213 participants
- When probiotics are given with antibiotics they reduce the risk of developing *C. diff* by 64%
- Probiotics reduce the risk of side effects of antibiotics
 - Cramping – Nausea
 - Fever – Soft stools
 - Flatulence – Taste disturbances

Improvements

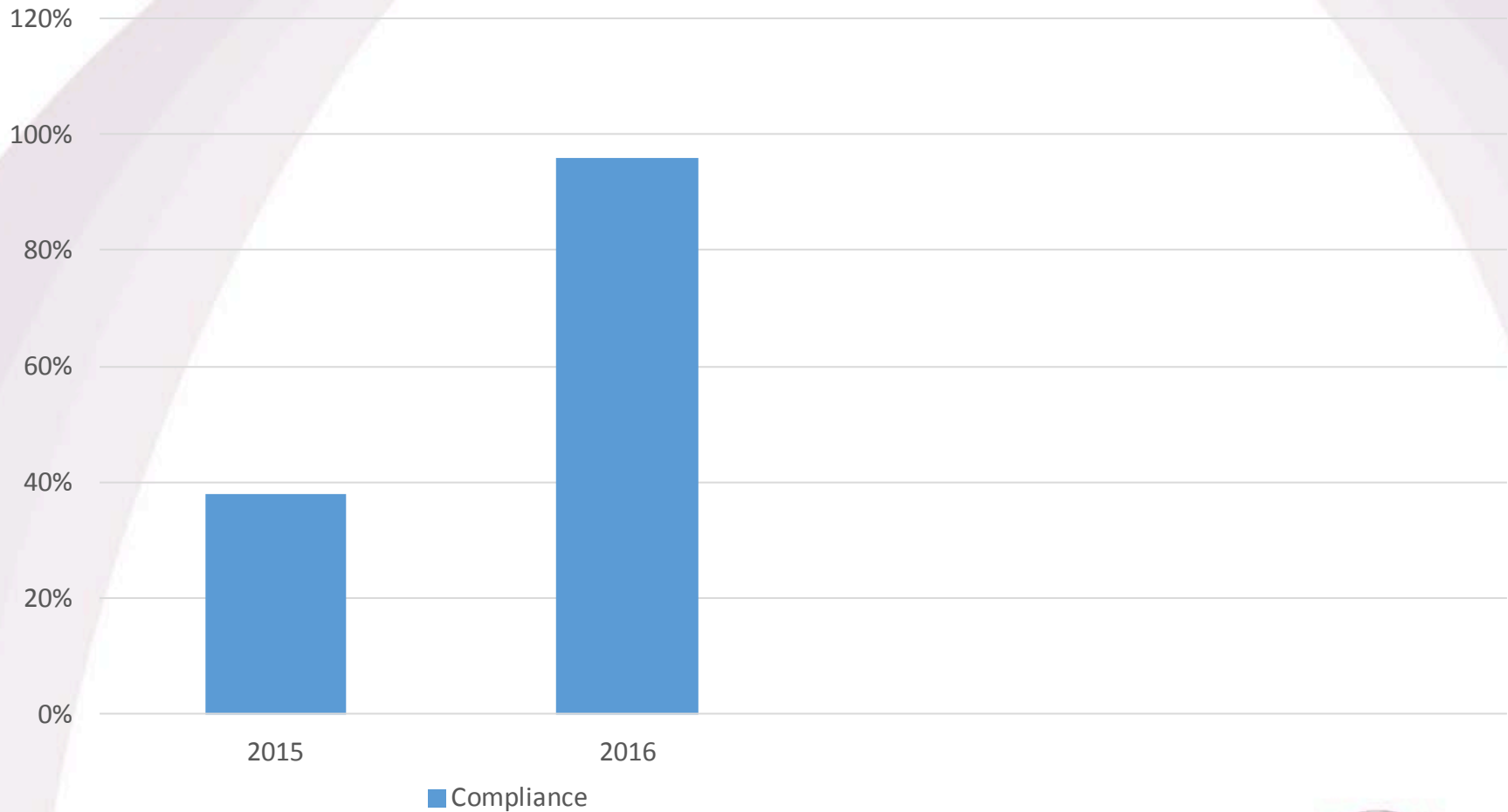
- Physician education and computerized physician order entry (CPOE)
- Emergency department's role
- Patient education re: antibiotics and proton pump inhibitors (PPIs)
- Ensure 90% of patients on antibiotics get probiotics
- Revise environmental services (EVS) practices

Improvements cont'.

- **Physicians change PPI to H2 blocker or dc PPI whenever possible**
- **Pharmacy alerts Nutrition Services of all patients with abx ordered qd**
- **Nutrition Services visits patients, provides literature on the benefit of probiotics**
- **Nurses encourage patients to consume live culture yogurt**
- **Nurses review discharge instructions regarding probiotics and information about PPIs.**

DATE OF AUDIT	# OF PATIENTS PRESCRIBED ANTIBIOTICS	# OF PATIENTS TAKING LCY AND/OR PROBIOTICS	COMPLIANCE RATE
June 2014	22	2	4.7%
August 2014	58	39	62.2%
February 2016	78	74	95.0%

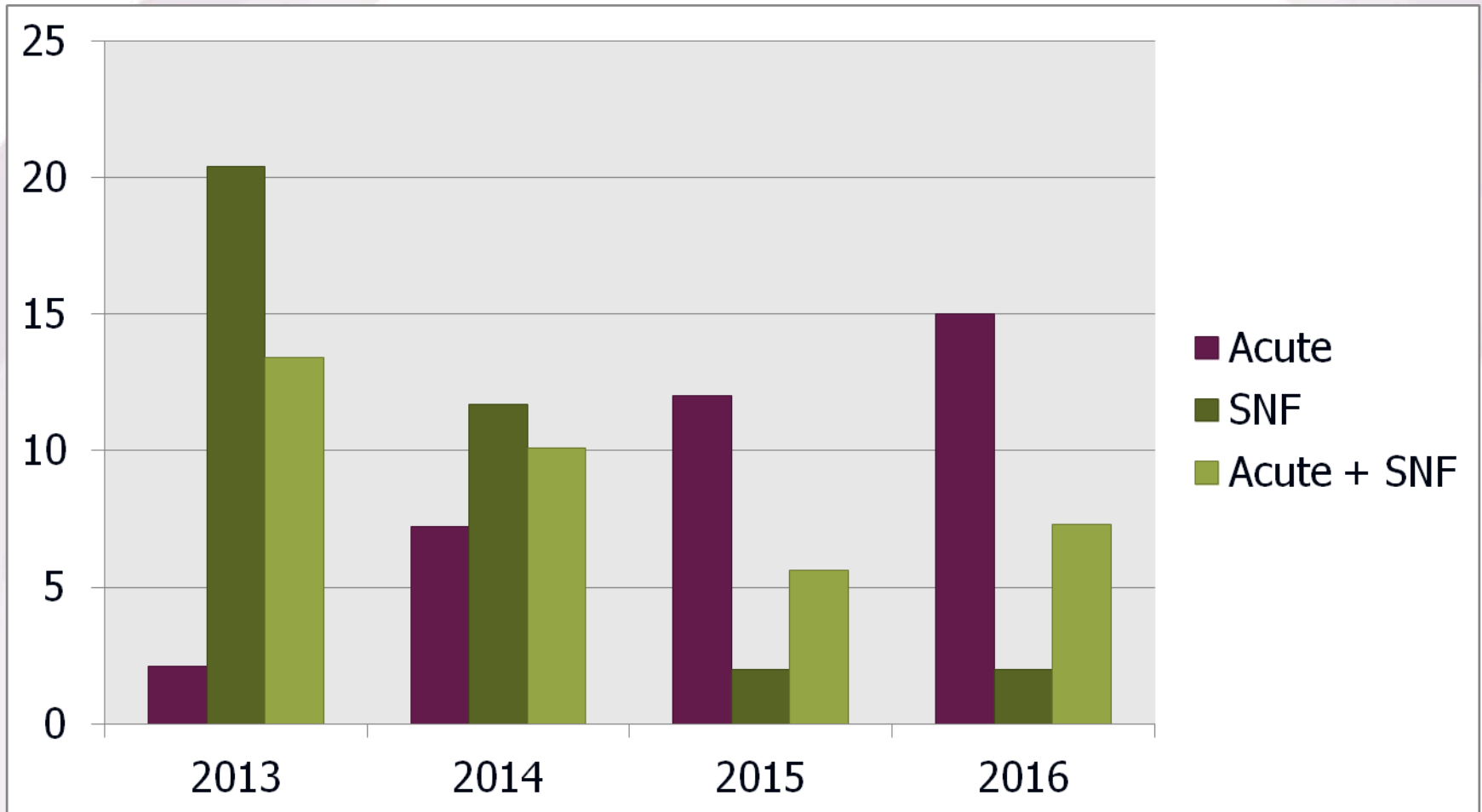
Hand Hygiene Compliance Pre- and Post-High Five Campaign



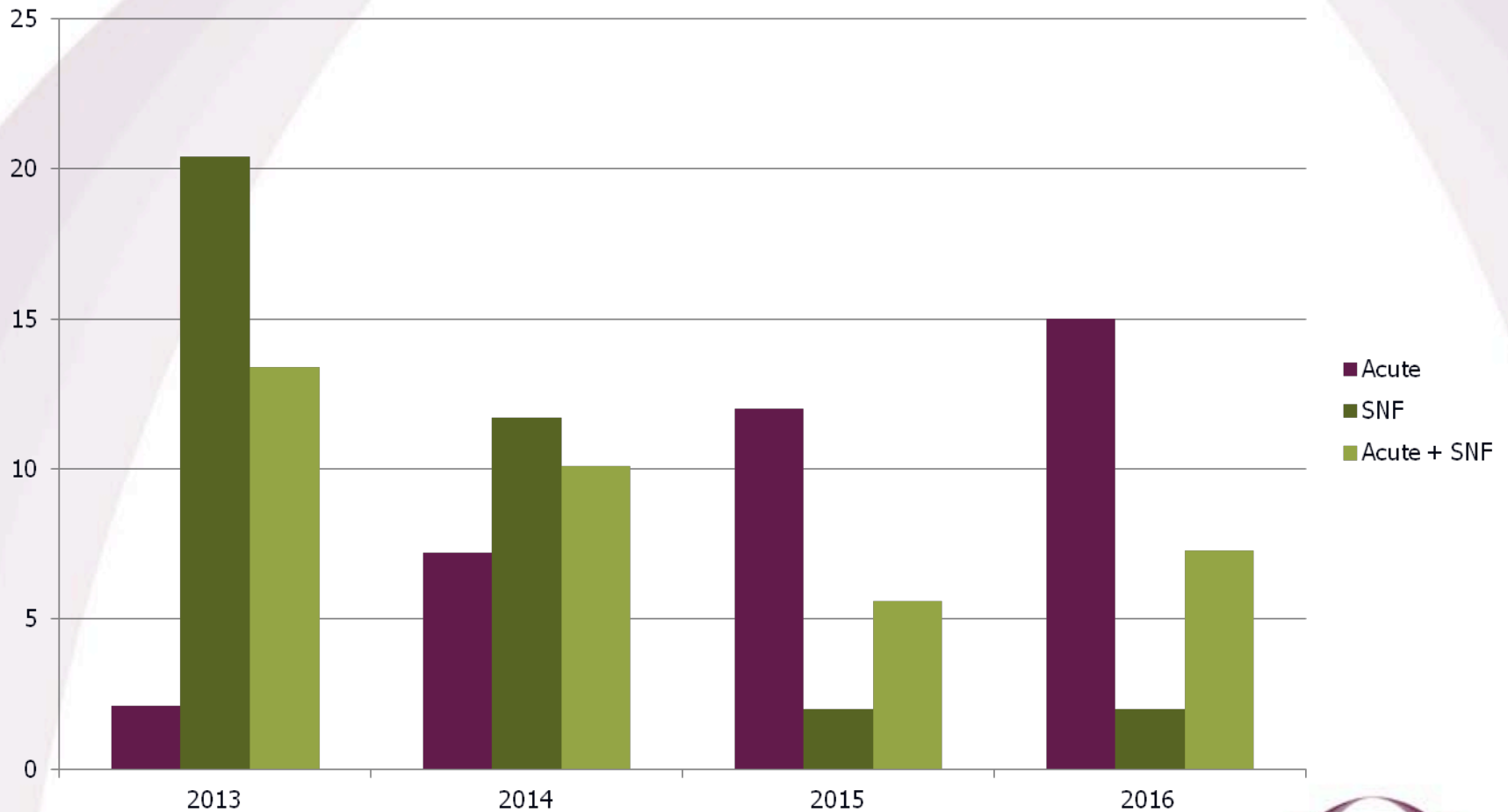
Bleach + UV Disinfection



Reduce Infections by 50%



Decrease hospital rate ≤ 7.4



Surgical Site Infections

- Total Hip Replacement Benchmark Rate 0.67% (0 risk index) to 2.40% (higher risk index) Annual rate 1.6 (1 SSI)
- Improved procedure for pre op process using CHG wipes vs Hibiclens shower.
- Total Knee Replacement Benchmark Rate 0.58% (0 risk index) to 1.60 (higher risk index). Annual rate 1.4%. Decreased from 2% in 2015.
- Total Joint rate 1.4% (1.9 2015)
- Overall SSI rate 0.5% (8 SSIs)

Catheter Associated Urinary Tract Infections

- **NHSN Benchmark: 1.3 per 1,000 catheter days. Annual rate 1.4. Implemented reporting of pts with foley at huddle daily to facilitate foley removal asap.**
- **NHSN Benchmark: 1.5 per 1,000 catheter days. Annual rate 7.6. Improvement noted since cluster in 1st quarter i.e, fewer foley days and CAUTIs.**
- **Plan Performance Improvement project in 2017**

Questions?

For more information

935-5180

kmathews@svh.com

5.

EMPLOYEE ENGAGEMENT SURVEY

Sonoma Valley Hospital 2017 Employee Engagement Survey Executive Overview

Lisa Daul, MBA, RD

Employee and Physician Engagement Services

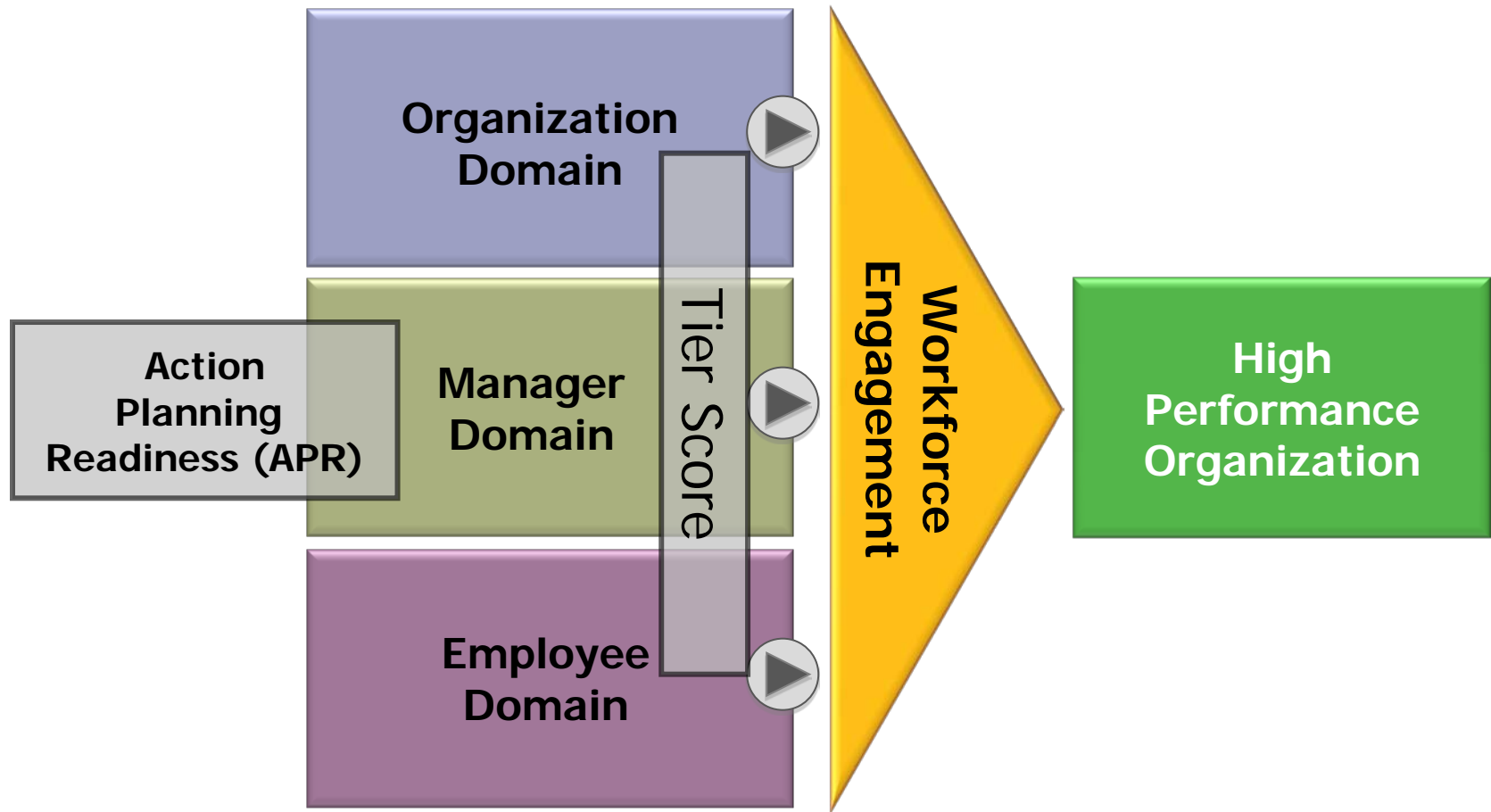
April 2017



Today's Agenda

- Introduction
- Sonoma Valley Hospital Results
 - Engagement
 - Comparisons to Normative Data
 - Work Unit Focus – Tier & Action Planning Readiness
- Summary and Recommendations

Employee Voice Model



Sonoma Valley Hospital Results

Engagement Outcome Metric

Survey Administration: January 2017 - February 2017

	2017	2016
Participants	368	381
Response Rate	90%	86%

Sonoma Valley Hospital	Difference from	
	Natl HC Avg	2016 SVH
4.24	+ .12	-.09

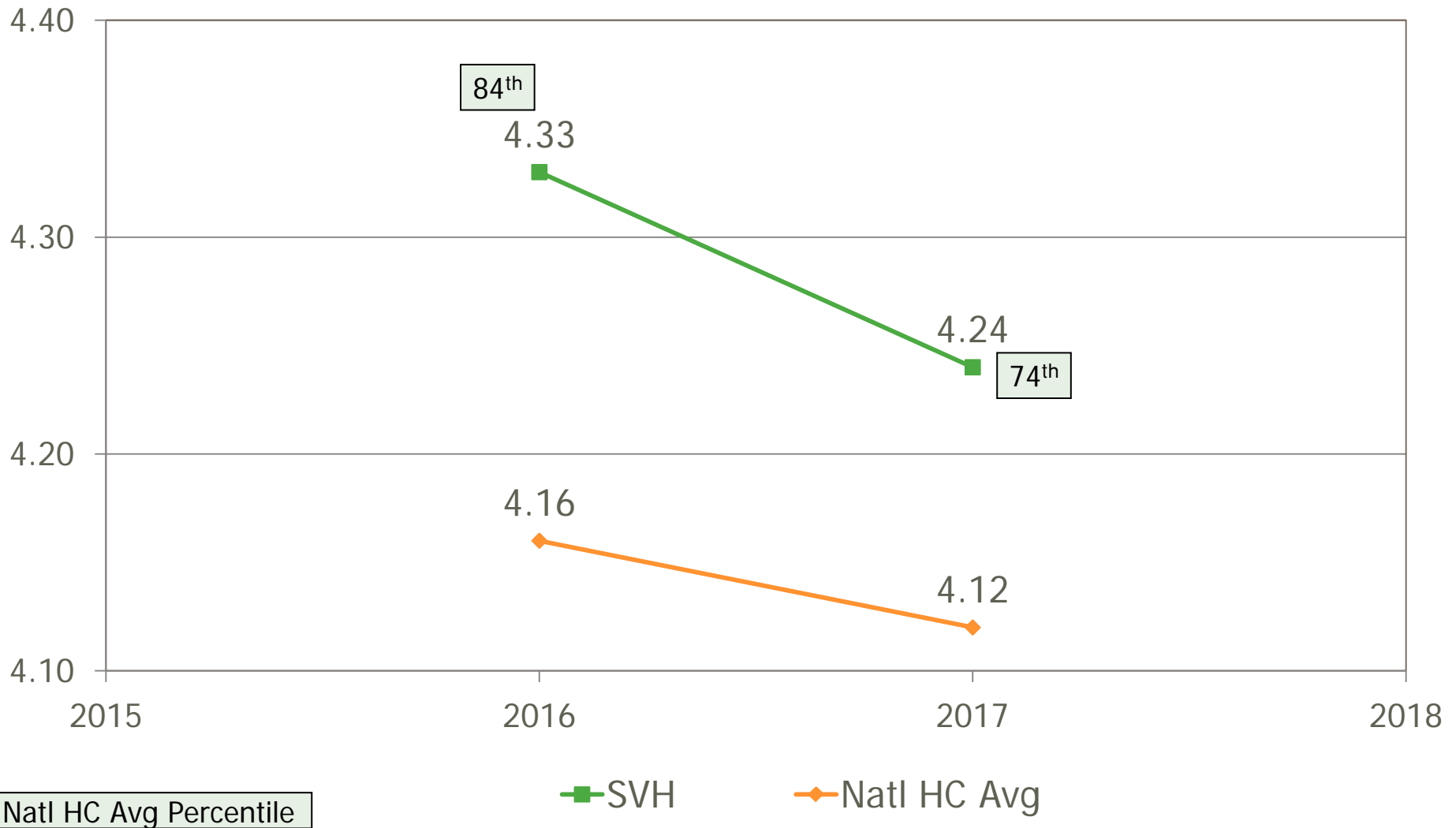
Natl HC Avg Engagement Percentile Ranking	2017	2016
	74th	84th

Press Ganey's benchmarks draw on a database of over 3,500 healthcare facilities and over 1.26 million respondents

Note – In this presentation **GREEN/RED** notes a statistically significant difference.

- National Average +/- .12
- History +/- .16

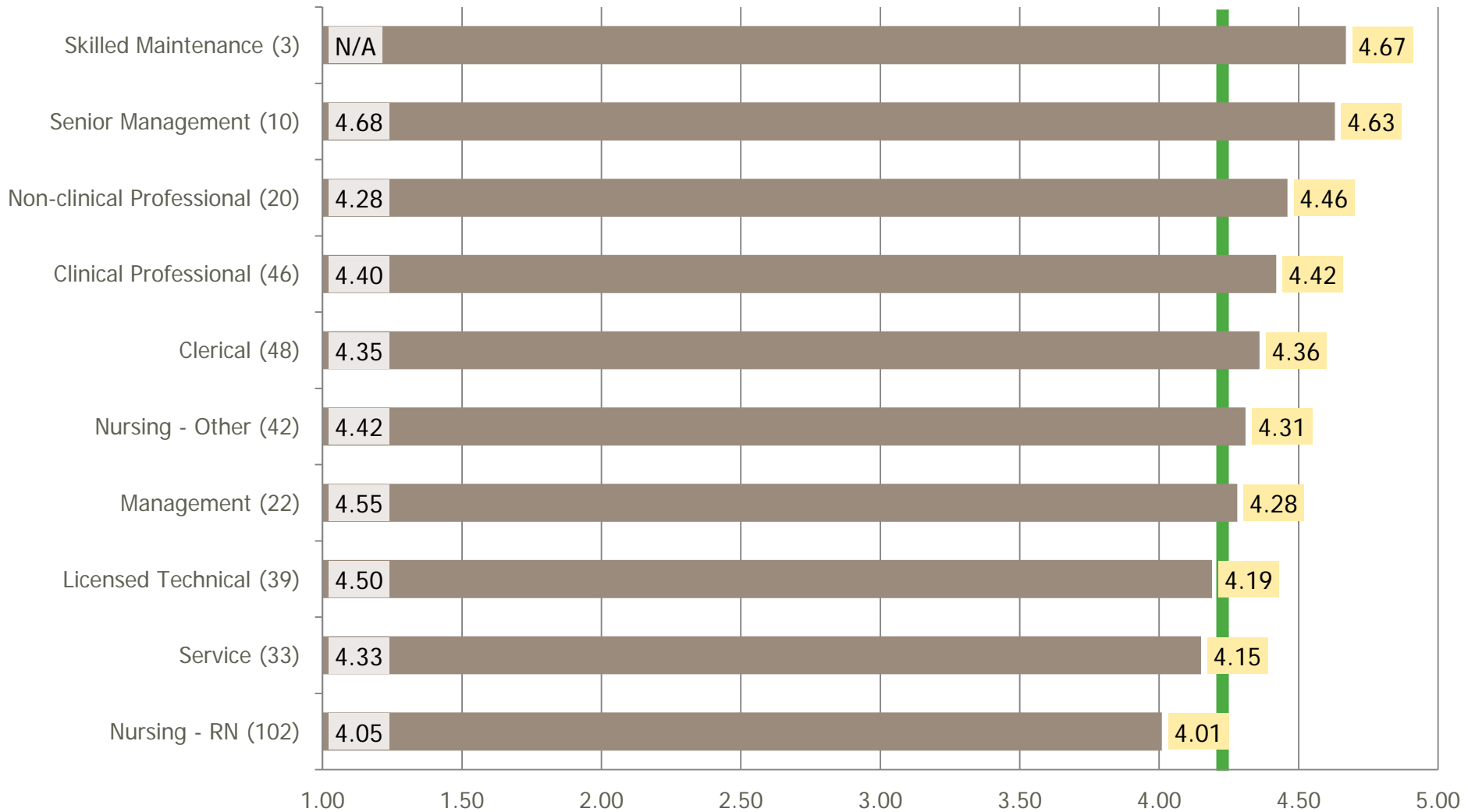
Engagement Trending



Engagement Outcome Metric

			Difference from:	
Engagement Item	2017 SVH	% Unfav	Natl HC Avg	2016 SVH
64. Overall, I am a satisfied employee.	4.27	2%	+.25	-.08
63. I would recommend this organization as a good place to work.	4.28	2%	+.18	-.05
40. I am proud to tell people I work for this organization.	4.37	2%	+.09	-.07
54. I would like to be working at this organization three years from now.	4.25	2%	+.09	-.11
41. I would stay with this organization if offered a similar position elsewhere.	3.96	6%	+.05	-.13
49. I would recommend this organization to family and friends who need care.	4.29	2%	+.03	-.09

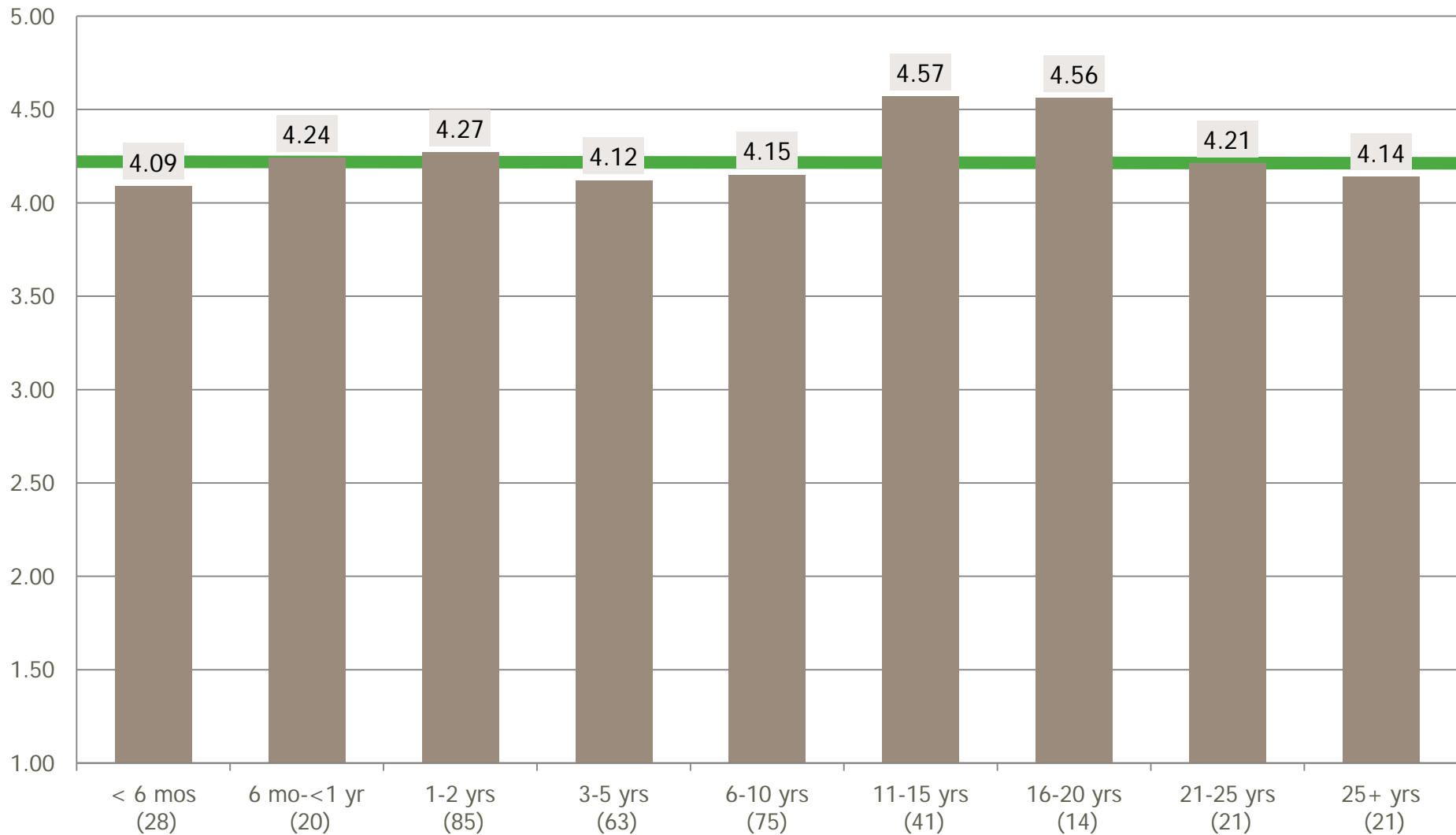
Workforce Engagement by Primary Responsibilities



.x = 2016 score

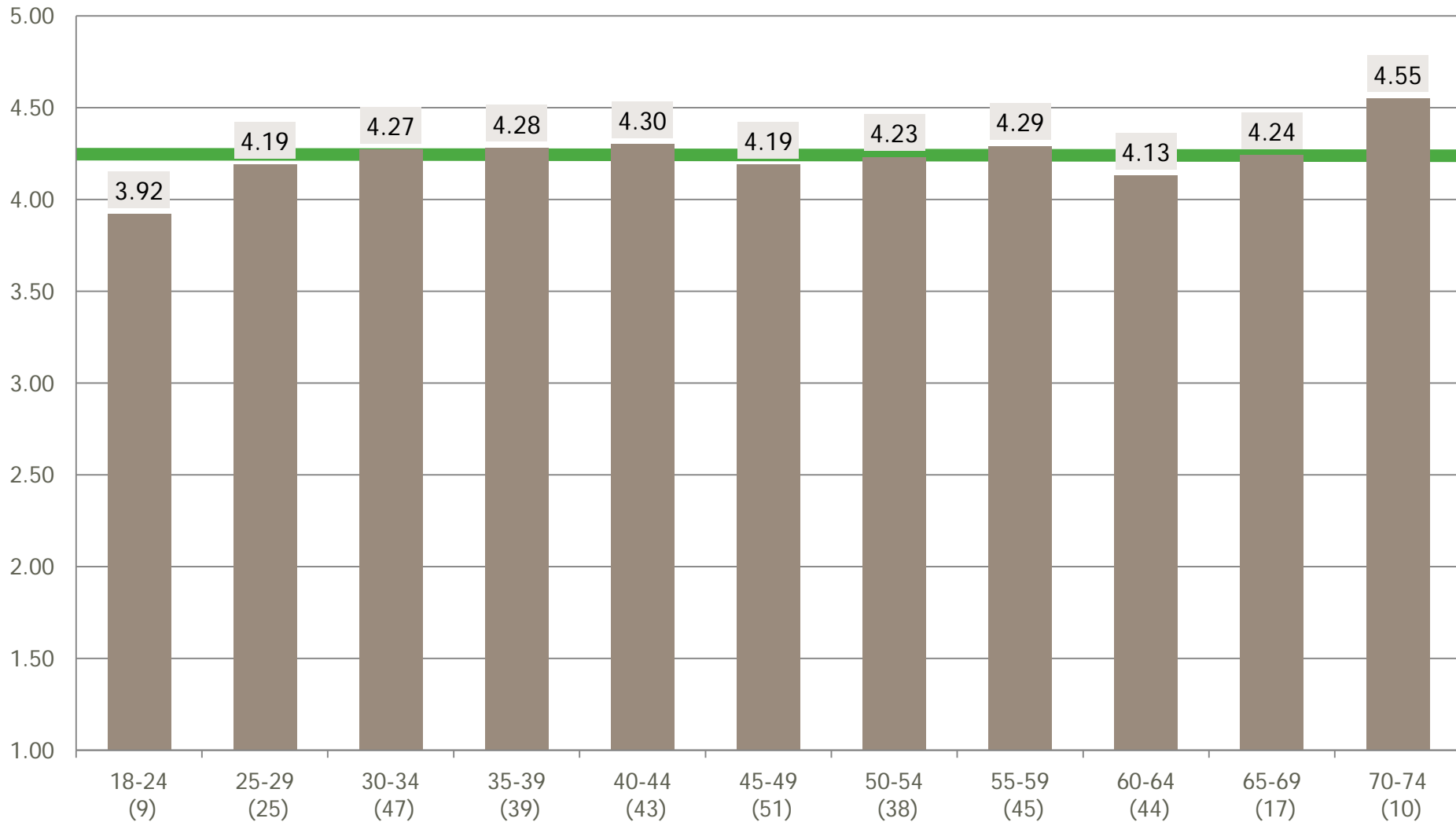
Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Workforce Engagement by Length of Service



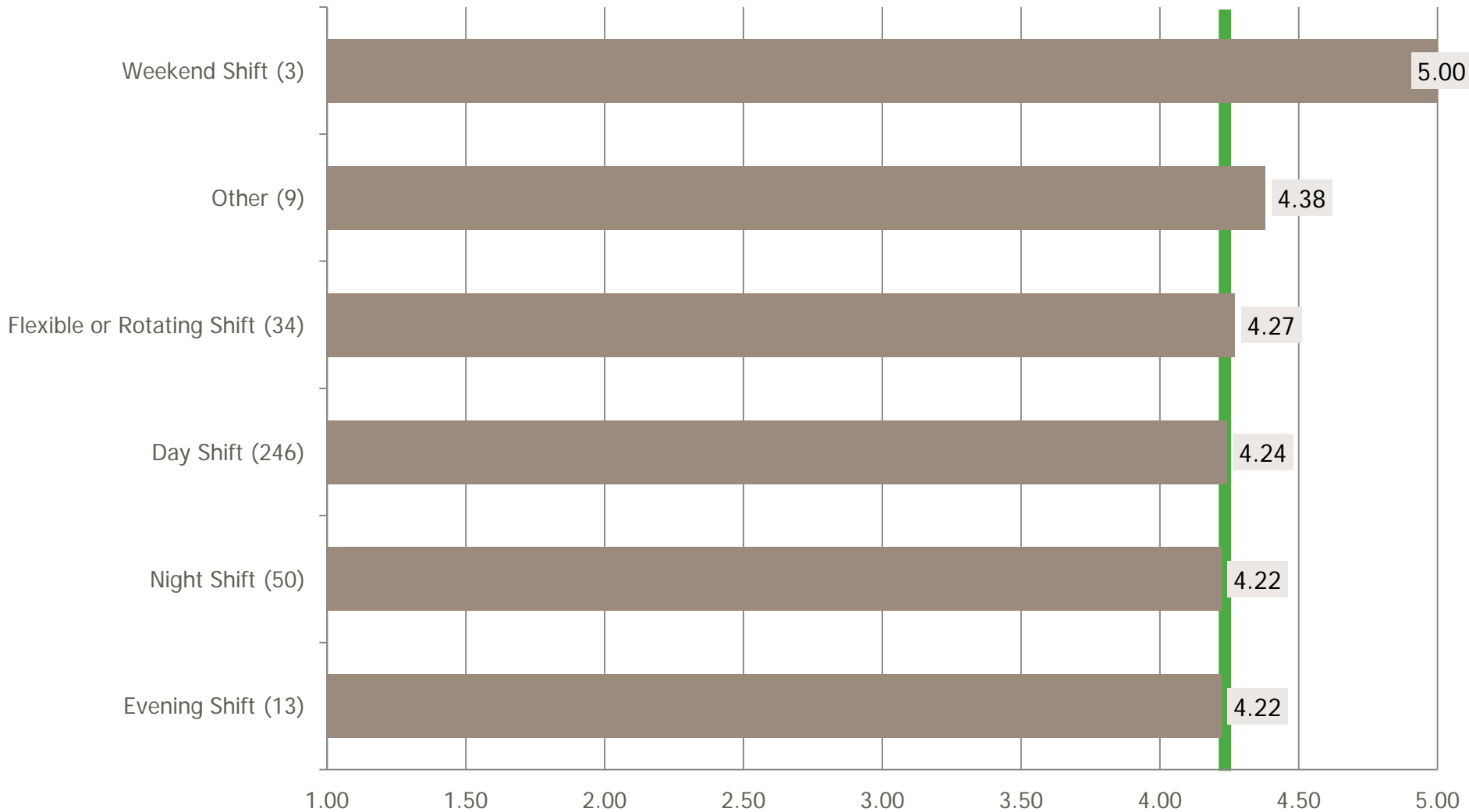
Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Workforce Engagement by Age



Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Workforce Engagement by Shift



Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Key Drivers of Engagement

1. Key Drivers are the most important factors that drive improved engagement.
2. "I feel like I belong in the organization" is the top driver of engagement.
3. Leverage key drivers for organization-wide initiatives

				Difference from:	
KEY DRIVERS of Workforce Engagement (in order of influence)	Domain	2017 SVH	% Unfav	Natl HC Avg	2016 SVH
58. I feel like I belong in this organization.*	EMP	4.26	3%	+.16	-.06
27. This organization makes every effort to deliver safe, error-free care to patients.*	ORG	4.40	2%	+.13	-.03
61. I have confidence in senior management's leadership.*	ORG	3.94	8%	+.16	-.08
21. This organization provides high-quality care and service.*	ORG	4.38	2%	+.12	+.01
50. My work provides me an opportunity to be creative and innovative.	EMP	3.98	6%	+.20	.00

* Denotes key driver on your previous survey

Highest Performing Items

				Difference from:	
HIGHEST PERFORMING ITEMS Compared to the <u>National Healthcare Average</u>	Domain	2017 SVH	% Unfav	Natl HC Avg	2016 SVH
29. My work unit is adequately staffed.	ORG	3.70	13%	+.44	-.09
31. This organization makes employees in my work unit want to go above and beyond what's expected.	EMP	3.99	6%	+.39	+.03
30. The amount of job stress I feel is reasonable.	EMP	3.84	8%	+.36	-.07
9. Different work units work well together in this organization.	ORG	4.01	4%	+.28	+.02
13. There is a climate of trust within my work unit.	EMP	4.07	8%	+.26	+.01
38. Employees in my work unit report a strong sense of connection to their work.	EMP	4.30	1%	+.26	+.01
43. Employees who work here are seldom distracted from their work.	EMP	3.70	12%	+.26	-.02
52. I have sufficient time to provide the best care/service for our clients/patients.	EMP	3.94	6%	+.26	-.05

Lowest Performing Items

				Difference from:	
LOWEST PERFORMING ITEMS Compared to the <u>National Healthcare Average</u>	Domain	2017 SVH	% Unfav	Natl HC Avg	2016 SVH
46. This organization provides career development opportunities.	ORG	3.60	12%	-.19	-.08
35. I am satisfied with my job security.	ORG	3.94	7%	-.02	-.05

Greatest Improvements

				Difference from:	
Items with GREATEST IMPROVEMENTS since last survey	Domain	2017 SVH	% Unfav	2016 SVH	Natl HC Avg
24. This organization supports me in balancing my work life and personal life.	ORG	4.08	5%	+.07	+.22
23. Physicians and staff work well together.	ORG	4.09	2%	+.04	+.12
32. I get the training I need to do a good job.	ORG	4.05	4%	+.04	+.06
31. This organization makes employees in my work unit want to go above and beyond what's expected.	EMP	3.99	6%	+.03	+.39
9. Different work units work well together in this organization.	ORG	4.01	4%	+.02	+.28
10. Employees in my work unit help clients/patients even when it's not part of their job.	EMP	4.47	1%	+.02	+.20

Greatest Declines

				Difference from:	
Items with GREATEST DECLINES since last survey	Domain	2017 SVH	% Unfav	2016 SVH	Natl HC Avg
4. I enjoy working with my coworkers.	EMP	4.48	1%	-.11	+.08
19. When appropriate, I can act on my own without asking for approval.	MGR	4.10	6%	-.09	+.07
3. The person I report to treats me with respect.	MGR	4.47	3%	-.09	+.13
29. My work unit is adequately staffed.	ORG	3.70	13%	-.09	+.44
46. This organization provides career development opportunities.	ORG	3.60	12%	-.08	-.19

Greatest Declines (continued)

KD = Key Driver

Difference from:

Items with GREATEST DECLINES since last survey	Domain	2017 SVH	% Unfav	2016 SVH	Natl HC Avg
14. This organization conducts business in an ethical manner.	ORG	4.13	6%	-.08	+.01
39. The person I report to encourages teamwork.	MGR	4.35	3%	-.08	+.13
53. I respect the abilities of the person to whom I report.	MGR	4.39	2%	-.08	+.13
61. I have confidence in senior management's leadership. KD	ORG	3.94	8%	-.08	+.16
56. The person I report to is a good communicator.	MGR	4.20	5%	-.08	+.19

Work Unit Results

Press Ganey's Tier Approach

Typical Expectations

Tier 1
Power Items
Score ≥ 4.15



High Survey Scores:
minimal action planning
activities



Maintain Tier 1 status, assist
Managers of Tier 3 and Tier 2
work units with action planning
best practices

Tier 2
Power Items
Score ≥ 3.80
and < 4.15



Average Survey Scores:
action planning activities
typically required



Achieve Tier 1 status through
action plan development/
implementation

Tier 3
Power Items
Score < 3.80

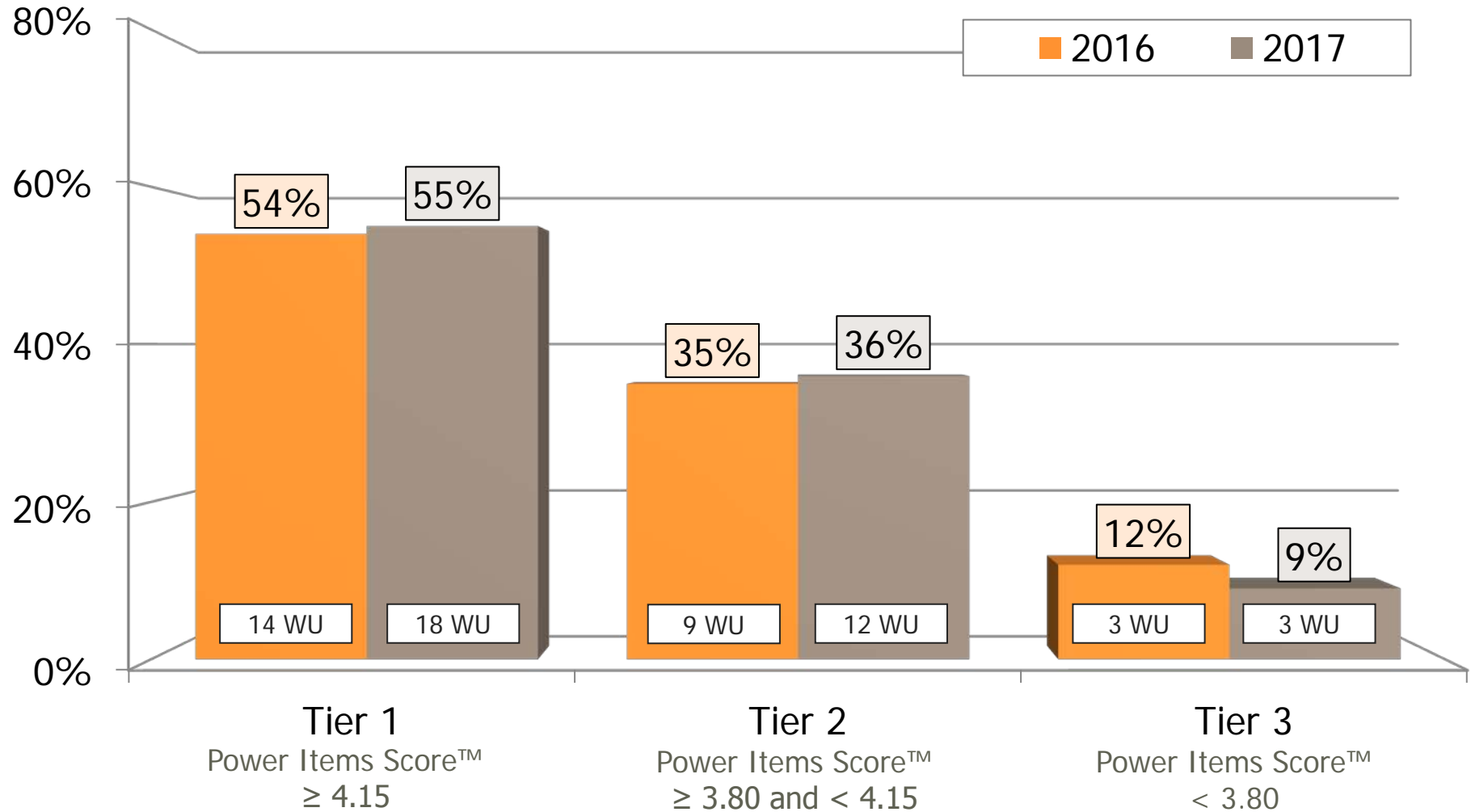


Low Survey Scores:
significant action
planning activities



Achieve Tier 2 status through
action plan development/
implementation and support by
senior leadership and HR/OD

SVH Tier Distribution



Press Ganey's Action Planning Readiness Score™

Work unit/group is **well prepared** to engage in action planning initiatives led by the work unit/group manager/supervisor



**High
Readiness
APR 90-100**

**Moderately
High
Readiness
APR 80-89**

Work unit/group is **somewhat prepared** to engage in action planning initiatives led by the work unit/group manager/supervisor



**Moderate
Readiness
APR 70-79**

Work unit/group is **less prepared** to engage in action planning initiatives led by the work unit/group manager/supervisor



**Moderately
Low
Readiness
APR 60-69**

**Low
Readiness
APR 0-59**

SVH Action Planning Readiness™

The person I report to treats me with respect.

I respect the abilities of the person to whom I report.

The person I report to encourages teamwork.

The person I report to cares about my job satisfaction.

The person I report to is a good communicator.

I am involved in decisions that affect my work.

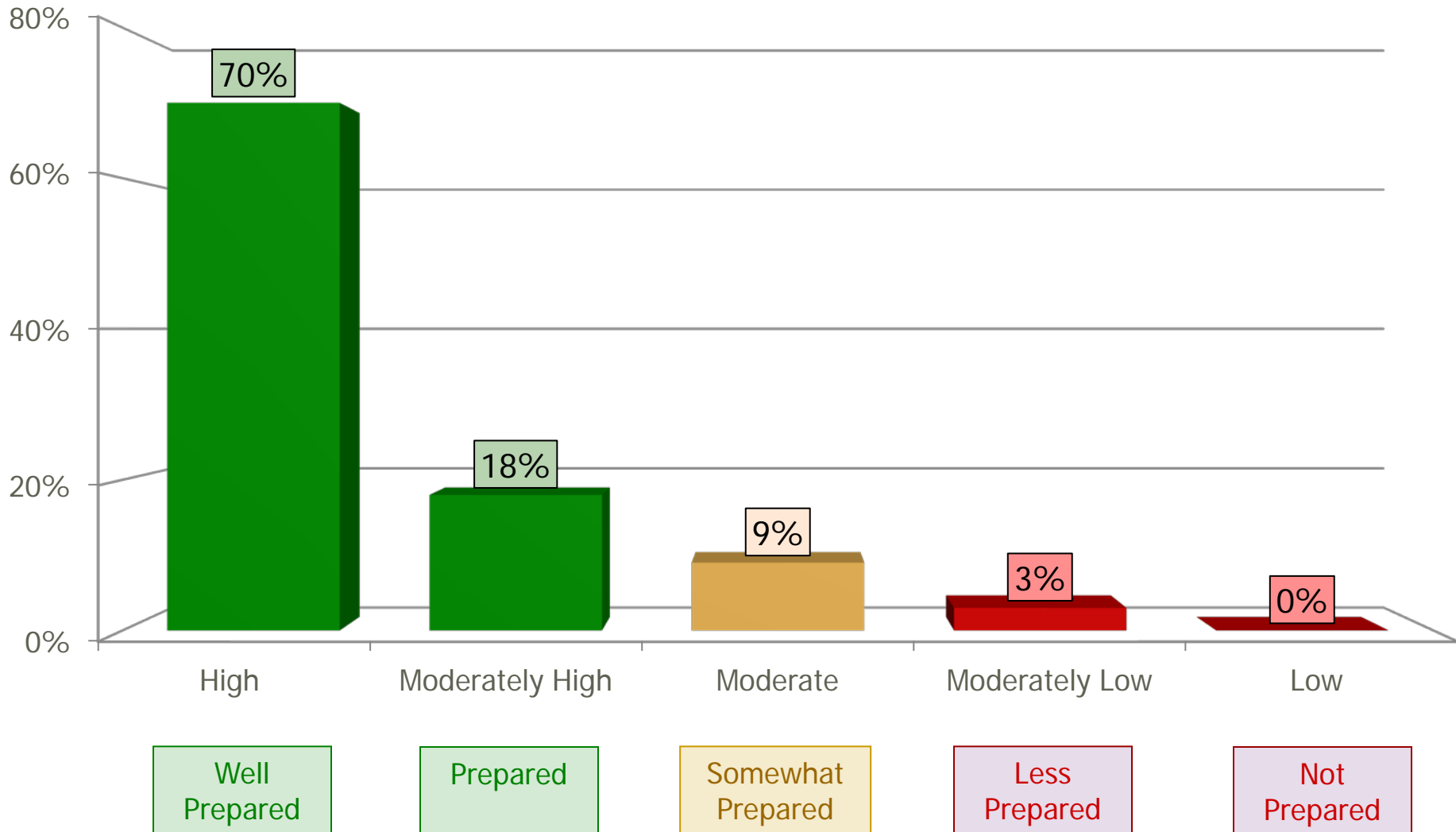
**2017
SVH
APR Score**

91

**High
Readiness
APR 90-100**

2016 SVH APR Score = 92

SVH Action Planning Readiness™ Distribution



Summary and Recommendations

Summary

- **Sonoma Valley Health ranks at the 74th percentile for engagement compared to the National Healthcare Average.**
- **Participation that is well above the national average of 73%**
- **Overall observations compared to previous survey:**
 - ✓ There were no statistically significant changes in any survey item scores
 - ✓ Areas of improvement:
 - ✓ Work-life balance, teamwork, training, employees want to go above and beyond
 - ✓ Areas of decline:
 - ✓ Enjoy working with coworkers
 - ✓ Work unit is adequately staffed
 - ✓ Organization: provides career development, conducts business ethically
 - ✓ Management/manager: can act on own without approval, treats me with respect, encourages teamwork, respect manager abilities, confident in senior management's leadership (key driver), manager is a good communicator

Organizational Level Approaches to Improvement

- **Highlight/leverage key strengths:**

- ✓ Stress: work unit adequately staffed, job stress is reasonable, have sufficient time to provide care
- ✓ Organization makes employees want to go above and beyond
- ✓ Teamwork/Trust: different work units work well together, climate of trust
- ✓ Employees report a strong sense of connection to work, Employees are seldom distracted from their work

- **Maintain high performance of key drivers:**

- ✓ Sense of belonging
- ✓ Quality of care: org. makes every effort to deliver safe, error-free care, org. provides high-quality care
- ✓ Confident in senior management's leadership
- ✓ Work provides opportunity to be creative and innovate

- **Key areas for focus/improvement outside of key drivers:**

- ✓ Career development opportunities
- ✓ Satisfaction with job security

Work Unit Level Next Steps to Build Engagement

- Thank your employees for participating in the survey.
- Communicate results – face to face is always best
- Recognize and build upon strengths.
- Share and invite employee input/support for key work unit concerns.
- Take draft action plans to senior leaders for their input and shaping.
- Implement Action Plans
 - Identify and involve Tier 1 leaders and their work unit's best practices
 - Assign responsibility for action plans/action plan steps
 - Determine and address any quick wins
 - Establish milestones and timelines for each goal
- Report progress on an ongoing basis to your team and your senior leader.
- Re-survey to evaluate progress and identify new ways to enhance satisfaction, engagement and partnership.

Appendix

Benefits of Engagement

ENGAGED EMPLOYEES ARE...

- Willing to go “above and beyond,” exerting additional effort
- Energetic and enthusiastic
- Loyal to the organization – more likely to stay
- Proud of the organization and willing to recommend as a place to work and to receive care
- More satisfied employees overall

HIGHER WORKFORCE ENGAGEMENT LEADS TO...

- Improved patient experience
- Improved productivity
- Increased cultural commitment
- Higher quality, safety and clinical outcomes
- Stronger financial performance
- Positive image in the community

Engagement Outcome Metric



Workforce Engagement

- I am proud to tell people I work for this organization.
- I would stay with this organization if offered a similar position elsewhere.
- I would recommend this organization to family and friends who need care.
- I would like to be working at this organization three years from now.
- I would recommend this organization as a good place to work.
- Overall, I am a satisfied employee.

Representative National Healthcare Clients

Press Ganey currently serves as a business partner to a cross section of healthcare organizations across North America representing over 2,200 facilities and over one million employees

A representative sample of our National Healthcare clients includes:

- Arkansas Children's Hospital
- Christiana Care Health System
- Children's Hospitals and Clinics of Minnesota
- Driscoll Children's Hospital
- Duke University Health System
- Froedtert Health
- Greenville Health System
- Houston Methodist
- Lahey Health
- Methodist LeBonheur Healthcare
- Rockford Health System
- Sharp HealthCare
- Seattle Children's Hospital
- The University of Chicago Medical Center
- Trinity Health
- University of Colorado Health

Our Clients' Award Winning Performance



8 Malcolm Baldrige National Quality Award Recipients



33% of U.S. News & World Report's "Honor Roll Hospitals"



175+ ANCC Magnet-designated nursing facilities



100+ University Health System Consortium Members



CHILDREN'S
HOSPITAL
ASSOCIATION

35% of Children's Hospital Association organizations

Summary of Results

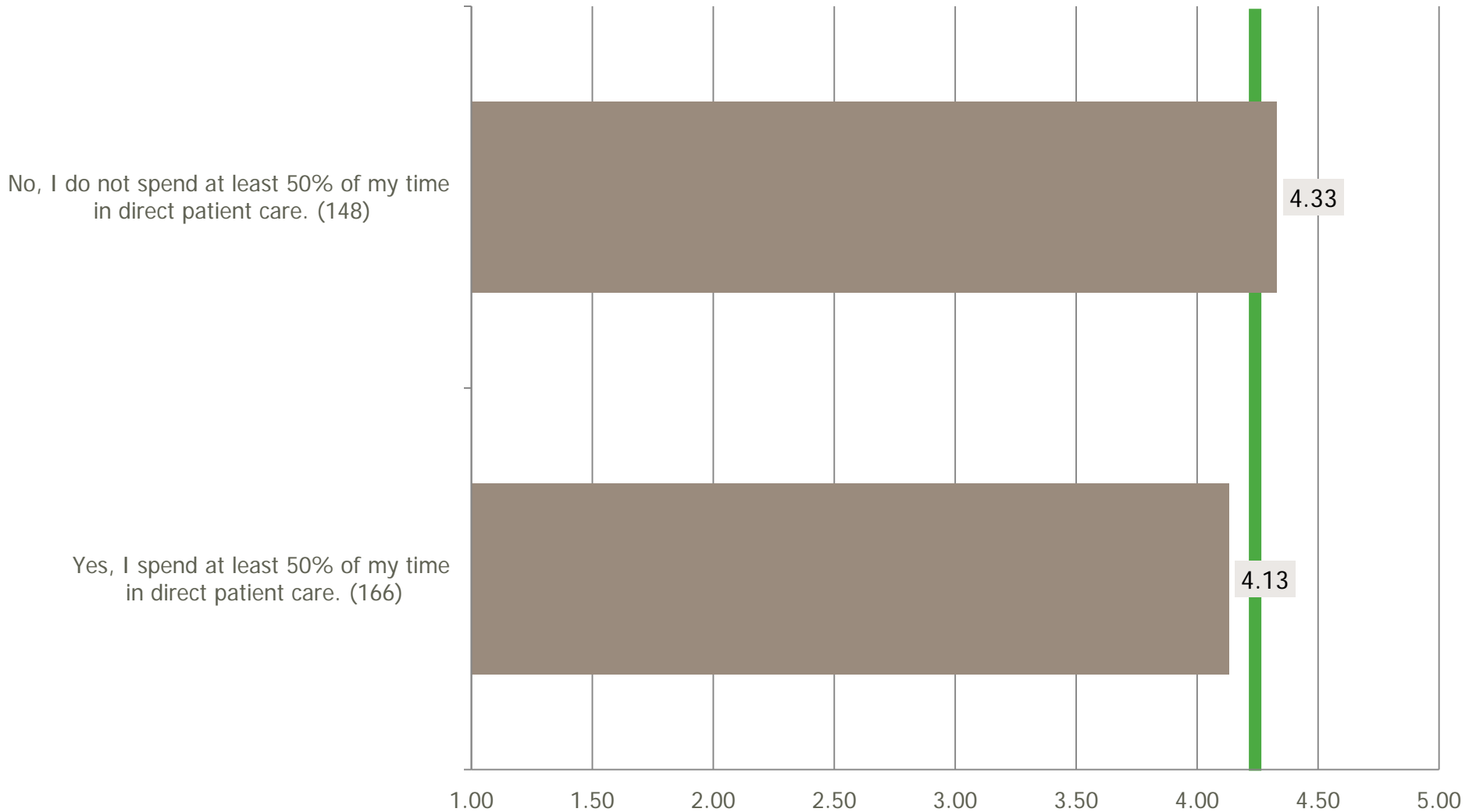
Year	Engagement		Work Unit Breakdown			Action Planning Readiness
	Score	Rank	Tier1	Tier 2	Tier 3	
2017	4.24	74th	55%	36%	9%	91
2016	4.33	84th	63%	29%	8%	92

Top Key Drivers	Key Demographics
• Sense of belonging ↓	• Nursing-RN
• Org. delivers safe, error-free care ↓	• < 6 mos., 6-10 Years of Service
• Confident in senior mgmt.'s leadership ↓	

High Performing Items	Low Performing Items
• Work unit adequately staffed ↓	• Org. provides career development ↓
• Employees go above and beyond ↑	• Satisfied with job security ↓
• Job stress is reasonable ↓	

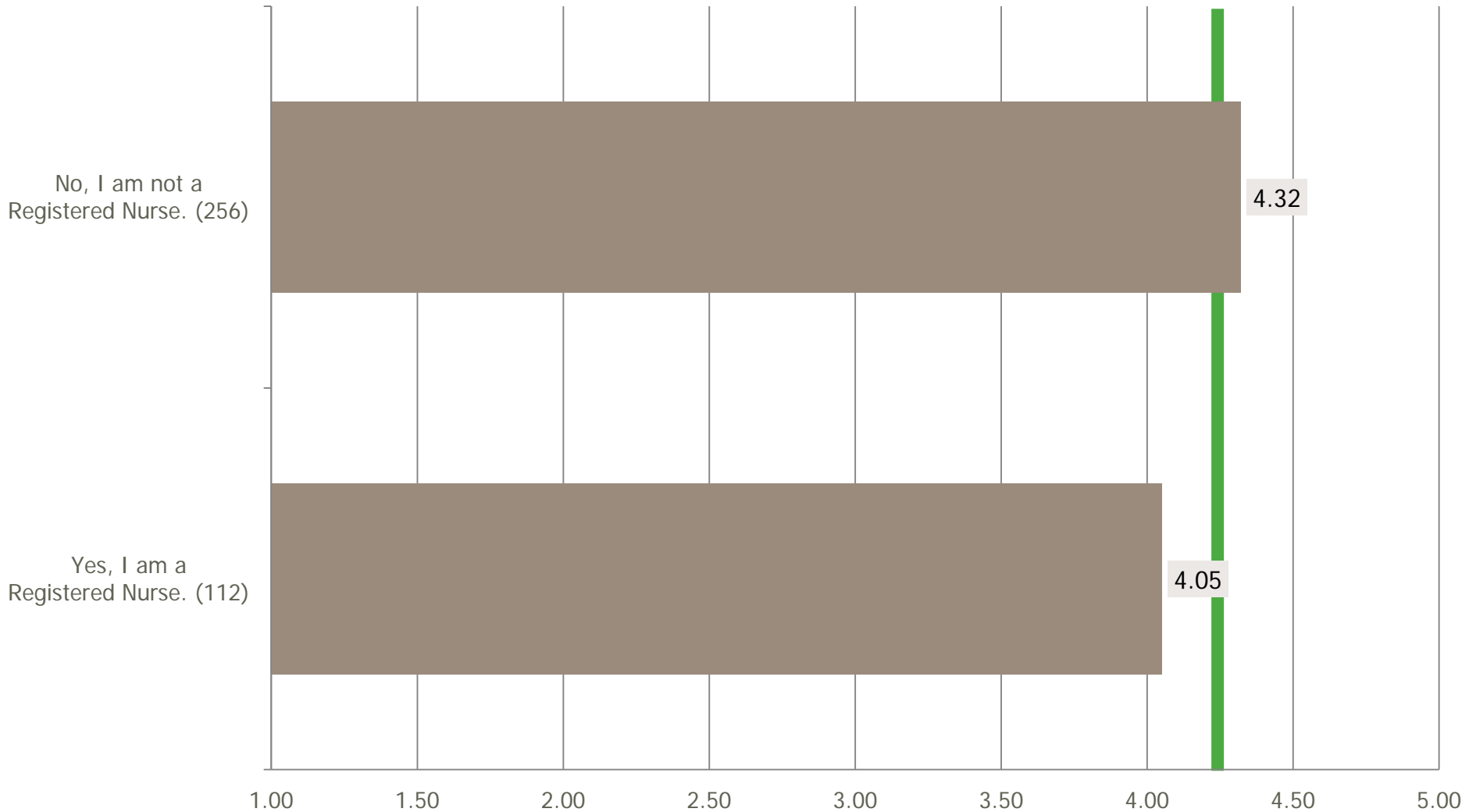
Green/Red shaded arrows indicate statistically significant differences from history

Workforce Engagement by Direct Patient Care



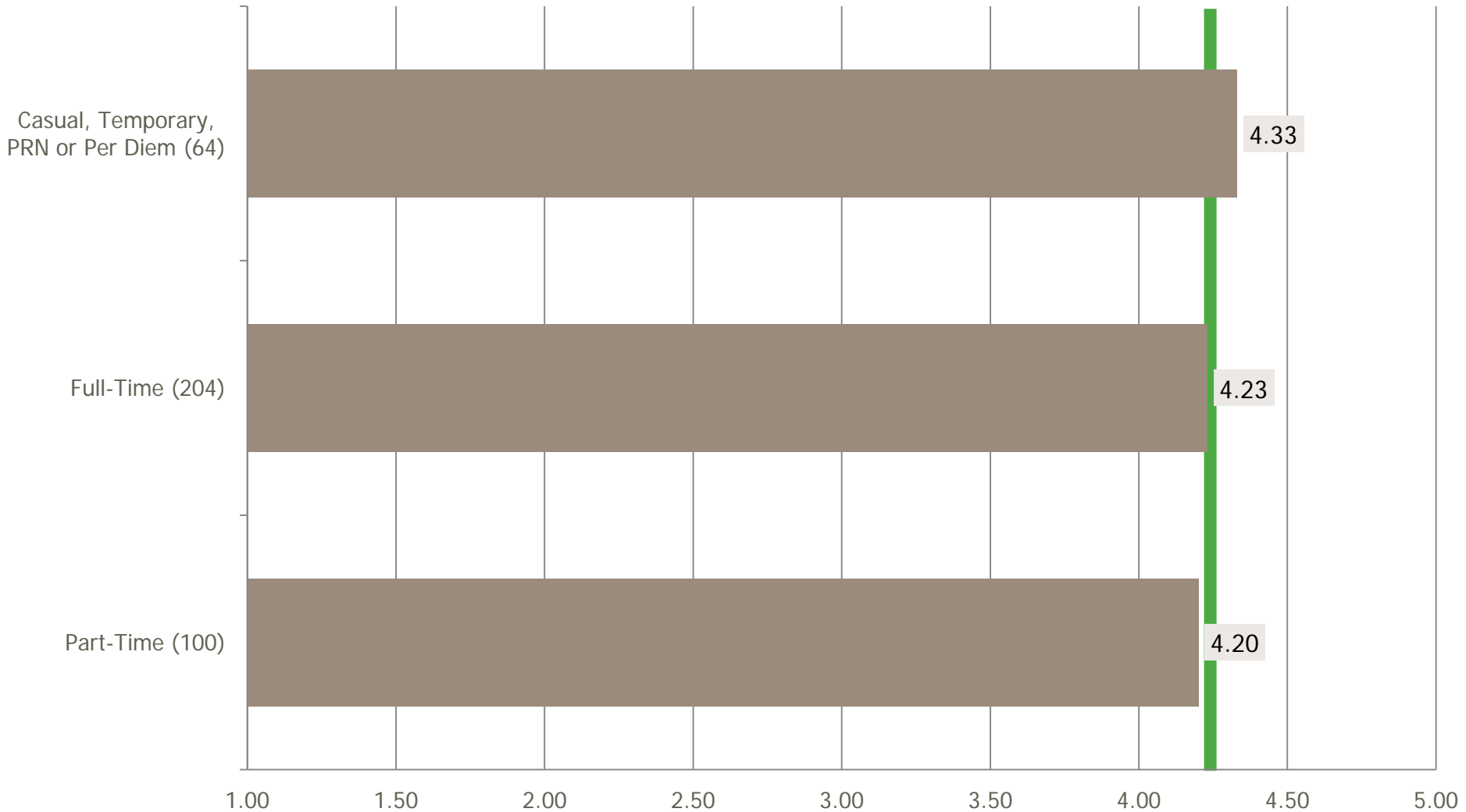
Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Workforce Engagement by RN Status



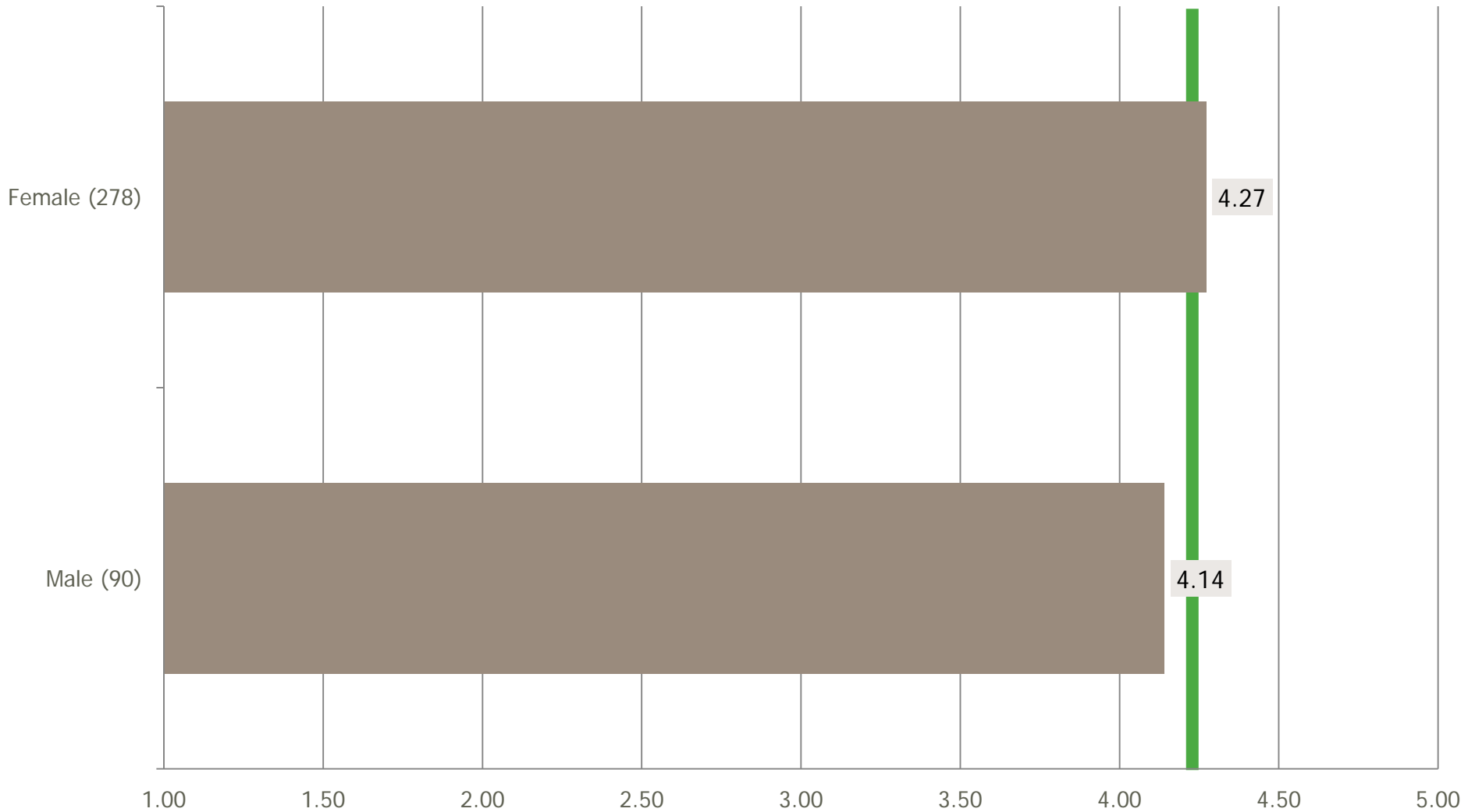
Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Workforce Engagement by Employment Status



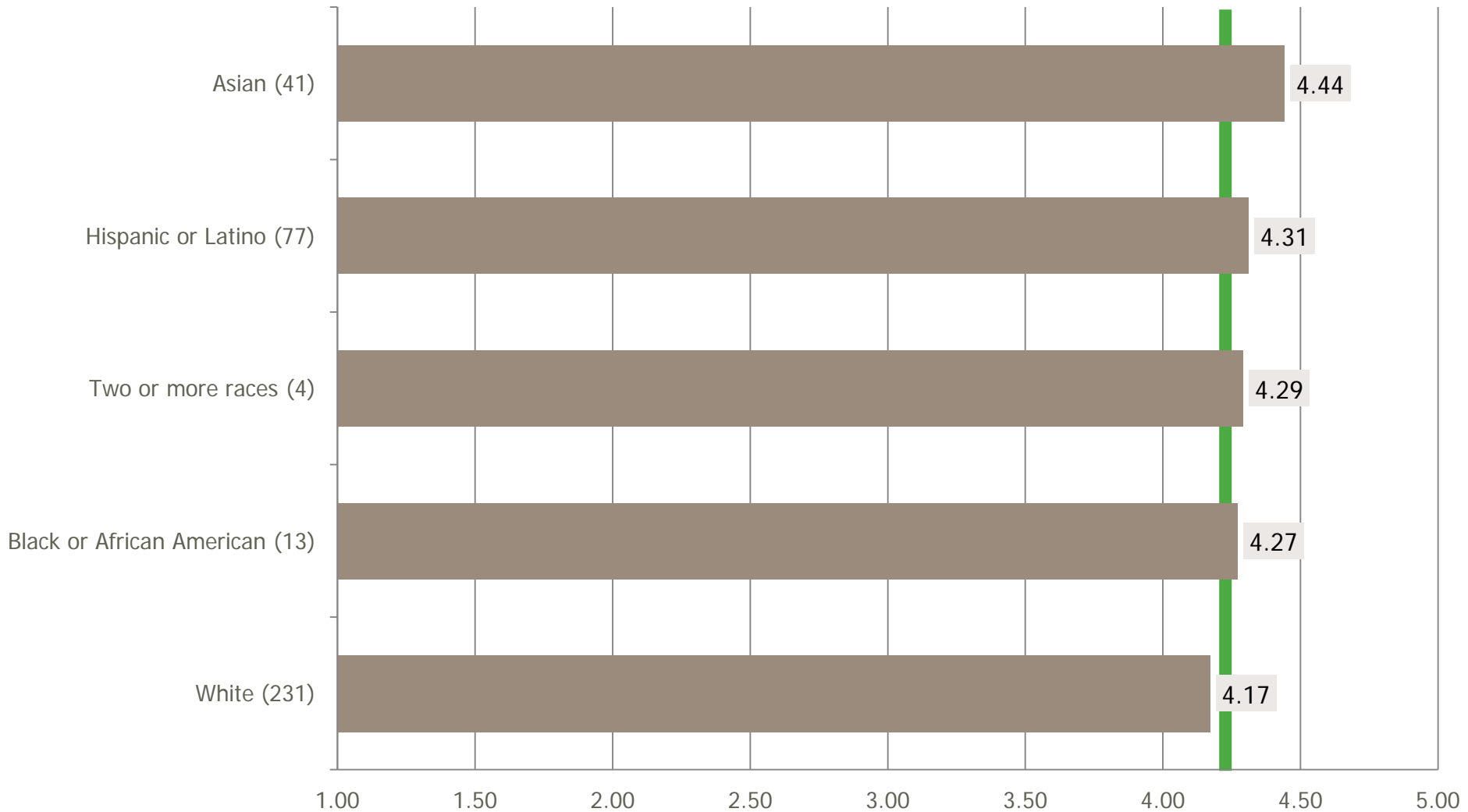
Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Workforce Engagement by Sex



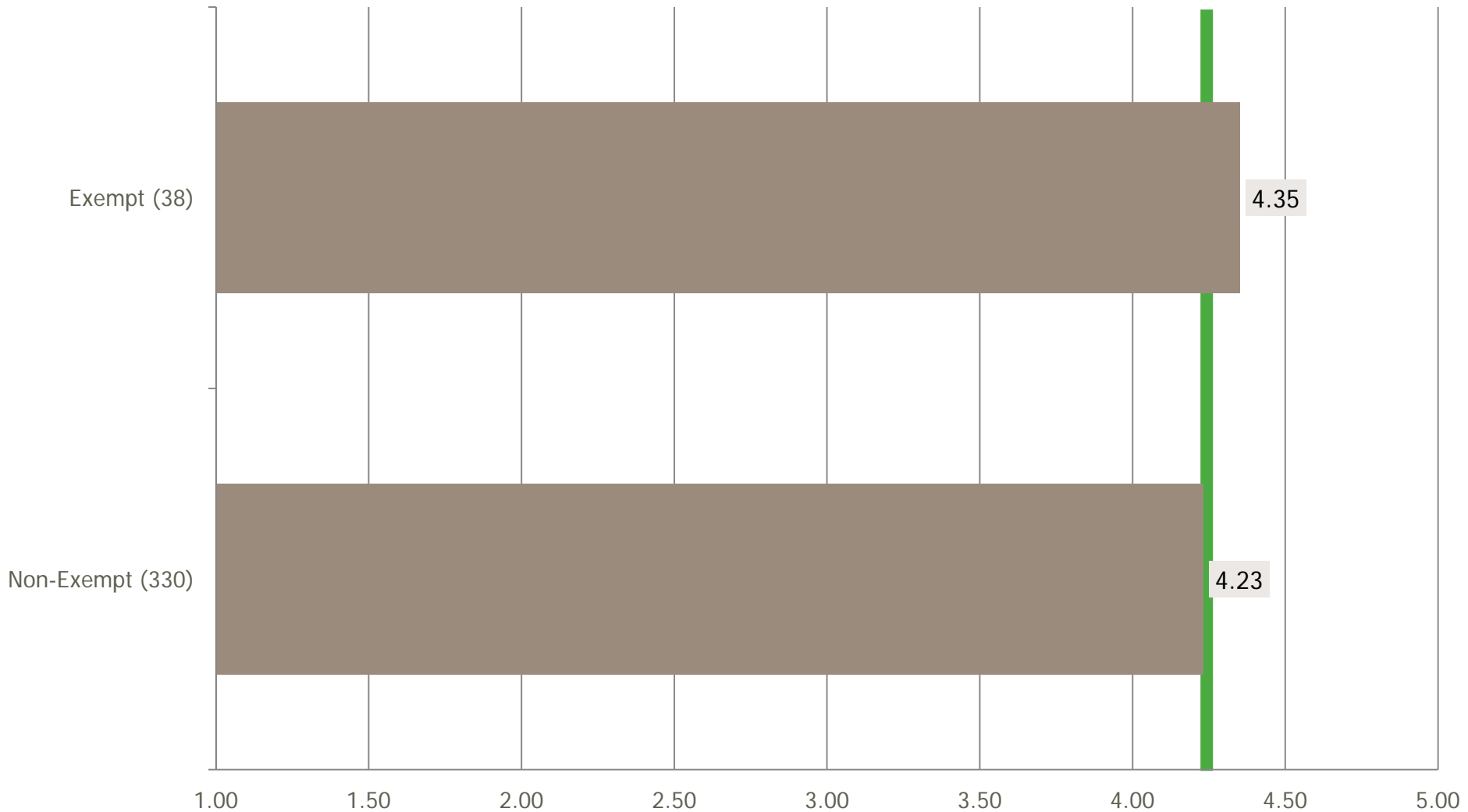
Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Workforce Engagement by Race



Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Workforce Engagement by Job Classification



Line indicates your 2017 SVH Workforce Engagement Score of 4.24

Best Practices for Senior Leaders

Next Steps for **Senior Leadership**



A Focus on **Systemic** Interventions

- Select items for systemic interventions (concerns or issues identified across the organization)
- Connect survey results to major initiatives
 - patient experience and clinical outcomes
 - recruitment/retention
 - national awards & recognition
- Establish accountability for action planning
 - define goals and milestones
 - allocate necessary resources
 - involve HR/OD and frontline employees in the process
- Continue to evaluate progress
 - staff meetings and media channels
 - create a culture of frequent measurement-- pulse surveys and annual census surveying

6.

STRATEGIC PLAN FY2018



SONOMA VALLEY HOSPITAL

2018 Three-Year Rolling Strategic Plan

*Our mission is to restore, maintain
and improve the health of everyone
in our community.*

Sonoma Valley Hospital

Strategic Priorities 2018-2020

1. Achieve the highest levels of health care safety, quality and value
2. Be the preferred hospital for patients, physicians, employers and health plans
3. Implement new and enhanced revenue strategies
4. Continue to improve financial stability
5. Lead progress toward being a healthier community



Environment Assessment:

Trends In Hospital Health Care

SVH continues to navigate a disruptive period in health care that shows no signs of abating. Like most hospitals, we have adapted to changes brought about by the Affordable Care Act but now face a new period of uncertainty because it is unclear what changes to the Act may follow and how they will affect hospital revenues. Small community hospitals like ours are more at risk during this period because of our narrow patient base and already tight margins. Our hospital is at particular risk because of the outsized role that government insurance plays in our financials.

In addition, there are a number of industry trends that continue to affect our operations:

- ◆ Continued declines in reimbursement for services by both government and commercial payers.
- ◆ Continued mandates to reduce hospital inpatient care utilization.
- ◆ The challenge of managing operations with greater efficiency while simultaneously meeting ever higher quality of care standards.
- ◆ Increased competition among regional hospitals that necessitates even small hospitals expanding core services, especially for outpatient services.
- ◆ The critical importance of maintaining a convenient and well-managed Emergency Department with the attendant high-value services this requires.
- ◆ Continued integration of various providers and payers linked to an overall patient management regime, one that increasingly extends beyond the hospital and into the home.

In response to these and other challenges, hospitals have by necessity become more creative in addressing patient needs. This includes increased emphasis on outpatient services; employing a team approach that coordinates inpatient and outpatient care for defined populations; forging new relationships with physicians; and monitoring quality of care outcomes even outside of the hospital. There also is growing awareness of the need for strategic partnerships among hospitals to efficiently provide certain critical services.

The future role of a primary care hospital in smaller communities like ours continues to emerge. However, as health care trends take shape, we have taken steps in a number of areas with positive results.

Payer Reimbursement

We continue to see declines in reimbursement, driven by government payer programs, which impact all types of insurance and place increased pressure on

Environment Assessment: Trends In Hospital Health Care *(cont)*

margins. This requires hospitals to become more efficient while searching for new revenue. For small hospitals in California, the dominance of government as the main reimbursement source underscores the need for greater efficiency, especially as the level of that reimbursement is low. With over 70% of our patients depending on Medicare or Medi-Cal programs, SVH has made considerable progress in managing costs and improving margins, even while increasing quality.

Emergency Care

Emergency care remains our number one priority. Our modern Emergency Department, which opened in 2014, continues to provide advantages in operating efficiency and patient satisfaction. Since opening the new wing, we have seen patient visits to the Emergency Department increase by 20 percent while maintaining wait times shorter than the industry average and high levels of patient satisfaction.

Outpatient Services

It's clear that access and efficiency for outpatient services is the key to a sustainable hospital. Following industry trends, we continue to grow those outpatient services important for our future while strategically adding new services by recruiting physician specialists. As part of this effort, we have opened two physician timeshare offices near the hospital to make it easier for specialists to see patients here. We also have increased revenues by marketing certain specialized services, such as bariatric and orthopedic surgery, outside of our immediate market.

Services Integration

Moving ahead, tighter integration of physicians, providers and hospital networks is needed to deliver comprehensive and coordinated care, including wellness/prevention, episodic care, and management of chronic conditions. Effective integration management can ensure sustainable delivery systems, especially as reimbursement moves toward bundled payments and capitation arrangements based on the wellness, outcomes and the health status of individuals. SVH is well positioned for this because we offer services across the entire continuum of care including Skilled Nursing, Home Health Care and Outpatient Rehabilitation. In addition, we are aligned with Prima Medical Foundation and are expanding our 1206b physician clinics.

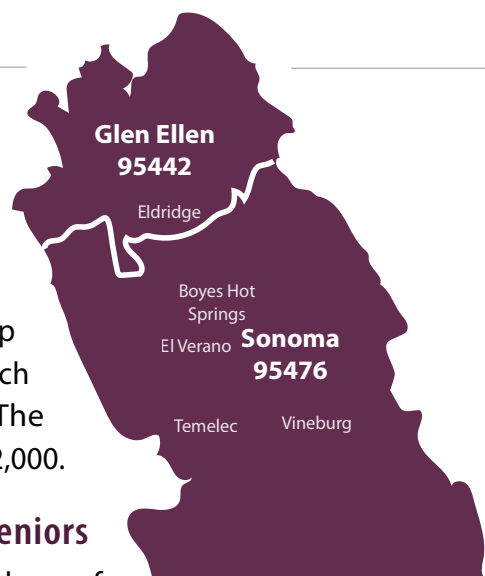
Quality of Care

Finally, we will always place a very strong emphasis on quality, patient safety and outcomes, as well as advances in information technology, electronic health records and telemedicine. While positive and necessary, these contribute to rising health care expenditures and must be managed appropriately.

SVH Situation Analysis

The Community Served

SVH serves a small community, running from Glen Ellen through the City of Sonoma, including Boyes Hot Springs, El Verano, Fetters Hot Springs and Agua Caliente, and also Temelec, Shellville, Eldridge and Vineburg. The two main zip codes served are 95476 and 95442, which identify the primary service area. The population of the district is approximately 42,000.



Age of Residents and Growth Rate of Seniors

SVH's service area has a disproportionate share of 50+ residents and is under-represented in younger age categories. In 2016, residents aged 65 and older made up 23.2% of the total population and this segment of the population is growing the fastest. There are significantly more young people living in the Springs area compared to the rest of Sonoma Valley.

Growth of Latino Population

Over the past three years, Sonoma Valley's Latino population has increased to 28% and is projected to grow to 30% within the next several years. The Springs area has a significantly larger proportion of Latino residents at over 50%. In the Sonoma Valley overall, 35% of Latinos are uninsured. SVH continues to support the Latino population with increased access to health care services as well as bilingual health education and communication.

Payer Mix Trends

The dominance of government as the main reimbursement source underscores the need for additional sources of revenue and community support. Medicare volumes are stable and continue to represent over half of our payer mix. Medi-Cal has increased over the years. The percentage of patients with commercial insurance is approximately 20%.

Patient Experience

SVH has above-average patient satisfaction and continues to improve. The Centers for Medicare and Medicaid Services (CMS) measures satisfaction in 9 domains, and each domain is compared to a national percentile rank. SVH is consistently above the 60th percentile in almost every domain. This means that

SVH Situation Analysis *(cont)*

SVH has higher inpatient satisfaction than 60 percent of all hospitals in the country. The Emergency satisfaction is in the top quartile.

Quality Outcomes

SVH is in the top 25 percent of hospitals in the nation based on quality of patient outcomes. We are also rated by CMS as a 4-star hospital. There are very few 4-star hospitals in the Bay Area; we are one of just six in the entire North Bay. In addition to the CMS outcome measures, safety and quality indicators are regularly monitored and reported to the board Quality Committee and all exceed national benchmarks. SVH staff and our physicians strive to provide excellent care for all of our patients.

Inpatient and Skilled Nursing Care

We are beginning to see an improvement in the number of inpatient admissions over the prior year after declining rapidly for many years. In the first six months of FY 2017, patient days were 11% above the prior year. In addition, Skilled Nursing Facility patient days have decreased due to shorter lengths of stay, but admissions are increasing in FY 2017. Obstetrics is down 23% in the first six months of FY 2017. This corresponds to the trend of a lower number of births in the Valley.

Emergency Care

SVH's market share for our Emergency Department is over 70%. The volume continues to increase each year from approximately 9,500 visits before the new department opened to almost 11, 000 visits per year currently. Patient satisfaction is very high and in the top quartile as compared to national benchmarks.

Outpatient Services

Outpatient services overall continue to grow by over 3% per year. MRI volumes increased over prior year. Mammography and Nuclear Medicine continue to decline due to technological advances. SVH has high market share in Diagnostics, Occupational Health, Wound Care and Physical Therapy. There is an opportunity to increase Echocardiograms with the addition of another Cardiologist in the community. The new 3D Mammography will also increase volumes.

Surgical Services

While it took a couple of years to increase surgeries, SVH has enjoyed great success in FY 2017 with surgical procedures growing by 10% over the prior year. Bariatrics has experienced a significant increase and this service line now attracts patients from outside the District. General Surgery, Orthopedics, Surgical Pain Management and Endoscopy have all increased. There is still opportunity to increase Ophthalmology and Urology.

SVH Situation Analysis *(cont)*

Managing Service Line Profitability

SVH continues to show improvement in direct operating margins in 8 of its 10 service units. The cost accounting system allows SVH to complete initiatives such as the consolidation of services and payor contract negotiation leverage. With this system, SVH has a more detailed level of analysis to continuously improve and adjust to reductions in reimbursements without compromising safety and quality.

Financial Stability

Over the past three years, SVH has decreased all non-staff and physician expenses. The cash on hand has improved in FY 2017. In addition, the amount of trade payables is now in line with cash. Much of the deferred maintenance from the past 30 years has been addressed, but there are still major physical plant and equipment upgrades needed. Some of the long-term debt has been paid off except for the line of credit.

Primary Care

The shortage of Primary Care coverage is becoming more of a challenge for Sonoma Valley. In a recent survey, 70% of our PCPs report they are not accepting new patients. This situation recently has been improved with the addition of two new primary care providers and a concierge physician.

Charity Care

The hospital serves all patients who require it, regardless of the ability to pay. As such, SVH provides substantial amounts of uncompensated care. When this care is provided to patients who lack the financial resources, it is classified as Charity Care. In FY 2016, the hospital provided \$294,762 in Charity Care.

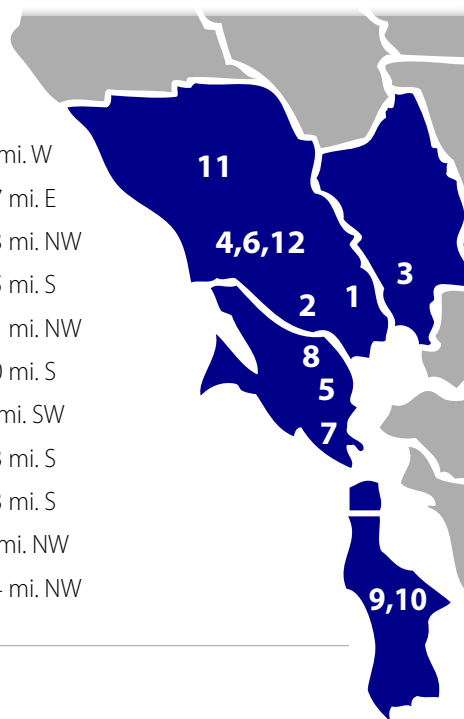
Community Benefit

Hospital leadership provides many innovative health improvement programs to the community. We participate in many community activities such as health fairs and educational events. A number of our programs are offered in collaboration with organizations such as Vintage House, La Luz Center, the Sonoma Valley Community Health Center and Integrative Health practitioners.

Competitive Assessment

As the only hospital in a relatively isolated Valley, SVH has a distinct market with over 80% of our patients coming from the District. The closest hospital is 14 miles away (Petaluma Valley Hospital). While Kaiser, Sutter and St. Joseph's continue to have some inpatient market share in our primary market area, SVH has experienced a slight growth in our own inpatient market share. Emergency market share also continues to increase each year. Outpatient services have increased or maintained market share. Skilled Nursing and Home Health Care have very high market share.

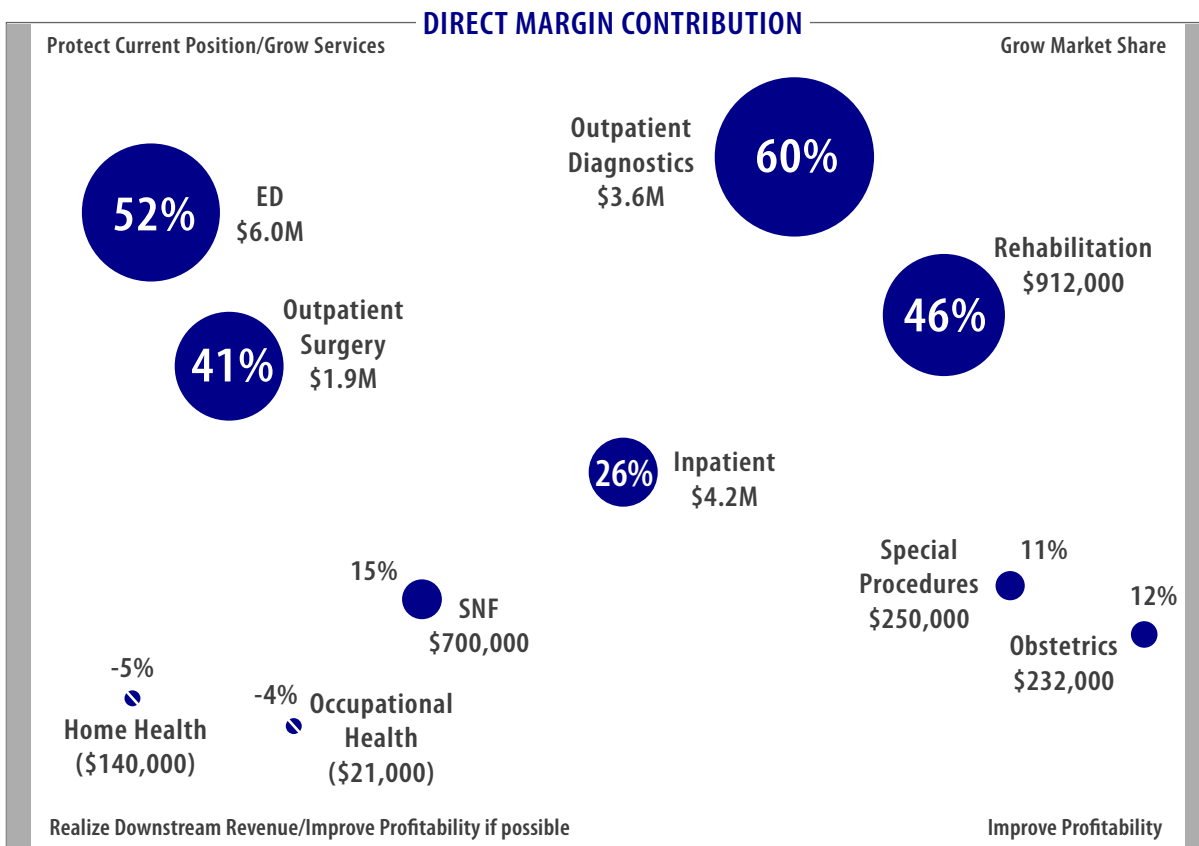
1. Sonoma Valley	Total Beds 75
2. Petaluma Valley	Total Beds 80 - 14 mi. W
3. Queen of the Valley Napa	Total Beds 181 - 17 mi. E
4. Kaiser Santa Rosa	Total Beds 173 - 23 mi. NW
5. Kaiser San Rafael	Total Beds 116 - 25 mi. S
6. Santa Rosa Memorial	Total Beds 256 - 21 mi. NW
7. Marin General	Total Beds 218 - 30 mi. S
8. Novato Hospital (Sutter)	Total Beds 47 - 20 mi. SW
9. UCSF Medical Center	Total Beds 660 - 43 mi. S
10. Kaiser San Francisco	Total Beds 236 - 43 mi. S
11. Healdsburg Hospital	Total Beds 25 - 35 mi. NW
12. Sutter Santa Rosa	Total Beds 120 - 44 mi. NW



Sonoma Valley Hospital has made a concerted effort in recent years to reduce the migration of patients to competitors outside of our market, mainly by adding specialist services in our community. As a result, local referrals have increased 10% in the past year. Santa Rosa Memorial Hospital continues to be the largest competitor for inpatient and outpatient migration outside of our market. Most inpatient admissions that are not provided by SVH are for services that a primary care hospital should not provide.

Competitive Assessment *(cont)*

The following reports our direct margin and market share by service unit:



Strategies & Tactics FY 2018

Achieve the highest levels of health care safety, quality and value as measured by Patient Satisfaction and National Quality Benchmarks

- ◆ Continue to implement cutting edge practices for Emergency Care
- ◆ Develop goals and standards for becoming a “Highly Reliable Organization” and begin implementation
- ◆ Implement more evidence-based medicine tools such as Choose Wisely and National Registries
- ◆ Improve inpatient satisfaction by adding “What Matters to You” program
- ◆ Remain in the top quartile for staff engagement and satisfaction
- ◆ Continue the “Culture of Safety” initiatives and monitoring
- ◆ Use the departmental Quality Assurance/Performance Improvement plans to create an organization-wide quality goal

Be the preferred hospital for patients, physicians, employers and health plans as measured by volume and referrals

- ◆ Begin the construction of an Outpatient Diagnostic Center with state-of-the-art equipment
- ◆ Add a patient engagement tool such as “Rate My Hospital” to obtain immediate feedback from outpatients
- ◆ Increase physician and office staff outreach to ensure we are meeting their needs
- ◆ Implement a transparency tool for patients to show financial obligations up front
- ◆ Market our value (high quality/lower cost) to employers and health plans
- ◆ Track and increase physician loyalty in referrals to all services and measure their satisfaction

Implement new and enhanced revenue strategies as measured by increased direct margins in each service area

- ◆ Continue to increase volumes by drawing patients from outside of the District
- ◆ Implement the Chronic Pain Network using alternative therapies addressing addiction such as opioids
- ◆ Create awareness of our high quality and value General Surgery service line from bariatrics to colorectal services
- ◆ Open a Rural Health Center with local primary care physicians
- ◆ Evaluate opening an Urgent Care Center after hours in Occupational Health
- ◆ Continue to expand marketing of Occupational Health to regional employers
- ◆ Evaluate a mobile wound care clinic to increase access and patient convenience

Strategies & Tactics FY 2018 *(cont)*

- ◆ Work with other hospitals to increase outside referrals to the Skilled Nursing Facility
- ◆ Evaluate the feasibility of an Acute Detox Unit
- ◆ Evaluate offering Chemotherapy locally with possible connection to a larger name-brand hospital in the upgraded Pharmacy
- ◆ Work with the Cardiology Associates of Marin to open a new office and Cardiology Center
- ◆ Implement a Bariatric Institute
- ◆ Work with current physicians on staff to expand Urology and OB/GYN
- ◆ Expand the Birthplace into a Women's Center with new procedures and a breast surgeon
- ◆ Continue to expand Orthopedic services through state contracts
- ◆ Increase SNF admissions and recruit a dedicated physician
- ◆ Work with Employer Direct to become a destination hospital


Continue to improve financial stability as measured by operating margin

- ◆ Use the cost accounting system to maximize Outpatient services margins
- ◆ Negotiate with larger hospitals to keep patients local
- ◆ Work with Meritage Medical Network to increase our Western Health Advantage revenue
- ◆ Implement a sustainable solution for energy to decrease costs and waste
- ◆ Determine the best purpose of the South Lot while retaining the parking lot
- ◆ Develop a plan to improve Healing at Home margin
- ◆ Evaluate the revenue cycle and identify opportunities to improve stability
- ◆ Ensure the 1206b clinics are financially stable

Lead progress toward being a healthier community as measured by community benefit and reduced readmissions

- ◆ Utilize Community Health Coaches for care transitions and to reduce readmissions
- ◆ Continue to offer Wellness University and increase the number of ambassadors
- ◆ Increase Outpatient Nutrition counseling services for Diabetes such as "Sweet Success"
- ◆ Collaborate with the Integrative Health Network to enhance team approach to healing
- ◆ Work closely with the Community Health Center to ensure patients have access to primary care and specialty services
- ◆ Continue health education and outreach through Girltalk, Active Aging Series and other programs
- ◆ Increase the number of "Clinical Healers" as the foundation for the Healing Hospital™
- ◆ Assist SVHF to meet their annual giving goals and in leading a capital campaign
- ◆ Use the Health Needs Assessment by La Luz to improve outreach to the Latino population

SONOMA VALLEY HOSPITAL



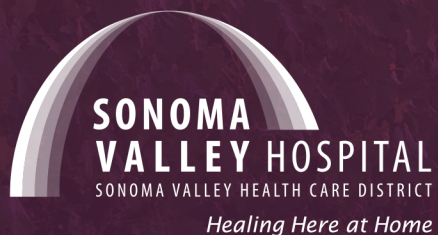
OUR MISSION:
To restore, maintain
and improve the health
of everyone in our community.

OUR VISION: SVH will be a nationally
recognized, compassionate place of healing
known for excellence in clinical quality. We
serve as the guide and indispensable link in our
community members' health care journey.

**FOUR LEVELS
of HEALING**
SONOMA VALLEY HOSPITAL

Healing Here at Home

OUR VALUES: C.R.E.A.T.I.N.G **Compassion:** We show consideration of the feelings of others at all times. **Respect:** We honor and acknowledge the value of the people, places and resources in providing care. **Excellence:** We strive to exceed the expectations of the people we serve. **Accountability:** We are reliable, self-responsible owners of the outcomes of our organization. **Teamwork:** We are productive and participative staff members who energize others. **Innovation:** We seek new and creative solutions to deliver quality healthcare. **Nurturing:** We cultivate, develop and educate those with whom we work to achieve their highest potential. **Guidance:** We direct and lead our community members through their healthcare journey and in health improvement.



7.

FINANCIAL REPORT
MONTH ENDING
MARCH 31, 2017



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: April 25, 2017
Subject: Financial Report for the Month Ending March 31, 2017

The actual loss of (\$94,728) from operations for March was \$23,860 favorable to the budgeted loss of (\$118,588). The year-to date actual loss from operations is (\$3,614,942) compared to the expected loss of (\$3,365,913). After accounting for all other activity, the March net income was \$304,415 vs. the budgeted net income of \$229,642 with a monthly EBIDA of 9.0% vs. a budgeted 7.8%. Year-to-date the total net income is \$531,652 favorable to budget with a year to date EBIDA of 2.9% vs. the budgeted 3.3%.

Gross patient revenue for March was \$24,651,470, \$1,231,897 better than expected. Inpatient gross revenue was over budget by \$509,427. Inpatient days and inpatient surgeries were close to budgeted expectations but there was a higher than average case mix for March. Outpatient revenue was under budget by (\$91,262). Outpatient visits were under budgeted expectations by (835) visits and outpatient surgeries were over budget by 32 cases. The Emergency Room gross revenue is over budget by \$1,099,118; ER visits are under budget by (31) visits but had higher charges per patient due to higher acuity. SNF gross charges were under budgeted expectations by (\$190,756) and SNF patient days were under budget at (97) days. Home Health was under budget by (\$94,630) with visits under budget by (302) visits.

Deductions from revenue were unfavorable to budgeted expectations by (1,042,405). The unfavorable variance is due to the higher gross charges in March and the length of stay in the ICU was 9.6 days on a budgeted expectation of 7.2 days contributing to the increase in revenue deductions. The revenue deductions were offset by the accrual of the Prime grant of \$125,000. Without the accrual of the Prime grant the revenue deductions would be unfavorable to budget by (\$1,167,405).

After accounting for all other operating revenue, the **total operating revenue** was favorable to budget by \$156,513.

Operating Expenses of \$5,395,167 were unfavorable to budget by (\$132,563). Salaries and wages are under budget by \$49,732 and employee benefits are over budget by (\$56,099) due to PTO being over budget by (\$18,140) and employee health benefits being over budgeted expectations by (\$37,959). Supplies are over budget in March due to the cost of surgical implants being over budgeted expectations by (\$170,385) and the cost of the anti venom drug (\$29,864) for a snake bite patient. Purchased



services were under budget by \$45,718 due to budgeted services not used in the month of March. Interest expense is over budget in March due to the unbudgeted interest expense related to the south lot loan and the fluoroscopy project.

Year-to-date operating expenses are (\$270,681) over budgeted expectations. However, the Inter Governmental Transfer (IGT) program fees of \$747,361 were not budgeted in FY 2017. Without the IGT fees, year-to-date expenses are better than budget by \$476,680.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for March was \$141,302 vs. a budgeted net income of \$72,301. The total net income for March after all activity was \$304,415 vs. a budgeted net income of \$229,642.

EBIDA for the month of March was 9.0% vs. the budgeted 7.8%.

Patient Volumes – March

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	119	113	6	99
Newborn Discharges	12	16	-4	17
Acute Patient Days	415	411	4	426
SNF Patient Days	572	669	-97	580
Home Care Visits	849	1,151	-302	879
OP/ER/HHA Gross Rev.	\$15,098	\$14,195	\$903	\$14,266
Surgical Cases	189	159	30	141

Gross Revenue Overall Payer Mix – March

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	40.3%	47.2%	-6.9%	45.1%	47.2%	-2.1%
Medicare Mgd Care	14.4%	7.1%	7.3%	11.0%	7.2%	3.8%
Medi-Cal	18.2%	18.8%	-0.6%	17.3%	19.0%	-1.7%
Self Pay	1.6%	1.1%	0.5%	1.4%	1.2%	0.2%
Commercial	20.2%	20.1%	0.1%	20.5%	20.0%	0.5%
Workers Comp	3.3%	3.0%	0.3%	2.7%	2.7%	0.0%
Capitated	2.0%	2.7%	-0.7%	2.0%	2.7%	-0.7%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for March:

For the month of March the cash collection goal was \$3,599,803 and the Hospital collected \$3,852,346 or over the goal by \$252,543. The year-to-date cash collection goal was \$31,500,136 and the hospital has collected \$33,824,823, or over goal by \$2,324,687. Days of cash on hand are 15.8 days at March 31, 2017. Accounts Receivable decreased from February, from 45.7 days to 44.2 days in March. Accounts Payable decreased by \$147,712 from March and Accounts Payable days are at 36.4.

ATTACHMENTS:

- Attachment A is the Payer Mix Analysis which includes the projected collection percentage by payer.
- Attachment B is the Operating Indicators Report
- Attachment C is the Balance Sheet
- Attachment D (two pages) is the Statement of Revenue and Expense. The first page breaks out the hospital operations and page two includes all other activity.
- Attachment E is the Variance Analysis. The line number tie to the Statement of Revenue and Expense line numbers and explains any significant variances.
- Attachment F are the graphs for Revenue and Accounts Payable.
- Attachment G is the Statistical Analysis
- Attachment H (2 pages) is the Cash Forecast



Sonoma Valley Hospital
Payer Mix for the month of March, 2017

ATTACHMENT A

March-17

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	9,934,240	11,016,473	-1,082,233	-9.8%
Medicare Managed Care	3,545,350	1,655,358	1,889,992	114.2%
Medi-Cal	4,478,386	4,402,451	75,935	1.7%
Self Pay	401,165	256,580	144,585	56.4%
Commercial & Other Government	4,974,496	4,742,040	232,456	4.9%
Worker's Comp.	812,998	706,924	106,074	15.0%
Capitated	504,835	639,747	-134,912	-21.1%
Total	24,651,470	23,419,573	1,231,897	

Actual	Budget	Variance	% Variance
88,478,330	89,363,740	-885,410	-1.0%
21,640,647	13,665,610	7,975,037	58.4%
33,815,203	35,999,698	-2,184,495	-6.1%
2,960,675	2,206,170	754,505	34.2%
40,314,030	38,247,981	2,066,049	5.4%
5,307,516	5,304,565	2,951	0.1%
3,988,916	5,051,056	-1,062,140	-21.0%
196,505,317	189,838,820	6,666,497	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,535,498	1,859,197	-323,699	-17.4%
Medicare Managed Care	548,111	229,625	318,486	138.7%
Medi-Cal	706,091	647,617	58,474	9.0%
Self Pay	240,699	110,766	129,933	117.3%
Commercial & Other Government	1,800,295	1,931,755	-131,460	-6.8%
Worker's Comp.	180,892	162,527	18,365	11.3%
Capitated	16,710	22,317	-5,607	-25.1%
Prior Period Adj/IGT	125,000	-	125,000	*
Total	5,153,296	4,963,804	189,492	3.8%

Actual	Budget	Variance	% Variance
14,047,742	15,278,085	-1,230,343	-8.1%
3,020,015	2,065,890	954,125	46.2%
4,690,073	5,376,029	-685,956	-12.8%
1,197,454	877,955	319,499	36.4%
13,903,056	15,248,435	-1,345,379	-8.8%
1,203,833	1,204,751	-918	-0.1%
123,770	175,742	-51,972	-29.6%
2,219,626	-	2,219,626	*
40,405,569	40,226,887	178,682	0.4%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	29.9%	37.6%	-7.7%	-20.5%
Medicare Managed Care	10.6%	4.6%	6.0%	130.4%
Medi-Cal	13.7%	13.0%	0.7%	5.4%
Self Pay	4.7%	2.2%	2.5%	113.6%
Commercial & Other Government	34.9%	38.9%	-4.0%	-10.3%
Worker's Comp.	3.5%	3.3%	0.2%	6.1%
Capitated	0.3%	0.4%	-0.1%	-25.0%
Prior Period Adj/IGT	2.4%	0.0%	2.4%	*
Total	100.0%	100.0%	0.0%	0.0%

Actual	Budget	Variance	% Variance
34.8%	38.0%	-3.3%	-8.7%
7.5%	5.1%	2.4%	47.1%
11.6%	13.4%	-1.8%	-13.4%
3.0%	2.2%	0.8%	36.4%
34.3%	37.9%	-3.6%	-9.5%
3.0%	3.0%	0.0%	0.0%
0.3%	0.4%	-0.1%	-25.0%
5.5%	0.0%	5.6%	*
100.0%	100.0%	0.0%	0.0%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	15.5%	16.9%	-1.4%	-8.3%
Medicare Managed Care	15.5%	13.9%	1.6%	11.5%
Medi-Cal	15.8%	14.7%	1.1%	7.5%
Self Pay	60.0%	43.2%	16.8%	38.9%
Commercial & Other Government	36.2%	40.7%	-4.5%	-11.1%
Worker's Comp.	22.2%	23.0%	-0.8%	-3.5%
Capitated	3.3%	3.5%	-0.2%	-5.7%
Prior Period Adj/IGT	0.5%	0.0%	0.5%	*

Actual	Budget	Variance	% Variance
15.9%	17.1%	-1.2%	-7.0%
14.0%	15.1%	-1.1%	-7.3%
13.9%	14.9%	-1.0%	-6.7%
40.4%	39.8%	0.6%	1.5%
34.5%	39.9%	-5.4%	-13.5%
22.7%	22.7%	0.0%	0.0%
3.1%	3.5%	-0.4%	-11.4%
1.1%	0.0%	1.1%	*

Sonoma Valley Health Care District
Balance Sheet
As of March 31, 2017

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 2,559,444	\$ 4,331,056	\$ 1,544,645
2	Trustee Funds	2,700,058	2,699,211	2,286,037
3	Net Patient Receivables	8,113,757	7,543,693	8,150,659
4	Allow Uncollect Accts	(1,149,938)	(1,179,316)	(718,232)
5	Net A/R	6,963,819	6,364,377	7,432,427
6	Other Accts/Notes Rec	2,438,762	2,515,774	3,875,906
7	3rd Party Receivables, Net	900,158	961,331	875,069
8	Inventory	822,961	834,899	915,675
9	Prepaid Expenses	872,662	793,790	845,029
10	Total Current Assets	\$ 17,257,864	\$ 18,500,438	\$ 17,774,788
12	Property, Plant & Equip, Net	\$ 53,695,461	\$ 53,830,783	\$ 52,968,535
13	Specific Funds	479,089	259,348	439,199
14	Other Assets	-	-	143,918
15	Total Assets	\$ 71,432,414	\$ 72,590,569	\$ 71,326,440
Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	\$ 2,693,685	\$ 2,841,397	\$ 3,430,271
17	Accrued Compensation	3,782,670	4,572,173	4,211,103
18	Interest Payable	220,532	110,266	228,513
19	Accrued Expenses	1,334,021	1,428,041	1,483,266
20	Advances From 3rd Parties	119,128	100,376	186,530
21	Deferred Tax Revenue	1,490,726	1,987,635	1,478,332
22	Current Maturities-LTD	1,286,950	1,269,797	1,658,687
23	Line of Credit - Union Bank	6,973,734	6,973,734	5,923,734
24	Other Liabilities	1,386	1,386	158,932
25	Total Current Liabilities	\$ 17,902,832	\$ 19,284,805	\$ 18,759,368
26	Long Term Debt, net current portion	\$ 37,544,929	\$ 37,625,526	\$ 36,887,816
27	Fund Balances:			
28	Unrestricted	\$ 12,182,326	\$ 11,904,381	\$ 12,566,598
29	Restricted	3,802,328	3,775,858	3,112,659
30	Total Fund Balances	\$ 15,984,653	\$ 15,680,238	\$ 15,679,257
31	Total Liabilities & Fund Balances	\$ 71,432,414	\$ 72,590,569	\$ 71,326,440

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended March 31, 2017**

ATTACHMENT D

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	\$	%		Actual	Budget	\$	%	Prior Year
Volume Information										
1	119	113	6	5%	Acute Discharges	932	902	30	3%	891
2	572	669	(97)	-14%	SNF Days	5,024	5,704	(680)	-12%	5,679
3	849	1,151	(302)	-26%	Home Care Visits	8,277	8,475	(198)	-2%	8,498
4	15,098	14,195	903	6%	Gross O/P Revenue (000's)	\$ 119,670	\$ 116,686	2,984	3%	\$ 114,001
Financial Results										
Gross Patient Revenue										
5	\$ 7,483,027	\$ 6,973,600	509,427	7%	Inpatient	\$ 59,131,474	\$ 53,381,924	5,749,550	11%	\$ 48,949,796
6	8,498,082	8,589,344	(91,262)	-1%	Outpatient	62,658,408	68,012,622	(5,354,214)	-8%	64,821,669
7	6,314,661	5,215,543	1,099,118	21%	Emergency	54,325,205	45,791,397	8,533,808	19%	46,631,496
8	2,060,689	2,251,445	(190,756)	-8%	SNF	17,490,629	19,771,383	(2,280,754)	-12%	19,390,786
9	295,011	389,641	(94,630)	-24%	Home Care	2,899,601	2,881,494	18,107	1%	2,798,157
10	\$ 24,651,470	\$ 23,419,573	1,231,897	5%	Total Gross Patient Revenue	\$ 196,505,317	\$ 189,838,820	6,666,497	4%	\$ 182,591,904
Deductions from Revenue										
11	\$ (19,473,174)	\$ (18,353,550)	(1,119,624)	-6%	Contractual Discounts	\$ (157,003,622)	\$ (148,691,962)	(8,311,660)	-6%	\$ (143,997,137)
12	(125,000)	(66,250)	(58,750)	-89%	Bad Debt	(1,065,000)	(596,250)	(468,750)	-79%	(690,000)
13	(25,000)	(35,969)	10,969	30%	Charity Care Provision	(258,293)	(323,721)	65,428	20%	(257,066)
14	125,000	-	125,000	*	Prior Period Adj/Government Program Revenue	2,227,167	-	2,227,167	*	1,916,055
15	\$ (19,498,174)	\$ (18,455,769)	(1,042,405)	6%	Total Deductions from Revenue	\$ (156,099,748)	\$ (149,611,933)	(6,487,815)	4%	\$ (143,028,148)
16	\$ 5,153,296	\$ 4,963,804	189,492	4%	Net Patient Service Revenue	\$ 40,405,569	\$ 40,226,887	178,682	0%	\$ 39,563,756
17	\$ 129,394	\$ 155,771	(26,377)	-17%	Risk contract revenue	\$ 1,168,960	\$ 1,401,939	(232,979)	-17%	\$ 1,303,242
18	\$ 5,282,690	\$ 5,119,575	163,115	3%	Net Hospital Revenue	\$ 41,574,529	\$ 41,628,826	(54,297)	0%	\$ 40,866,998
19	\$ 17,749	\$ 24,351	(6,602)	-27%	Other Op Rev & Electronic Health Records	\$ 295,108	\$ 219,159	75,949	35%	\$ 209,472
20	\$ 5,300,439	\$ 5,143,926	156,513	3%	Total Operating Revenue	\$ 41,869,637	\$ 41,847,985	21,652	0%	\$ 41,076,470
Operating Expenses										
21	\$ 2,407,823	\$ 2,457,555	49,732	2%	Salary and Wages and Agency Fees	\$ 20,075,452	\$ 20,505,577	430,125	2%	\$ 19,940,882
22	896,818	\$ 840,719	(56,099)	-7%	Employee Benefits	7,917,480	7,649,204	(268,276)	-4%	7,611,573
23	\$ 3,304,641	\$ 3,298,274	(6,367)	0%	Total People Cost	\$ 27,992,932	\$ 28,154,781	161,849	1%	\$ 27,552,455
24	\$ 384,635	\$ 396,757	12,122	3%	Med and Prof Fees (excl Agency)	\$ 3,480,499	\$ 3,533,820	53,321	2%	\$ 3,256,074
25	808,118	593,061	(215,057)	-36%	Supplies	5,215,888	4,790,972	(424,916)	-9%	4,581,036
26	305,908	351,626	45,718	13%	Purchased Services	2,761,828	3,106,194	344,366	11%	2,439,467
27	286,183	293,214	7,031	2%	Depreciation	2,530,292	2,638,926	108,634	4%	2,606,873
28	93,624	100,684	7,060	7%	Utilities	891,966	899,175	7,209	1%	843,436
29	29,292	33,417	4,125	12%	Insurance	266,571	300,500	33,929	11%	227,272
30	52,153	34,237	(17,916)	-52%	Interest	379,007	313,586	(65,421)	-21%	491,097
31	130,613	161,244	30,631	19%	Other	1,218,235	1,475,944	257,709	17%	1,457,985
32	-	-	-	*	Matching Fees (Government Programs)	747,361	-	(747,361)	*	368,026
33	\$ 5,395,167	\$ 5,262,514	(132,653)	-3%	Operating expenses	\$ 45,484,579	\$ 45,213,898	(270,681)	-1%	\$ 43,823,721
34	\$ (94,728)	\$ (118,588)	23,860	20%	Operating Margin	\$ (3,614,942)	\$ (3,365,913)	(249,029)	-7%	\$ (2,747,251)

ATTACHMENT D

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended March 31, 2017**

	Month				
	This Year		Variance		
	Actual	Budget	\$		%
35	\$ 3,688	\$ (21,611)	25,299		-117%
36	19,842	-	19,842		0%
37	(37,500)	(37,500)	-		0%
38	250,000	250,000	-		0%
39	\$ 236,030	\$ 190,889	45,141		24%
40	\$ 141,302	\$ 72,301	69,001		95%
41	\$ 26,470	\$ 20,698	5,772		28%
42	\$ -	\$ -	-		0%
43	\$ 167,772	\$ 92,999	74,773		80%
44	246,909	246,909	-		0%
45	(110,266)	(110,266)	-		0%
46	\$ 304,415	\$ 229,642	74,773		33%
	\$ 479,638	\$ 399,752			
	9.0%	7.8%			
	\$ 427,485	\$ 365,515			
	8.1%	7.1%			

Non Operating Rev and Expense
 Miscellaneous Revenue/(Expenses)
 Donations
 Physician Practice Support-Prima
 Parcel Tax Assessment Rev
Total Non-Operating Rev/Exp

Net Income / (Loss) prior to Restricted Contributions

Capital Campaign Contribution
 Restricted Foundation Contributions
Net Income / (Loss) w/ Restricted Contributions

GO Bond Tax Assessment Rev
 GO Bond Interest

Net Income/(Loss) w GO Bond Activity

EBIDA - Not including Restricted Contributions

EBDA - Not including Restricted Contributions

	Year-To- Date					YTD
	This Year		Variance			Prior Year
	Actual	Budget	\$		%	
	\$ (89,229)	\$ (172,315)	83,086		*	\$ 3,065
	96,009	-	96,009		0%	11,584
	(337,500)	(337,500)	-		0%	(337,500)
	2,250,378	2,250,000	378		0%	2,251,954
	\$ 1,919,658	\$ 1,740,185	179,473		10%	\$ 1,929,103
	\$ (1,695,284)	\$ (1,625,728)	(69,556)		4%	\$ (818,148)
	\$ 204,566	\$ 186,282	18,284		10%	\$ 612,284
	\$ 582,924	\$ -	582,924		100%	\$ -
	\$ (907,795)	\$ (1,439,446)	531,651		-37%	\$ (205,864)
	2,222,181	2,222,181	-		0%	2,184,993
	(1,008,037)	(1,008,038)	1		0%	(1,031,977)
	\$ 306,349	\$ (225,303)	531,652		-236%	\$ 947,152
	\$ 1,214,015	\$ 1,326,784				\$ 2,279,822
	2.9%	3.3%				5.6%
	\$ 835,008	\$ 1,013,198				
	2.0%	2.4%				

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended March 31, 2017

	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	30	6	
2 SNF Days	(680)	(97)	
3 Home Care Visits	(198)	(302)	
4 Gross O/P Revenue (000's)	2,984	903	
Financial Results			
Gross Patient Revenue			
5 Inpatient	5,749,550	509,427	Inpatient days and inpatient surgeries were close to budgeted expectations but there was a higher IP case mix for March.
6 Outpatient	(5,354,214)	(91,262)	Outpatient visits are 4,277 vs. budgeted expectations of 5,112 visits and outpatient surgeries are 149 vs. budgeted expectations 117.
7 Emergency	8,533,808	1,099,118	ER visits are 941 vs. budgeted visits of 972 and the ER visits in March had a higher acuity than average.
8 SNF	(2,280,754)	(190,756)	SNF patient days are 572 vs. budgeted expected days of 669.
9 Home Care	18,107	(94,630)	HHA visits are 849 vs. budgeted expectations of 1,151.
10 Total Gross Patient Revenue	6,666,497	1,231,897	
Deductions from Revenue			
11 Contractual Discounts	(8,311,660)	(1,119,624)	
12 Bad Debt	(468,750)	(58,750)	
13 Charity Care Provision	65,428	10,969	
14 Prior Period Adj/Government Program Revenue	2,227,167	125,000	Prime grant accrual for March.
15 Total Deductions from Revenue	(6,487,815)	(1,042,405)	
16 Net Patient Service Revenue	178,682	189,492	
17 Risk contract revenue	(232,979)	(26,377)	Blue Shield capitation received was under budget.
18 Net Hospital Revenue	(54,297)	163,115	
19 Other Op Rev & Electronic Health Records	75,949	(6,602)	
20 Total Operating Revenue	21,652	156,513	
Operating Expenses			
21 Salary and Wages and Agency Fees	430,125	49,732	
22 Employee Benefits	(268,276)	(56,099)	Employee benefits are over budgeted expectations due to PTO (\$18,140) and employee benefit costs (\$37,959) .
23 Total People Cost	161,849	(6,367)	
24 Med and Prof Fees (excl Agency)	53,321	12,122	
25 Supplies	(424,916)	(215,057)	Supplies are over budget due to surgical implants being over budgeted expectations by (\$170,385) and the cost of the anti venom for a snake bit patient in the ER (\$29,864).
26 Purchased Services	344,366	45,718	Budgeted purchased services not used in March.
27 Depreciation	108,634	7,031	
28 Utilities	7,209	7,060	
29 Insurance	33,929	4,125	
30 Interest	(65,421)	(17,916)	Interest on the South lot loan and the flourosocopy project were not budgeted for FY 2017.
31 Other	257,709	30,631	Budgeted other costs not used in March.
32 Matching Fees (Government Programs)	(747,361)	-	
33 Operating expenses	(270,681)	(132,653)	
34 Operating Margin	(249,029)	23,860	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	83,086	25,299	
36 Donations	96,009	19,842	Foundation grants received for employee education and training and for OP diagnostic center architect fees.
37 Physician Practice Support-Prima	-	-	
38 Parcel Tax Assessment Rev	378	-	
39 Total Non-Operating Rev/Exp	179,473	45,141	
40 Net Income / (Loss) prior to Restricted Contributions	(69,556)	69,001	

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended March 31, 2017

	YTD	MONTH	
Description	Variance	Variance	
		-	
41 Capital Campaign Contribution	18,284	5,772	Capital campaign donations received from the Foundation are over budgeted expectations for March.
42 Restricted Foundation Contributions	582,924	-	
43 Net Income / (Loss) w/ Restricted Contributions	531,651	74,773	
44 GO Bond Tax Assessment Rev	-	-	
45 GO Bond Interest	1	-	
46 Net Income/(Loss) w GO Bond Activity	531,652	74,773	

8.

ADMINISTRATIVE
REPORT FOR MAY 2017



To: SVHCD Board of Directors
From: Kelly Mather
Date: 4/27/17
Subject: Administrative Report

Summary

The staff satisfaction results are in and we I'm pleased to say there are only two action items that we need to address as an organization: job security and career development. The satisfaction with salaries & benefits has improved over last year. The three year accreditation report was received and CIHQ has accepted our action plan. The new strategic plan is complete and will be distributed after final board approval. The CEO blog continues to get positive feedback and we are increasing our penetration. We are doing another this month to continue to educate our community about the how a hospital operates and how well we are doing as compared to many other hospitals in the bay area.

Dashboard and Trended Results

The patient satisfaction results continue to be inconsistent but better than the 60th percentile and higher than the prior year. CMS has now made outpatient surgery satisfaction a mandatory report and it will start this summer. The organization wide staff satisfaction came in at 4.24/5 or 85% mean score with 90% participation. I have shared the organization wide results with the staff at the forums. We had a good March and will be close to meeting budget for fiscal year 2017. Surgery volume remains much higher at 13% over the prior year. Volumes were up in all outpatient areas in March. A lot of great events are happening this spring such as our annual fundraiser "Celebration of Women" on May 11th this year with over 300 attendees.

Strategic Update from FY 2017 Strategic Plan:

Strategic Priorities	Update
Satisfaction	We are moving forward with "Rate Your Hospital" text messaging for outpatients to capture their satisfaction and do more timely service recovery this summer.
Quality & Safety	We are in the final stages of developing a new SVH performance score card for next year modeled after UCSF.
Physician Alignment	There is an ad going out next week sharing all of the new physicians that have come to Sonoma in the past two years. Dr. Marino, our new Internist is doing very well.
Revenue Growth	Bariatrics continues to grow and as Dr. Perryman is one of the only surgeons in the North Bay. Dr. Sawyer is doing very well only one year into practicing at Sonoma.
Technology Upgrades	The single sign on technology is being implemented with positive reviews. We will start the outpatient rehab EHR this summer along with remote hosting.
Financial Stability	The finance committee has created goals to improve Cash on hand, Accounts Payable, Accounts Receivable, Line of Credit and Funding Capital.
Community Health	Girltalk, Integrative Health Fair, Hit the Road Jack, Running clinic and many other outreach activities are upcoming.

MARCH 2017

PILLAR	PERFORMANCE GOAL	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	Highly satisfied Inpatients	Rolling 12 month average of at least 5 out of 9 HCAHPS domain results above the 70 th percentile	2 out of 9 through February	>7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 <4=1
Service Excellence	Highly satisfied Emergency Patients	Rolling 12 month average of at least 4 out of 7 ERCAPS domain results above the 70 th percentile	3 out of 7 through February	6 = 5 (stretch) 5 = 4 4 = 3 (Goal) 3 = 2 2 = 1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Safety Score at 75% or higher	77%	>85 = 5 (stretch) >80 = 4 >75 = 3 (Goal) >70 = 2 <70 = 1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of 75 th percentile or higher	4.24/5 or the 85% mean score and 74th percentile	>80 th = 5 (stretch) >77 th = 4 >75 th = 3 (Goal) >72nd = 2 <70 th = 1
Finance	Financial Viability	YTD EBIDA	3%	>4% (stretch) >3.5% = 4 >3.0% (Goal) >2.5% = 2 <2.5% = 1
	Efficiency and Financial Management	Meet FY 2017 Budgeted Expenses (excluding IGT)	\$44,737,218 (actual) \$45,213,898 (budget)	<2% = 5 (stretch) <1% = 4 <Budget = 3 (Goal) >1% = 2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	1755 YTD FY2017 1550 YTD FY2016	>2% = 5 >1% = 3 <1% = 2
	Outpatient & Emergency Volumes	2% increase (gross outpatient revenue over prior year)	\$119.9 mm YTD \$114.3 mm prior year	>5% = 5 (stretch) >3% = 4 >2% = 3 (Goal) <2% = 2
Community	Community Benefit Hours	Hours of time spent on community benefit activities per year	1023.5 hours for 9 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 >500 = 1



FY 2017 TRENDED RESULTS

MEASUREMENT	Goal FY 2017	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2016	Apr 2016	May 2016	Jun 2016
Inpatient Satisfaction	5/9	0	0	1	2	3	3	2	3				
Emergency Satisfaction	4/7	1	1	1	1	2	3	2	3				
VBP Safety score	>75	77.5	77.5	67	67	67	67	77	77				
Staff Satisfaction	>75th	84	84	84	84	84	84	84	74	74	84	84	84
FY YTD Turnover	<10%	.9	1.5	1.8	3.6	4.2	4.8	5.6	6.3	7.2	7.9	8.8	10
YTD EBIDA	>4%	4.5	3.8	4.2	5.2	4.4	1.5	2.2	2	3	5.2	4.7	4.4
Operating Revenue	>5m	5.1	5.0	4.5	4.7	4.5	3.7	4.5	4.3	5.3	4.3	4.6	4.9
Expense Management	<5m	4.9	5.1	4.8	4.9	5.0	4.7	5.0	4.8	5.4	5.1	5.2	5.4
Net Income	>50k	59	-23	94	336	-270	-599	-107	307	304	-99	-403	-132
Days Cash on Hand	>20	11	15	6	11	10	25	20	27	16	13	9	9
A/R Days	<50	55	50	50	50	53	51	50	46	44	50	55	57
Total FTE's	<315	320	321	319	316	319	309	316	322	3.22	324	332	324
FTEs/AOB	<4.0	4.28	3.86	3.54	4.11	4.35	4.03	3.74	3.54	3.93	3.7	4.16	4.08
Inpatient Discharges	>100	103	105	95	99	95	100	119	97	119	97	85	95
Outpatient Revenue	>\$13m	12.6	13.3	13.5	13.3	13.1	12.9	13.5	12.2	15.1	12.5	13.8	13.5
Surgeries	>130	116	124	118	126	161	126	148	127	189	118	123	124
Home Health	>950	960	890	1042	880	938	919	877	922	849	999	844	942
Births	>15	14	17	14	9	8	9	11	12	12	17	13	14
SNF days	>600	563	608	624	512	446	500	592	607	572	578	529	526
MRI	>120	105	97	104	140	118	130	115	107	137	105	122	120
Cardiology (Echos)	>50	41	53	66	60	51	51	55	69	89	61	52	68
Laboratory	>12	11.2	12.2	11.4	12.6	12.1	12.0	12.5	11.5	13.9	12.0	11.9	11.8
Radiology	>850	902	944	1001	898	870	934	1012	981	1159	963	926	1000
Rehab	>2700	2618	3008	3136	2575	2286	2117	2530	2161	3020	2780	2782	2948
CT	>300	365	327	412	367	306	340	341	323	398	333	373	348
ER	>900	940	918	897	852	850	942	1000	851	941	912	940	907
Mammography	>425	400	475	421	434	435	399	171	215	246	384	457	420
Ultrasound	>300	281	310	288	288	290	271	253	284	334	325	285	255
Occupational Health	>650	602	724	741	797	636	601	484	568	611	663	679	651
Wound Care	>200	221	312	253	226	199	225	228	238	348	276	235	264

9.

COMMITTEE REPORTS

2017 GOVERNANCE COMMITTEE WORK PLAN

January <ul style="list-style-type: none"> Annual Work Plan 2015 	February <ul style="list-style-type: none"> Compliance with AB 2040 Med Staff By-Law review 	March <ul style="list-style-type: none"> Board Ethics training status Form 700 compliance status 	April <ul style="list-style-type: none"> Physician Contracting Policy Orientation “Manual” completion Web site review
May <ul style="list-style-type: none"> Review of Board policies 	June <ul style="list-style-type: none"> Media Communications Policy 	July	August <ul style="list-style-type: none"> Compliance Report Advise committees of charter review
September <ul style="list-style-type: none"> Standing Committee Charter Review 	October <ul style="list-style-type: none"> Board annual retreat plan Board-self assessment 	November <ul style="list-style-type: none"> 	December <ul style="list-style-type: none"> Annual review of GC performance Annual work plan 2018
COMPLETED	IN PROCESS	UNDONE	

JOHN PEREZ

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SENIOR-LEVEL EXECUTIVE CORPORATE DEVELOPMENT, TURNAROUNDS & TRANSACTIONS

PROFILE & VALUE

Business Development Focus - Senior executive formulating pragmatic and effective business plans for software firms whether in startup, growth or turnaround phases.

Results Oriented - Successful track record in recruiting, developing and leading teams to achieve goals tied to overall business objectives and metrics.

Market Knowledge - Extensive background with enterprise software companies providing software and services to Healthcare and Manufacturing markets.

Process Orientation - Experienced with technology planning, strategy development, team building, process enhancement, client relations and quality improvement initiatives.

Transaction Expertise - Executive-level participation in IPO, debt and venture financing, and merger & acquisition efforts for multiple businesses.

Strategy, Execution & Leadership

P/L & Performance Improvement

Startup, Turnaround, Change

Mergers, Acquisitions, Divestitures

Product Development & Rollout

Quality & Continuous Improvement

Raising Capital

Growth Management & Business Development

Cost Analysis, Reduction and Control

QUALIFICATIONS & EXPERTISE

PROFESSIONAL EXPERIENCE

2009-Present

Business Advisory Consultant

Provide business advice and planning activities for startup and growth companies. Activities have included assisting with strategic plans, acquisitions and divestitures, change management, development of joint ventures and fund raising.

RPI, Inc., Tukwila, WA

2006-2009

Manufacturing Solutions Provider to Consumer Digital Photo Market

Chief Executive Officer

Managed business from insolvency to record revenues and earnings in 7 months. Sold commercial business and repositioned company as solutions provider to the consumer market serving clients such as HP Snapfish, Costco, Walgreens, Walmart as well as a number of startup firms. Introduced Lean Manufacturing and Agile development methods to company. Raised funding and secured financing to support expansion while growing revenues 400%.

RevX, Inc., Kirkland, WA

2002-2005

Venture-backed "restart" Business Process Management Software Firm

Chief Executive Officer

Raised \$7.5M in new venture capital for this startup and saw the firm through the launch of its commercial product with enterprise sales to Lucent, BP and T-Mobile. Business merged with Ultimus.

AXC Interactive, Inc., Seattle, WA

1998-2001

Internet Applications Development Consultancy

Chief Operating Officer

Led business development while acting as coach to first time management team. Refocused company away from hourly billing model to soliciting and winning large scale projects. Grew revenues 300% in one year and facilitated sale to Network Commerce, a public firm.

Glovia International, Marina Del Rey, CA <i>Publicly-held Mid-Market ERP Software Firm</i> Chief Operating Officer Managed product, support and implementation teams for the company as it developed and launched the largest release of its core product during its history. Responsible for facilitating a relationship with Fujitsu which resulted in the spin-off of this division from its UK parent company with \$35M in new capital infused from Fujitsu.	1996-1998
Wisner Martin, Inc., Spokane, WA <i>Publicly-held Physician Practice Management and RHIO Software Firm</i> President Managed company through turnaround period to profitability. Oversaw the development and release of the firm's MS-Windows-based product and improvements to customer service. Led company through a successful public offering of the company's shares. Company sold to Physician Computer Networks.	1994-1996
Integrated Health Systems, Inc., La Jolla, CA <i>Integrated Hospital Information Systems Software Firm</i> President Led firm through turnaround period to profitability. Managed firm through standardization of its product and release to entire customer base with significant improvements to customer service and client satisfaction. Company merged with Wisner Martin. Continued as President of this subsidiary post-merger.	1993-1996
<u>Software Technology Services</u> , Fountain Valley, CA <i>Healthcare IT Services Firm</i> President Developed business plan and launched business to pursue IT services business in the healthcare market. Secured contracts with major hospitals and software vendors providing application specific technical development, support and project management. STS was sold to Affiliated Computer Services.	1990-1992
ADAC Laboratories, Milpitas, CA <i>Publicly-held Radiology Imaging and Management Systems Firm</i> General Manager Public radiology imaging and software firm with \$250M in revenues. Led Radiology information systems business unit during turnaround period. Revenues doubled and profit margins led all business units in the firm with no increase in FTE. Company sold to Phillips.	1988-1989
Compucare Inc., Reston, VA <i>Publicly-held Hospital Information Systems Software and Facilities Management Firm</i> General Manager Held positions of increasing responsibility within the firm as the firm grew and went public. Positions held include Project Manager, Project Director and Regional Manager operating within the services as well as product groups of the firm. Company sold to Baxter Healthcare.	1974-1987
Meditech, Inc., Cambridge, MA <i>Privately-held Hospital Information Systems Software Firm</i> Software Engineer As an early employee of this now major player in the healthcare informatics market, developed application software for a variety of hospital clients of the company. Assisted in the creation of a team of employees focused on implementation and support of existing software modules.	1972-1973

EDUCATION

Catholic University of America, Washington, D.C, Bachelor of Science in Architecture 1970.