



**BOARD OF DIRECTORS' MEETING
AGENDA**

**THURSDAY, JUNE 1, 2017
REGULAR SESSION 6:00 P.M.**

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

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Stacey Finn at (707) 935.5004 at least 48 hours prior to the meeting.	RECOMMENDATION	
AGENDA ITEM		
MISSION STATEMENT The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER	<i>Hirsch</i>	
2. PUBLIC COMMENT SECTION	<i>Hirsch</i>	
3. CONSENT CALENDAR (page 2-17) A. Board Minutes 05.04.17 B. Finance Committee Minutes 04.25.17 C. Quality Committee Minutes 04.26.17 D. Governance Committee Minutes 05.23.17 E. Executed Policies and Procedures F. Medical Staff Credentialing Report	<i>Hirsch</i>	Action
4. CANOPY HEALTH UPDATE (page 18-31)	<i>Criste</i>	Inform
5. ANNUAL HUMAN RESOURCES REPORT (page 32-45)	<i>McKissock</i>	Inform
6. FINANCIAL REPORT MONTH END APRIL 30, 2017 (page 46-55)	<i>Jensen</i>	Inform
7. ADMINISTRATIVE REPORT JUNE 2017 (page 56-60)	<i>Mather</i>	Inform
8. COMMITTEE REPORTS • Northern California Health Care Authority (JPA) – Meeting Report	<i>Boerum</i>	Inform
9. BOARD COMMENTS	<i>Board Members</i>	Inform
10. ADJOURN	<i>Hirsch</i>	

3.

CONSENT



BOARD OF DIRECTORS' MEETING
MINUTES
 THURSDAY, MAY 4, 2017
 REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
 175 First Street West Sonoma CA

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER The meeting was called to order at 6:02 p.m.	<i>Hirsch</i>	
2. PUBLIC COMMENT SECTION	<i>Hirsch</i>	
Ms. Laurie Gallian, Chair of the Sonoma County Democratic Party read the group's endorsement of Measure E. At the April meeting the Sonoma County Democratic Party voted unanimously to endorse measure E.		
3. CONSENT CALENDAR A. Board Minutes 04.06.07 B. FC Minutes 03.28.17 C. QC Minutes 03.22.17 D. Governance Committee Minutes 02.28.17 E. Executed Policies and Procedures F. Medical Staff Credentialing Report	<i>Hirsch</i>	Action
		MOTION: by Hohorst and 2 nd by Nevins to approve. All in favor.
4. INFECTION PREVENTION REPORT	<i>Mathews</i>	Inform
Ms. Mathews presented an in-depth overview of the Infection prevention program. She reported that implementation of prevention precautions with our practitioners has kept dangerous infections at zero occurrences for a number of years. The Antimicrobial Stewardship Program has reduced and maintained decreased usage and cost of antimicrobial medications. Ms. Mathews reported that C. difficile is the one health care related infection that is on the rise within the state of California. SVH set a goal to reduce C. difficile infections by 50%. In response to this goal probiotics were started with antibiotics, along with hand hygiene compliance and use of the UV disinfection robot. For two years SVH has met the 50% reduction goal, in addition to meeting and exceeding benchmarks for surgical site infection rates. The 2017 performance improvement plan is to focus on Catheter Associated Urinary Tract Infection (CAUTI) reduction.		
5. EMPLOYEE ENGAGEMENT SURVEY	<i>Mather</i>	Inform
Ms. Mather reported on the most recent employee engagement survey. 90% of the staff participated with ED, ICU and Surgery having a significant increase in participation. SVH remained above the national		

average at the 74 th percentile overall. Two opportunities to improve upon are career development and satisfaction with job security.		
6. STRATEGIC PLAN FY18 FINAL	<i>Mather</i>	Inform/Action
The draft strategic plan for FY2018 was formally reviewed at the April meeting. Mr. Boerum had one correction which was provided to the Clerk. He also thought there was a gap between the initiatives and the budget and wanted to see a business plan developed for some of these initiatives in order to bring them to life.		MOTION: by Boerum, 2 nd by Rymer. All in favor.
7. FINANCIAL REPORT MONTH END MARCH 31, 2017	<i>Jensen</i>	Inform
Mr. Jensen presented the financial report for March. Gross patient revenue for March was \$1,231,397 better than expected. Total operating revenue was favorable to budget by \$156,513. Cash on hand was 15.8 days, with Accounts Receivable at 44.2 days and Accounts Payable at 36.4 days. Total net income for March after all activities was \$304,415 vs. a budgeted net income of \$229,642. EBIDA for the month was 9% vs. the budgeted 7.8%. Mr. Jensen planned to revise the financial report at the start of the next fiscal year according to agreed-upon format changes.		
8. ADMINISTRATIVE REPORT FOR MAY 2017	<i>Mather</i>	Inform
Ms. Mather reported the staff satisfaction results and opportunities for improvement. CMS has now mandated that hospitals perform outpatient surgery satisfaction surveys, which will start this summer. Surgery volumes remain much higher at 13% over the prior year. All outpatient volumes were up in March. Single sign-on technology for clinical staff will roll out completely within the next week. Ms. Mather also said the patient satisfaction dashboard will be updated to compare us against national benchmarks.		
10. COMMITTEE REPORTS		
A. Governance Committee Work Plan	<i>Hohorst</i>	Inform/Action
Mr. Hohorst reported that the work plan was approved prior to the parcel tax campaign; therefore the work for April and May has not been completed. He stated it will resume in June.		MOTION: by Boerum, 2 nd by Hohorst. All in favor
B. Finance Committee Appointment	<i>Nevins</i>	Inform/Action
The Finance Committee approved and recommended Mr. John Perez's appointment to the Committee.		MOTION: by Hohorst. 2nd by Boerum. All in favor
11. BOARD COMMENTS	<i>All</i>	Inform/Discussion
Mr. Boerum reported that at the last JPA meeting all five districts approved the bylaws changes. He also reported that the JPA will be having a study session to look at the rules, just issued last Friday by the Bureau of Marijuana Control, surrounding the use of medical marijuana.		
Mr. Rymer brought the attention to an article supporting the parcel tax that was penned by himself and Ms. Nevins in the Sun on May 4, 2017. It will be published in the Index Tribune during the week of May 8 th .		

Ms. Hirsch reported that there was also an article to be in the May 5 th Index Tribune with the City Council's endorsement of the parcel tax. She also mentioned that the Sonoma County Board of Supervisors has declared May Health Care District month.		
12. ADJOURN The meeting adjourned at 7:27 p.m.	<i>Hirsch</i>	



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, APRIL 25, 2017
Schantz Conference Room

Present	Excused	Staff	Public
Sharon Nevins Stephen Berezin Peter Hohorst Susan Porth John Perez	Subhash Mishra, MD Keith Chamberlain, MD	Ken Jensen Jeannette Tarver Kelly Mather Michelle Donaldson	Sam McCandless

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	5:01pm		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	No public comments		
3. CONSENT CALENDAR FC Minutes 03.28.17	<i>Nevins</i>	Action	
		MOTION by Hohorst to approve, 2 nd by Berezin. All in favor	
4. JOHN PEREZ NEW COMMITTEE MEMBER	<i>Nevins</i>	Inform/Action	
	Ms. Nevins discussed Mr. Perez' background and qualifications for membership on the Finance Committee.	MOTION by Hohorst to recommend confirmation to the Board of Directors, 2 nd by Porth. All in favor	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
5. ADMINISTRATIVE REPORT	<i>Mather</i>		
	<p>Ms. Mather reported on a new outpatient text-based follow-up system called Rate My Hospital.</p> <p>The Hospital's current Leap Frog grade was reviewed and discussed. Ms. Mather expects the grade to go up next year.</p> <p>The current Medicare rating is four out of five stars and SVH passed its recent CIHQ credentialing survey.</p> <p>Ms. Mather said that while not currently an active campaign, the Foundation is exploring funding for a new outpatient diagnostic center. We hope to raise \$15 million for this project.</p>		
5. FINANCIAL REPORT FOR MONTH ENDING MARCH 31, 2017	<i>Jensen</i>	Inform	
	<p>Mr. Jensen presented the financial report for March. Gross patient revenue for March was \$1,231,397 better than expected. Total operating revenue was favorable to budget by \$156,513. Salaries and wages were under budget with employee benefits being over budget. Supplies were over budget in March due to the cost of surgical implants being over budgeted expectations and the cost of an anti-venom drug. After accounting for all other activity, the March net income was \$304,415 vs. the budgeted net income of \$229,642 with a monthly EBIDA of 9.0% vs. a budgeted 7.8%.</p> <p>Mr. Jensen said he would expand the footnote to show revenue offsetting expense for high dollar items going forward.</p>		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	<p>Ms. Nevins asked, with regard to last month's year-to-date operating margin being out of sync with budget by \$272,000, whether there were any other plans to bring that back to zero.</p> <p>Ms. Mather said that the 340B pharmacy program, unfulfilled positions, and previous expense cuts will help with that. The revenue is not exactly where we want it but surgery and special procedures are way up in April due to pain management, as well as a new ophthalmologist scheduling cases.</p> <p>Mr. Berezin asked about the IGT moving forward. Ms. Mather said an upcoming conference call was scheduled with the DHLF and CHA to discuss issues with district hospitals. Should something happen with IGT funds, we would try to get back into the provider fees like the nonprofit hospitals. Mr. Berezin asked if we could apply for the provider funds applying for the IGT? Ms. Mather said she would ask if we may apply for both.</p>		
6. CAPITAL CASH REQUIREMENTS	<i>Jensen</i>	Inform	
	Mr. Jensen reviewed and discussed capital requirements for the next budget year. It is noted that the reviewed capital requests are from FY16 and FY17. Ms. Mather requested that the final capital plan be reissued with discussed formatting updates at next month's meeting.		
6. CURRENT DEBT	<i>Jensen</i>		
	Mr. Jensen presented current debt at the request of the Committee. Ms. Nevins would like five items remain in balance: accounts payable at 45 days, accounts receivable at 45 days, cash at 20 days, and a reduction in the line of credit. Mr. Jensen suggested reducing the line of credit once		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	the budget is complete. A decision regarding capital spending will wait until next meeting.		
7. AUDITORS' REVIEW OF RESERVE	<i>Jensen</i>		
.	After the review it was decided that our payments were adequate. Mr. Jensen thought there may be a year-end adjustment due to overestimated collections. He reported we are trying to keep our prices within the 75 th percentile of surrounding hospitals.		.
8. ADJOURN	<i>Nevins</i>		
	Meeting adjourned at 6:09 pm		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
April 26, 2017, 5:00 PM
MINUTES
Schantz Conference Room**

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Michael Mainardi, MD Ingrid Sheets Kelsey Woodward Howard Eisenstark, MD Joshua Rymer		Susan Idell Carol Snyder Brian Sebastian MD Cathy Webber(?)	Leslie Lovejoy Mark Kobe Melissa Evans Deborah Bishop Cynthia Lawder, MD James DeMartini, MD

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Meeting called to order at 4:58 p.m.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	No public comment.	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 03.22.17 		MOTION: by Mainardi to approve, 2 nd by Sheets. All in favor
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
	Dr. Mainardi questioned the reference of moderate sedation with Propofol when it is deep sedation. Mr. Kobe responded that it is moderate sedation when it is below a certain dosage.	MOTION: by Rymer to approve, 2 nd by Mainardi. All in favor.
5. QUALITY REPORT APRIL 2017	<i>Lovejoy</i>	Inform
	Ms. Lovejoy reviewed the report. She is making an offer to a Director of Quality and Risk next week.	
6. QUALITY IN MEDICAL IMAGING	Dr. DeMartini	
	Dr. DeMartini presented an over view of California Advanced Imaging Medical Associates and the current state of imaging equipment, diagnostics being performed and future needs at SVH.	

AGENDA ITEM	DISCUSSION	ACTION
6. PATIENT CARE SERVICES DASHBAORD Q1 2017	<i>Kobe</i>	Inform
	Mr. Kobe reported on the first quarter dashboard metrics. Overall numbers look great with minor lags in only one department. Patient experiences (CAHPS) scores are not out yet. It is hoped that the recent wage increase for nursing will improve nursing turnover rates.	
7. SKILLED NURSING ANNUAL DEPARTMENT REVIEW	<i>Evans</i>	Inform
	Ms. Evans reports that the Skilled Nursing department continues to receive excellent survey results and high ratings for post-acute care. The department meets or exceeds most of its quality goals and has excellent staff and patient satisfaction scores. The continued focus will be on the national goals as well as making improvements on reducing psychotropic drug rates and reducing employee turnover. Ms. Evans said they are always working to increase the profit margin. She also reported that they are in the process of trying to retain a fulltime Medical Director to care for unassigned patients.	
ED ANNUAL REPORT	<i>Bishop/Lawder</i>	
	<p>The volume in the Emergency Department has continued to rise over the past few years, with an average of 925 patients seen each month. Employee engagement and satisfaction are very high, but the department continues to face challenges with staff retention. Because of this consideration is being given to the implementation of a two year contract with new nursing graduates.</p> <p>Future plans for performance improvement in the Emergency Department are to improve patient flow, implement nursing protocols and single sign on technology, and a new patient satisfaction rating system that will provide almost immediate feedback regarding patient experience, called Rate My Hospital.</p>	

AGENDA ITEM	DISCUSSION	ACTION
9. UPON ADJOURNMENT OF REGULAR SESSION	<i>Hirsch</i>	
	Regular session adjourned at 6:48 p.m.	
10. CLOSED SESSION <ul style="list-style-type: none"> • <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report 	<i>Hirsch</i>	Action
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
	The Medical Staff Credentialing was unanimously approved.	
12. ADJORN	<i>Hirsch</i>	
	Meeting adjourned at 6:52 p.m.	



**SONOMA VALLEY HEALTH CARE DISTRICT
GOVERNANCE COMMITTEE MEETING
MINUTES
TUESDAY, May 23, 2017
8:30AM**

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

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District meeting, please contact the District Clerk, Stacy Finn at sfinn@svh.com or (707) 935.5004 at least 48 hours prior to the meeting.		
MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hohorst</i>	
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up.	<i>Hohorst</i>	
No public comment		
3. ORIENTATION MANUAL	<i>Hohorst</i>	Inform
The orientation manual needs three more items to be completed. The review will be placed back on the agenda for June.		
4. REVIEW OF WEB SITE	<i>Hohorst</i>	Inform
The website review noted that the operating budget information needs updating. The history of the hospital and the preparations for the 70 th anniversary of the hospital should be added to the site. This information has been referred to Bob Kenny.		
5. ADJOURN	<i>Hohorst</i>	
Meeting adjourned at 0845am.		

Review and Approval Requirements


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

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

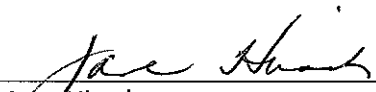
We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.



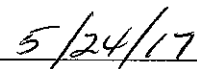
Kelly Mather
Chief Executive Officer



Date



Jane Hirsch
Chair, Board of Directors



Date

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	5/16/2017	Y	
Quality Committee	5/24/2017	Y	
Board of Directors	6/01/2017		



Policy Submission Summary Sheet

Ellen Shannahan, Director of Materials Management		Ken Jensen, Chief Financial Officer	
Signature: <i>Ellen Shannahan</i>	DATE: 5-17-17	Signature: <i>Ken Jensen</i>	DATE: 5/17/17

ORGANIZATIONAL

REVISIONS

GL8610-152 Mercury-free Purchasing

Added reference to GL8610-166 Product Evaluation Guidelines

GL8610-166 Product Evaluation Guidelines

Added Environmental Preferred Purchasing Questions

Lynn McKissock, Director of Human Resources	
Signature: <i>Lynn McKissock</i>	DATE: 5/17/17

ORGANIZATIONAL

REVISIONS

HR8610-104 Classification of Employees

Revised to address employment status as it relates to overtime pay and/or benefit eligibility. Removed reference to payment practices, recording time worked and salary adjustments, which are addressed in the Compensation and Time & Attendance policies. Added language in regards to Per Diem requirements in the Nursing departments.

HR8610-155 Paid Sick Leave

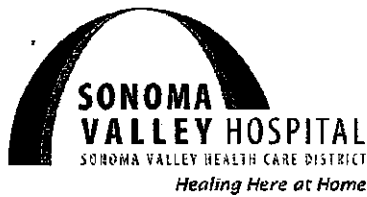
Corrected references to other policies.

HR8610-156 Paid Time Off

Cleaned up general language for clarity, keeping the content focused on PTO only (removing reference to Disability hours and reference to the option of accepting or declining benefits). PTO is accrued for employees that work at a .5 or above. Added language in regards to not using PTO as a bank account. Added language in regards to an emergency PTO withdrawal, upon approval, for financial hardship/catastrophic event.

RETIRED

HR8610-167 Employee Emergency Fund




Policy and Procedure - Approvals Signature Page

Review and Approval Requirements

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

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

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


 Michael Brown, MD
 Chair, Surgery Committee

5-3-17

Date

Jane Hirsch
 Chair, Board of Directors

Date

Reviewed by:	Date	Approved (Y/N)	Comment
Surgery Committee	5/03/2017	Yes	
Board of Directors	6-1-2017		



Policy Submission Summary Sheet

Kathy Mathews, Clinical Quality Coordinator		Leslie Lovejoy, Chief Quality Officer	
Signature: <i>Kathy Mathews</i>	DATE: 5.3.17	Signature: <i>Leslie Lovejoy</i>	DATE: 5.3.17

ORGANIZATIONAL

REVISED

IC8610-171 Staph aureus Decolonization Procedure for Patients Undergoing Total Joint Replacement Surgery

Revised to include ORIF patients (lower extremities) in this procedure.

4.

CANOPY HEALTH UPDATE





COORDINATED, QUALITY HEALTHCARE

Refreshingly Clear, Human Care

We believe healthcare doesn't have to be confusing or complicated. We've built the Canopy Health alliance upon three unique values of care and coverage.

02

Values of Care & Coverage

Accessibility

Member in-network coverage, and access to our alliance of more than 4000 doctors, dozens of care centers, and numerous renowned hospitals in seven Bay Area counties.

Transparency

A focus on the patient experience, which means providing our members no surprises; clear identification of out-of-pocket costs, and honest care and coverage through the duration of the health continuum.

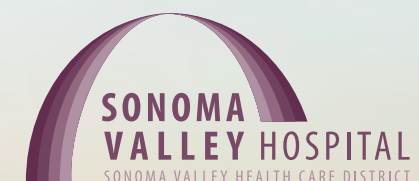
03

Quality Care

Better quality care through proactive customer service, coordinated primary and specialty care, and implementation of technology and shared data.

OUR ALLIANCE IS STRONG

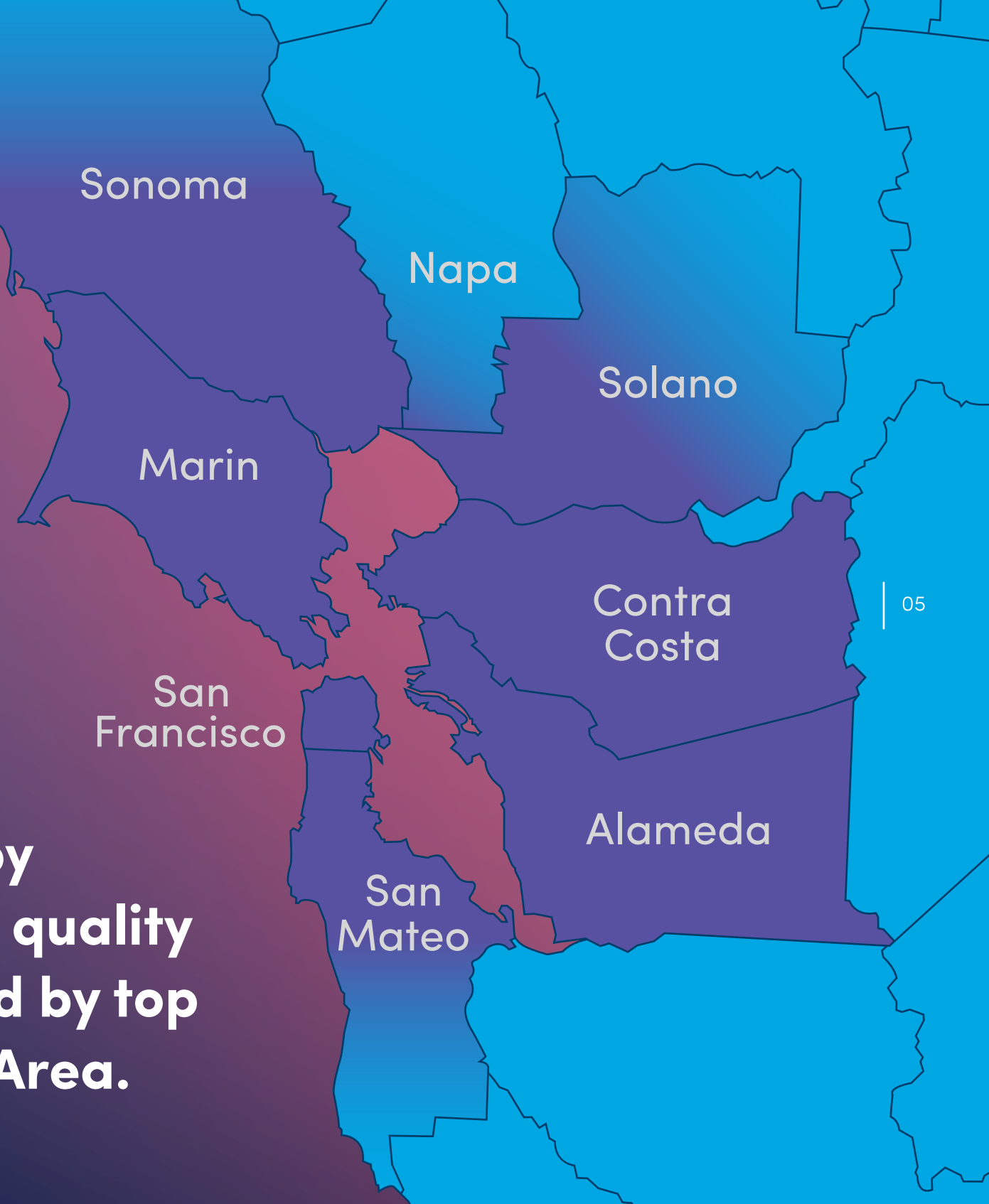
Renowned Hospitals & Medical Groups



WHERE YOU LIVE, WORK, AND PLAY

We've Got the Bay Area Covered!

We've created an integrated
healthcare experience owned by
physicians and hospitals where quality
care and coverage are provided by top
caregivers throughout the Bay Area.





CAREGIVERS CHAMPIONING HEALTH

Reinventing Healthcare in the Bay Area

06

**As caregivers championing health, we
can apply our core values through
our commitment to service.**

Commitment to Service

Superior Customer Service

Achieved through prompt, empathetic, and responsive human interaction.

Increased Member Access

Accomplished with advanced technology and sound administrative policies.

| 07

Competitive Pricing Structures

Attained by working directly with health plan partners to ensure organizational efficiencies are passed along to members and employers through lower premiums.

SUCCESSFUL STRATEGIES

Fortune Favors the Brave

Beyond the reputation and excellence of our alliance, we'll use proven marketing strategies for growth.

08

Growth Strategy

Broker Outreach

We will widen our broker audience through internal and external marketing and education.

Target Business

Our primary targets are more than 11,000 small- to mid-sized businesses within the Bay Area.

09

Create Awareness

We will generate awareness with individuals, families, advocates and decision makers during Open Enrollment.

Education

By educating and exciting alliance partners, doctors and staff, they will elicit enthusiasm for the brand.

NEW HORIZONS

Achievable, Scalable Goals

We're all in this together, and better together, and believe achieving our goals will truly help reinvent healthcare in the Bay Area.

10



canopy
HEALTH

Refreshingly Clear, Human Care



Refreshingly Clear, Human Care

Welcome to the Launch of Canopy Health!

Our Mission:

We are creating an integrated healthcare experience where quality care and coverage are provided by an alliance of top caregivers throughout the Bay Area, allowing people access to the best options for their needs. We do this in a way that is refreshingly clear by making each unique customer's journey predictable, transparent, and cost-effective.

What Is Canopy Health?

Owned by physicians and hospitals, Canopy Health is an alliance of caregivers focused on improving health, advocating for our entire population, and supporting individuals in a way that is empathetic and respectful.

At Canopy Health, physicians have the entire Canopy Health alliance of specialists and facilities at their disposal and can decide (along with their patients) when and where to refer them for specialty care.

Who Is Canopy Health?

Canopy Health is a physician and hospital-owned corporation that is operating under a restricted Knox-Keene license from the Department of Managed Health Care (DMHC), which allows us to accept responsibility for the full medical costs and quality management of health plan enrollees. Canopy Health is owned by UCSF Health, John Muir Health, Muir Medical Group IPA, Hill Physicians Medical Group, and Meritage Medical Network.

Providers Within Our Alliance Include:

4,000+ Bay Area physicians from:

- Hill Physicians Medical Group
- Meritage Medical Network
- John Muir Physician Network

Leading facilities including:

- UCSF Health Medical Center (3 campuses)
- UCSF Benioff Children's Hospital (2 campuses)
- John Muir Health (2 campuses)
- Marin General Hospital
- Sonoma Valley Hospital
- The Alameda Health System (3 campuses)
- San Ramon Regional Medical Center
- Washington Hospital Health System

We also have hundreds of medical providers contracted to provide a complete set of services, and our team of physicians, hospitals, and providers continues to grow.

How Do I Find Out More About Canopy Health?

Sign up for our Broker Announcements at
CanopyHealth.com

We will be outlining plans that will be available for sale in 2017.

Contact Us For More Information at
[1-888-8-CANOPY](tel:1-888-8-CANOPY)



Why Canopy Health?

The physicians and facilities of Canopy Health have long been recognized as providing quality healthcare services in their community. Patients generally assume that all healthcare providers offer high quality clinical care, so the primary differentiators among medical networks are service, access, and price.

Canopy Health will differentiate itself in these ways:

- Optimized service and access at every level through prompt, empathetic, and responsive human interaction
- Advanced technology and sound administrative policies
- Lower premiums through our participating organizations moderating their prices to Canopy Health
- Clear and predictable cost and quality for our members

What Health Plans Does Canopy Health Offer?

Canopy Health is working with several prominent health plans to create high-quality, consumer-focused, and price-competitive insurance products that are offered for employers, individuals, and other purchasers in the San Francisco Bay Area.

Effective immediately, Canopy Health is offering a plan available to University of California employees, with an expected enrollment of 15,000 employees and their dependents. Initially, our organization will offer HMO products with primary care selection and care management programs guided through our local medical groups and IPA's. Product designs will allow enrollees access to physicians and facilities throughout our service area with clear, predictable costs and quality.

Is Canopy Health An Insurance Company Or A Health Plan?

Neither. Canopy Health is an alliance of physicians and hospitals that contract with insurance companies to offer health plans in which high-quality healthcare is provided by our vast network of physicians and facilities. Employers, individuals, and other purchasers may select Canopy Health from among a series of alternative health plan product(s) offered by insurance companies. (In many cases, the product itself may be called "Canopy Health").

Which Plans Contract With Canopy Health?

Canopy Health is contracted with Health Net of California and will be available to many employees of the Regents of the University of California. For 2017, Canopy Health expects to be available through one or more health plans to small and mid-sized Bay Area employers on a fully insured basis. This fall, we will be announcing additional health partners.

Is Canopy Health An HMO?

Canopy Health is not an HMO, but our initial licensure is through DMHC to contract with HMOs. Unlike the health plans we will contract with, Canopy Health is owned and governed by local practicing physicians and hospitals. We embrace a steadfast commitment to preventive health services, personal primary care physicians, and evidence-based care management plans and services, which constitute the core values of an HMO. Our focus is on improving health, advocating for our entire population, and supporting individuals in a way this is both empathetic and respectful. In short, we are caregivers championing health.

Do Canopy Health Patients Need A Referral To See A Specialist?

Yes. Canopy Health values personal primary care physicians – their judgment and expertise, and their relationship with their patients.



5.

ANNUAL HUMAN RESOURCES REPORT

Introduction

2016 was a busy year for Human Resources! HR is leading the effort to comply with the new Cal/OSHA requirement for the implementation of a Workplace Violence Prevention program. We have put together a taskforce that is working together to meet this new regulatory requirement by April, 2018. Other significant projects completed in 2016 include completion of a performance improvement project looking at turnover, meeting the Affordable Care Act (ACA) tracking and reporting requirements, significant adjustments to the SVH compensation program, production of individual Total Compensation Statements, and most fun of all, hosting the annual Employee Excellence and Service Awards banquet!

2016 Dashboard

Performance Indicator	2016	2015	2014
Employee Engagement Organizational Score (CY)	4.24 74 th Percentile	4.33 84 th Percentile	79.6 (old platform) 90 th Percentile
Employee Engagement Survey Response Rate (CY)	90%	86%	77%
Turnover (CY)	10.3%	8.1%	10.7%
Salary Costs / % of Net Revenue (FY)	\$25,970,061 / 44.4%	\$23,760,793 / 43.5%	\$23,275,250 / 43.3%
Benefit Costs / % of Net Revenue (FY)	\$9,711,167 / 16.6%	\$9,502,533 / 17.4%	\$8,931,585 / 16.6%
Registry/Traveler Costs (FY)	\$993,822	\$871,047	\$961,362
Absenteeism Monthly Average (CY) Nursing / Non-Nursing	41 26 / 14	40	40
Leave of Absences (CY)	74	63	46
Number of Injuries (CY)	6	6	3
Number of Open WC Claims (CY)	11	12	14
Workers' Comp Costs (CY)	\$139,888	\$154,478	\$185,445
Legal costs for Employee Issues (FY)	\$36,657	\$30,255	\$16,303
Wellness Program Participation (CY)	182/263 – 69%	162/260 – 62%	168/245 – 69%

Employee Engagement Survey

Measuring our employee engagement every year continues to provide us with meaningful feedback that we can then translate into action. For example, last year's survey revealed that one of our two areas of concern was in regards to pay. We did a lot of research and analysis, followed up by some significant financial investments into our pay structure, which we were then able to apply in January of 2017. The survey results this year indicate that fair pay is no longer an organizational concern.

The survey was completed online by 368 employees this year, bringing us to an all time high in our participation rate of 90%! The most notable improvement in participation was in our nursing departments where participation went from below half in previous years to 90% - 100% this year! While we did see a slight decline in our overall employee engagement score compared to the previous year, the change was not significant (-.09). However, it did cause us a drop in our percentile ranking as well, to the 74th percentile from the 84th last year. That being said, our organizational engagement score (4.24) is still significantly above the National Healthcare Average (+.12) as well as the National Community Hospital Average (+.11).

The highest performing items included: My work unit is adequately staffed; this organization makes employees in my work unit want to go above and beyond what's expected; the amount of job stress I feel is reasonable; different work units work well together in the organization; and, there is a climate of trust within my work unit. The items that showed the greatest improvement over last year included: This organization supports me in balancing my work life and personal life; physicians and staff work well together; and, I get the training I need to do a good job.

Our Tier distribution showed improvements over last year as well. The Tier score is representative of how each department/work unit scored on the Power Items – the items that are most representative of employee engagement. In order for a department/work unit to achieve a Tier 1 score, the Power Items score must be equal to or greater than 4.15 (on a scale of 1-5). Tier 2 would be a Power Items score of greater than or equal to 3.8, but less than 4.15, and a Tier 3 would be a score of less than 3.8. The Power Items include: I like the work I do; the person I report to treats me with respect; my work unit works well together; I respect the abilities of the person to whom I report; and, this organization provides high-quality care and service. We saw an increase in our Tier 1 and Tier 2 ratings compared to last year, with a corresponding decrease in our Tier 3 ratings. This is a definite indication that we are seeing results from our hard work and focus on improving employee engagement at the department/work unit level.

Finally, we also have results that indicate there are areas of concern. However, it's important to note that organizationally, there were only two items that scored significantly low: This organization provides career development opportunities and I am satisfied with my job security. While we recognize and celebrate what we are doing well overall, we will continue to understand what it means to have job security and career development and formulate appropriate action plans in response.

Turnover

As we can see in the dashboard above, SVH turnover ratio appears to fluctuate year-over-year; down one year but then up again the next. While the turnover in our nursing and clinical departments stayed relatively level, as compared to last year, we did see a slight increase in turnover in our support departments. In an effort to improve the communication and understanding of turnover, the human resources department staff completed a Performance Improvement (PI) project in 2016 that demonstrated the cost of turnover. As a continuation of this PI project, in 2017 the human resources department will implement an exit interview project to help us better understand the reasons behind

our turnover rates. Research shows us that the three primary reasons for turnover are due to poor relationships with direct supervisors, staffing issues, or personal (life events, such as family relocation). We look forward to collecting the results specific to SVH to help us better understand the reasons that are affecting us and develop actions to address. It's important for any organization to understand what's behind their turnover rate, but most importantly for an organization of our size, as costs of recruitment and training can have a big impact on a small budget such as ours.

Compensation & Benefits

It is our goal to maintain a compensation program that is competitive as well as representative of the regional wage market in the healthcare industry for a facility of our size. However, in 2015 and into 2016, we were hearing loud and clear from staff and leadership that pay was an issue – that we were losing staff due to our low pay structure and that we were experiencing hiring difficulties for the same reason. Additionally, the employee engagement survey results for 2015 showed us the item that received the lowest rating was in response to “My pay is fair compared to other healthcare facilities in our region.” In response to all this feedback, we took action.

Utilizing the Allied for Health Survey as our primary benchmark, we added additional analyses by comparing our salary ranges to not only the Northern California region, but also compared to the North Coast Region (Sonoma, Napa, Lake, and Mendocino counties). The results of this analysis led us to increase the salary range midpoint for 28 positions, ranging from 5% to 23%; broaden all salary ranges from a 30% width to a 40% width (minimum to maximum); and adjust individual pay rates – 3% across the board with 20% of our population receiving a greater individual increase (4% - 19%) based on longevity and/or salary range adjustment. In addition to this, all hospital nursing departments received an additional 3% increase in April of 2017. The average nursing hourly wage is now \$58.08 and the average non-nursing hourly wage is now \$32.28.

As you are well aware, due to financial concerns the later part of 2016, it was uncertain that we would be able to move forward with these proposed adjustments as nearly all of leadership and other staff members were taking furlough days to help reduce our cash constraints. Additionally, some executive staff took permanent reductions in their FTE status to help us meet our cash-reduction goals. We were all very pleased that these efforts proved their value and we regained our financial stability and able to proceed with these greatly needed wage adjustments.

In an effort to also achieve our commitment to communication and transparency, Human Resources generated, for the first time at SVH, a Total Compensation Statement for each employee. These statements communicated their new individual pay rates, their current position's salary range, as well as the amount of money the hospital contributes to their benefits, resulting in a total compensation figure. These statements were well received and generated informative and meaningful conversations, affirming the importance of sharing information. We will continue to generate these statements each year going forward.

In regards to benefits, we continue to try running downhill on an upward moving conveyor belt. In other words, cost of benefits continues to rise each year, and each year we try to minimize our financial impact while still maintaining benefits that not only attract, but also retain, talented individuals. For the 2017 benefit plan year, we successfully negotiated a reduced increase to our medical insurance premium of only 2.23%; Dental, Vision, Life & LTD had no increase (under current contract). Other changes we made this year included an increase to the employee contribution towards premiums (14%) as well as re-structuring the rates to a 4-tier structure, from 3-tier, thereby providing employees with families better cost options.

We also continue to comply with the Affordable Care Act (ACA) requirements of measuring hours worked by all employees on an annual and monthly basis and offering medical insurance to employees that meet the criteria (regardless if they are in a benefited position or not). Currently we have four employees enrolled in the medical insurance that met the ACA qualifications. Additionally, the regulation requires producing individual reports to each employee as well as a comprehensive file submitted to the IRS annually. It will be interesting to watch the political debates over this program and whether or not this requirement will continue.

Worker's Compensation

In 2016 we experienced 6 new injury claims; however, three of these new claims have already closed, out of a total of 7 closed claims in 2016, leaving us with 8 open claims currently. The two top causes of injury are related to lifting/moving patients and repetitive motion. We continue to communicate and educate on proper lifting techniques as well as offering ergonomic evaluations, all in an effort to reduce these types of injuries. The good news here is that we have reduced our cost of claims in 2016, as compared to prior years, and our administrative fees remain under \$10,000 per year – a significant savings from traditional, fully insured worker's compensation insurance plans.

Education

Our Education Coordinator, Bonnie Bernhardt, has continued to provide numerous educational opportunities for the staff at SVH in 2016, including 74 classes and in-services and 27 online training modules through HealthStream. These regulatory, ongoing, and one-time special education offerings continue to prove valuable for our staff and patients. Bonnie has a dedicated focus on opportunities for improvement and identifying/correcting gaps on our clinical policies and procedures. A few outstanding examples include:

New Hire Orientation: Expanded on the list of topics for clinical staff considered high-risk to patient safety and reviewed prior to working on the unit. Topics include use of the cardiac monitor, AED, defibrillation, synchronized cardioversion, transcutaneous pacing, care of the patient under arrest or incarceration as well as self protection techniques, moderate sedation, restraints, glucometer, insulin pens, ECG interpretation, catheter related urinary tract infection prevention and proper procedures for picking up blood from the Lab.

Advance Health Care Directives (AHCD): Hospital and community workshops conducted with the goal of having all staff and community members complete AHCD to ensure their wishes are honored during their end of life process.

Skills Lab: An annual event (with a lot of follow-up) committed to improving and maintaining the skill level of our staff for those low frequency/high-risk skills. In order to ensure that these high-risk skills meet our high level of standard, the competency verification process includes a hands-on return demonstration.

Adult Code Blue Drills: Offered in all clinical departments to improve efficiency in responding to cardiac arrest patients.

Our education goals are to continue driving and supporting safe and high-quality patient care. While this is a big undertaking for a one-person department, we know Bonnie's the one to do it – recipient of our 2016 Excellence Award in Innovation. She most definitely is someone who seeks new and creative solutions to deliver quality healthcare!

Wellness Program

We made some changes to our Wellness Program in 2016 by adding the opportunity for spouses to join the program, if they are covered by the medical insurance offered at SVH. This brought our participation rates up as well as our successful program completion rates, as compared to last year. The annual cohort report we receive from Viverae each year shows that our employees experienced an improvement in nutrition and a reduction in stress (as self reported) in 2016. This program offers employees not only the education and encouragement to improve and maintain good health and healthy habits but also provides financial rewards. Employees that are enrolled in the medical insurance plan offered at SVH and successfully participate in this program receive a Wellness Credit that fully covers their contribution amount for the medical insurance. We believe this is a good benefit program to offer our employees – many of whom utilize it to the full maximum capacity.

Goals/Initiatives for 2017

Looking forward, the human resources department is committed to continuing our work towards a better understanding of turnover and using that data to review our new hire selection process as well as our performance evaluation process. 2017 will see the bulk of the work for the implementation of the Workplace Violence Prevention program, with an aim to have the written program completed by Fall in order to begin developing the required training, and have all employees trained by the due date of April, 2018. Benefits continue to be on our radar with efforts to manage the costs the best we can while still offering an attractive package. And, finally, HR will continue to provide contribution towards developing and supporting our leadership group to ensure that SVH truly is the best place to work!

Performance Indicator	2016	2015	2014
Employee Engagement Organizational Score (CY)	4.24 74 th Percentile	4.33 84 th Percentile	79.6 (old platform) 90 th Percentile
Employee Engagement Survey Response Rate (CY)	90%	86%	77%
Turnover (CY)	10.3%	8.1%	10.7%
Salary Costs / % of Net Revenue (FY)	\$25,970,061 / 44.4%	\$23,760,793 / 43.5%	\$23,275,250 / 43.3%
Benefit Costs / % of Net Revenue (FY)	\$9,711,167 / 16.6%	\$9,502,533 / 17.4%	\$8,931,585 / 16.6%
Registry/Traveler Costs (FY)	\$993,822	\$871,047	\$961,362
Absenteeism Monthly Average (CY) Nursing / Non-Nursing	41 26 / 14	40	40
Leave of Absences (CY)	74	63	46
Number of Injuries (CY)	6	6	3
Number of Open WC Claims (CY)	11	12	14
Workers' Comp Costs (CY)	\$139,888	\$154,478	\$185,445
Legal costs for Employee Issues (FY)	\$36,657	\$30,255	\$16,303
Wellness Program Participation (CY)	182/263 – 69%	162/260 – 62%	168/245 – 69%

Turnover

- Support departments, largest increase
- Cost of Turnover - \$2,098/hire
- Reasons for Turnover
 - Supervisor
 - Staffing/Pay
 - Life Event



COMPENSATION & BENEFITS

■ Compensation

- “My Pay is Fair”
- Salary Range Adjustments/Wage Adjustments
- Furloughs and FTE Reductions

■ Benefits

- Medical Premiums up 2.23%
- 4-Tier Rate Structure
- Increase in Employee Contribution

■ Total Compensation Statements

■ Affordable Care Act (ACA)



Worker's Compensation

- 6 New Injuries; 8 Open Claims
- Injuries by Cause
- Cost of Claims down in 2016
- Self Insured Savings



Education

- 74 Classes and In-services in 2016
- New Hire Orientation
- Skills Lab (hands-on return demonstrations)
- Adult Code Blue Drills
- 27 Online Education Courses
- Advance Health Care Directive Education for Staff and Community

Wellness Program

- Added Spouses
- Increase in Successful Program Completion
- Improved Nutrition; Decrease in Stress
- Wellness Credits



Goals/Initiatives 2017

- Turnover Data
 - Selection Process
 - Performance Evaluations
- Workplace Violence Prevention Program
- Benefit Costs
- Leadership Development



QUESTIONS?

6.

FINANCIAL REPORT
MONTH END 4.30.17



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: May 25, 2017
Subject: Financial Report for the Month Ending April 30, 2017

The actual loss of (\$372,639) from operations for April was \$7,271 favorable to the budgeted loss of (\$379,910). The year-to date actual loss from operations is (\$3,987,581) compared to the expected loss of (\$3,745,823). After accounting for all other activity, the April net loss was (\$24,385) vs. the budgeted net loss of (\$31,262) with a monthly EBIDA of 3.7% vs. a budgeted 3.0%. Year-to-date the total net income is \$538,529 favorable to budget with a year to date EBIDA of 3.0% vs. the budgeted 3.3%.

Gross patient revenue for April was \$21,784,490, \$861,641 better than expected. Inpatient gross revenue was over budget by \$702,890. Inpatient days were under budget by (14) days but inpatient surgeries were over budgeted expectations by 6 cases and there was a higher than average case mix for April. Outpatient revenue was under budget by (\$1,085,406). Outpatient visits were under budgeted expectations by (701) visits and outpatient surgeries were under budget by (2) cases. The Emergency Room gross revenue is over budget by \$1,087,613; ER visits are over budget by 19 visits and had higher charges per patient due to higher acuity. SNF gross charges were over budgeted expectations by \$195,604 and SNF patient days were over budget at 25 days. Home Health was under budget by (\$39,060) with visits under budget by (144) visits.

Deductions from revenue were unfavorable to budgeted expectations by (502,533). The unfavorable variance is due to the favorable variance in inpatient and emergency gross charges. The revenue deductions were offset by the accrual of the Prime grant of \$125,000. Without the accrual of the Prime grant the revenue deductions would be unfavorable to budget by (\$627,533).

After accounting for all other operating revenue, the **total operating revenue** was favorable to budget by \$319,985.



Operating Expenses of \$5,307,856 were unfavorable to budget by (\$312,714). (\$75,000) of the variance is due to the matching fee for the Prime Grant in which the hospital will receive \$150,000 in May. Without the matching fee of \$75,000, the unfavorable expense variable would be (\$237,714).

Salaries and wages are over budget by (\$17,708) and employee benefits are over budget by (\$91,037) due to PTO being over budget by (\$54,260) and employee health benefits being over budgeted expectations by (\$36,777). The PTO variance for April reflects the adjustment to the PTO liability due to the increase in nursing staff wages that went into effect in April. Physician and professional fees are over budget by (\$21,148); physician fees are over budgeted expectations by (\$9,693) and professional fees are over by (\$11,455). The variance in Professional fees is due to the unbudgeted cost of a consultant for the specialty clinic. Supplies are over budget in April primarily in surgery (\$55,878) due to the positive variance of inpatient surgery cases. Purchased services are over budget by (\$61,800) primarily due to the invoice received from the county for the election costs (\$43,559), this cost was budgeted at \$50,000 but spread evenly over 12 months. In addition, we are accruing for the county invoice expected for June's election, (\$11,667 monthly through June). Interest expense is over budget in April due to the unbudgeted interest expense related to the south lot loan and the fluoroscopy project.

Year-to-date operating expenses are (\$583,395) over budgeted expectations. However, the Inter Governmental Transfer (IGT) and Prime Grant program fees of \$822,361 were not budgeted in FY 2017. Without the matching fees, year-to-date expenses are better than budget by \$238,966.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for April was (\$161,195) vs. a budgeted net loss of (\$188,603). The total net loss for April after all activity was (\$24,385) vs. a budgeted net loss of (\$31,262).

EBIDA for the month of April was 3.7% vs. the budgeted 3.0%.

Patient Volumes – April

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	89	95	-6	97
Newborn Discharges	11	6	5	17
Acute Patient Days	368	382	-14	409
SNF Patient Days	512	487	25	578
Home Care Visits	934	1,078	-144	999
OP/ER/HHA Gross Rev.	\$13,168	\$13,220	(\$52)	\$12,542
Surgical Cases	171	167	4	118

Gross Revenue Overall Payer Mix – April

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	41.5%	46.8%	-5.3%	44.7%	47.1%	-2.4%
Medicare Mgd Care	13.9%	7.1%	6.8%	11.3%	7.2%	4.1%
Medi-Cal	20.0%	18.7%	1.3%	17.6%	19.0%	-1.4%
Self Pay	0.5%	1.2%	-0.7%	1.4%	1.2%	0.2%
Commercial	20.7%	20.3%	0.4%	20.4%	20.0%	0.4%
Workers Comp	2.1%	3.1%	-1.0%	2.6%	2.8%	-0.2%
Capitated	1.3%	2.8%	-1.5%	2.0%	2.7%	-0.7%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for April:

For the month of April the cash collection goal was \$3,329,359 and the Hospital collected \$3,441,383 or over the goal by \$112,024. The year-to-date cash collection goal was \$34,829,495 and the hospital has collected \$37,266,206, or over goal by \$2,436,711. Days of cash on hand are 10.7 days at April 30, 2017. The hospital was expecting to receive the parcel tax disbursement by the end of April but due to an error on the county's part the hospital received the funds in May. Accounts Receivable increased from March, from 44.2 days to 46.9 days in April. Accounts Payable increased by \$166,288 from March and Accounts Payable days are at 38.2.

ATTACHMENTS:

- Attachment A is the Payer Mix Analysis which includes the projected collection percentage by payer.
- Attachment C is the Balance Sheet
- Attachment D is the Statement of revenue and Expense. The first page breaks out the hospital operations and page two includes all other activity.
- Attachment E is the Variance Analysis. The line number tie to the Statement of Revenue and Expense line numbers and explains any significant variances.

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

ATTACHMENT A

April-17

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	9,019,571	9,778,307	-758,736	-7.8%
Medicare Managed Care	3,020,062	1,473,666	1,546,396	104.9%
Medi-Cal	4,358,618	3,904,759	453,859	11.6%
Self Pay	114,965	241,678	-126,713	-52.4%
Commercial & Other Government	4,522,019	4,286,471	235,548	5.5%
Worker's Comp.	466,651	655,642	-188,991	-28.8%
Capitated	282,604	582,326	-299,722	-51.5%
Total	21,784,490	20,922,849	861,641	

Actual	Budget	Variance	% Variance
97,497,901	99,142,047	-1,644,146	-1.7%
24,660,709	15,139,276	9,521,433	62.9%
38,173,822	39,904,457	-1,730,635	-4.3%
3,075,640	2,447,848	627,792	25.6%
44,836,048	42,534,452	2,301,596	5.4%
5,774,167	5,960,207	-186,040	-3.1%
4,271,520	5,633,382	-1,361,862	-24.2%
218,289,807	210,761,669	7,528,138	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,470,976	1,631,046	-160,070	-9.8%
Medicare Managed Care	474,989	239,197	235,792	98.6%
Medi-Cal	648,282	556,753	91,529	16.4%
Self Pay	46,250	108,710	-62,460	-57.5%
Commercial & Other Government	1,898,042	1,725,549	172,493	10.0%
Worker's Comp.	118,923	154,973	-36,050	-23.3%
Capitated	11,756	18,882	-7,126	-37.7%
Prior Period Adj/IGT	125,000	-	125,000	*
Total	4,794,218	4,435,110	359,108	8.1%

Actual	Budget	Variance	% Variance
15,518,718	16,909,131	-1,390,413	-8.2%
3,495,004	2,305,087	1,189,917	51.6%
5,338,355	5,932,782	-594,427	-10.0%
1,243,704	986,665	257,039	26.1%
15,801,098	16,973,984	-1,172,886	-6.9%
1,322,756	1,359,724	-36,968	-2.7%
135,526	194,624	-59,098	-30.4%
2,344,626	-	2,344,626	*
45,199,787	44,661,997	537,790	1.2%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	30.7%	36.8%	-6.1%	-16.6%
Medicare Managed Care	9.9%	5.4%	4.5%	83.3%
Medi-Cal	13.5%	12.5%	1.0%	8.0%
Self Pay	1.0%	2.5%	-1.5%	-60.0%
Commercial & Other Government	39.6%	38.9%	0.7%	1.8%
Worker's Comp.	2.5%	3.5%	-1.0%	-28.6%
Capitated	0.2%	0.4%	-0.2%	-50.0%
Prior Period Adj/IGT	2.6%	0.0%	2.6%	*
Total	100.0%	100.0%	0.0%	0.0%

Actual	Budget	Variance	% Variance
34.3%	37.9%	-3.7%	-9.8%
7.7%	5.2%	2.5%	48.1%
11.8%	13.3%	-1.5%	-11.3%
2.8%	2.2%	0.6%	27.3%
35.0%	38.0%	-3.0%	-7.9%
2.9%	3.0%	-0.1%	-3.3%
0.3%	0.4%	-0.1%	-25.0%
5.2%	0.0%	5.3%	*
100.0%	100.0%	0.0%	0.0%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	16.3%	16.7%	-0.4%	-2.4%
Medicare Managed Care	15.7%	16.2%	-0.5%	-3.1%
Medi-Cal	14.9%	14.3%	0.6%	4.2%
Self Pay	40.2%	45.0%	-4.8%	-10.7%
Commercial & Other Government	42.0%	40.3%	1.7%	4.2%
Worker's Comp.	25.5%	23.6%	1.9%	8.1%
Capitated	4.2%	3.2%	1.0%	31.3%
Prior Period Adj/IGT	0.6%	0.0%	0.6%	*

Actual	Budget	Variance	% Variance
15.9%	17.1%	-1.2%	-7.0%
14.2%	15.2%	-1.0%	-6.6%
14.0%	14.9%	-0.9%	-6.0%
40.4%	40.3%	0.1%	0.2%
35.2%	39.9%	-4.7%	-11.8%
22.9%	22.8%	0.1%	0.4%
3.2%	3.5%	-0.3%	-8.6%
1.1%	0.0%	1.1%	*

Sonoma Valley Health Care District
Balance Sheet
As of April 30, 2017

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 1,740,420	\$ 2,559,444	\$ 1,983,203
2	Trustee Funds	2,700,895	2,700,058	3,419,803
3	Net Patient Receivables	8,908,441	8,113,757	8,194,105
4	Allow Uncollect Accts	(1,277,292)	(1,149,938)	(623,894)
5	Net A/R	7,631,149	6,963,819	7,570,211
6	Other Accts/Notes Rec	2,436,706	2,438,762	1,628,167
7	3rd Party Receivables, Net	1,088,987	900,158	872,289
8	Inventory	816,225	822,961	818,199
9	Prepaid Expenses	838,596	872,662	792,314
10	Total Current Assets	\$ 17,252,978	\$ 17,257,864	\$ 17,084,186
12	Property, Plant & Equip, Net	\$ 53,480,478	\$ 53,695,461	\$ 52,684,341
13	Specific Funds	698,847	479,089	382,893
14	Other Assets	-	-	144,203
15	Total Assets	\$ 71,432,303	\$ 71,432,414	\$ 70,295,623
Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	\$ 2,859,973	\$ 2,693,685	\$ 3,640,960
17	Accrued Compensation	3,989,727	3,782,670	4,103,607
18	Interest Payable	330,797	220,532	342,768
19	Accrued Expenses	1,426,019	1,334,021	1,117,266
20	Advances From 3rd Parties	126,800	119,128	214,931
21	Deferred Tax Revenue	993,817	1,490,726	985,555
22	Current Maturities-LTD	1,291,901	1,286,950	1,604,735
23	Line of Credit - Union Bank	6,973,734	6,973,734	5,923,734
24	Other Liabilities	1,386	1,386	9,966
25	Total Current Liabilities	\$ 17,994,154	\$ 17,902,832	\$ 17,943,522
26	Long Term Debt, net current portion	\$ 37,477,881	\$ 37,544,929	\$ 36,772,079
27	Fund Balances:			
28	Unrestricted	\$ 12,157,774	\$ 12,182,326	\$ 12,467,196
29	Restricted	3,802,495	3,802,328	3,112,826
30	Total Fund Balances	\$ 15,960,268	\$ 15,984,653	\$ 15,580,022
31	Total Liabilities & Fund Balances	\$ 71,432,303	\$ 71,432,414	\$ 70,295,623

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended April 30, 2017**

ATTACHMENT D

Month					Year-To- Date					YTD
This Year		Variance			This Year		Variance			
Actual	Budget	\$	%		Actual	Budget	\$	%	Prior Year	
					Volume Information					
1	89	95	(6)	-6%	Acute Discharges	1,021	997	24	2%	988
2	512	487	25	5%	SNF Days	5,536	6,191	(655)	-11%	6,257
3	934	1,078	(144)	-13%	Home Care Visits	9,211	9,553	(342)	-4%	9,497
4	13,168	13,220	(52)	0%	Gross O/P Revenue (000's)	\$ 132,837	\$ 129,905	2,932	2%	\$ 126,543
					Financial Results					
					Gross Patient Revenue					
5	\$ 6,808,525	\$ 6,105,635	702,890	12%	Inpatient	\$ 65,939,999	\$ 59,487,559	6,452,440	11%	\$ 54,426,927
6	6,971,113	8,056,519	(1,085,406)	-13%	Outpatient	69,629,521	76,069,141	(6,439,620)	-8%	71,569,442
7	5,885,500	4,797,887	1,087,613	23%	Emergency	60,210,705	50,589,284	9,621,421	19%	52,100,852
8	1,792,998	1,597,394	195,604	12%	SNF	19,283,627	21,368,777	(2,085,150)	-10%	21,421,045
9	326,354	365,414	(39,060)	-11%	Home Care	3,225,955	3,246,908	(20,953)	-1%	3,123,067
10	\$ 21,784,490	\$ 20,922,849	861,641	4%	Total Gross Patient Revenue	\$ 218,289,807	\$ 210,761,669	7,528,138	4%	\$ 202,641,333
					Deductions from Revenue					
11	\$ (16,800,272)	\$ (16,385,520)	(414,752)	-3%	Contractual Discounts	\$ (173,803,894)	\$ (165,077,482)	(8,726,412)	-5%	\$ (159,655,229)
12	(250,000)	(66,250)	(183,750)	-277%	Bad Debt	(1,315,000)	(662,500)	(652,500)	-98%	(840,000)
13	(65,000)	(35,969)	(29,031)	-81%	Charity Care Provision	(323,293)	(359,690)	36,397	10%	(261,666)
14	125,000	-	125,000	*	Prior Period Adj/Government Program Revenue	2,352,167	-	2,352,167	*	2,038,468
15	\$ (16,990,272)	\$ (16,487,739)	(502,533)	3%	Total Deductions from Revenue	\$ (173,090,020)	\$ (166,099,672)	(6,990,348)	4%	\$ (158,718,427)
16	\$ 4,794,218	\$ 4,435,110	359,108	8%	Net Patient Service Revenue	\$ 45,199,787	\$ 44,661,997	537,790	1%	\$ 43,922,906
17	\$ 130,272	\$ 155,771	(25,499)	-16%	Risk contract revenue	\$ 1,299,232	\$ 1,557,710	(258,478)	-17%	\$ 1,424,765
18	\$ 4,924,490	\$ 4,590,881	333,609	7%	Net Hospital Revenue	\$ 46,499,019	\$ 46,219,707	279,312	1%	\$ 45,347,671
19	\$ 10,727	\$ 24,351	(13,624)	-56%	Other Op Rev & Electronic Health Records	\$ 305,835	\$ 243,510	62,325	26%	\$ 515,582
20	\$ 4,935,217	\$ 4,615,232	319,985	7%	Total Operating Revenue	\$ 46,804,854	\$ 46,463,217	341,637	1%	\$ 45,863,253
					Operating Expenses					
21	\$ 2,296,955	\$ 2,279,247	(17,708)	-1%	Salary and Wages and Agency Fees	\$ 22,372,407	\$ 22,784,824	412,417	2%	\$ 22,205,670
22	918,296	\$ 827,259	(91,037)	-11%	Employee Benefits	8,835,776	8,476,463	(359,313)	-4%	8,493,824
23	\$ 3,215,251	\$ 3,106,506	(108,745)	-4%	Total People Cost	\$ 31,208,183	\$ 31,261,287	53,104	0%	\$ 30,699,494
24	\$ 417,905	\$ 396,757	(21,148)	-5%	Med and Prof Fees (excl Agency)	\$ 3,898,404	\$ 3,930,577	32,173	1%	\$ 3,622,872
25	587,171	528,838	(58,333)	-11%	Supplies	5,803,059	5,319,810	(483,249)	-9%	5,148,418
26	412,730	350,930	(61,800)	-18%	Purchased Services	3,174,558	3,457,124	282,566	8%	2,809,325
27	285,653	293,214	7,561	3%	Depreciation	2,815,945	2,932,140	116,195	4%	2,890,327
28	78,805	100,684	21,879	22%	Utilities	970,771	999,859	29,088	3%	930,838
29	29,292	33,417	4,125	12%	Insurance	295,863	333,917	38,054	11%	252,538
30	57,497	33,912	(23,585)	-70%	Interest	436,504	347,498	(89,006)	-26%	554,100
31	148,552	150,884	2,332	2%	Other	1,366,787	1,626,828	260,041	16%	1,690,547
32	75,000	-	(75,000)	*	Matching Fees (Government Programs)	822,361	-	(822,361)	*	368,026
33	\$ 5,307,856	\$ 4,995,142	(312,714)	-6%	Operating expenses	\$ 50,792,435	\$ 50,209,040	(583,395)	-1%	\$ 48,966,485
34	\$ (372,639)	\$ (379,910)	7,271	2%	Operating Margin	\$ (3,987,581)	\$ (3,745,823)	(241,758)	-6%	\$ (3,103,232)

ATTACHMENT D

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended April 30, 2017**

	Month				
	This Year		Variance		
	Actual	Budget	\$		%
35	\$ (3,963)	\$ (21,193)	17,230		-81%
36	2,907	-	2,907		0%
37	(37,500)	(37,500)	-		0%
38	250,000	250,000	-		0%
39	\$ 211,444	\$ 191,307	20,137		11%
40	\$ (161,195)	\$ (188,603)	27,408		-15%
41	\$ 167	\$ 20,698	(20,531)		-99%
42	\$ -	\$ -	-		0%
43	\$ (161,028)	\$ (167,905)	6,877		-4%
44	246,909	246,909	-		0%
45	(110,266)	(110,266)	-		0%
46	\$ (24,385)	\$ (31,262)	6,877		-22%
	\$ 181,955	\$ 138,523			
	3.7%	3.0%			
	\$ 124,458	\$ 104,611			
	2.5%	2.3%			

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

Net Income / (Loss) prior to Restricted Contributions

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

GO Bond Tax Assessment Rev
 GO Bond Interest

Net Income/(Loss) w GO Bond Activity

EBIDA - Not including Restricted Contributions

EBDA - Not including Restricted Contributions

	Year-To- Date					YTD
	This Year		Variance			Prior Year
	Actual	Budget	\$		%	
	\$ (93,192)	\$ (193,508)	100,316		*	\$ (81,377)
	98,916	-	98,916		0%	11,584
	(375,000)	(375,000)	-		0%	(375,000)
	2,500,378	2,500,000	378		0%	2,501,954
	\$ 2,131,102	\$ 1,931,492	199,610		10%	\$ 2,057,161
	\$ (1,856,479)	\$ (1,814,331)	(42,148)		2%	\$ (1,046,071)
	\$ 204,733	\$ 206,980	(2,247)		-1%	\$ 612,451
	\$ 582,924	\$ -	582,924		100%	\$ -
	\$ (1,068,823)	\$ (1,607,351)	538,528		-34%	\$ (433,620)
	2,469,090	2,469,090	-		0%	2,427,770
	(1,118,303)	(1,118,304)	1		0%	(1,146,233)
	\$ 281,964	\$ (256,565)	538,529		-210%	\$ 847,917
	\$ 1,395,970	\$ 1,465,307				\$ 2,398,356
	3.0%	3.3%				5.2%
	\$ 959,466	\$ 1,117,809				
	2.0%	2.4%				

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended April 30, 2017

	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	24	(6)	
2 SNF Days	(655)	25	
3 Home Care Visits	(342)	(144)	
4 Gross O/P Revenue (000's)	2,932	(52)	
Financial Results			
Gross Patient Revenue			
5 Inpatient	6,452,440	702,890	Inpatient days were below budgeted expectations by (14) days and inpatient surgeries were over budgeted expectations by 6 cases and there was a higher IP case mix for April.
6 Outpatient	(6,439,620)	(1,085,406)	Outpatient visits are 4,474 vs. budgeted expectations of 5,175 visits and outpatient surgeries are 124 vs. budgeted expectations 126.
7 Emergency	9,621,421	1,087,613	ER visits are 921 vs. budgeted visits of 902 and the ER visits in April had a higher acuity than average.
8 SNF	(2,085,150)	195,604	SNF patient days are 512 vs. budgeted expected days of 487.
9 Home Care	(20,953)	(39,060)	HHA visits are 934 vs. budgeted expectations of 1,078.
10 Total Gross Patient Revenue	7,528,138	861,641	
Deductions from Revenue			
11 Contractual Discounts	(8,726,412)	(414,752)	
12 Bad Debt	(652,500)	(183,750)	
13 Charity Care Provision	36,397	(29,031)	
14 Prior Period Adj/Government Program Revenue	2,352,167	125,000	Prime grant accrual for April.
15 Total Deductions from Revenue	(6,990,348)	(502,533)	
16 Net Patient Service Revenue	537,790	359,108	
17 Risk contract revenue	(258,478)	(25,499)	Blue Shield capitation received was under budget.
18 Net Hospital Revenue	279,312	333,609	
19 Other Op Rev & Electronic Health Records	62,325	(13,624)	
20 Total Operating Revenue	341,637	319,985	
Operating Expenses			
21 Salary and Wages and Agency Fees	412,417	(17,708)	Salaries and Wages are under budget by \$14,477 and the Agency fees are over budget by (\$32,185).
22 Employee Benefits	(359,313)	(91,037)	Employee benefits are over budgeted expectations due to PTO (\$54,260) and employee benefit costs (\$36,777) . The PTO variance from budget is due to the adjustment of the PTO liability due to the wage increases to the nursing staff.
23 Total People Cost	53,104	(108,745)	
24 Med and Prof Fees (excl Agency)	32,173	(21,148)	Physician fees are over budget by (\$9,693) and other professional fees are over budget by (\$11,455).
25 Supplies	(483,249)	(58,333)	Supplies are over budget in the Surgery department by (\$55,878) due to surgical implants (\$29,391) and Medical supplies (\$26,533).
26 Purchased Services	282,566	(61,800)	Purchased services are over budgeted expectation primarily due to the posting of the election invoice received from the county (\$43,559), this was budgeted and spread over 12 months. In addition, we are accruing for the county invoice expected for June's election.
27 Depreciation	116,195	7,561	
28 Utilities	29,088	21,879	
29 Insurance	38,054	4,125	
30 Interest	(89,006)	(23,585)	Interest on the South lot loan and the flouroscoy project were not budgeted for FY 2017.
31 Other	260,041	2,332	Budgeted other costs not used in March.
32 Matching Fees (Government Programs)	(822,361)	(75,000)	Prime Grant matching fee
33 Operating expenses	(583,395)	(312,714)	
34 Operating Margin	(241,758)	7,271	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	100,316	17,230	
36 Donations	98,916	2,907	Foundation grants received for employee education.
37 Physician Practice Support-Prima	-	-	
38 Parcel Tax Assessment Rev	378	-	
39 Total Non-Operating Rev/Exp	199,610	20,137	

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended April 30, 2017

	YTD	MONTH	
Description	Variance	Variance	
		-	
40 Net Income / (Loss) prior to Restricted Contributions	(42,148)	27,408	
		-	
41 Capital Campaign Contribution	(2,247)	(20,531)	Capital campaign donations received from the Foundation are under budgeted expectations for April.
42 Restricted Foundation Contributions	582,924	-	
43 Net Income / (Loss) w/ Restricted Contributions	538,528	6,877	
44 GO Bond Tax Assessment Rev	-	-	
45 GO Bond Interest	1	-	
46 Net Income/(Loss) w GO Bond Activity	538,529	6,877	

7.

ADMINISTRATIVE REPORT

To: SVHCD Board of Directors
From: Kelly Mather
Date: 5/23/17
Subject: Administrative Report

Summary

The Celebration of Women event was excellent and we exceeded our fundraising goals. Having the event at the new venue was a great decision. The SVHF is doing an excellent job under Dave's leadership. The new strategic plan was distributed and posted on the website. There are several new initiatives that are already underway. I will start reporting them by the five main categories next month. The new "SVH Performance Dashboard" for fiscal year 2018 is attached for your input. This will replace the previous dashboard on this report.

Dashboard and Trended Results

The patient satisfaction results continue to be inconsistent but better than the 50th percentile and higher than the prior year. The "Rate My Hospital" service will start in July for outpatients. The outpatient surgery satisfaction a mandatory report and it will start in October. Staff satisfaction action plans are underway. We are very close to meeting budget for the year. Surgery volume remains much higher at 13% over the prior year the rest of the volumes are a bit lower than expected. We have been marketing several services including wound care and will increase our physician office staff connection. The community benefit hours will increase for May and June.

Strategic Update from FY 2017 Strategic Plan:

Strategic Priorities	Update
Satisfaction	The scores continue to improve very slowly but we set the goals a bit too high this year. The patient advisor is doing well.
Quality & Safety	I have met with the leaders and we have improved our Quality Assurance/Performance Improvement plans by department. The "SVH performance scorecard" is ready for input from the board.
Physician Alignment	The ad going promoting the many new physicians that have come to Sonoma in the past two years was in the paper and the new Health and Wellness supplement listed all physicians. We are analyzing our 1206b clinics. Dr. Kidd's clinic is going very well.
Revenue Growth	Bariatrics continues to grow and they physicians are booked through August. Pain management is also growing. Our state contracts have also increased volumes in Surgery and procedures.
Technology Upgrades	We have completed the single sign on and remote hosting projects. We will start the outpatient rehab, occupational health and wound care EHR this summer.
Financial Stability	The finance committee has created goals to improve Cash on hand, Accounts Payable, Accounts Receivable, Line of Credit and Funding Capital.
Community Health	The Girltalk event was very successful on colorectal health. The Integrative Health Fair and Hit the Road Jack are coming up in June along with the Springs Festival.

APRIL 2017

PILLAR	PERFORMANCE GOAL	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	Highly satisfied Inpatients	Rolling 12 month average of at least 5 out of 9 HCAHPS domain results above the 70 th percentile	2 out of 9 through March	>7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 <4=1
Service Excellence	Highly satisfied Emergency Patients	Rolling 12 month average of at least 4 out of 7 ERCAPS domain results above the 70 th percentile	3 out of 7 through March	6 = 5 (stretch) 5 = 4 4 = 3 (Goal) 3 = 2 2 = 1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Safety Score at 75% or higher	77%	>85 = 5 (stretch) >80 = 4 >75 = 3 (Goal) >70 = 2 <70 = 1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of 75 th percentile or higher	4.24/5 or the 85% mean score and 74th percentile	>80 th = 5 (stretch) >77 th = 4 >75 th = 3 (Goal) >72nd = 2 <70 th = 1
Finance	Financial Viability	YTD EBIDA	3%	>4% (stretch) >3.5% = 4 >3.0% (Goal) >2.5% = 2 <2.5% = 1
	Efficiency and Financial Management	Meet FY 2017 Budgeted Expenses (excluding IGT)	\$50,209,040 (actual) \$50,209,040 (budget)	<2% = 5 (stretch) <1% = 4 <Budget = 3 (Goal) >1% = 2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	YTD FY2017 YTD FY2016	>2% = 5 >1% = 3 <1% = 2
	Outpatient & Emergency Volumes	2% increase (gross outpatient revenue over prior year)	\$133.1 mm YTD \$26.8 mm prior year	>5% = 5 (stretch) >3% = 4 >2% = 3 (Goal) <2% = 2
Community	Community Benefit Hours	Hours of time spent on community benefit activities per year	1114 hours for 10 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 >500 = 1



FY 2017 TRENDED RESULTS

MEASUREMENT	Goal FY 2017	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2016	Jun 2016
Inpatient Satisfaction	5/9	0	0	1	2	3	3	2	3	2			
Emergency Satisfaction	4/7	1	1	1	1	2	3	2	3	3			
VBP Safety score	>75	77.5	77.5	67	67	67	67	77	77	77			
Staff Satisfaction	>75th	84	84	84	84	84	84	84	74	74	74	84	84
FY YTD Turnover	<10%	.9	1.5	1.8	3.6	4.2	4.8	5.6	6.3	7.2	7.7	8.8	10
YTD EBIDA	>3%	4.5	3.8	4.2	5.2	4.4	1.5	2.2	2	3	3	4.7	4.4
Operating Revenue	>5m	5.1	5.0	4.5	4.7	4.5	3.7	4.5	4.3	5.3	4.9	4.6	4.9
Expense Management	<5m	4.9	5.1	4.8	4.9	5.0	4.7	5.0	4.8	5.4	5.3	5.2	5.4
Net Income	>50k	59	-23	94	336	-270	-599	-107	307	304	-24	-403	-132
Days Cash on Hand	>20	11	15	6	11	10	25	20	27	16	11	9	9
A/R Days	<50	55	50	50	50	53	51	50	46	44	47	55	57
Total FTE's	<315	320	321	319	316	319	309	316	322	322	313	332	324
FTEs/AOB	<4.0	4.28	3.86	3.54	4.11	4.35	4.03	3.74	3.54	3.93	4.22	4.16	4.08
Inpatient Discharges	>100	103	105	95	99	95	100	119	97	119	89	85	95
Outpatient Revenue	>\$13m	12.6	13.3	13.5	13.3	13.1	12.9	13.5	12.2	15.1	13.1	13.8	13.5
Surgeries	>130	116	124	118	126	161	126	148	127	189	171	123	124
Home Health	>950	960	890	1042	880	938	919	877	922	849	934	844	942
Births	>12	14	17	14	9	8	9	11	12	12	11	13	14
SNF days	>600	563	608	624	512	446	500	592	607	572	512	529	526
MRI	>120	105	97	104	140	118	130	115	107	137	121	122	120
Cardiology (Echos)	>50	41	53	66	60	51	51	55	69	89	70	52	68
Laboratory	>12	11.2	12.2	11.4	12.6	12.1	12.0	12.5	11.5	13.9	12.1	11.9	11.8
Radiology	>850	902	944	1001	898	870	934	1012	981	1159	963	926	1000
Rehab	>2700	2618	3008	3136	2575	2286	2117	2530	2161	3020	2748	2782	2948
CT	>300	365	327	412	367	306	340	341	323	398	385	373	348
ER	>900	940	918	897	852	850	942	1000	851	941	921	940	907
Mammography	>425	400	475	421	434	435	399	171	215	246	191	457	420
Ultrasound	>300	281	310	288	288	290	271	253	284	334	213	285	255
Occupational Health	>650	602	724	741	797	636	601	484	568	611	631	679	651
Wound Care	>200	221	312	253	226	199	225	228	238	348	239	235	264

Sonoma Valley Hospital Performance Dashboard

Prior Year/National

Patient Experience	YTD Performance	FY 2018 Goal	Benchmark
Would Recommend Hospital	53rd percentile	> 60th percentile	50th percentile
Inpatient Overall Rating	55th percentile	>60th percentile	50th percentile
Home Health	91%	> 90%	> 90%
Outpatient Services	Starting 7/1/2017	% Rate My Hospital	n/a
Outpatient Surgery	Starting 10/1/17	> 60th percentile	50th percentile
Quality & Safety	YTD Performance	FY 2018 Goal	Benchmark
Inpatient Mortality Rate	5.28%	< 6%	n/a
Severe Sepsis Mortality Rate	12.50%	< 12%	n/a
Hospital Acquired Infections	5 of 6 <benchmark	6 of 6 <benchmark	6 of 6 < benchmark
30 Day All- Cause Readmissions	9.40%	< 10 %	< 18.5%
Serious Safety Events	0	0	0
Overall Surgical Site Infection Rate	0.43%	0.50%	n/a
Hand Hygeine	98%	>90%	>80%
Falls	2.1	< 2.3	2.3
Pressure Ulcers	3.3	<3.7	3.7
Injuries to Staff	6	< 10	TBD
Adverse Drug Events with Harm	0	0	0
C Section rate	10.80%	<20%	< 20%
Number PT visits per episode	Baseline Year	pending	pending
Wound Care time to heal	22 days	< 30 days	< 31 days
Repeat Analysis in Radiology	3.25%	< 5%	< 5%
Reportable Privacy Events	3	0	0
SNF Star Rating	4	4	3
Star Rating	4	4	3
Our People	YTD Performance	FY 2018 Goal	Benchmark
Press Ganey Engagement Survey	74th percentile	75th percentile	50th percentile
Wellness Ambassadors	216	250	> 200
Turnover	7.70%	< 10%	< 15%
Financial Strength	YTD Performance	FY 2018 Goal	Benchmark
EBDA	2.80%	2.89%	3%
Days Cash on Hand	11	20	30
Days in Accounts Receivable	48	49	50
Timely Medical Records	5 days	< 4 days	<5 days
Cost per Medicare Beneficiary	\$18,430	<\$20,000	\$20,473
Funds raised by SVHF	\$1,476,937	\$4,483,950	\$1 million
Strategic Growth	YTD Performance	FY 2018 Goal	Benchmark
Inpatient Discharges		1193	1225
Length of Stay		3.85	4.03
Outpatient Visits		TBD	TBD
Emergency Visits		11,022	11,000
Surgeries		1,800	1,680
Births		132 or 11 per month	120
Home Health Visits		11,053	11,400
Community Benefit Hours		1200	1200