



**SONOMA VALLEY HEALTHCARE DISTRICT  
BOARD OF DIRECTORS  
REGULAR MEETING AGENDA**  
**Thursday, October 2, 2014**  
**5:00 p.m. Closed Session**  
**6:00 p.m. Regular Session**

**COMMUNITY MEETING ROOM**  
 177 First Street West, Sonoma, CA

AGENDA ITEM	RECOMMENDATION	
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER</b>	<i>Nevins</i>	
<b>2. PUBLIC COMMENT ON CLOSED SESSION</b>		
<b>3. CLOSED SESSION</b> <u>Calif. Government Code § 54957: Public Employment -</u> Executive Employment Agreement with Chief Executive Officer	<i>Nevins</i>	
<b>4. REPORT OF CLOSED SESSION</b>		
<b>5. PUBLIC COMMENT SECTION</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that 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 Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i>		
<b>6. CONSENT CALENDAR</b> A. Regular Board Minutes 9.4.14 B. FC Minutes 8.26.14 C. QC Minutes 8.27.14 D. QC Policy and Procedures E. MEC Credentialing Report, 9.24.14	<i>Nevins</i>	Action
<b>7. PORTRAIT OF SONOMA COUNTY HUMAN DEVELOPMENT REPORT 2014</b>	<i>Beth Dadko, SCDHS</i>	Inform
<b>8. SVH ANNUAL REPORT FY2015</b>	<i>Durrance</i>	Inform
<b>9. ACHD MEMBERSHIP</b>	<i>Nevins</i>	Inform/Action
<b>10. CHIEF MEDICAL OFFICER QUARTERLY REPORT</b>	<i>Cohen</i>	Inform
<b>11. FINANCIAL REPORT FOR AUGUST 2014</b>	<i>Jensen</i>	Inform
<b>12. ADMINISTRATIVE REPORT FOR SEPTEMBER 2014</b>	<i>Mather</i>	Inform
<b>13. ADJOURN</b> Next Regular Board meeting, November 6, 2014	<i>Nevins</i>	

6.

## CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT  
BOARD OF DIRECTORS  
REGULAR MEETING MINUTES  
Thursday, September 4, 2014  
Community Meeting Room, 177 1<sup>st</sup> St W, Sonoma**

<b>Committee Members Present</b>	<b>Committee Members Absent/Excused</b>	<b>Admin Staff /Public/Other</b>	
Sharon Nevins Peter Hohorst Bill Boerum Kevin Carruth	Jane Hirsch	Kelly Mather Ken Jensen Jeannette Tarver Michelle Donaldson Robert Cohen, MD Joshua Rymer Norman Gilroy	Vivian Woodall

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>	<b>FOLLOW-UP</b>
<b>1. CALL TO ORDER</b>	<i>Nevins</i>		
	6: 02 PM Ms. Hirsch was excused from the meeting.		
<b>2. PUBLIC COMMENT ON CLOSED SESSION</b>	<i>Nevins</i>		
	None		
<b>3. CONSENT CALENDAR</b>	<i>Nevins</i>	Action	
A. Regular Board Minutes 8.7.14 B. FC Minutes 7.29.14 C. QC Minutes 7.23.14 D. Revised AC and QC Charters E. Policies and Procedures F. MEC Credentialing Report, 8.27.14		<b>MOTION:</b> by - Hohorst and 2 <sup>nd</sup> by Carruth. All in favor.	
<b>4. RESOLUTION No. 324-SETTING THE TAX RATE FOR FY2014-2015</b>	<i>Nevins</i>	Action	
		<b>MOTION:</b> by - Hohorst and 2 <sup>nd</sup> by Carruth. All in favor.	
<b>5. HONORING NORMAN GILROY'S CONTRIBUTIONS</b>	<i>Hohorst</i>	Inform	
	Mr. Hohorst read the proclamation honoring Norman Gilroy and setting September 8, 2014, as		Note: Mr. Boerum arrived at 6:09.

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	Miracle on 4 <sup>th</sup> St. Day.		
<b>6. MGH-SVH AFFILIATION AGREEMENT</b>	<i>Nevins/Mather</i>	Action	
	<p>Ms. Mather said that the previous agreement with MGH and the recent agreement with Palm Drive did not work well regarding shared services. The MGH agreement for approval is for affiliation only and does not include any management or shared services. Priority affiliation projects would include: payer contracting; physician strategy; clinical integration; and regional planning. MGH is a 51% owner of Prima Medical Group.</p> <p>Mr. Boerum asked what the term “joint executive management team” referred to. Ms. Mather said it is the team that meets once a month on system issues. Ms. Nevins said this had been an ongoing issue during drafting of the agreement. Ms. Mather would be a member of the joint team on only three issues: capitation, regional planning, and Prima Medical Group. Two CEOs on the team were in a peer relationship. Mr. Boerum suggested it was important to define this in the agreement. Ms. Mather said that was suggested by SVH but not agreed to by MGH.</p> <p>In response to Mr. Boerum’s question about specific goals for the projects in Exhibit A, she would return to the Board at a later date with those goals.</p> <p>Mr. Boerum asked about item 3.b. where the MGH CEO may assign the SVH CEO tasks. Ms. Mather said the MGH CEO was in charge of this agreement and such had been the case for the last three years. Ms. Nevins said it would be appropriate for Ms. Mather to indicate any issues she may have with this item as they occur and for the Board to take action at that time.</p> <p>Mr. Boerum asked about dispute resolution. It should be noted that both districts share the exact same legal counsel. In the agreement there is no recourse to legal action because all disputes are referred to JAMS.</p> <p>Mr. Boerum said Ms. Mather and Ms. Nevins had done an excellent job of renegotiating the agreement.</p>	<b>MOTION:</b> by - Carruth and 2 <sup>nd</sup> by Hohorst. All in favor.	
<b>7. CEO PERFORMANCE EVALUATION</b>	<i>Hohorst</i>	Inform	
	Mr. Hohorst said policy was followed by the		

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	Committee in conducting the performance evaluation. The ratings were extremely high, and Ms. Hirsch was very impressed by the willingness of the hospital staff to support the CEO. Mr. Hohorst read the CEO's list of accomplishments for FY2014, capped by the opening of the new ER and surgery wing, the raising of \$11 million in contributions to finish the new wing on time, and SVH being in the top 15 hospitals in the nation for safety.		
<b>8. CEO EXECUTIVE COMPENSATION</b>	<i>Hohorst</i>	Action	
	<p>The Committee recommended to the Board that Ms. Mather's salary be increased to \$330K effective July 1, 2014. Mr. Hohorst said the bonus calculation came to \$25,037, and he recommended the Board approve both the salary increase and bonus.</p> <p>Mr. Boerum commented that the compensation was competitive with other CEOs in northern California.</p> <p>Ms. Nevins said the past year had been another step forward as far as agreement between the Board and hospital management. She thanked Ms. Mather for her service. The next step was to set guidelines for FY2015.</p>	<b>MOTION:</b> by - Hohorst and 2 <sup>nd</sup> by Carruth. All in favor.	
<b>9. ACHD MEMBERSHIP</b>	<i>Nevins/Boerum</i>	Action	
	<p>Ms. Nevins said that the AHA and CHA had both agreed to offer reduced annual dues to SVH for this year. ACHD had responded that they did not offer reduced dues.</p> <p>Mr. Boerum said he expected he might receive \$2K from serving on the ACHD Board (in addition to expense reimbursement), and he offered to give those funds to SVH or to ACHD for credit to SVH's account. He suggested they might be open to installment payments as well.</p> <p>Mr. Carruth said he was on the fence about ACHD membership. It was hard to imagine any organization more relevant on hospital issues than CHA. He agreed it was important to belong to hospital groups. Were he to support this, he would want to know where the gaps and alignments of membership were during the prior year.</p> <p>Mr. Hohorst agreed he was on the fence as well. He said he felt that Mr. Boerum's points for</p>		No action, put forward to next month; Ms. Nevins and Mr. Hohorst to meet with ACHD.

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	<p>membership were not those the hospital needed help with (e.g., Title 22 revisions). He was disappointed they did not offer reduced dues.</p> <p>Ms. Nevins was on the fence too. She discussed this with counsel, who felt ACHD was the only organization that fully dealt with district hospital issues. She suggested SVH pay quarterly for now and conduct further investigation into the helpfulness of the organization. She would talk with them regarding either full or partial annual membership (for a certain number of months).</p> <p>Norman Gilroy: Before the design-build legislation, the Board had a similar discussion on ACHD membership. SVH needed all the help it could get at the State level in the design-build legislation, and ACHD was very helpful in both the Senate and Assembly. SVH also received letters of support from ACHD in the legislation process. He thought SVH would have had a much more difficult time without ACHD support.</p> <p>Mr. Carruth said SVH had ridden on the back of the County's design-build statute. He was impressed that SVH had received design-build approval because it was a very difficult process.</p>		
<b>10. WEST COUNTY HAND AND PHYSICAL THERAPY SERVICE PROPOSAL AT PALM DRIVE HOSPITAL</b>	<i>Donaldson</i>	Action	
	Ms. Nevins said this item had been stricken from the agenda by hospital administration due to some last-minute issues. If time was of the essence with regard to a decision, a special meeting would be called.	<b>MOTION:</b> by - ---- and 2 <sup>nd</sup> by -----, All in favor.	No action.
<b>11. FINANCIAL REPORT FOR JULY 2014</b>	<i>Jensen</i>	Inform	
	<p>Mr. Jensen presented the financials for July 2014. Hospital management would watch the payer mix which was undergoing changes. Ms. Nevins asked for separation of outpatient and inpatient payer data.</p> <p>Mr. Boerum said it was important to change the payer mix. Ms. Mather said commercial payers were going away and SVH was looking at capitation. Increasing commercial business was not going to be a possibility for SVH. Mr. Jensen agreed. Many employers had dropped insurance due to the ACA. SVH had marketing strategies to</p>		

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	encourage employers to choose SVH plans.		
<b>12. ADMINISTRATIVE REPORT AUGUST 2014 AND GROWTH TEAM EXECUTIVE SUMMARY</b>	<i>Mather</i>	Inform	
	Ms. Mather reviewed the organization goals for FY2015. Because of high quality scores, SVH was receiving more Medicare reimbursement.		
<b>13. OFFICER &amp; COMMITTEE REPORTS</b>	<i>Board</i>	Inform/Action	
A. Board Chair Report i.Board Retreat ii.Board Education B. Governance Committee i.Contracting Policy	<p><b>A.</b> Ms. Nevins wanted to consider Board retreats and education and then turn them over to the Governance Committee. She mentioned the hospital's Healing Hospital Showcase on Sept. 22 and 23 and that it be the subject of a Board retreat. She proposed that retreat in November, perhaps at George Ranch. She also suggested a Board education outing; the AHA was holding a board leadership conference in Phoenix in February 2015.</p> <p><b>B.</b> Mr. Hohorst said a copy of the Salinas Valley contracting policy had been received. 90% of SVH purchasing was done through a purchasing organization. The Salinas policy had a requirement to find out how the pricing had been achieved, and he thought this would be unproductive. Counsel agreed this was not necessary and recommended SVH continue present practices. No action was taken.</p>	<b>MOTION:</b> by - ----- and 2 <sup>nd</sup> by ----- All in favor	No action required.
<b>14. ADJOURN</b>	<i>Nevins</i> Meeting adjourned at 7:25 PM Next Regular Board meeting, October 2, 2014		



**SONOMA VALLEY HEALTH CARE DISTRICT  
FINANCE COMMITTEE  
MEETING MINUTES  
Tuesday, August 26, 2014  
Schantz Conference Room**

Voting Members Present	Members Absent/Excused	Staff/ Public/Other	Staff Excused/Absent
1. Phil Woodward 2. Peter Hohorst 3. Sharon Nevins 4. Steve Barclay 5. Mary Smith 6. Shari Glago 7. Keith Chamberlin 8. Stephen Berezin	Dick Fogg S. Mishra, MD	Kelly Mather Sam McCandless Jeannette Tarver Michelle Donaldson Dawn Kuwahara Ken Jensen Gigi Betta	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
<b>MISSION AND VISION STATEMENTS</b>	<i>The mission of the SVHCD is to maintain, improve and restore the health of everyone in our community.</i> <i>The vision of the SVHCD is that 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.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Glago</i> Meeting called to order at 5:00PM.  Mr. Jensen announced that Ms. Tarver's title has been changed from Finance Director to Controller.  For the record, it was stated that it is the role of the Board Treasurer to report back to the Finance Committee when the Board of Directors does not approve a recommendation from the Finance Committee.		
<b>2. PUBLIC COMMENT SECTION</b>	<i>Glago</i>		
	None		
<b>3. CONSENT CALENDAR</b>	<i>Glago</i>	Action	
<b>A.</b> FC Minutes 07.29.14 <b>B.</b> Revision to Board Minutes from 8.7.14		<b>MOTION</b> Smith to approve Consent and 2 <sup>nd</sup> by	Remove S. Berezin from the list of those present at 7.29.14 meeting.



AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
		Chamberlin. All in favor.	
<b>4. JULY 2014 FINANCIALS</b>	<i>Jensen</i>	Inform	
	<p>Mr. Jensen presented the Financial Report for month ending July 31, 2014.</p> <p>Ms. Lovejoy explained why Surgery expenses are over budget and how this department issue has been addressed.</p> <p>Mr. Woodward requested that accounts payable and accrued expenses (page 25 of agenda package) be broken out into two line items.</p>		
<b>5. CASH FLOW &amp; LONG TERM DEBT</b>	<i>Jensen</i>	Inform	
	<p>Mr. Jensen presented the Statement of Cash Flows for FY2015 which included sources of cash, uses of cash, cash balance at the end of each period and restricted receipts and payments. In addition, he reviewed the long term debt report (or maximum allowable debt calculation) with the Committee which calculates the Hospital's MADS ratio at 1.4</p> <p>Cash flows such as the one presented at this meeting, will be part of every Finance Committee meeting going forward</p> <p>SVH did not suffer any damage from the 6.0 earthquake on August 24, 2014 and had a total of six patients in the ER with injuries related to the quake.</p>		
<b>6. 2<sup>nd</sup> FIRE ALARM CAPITAL REQUEST</b>	<i>Nevins</i>	Action	
		<b>MOTION</b> by Nevins to approve and <b>2<sup>nd</sup></b> by Woodward. All in favor.	
<b>7. WEST COUNTY HAND AND PHYSICAL THERAPY PROPOSAL FOR SERVICES</b>	<i>Donaldson</i>	Action	
	<p>Ms. Donaldson and Ms. Kuwahara recommended that SVH invest in the operational management of the rehabilitation services at Palm Drive Hospital and further recommended that the capital for this project (\$350K) be covered by the existing line of credit.</p> <p>The Committee discussed whether or not the potential revenue enhancement of this proposal is viable and worth the risk. <b>*The Finance</b></p>	<b>MOTION</b> by to Chamberlain to approve project* and <b>2<sup>nd</sup></b> by Woodward. All eight voting	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	<b>Committee recommends a maximum of \$350,000 be allocated to this start-up project and asked that Ms. Donaldson present to the Board other options and opportunities for sources of funding (other than the line of credit).</b>	members (above) voted in favor of project.	
<b>8. ADJOURN</b>	<i>Glago</i>		
	Adjourned at 6:15PM Next meeting September 23, 2014		



## POLICY AND PROCEDURE Approvals Signature Page

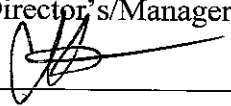
Healing Here at Home


### 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.

<b>Organizational: Pharmacy Policies 105-116</b>	
APPROVED BY: <b>Director of Pharmacy</b>	DATE: <b>12/18/2013</b>
Director's/Manager's Signature 	Printed Name <b>Chris Kutza</b>

  
Leslie Lovejoy, RN  
Chief Quality & Nursing Officer

9-11-14

Date

Robert Cohen, MD  
Chief Medical Informatics Officer

Date

D. Paul Amara, MD  
President of Medical Staff  
Chair, Pharmacy and Therapeutics Committee

Date

Kelly Mather  
Chief Executive Officer

Date

Sharon Nevins  
Chair, Board of Directors

Date



## Policy Submission Summary Sheet

Title of Document: **Pharmacy Department**

New document or revision written by: Chris Kutza, Director of Pharmacy

<b>Type</b>  <b>X Revision   X New Policy</b>	<b>Regulatory</b> <input type="checkbox"/> <b>CMS</b> <input type="checkbox"/> <b>CDPH (formerly DHS)</b> <input type="checkbox"/> <b>TJC (formerly JCHAO)</b> <input type="checkbox"/> <b>Other:</b>		
<b>X Organizational: Clinical</b> <i>(circle which type)</i>	<b>X Departmental</b> <input type="checkbox"/> <b>Interdepartmental</b> <i>(List departments effected)</i>		
<p>Please <u>briefly</u> state changes to existing document/form or overview of new document/form here:          (include reason for change(s) or new document/form)</p> <p>MM8610-105 Management of Patient with Malignant Hyperthermia-Attachment A Edit revised 2013.10</p> <p>MM8610-106 Administration of Medications—Updated; added personnel authorized to administer medications and defined window to administer medications per CMS</p> <p>MM8610-107 Drug Regimen Review for Skilled Nursing Facility—Update to match regulations</p> <p>MM8610-109 Pharmaceutical Care Consulting for Skilled Nursing Facility—Update to match regulations</p> <p>MM8610-110 Piperacillin-Tazobactam Extended Infusion Dosing</p> <p>MM8610-111 Aminoglycoside Protocol—Updated</p> <p>MM8610-115 Self Administration of Medications—Updated</p> <p>MM8610-116 Patients Own Medications, Storage and Dispensation—Updated</p>			
Reviewed By	Date	Approved (Y/N)	Comment
Chris Kutza	12/18/13	Yes	
Pharmacy and Therapeutics	12/18/13	Yes	
Medical Executive Committee	09/11/14		
Board of Directors	10/02/14		



**POLICY AND PROCEDURE**  
**Approvals Signature Page**

*Healing Here at Home*

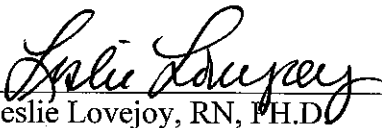
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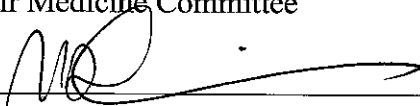
<b>Organizational: LD8610-412 IV Pumps-Storage and Distribution</b>	
APPROVED BY:	DATE: 9/03/14
Director's/Manager's Signature	Printed Name

  
Leslie Lovejoy, RN, PH.D.  
Chief Nursing Officer

9-3-14  
Date

Douglas S Campbell, MD  
Chair Medicine Committee

\_\_\_\_\_  
Date

  
Michael Brown, MD  
Chair Surgery Committee

9/3/14  
Date

D. Paul Amara, MD  
President of Medical Staff

\_\_\_\_\_  
Date

Kelly Mather  
Chief Executive Officer

\_\_\_\_\_  
Date

Sharon Nevins  
Chair, Board of Directors

\_\_\_\_\_  
Date



**SUBJECT:** IV Pumps – Storage and Distribution

**POLICY #** LD 8610-412

**DEPARTMENT:** Organizational

**PAGE** 1 OF 2

**EFFECTIVE:** 02//13

**APPROVED BY:** CEO

**REVIEW/REVISED:** 8/14

**PURPOSE:**

To outline a process that ensures a hospital wide supply of “clean” maintenance free IV pumps, their timely delivery to all units, and the implementation of consistent inspection, maintenance, and cleaning of “dirty” pumps on a daily basis.

**POLICY:**

It is the policy of Sonoma Valley Health Care District that Nursing Units, Environmental Services and Central Sterile will work together to ensure IV pumps are stored, distributed, and cleaned in a regulated and consistent manner.

**PROCEDURE:**

1. Clinical Administration to establish a par level of pumps for each floor. ED (9), MedSurg (12) SNF (4) ACU/PACU (2) ICU (8) OB (3).
2. Nursing will disconnect and appropriately dispose of all tubing and unused fluid bags from the dirty IV pumps before the room is called for a discharge. EVS will contact Nursing if IV pump has not been disposed of IV bags and tubing.
3. Environmental Services staff, trained in the proper cleaning techniques by Central Sterile Department staff, will clean the IV pumps and IV poles as part of the regular discharge cleaning. After cleaning, the pole and pump will be placed next to the patient bed in the room. Environmental Services staff will affix a green plastic tie to the pump's cord which indicates it has been cleaned. The tie will be affixed in such a way that it must be removed prior to use. NOTE: Only clean pumps will be tied with these tags.
4. Nursing Unit(s) will notify EVS of IV pumps in need of high level cleaning. Grossly soiled pumps will be taken off the IV pole and delivered to Central Sterile Department by EVS. After terminal cleaning, Central Sterile Technician will then deliver the clean pump to the Clean Equipment room (room #1221).



**SUBJECT:** IV Pumps – Storage and Distribution

**POLICY #** LD 8610-412

**DEPARTMENT:** Organizational

**PAGE** 2 OF 2

**EFFECTIVE:** 02//13

**APPROVED BY:** CEO

**REVIEW/REVISED:** 8/14

5. If the floors need an extra pump they will call the House Supervisor at 732-3729 and have an additional pump brought to the unit. The pump may come from another unit.
6. Should the need arise to rent additional pumps due to high census, the Unit Clerk will call Materials Management X5224 during working hours and request a rental. If it is after hours or on a weekend, the House Supervisor or Unit Clerk will call the rental company directly.

**Instructions for Calling the Rental Company:**

Call Universal Hospital Services (UHS) at 510-232-5335. This is the Richmond facility that all of our equipment is shipped from. You will need to give the UHS customer service person the following information:

- a. Patient name
- b. Patient's room number
- c. Place in hospital that it should be delivered
- d. Name of person placing the order

**REFERENCE:**

CIHQ Accreditation Standard IC-08

CMS Conditions of Participation for Acute Care Hospitals – §482.42(a)

SVH P&P IC8610-104 Equipment Cleaning Policy



**POLICY AND PROCEDURE**  
**Approvals Signature Page**

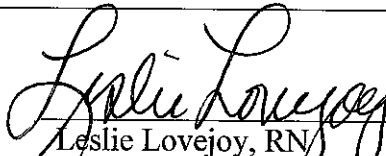
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We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

<b>Organizational: Multiple (refer to Summary Sheet) August List</b>	
<b>APPROVED BY</b> <b>Leslie Lovejoy, RN</b>	<b>DATE:</b> <b>8/28/14</b>
Director's/Manager's Signature	Printed Name

  
\_\_\_\_\_  
Leslie Lovejoy, RN  
Chief Nursing Officer, CQO

9-2-14  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Robert Cohen, MD  
Chief Medical Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
D. Paul Amara, MD  
President of Medical Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kelly Mather  
Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sharon Nevins  
Chair, Board of Directors

\_\_\_\_\_  
Date





## Policy Submission Summary Sheet

Title of Document: **Organizational-Multiple Departments**

## August List

## Policy

## Notes

**LD8610-102 Analysis and Management of Patient Flow**

retire; not required

**LD8610-101 Assessing and Managing Patients at Risk for Suicide**

reviewed; minor changes.

LD8610-417 California Department of Public Health (CDPH) and Sonoma County B

B reviewed; no changes

**LD8610-404 Chain of Command for Management of Patient Care Concerns**

reviewed; minor changes

LD8610-203 Communication with Hospital Personnel

reviewed; minor changes

PC8610-140 Transfer Patients from Acute Units to SNF or Long Term Care Facilities

reviewed; changed 'Discharge Planner' to Case Manager

RC8610-100 Legal Health Record

revised; replaces RC8610-325 Medical Record Content

RC8610-325 Medical Record Content

retire; refer to RC8610-100 Legal Health Record

Reviewed By:

Date \_\_\_\_\_

**Approved**

**Policy & Procedure Team**

08/28/2014

**Yes**

### Surgery Committee

09/03/2014

## Medicine Committee

09/11/2014

### Medical Executive Committee

09/18/2014

### **Board Quality Committee**

09/24/2014

Ma - yes



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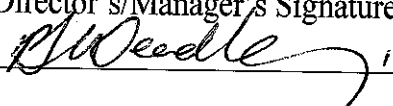
## POLICY AND PROCEDURE Approvals Signature Page

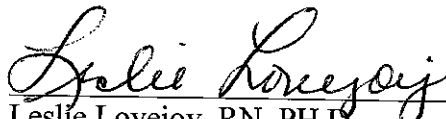
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- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent with evidence-based practice

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.

<b>Departmental: The Birthplace</b>	
APPROVED BY:	DATE: <b>8-29-14</b>
Director's/Manager's Signature 	Printed Name <b>Pauline Headley, RN MSN</b>

  
Leslie Lovejoy, RN, PH.D.  
Chief Nursing Officer

8-29-14  
Date

\_\_\_\_\_  
Douglas S Campbell, MD  
Chair Medicine Committee

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Michael Brown, MD  
Chair Surgery Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
D. Paul Amara, MD  
President of Medical Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sharon Nevins  
Chair, Board of Directors

\_\_\_\_\_  
Date

## Policy Submission Summary Sheet



Title of Document: **Department-Birthplace Maternal Policies**

Department Director Manager: **Pauline Headley, RN MSN**

Date: **8/29/14**

Type  <b>X Revision</b> <input type="checkbox"/> <b>New Policy</b>	<b>Regulatory</b> <input type="checkbox"/> <b>CMS</b> <input type="checkbox"/> <b>CDPH (formerly DHS)</b>																																																				
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<p><b>Please <u>briefly</u> state changes to existing document/form or overview of new document/form here:</b>  <i>(include reason for change(s) or new document/form)</i></p> <p><b><i>All policies reviewed and no major change was made to any of these policies. They were updated to reflect current standard of practice according to the American Academy of Pediatrics (AAP) and the American Congress of Obstetricians and Gynecologists (ACOG) guidelines.</i></b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">6171-100</td><td>Amniocentesis</td></tr> <tr><td>6171-101</td><td>Amniofusion with IUPC</td></tr> <tr><td>6171-102</td><td>Amniotomy</td></tr> <tr><td>6171-103</td><td>Attire and Traffic in the OB/Operating Room</td></tr> <tr><td>6171-104</td><td>Bakri Balloon</td></tr> <tr><td>6171-105</td><td>Birth Certification</td></tr> <tr><td>6171-106</td><td>Bonding Between Parent and Newborn</td></tr> <tr><td>6171-107</td><td>Care of Labor Patient</td></tr> <tr><td>6171-108</td><td>Care of the Postpartum Patient after Recovery</td></tr> <tr><td>6171-109</td><td>Cesarean Birth, Admission of Support Person</td></tr> <tr><td>6171-110</td><td>Cesarean Birth, Duties of Birthplace RN</td></tr> <tr><td>6171-111</td><td>Criteria for Admission to 3-South</td></tr> <tr><td>6171-113</td><td>Determining High Risk Obstetric Patients</td></tr> <tr><td>6171-114</td><td>Discharging the Post Partum Patient</td></tr> <tr><td>6171-115</td><td>Electronic Fetal-Uterine Monitoring</td></tr> <tr><td>6171-116</td><td>Emergency Cesarean Section</td></tr> <tr><td>6171-117</td><td>Epidural Anesthesia</td></tr> <tr><td>6171-118</td><td>External Version</td></tr> <tr><td>6171-120</td><td>Fetal Distress, Signs and Interventions</td></tr> <tr><td>6171-121</td><td>Fetal Spiral Electrode Monitoring Application</td></tr> <tr><td>6171-122</td><td>Group B Streptococcal (GBS ) Culture, Management in Labor</td></tr> <tr><td>6171-123</td><td>Infant Feeding</td></tr> <tr><td>6171-124</td><td>Infection Control-Perinatal Unit</td></tr> <tr><td>6171-126</td><td>Intrathecal Injection, Assisting with</td></tr> <tr><td>6171-127</td><td>Labor Check</td></tr> <tr><td>6171-128</td><td>Latex Sensitivity</td></tr> </table>		6171-100	Amniocentesis	6171-101	Amniofusion with IUPC	6171-102	Amniotomy	6171-103	Attire and Traffic in the OB/Operating Room	6171-104	Bakri Balloon	6171-105	Birth Certification	6171-106	Bonding Between Parent and Newborn	6171-107	Care of Labor Patient	6171-108	Care of the Postpartum Patient after Recovery	6171-109	Cesarean Birth, Admission of Support Person	6171-110	Cesarean Birth, Duties of Birthplace RN	6171-111	Criteria for Admission to 3-South	6171-113	Determining High Risk Obstetric Patients	6171-114	Discharging the Post Partum Patient	6171-115	Electronic Fetal-Uterine Monitoring	6171-116	Emergency Cesarean Section	6171-117	Epidural Anesthesia	6171-118	External Version	6171-120	Fetal Distress, Signs and Interventions	6171-121	Fetal Spiral Electrode Monitoring Application	6171-122	Group B Streptococcal (GBS ) Culture, Management in Labor	6171-123	Infant Feeding	6171-124	Infection Control-Perinatal Unit	6171-126	Intrathecal Injection, Assisting with	6171-127	Labor Check	6171-128	Latex Sensitivity
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## Policy Submission Summary Sheet



Title of Document: **Department-Birthplace Maternal Policies**

Department Director Manager: **Pauline Headley, RN MSN**

Date: **8/29/14**

- 6171-129 Limited Ultrasound Test by Labor and Delivery RNs
- 6171-130 Magnesium Sulfate, Administration
- 6171-131 Management of Labor and Delivery Operating Room
- 6171-132 Management Postpartum Uterine Atony
- 6171-133 Managing VBAC
- 6171-135 Nitrazine Testing for Amniotic Fluid
- 6171-136 No Prenatal Care
- 6171-137 Non-Stress Test (NST)
- Chart Obstetric Hemorrhage Care Guidelines Checklist
- 6171-138 Oxytocin Contraction Stress test
- 6171-139 Oxytocin for Induction-Augmentation
- 6171-140 Paternity Opportunity Program
- 6171-141 Placenta Disposition
- 6171-142 Postpartum Hemorrhage
- Form Postpartum Hemorrhage Orders
- 6171-143 Postpartum Recovery, Immediate
- Test Postpartum Hemorrhage Scenario
- 6171-144 Pre-Eclampsia
- 6171-145 Preterm Labor
- 6171-146 Prostaglandin (PGE) Administration, Cervical Ripening
- 6171-147 Recovery of Cesarean Section
- 6171-148 RhoGam Administration
- 6171-149 Shoulder Dystocia
- Shoulder Dystocia Safety Checklist
- 6171-150 Sterile Speculum Exam for OB Patients
- 6171-151 Tocolytics, Use of
- 6171-152 Transferring a Patient to a Level II or Level III Referral Facility
- 6171-154 Triage of Pregnant Patient in Emergency Department
- 6171-155 Vacuum Assisted Operative Delivery
- 6171-157 Vaginal Examination
- 6171-158 Visiting in the Birthplace
- 6171-159 Warm Water Birth

Reviewed By	Date	Approved (Y/N)	Comment
Pauline Headley, RN MSN	8/14/14	yes	
Surgery Committee	9/03/14	yes	
Medicine Committee	9/11/14		
Medical Executive	9/18/14		
Board of Directors	10/02/14		



**POLICIES/PROCEDURES MANUAL**  
**Department-Birthplace Maternal Policies**  
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6171-175	Hep B Screening and Immunoprophylaxis of Newborn		
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6171-187	Notification of Infants Physician		
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6171-189	Pain Assessment in Newborns		
6171-190	Phototherapy		
6171-191	Pulse Oximeter Assessment of the Newborn		
6171-192	Surfactant Administration		
6171-193	Urine Toxicology for Newborns with Drug Exposure		



## Policy Submission Summary Sheet

Title of Document: **Department-Birthplace Pediatric Policies**

Department Director Manager: **Pauline Headley, RN MSN**

Date: **8/29/14**

<b>Type</b>  <b>X Revision</b> <input type="checkbox"/> <b>New Policy</b>	<b>Regulatory</b> <input type="checkbox"/> <b>CMS</b> <input type="checkbox"/> <b>CDPH (formerly DHS)</b> <input type="checkbox"/> <b>TJC (formerly JCHAO)</b> <input type="checkbox"/> <b>Other:</b>
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<b>Please <u>briefly</u> state changes to existing document/form or overview of new document/form here:</b> <i>(include reason for change(s) or new document/form)</i>	
<p><i><b>All policies reviewed and no major change was made to any of these policies. They were updated to reflect current standard of practice according to the American Academy of Pediatrics guidelines.</b></i></p> <ul style="list-style-type: none"> <li>6171-160 Apgar Scoring in the Newborn</li> <li>6171-161 Assisting with Umbilical Arterial Catheter (UAC)</li> <li>6171-162 BillCheck policy</li> <li>6171-163 Blood Pressure Monitoring of a Newborn</li> <li>6171-164 Blood Sampling from Umbilical Arterial Catheter (UAC)</li> <li>6171-165 Car Seat Safety Program</li> <li>6171-166 Cardiac Apnea Monitoring, Newborn</li> <li>6171-167 Care of Infant Being Circumcised</li> <li>6171-168 Cord Blood Collection</li> <li>6171-169 Cord Blood Gas Collection</li> <li>6171-170 Criteria for Admission of Newborn</li> <li>6171-171 Discharging the Newborn</li> <li>6171-172 Drug Exposed Infant or Other Newborns, Risk Assessment for</li> <li>6171-173 Fetal Death, Newborn Death</li> <li>6171-174 Gavage Feeding</li> <li>6171-175 Hep B Screening and Immunoprophylaxis of Newborn</li> <li>6171-177 Jaundice, Assessment in the Newborn</li> <li>6171-178 Jaundice, Treatment in the Newborn</li> <li>6171-179 Meconium Amniotic Fluid, Management of</li> <li>6171-180 Needle Aspiration of Pneumothorax</li> <li>6171-181 Neonatal Hypoglycemia</li> <li>6171-182 Newborn Abandonment</li> <li>6171-182 Newborn Family Medical History Questionnaire</li> <li>6171-183 Newborn Admission ad Routine Care</li> <li>6171-184 Newborn Discharge</li> <li>6171-185 Newborn Hearing Screen</li> </ul>	





## Policy Submission Summary Sheet

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Date: **8/29/14**

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- 6171-191 Pulse Oximeter Assessment of the Newborn
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Reviewed By	Date	Approved (Y/N)	Comment
Pauline Headley, RN MSN	8/14/14	yes	
Surgery Committee	9/03/14	yes	
Medicine Committee	9/11/14		
Medical Executive	9/18/14		
Board of Directors	10/02/14		



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE  
REGULAR MEETING MINUTES  
Wednesday, August 27, 2014  
Schantz Conference Room**

<b>Committee Members Present</b>	<b>Committee Members Present cont.</b>	<b>Committee Members Absent/Excused</b>	<b>Admin Staff /Other</b>
Jane Hirsch Susan Idell Ingrid Sheets Howard Eisenstark MD Cathy Webber Kelsey Woodward Kevin Carruth Carol Snyder		Michael Mainardi MD	Robert Cohen M.D. Gigi Betta Leslie Lovejoy D. Paul Amara, MD

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>	<b>FOLLOW-UP</b>
<b>1. CALL TO ORDER</b>	<i>Hirsch</i>		
	Meeting called to order at 5:01 PM		
<b>2. PUBLIC COMMENT</b>	<i>Hirsch</i>		
<b>3. CONSENT CALENDAR</b>	<i>Hirsch/Lovejoy</i>	Action	
A. Quality Committee Minutes, 07.23.14 B. Policy & Procedures for Case Mgmt. Dept. C. Policy & Procedures for June 2014 D. Policy & Procedures for July 2014		<b>MOTION</b> to approve Consent by Eisenstark and 2 <sup>nd</sup> by Idell_. All in favor.	
<b>4. HIGH-RISK OB MANAGEMENT EDUCATION SESSION</b>	<i>Amara</i>	Inform	
<b>5. 2<sup>nd</sup> REVISED QC CHARTER</b>	<i>Hirsch</i>	Action	
	Brought back after revision (to pages 4 and 5) and also reviewed Mr. Eisenstark. There were three additional minor corrections by Mr. Carruth and the QC Charter was approved <i>as amended</i> .	<b>MOTION</b> to approve revised Charter <i>as amended</i> by Idell and 2 <sup>nd</sup> by Carruth All in favor.	Bring QC Charter to Board meeting on 9.4.13 for approval.
<b>6. ANNUAL RISK MANAGEMENT REPORT</b>	Lovejoy Brought forward from last meeting with revisions	Action	

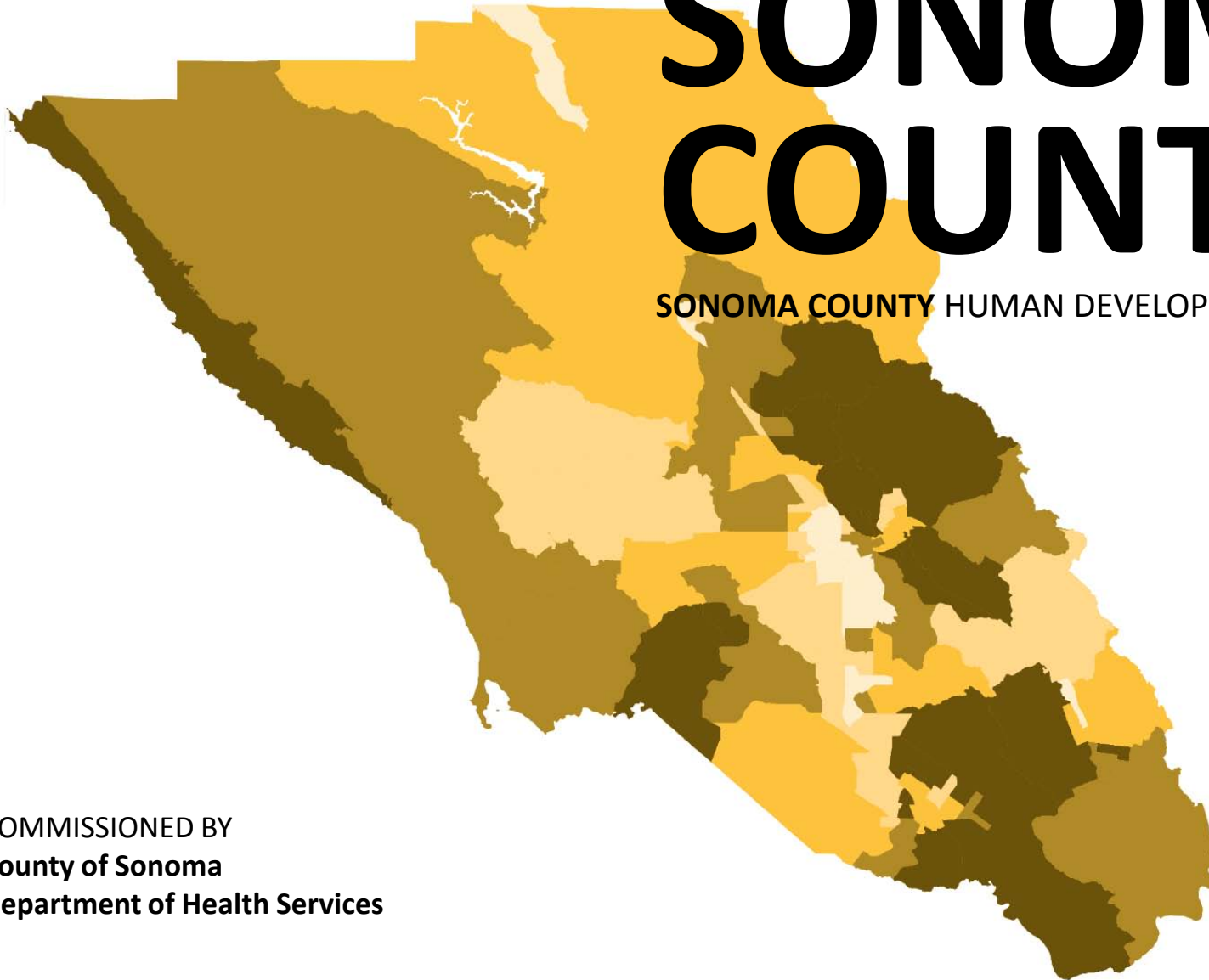
AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	and approved.		
		<b>MOTION</b> to approve by Eisenstark and 2 <sup>nd</sup> by Idell .All in favor.	
<b>7. QUALITY REPORT JULY 2014 AND DASHBOARD 2Q2014</b>	<i>Lovejoy</i>	Inform/Action	
	Ms. Lovejoy reviewed August 2014 priorities: <ul style="list-style-type: none"> <li>• Transition to National Research Corporation (Picker) for Patient Satisfaction</li> <li>• FY2015 Value Based Purchasing and Readmission Impacts</li> <li>• Outpatient Physician Orders Team</li> <li>• Case Management Department Policies Manual</li> </ul>	<b>MOTION</b> to approve by Sheets and 2 <sup>nd</sup> by Idell. All in favor.	Attachments for the Quality July 2014 report were not included in the package and therefore they will be presented at the next meeting.
<b>8. CLOSING COMMENTS/ANNOUNCEMENTS</b>	<i>Hirsch</i>		
	Next meeting will be on Rosh Hashana 9/24/14, and three voting members will not be present: Ms. Idell, Ms. Kelsey, and Mr. Eisenstark.		
<b>9. ADJOURN</b>	<i>Hirsch</i>		
	Regular Session adjourned at 6:00 PM		
<b>10. UPON ADJOURNMENT OF REGULAR OPEN SESSION</b>	<i>Hirsch</i>	Inform	
<b>11. CLOSED SESSION</b>	<i>Amara</i>	Action	
<b>12. REPORT OF CLOSED SESSION</b>	<i>Hirsch</i>	Inform	
<b>13. ADJOURN</b>	Closed Session adjourned at 6:05 PM		

7.

# PORTRAIT OF SONOMA COUNTY

# A PORTRAIT OF **SONOMA COUNTY**

**SONOMA COUNTY HUMAN DEVELOPMENT REPORT 2014**



COMMISSIONED BY  
**County of Sonoma**  
**Department of Health Services**



## Pledge of Support

Action Network

Ag Innovations Network

Alliance Medical Center

California Parenting  
Institute

Catholic Charities of Santa  
Rosa

Ceres Community Project

Community Action  
Partnership Sonoma  
County

Community Baptist Church

Community Foundation  
Sonoma County

Community Health  
Initiatives in the Petaluma  
Area (CHIPA)

Council on Aging

Daily Acts

Food Systems Alliance

Healdsburg District  
Hospital

Healthy Community  
Consortium

Healthy Healdsburg

John Jordan Foundation

Kaiser Permanente

KRCB North Bay Public  
Media

La Luz Center

La Tortilla Factory

Leadership Institute for  
Ecology and the Economy

North Bay Children's  
Center

North Bay Jobs with Justice

North Bay Labor Council

North Bay Leadership  
Council

North Bay Organizing Project

Northern California Center  
for Well-Being

Petaluma Coalition to Prevent  
Alcohol, Tobacco and Other  
Drug Problems

Petaluma Community  
Foundation

Petaluma Health Care  
District

Petaluma Health Center

Regional Climate Protection  
Authority

Russian River Area  
Resources and Advocates

Santa Rosa Community  
Health Centers

Santa Rosa Junior College

Sebastopol Area Community  
Alliance

Social Advocates for Youth

Sonoma County Agricultural  
Preservation and Open  
Space District

Sonoma County Department  
of Health Services

Sonoma County Economic  
Development Board

Sonoma County Human  
Services Department

Sonoma County Office of  
Education

Sonoma County Regional  
Parks

Sonoma County  
Transportation Authority

Sonoma Ecology Center

Sonoma State University

Sonoma Valley Health  
Roundtable

St. Joseph's Health—  
Sonoma County

Sutter Medical Center of  
Santa Rosa

United Way of the Wine  
Country

Voices

West County Health  
Centers

WindsorWellness  
Partnership

Workforce Investment  
Board (WIB)

\*\*\*

Gina Belforte  
*City of Rohnert Park  
Councilmember*

Ken Brown  
*Sonoma City  
Councilmember*

Louann Carlomagno  
*Sonoma Valley Unified  
School District  
Superintendent*

Tom Chambers  
*City of Healdsburg  
Councilmember*

Julie Combs  
*City of Santa Rosa  
Councilmember*

Bob Cox  
*City of Cloverdale  
Vice Mayor*

John Dell'Osso  
*City of Cotati Mayor  
Councilmember*

John Eder  
*City of Sebastopol  
Councilmember*

Deb Fudge  
*Town of Windsor  
Councilmember*

Laurie Gallian  
*Sonoma City  
Councilmember*

David Glass  
*City of Petaluma Mayor*

Sarah Glade Gurney  
*City of Sebastopol  
Councilmember*

Susan Harvey  
*City of Cotati  
Councilmember*

Dr. Steve Herrington  
*Sonoma County  
Superintendent of Schools*

Robert Jacob  
*City of Sebastopol Mayor*

Steve Jorgensen  
*Cloverdale Unified School  
District Superintendent*

Mark Landman  
*City of Cotati  
Councilmember*

Keller McDonald  
*West Sonoma County  
Union High School District  
Superintendent*

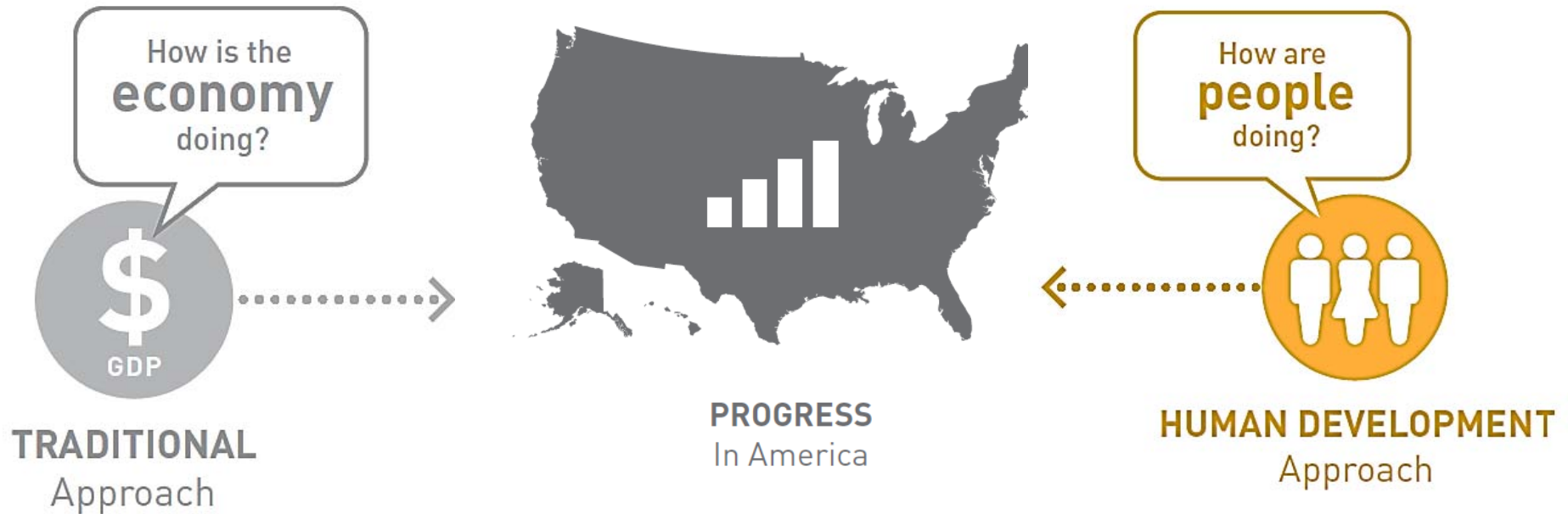
Ernesto Olivares  
*City of Santa Rosa  
Councilmember*

Carol Russell  
*City of Cloverdale Mayor*

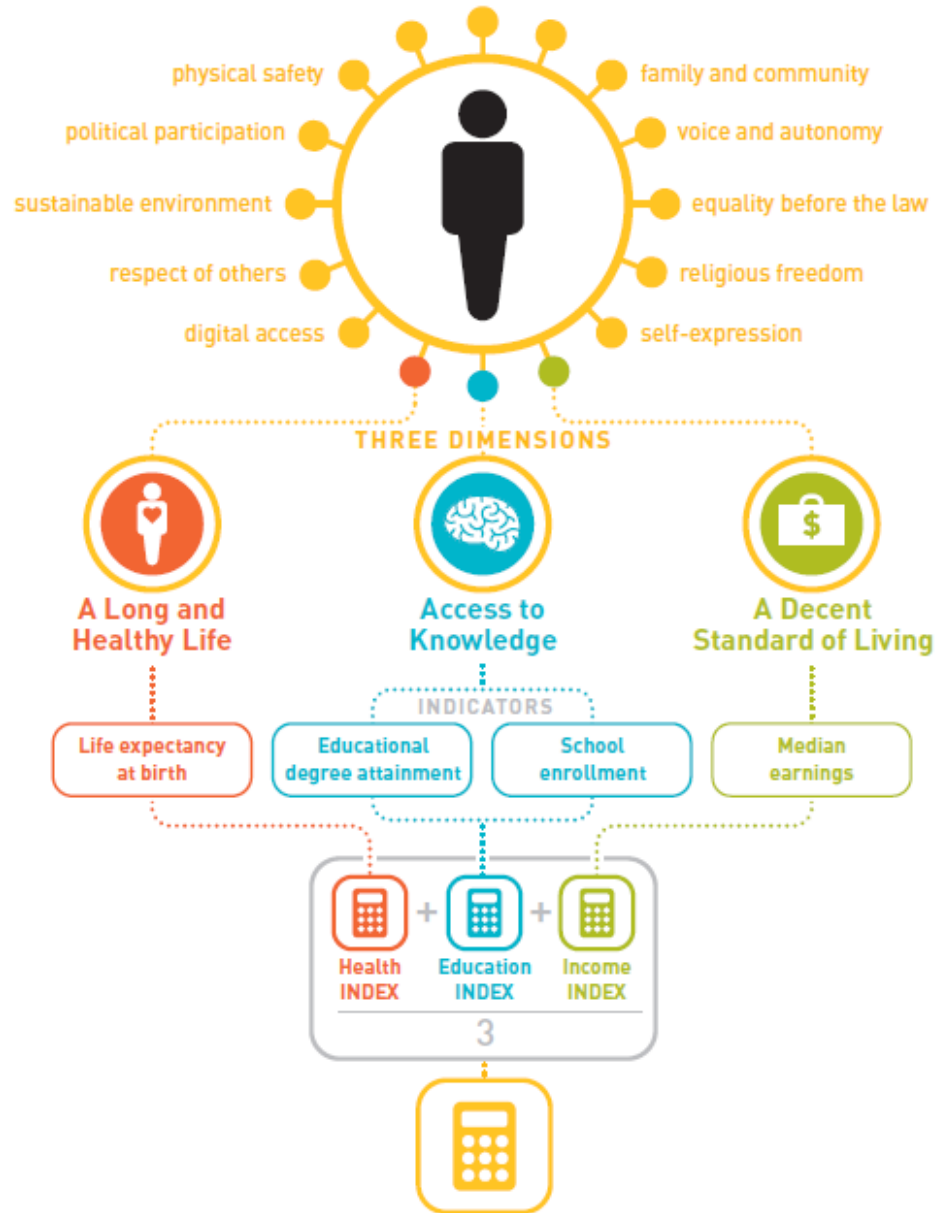
Socorro Shiels  
*Santa Rosa City Schools  
Superintendent*

Patrick Slayter  
*City of Sebastopol  
Councilmember*

# HUMAN DEVELOPMENT

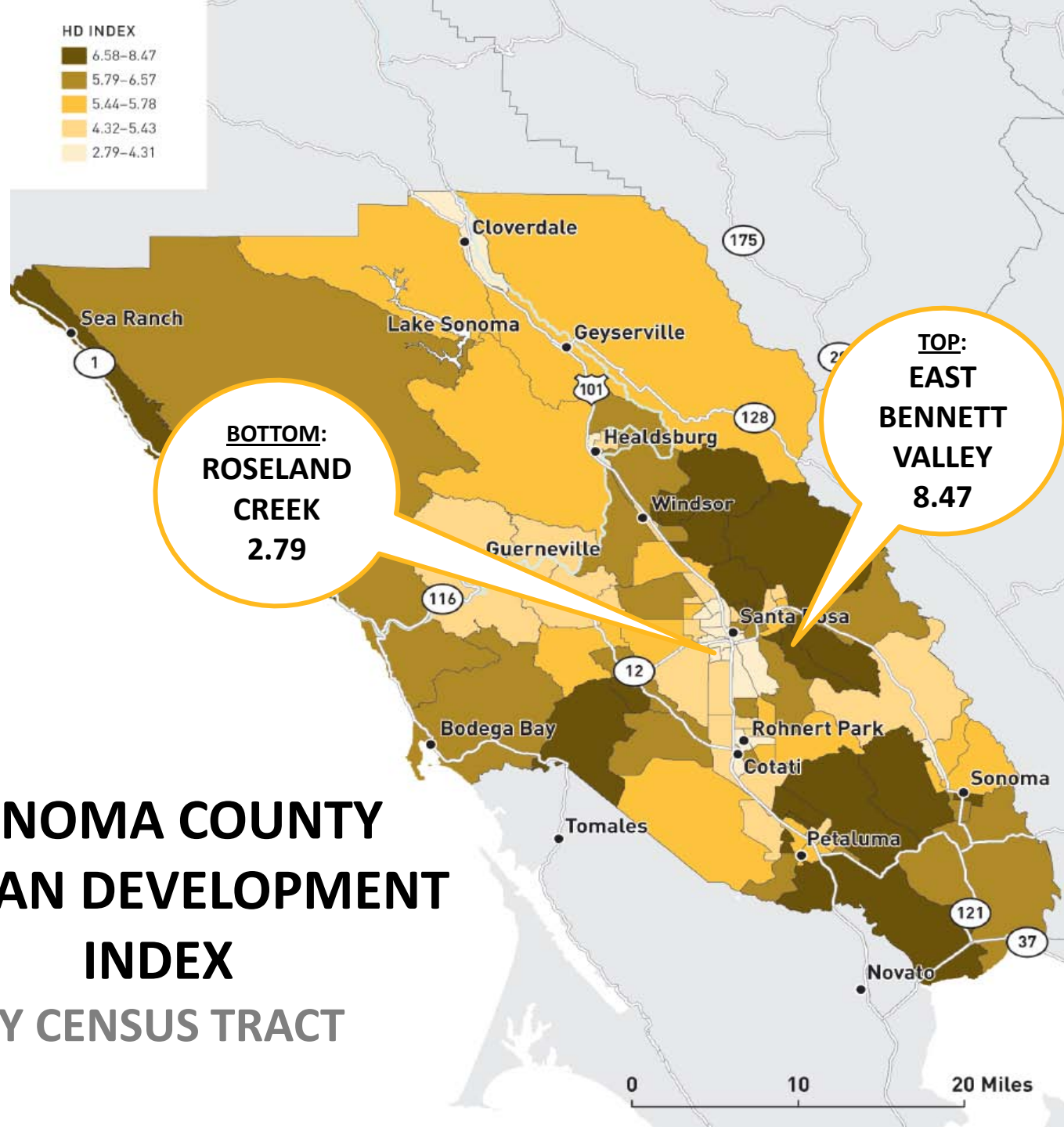
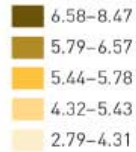


# HOW IS IT MEASURED?



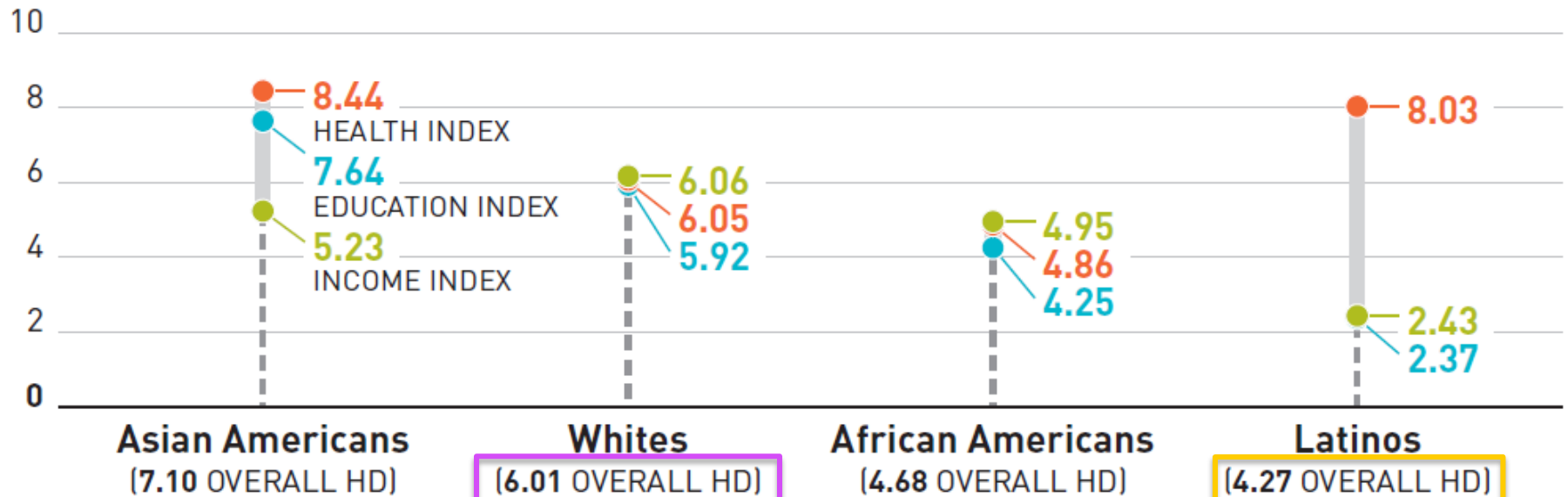


HD INDEX



# SONOMA COUNTY HUMAN DEVELOPMENT INDEX BY CENSUS TRACT

# SONOMA COUNTY HUMAN DEVELOPMENT INDEX BY RACE AND ETHNICITY

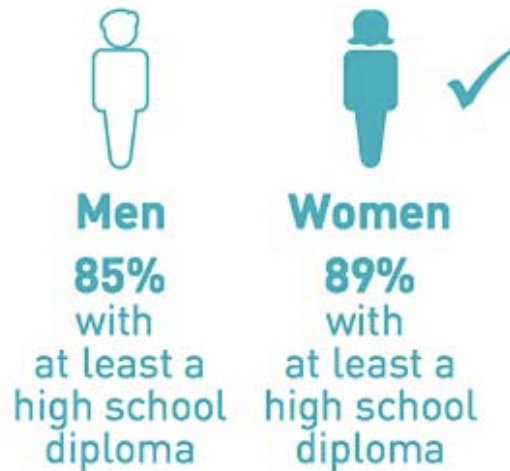


# SONOMA COUNTY HUMAN DEVELOPMENT INDEX BY GENDER

## HEALTH



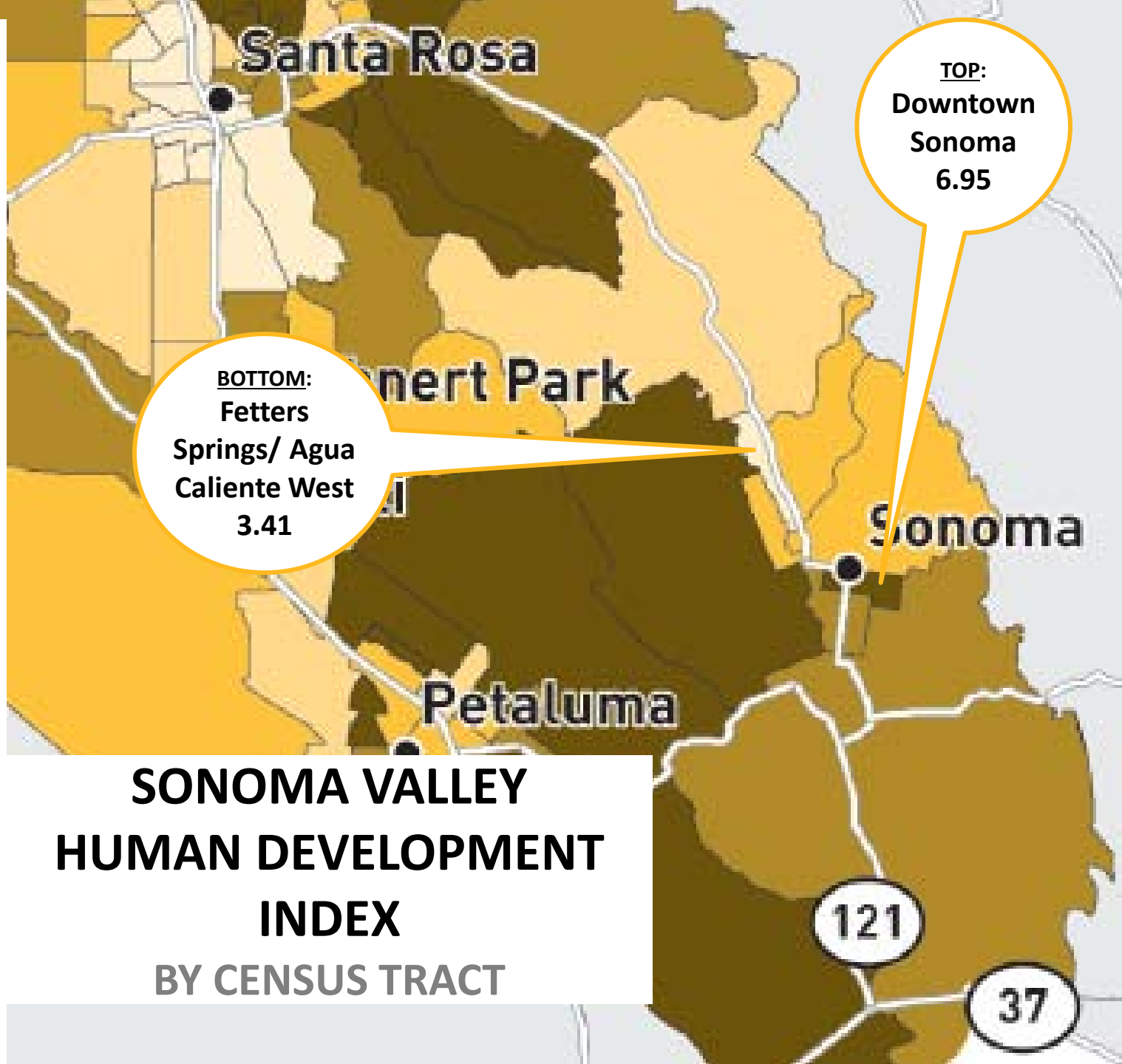
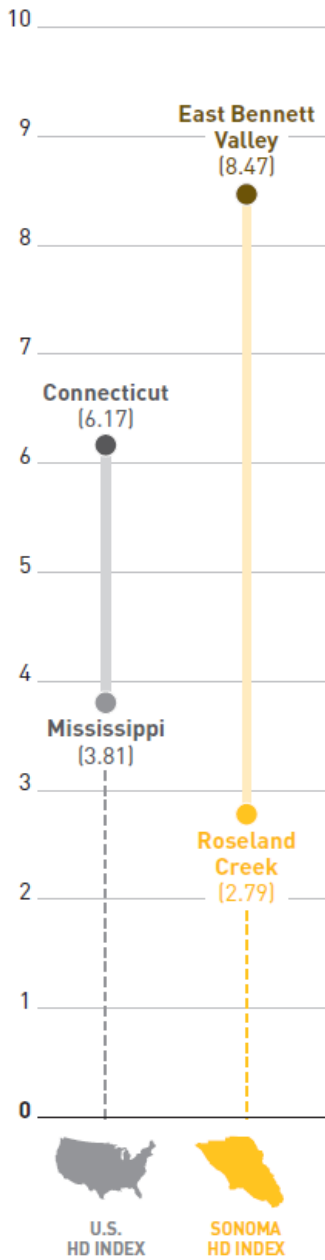
## EDUCATION

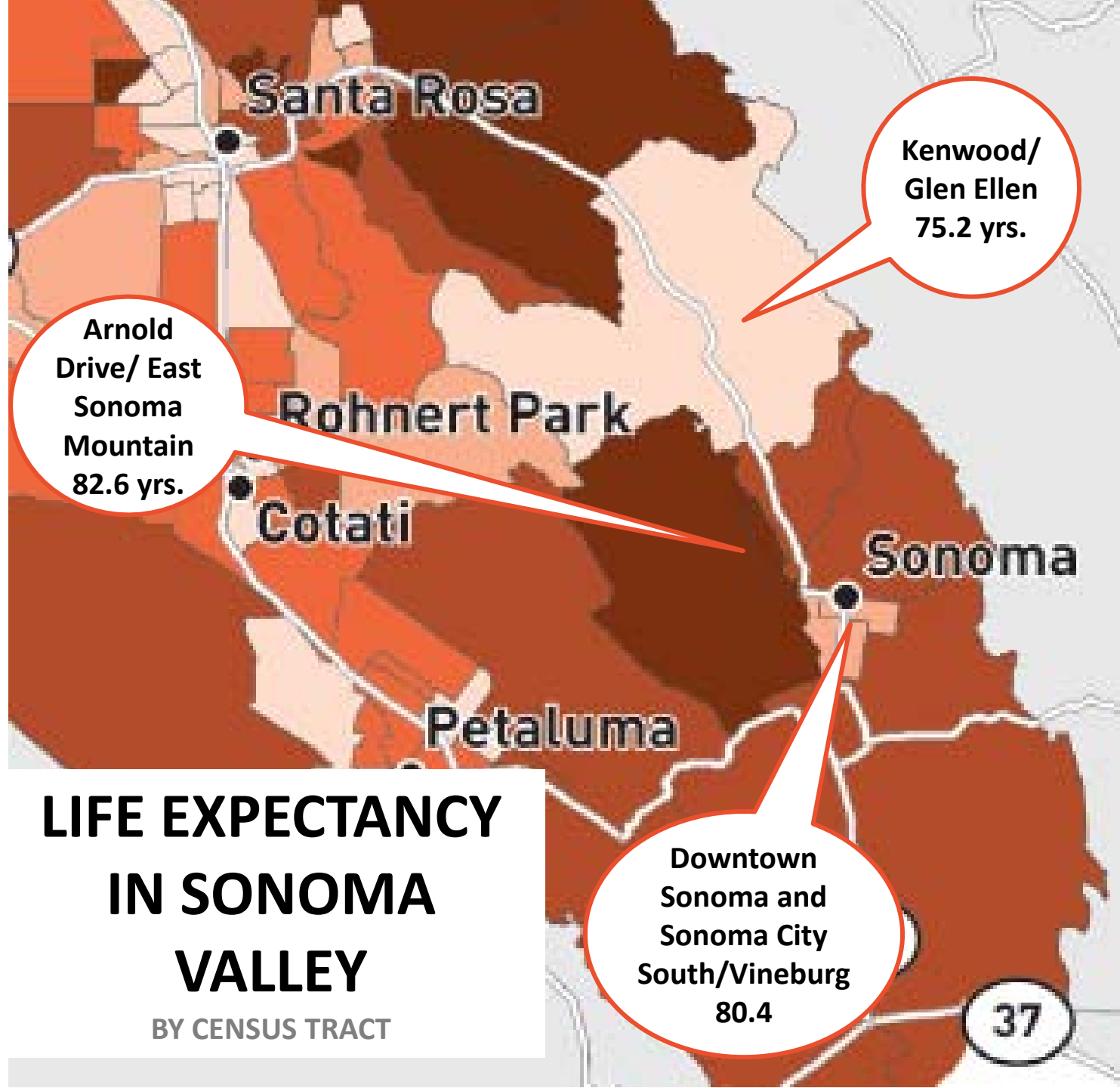
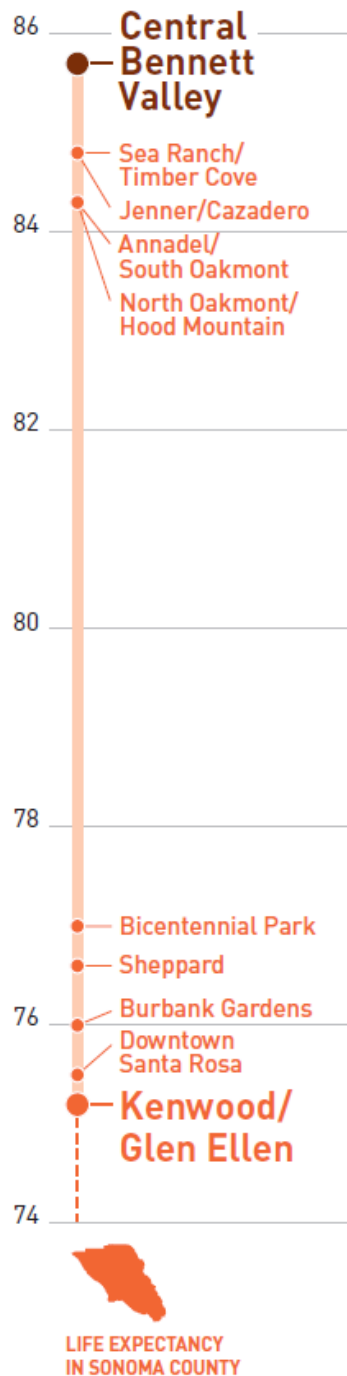


## EARNINGS

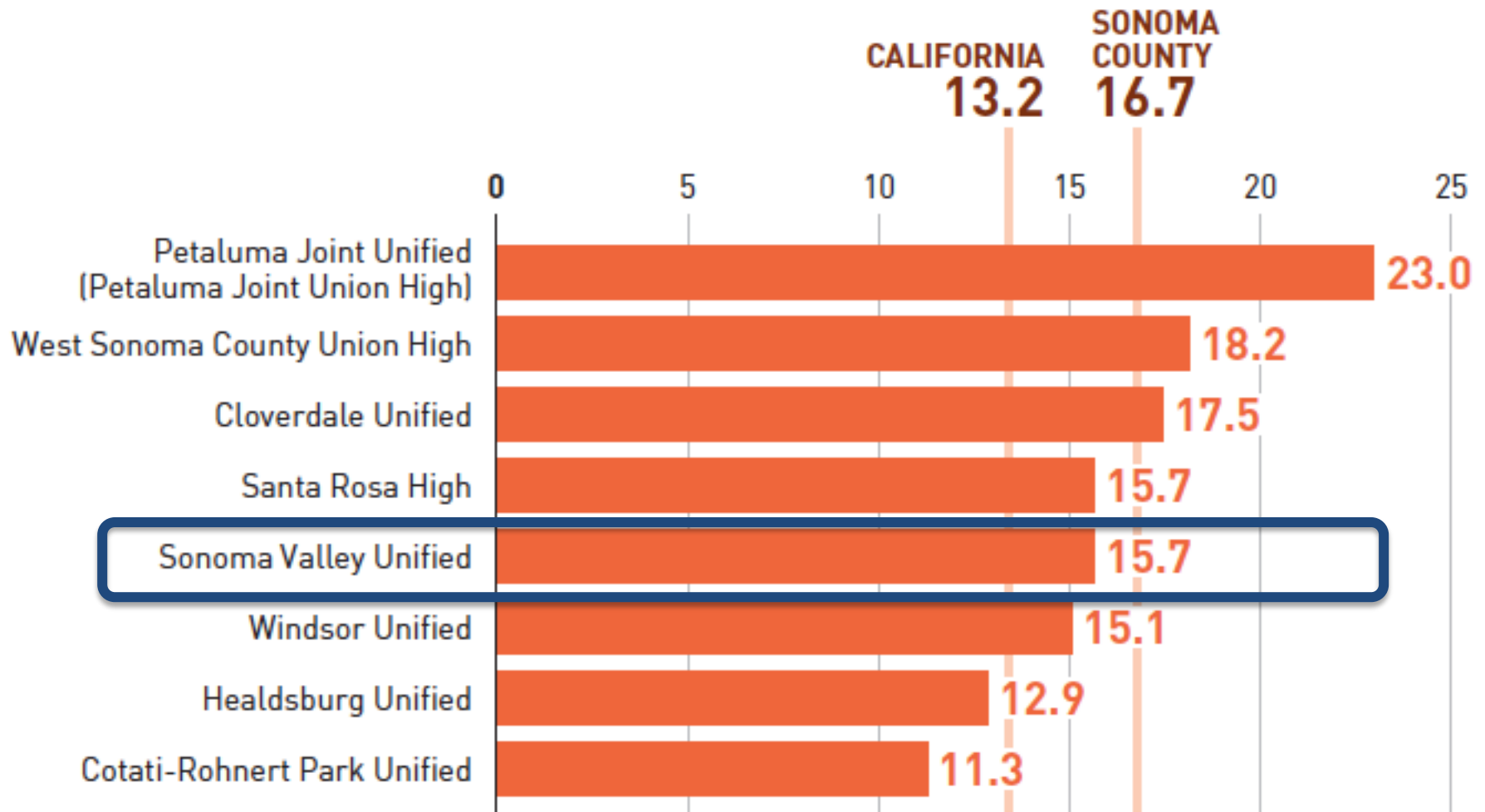


Sonoma County vs.  
United States

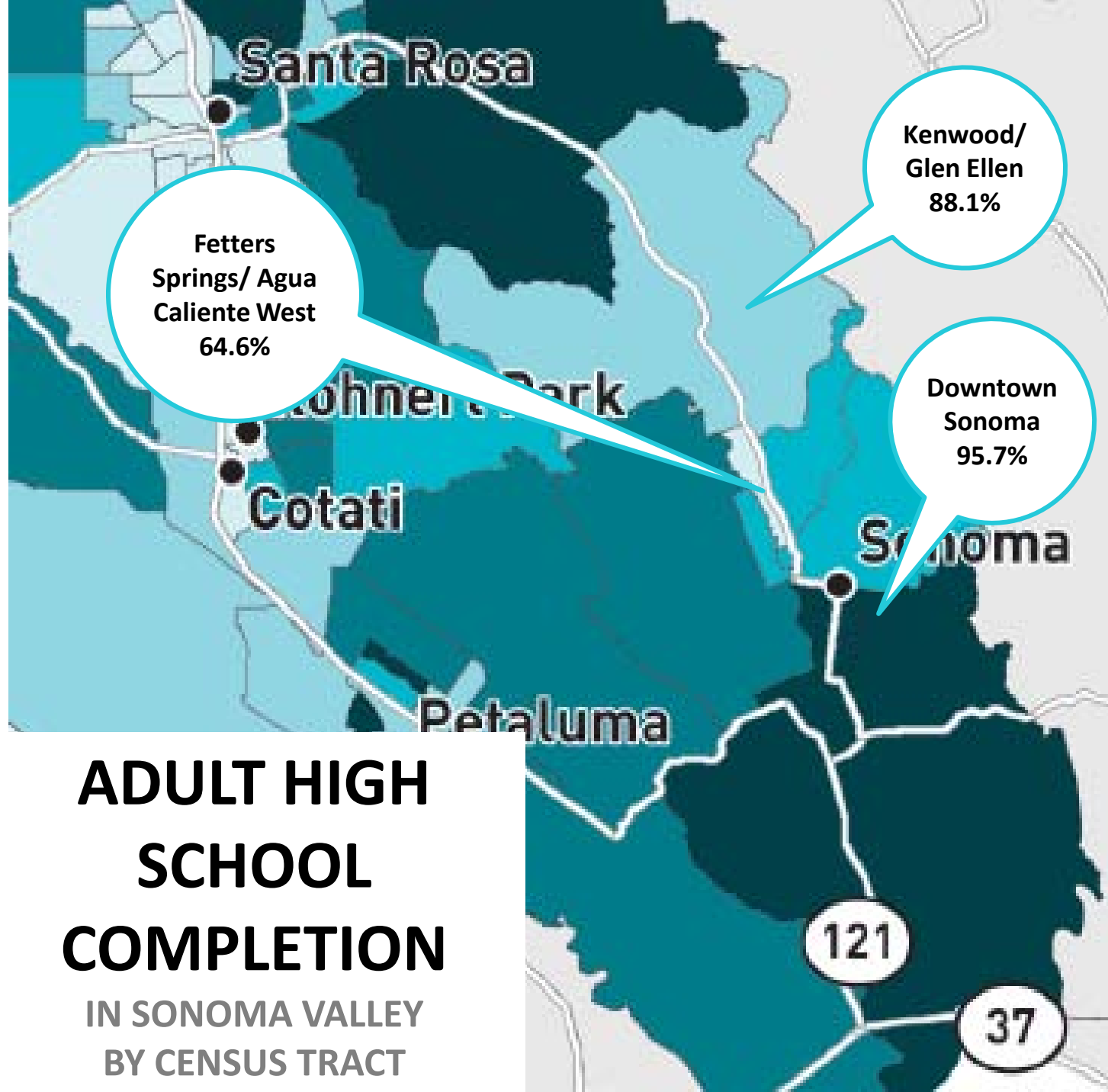




# TEENAGE SMOKING VARIES WIDELY BY SCHOOL DISTRICT



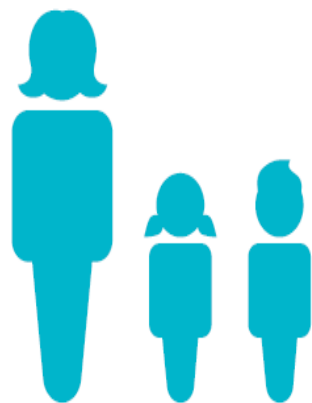
Source: Measure of America calculations from California Department of Education, California Healthy Kids Survey (WestEd), 2008–10. Data for Geyserville Unified not available.



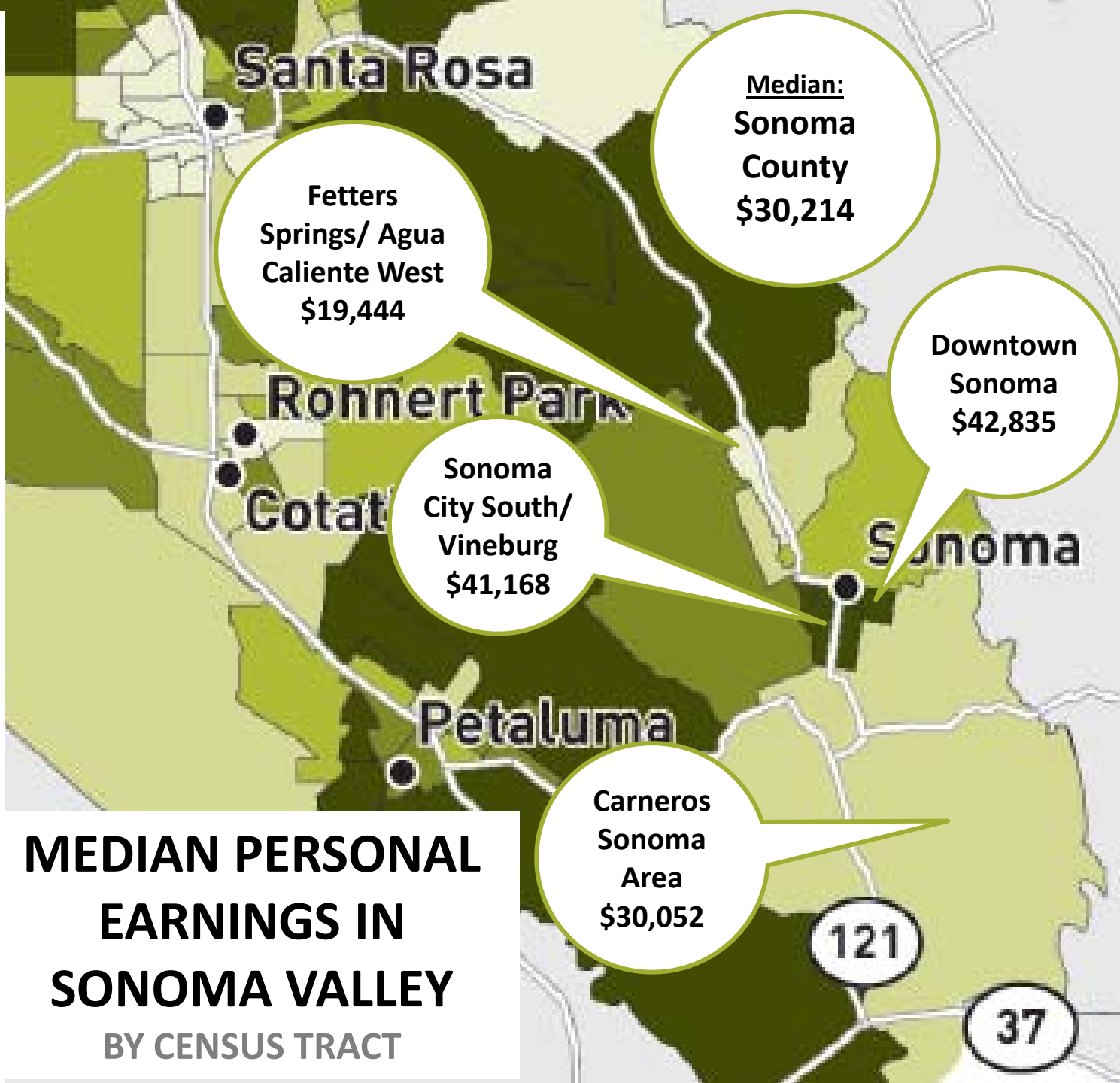
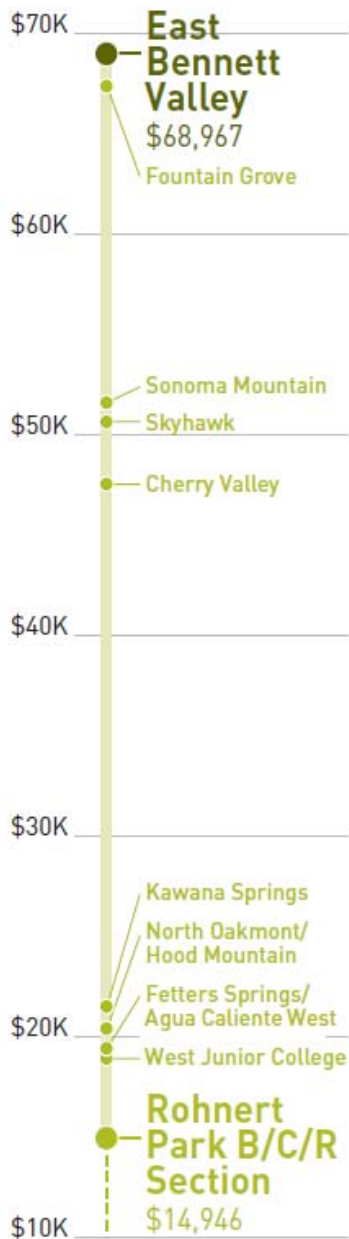


# SONOMA VALLEY: EDUCATION DATA

- 90.3% 9th graders graduate 4 yrs later
  - 89.7% of Latino students (highest in County)
- 21% of third graders read proficiently (lowest in County)
  - 41% White compared to 7% Latino students
- 56% of 3-4 year old children enrolled in public or private school







## MEDIAN PERSONAL EARNINGS IN SONOMA VALLEY BY CENSUS TRACT

# SONOMA VALLEY POVERTY DATA



- 43.4% of children in Feters Springs/ Agua Caliente West tract live in families below poverty level (FPL)  
(highest in County)
- 25.3% of Feters Springs/ Agua Caliente West residents are living below the FPL
- 12.6 % of adults 65 or older living in poverty in Carneros Sonoma tract

# A TALE OF TWO NEIGHBORHOODS

**Downtown Sonoma**  
**Human Development Index: 6.95**



- 14.4% Latino
- 86% school enrollment
- Median earnings \$42,835
- 53% management occupations
- 57% housing owned
- 2.1 average household size

**Fettters Springs/ Agua Caliente West**  
**Human Development Index: 3.41**



- 66.4% Latino
- 68% school enrollment
- Median earnings \$19,444
- 16% management occupations
- 45% housing owned
- 4.5 average household size

# HEALTHY ECOSYSTEMS HAVE...



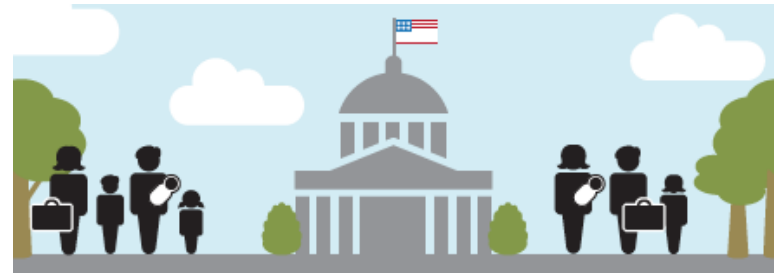
- Green spaces
- Sidewalks and bike paths
- Affordable housing



- Jobs with decent wages
- Work/life balance
- A diverse economy



- Fresh produce stores
- High-quality schools
- Affordable health care
- Accessible public transportation



- Equality under the law
- Accountable government
- Affordable, safe childcare
- Safety and security

# AGENDA FOR ACTION





# AGENDA FOR ACTION:



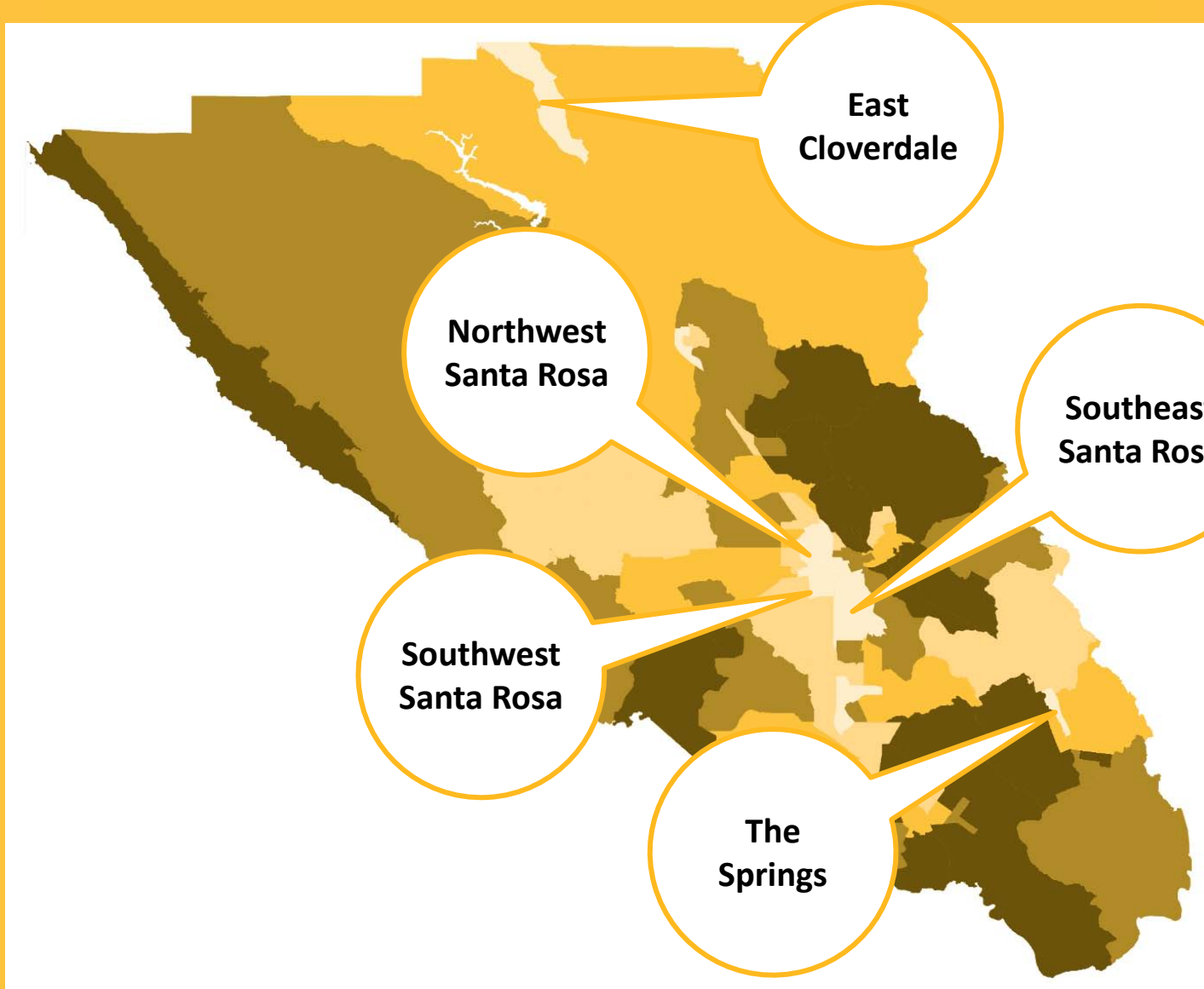
## **Population-based interventions**

- Make universal pre-school a reality
- Redouble anti-smoking efforts

## **Place-based interventions**

- Improve neighborhood conditions to facilitate healthy behaviors
- Mend the holes in the safety net for undocumented immigrants
- Address inequality at education's starting gate
- Prioritize on-time high school graduation
- Reduce youth disconnection from school and work
- Boost educational attainment for higher earnings
- Improve pay and quality of low-skill jobs

# AGENDA FOR ACTION: Priority Areas





# **OPPORTUNITIES AND EFFORTS IN SONOMA VALLEY:**



## **Population-based interventions**

- Sonoma City Council reviewing the city's Tobacco Ordinances
- County of Sonoma developing Tobacco Retailer License
- City Goal Setting- adopt a goal to address disparities
- Sonoma Valley Health Roundtable addressing youth binge drinking

## **Place-based interventions**

- Resident-led community garden expansion at Sonoma Charter
- Healthy Food Outlet Project at Carniceria La Chapala and El Brinquito in Boyes Hot Springs
- El Verano Community School



# HEALTHACTION

A 2020 VISION FOR SONOMA COUNTY



**Committee  
for Healthcare  
Improvement**



**Cradle to  
Career**



**Economic  
Wellness  
Work  
Group**

**UPSTREAM  
INVESTMENTS** 

# Collective Impact



Sonoma Valley Health Roundtable



# RESOURCES:

- Map indicators

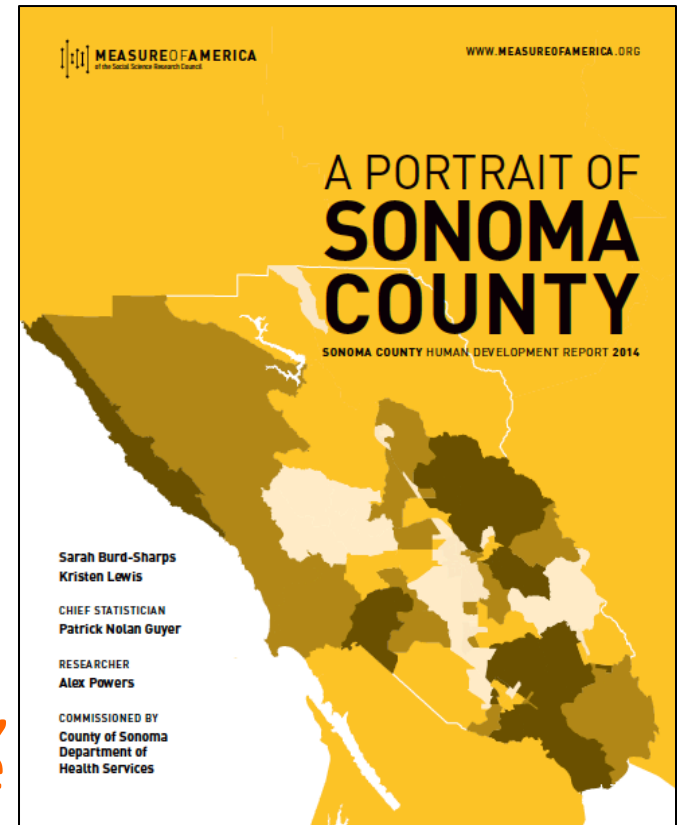
[www.measureofamerica.org/SONOMA](http://www.measureofamerica.org/SONOMA)

- Share the report

Outreach materials available

- Use report for strategic planning

Organizational plans, investments, policy development and collective impact interventions



8.

SVH ANNUAL  
REPORT FY2015

## OUTLINE FOR SONOMA VALLEY HOSPITAL ANNUAL REPORT 2014

### **GATEWAY TO HEALTH CARE**

#### **1. PORTRAITS OF THE BOARD OF TRUSTEES**

Photo and names: one page

#### **2. BOARD CHAIR MESSAGE**

This is an opportunity for the Board Chair to give her personal message to the community. It is a good place to celebrate the continuing excellence, the positive changes, and the ongoing financial stewardship of the “New” Hospital as the fulfillment of a community dream. And it may be an opportunity to recognize the careful financial stewardship that will sustain Sonoma Valley Hospital in the variable times ahead. 250 words

#### **3. – 4. TABLE OF CONTENTS**

#### **5. 6. LETTER FROM THE PRESIDENT AND CEO**

The CEO’s message is an opportunity to build on the theme of the “New” Sonoma Valley Hospital to express her personal pride in the accomplishment so far, in health care practices as well as the completion of the new building and fulfillment of the promise to serve as a gateway to healthcare for the community. Here, she will reinforce awareness in the “culture of health” that pervades the Hospital in all its aspects and to mention specific programs. 250 words

#### **7. 8. THE NEW SONOMA VALLEY HOSPITAL**

New Wing Opening - Pictures from the event in November – a photo montage spread with quotes from participants or descriptions, as available celebrating the Hospital’s fulfillment of its promise to the community.

SPECIAL FEATURE: Joyce Murphy, Sonoma Valley Greeting Service Coordinator, Kid Scoop/Newspaper in Education.

#### **9.-10. INSIDE THE NEW ER.**

Photo - The new ER: High patient satisfaction rating. Higher volume.

Facing page – Interview, Director of Nursing, Mark Kobe

Patient story

#### **11.-12.INSIDE THE NEW OR**

Photo – In Surgery

Facing page – At last, an all state of the art equipped new surgery center, great new anesthesiology medical director, outstanding small town personal service with big-city expertise all working together in a holistic healing atmosphere.

Interview – Allan Sendaydiego, Director of Surgery describes all the new services that enhance healing

#### 13.-14. HOME CARE OUTREACH

Photo staff or map showing Marin locations – photo of the Home Care group - Barbara Lee describes the expansion, with comments from home care workers

#### 15.-16. RENOWNED REHAB

Action photo of a class or clinic

Interview with Marek and Angela describing the new focus on health and specialized women's pelvic health issues as well as the focus on seniors with balance classes with comments from patients

#### 17.-18 PARTNERING FOR WELLNESS

Dr. Suzannah Bozzone, Medical Director of Wellness and Steven Lewis, Wellness Coordinator talk about the partnership with ParkPoint and the impact on health improvement from Compass Health Assessment Center

#### 19.-20 OCCUPATIONAL HEALTH

Photo showing patient working with therapist in work setting or in treatment.

Interview with Dawn Kuwahara focuses on the excellence service and volume growth which has led to an increase in the number of clients serving our employers locally

#### 21.-22 BIRTHPLACE

Photo showing the new water birth tub for individualized care with OB staff

Interview with Sue Gixti showing commitment to community and responsiveness to community's needs and mothers' desires. Patient story.

#### 23.-24. SNF

Photo – Director or caregiver in healing garden with patient.

Interview with Melissa Evans story tells about the Baldrige Silver Award for Excellence and the high number of patients/market share of our community who use our SNF. Mentions increased use for hospice room. Wendy Ranzau  
<[wranzau@hospicebythebay.org](mailto:wranzau@hospicebythebay.org)

#### 25.-26 DOCTOR OF THE YEAR

Photo Dr. Streeter

Interview – an opportunity to give the doctor’s view of the “new” construction in med/surg and patient centered care at the hospital and how it is helping him deliver outstanding medical care in every way.

## 27.-28 QUALITY

Photo – Quality & Culture of Safety team

Leslie Lovejoy discusses the “culture of safety” and how this led to the accolades from the year’s recognition as top 15 in the nation for safety.

## 29.-30.FINANCE TEAM

Photo of Patient Financial Services, Accounting, Materials Management, Admitting and Medical Records teams

These are the unsung heroes that are keeping SVH stable in a tumultuous time in the world of health care.

## 31.-32. SALUTE TO KEVIN CARRUTH

Photo

Tribute from Kelly and board members for his service and expertise over the past 4 years.

## 33.-34. FINANCE PAGES

## 35.-36. AUXILIARY APPRECIATION

Photo

Interviews with past presidents/members

## 37.-38. FOUNDATION

Photo of new SVHF board

Story and interview about the capital campaign and the new SVHF Executive Director and Foundation board

## 39-40. Photo montage donors

## 41.-42. DONORS

Photo - Weil

Photo - McQuown

9.

## ACHD MEMBERSHIP





**Meeting Date:** October 2, 2014

**Prepared by:** Sharon Nevins

**Agenda Item Title:** ACHD Membership

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**Background:**

Investigation of the decision as to the worth of the organization and fact that they are not offering a reduced fee based on distressed hospital status.

**Consequences of Negative Action/Alternative Actions:**

Lack of involvement in District political affairs at the California Legislature.

**Financial Impact:**

Annual membership \$20,000

**Attachments:**

- Report of Meeting
- Profile of Health Care Districts
- Listing of District Members
- Advocacy Summary
- Dues Structure

ACHD Meeting, held Wednesday, September 24, 2014 at ACHD Offices, Roseville, CA

Present: David McGhee, CEO ACHD and Alpha Fund; Tom Petersen, retiring ED ACHD; Ken Cohen, incoming ED ACHD; Amber Wiley, Sr. Legislative Advocate ACHD; Sharon Nevins

#### NOTES FROM MEETING

Reorganized 3 years ago to separate disability insurance company

Budget of \$1.3 million (reduced \$1million of costs during reorganization)

4 FTE plus contracted services

Executive Director

3 legislative advocates

Funding

60% from membership dues

40% support from Alpha

Considers the organization in the rebuilding phase

Membership (see attached)

New programs for members

Hospital certification, signifying to legislators that best practices have been reviewed and certified by an outside agency

Messaging and Media Training Program, promoting the special qualities of district hospitals

Ongoing programs for members

Ongoing legislative advocacy (see attached)

Tours of district hospitals for legislators

Collaboration with other California advocacy groups

Legislative day

Leadership training

Annual meeting

### Their pitch

Every district hospital thinks they are unique, but there are some significant common factors that can and should be used to influence legislation

A different perspective from AHA and CHA, working specifically for the healthcare districts

### Dues concession

We can pay dues on a quarterly basis

## PROFILE OF HEALTHCARE DISTRICTS

Total Healthcare Districts in California	78
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### ACHD Members

Districts Operating Hospitals	32
Critical Access Hospitals	18
Rural Hospitals	8
Other	6
Districts Operating Only SNF's	3
Community Based Districts	<u>18</u>
Total ACHD Members	53

### Non-ACHD Members

Districts Operating Hospitals	7
Critical Access Hospitals	2
Rural Hospitals	2
Other	3
Community Based Districts	<u>18</u>
Total Non-ACHD Members	25

## Association of California Healthcare Districts -- District Profile

### Members

#### Districts Operating Hospitals

	<u>Speciality Designation</u>	<u>District Location</u>	<u>FTE'S</u>	<u>Total Licensed Beds</u>
Antelope Valley Healthcare District		Urban	3,043	420
Bear Valley Community Healthcare District	Critical Access Hospital (CAH)	Rural	160	30
Coalinga Hospital District	Rural Hospital	Rural	170	123
Eastern Plumas Healthcare District	CAH	Rural	171	76
El Camino Hospital District		Urban	2,172	443
Hi-Desert Memorial Health Care District	Rural Hospital	Rural	489	179
John C. Fremont Healthcare District	CAH	Rural	165	34
Kern Valley Health Care District	CAH	Rural	180	101
Last Frontier Healthcare District	CAH	Urban	121	87
Marin Healthcare District		Urban	997	235
Mayers Memorial Hospital District	CAH	Rural	181	121
Mendocino Coast Healthcare District	CAH	Rural	281	25
Mountain Communities Healthcare District (Trinity)	Rural Hospital	Urban	122	37
North Sonoma County Healthcare District (Healdsburg)	CAH	Rural	211	43
Northern Inyo County Local Hospital District	CAH	Rural	284	25
Oak Valley Hospital District	Rural Hospital	Rural	363	150
Palo Verde Healthcare District	CAH	Rural	178	51
Palomar Health	3 Hospitals	Urban	3,025	714
Pioneers Memorial Healthcare District	Rural Hospital	Rural	818	107
San Geronio Memorial Health Care District	Rural Hospital	Rural	285	71
Seneca Healthcare District	CAH	Rural	85	26
Sierra View District Hospital	Rural Hospital	Rural	988	163
Sonoma Valley Health Care District		Urban	326	83
Southern Humboldt Community Healthcare Dist. (Jerrold Pt)	CAH	Rural	52	17
Southern Inyo Healthcare District	CAH	Rural	74	37
Southern Mono Healthcare District (Mammoth)	CAH	Rural	253	15
Surprise Valley Health Care District	CAH	Rural	64	26
Tahoe Forest Hospital District	CAH	Rural	694	62

Tehachapi Valley Healthcare District	CAH	Rural	147	25
Tri-City Healthcare District	CAH	Urban	2,681	397
Tulare Local Healthcare District	Rural Hospital	Rural	501	108
West Contra Costa Health Care District (Doctor's)		Urban	763	189
			20,044	4,220

#### Districts Operating Skilled Nursing Facilities

Chowchilla Memorial Hospitals District		Rural	45	
North Kern South Tulare Hospital District		Rural		
Soledad Community Health Care District		Rural	82	

#### Community Based Districts

Beach Cities Health District		Urban	47	
Bloss Memorial Healthcare District		Rural	2	
Camarillo Health Care District		Urban	7	
Cloverdale Health Care District		Rural	9	
Corcoran Hospital District		Rural	87	
Del Puerto Health Care District		Rural	31	
Desert Healthcare District		Urban	12	
Eden Township Healthcare District		Urban	5	
Fallbrook Healthcare District		Rural	1	
Grossmont Healthcare District		Urban	16	
Los Medanos Community Healthcare District		Urban	9	
Mark Twain Health Care District		Rural		
Palm Drive Health Care District		Rural		
Peninsula Health Care District		Urban	8	
Petaluma Health Care District		Urban	14	
Sequoia Health Care District		Urban	4	
West Side Community Healthcare District		Rural	13	
West Side Health Care District		Rural	7	

**NON-Members**Operating Hospitals

Kaweah Delta Health Care District			Urban	5,233	581
Lompoc Healthcare District	Rural Hospital		Rural	678	202
Plumas Hospital District	CAH		Urban	171	25
Salinas Valley Memorial Healthcare System			Urban	2,223	269
San Benito Health Care District (Hazel Hawkins)	Rural Hospital		Rural	670	171
San Bernardino Mountains Community Hospital District	CAH		Rural	120	37
Washington Township Health Care District			Urban	2,085	389
				11,180	1,674

Community Based

Alta Hospital District			Rural		
Avenal Hospital District			Urban		
Cambria Community Healthcare District			Rural		
City of Alameda Healthcare District			Urban		
Coast Life Support District			Rural		
Corning Healthcare District			Rural		
Del Norte Healthcare District			Rural		
East Kern Health Care District			Rural		
Exeter District Ambulance			Rural		
Heffernan Memorial Hospital District			Rural		
Indian Valley Health Care District			Rural		
Kingsburg District Hospital			Rural		
Lindsay Local Hospital District			Rural		
Mt. Diablo Healthcare District			Rural		
Muroc Healthcare District			Rural		
Redbud Healthcare District			Rural		
Selma Health Care District			Rural		
Sierra Kings Health Care District			Rural		

ACHD Advocacy Summary  
September 25, 2014

**Sponsored Legislation Timeline:**

2008: AB 1944 (Swanson) Physician Employment

2009: AB 405 (Caballero) Design Build for all Healthcare Districts, AB 646 (Swanson) Physician Employment

2010: SB 1005 (Cox) Design Build for all Healthcare Districts, SB 726 (Ashburn) Physician Employment

**Defeated Legislation in 2012:**

AB 2180 (Alejo): would have prohibited District Hospitals from providing to hospital executives, a payment contingent upon severance or retirement, or a lump sum payment, including one based on service or merit, a contribution to more than one retirement plan, or any other retirement benefit, unless the District makes the those options available to all employees.

AB 2418 (Gordon): would have required Districts to spend at least 95% of revenue derived from an annual general tax levy on specified community healthcare benefits. Such benefits would include: operating or maintaining a health care facility, providing direct health services, or any other item approved by that County's Local Agency Formation Commission (LAFCO).

Excluded benefits include: all staff salaries and other compensation, board member benefits, or expenses paid to any consultant hired by the District.

**Proactive Legislation in 2013/2014:**

AB 130 (Alejo): Chaptered in 2013 to ensure that a Healthcare District's Chief Executive Officer does not receive retirement benefits prior to retirement.

ACR 110 (Fox): Adopted in 2014 to declare May as Healthcare District month, recognizing the essential role that Healthcare Districts have in the communities they serve and throughout California.

AB 678 (Gordon): would have required specific Healthcare Districts to conduct an assessment of their community's health needs every 5 years, report on those needs as part of their annual report to the community, and submit the assessment to the LAFCO, as part of their Municipal Service Review.

**Current Advocacy Efforts:**

Advocacy videos on YouTube.

Legislative Day provides an in depth look at the current legislative climate and providing attendees the opportunity to meet with their legislative representatives in the Capitol.

Event Goals for 2014:

- Advocate effectively for Healthcare Districts;
- Communicate the priority legislative issues facing Healthcare Districts;
- Exercise best practices to increase transparency and community engagement in their District, and;
- Make informed decisions on Ballot Initiatives facing Healthcare Districts in 2014

Experience the Diversity Tours provides legislative and local representative staff with a firsthand look at the diversity of California's Healthcare Districts. Highlights challenges in providing



access to health care, attracting and retaining a qualified workforce, and discussing labor issues such as workers compensation and risk management.

**Event Goals for 2014:**

- Discuss the unique nature of Healthcare Districts;
- Describe the communities/constituents that Healthcare Districts serve;
- Explain workforce challenges and opportunities in rural California, and;
- Communicate the positive impact Healthcare Districts make in their communities.

**Coalitions:**

- California Special Districts Association
- California Hospital Association
- District Hospital Leadership Forum
- California Medical Association
- California State Association of Counties
- The League of California Cities
- Rural County Representatives of California
- Californians Allied for Patient Protection
- California Primary Care Association
- California State Rural Health Association

**Special District Caucus:**

This is a coalition of lobbyists representing Special District Associations, including: the California Special Districts Association, Association of California Water Agencies, California Association of Sanitation Agencies, California Parks and Recreation Districts, and the California Association of Public Cemeteries. The coalition meets regularly during the legislative session to discuss bills of interest to Special Districts and public entities. Additionally, the coalition meets with Assembly and Senate candidates running for office that will represent various Special Districts to discuss issues and offer our Associations as a resource to them once elected. For example, ACHD set up a meeting with Mike McGuire, running for Senate District 2 and Jim Wood, running for Assembly District 2.

**New Legislator Meet & Greets:**

Every year ACHD's Advocacy Team meets with newly elected Legislators that represent Healthcare Districts to introduce the Advocacy Team, provide information on each District and offer ourselves a resource on Healthcare and District issues.

**My ACHD website:**

My ACHD is a members-only website where ACHD Members can take advantage of a resources and information provided exclusively for ACHD Members. Advocacy resources include: All current and archived legislative alerts, in-depth legislative reports, every ACHD letter on legislation, and all ACHD event material. Additionally, the Advocacy Guidebook and the Legislative Toolkit are available electronically, which are tools created by the Advocacy Team to help Healthcare Districts be effective in their outreach communication efforts with legislators, local representatives, the media, constituents and other stakeholders.

**ACHD Blog:**

The Advocacy Team writes a weekly blog, posted every Friday on various topics throughout the year.

## ACHD Dues Structure

ACHD Dues are tiered based on activities of the District. If the District operates a hospital or skilled nursing facility, dues are based on their Operating Revenues as reported to OSHPD. Community Based Districts not operating hospitals, dues are tiered based on Net Assets. Districts operating Ambulance Services as their primary service have a flat fee.

If a District is a Participant in ALPHA Fund, they earn a 25% discount on their dues.

### Hospitals

#### OSHPD Operating Revenue

Over \$200,000,000	\$45,000
60 – 200 million	\$35,000
30 – 60 million	\$20,000
Up to 30 million	\$10,000

### Community Based and Other Districts

Community Based w/ Net Assets > 50 million	\$15,000
Community Based w/ Net Assets < 50 million	\$10,000

### Ambulance Services

All Districts	\$7,500
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10.

# CMO QUARTERLY REPORT



## CHIEF MEDICAL OFFICER QUARTERLY REPORT

### OCTOBER 2, 2014

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#### 2014 ACCOMPLISHMENTS

1. Successfully completed attestation for Stage II Meaningful Use.
2. Strengthened our relationship with Hospice by the Bay in the areas of palliative care and the skilled nursing facility end-of-life room
3. Implemented a physician documentation system based upon electronic templates and the use of voice recognition software. 100% participation by emergency room physicians and hospitalists.
4. Physician participation in Peer Review and Process Improvement meetings.
5. Quarterly meetings with the physician directors.
6. Developed and implemented blood product administration protocols.
7. Began transition of the Skilled Nursing Department from paper-based to electronic using Paragon. Hospitalists to provide patient care for unassigned patients.
8. Developed a physician satisfaction survey which will be deployed in mid-October.
9. Began the process of improving Nursing Staff Education and plan to hold frequent mock drills for high-risk situations.
10. Agreed to provide Clerkship opportunities for Touro University students in the SVH emergency room.
11. SVH contracted physicians agreed to a 10% reduction in stipend. Anesthesiology Consultants of Marin agreed to an annual reduction of \$250,000.

#### 2015 GOALS

1. Train and implement ICD-10 by October 2015.
2. Implement CCN as part of the population health initiative.
3. Deploy major upgrades to the Electronic Health Record (EHR) which will enhance physician workflow, productivity, and patient safety.
4. Renegotiate contract with Napa State Hospital.
5. Strengthen peer review process.
6. Continue to strengthen the Physician- Administration relationship.

**Sonoma Valley Hospital  
Physician Payments  
FY 2014 & FY 2015 (2 mos)**

	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-11	Jul-14	Aug-14
	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,200.00	1,000.00	1,000.00	1,000.00
	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	0.00	0.00	0.00
	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	0.00	0.00	0.00
<b>Total Med Staff Payments</b>	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	3,200.00	1,000.00	1,000.00	1,000.00
Total Surgical Call	37,250.00	38,968.48	34,246.00	51,900.00	53,747.36	40,400.00	46,500.00	42,000.00	46,500.00	45,000.00	43,300.00	39,000.00	40,300.00	40,300.00
Total OB Call	12,150.00	13,050.00	12,150.00	13,050.00	12,600.00	12,600.00	13,950.00	12,600.00	11,250.00	10,350.00	10,000.00	10,655.00	12,555.00	12,555.00
Total Pediatric Call	9,300.00	9,300.00	9,000.00	9,300.00	9,000.00	9,300.00	9,300.00	8,400.00	9,300.00	9,000.00	9,300.00	7,500.00	7,750.00	7,750.00
Cardio Call	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00
Gastroenterology C.	2,000.00	4,000.00	8,000.00	8,000.00	10,000.00	18,000.00	8,000.00	6,000.00	4,000.00	10,000.00	4,000.00	0.00	10,000.00	-2,000.00
ER Physicians	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	29,000.00	25,685.68	31,900.00
Stroke Telemetry Srvs	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00
Total Other Phys ER Calls	1,174.04	132.57	992.47	4,815.50	4,301.10	0.00	1,674.31	0.00	6,106.24	0.00	0.00	3,325.24	442.02	3,724.79
<b>Total Call Payments</b>	98,874.04	102,451.05	101,388.47	124,065.50	126,648.46	117,300.00	116,424.31	106,000.00	109,156.24	106,350.00	98,600.00	91,480.24	103,732.70	101,229.79
	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	2,000.00	1,000.00	0.00
	1,880.00	1,840.00	1,840.00	1,840.00	1,840.00	1,840.00	1,840.00	1,840.00	1,840.00	1,840.00	1,840.00	0.00	0.00	0.00
	0.00	1,116.00	1,201.00	1,200.00	0.00	1,200.00	0.00	1,200.00	0.00	1,200.00	0.00	800.00	0.00	0.00
	1,032.00	0.00	0.00	0.00	761.00	0.00	1,200.00	0.00	1,200.00	0.00	1,200.00	0.00	800.00	800.00
	1,024.00	1,024.00	1,024.00	1,216.00	1,280.00	1,088.00	1,152.00	1,088.00	1,088.00	1,152.00	1,088.00	900.00	900.00	900.00
	279.00	279.00	279.00	279.00	279.00	279.00	279.00	279.00	279.00	279.00	279.00	279.00	0.00	0.00
	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00
	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	7,000.00	6,300.00	6,300.00	6,300.00
	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	6,000.00	5,112.00	5,583.00
	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	2,838.71	2,500.00
<b>Total Director Pay</b>	25,215.00	25,259.00	25,344.00	25,535.00	25,160.00	25,407.00	25,471.00	25,407.00	25,407.00	25,471.00	25,407.00	22,279.00	19,950.71	19,083.00
Hospitalist Services	78,610.00	78,610.00	78,610.00	85,276.67	69,609.67	69,609.67	69,609.67	69,609.67	70,068.65	67,943.00	67,943.00	67,943.00	67,943.00	67,943.00
Total Occ. Health P	7,625.00	11,175.00	9,156.25	8,962.50	7,493.75	7,800.00	6,250.00	8,400.00	8,950.00	6,550.00	7,600.00	7,150.00	7,600.00	10,200.00
Anesthesia Services	73,744.66	71,666.34	73,744.66	73,744.66	63,351.02	71,665.66	71,665.66	69,649.92	73,744.80	71,665.66	71,665.66	82,062.36	49,555.97	84,588.91
Napa State Physicia	13,000.00	13,500.00	24,600.00	15,000.00	12,700.00	25,100.00	17,410.00	13,500.00	17,000.00	10,000.00	5,000.00	-50,056.89	9,000.00	6,000.00
Pediatric Cardiology	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Subtotal</b>	173,531.51	174,951.34	186,110.91	182,983.83	153,154.44	174,175.33	164,935.33	161,159.59	169,763.45	156,158.66	152,208.66	107,098.47	134,098.97	168,731.91
Prima Support	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00	51,666.00
Prima Medical Directors	0.00	0.00	3,333.33	3,333.33									0.00	0.00
	0.00	0.00	2,000.00	2,000.00									0.00	0.00
	0.00	0.00	21,000.00	3,000.00									0.00	0.00
	0.00	0.00	26,333.33	8,333.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Prima Support</b>	51,666.00	51,666.00	77,999.33	59,999.33	51,666.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51,666.00	51,666.00
<b>Total Physician Payments</b>	<b>352,486.55</b>	<b>357,527.39</b>	<b>394,042.71</b>	<b>395,783.66</b>	<b>359,828.90</b>	<b>320,082.33</b>	<b>310,030.64</b>	<b>295,766.59</b>	<b>307,526.69</b>	<b>291,179.66</b>	<b>279,415.66</b>	<b>221,857.71</b>	<b>310,448.38</b>	<b>341,710.70</b>

11.

FINANCIAL REPORT  
AUGUST 2014



**To:** SVH Finance Committee  
**From:** Jeanette Tarver, Controller  
**Date:** September 23, 2014  
**Subject:** **REVISED** Financial Report for the Month Ending August 31, 2014

### Overall Results for August 2014

SVH has a net income before the restricted contributions of \$35,237 on a budgeted net income of \$163,888 for an unfavorable difference of (\$128,651). Total net patient service revenue was better than budget by \$133,568. Risk contract revenue is under budget by (\$65,474) due to lower Napa State inpatient volume. This brings the total operating revenue to \$4,579,799 or \$151,182 higher than budgeted. Expenses were \$4,777,640 on a budget of \$4,491,495 or (\$286,145) over budget. The EBIDA prior to the restricted donations and GO Bond activity for the month was \$367,718 or 8.0%.

### Patient Volumes - August

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	104	107	-3	102
Acute Patient Days	376	398	-22	385
SNF Patient Days	687	626	61	615
Home Care Visits	1,109	953	156	736
OP Gross Revenue	\$10,410	\$10,585	(\$175)	\$9,801
Surgical Cases	133	130	3	130

### Overall Payer Mix – August

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	48.8%	49.8%	-1.0%	46.8%	49.6%	-2.8%
Medi-Cal	16.4%	11.4%	5.0%	17.6%	11.3%	6.3%
Self Pay	2.3%	3.4%	-1.1%	2.7%	3.4%	-0.7%
Commercial	22.4%	24.9%	-2.5%	21.9%	25.0%	-3.1%
Managed MC	3.9%	4.4%	-.05%	4.5%	4.4%	0.1%
Workers Comp	3.3%	3.1%	0.2%	3.3%	3.3%	0.0%
Capitated	2.9%	3.0%	-0.1%	3.2%	3.0%	0.2%
Total	100%	100%		100%	100%	

## **Total Operating Revenues**

Total operating revenues for August were \$4.6 million on a budget of \$4.4 million or \$151,182 better than budget.

Net Patient Revenue is over budget by \$151,182 or 3%, due to the following:

- Overall inpatient volume was under budget by 3 discharges, but had a payer mix with higher MediCal and less Medicare and Commercial.
- Outpatient was under budget in volume and had a lower Medicare and commercial insured patients.
- Emergency visit volumes were higher than budget by 46 visits.
- Skilled Nursing Home volume was higher than budget by 61 days.
- Home Care was higher than budget by 156 visits.
- Bad Debt was favorable to budget by \$104,137. We will re-evaluate the reserve next month.
- Risk Contract Revenue is under budget with Napa State no longer using our inpatient services.
- Other Operating Revenue is better than budget due to the yearly Beta dividend of \$75,281.

## **Expenses**

August's expenses were \$4.8 million on a budget of \$4.5million or over budget by (\$286,145). The following is a summary of the operating expense variances for the month of June:

- Total productive FTE's were 274 on a budget of 257, or (\$54,701) over budget due to higher volumes in several service lines. August had some higher than usual census days and yet expenses were controlled by majority of departments managing the volume surges without adding staff. Registry was over budget by (\$33,353) due to Surgery (\$14,937) and Obstetrics (14,196) travelers. Salaries were also over budget by (\$21,348), due to Skilled Nursing and Home Care volume increases (\$59,324). This increased cost was offset by other departments meeting or exceeding salary expense targets.
- Professional Fees were over budget by (\$69,364) due to an Anesthesiology incentive payment of \$33,131. Pharmacy expenses were also over by (\$48,162) due to the annual cost saving incentive payment to CPS for \$57,639.
- Supplies were over budget by (\$104,358.) This was due to the lack of timeliness of the purchase order system in Surgery. The issue has been addressed and was resolved by the end of August. Surgery will reduce expenses to their annual budget targets by the end of the fiscal year.
- Approximately \$80,000 of expenses in August should have been accrued for in FY 2014 which means the august monthly expenses are still \$200,000 over expected. The overage for the last two months has been analyzed by department and most will be decreased or represented one time expenses. Utilities and lab reference costs will likely be a variance all year.

## **Cash Collections on Patient Receivables:**

For the month of August the cash collection goal was \$3,321,380 the Hospital collected \$3,749,449 or over the goal by \$428,069. Year to date the cash goal was \$6,625,660, the Hospital collected \$7,611,234 or over the goal by \$985,574. The cash collection goal is based upon net hospital revenue from 60 days ago. Days of cash on hand are 12 days at August 31, 2014.





# **Sonoma Valley Hospital Sonoma Valley Health Care District August 2014 Financial Report**

**Finance Committee  
September 23, 2014**



# Patient Volumes

## Month of August 31, 2014

	Actual	Budget	Variance	Prior Year
Acute Discharges	104	107	-3	102
Acute Patient Days	376	398	-22	385
SNF Patient Days	687	626	61	615
Home Health Care Visits	1,109	953	156	736
Outpatient Gross Revenue (in thousands)	\$10,410	\$10,585	(\$175)	\$9,801
Surgical Cases	133	130	3	130

# Summary Statement of Revenues and Expenses Month of August 31, 2014

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1Total Operating Revenue	\$ 4,579,799	\$ 4,428,617	\$ 151,182	3%	\$ 4,466,411
2Total Operating Expenses	\$ 4,777,640	\$ 4,491,495	\$ (286,145)	-6%	\$ 4,468,774
3Operating Margin	\$ (197,841)	\$ (62,878)	\$ (134,963)	-215%	\$ (2,363)
4NonOperating Rev/Exp	\$ 233,078	\$ 226,766	\$ 6,312	3%	\$ 257,660
5Net Income before Rest.Cont. & GO Bond	\$ 35,237	\$ 163,888	\$ (128,651)	-78%	\$ 255,297
6Restricted Contribution	\$ 66,961	\$ 86,250	\$ (19,289)	-22%	\$ 68,958
Net Income with Restricted 7Contributions	\$ 102,198	\$ 250,138	\$ (147,940)	-59%	\$ 324,255
8Total GO Bond Rev/Exp	\$ 32,139	\$ 9,985	\$ 22,154	222%	\$ 115,418
9Net Income with GO Bond	\$ 134,338	\$ 260,123	\$ (125,785)	-48%	\$ 439,673
10EBIDA before Restricted Contributions	\$ 367,718	\$ 521,765	\$ (154,047)		\$ 791,794
11EBIDA before Restricted Cont. %	8%	12%	-4%		18%

# Summary Statement of Revenues and Expenses Year to Date August 31, 2014 (2 months)

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1Total Operating Revenue	\$ 8,916,984	\$ 8,645,728	\$ 271,256	3%	\$ 8,662,878
2Total Operating Expenses	\$ 9,403,525	\$ 8,898,700	\$ (504,825)	-6%	\$ 8,909,443
3Operating Margin	\$ (486,541)	\$ (252,972)	\$ (233,569)	-92%	\$ (246,566)
4NonOperating Rev/Exp	\$ 462,158	\$ 453,532	\$ 8,626	2%	\$ 396,708
5Net Income before Rest.Cont. & GO Bond	\$ (24,383)	\$ 200,560	\$ (224,943)	-112%	\$ 150,142
6Restricted Contribution	\$ 117,825	\$ 172,500	\$ (54,675)	-32%	\$ 243,340
Net Income with Restricted					
7Contributions	\$ 93,442	\$ 373,060	\$ (279,618)	-75%	\$ 393,482
8Total GO Bond Rev/Exp	\$ 3,177	\$ 19,957	\$ (16,780)	-84%	\$ 230,734
9Net Income with GO Bond	\$ 96,619	\$ 393,017	\$ (296,398)	-75%	\$ 624,215
10EBIDA before Restricted Contributions	\$ 660,792	\$ 916,314	\$ (255,522)		\$ 725,765
11EBIDA before Restricted Cont. %	7%	11%	-3%		8%

**Sonoma Valley Health Care District**  
**Balance Sheet**  
**As of August 31, 2014**

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
<b>Assets</b>			
Current Assets:			
1 Cash	\$ 1,757,489	\$ 2,083,036	\$ 1,361,593
2 Trustee Funds	1,753,339	1,753,339	540,405
3 Net Patient Receivables	7,926,063	7,629,045	8,228,617
4 Allow Uncollect Accts	(765,750)	(616,783)	(1,535,908)
5 Net A/R	7,160,313	7,012,262	6,692,709
6 Other Accts/Notes Rec	7,187,423	7,214,697	7,699,672
7 3rd Party Receivables, Net	1,876,820	1,784,687	981,821
8 Due Frm Restrict Funds	-	-	-
9 Inventory	766,592	768,566	759,680
10 Prepaid Expenses	552,420	587,667	1,190,381
11 Total Current Assets	\$ 21,054,396	\$ 21,204,254	\$ 19,226,261
12 Board Designated Assets	\$ -	\$ -	\$ 5,381
13 Property, Plant & Equip, Net	56,486,369	56,059,486	11,512,830
14 Hospital Renewal Program	-	-	31,801,877
15 Unexpended Hospital Renewal Funds	-	-	4,024,455
16 Investments	-	-	-
17 Specific Funds	1,122,919	1,464,113	1,017,244
18 Other Assets	415,779	475,376	267,516
19 Total Assets	\$ 79,079,463	\$ 79,203,229	\$ 67,855,564
<b>Liabilities &amp; Fund Balances</b>			
Current Liabilities:			
20 Accounts Payable	\$ 4,229,266	\$ 5,586,333	\$ 4,777,885
21 Accrued Compensation	3,992,303	3,710,055	3,688,734
22 Interest Payable	818,974	701,045	139,670
23 Accrued Expenses	2,589,123	2,131,580	1,013,842
24 Advances From 3rd Parties	441,536	484,665	1,835,174
25 Deferred Tax Revenue	5,842,977	5,447,569	4,045,951
26 Current Maturities-LTD	1,580,746	1,580,933	846,035
27 Other Liabilities	5,045,334	5,175,182	2,423,891
28 Total Current Liabilities	\$ 24,540,259	\$ 24,817,362	\$ 18,771,182
29 Long Term Debt, net current portion	\$ 40,544,239	\$ 40,525,240	\$ 37,600,238
Fund Balances:			
31 Unrestricted	\$ 12,701,354	\$ 12,633,976	\$ 6,442,444
32 Restricted	1,293,612	1,226,651	5,041,699
33 Total Fund Balances	\$ 13,994,966	\$ 13,860,627	\$ 11,484,143
34 Total Liabilities & Fund Balances	\$ 79,079,463	\$ 79,203,229	\$ 67,855,564

**Sonoma Valley Health Care District**  
**Statement of Revenue and Expenses**  
**Comparative Results**  
**For the Period Ended August 2014**

		Month				Year-To- Date				YTD
		This Year		Variance		This Year		Variance		Prior Year
		Actual	Budget	\$	%	Actual	Budget	\$	%	
Volume Information										
1	Acute Discharges	104	107	(3)	-3%	209	205	4	2%	202
2	SNF Days	687	626	61	10%	1,338	1,152	186	16%	1,072
3	Home Care Visits	1,109	953	156	16%	2,255	1,859	396	21%	1,496
4	Gross O/P Revenue (000's)	10,410	10,585	(175)	-2%	\$ 21,289	\$ 20,722	567	3%	\$ 19,872
Financial Results										
Gross Patient Revenue										
5	Inpatient	\$ 5,261,117	\$ 5,652,500	(391,383)	-7%	\$ 10,126,383	\$ 11,087,497	(961,114)	-9%	\$ 10,598,694
6	Outpatient	6,367,958	6,877,045	(509,087)	-7%	12,792,687	13,378,028	(585,341)	-4%	12,386,690
7	Emergency	3,697,116	3,415,390	281,726	8%	7,797,564	6,773,426	1,024,138	15%	7,027,888
8	SNF	2,386,152	2,476,404	(90,252)	-4%	4,865,270	4,516,000	349,270	8%	4,161,433
9	Home Care	344,622	292,433	52,189	18%	698,627	570,756	127,871	22%	457,028
10	Total Gross Patient Revenue	\$ 18,056,965	\$ 18,713,772	(656,807)	-4%	\$ 36,280,531	\$ 36,325,707	(45,176)	0%	\$ 34,631,732
Deductions from Revenue										
11	Contractual Discounts	\$ (13,773,683)	\$ (14,447,800)	674,117	5%	\$ (27,879,842)	\$ (28,017,060)	137,218	0%	\$ (26,377,722)
12	Bad Debt	(70,000)	(174,137)	104,137	60%	(140,000)	(338,021)	198,021	59%	(400,000)
13	Charity Care Provision	(14,000)	(26,121)	12,121	46%	(50,000)	(50,704)	704	1%	(81,000)
14	Prior Period Adjustments	-	-	-	0%	-	-	-	0%	71,644
15	Total Deductions from Revenue	\$ (13,857,683)	\$ (14,648,058)	790,375	-5%	\$ (28,069,842)	\$ (28,405,785)	335,943	-1%	\$ (26,787,078)
16	Net Patient Service Revenue	\$ 4,199,282	\$ 4,065,714	133,568	3%	\$ 8,210,689	\$ 7,919,922	290,767	4%	\$ 7,844,654
17	Risk contract revenue	\$ 222,778	\$ 288,252	(65,474)	-23%	\$ 472,484	\$ 576,504	(104,020)	-18%	\$ 474,561
18	Net Hospital Revenue	\$ 4,422,060	\$ 4,353,966	68,094	2%	\$ 8,683,173	\$ 8,496,426	186,747	2%	\$ 8,319,215
19	Other Op Rev & Electronic Health Records	\$ 157,739	\$ 74,651	83,088	-111%	\$ 233,811	\$ 149,302	84,509	57%	\$ 343,662
20	Total Operating Revenue	\$ 4,579,799	\$ 4,428,617	151,182	3%	\$ 8,916,984	\$ 8,645,728	271,256	3%	\$ 8,662,878
Operating Expenses										
21	Salary and Wages and Agency Fees	\$ 2,052,050	\$ 1,997,349	(54,701)	-3%	\$ 4,083,948	\$ 3,914,084	(169,864)	-4%	\$ 4,004,925
22	Employee Benefits	753,493	766,280	12,787	2%	1,516,618	1,535,147	18,529	1%	1,475,160
23	Total People Cost	\$ 2,805,543	\$ 2,763,629	(41,914)	-2%	\$ 5,600,566	\$ 5,449,231	(151,335)	-3%	\$ 5,480,085
24	Med and Prof Fees (excld Agency)	\$ 388,950	\$ 319,586	(69,364)	-22%	\$ 727,943	\$ 644,572	(83,371)	-13%	\$ 826,446
25	Supplies	594,788	490,430	(104,358)	-21%	1,145,770	977,594	(168,176)	-17%	1,073,980
26	Purchased Services	385,151	308,871	(76,280)	-25%	699,082	609,494	(89,588)	-15%	748,153
27	Depreciation	291,048	272,198	(18,850)	-7%	600,429	544,396	(56,033)	-10%	332,283
28	Utilities	115,483	80,567	(34,916)	-43%	217,010	161,134	(55,876)	-35%	162,383
29	Insurance	19,255	20,000	745	4%	38,510	40,000	1,490	4%	37,775
30	Interest	41,433	85,679	44,246	52%	84,746	171,358	86,612	51%	34,413
31	Other	135,989	150,535	14,546	10%	289,469	300,921	11,452	4%	213,926
32	Operating expenses	\$ 4,777,640	\$ 4,491,495	(286,145)	-6%	\$ 9,403,525	\$ 8,898,700	(504,825)	-6%	\$ 8,909,443
33	Operating Margin	\$ (197,841)	\$ (62,878)	(134,963)	-215%	\$ (486,541)	\$ (252,972)	(233,569)	-92%	\$ (246,566)
Non Operating Rev and Expense										
34	Miscellaneous Revenue	\$ 2,078	\$ 933	1,145	123%	\$ 13,095	\$ 1,866	11,229	*	\$ 24,040
35	Donations	20,000	10,000	10,000	100%	27,063	20,000	7,063	-35%	1,000
36	Physician Practice Support-Prima	(39,000)	(34,167)	(4,833)	14%	(78,000)	(68,334)	(9,666)	14%	(103,332)
37	Parcel Tax Assessment Rev	250,000	250,000	-	0%	500,000	500,000	-	0%	475,000
38	Total Non-Operating Rev/Exp	\$ 233,078	\$ 226,766	6,312	3%	\$ 462,158	\$ 453,532	8,626	2%	\$ 396,708
39	Net Income / (Loss) prior to Restricted Contributions	\$ 35,237	\$ 163,888	(128,651)	-78%	\$ (24,383)	\$ 200,560	(224,943)	-112%	\$ 150,142
40	Capital Campaign Contribution	\$ 66,961	\$ 86,250	(19,289)	-22%	\$ 117,825	\$ 172,500	(54,675)	-32%	\$ 243,340
41	Restricted Foundation Contributions	\$ -	\$ -	-	0%	\$ -	\$ -	-	100%	\$ -
42	Net Income / (Loss) w/ Restricted Contributions	\$ 102,198	\$ 250,138	(147,940)	-59%	\$ 93,442	\$ 373,060	(279,618)	-75%	\$ 393,482
43	GO Bond Tax Assessment Rev	152,326	150,241	2,085	1%	306,340	300,482	5,858	2%	304,651
44	GO Bond Interest	(120,187)	(140,256)	20,069	-14%	(303,163)	(280,525)	(22,638)	8%	(73,918)
45	Net Income/(Loss) w GO Bond Activity	\$ 134,338	\$ 260,123	(125,785)	48%	\$ 96,619	\$ 393,017	(296,398)	75%	\$ 624,215

12.

ADMINISTRATIVE  
REPORT SEPTEMBER  
2014



**To:** Sonoma Valley Healthcare District Board of Directors  
**From:** Kelly Mather  
**Date:** 9/25/14  
**Subject:** Administrative Report

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### **Summary**

Revenue is higher than expected for the first two months of the year and this is very good news. We experienced a surge in the census for a few weeks this summer from a usual census of 33 to 52, which was very unusual for this time of year. As you can see in the trending report, volumes are increasing over the prior year. Because of the positive revenue, August resulted in \$35,237 net income. We are still behind on meeting the annual budget. All departments are expected to meet their expense budget goals and most managers are doing an excellent job maintaining expenses.

### **Organizational Results**

As demonstrated by the August dashboard, we are experiencing a minor setback at inpatient satisfaction due to a change in the survey vendors. The nursing team is working on operational changes to address the new questions. However, patient satisfaction with physicians continues to improve and has reached an all time high this summer. We are concerned about physician satisfaction and are increasing the rounding on the medical staff due to some concerns about communications. In addition, a survey will be distributed to the physicians next week to learn more about the specific opportunities to increase partnership and trust. The expenses for August were \$286k higher than expected and that was due to a number of one-time expenses and significant variance in Surgery, OB and Patient Accounting. We have new leaders in these areas and improvements are already underway.

### **Operations**

It has been a very busy month with presentations and retreats. Employee Forums were held in September with a focus on discussing the current financial stability and results and the future of SVH. Staff still seems concerned that more expenses will be reduced and this was discussed at length at the forums. The Leadership Development Institute and the Performance Improvement Fair were also held this month. These two initiatives are aimed at enhancing the leadership skills of management to improve coaching and quality management. In addition, we will qualify for meaningful use stage 2 – which will bring us \$700k reimbursement in December.

### **Strategic Update**

The marketing to employers to encourage them to consider health plans that use our hospital continues. SCAN (a Medicare Advantage plan) is entering Sonoma County and their marketing campaign begins in October. We are working with a number of physicians, such as pain management and urology (men's health), to increase the volumes in Surgery. In addition, we are planning to re-negotiate our payer contracts starting in October to improve margins and possibly accept capitation. Finally, the Healing Hospital™ showcase was a great success. Over 40 attendees joined us this week to see the new model as implemented at SVH. These attendees included hospitals from all around California, health care industry experts and community stakeholders.



PILLAR	PERFORMANCE GOAL	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	Highly satisfied Inpatients	Maintain at least 5 out of 8 HCAHPS domain results above the 50 <sup>th</sup> percentile	4 out of 8	>7 = 5 (stretch) >6 = 4 >5 = 3 (Goal) >4 = 2 <3=1
Service Excellence	Highly satisfied Emergency Patients	Maintain a year to date average of at least 75 <sup>th</sup> percentile	79 <sup>th</sup> (rolling three month average)	>85 <sup>th</sup> = 5 (stretch) >80 <sup>th</sup> =4 >75 <sup>th</sup> =3 (Goal) <75 <sup>th</sup> = 2 <70 <sup>th</sup> = 1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Clinical Score at 68 or higher	71	72 = 5 (stretch) 70 =4 68 =3 (Goal) 66=2 <66 = 1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of 75 <sup>th</sup> percentile or higher	2013 76% mean score at 77 <sup>th</sup> percentile	>80 <sup>th</sup> = 5 (stretch) >77 <sup>th</sup> =4 >75 <sup>th</sup> =3 (Goal) >72 <sup>nd</sup> =2 <70 <sup>th</sup> =1
Finance	Financial Viability	YTD EBIDA	7%	>10% (stretch) >9%=4 >8% (Goal) <7%=2 <6%=1
	Efficiency and Financial Management	FY 2014 Budgeted Expenses	\$9,403,525 (actual) \$8,898,700 (budget)	<2% =5 (stretch) <1% = 4 <Budget=3 (Goal) >1% =2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	268 YTD FY2015 265 YTD FY 2014	>2% (stretch) >1%=4 >0% (Goal) <0%=2 <1%=1
	Outpatient Volumes	2% increase (gross outpatient revenue over prior year)	\$12.792 mm YTD \$12.386 mm prior year	
Community	Community Benefit Hours	Hours of time spent on community benefit activities for the	290.5 hours for 2 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 <500 = 1



## FY 2014 TRENDED RESULTS

MEASUREMENT	Goal FY 2015	Jul 2014	Aug 2014	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014
Inpatient Satisfaction	5/8	5	4										
Emergency Satisfaction	>89%	89.4	89.8	88.6	86.9	88.6	89.7	89.5	89.7	88.9	89.1	89.9	90.1
Value Based Purchasing Score	>68	68	71										
Staff Satisfaction	>75%	76	76	77	77	77	77	77	76	76	76	76	76
FY YTD Turnover	<10%	1.6	1.9										
EBIDA	>8%	7	7	7	6	6	6	5	5	6	9	4	3
Net Revenues	>4.1m	4.26	4.6	4.0	4.5	3.9	4.1	3.75	3.46	5.54	3.9	3.9	4.9
Expense Management	<4.5m	4.6	4.7	4.3	5.0	4.3	4.4	4.55	4.27	5.0	4.4	4.4	4.8
Net Income	>75	-8	35	883	990	-57	412	13	-12	401	-360	-240	567
Days Cash on Hand	>15	14	12	8	7	11	7	7	6	11	17	8	7
A/R Days	<50	47	45	50	48	50	52	51	47	51	55	46	48
Total FTE's	<301	309	305	320	312	313	315	310	301	318	320	309	303
FTEs/AOB	<4.5	3.92	3.77	4.45	4.12	4.39	4.39	4.39	4.4	3.81	3.86	3.89	3.74
Inpatient Discharges	>100	105	104	107	91	85	112	91	79	117	94	100	91
Outpatient Revenue	>\$10m	10.8	10.4	9.2	10.2	9.3	8.8	9.1	8.6	9.99	9.91	10.2	10.1
Surgeries	>130	135	133	120	135	135	138	113	121	156	147	142	121
Home Health	>1000	1146	1109	748	941	903	951	1040	872	1106	1218	1135	992
Births	>15	16	9	13	9	14	11	6	14	19	6	16	11
SNF days	>660	651	687	585	606	531	733	754	641	750	674	605	613
MRI	>120	132	139	111	125	111	83	103	108	122	103	118	124
Cardiology (Echos)	>70	49	53	93	76	61	50	45	50	55	62	61	57
Laboratory	>12.5	12.6	12.8	13.1	13.9	11.9	12.5	13.1	11.1	13.3	12.4	13.1	13.9
Radiology	>850	968	988	885	801	819	877	963	837	851	868	918	888
Rehab	>2587	3030	2859	2543	2471	2572	2899	2485	2403	2903	3394	2877	2945
CT	>300	376	345	299	277	295	285	332	295	334	301	332	335
ER	>800	889	868	795	801	665	751	811	655	769	788	909	716
Mammography	>475	414	417	417	677	569	489	430	445	447	404	519	429
Ultrasound	>325	348	361	329	342	341	307	290	350	438	424	497	339
Occupational Health	>575	656	678	853	521	642	535	579	504	534	595	600	618