



SVHCD BOARD OF DIRECTORS' MEETING

AGENDA

THURSDAY, JULY 7, 2016

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM

177 First Street West, Sonoma, CA

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk, Gigi Betta at (707) 935.5004/5 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 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>Hirsch</i>	
3. CONSENT CALENDAR A. Regular Board Minutes 6.2.16 B. FC Minutes 5.24.16 C. Board-FC Study Session 5.24.16 D. QC Minutes 5.25.16 E. GC Minutes 5.24.16 F. POLICY Lab Multiple April 2016 G. POLICY Patient Safety and Grievance May 2016 H. MEC Credentialing Report 6.22.16	<i>Hirsch</i>	Action
4. ANNUAL PATIENT CARE SERVICE REPORT	<i>Kobe</i>	Inform
5. RESOLUTION NO. 328 ORDERING AN ELECTION FOR OPEN BOARD POSITIONS, NOVEMBER 2016	<i>Hirsch</i>	Action
6. CEO OBJECTIVES FY 2017	<i>Hohorst & Rymer</i>	Action
7. CAPITAL PLAN	<i>Jensen</i>	Inform/ Action
8. PURCHASE OF SOUTH LOT UPDATE	<i>Jensen</i>	Inform/ Action
9. FINANCIAL REPORT MONTH ENDING MAY 31, 2016	<i>Jensen</i>	Inform

10. ADMINISTRATIVE REPORT FOR MAY 2016	<i>Mather</i>	Inform
11. COMMITTEE REPORTS Governance Committee: ❖ Policy Governing Bidding for Facilities Projects	<i>Hohorst</i>	Action
12. LAFCO ELECTION OF SPECIAL DISTRICT REPRESENTATIVE CLASS II	<i>Hirsch</i>	Action
13. BOARD COMMENTS	<i>Board Members</i>	Inform
14. ADJOURN The next Regular Board meeting is August 4, 2016		

3.

CONSENT



**SVHCD BOARD OF DIRECTORS
REGULAR MEETING
MINUTES
Thursday, June 2 2016
Closed Session 5pm, Regular Session 6pm**

COMMUNITY MEETING ROOM
177 First Street West, Sonoma

	RECOMMENDATION	
MISSION STATEMENT The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.		
1. CALL TO ORDER Sharon Nevins is excused from the Closed and Regular Sessions.	Jane Hirsch	
2. PUBLIC COMMENT SECTION No public comment.	Jane Hirsch	
3. CLOSED SESSION <u>Calif. Government Code & Health and Safety Code § 32106</u> -Trade secrets regarding business strategy	Jane Hirsch	
4. REPORT OF CLOSED SESSION No report of Closed Session.	Jane Hirsch	Inform/Action
5. PUBLIC COMMENT SECTION No public comment. The Board welcomed first time visitor and community member Shelley Oberlin.	Jane Hirsch	
6. CONSENT A. Regular Board Minutes 5.5.16 B. FC Minutes 4.26.16 C. QC Minutes 4.27.16 D. GC Minutes 4.26.16 E. Materials Management Policies, April 2016 F. FY2017 Rolling Strategic Plan G. MEC Credentialing Report 5.25.16	Jane Hirsch	Action
7. SONOMA VALLEY COMMUNITY HEALTH CENTER Ms. Johnson presented on the Community Health Center sharing background and history, service lines, scope of services, departmental growth and statistics and accomplishments.	Cheryl Johnson and Stan Pawlak	Inform
8. HEALTH & WELLNESS PROGRAM Mr. Lewis gave a comprehensive presentation on the many health programs underway at SVH focusing on patient healing, community health, employee wellness and continuing education.	Steven Lewis	Inform
9. OUTPATIENT DIAGNOSTIC CENTER	Dawn Kuwahara	Inform

Ms. Kuwahara gave a compelling presentation for the potential redesign and upgrade of the Outpatient Diagnostic Center (get her report). The SVH Foundation has approved \$60,000 toward an architect's rendering. Next step is to present construction costs to the Board.		
10. 2017 OPERATING BUDGET	Ken Jensen	Inform/Action
Since the 2017 Operating Budget was presented last week at a Board Study session and at Finance Committee, Mr. Jensen gave a very brief overview of the salient points.		MOTION by Boerum to approve Budget and 2 nd by Rymer. All in favor.
11. MID-YEAR AUDIT REPORT	Ken Jensen	Inform
Auditors have found no significant reasons for any adjustment. Control testing is taking place this week and the final audit report will be presented in August 2016.		
12. SOUTH LOT OPTION TO PURCHASE AND CEO AUTHORIZATION TO SIGN APPROVAL	Peter Hohorst and Ken Jensen	Action
The South Lot Committee recommends establishing an entity to exercise the option to purchase the South Lot before 8.29.16 and the negotiation of a \$1.8 million loan. It is further recommended that the Ms. Mather, CEO be authorized to establish an entity to secure the proposed loan and also be authorized to sign the necessary loan documents.		MOTION by Boerum to approve both purchase option and CEO authorization and 2 nd by Hohorst. All in favor.
13. FINANCIAL REPORT MONTH ENDING MAY 31, 2016	Ken Jensen	Inform
After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for April was (\$227,923) vs. a budgeted net loss of (\$233,620). The total net loss for April after all activity was (\$99,235) vs. a budgeted net loss of (\$49,083). EBIDA for the month of April was 2.5% vs. the budgeted 2.0%.		
14. ADMINISTRATIVE REPORT FOR MAY 2016	Kelly Mather	Inform
The Celebration of Women fundraiser was a huge success. The new rolling strategic plan and the FY 2016 budget are complete and ready for board approval (earlier approved at this meeting). The budget study session was held with the Board and Finance committee this week to review the details and reach a consensus on our financial goals for next year. We are planning for a 3.4% EBIDA. We had a rather large settlement to pay off in FY 2016 and a pledge payment will be paid in June of this year.		
15. COMMITTEE REPORTS	Board Members	
a) <u>Revision of Medical Staff Bylaws</u> (Hohorst) Motion approved.		Inform/Action
b) <u>Policy Governing Bidding</u> for Facility Contracts.		MOTION by Boerum to approve renewal

<p>Still in legal review and will return next month.</p> <p>c) <u>ACHD Membership proposal</u></p> <p>Mr. Boerum recommends that the District Board renew its membership with ACHD. Roll call vote: Hohorst, no; Rymer. No; Hirsch, no; Boerum, yes. The Motion was not approved.</p>		<p>ACHD membership. The Motion was not approved by a vote of 3:1.</p>
16. COMMITTEE APPOINTMENTS AND COMMENTS	Board Members	Action
<p>Mr. Rymer and Mr. Hohorst were appointed to form a Board Sub-Committee to review and revise the objectives of Ms. Mather, CEO.</p>		<p>MOTION by Rymer to accept Committee appointment and 2nd by Hohorst.</p>
<p>17. ADJOURN</p> <p>The next Regular Board meeting is July 7, 2016</p>	Jane Hirsch	



**SVHCD JOINT FINANCE COMMITTEE-BOARD
BUDGET STUDY SESSION**

MINUTES

Tuesday, May 24, 2016

5:00 p.m.

**Location: Basement Conference Room
Sonoma Valley Hospital, 347 Andrieux St., Sonoma CA 95476**

AGENDA ITEM	RECOMMENDATION	
MISSION STATEMENT The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER/ANNOUNCEMENTS Meeting called to order at 5:00pm	<i>Fogg</i>	
2. CONSENT CALENDAR Note: the May 2015 Study Session Minutes will be brought forward to the 2017 Study Session for approval.		
3. PUBLIC COMMENT SECTION	<i>Fogg</i>	
No public comment.		
4. 2017 OPERATING BUDGET	<i>Jensen</i>	Inform/Action
The Fiscal Year 2016/17 budget was developed using 12 month actual expenses and revenues through January 2016, just as was done for prior year. The net result is increased confidence in the proposal. The Budget will be brought forward to the Finance Committee meeting immediately following this Study Session. With the Finance Committee recommendation, it will be brought to the Board for approval on June 2, 2016.		MOTION by the Board to recommend that the 2017 Operating Budget be approved by the Finance Committee immediately following this meeting.
6. ADJOURN Meeting adjourned at 5:45pm	<i>Fogg</i>	



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, May 24, 2016
Schantz Conference Room

Present	Excused/Absent	Staff	Public
Peter Hohorst Jane Hirsch Susan Porth Dick Fogg Stephen Berezin (by phone) Steve Barclay (by phone)	Sharon Nevins, Chair S. Mishra, M.D. Keith Chamberlin, M.D.	Kelly Mather Ken Jensen Gigi Betta Jeannette Tarver Sarah Dungan	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	<i>Fogg</i>		
	Meeting called to order at 6:00pm		
2. PUBLIC COMMENT SECTION	<i>Fogg</i>		
	No public comment.		
3. CONSENT CALENDAR	<i>Fogg</i>	Action	
FC Minutes 4.26.16		MOTION by Hohorst to approve Consent and 2 nd by Porth. All in favor.	
4. 2017 OPERATING BUDGET	<i>Jensen</i>	Action	
	The Finance Committee recommends approval of the 2017 Budget by the Board at the June 2,	MOTION by Hohorst to approve a recommendation to the Board to	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	2016 meeting.	approve and 2 nd by Fogg. All in favor.	
5. FINANCE REPORT FOR MONTH ENDING APRIL 30, 2016	<i>Jensen</i>	Inform	
	<p>After accounting for all income and expenses, not including Restricted Contributions and GO bond activity, the net loss for April was (\$227,923) vs. a budgeted net loss of (\$233,620). The total net loss for April after all activity was (\$99,235) vs. a budgeted net loss of (\$49,083). EBIDA for the month of April was 2.5% vs. the budgeted 2.0%.</p> <p>Year-to-date, the total net income is \$382,424 better than budget with a year to date EBIDA of 5.2% vs. the budget of 4.0%.</p>		
6. ADMINISTRATIVE REPORT APRIL 2016	<i>Mather</i>	Inform	
	<p>March 2016 was a good month for cash however; inpatient volumes were much lower than expected. The inpatient admissions are up over the prior year. SVH is now at a year-to-date EBIDA of 5.6%, better than prior years. The FY 2017 strategic plan, developed by a team that included two Board members and the Chief of Staff, is ready for District Board approval.</p> <p>The Cancer Care Center on the 3rd floor is not licensed for in-patient beds and therefore, can only be used for outpatient services.</p> <p>There was a consensus to bring the South Lot purchase discussion to the 6.2.16 Board meeting.</p>		
7. ADJOURN Meeting adjourned at 6:40pm	<i>Fogg</i>		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
Next meeting Tuesday, June 28, 2016			



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

MINUTES

TUESDAY, May 24, 2016

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, Gigi Betta at ebetta@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 Meeting called to order at 8:30am	<i>Hohorst</i>	
2. PUBLIC COMMENT SECTION No public comment.	<i>Hohorst</i>	
3. CONSENT CALENDAR Minutes from 4.26.16	<i>Hohorst</i>	Action MOTION by Hohorst to approve Consent <i>as amended</i> and 2 nd by Boerum. All in favor.
4. REVISED POLICY GOVERNING BIDDING FOR FACILITY CONTRACTS Bring Policy back to 6.2.16 Board as a discussion item.	<i>Hohorst</i>	Inform/Action
5. REVISIONS TO MEDICAL STAFF BYLAWS Recommended to bring forward to 6.2.16 Board for approval.	<i>Hohorst</i>	Inform/Action MOTION by Hohorst to approve recommendation and 2 nd by Boerum. All in favor
6. ADJOURN Meeting adjourned at 9:00am	<i>Hohorst</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

MINUTES

Wednesday, May 25, 2016

Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Michael Mainardi Ingrid Sheets Kelsey Woodward Susan Idell Joshua Rymer	Brian Sebastian, M.D. (by phone) Howard Eisenstark Cathy Webber	Carol Snyder	Leslie Lovejoy Mark Kobe Gigi Betta

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	The meeting was called to order at 5:00p.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	No public comment.	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
QC Minutes, 04.27.16		MOTION by Idell to approve Consent and 2 nd by Mainardi
4. POLICY & PROCEDURES		
Materials Management Multiple, April 2016	<i>Lovejoy</i>	Action MOTION by Idell to approve Consent and 2 nd by Mainardi
5. QUALITY REPORT	<i>Lovejoy</i>	
<ul style="list-style-type: none"> Quality & Resource Management Report, May 2016 Annual Review QA/PI Program 	May priorities included plan of correction for the CDPH survey, Hospital Quality Survey Participation and CALHEN oversight meeting. The Quality Dept. 2015 Performance Review included purpose, scope, availability, findings, assessments and infrastructure goals, reportable outcome measures and objectives for next performance period.	Inform/Action MOTION by Mainardi to approve Annual Report and 2 nd by Eisenstark. All in favor.

9. CLOSING COMMENTS	<i>Hirsch</i>	
10. ADJOURN	<i>Hirsch</i>	
11. UPON ADJOURNMENT OF REGULAR SESSION	<i>Hirsch</i>	
12. CLOSED SESSION		Action
✓ <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report		
13. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
14. ADJOURN	<i>Hirsch</i>	
	Meeting adjourned at 5:55pm	



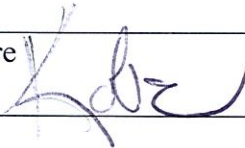
Policy and Procedure - Approvals Signature Page


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.

Organizational: Multiple Policies May List 2016	
APPROVED BY:	DATE: 4-22-16
Director's/Manager's Signature 	Printed Name Mark Kobe, RN MPA



Douglas S Campbell, MD
Chair Medicine Committee

6/3/16

Date



Michael Brown, MD
Chair Surgery Committee

6/6/16

Date



Keith J. Chamberlin, MD MBA
President of Medical Staff

6/2/16

Date

Kelly Mather
Chief Executive Officer

Date

Jane Hirsch
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Organizational Policies**

New Document or Revision written by: **Multiple Policies**

Date of Document: **4-22-16**

Type: <input checked="" type="checkbox"/> Revision <input checked="" type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-Clinical	<input checked="" type="checkbox"/> Departmental <input type="checkbox"/> Interdepartmental (list departments effected)

Please briefly state changes to existing document/form or overview of new document/form here:
 (include reason for change(s) or new document/form)

GL8610-140 Culture of Safety - Revised; took out references to the Joint commission, added CHPSO and fixed format. No other changes.

GL8610-148 Good Catch Program - Reviewed; no changes

PR8610-158 Patient Grievance and Complaint Policy - Revised; added Social Media section
 Posts on social media websites like Facebook are not grievances as defined by CMS and are treated in the following manner.

- Public Relations will respond to complaints regarding patient care with contact information for our Risk Manager.
- Public Relations will respond to patient accounting and billing issues with contact information for our Director of Patient Financial Services.

QA8610-101 Patient Safety Evaluation System – New Policy

QS8610-105 Code Blue and Broselow Emergency Resuscitation Cart Maintenance - Revised; minor changes to reflect current practices

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	2/16/2016	Yes	
Surgery Committee	5/11/2016	Yes	Rescheduled from 5/04
Medicine Committee	5/12/2016	Yes	
P.I. or P. T. Committee	n/a		
Medical Executive Committee	5/19/2016	Yes	
Board Quality	6/22/2016		
Board of Directors	7/07/2016		



SUBJECT: Patient Safety Evaluation System – New Policy

POLICY # QA8610-101

DEPARTMENT: Organizational

PAGE 1 OF 3

EFFECTIVE: 4/16

APPROVED BY: Chief Quality Officer

REVIEW/REVISED:

PURPOSE:

The purpose of this policy is to describe and define the Sonoma Valley Hospital Patient Safety Evaluation System

POLICY:

The Sonoma Valley Hospital Patient Safety Evaluation System (PSES) shall serve as the interface for data collection and analysis between Sonoma Valley Hospital and its Patient Safety Organization, the California Hospital Patient Safety Organization (CHPSO).

Information created, or analysis generated within this patient safety evaluation system is deemed protected patient safety work product as long as 1) Sonoma Valley Hospital intends to submit the information and/or analyses to its Patient Safety Organization or 2) Sonoma Valley Hospital authorizes its Patient Safety Organization to access such information to process and analyze similar information transmitted to its Patient Safety Organization by Sonoma Valley Hospital. Information removed from the patient safety evaluation system is not considered protected under the applicable privileges.

This patient safety evaluation system shall be used to reduce mortality and morbidity and to improve patient care and patient safety by the identification, analysis and reduction of risks within a legally protected environment.

DEFINITIONS:

The following terms have the meanings assigned under the federal regulations promulgated to implement the Patient Safety and Quality Improvement Act of 2005.

Patient Safety Organization (PSO) means a private or public entity or component thereof that is listed as a PSO by the Secretary of the United States Department of Health and Human Services

Patient Safety Evaluation System (PSES) means the collection, management, or analysis of information for reporting to or by a PSO.

Patient Safety Work Product (PSWP) means any data, reports, records, memoranda, analyses, such as root cause analyses and care reviews documentation or written or oral statements, or copies of any of this material, which could improve patient safety, health care quality, or health care outcomes; and

1. Which are assembled or developed by any Sonoma Valley Hospital employee, medical staff member, agent, student or house staff for reporting to CHPSO, which includes information that is documented as within a patient safety evaluation system for reporting



SUBJECT: Patient Safety Evaluation System – New Policy

POLICY # QA8610-101

DEPARTMENT: Organizational

PAGE 2 OF 3

EFFECTIVE: 4/16

APPROVED BY: Chief Quality Officer

REVIEW/REVISED:

- to a PSO and has not yet been sent to the PSO, and such documentation includes the date the information entered the PSES; or
2. Which are developed by a PSO for the conduct of patient safety activities; or
 3. Which identify or constitute the deliberations or analysis or, or identify the fact of reporting pursuant to, a patient safety evaluation system.

Patient Safety Activities mean the following activities carried out by or on behalf of the PSO or any Sonoma Valley Hospital employee, medical staff member, agent, student or house staff:

1. Efforts to improve patient safety and the quality of health care deliver;
2. The collection and analysis of PSWP;
3. The development and dissemination of information with respect to improving patient safety, such as recommendations, protocols, or information regarding best practices;
4. The utilization of PSWP for the purposes of encouraging a culture of safety and of providing feedback and assistance to minimize patient risk effectively;
5. The maintenance of procedures to preserve confidentiality with respect to PSWP;
6. The provision of appropriate security measures with respect to PSWP;
7. The utilization of qualified staff; and
8. Activities related to the operation of the PSES and to the provision of feedback to participants in the PSES.

Midas Datavision is the data collection program used for reporting, reviewing and commenting upon events and is the main process for transmitting information from the patient safety evaluation system to the California Hospital Patient Safety Organization.

PROCEDURE:

Patient Safety Evaluation System

The Quality and Resource Management Department is responsible for the oversight of Sonoma Valley Hospital's PSES.

The Sonoma Valley Hospital patient safety evaluation system consists of individual and committee activities, data collection processes, reports, databases, analyses, discussions, systemic reviews, and regular, ad hoc and specially called meetings, whether recorded in writing or otherwise that constitute patient safety work product, including but not limited to those listed below.

- Safety Committee
- Medical Executive Committee
- Medical Staff Performance Improvement Committee



SUBJECT: Patient Safety Evaluation System – New Policy

POLICY # QA8610-101

PAGE 3 OF 3

DEPARTMENT: Organizational

EFFECTIVE: 4/16

APPROVED BY: Chief Quality Officer

REVIEW/REVISED:

The Chief Quality Officer and Risk Manager shall be responsible for the day to day administration of the technical aspects of the PSO activities.

- Confirming the information submitted to the PSES and providing quality oversight to the process for collecting, managing, analyzing, and submitting information to CHPSO;
- Communicating the intent and purpose of the PSES with Sonoma Valley Hospital employees, medical staff members, agents, students, and house staff;
- Providing guidance on the removal of material from the PSES;
- Receiving materials created by CHPSO and distributing as appropriate within the PSES;
- Using CHPSO as a resource and maintaining communication with CHPSO;
- Coordinating related training upon implementation of the PSO and on an ongoing basis; and
- Notifying CHPSO if any Sonoma Valley Hospital contact changes.

Removal of Patient Safety Work Product

Patient Safety Work Product may be removed from the PSES by The Chief Quality Officer or Risk Manager and no longer considered Patient Safety Work Product if:

1. The information has not yet been reported to CHPSO; and
2. The Chief Quality Officer or Risk Manager documents the act and date of removal of such information from CHPSO.

Disclosure of Patient Safety Work Product

Patient Safety Work Product is privileged and confidential and shall not be disclosed except as provided by the Patient Safety Act.

REFERENCE:

Patient Safety and Quality Improvement Act 2005



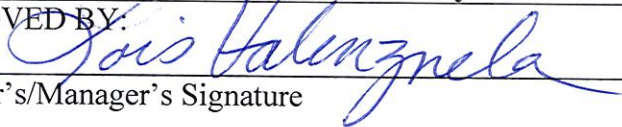
Policy and Procedure - Approvals Signature Page


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:

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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.

Organizational/Department: Laboratory Policies	
APPROVED BY: 	DATE: 04-19-16
Director's/Manager's Signature	Printed Name Lois Valenzuela



Douglas S Campbell, MD
Chair Medicine Committee




Date



Michael Brown, MD
Chair Surgery Committee



Date



Keith J. Chamberlin, MD MBA
President of Medical Staff



Date

Kelly Mather
Chief Executive Officer

Date

Jane Hirsch
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Multiple Policies – April 2016**

New Document or Revision written by:

Date of Document: **4-19-16**

Type: <input type="checkbox"/> Revision <input checked="" type="checkbox"/> New Policy	Regulatory: <input type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-Clinical	<input checked="" type="checkbox"/> Departmental <input type="checkbox"/> Interdepartmental (list departments effected)

Please briefly state changes to existing document/form or overview of new document/form here:
 (include reason for change(s) or new document/form)

Organizational Policy:

QS8610- Critical Values Chart- Revised; added Lactate chemistry value

Lab Department Policies:

7500-25 Kit Draws – New policy; to provide the service of drawing, processing, labeling and packing blood specimens for kits provided by patients.

7500-58 Reflex Testing Policy- now for CBC test; unfractionated Heparin changed to APTT test

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	03/15/2016	Yes	
Surgery Committee	5/11/2016	Yes	Rescheduled from 5/04; Lois to present
Medicine Committee	05/12/2016	Yes	Lois to present
P.I. or P. T. Committee	n/a		
Medical Executive Committee	05/19/2016	Yes	
Board Quality	06/22/2016		
Board of Directors	07/07/2016		



SONOMA VALLEY HOSPITAL CRITICAL LABORATORY VALUES

Test	Critical value		Units	Special Instructions
HEMATOLOGY				
WBC	<2,000	>30,000	x 10 ³ /μL	DO NOT CALL: OutPatient <2,000; >30,000 If "Consistent with previous"
HEMATOCRIT	<21.0	>60.0	%	
HEMOGLOBIN	<7.0	>20.0	g/dL	
PLATELETS	<40,000	>999,000	x 10 ³ /μL	DO NOT CALL: OutPatient <40,000; > 999,000 If "Consistent with previous"
EOSINOPHILS		>20	%	Call next business day
CHEMISTRY				
BILIRUBIN, TOTAL	Pediatric patient only >16.0		mg/dL	
CALCIUM		>13.0	mg/dL	
CREATININE		>5.0	mg/dL	Do not call Nephrology patients
DIGOXIN		>3.0	ng/mL	
DILANTIN		>20	ug/ml	
GLUCOSE	<50	>500	mg/dL	
POTASSIUM	<2.8	>6.2	mmol/L	
SODIUM	<120	>160	mmol/L	
LACTATE		>4	mmol/L	
TROPONIN		>0.040	ng/mL	
MICROBIOLOGY				
MRSA		POSITIVE		Call Inpatient only
SALMONELLA		POSITIVE		new cases only
SHIGELLA		POSITIVE		new cases only
ESBL		POSITIVE		Call Inpatient only
VRE		POSITIVE		New cases only
BLOOD CX		POSITIVE		
CSF CX		POSITIVE		
CSF GM STAIN		POSITIVE		
JOINT FLUID CX		POSITIVE		
GROUP B STREP		POSITIVE		ON LABOR & DELIVERY PATIENTS ONLY
CHLAMYDIA/GC		POSITIVE		Call next business day
ANTIBIOTIC LEVELS				
GENTA PEAK		>10	ug/mL	CALL TO PHARMACIST
GENTA TROUGH		>2	ug/mL	CALL TO PHARMACIST
VANCO PEAK		>40	ug/mL	CALL TO PHARMACIST
VANCO TROUGH		>20	ug/mL	CALL TO PHARMACIST
COAGULATION				
Anti -Xa (Lovenox & Heparin Inject)		>1.0	IU/mL	Sent to SRMH 3 hr TAT, Call to Pharmacist
PROTIME-INR		>4.0		Inpatient call to Pharmacist, Outpatient call to Coumadin Clinic or physician
PTT		>106	Seconds	Therapeutic patient
PTT		>68	Seconds	Non-anticoagulated patient

BLOOD BANK				
ATYPICAL ANTIBODIES		Present		
TRANSFUSION RX		Positive Result		
BLOOD GAS				
pCO2	<20	>80	mm/L[Hg]	Notify Cardio or call to physician or nursing station
pH	<7.2	>7.6		
pO2	<50		mm/[Hg]	
REFERENCE LAB				
PERTUSSIS		POSITIVE		Call to ER or Physician AND place copy of report in Infection Control
				Revised 09/2015



SUBJECT: Kit Draws

POLICY # 7500-25

DEPARTMENT: Laboratory Department

PAGE 1 OF 1

EFFECTIVE: 3/16

APPROVED BY: Director of Laboratory

REVIEW/REVISED:

Policy:

It is the policy of Sonoma Valley Hospital Laboratory to provide the service of drawing, processing, labeling and packing blood specimens for kits provided by patients.

Procedure:

- The lab will draw, process, label & pack the blood specimen(s) according to the instructions accompanying the kit
- The kit is returned to the patient for shipping
- The laboratory and Sonoma Valley Hospital assume no responsibility for the kit after it is returned to the patient.
- The lab will not fill out the paper work included in the kit
- The service is subject to an all inclusive Kit Draw fee
- Payment is due at time of service
- Minimum of 50% deposit is required; balance can be billed to the patient.
- SVH will not bill insurance or a 3rd party for the Kit Draw
- The Kit Draw fee is not subject to the cash discount
- If the Kit Draw is accompanied by other lab work; the Kit Draw fee will not be waived.
- The Kit Draw and the lab work must have separate registrations.

Reference:



SUBJECT: Reflex Testing Policy	POLICY # 7500-58
DEPARTMENT: Laboratory	PAGE 1 OF 3
APPROVED BY: Director of Laboratory	EFFECTIVE: 6/11
	REVIEW/REVISED: 9/13 7/15, 10/15, 3/16

Purpose:

Reflex testing will be performed when an initial test result is outside the normal range and indicates a second related test is medically appropriate. The reflex test result will add useful diagnostic, prognostic and/or therapeutic information.

Policy:

The Laboratory Director selects tests that will be automatically reflexed to additional testing without intervention from the ordering physician.

Procedure:

REFLEX TESTING: The table below indicates testing that is reflexed in the specified area.

Blood Bank

<i>Original Order</i>	<i>Threshold for Reflex</i>	<i>Reflexes to:</i>	<i>Reflex test Billed?</i>
Antibody Screen	Antibody Identified	Antibody ID, Antigen Typing, Antibody titer for prenatal patients, Screening units for crossmatch patients. Sent to BCP	Yes
Rh Typing	D Negative	Du testing	Yes
Direct Coombs (DAT)	Positive	IgG, C3d	Yes
Immediate Spin (IS) Crossmatch	If positive antibody screen	Full crossmatch with 37° incubation AHG	Yes

Microbiology

<i>Original Order</i>	<i>Threshold for Reflex</i>	<i>Reflexes to:</i>	<i>Reflex test Billed?</i>
Rapid Strep A Antigen Screen	Negative Screen	Strep Culture	Yes
Wound Culture, Aerobic	Dependent on source of specimen	Anaerobic Culture	Yes
Culture	Variable, dependent on organism growth	Sensitivity and ID of organism	Yes

Chemistry

<i>Original Order</i>	<i>Threshold for Reflex</i>	<i>Reflexes to:</i>	<i>Reflex test Billed?</i>
Glucometer	Result > 400 mg/dl	Plasma/serum glucose	Yes
Glucometer	Result < 50 mg/dl	Plasma/serum glucose	Yes

SUBJECT: Reflex Testing Policy

POLICY # 7500-58

DEPARTMENT: Laboratory

PAGE 2 OF 3

EFFECTIVE: 6/11

APPROVED BY: Director of Laboratory

REVIEW/REVISED: 9/13
7/15, 10/15, 3/16

Hematology

<i>Original Order</i>	<i>Threshold for Reflex</i>	<i>Reflexes to:</i>	<i>Reflex test Billed?</i>
CBC	WBC < 1,000 or > 30,000 HGB < 10.0 MCV < 70 or > 110 RDW > 18.5 Platelets < 50,000 or > 500,000 Lymphs > 65% Monos > 20% WBC flag (s) Platelet flag (s)	Slide scan review	Yes
CBC	Any abnormal WBC's (metas, myelos, pros, blasts and immature/atypical lymphs or monos	Manual Differential	No
CBC	> 10% Bands	No Manual Diff Needed. Add Comment (>10% band forms seen)	No
Manual Differential	Meets Peripheral Smear Review by Pathology: <ul style="list-style-type: none"> ➤ Presence of Blasts and immature cell with prominent nucleoli ➤ Presence of large, bizarre or unidentified WBC's ➤ WBC counts < 1,000 or > 30,000 ➤ Lymphs adults > 65% or children > 75% ➤ Eosinophil > 20% ➤ Basophil > 4% ➤ MCV < 65 or > 110 FL ➤ Platelets < 30,000 or > 900,000 (1st episode only) ➤ Plasma Cells > 3% ➤ Fluid: Malignant or abnormal appearance of cells ➤ Malaria suspected 	Pathologist slide review	Yes
CBCPLUS	➤ Hgb ≥ 13.0 g/dL	Pathologist slide review	Yes
	➤ Hgb < 13.0 g/dL	Retic, TIBC, Ferritin, Creat, Folic Acid, Vit B ₁₂ , CRP (non-Cardio) Pathologist slide review	Yes



SUBJECT: Reflex Testing Policy	POLICY # 7500-58
DEPARTMENT: Laboratory	PAGE 3 OF 3
APPROVED BY: Director of Laboratory	EFFECTIVE: 6/11
	REVIEW/REVISED: 9/13 7/15, 10/15, 3/16

Urinalysis

<i>Original Order</i>	<i>Threshold for Reflex</i>	<i>Reflexes to:</i>	<i>Reflex test Billed?</i>
Urine Screen	Leukocyte esterase, Nitrites, Bacteria or RBC are positive	Urinalysis with microscopic	Yes
Urinalysis, culture if indicated	1. Leukocyte esterase is positive on the dipstick, or 2. Nitrites are positive on the dipstick, or 3. if >6 WBC's/hpf are seen in the microscopic, or 4. 2+ bacteria are seen in the microscopic if voided specimen, 1+ bacteria if catheterized	Culture & Sensitivity	Yes
Timed urines	Always	Volume measurement	Yes

Serology

<i>Original Order</i>	<i>Threshold for Reflex</i>	<i>Reflexes to:</i>	<i>Reflex test Billed?</i>
Rheumatoid Arthritis	Positive	RA Titer Sent to Reference Lab	Yes
RPR, Syphilis serology	Reactive or Weakly Reactive	Treponema pallidum Abs	Yes
ASO	Positive	ASO Titer Sent to Reference Lab	Yes
Rapid HIV Screen	Positive	Western Blot—sent to Reference Lab	Yes

Anticoagulant Testing Specifications

The table below lists Pathologist recommendations concerning which laboratory tests to use for monitoring heparin, low molecular weight heparin, low molecular weight heparin, direct thrombin inhibitors and/or oral anticoagulant therapy.

<i>Anticoagulant Therapy</i>	<i>Recommended Laboratory Test</i>
Oral Anticoagulant (Warfarin)	• PT/INR
Unfractionated Heparin	• APTT
Low Molecular Weight Heparin (Lovenox)	• Monitoring not necessary • Factor Xa Assay
Direct Thrombin Inhibitors	• APTT

4.

PATIENT CARE SERVICES
ANNUAL REPORT
2016

Patient Care Services Annual Report 2016

AGENDA

- I. Educational Level and Certification
- II. Competency Assessment & Training
- III. Patient Experience of Care
- IV. Accomplishments and Goals
- V. Patient Care Services Challenges

PATIENT CARE SERVICES:

WHO WE ARE

EMERGENCY SERVICES

ADMINISTRATIVE NURSING SUPERVISORS

SKILLED NURSING FACILITY

SURGICAL SERVICES

MEDICAL/SURGICAL DEPARTMENT

OUTPATIENT INFUSIONS

FAMILY BIRTHING CENTER

INTENSIVE CARE UNIT

WHO WE ARE

5 Managers/Directors

121 Registered Nurses

39 Certified Nursing Assistants

14 Unit Assistants, Staffing Secretary



EDUCATION AND CERTIFICATION

California's Nursing Workforce



Work Settings



Plans for Next 5 Years



Gender



Committed to improving the health of Californians by promoting a dynamic, well prepared nursing workforce

www.HealthImpact.org

Source: Spetz, J, Cho, L, Levin, Z, Marnoch, B, Keane, D. 2014 Survey of Registered Nurses. Sacramento, CA: California Board of Registered Nursing, September 2015.

EDUCATION AND CERTIFICATION

SVH RN Certification & Education	2015-16				
	CERTIFICATION		HIGHER EDUCATION		
Patient Care Service	SVH	Goal	Undergraduate (Baccalaureate)	Graduate (Masters)	Postgraduate (PhD)
Emergency (CEN) (n=21)	0	1	11 (52%)		
ICU (CCRN) (n=13)	1	2	9 (69%)	1 (6%)	
The Birthplace (Lactation) (n=15)	1	2	10 (67%)	3 (19%)	
Med Surg (MSRN) (n=18) (2 working toward MSRN cert; 1 working on BSN)	1	2	8 (44%)	1 (6%)	
Surgery (AORN, ASPAN) (n=16)	0	1	10 (63%)		
SNF (Gerontology, Palliative care, Long-term care, Resident Assessment Coordinator) (n=16) (1 RN currently working on MSN)	11	12	8 (50%)	1 (7%)	1 (7%)
Case Management (n=8)	3	4	1 (13%)		1 (13%)
Healing at Home (n=17)	2	3	9 (50%)	2 (11%)	
53% of SVH RNs have a Baccalaureate Degree. 60% of SVH RNs have a Baccalaureate Degree or Higher					

COMPETENCY: How do we know staff are competent and what they need to stay competent?

Mandated by Regulation or Policy	High risk, high or low volume, problem prone
Restraints	Rhythm Recognition (Telemetry)
Workplace Violence	Med Admin & Electronic Health Record
Safe Patient Lifting (equipment)	Pediatric Assessment
Waived Testing	Fetal Heart Monitoring
EMTALA	Therapeutic Hypothermia
Hyperthermia	Central Lines, PICC, Ports, epidurals
BCLS, ACLS, PALS, NRP Infection Control	Crash C-Section, Mock Code Blue, Pink/Purple drills
Blood Transfusion	Sterile Fields
Elder Abuse	Moderate Sedation
HIPAA	Wound Care
Developmentally Appropriate Care	Patient education

COMPETENCY

What else?

- Annual needs assessment by staff
- Identified Quality issues
- New regulatory requirements
- New equipment/technology
- Evidence-based practice changes
- Public reporting agency requirements

COMPETENCY

SKILLS LAB 2015

Competency	Assessment Criteria
1. <u>AED</u> (ED, ICU, SNF, M/S, SCU, OR, Birthplace, UR, Ind. Med, Wound, Nsg Admin) Observer Signature: _____ Date: _____ <u>Transcutaneous Pacing/Defib/Synch Cardioversion</u> (ED, ICU, PACU Nsg. Admin) Observer Signature: _____ Date: _____	P F
2. <u>Pediatric Code Blue</u> (ED, ICU, M/S, SCU, OR, Birthplace, Nsg. Admin) Observer Signature: _____ Date: _____	P F
3. <u>Restraints</u> (ED, ICU, SNF, M/S, SCU, Birthplace, UR, Wound, Nsg. Admin) Observer Signature: _____ Date: _____	P F
4. <u>IV Admixture</u> (ED, ICU, SNF, M/S, SCU, OR, Birthplace, Nsg. Admin) Observer Signature: _____ Date: _____	P F
5. <u>PICC/PORT-Access/Flush</u> (ED, ICU, SNF, M/S, SCU, Birthplace, Nsg. Admin) Observer Signature: _____ Date: _____	P F
6. <u>Wound Care</u> (ED, ICU, SNF, M/S, Birthplace) Observer Signature: _____ Date: _____	P F
7. <u>Constavac</u> (ICU, SNF, M/S, SCU, OR, Nsg. Admin) Observer Signature: _____ Date: _____	P F
8. <u>Accu-Chek</u> (ED, ICU, SNF, M/S, SCU, OR, Birthplace, Nsg. Admin) Observer Signature: _____ Date: _____	P F
9. <u>Neonatal Mock Code</u> (Birthplace, Nsg. Admin) Observer Signature: _____ Date: _____	P F

COMPETENCY

Sonoma Valley Hospital Presents

Skills Lab 2016

Friday, September 30

or

Tuesday, October 25

or

Friday, November 18

8:00am-12:00pm

Third Floor

**Mandatory Training for
Nursing and Cardiopulmonary
Departments**

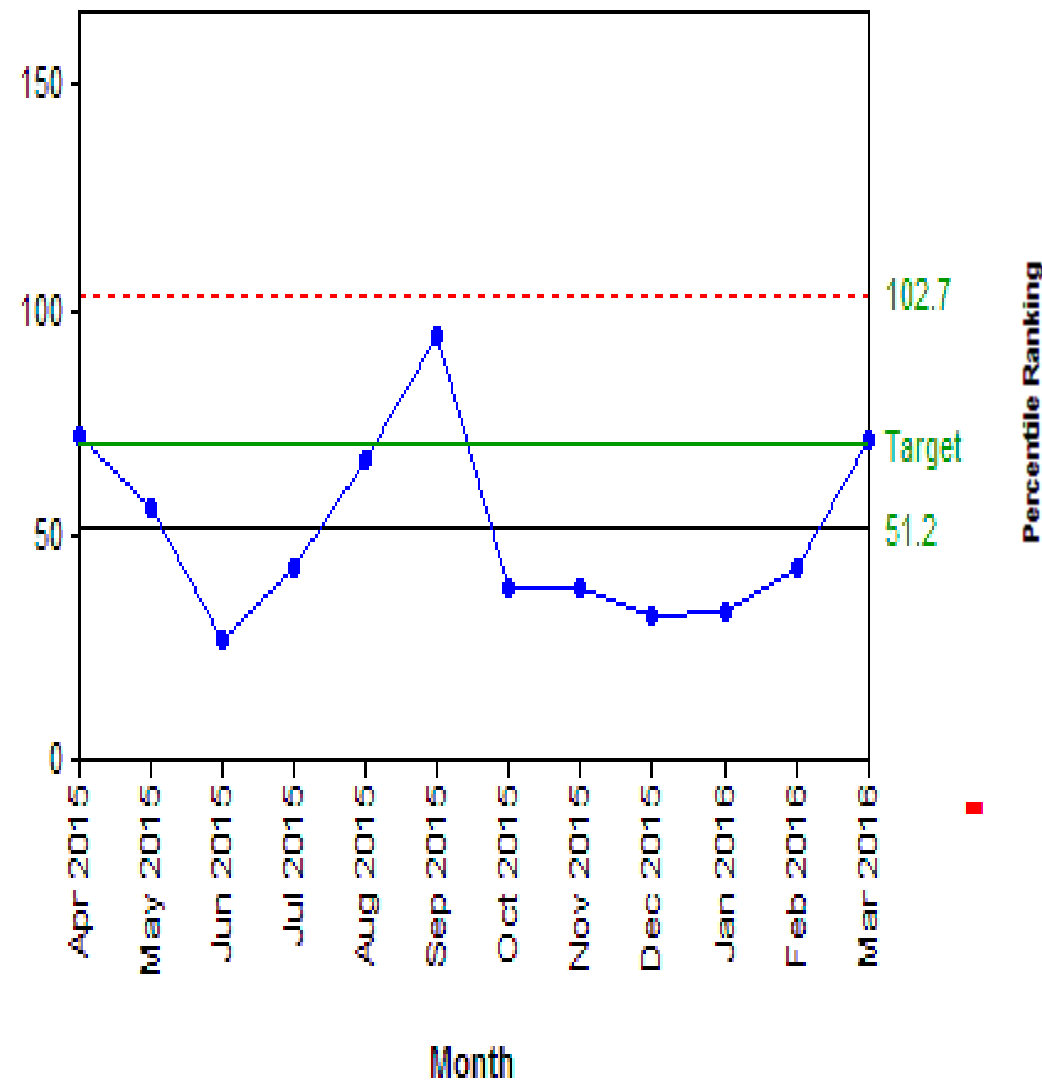
**Time needed to complete stations
vary by position and department**

Experience of Care

ED CAHPS (M) Would Recommend Facility

I Chart

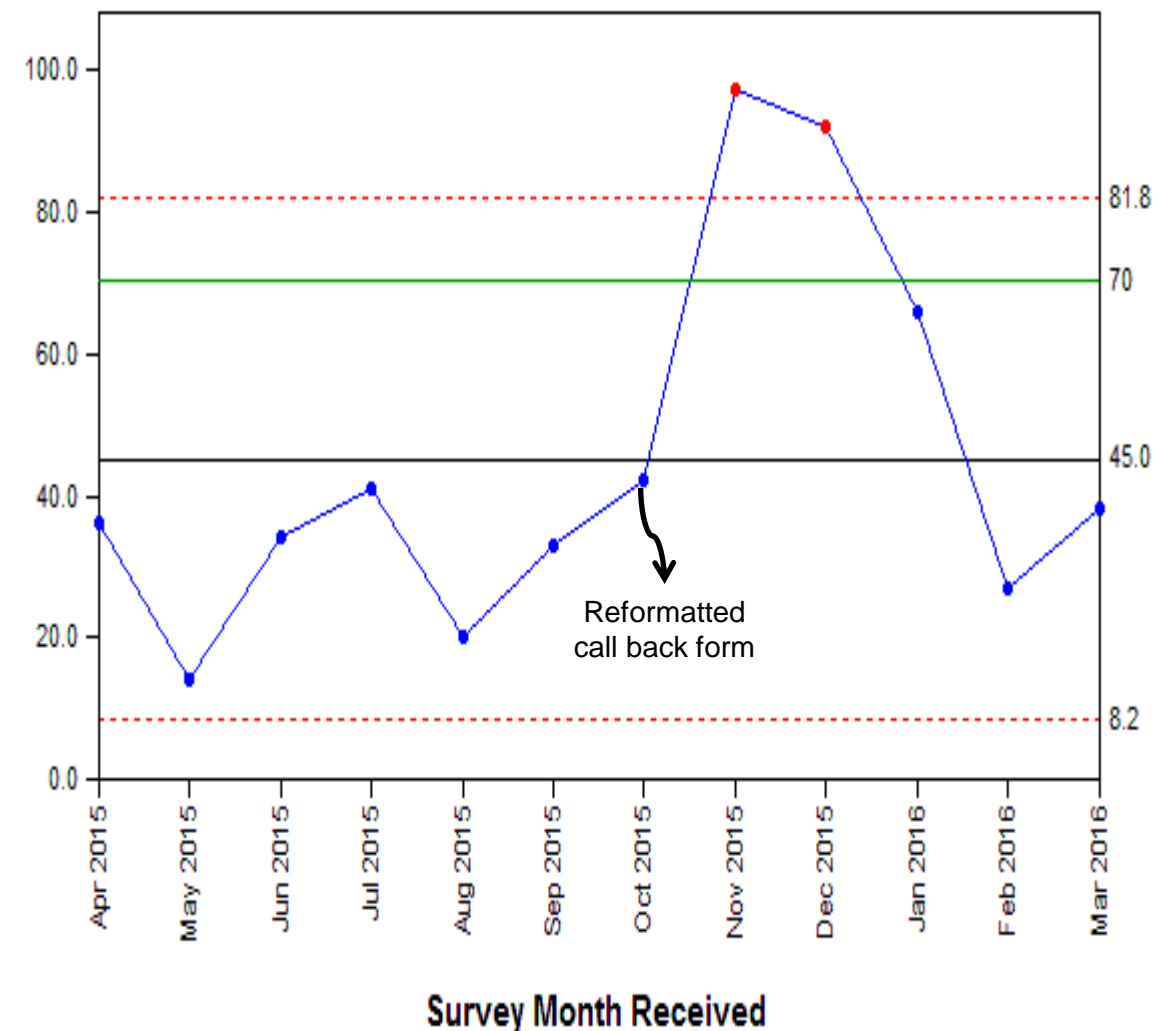
Summary



Jun 8, 2016 07:59:54

HCAHPS Inpatient (M) (Overall Rating of Hospital)

I Chart 2-Sigma



Jun 8, 2016 07:56:57

California's HCAHPS Performance

Map of the United States showing the percentage of the population aged 65 and over by state. The map is color-coded into four quartiles (Q1, Q2, Q3, Q4) based on the percentage of the population aged 65 and over. A yellow circle highlights the 69% value for California. The legend indicates: Q1: 77.6-74.6 (green), Q2: 74.5-72.8 (light green), Q3: 72.7-71.2 (orange), and Q4: 71.1-63.5 (red).

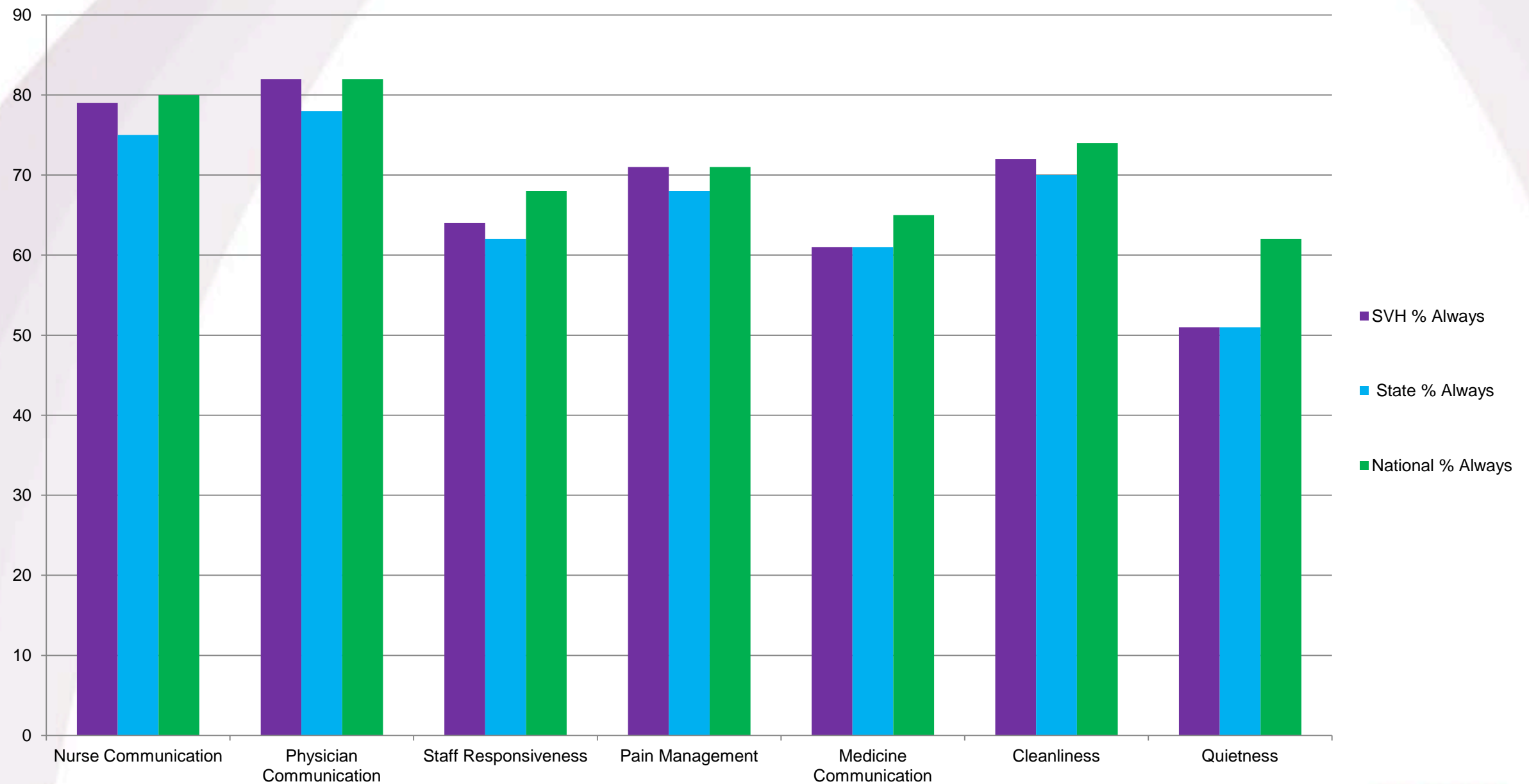
State	Percentage (%)	Quartile
Alaska	71.70%	Q3
Arizona	67.50%	Q4
Arkansas	70.90%	Q4
California	69%	Q4
Colorado	72.00%	Q3
Connecticut	71.80%	Q3
Delaware	68.40%	Q4
District of Columbia	70.70%	Q4
Florida	69.30%	Q4
Georgia	72.60%	Q3
Idaho	72.50%	Q3
Illinois	72.70%	Q3
Indiana	73.80%	Q2
Iowa	75.80%	Q1
Kansas	76.80%	Q1
Kentucky	74.20%	Q2
Louisiana	77.40%	Q1
Maine	76.50%	Q1
Maryland	71.90%	Q3
Massachusetts	71.30%	Q3
Michigan	72.90%	Q2
Minnesota	75.70%	Q1
Mississippi	74.60%	Q2
Missouri	72.90%	Q2
Montana	77.60%	Q1
Nebraska	76.30%	Q1
Nevada	74.90%	Q2
New Hampshire	74.60%	Q2
New Jersey	71.50%	Q3
New Mexico	74.70%	Q2
New York	75.90%	Q1
North Carolina	73.70%	Q2
North Dakota	75.70%	Q1
Ohio	74.60%	Q2
Oklahoma	73.20%	Q2
Oregon	72.00%	Q3
Rhode Island	68.40%	Q4
South Carolina	73.40%	Q2
South Dakota	74.60%	Q2
Tennessee	73.70%	Q2
Texas	74.70%	Q2
Vermont	76.50%	Q1
Virginia	74.00%	Q2
Washington	71.70%	Q3
West Virginia	74.60%	Q2
Wisconsin	76.20%	Q1
Wyoming	72.90%	Q2



SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

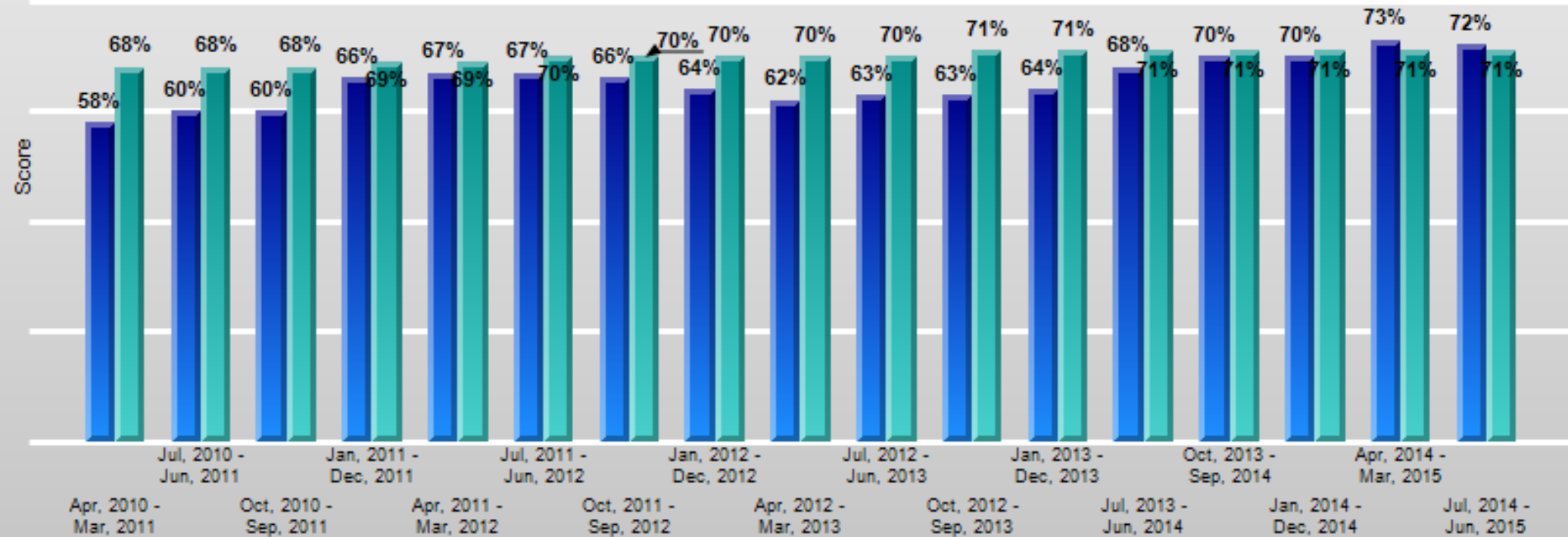
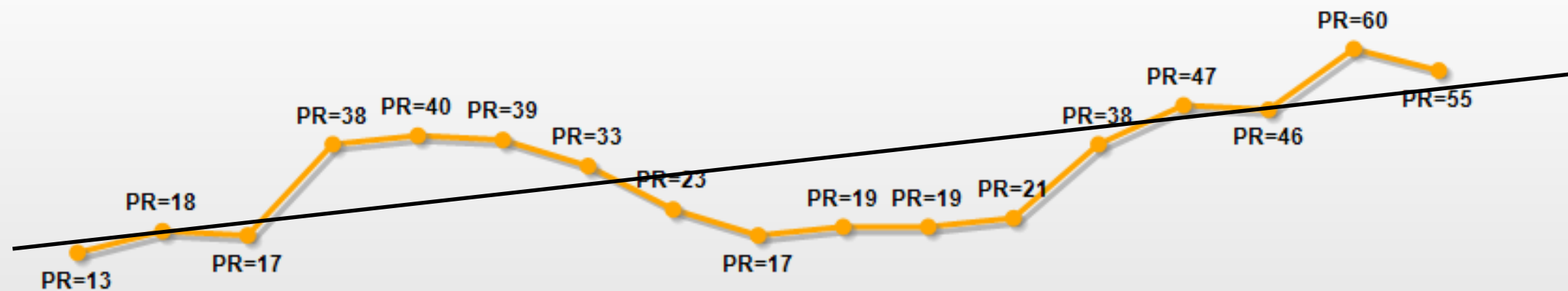
Experience of Care

Comparative Data: CMS HCAHPS Survey data
Reporting period: Q4 2014-Q3 2015



Experience of Care

Overall Rating of Hospital



■ Sonoma Valley Hospital
 ■ CMS HCAHPS 50th Percentile
 — Sonoma Valley Hospital Percentile Rank

Experience of Care

“We’re not in the business of doing the NICE thing, we’re in the business of doing the RIGHT thing.”

What if the NICE thing and the RIGHT thing were actually the SAME thing?

Experiencing a single unpleasant interaction can lead people to generalize about other employees and the organization in general.

Experience of Care

Developing a Culture of Always

Patient Experience is everyone's responsibility in an organization, from the moment a patient, family member or visitor enters the building. Every contact, every encounter has the potential to greatly influence that person's perception of us and ultimately, the outcomes of our survey responses. Patient Satisfaction belongs to everyone working at SVH as a unified team.

What's the Plan?

STAY CALM AND FOCUSED: ALWAYS

ACTIONS:

- Perform AIDET competency all staff; clinical and non-clinical
- Validate White Board utilization; nursing and ancillary staff
- Follow-up phone calls (Questioning relating to CAPHS dimensions)
- Hourly Rounding by clinical staff
- Daily Rounding by Clinical Dept management; validation of staff performing #1-4 and rounding on patients using open-ended questions targeting low scoring dimensions
- Rounding by all Ancillary management: Scheduled 1-2 days/week.
- Validation rounding by CNO and Ancillary Lead
- Daily multi-disciplinary rounds with Patient Experience daily agenda item (CNO)
- Rounding by OR team 2 days/week on postoperative patients
- Daily rounding by Nursing Supervisors
- Efforts to increase survey response rate: posters in patient rooms reminding patients/families of surveys (add ICU and ED). Include reminders to patients/families during rounding
- Include 1-2 patient/family advisors as members of Patient Care Experience Team
- Patient Care Experience team members will conduct random AIDET validations on SVH staff

Patient Care Services

Accomplishments FY 2016

- Medication scanning at or near 90% compliance
- Falls below 50th tile national benchmark
- HAPU well below national benchmark
- SNF Optimization completed; Inpatient Optimization begun
- Increased staffing in ED (25% increase in volume)
- 15% Beta insurance premium reduction for ED & OB
- RN identification badging

Patient Care Services

Goals FY 2017

- HCAHPS/ED CAHPS to 70th %tile
- Patient/family advisor on PCE team
- Increase professional certification of RN staff
- Develop Clinical Ladder for RNs
- Palliative Care

Patient Care Services Challenges

1. Staffing/recruitment

- Turnover; train and transfer
- Salary; hard to hire, hard to retain

2. Electronic Health Record

- Paragon 13/14 implementation; super-users
- No single sign on
- Connectivity
- Med reconciliation
- Verbal Order entry

Patient Care Services Challenges

3. Pt. Satisfaction Survey Returns

- March 2015-March 2016 response rate 31% (~21/month)
- Problem is monthly 'n' is 9-20. 39 surveys returned total Jan-Mar 2016

Patient Care Services Challenges

4. Staff Satisfaction

- ED, ICU AND NURSING ADMIN
ENGAGEMENT (TIER 3)
 - ORGANIZATION PROVIDES FOR CAREER DEVELOPMENT
 - RECOGNITION GIVEN FOR A JOB WELL DONE
 - MY PAY IS FAIR

Questions?

5.

RESOLUTION NO. 328

ORDERING AN ELECTION
FOR OPEN BOARD
POSITIONS



Meeting Date: July 7, 2016

Prepared by: Eugenia Betta, Clerk of the Board of Directors

Agenda Item Title: Resolution No. 328 – Ordering an Election for Open Board Positions to be Held and Requesting Consolidation with the November 8, 2016 General District Election

Recommendation:

That the SVHCD Board approve and adopt Resolution No. 328, as described in the attachment.

Background:

Pursuant to Elections Code Section 10509 (which requires notification prior to the 125th day before the election) the elected office holders of this district whose terms will expire in 2016, and/or their successors will be required to be elected at the upcoming election to be held on November 8, 2016. This resolution requests consolidation with the general election.

Consequences of Negative Action/Alternative Actions:

The incumbents interested in running for re-election will not be able to participate in the General Election in November 2016.

Financial Impact:

TBD

Selection Process and Contact History:

N/A

Board Committee:

N/A

Attachments:

1. Resolution No. 328
2. Notice of Offices To Be Filled
3. Notice of District Boundaries

**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS, COUNTY OF SONOMA, STATE OF CALIFORNIA**

RESOLUTION NO. 328

**Ordering an Election for Open Board Positions to be Held
and Requesting Consolidation with the November 8, 2016
General District Election**

WHEREAS, an election will be held on November 8, 2016, in the Sonoma Valley Health Care District for the purpose of electing District Directors to fill positions that will expire in 2020;

BE IT RESOLVED THAT, the District Directors of said district hereby request consolidation with any election that may be held on the same day, in the same territory or in territory that is in part the same.

THE FOREGOING RESOLUTION was introduced by Director Jane Hirsch who moved its adoption, seconded by Director _____ and then adopted on roll call by the following vote:

Director Hirsch	Aye	No	Abstain
Director Nevins	Aye	No	Abstain
Director Boerum	Aye	No	Abstain
Director Rymer	Aye	No	Abstain
Director Hohorst	Aye	No	Abstain

AYES: _____ NOES: _____ ABSTAIN: _____ ABSENT: _____

WHEREUPON, the Chair declared the foregoing resolution adopted and **SO ORDERED**.

Joshua Rymer, Second Vice Chair

Dated: 5th of July 2016

Attest:

Bill Boerum, Secretary



MEMORANDUM

TO: WILLIAM F. ROUSSEAU, COUNTY CLERK & REGISTRAR OF VOTERS

FROM: Sonoma Valley Health Care District

SUBJECT: NOTICE OF OFFICES TO BE FILLED AND STATEMENT OF RESPONSIBILITY FOR STATEMENTS OF QUALIFICATIONS

DATE: July 7, 2016

Notice is hereby given that, pursuant to Elections Code Section 10509 (which requires notification prior to the 125th day before the election, the following are the elected office holders of this district whose terms will expire in 2016, and/or their successors will be required to be elected at the upcoming election to be held on November 8, 2016.

	<u>DIRECTOR</u>	<u>LENGTH OF NEXT TERM (commencing 12.1.2016)</u>
1.	Sharon Nevins	Four Years
2.	Jane Hirsch	Four Years
3.	Bill Boerum	Four Years

1. The length of Statements of Qualifications shall not exceed **200** words.
2. The costs incurred in the printing of the optional Statements of Qualifications (English and Spanish, if requested by the candidate) in the Voter Information Pamphlet is the responsibility of the **Candidate**.
3. The District opts to **require payment in advance to the District Board Clerk/Secretary**.

Note: It is the responsibility of the District to collect the costs of Statements of Qualifications from the candidates whether payment in advance or payment after the fact is required. **If advance payment is required, candidates must present a receipt from the District at the time of the Statement of Qualifications is filed with the Registrar of Voters Office. Multi-county districts please be advised that the estimated cost reflects only the Sonoma County portion of the cost.**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND SUBMIT THIS STATEMENT IN COMPLIANCE WITH ELECTIONS CODE SECTIONS 10509 AND 13307.

SIGNED: _____ DATE: July 7, 2016
Eugenia P. Betta, District Board Clerk



MEMORANDUM

TO: WILLIAM F. ROUSSEAU, COUNTY CLERK & REGISTRAR OF VOTERS
FROM: Sonoma Valley Health Care District
SUBJECT: NOTICE OF DISTRICT BOUNDARIES/STATEMENT IN LIEU OF MAP
DATE: July 7, 2016

Pursuant to Elections Code Section 10522 (which requires notification prior to the 125th day before the election regarding district boundaries in the above named district), we are hereby notifying the Registrar of Voters Office that:

As of this date, there has been no change in the boundaries of this district since the date of the last election. A map of the district is already on file with your office; therefore this notice is in lieu of providing a duplicate map.

Submitted by _____ DATE: 7th day of July 2016
Eugenia Betta, District Board Clerk

seal

6.

CEO OBJECTIVES FY 2017



Meeting: Regular Board Session
Date: July 7, 2016
Prepared by: Peter Hohorst & Joshua Rymer, Board Members
Agenda Item Title: CEO Objectives FY 2017

Recommendation:

That the Board approves the proposed CEO Objectives for FY 2017

Background and Reasoning:

It is a recognized good management practice to establish objectives for key management personnel as a means to motivate, measure, and reward performance.

Objectives are most effective when they are:

- Of significant importance to the organization;
- Established jointly by the manager and his/her direct supervisor;
- Measurable by objective metrics; and,
- Achievable as viewed by both the manager and the supervisor.

The objectives that follow meet these criteria. Each objective will have three benchmark goals:

- A base goal that will generate a bonus, if achieved, of 66.7% of the maximum possible bonus for the objective;
- An intermediate target that will generate a bonus of 86.7% of the maximum possible bonus for the objective; and,
- A stretch goal that will generate a bonus of 100% of the maximum for the objective.

Performance at levels below the base goals for each objective will generate zero bonus contribution.

1. High In-Patient Satisfaction

We recommend using the HCAHPS scores to measure in-patient service excellence. HCAHPS are the Hospital's rating for patient satisfaction as measured by CMS and an important indication of the quality of customer service. The maximum possible bonus for this objective would be 3% of annual salary. The three benchmark goals would be:

- Base goal - achieve 5 out of 9 HCAHPS scores for In-Patient satisfaction above the 60th percentile for **6** of 12 months of the fiscal year;
- Intermediate goal - achieve 5 out of 9 HCAHPS scores for In-Patient satisfaction above the 60th percentile for **8** of 12 months; and,

- Stretch goal - achieve 5 out of 9 HCAHPS scores for In-Patient satisfaction above the 60th percentile for **10** of 12 months for the stretch.

2. High Emergency Department Satisfaction

We recommend using the HCAHPS scores to measure Emergency Department service excellence. The maximum possible bonus for this objective would be 1.5% of annual salary. The three-benchmark goals would be:

- Base goal - achieve 4 out of 7 HCAHPS scores for Emergency Department satisfaction above the 60th percentile for **6** of 12 months of the fiscal year;
- Intermediate goal - achieve 4 out of 7 HCAHPS scores for Emergency Department satisfaction above the 60th percentile for **8** of 12 months; and,
- Stretch goal - achieve 4 out of 7 HCAHPS scores for Emergency Department satisfaction above the 60th percentile for **10** of 12 months for the stretch.

3. Excellent Patient Outcomes

For 2017, we recommend using the Mean Patient Safety Score within the Value Based Purchasing (VBP) to measure Excellent Patient Outcomes. The maximum possible bonus for this objective would be 3% of annual salary. The three-benchmark goals would be:

- Base goal - achieve a Mean Patient Safety Score (VBP) of >70th percentile on an annual basis;
- Intermediate goal - achieve a Mean Patient Safety Score (VBP) of >75th percentile on an annual basis; and,
- Stretch goal – achieve a Mean Patient Safety Score (VBP) of >80th percentile on an annual basis.

Note: The VBP score is a Medicare rating comprised of measurements that CMS uses to evaluate a hospital's performance, which can result in an increase or decrease in reimbursement, based on performance. In mid-2016, CMS dramatically revised the VBP dimensions creating a new set of measures, many of which are not as relevant for assessing CEO Patient Outcome Performance. For FY 2017, we recommend using the Mean Patient Safety Score component to measure Excellent Patient Outcomes. However, we recognize that this measure only reflects outcomes for In-Patients and does not reflect that broader populations served by the hospital. During FY 2017, the CEO will work with staff and others to create a new patient outcome measure that can be used starting in 2018 in place of the narrow Mean Patient Safety Score.

4. Highly Engaged and Satisfied Staff

We recommend using the Press Ganey Percentile ranking of current mean score to measure the engagement and satisfaction of staff. The maximum possible bonus for this objective would be 1.5% of annual salary. The three-benchmark goals would be:

- Base goal - achieve a Press Ganey Percentile ranking of >80th percentile on an annual basis;
- Intermediate goal - achieve a Press Ganey Percentile ranking of >85th percentile on an annual basis; and,
- Stretch goal – achieve a Press Ganey Percentile ranking of >90th percentile on an annual basis.

With the current tight operating budget and the demands of a changing health care environment, high staff satisfaction levels are extremely difficult. All three benchmark levels are 5 or more percentile points higher than the FY 2016 goal levels.

5. Financial Viability

We recommend using Earnings, Before Interest, Depreciation and Amortization (EBIDA) before restricted donations and GO Bond income and expense to measure Financial Viability. The maximum possible bonus for this objective would be 9.5% of annual salary. The three-benchmark goals would be:

- Base goal - achieve \$1.9 million in Earnings, Before Interest, Depreciation and Amortization (EBIDA) before restricted donations and GO Bond income and expense;
- Intermediate goal - achieve \$2.15 million in Earnings, Before Interest, Depreciation and Amortization (EBIDA) before restricted donations and GO Bond income and expense; and,
- Stretch goal – achieve \$2.4 million in Earnings, Before Interest, Depreciation and Amortization (EBIDA) before restricted donations and GO Bond income and expense.

Note: The Financial Viability goals for FY 2017 are slightly (~\$100K) lower than the goals set for FY 2016. These lower goals are a reflection of the continuous downward pressure on reimbursement from insurers and government payers and significant upward pressure on expenses from increases in wages and other contract expenses.

6. Healthy Community

The last objective is to support the improved health of our community and to enhance the reputation of the Hospital through employee outreach efforts. We recommend using Community Service Hours of Employees to measure efforts toward a Healthy Community. The maximum possible bonus for this objective would be 1.5% of annual salary. The three-benchmark goals would be:

- Base goal – contribute 1500 total hours during FY 2017;
- Intermediate goal - contribute 1600 total hours during FY 2017; and,
- Stretch goal – contribute 1700 total hours during FY 2017.

Consequences of Negative Action/Alternative Actions:

Without clearly defined objectives it is not possible to objectively evaluate CEO performance.

Without clearly defined objectives the opportunity to motivate and reward outstanding performance is lost.

Financial Impact:

Achievement of the financial objective would rank FY 2017's performance in line with FY 2016 performance and among the best in the recent history of the Hospital.

Selection Process and Contract History

The present CEO contract, which runs through 2018, it includes a provision for a maximum bonus payment of 20%. Because of the importance of financial stability, 45% of the bonus opportunity has been allocated to the financial objective as it was in FY 2015 and 2016.

Attachments:

FY 2017 CEO Goal Summary



FY 2017 CEO GOALS

Levels 1 & 2: 0% Salary Incentive Compensation

Level 3: 66.7% Salary Incentive Compensation

Level 4: 86.7% Salary Incentive Compensation

Level 5: 100% Salary Incentive Compensation

PERFORMANCE GOAL	OBJECTIVE	METRIC	ACTUAL RESULT FY 2016	GOAL LEVEL
Service Excellence 3.0% of annual salary	High In-Patient Satisfaction	5 out of 9 HCAHPS questions above 60 th percentile for at least 6 of 12 months		>10 of 12 months= 5 > 8 of 12 months = 4 > 6 of 12 months = 3 > 4 of 12 months = 2 < 4 of 12 months = 1
Service Excellence 1.5% of annual salary	High Emergency Department Satisfaction	4 out of 7 HCAHPS questions above 60 th percentile for at least 6 of 12 months		>10 of 12 months =5 > 8 of 12 months=4 > 6 of 12 months= 3 > 3 of 12 months = 2 < 3 of 12 months = 1
Quality 3.0% of annual salary	Excellent Patient Outcomes	Mean Patient Safety Score within the Value Based Purchasing report		>80 th = 5 >75 th = 4 >70 th = 3 >65 th = 2 <65 th = 1
People 1.5% of annual salary	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of current mean score		>90 th = 5 >85 th = 4 >80 th = 3 >75 th = 2 <75 th = 1
Finance 9.5% of annual salary	Financial Viability	Achieve Earnings, Before Interest, Depreciation and Amortization (EBIDA) before restricted donations and GO Bond income & expense		> \$2.4 million = 5 > \$2.15 million = 4 > \$1.9 million = 3 > \$1.8 million = 2 < \$1.8 million = 1
Healthy Community 1.5% of annual salary	Community Hours	Numbers of hours for community benefit		>1700 hours = 5 >1600 hours = 4 >1500 hours = 3 >1400 hours = 2 <1400 hours = 1

Note: Level 1 reflects a result that is worse than the prior year. Level 2 reflects a result that is the same as the prior year. Levels 3 – 5 reflect goals that are better than the prior year.

7.

CAPITAL PLAN FY 2017

Sonoma Valley Hospital
Capital Plan
FY 2017

FY 2017 Budget Requests:

Foundation Support:

Dept #	Department	DESCRIPTION	ESTIMATED AMOUNT	FY 2017
7660	MRI	1.5 8 Channel Knee Coil	16,968	16,968
7420	Surgery	Mini C-Arm	71,038	71,038
7420	Surgery	Stryker Audio/Video Integration Upgrade	387,449	387,449
7420	Surgery	Wilson Frame	5,828	5,828
7420	Surgery	ECT Machine	16,670	16,670
7420	Surgery	Ureteroscope	18,746	18,746
			<u>\$ 516,699</u>	<u>\$ 516,699</u>

Infrastructure

Dept #	Department	DESCRIPTION	ESTIMATED AMOUNT	FY 2017	Year 2 (FY 2018)	Year 3 (FY 2019)
8480	Information Systems	Desktop computers/laptops/datalux all-in-one: Estimated annual refresh for computers that are more than 5 years old	25,000	25,000		
8480	Information Systems	Multiple printers (Zebra, Inkjet, Laser, Dymo) & Handheld Scanners: Estimated annul refresh of printers more than 5 years old	16,000	16,000		
8480	Information Systems	Kronos System Upgrade professional services from v5 to v7	15,570		15,570	
8480	Information Systems	VMWare license for 3 blade servers	9,000	9,000		
8480	Information Systems	PBX Replacement	225,000		225,000	
8480	Information Systems	Back-up servers	90,000		90,000	
8480	Information Systems	HIE Replacement (Redwood Med Net)	100,000		100,000	
8480	Information Systems	Network Replacement	50,000	50,000		
8480	Information Systems	Fax Server (2nd server, lab)	15,000	15,000		
8480	Information Systems	McKesson Upgrade	230,000	230,000		
8450	Engineering	East Wing Pipes - SNF	300,000	300,000		
8450	Engineering	Nurse Call System - SNF	225,000	225,000		
8450	Engineering	Install Automatic doors by Cardio Pulmonary	25,000	25,000		
8450	Engineering	TV Cabling	9,406	9,406		
8450	Engineering	Elevators	375,000	375,000		
8450	Engineering	Pharmacy Relocation	500,000		500,000	
8450	Engineering	Lobby Phase 2 (including IT)	400,000	400,000		
	Various	Contingency	400,000	400,000		
			<u>\$ 3,009,976</u>	<u>\$ 2,079,406</u>	<u>\$ 930,570</u>	<u>\$ -</u>
			<u>\$ 3,526,675</u>	<u>\$ 2,596,105</u>		

Construction In Progress (CIP)	CIP Budget	Spent Prior to Date	Remaining Balance	
E H R Implementation	6,315,356	5,319,917	995,439	MedOne Leases
Lobby Upgrade	198,000	62,510	135,490	Operations
Phase 2 Feasibility	40,000	24,785	15,215	Foundation
Nuclear Med Heat Pump	58,733	45,428	13,305	Celtic lease
Time Share	67,532	46,411	21,121	Operations
Fluoroscopy	802,981	41,005	761,976	GE Loan
Fire System	138,000	16,896	121,104	Operations
OP Diagnostic Center	10,000,000	-	10,000,000	Foundation
		<u>\$ 17,620,602</u>	<u>\$ 5,556,952</u>	<u>\$ 12,063,650</u>

9.

FINANCIAL REPORT FOR
MONTH ENDING
MAY 31, 2016



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: June 28, 2016
Subject: Financial Report for the Month Ending May 31, 2016

May's Operating Margin for the hospital had a loss of (\$641,579), which is unfavorable to budget by (\$262,950). The year-to date actual loss from operations is (\$3,744,811) which is favorable to the budgeted year-to-date loss of (\$4,124,456). After accounting for all other activity, May's net loss was (\$403,408) vs. a budgeted net gain of \$37,869. EBIDA for May was -0.8% vs. a budgeted 3.8%. Year-to-date, the total net income is (\$58,853) unfavorable to budget with a year to date EBIDA of 4.7% vs. the budget of 4.0%.

The Hospital implemented a 6% price increase primarily in outpatient services and it went into effect May 1, 2016. The price increase is not reflected in the budget for FY 2016.

Gross patient revenue for May was \$21,601,064, \$2,555,282 better than expected. Inpatient gross revenue was over budget by \$667,787 due to patient days being over budgeted expectations by 15 days and inpatient surgeries over budget by 4 cases. Outpatient revenue was over budget by \$178,390. Both outpatient visits and procedures were under budgeted expectations but, due to the price increase there was a positive gross revenue variance. The Emergency Room gross revenue is over budget by \$2,178,176 due to the consistent increase in volume and the price increase. SNF was under budgeted expectations by (\$368,580) due to lower than projected volume and Home Health is under budgeted expectations due to purposely reducing services provided to Marin patients (\$100,491).

Deductions from revenue were unfavorable to budgeted expectations by (\$2,381,957) primarily due to the ER gross revenue being significantly over budget with primarily Medicare and Medi-Cal patients. Furthermore, in May the patient days were up but, the discharges were below the budgeted expectations which mean the length of stay (LOS) was up. The net result of the additional revenue is a higher contractual reserve because of the DRG type of payments with Medicare and Medi-Cal. For the month of May Medi-Cal accounts accounted for 18.3% of gross revenue vs. a budgeted 17.8% and commercial accounts accounted for 19.1% vs. a budgeted 20.6%.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budget by \$132,160.



Operating Expenses of \$5,266,773 were over budget by (395,109). The significant negative variances were: Salaries, Wages, and Agency fees (\$225,479), Employee Benefits (\$74,391), physician and professional fees (\$9,636), supplies (106,856), and interest expense (29,923). Salaries and wages were over budget by (\$67,945) and agency fees were over by (\$157,534) due to department vacancies and an increase in employees out on disability. PTO was over budget in May by (\$53,756) due to paid sick leave for per diem employees that were not budgeted, an increase in employees out on disability, and an increased use of PTO over budgeted expectations. Employee benefits are over budget by (\$20,635) due to an increase in the cost of health benefits due to an increase in participation from open enrollment and Pension costs. Physician fees are over budget by (\$35,848) due to an increase in physician contracts and were offset by a positive variance for Professional fees of \$26,212. Supplies are over budget (\$106,856) primarily in lab (\$31,173), pharmacy (\$39,201), and dietary (\$15,251). Both lab and pharmacy variances are a result of the higher volume in ER. Interest expense is over budgeted expectations due to the true up of the Celtic lease.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for May was (\$388,346) vs. a budgeted net loss of (\$146,667). The total net loss for May after all activity was (\$403,408) vs. a budgeted net income of \$37,869.

EBIDA for the month of May was -0.8% vs. the budgeted 3.8%.

Patient Volumes – May

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	85	104	-19	97
Newborn Discharges	13	14	-1	11
Acute Patient Days	386	371	15	373
SNF Patient Days	529	605	-76	626
Home Care Visits	844	1,237	-393	963
OP Gross Revenue	\$13,827	\$11,492	\$2,336	\$10,719
Surgical Cases	123	142	-19	118

Overall Payer Mix – May

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	45.9%	48.9%	-3.0%	46.7%	49.1%	-2.4%
Medicare Mgd Care	10.2%	4.9%	5.3%	8.3%	4.8%	3.5%
Medi-Cal	18.3%	17.8%	0.5%	19.2%	17.7%	1.5%
Self Pay	1.0%	1.9%	-0.9%	0.9%	1.8%	-0.9%
Commercial	19.1%	20.6%	-1.5%	19.7%	20.4%	-0.7%
Workers Comp	3.5%	3.0%	0.5%	3.0%	3.2%	-0.2%
Capitated	2.0%	2.9%	-0.9%	2.2%	3.0%	-0.8%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for May:

For the month of May the cash collection goal was \$3,852,859 and the Hospital collected \$3,429,309, or under the goal by (\$423,550). The year-to-date cash goal is \$37,945,569 and the Hospital has collected \$38,500,328 or over the goal by \$554,759. The cash collection goal is based upon net hospital revenue from 90 days ago. Days of cash on hand are 9 days at May 31, 2016. Accounts Receivable increased from April, from 50.2 days to 54.6 days in May. Accounts Payable has increased by \$110,975 from April and Accounts Payable days are at 51.7.

ATTACHMENTS:

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



Sonoma Valley Hospital
Net Revenue by Payer for the month of May 31, 2016

ATTACHMENT A

May-16

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	9,908,311	9,266,535	641,776	6.9%
Medi-Cal	3,947,801	3,377,103	570,698	16.9%
Self Pay	218,242	346,285	-128,043	-37.0%
Commercial	4,133,729	3,995,079	138,650	3.5%
Medicare Managed Care	2,218,552	930,886	1,287,666	138.3%
Worker's Comp.	745,717	574,182	171,535	29.9%
Capitated	428,711	555,712	-127,001	-22.9%
Total	21,601,063	19,045,782	2,555,281	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,669,241	1,668,527	714	0.0%
Medi-Cal	551,508	501,715	49,793	9.9%
Self Pay	130,945	207,771	-76,826	-37.0%
Commercial	1,653,078	1,508,734	144,344	9.6%
Medicare Managed Care	288,190	137,500	150,690	109.6%
Worker's Comp.	163,983	135,283	28,700	21.2%
Capitated	13,119	22,612	-9,493	-42.0%
Prior Period Adj/IGT	10,653	125,250	-114,597	-91.5%
Total	4,480,717	4,307,392	173,325	4.0%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	37.3%	38.7%	-1.4%	-3.6%
Medi-Cal	12.3%	11.6%	0.7%	6.0%
Self Pay	2.9%	4.8%	-1.9%	-39.6%
Commercial	36.9%	35.2%	1.7%	4.8%
Medicare Managed Care	6.4%	3.2%	3.2%	100.0%
Worker's Comp.	3.7%	3.1%	0.6%	19.4%
Capitated	0.3%	0.5%	-0.2%	-40.0%
Prior Period Adj/IGT	0.2%	2.9%	-2.7%	-93.1%
Total	100.0%	100.0%	0.0%	0.0%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	16.8%	18.0%	-1.2%	-6.7%
Medi-Cal	14.0%	14.9%	-0.9%	-6.0%
Self Pay	60.0%	60.0%	0.0%	0.0%
Commercial	40.0%	37.8%	2.2%	5.8%
Medicare Managed Care	13.0%	14.8%	-1.8%	-12.2%
Worker's Comp.	22.0%	23.6%	-1.6%	-6.8%
Capitated	3.1%	4.1%	-1.0%	-24.4%
Prior Period Adj/IGT	0.0%	0.7%	-0.7%	-100.0%

YTD

Actual	Budget	Variance	% Variance
104,526,322	102,165,450	2,360,872	2.3%
42,954,732	36,703,911	6,250,821	17.0%
1,905,324	3,695,304	-1,789,980	-48.4%
44,249,333	43,440,452	808,881	1.9%
18,531,566	10,066,387	8,465,179	84.1%
6,625,154	6,727,441	-102,287	-1.5%
5,449,965	6,174,308	-724,343	-11.7%
224,242,396	208,973,253	15,269,143	

Actual	Budget	Variance	% Variance
18,409,270	19,061,701	-652,431	-3.4%
6,263,294	5,679,630	583,664	10.3%
704,688	1,537,933	-833,245	-54.2%
16,663,122	16,184,040	479,082	3.0%
2,632,425	1,568,852	1,063,573	67.8%
1,491,438	1,624,313	-132,875	-8.2%
190,263	229,675	-39,412	-17.2%
2,049,121	1,377,250	671,871	48.8%
48,403,622	47,263,395	1,140,227	2.4%

Actual	Budget	Variance	% Variance
38.0%	40.3%	-2.3%	-5.7%
12.9%	12.0%	0.9%	7.5%
1.5%	3.3%	-1.8%	-54.5%
34.5%	34.3%	0.2%	0.6%
5.4%	3.3%	2.1%	63.6%
3.1%	3.4%	-0.3%	-8.8%
0.4%	0.5%	-0.1%	-20.0%
4.2%	2.9%	1.3%	44.8%
100.0%	100.0%	0.0%	0.0%

Actual	Budget	Variance	% Variance
17.6%	18.7%	-1.1%	-5.9%
14.6%	15.5%	-0.9%	-5.8%
37.0%	41.6%	-4.6%	-11.1%
37.7%	37.3%	0.4%	1.1%
14.2%	15.6%	-1.4%	-9.0%
22.5%	24.1%	-1.6%	-6.6%
3.5%	3.7%	-0.2%	-5.4%
0.9%	0.7%	0.2%	28.6%

Sonoma Valley Health Care District
Balance Sheet
As of May 31, 2016

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 1,321,389	\$ 1,983,203	\$ 2,530,812
2	Trustee Funds	3,420,173	3,419,803	1,825,643
3	Net Patient Receivables	9,071,851	8,194,105	6,541,310
4	Allow Uncollect Accts	(846,016)	(623,894)	(744,236)
5	Net A/R	8,225,835	7,570,211	5,797,074
6	Other Accts/Notes Rec	1,701,170	1,628,167	3,155,208
7	3rd Party Receivables, Net	829,488	872,289	645,037
8	Inventory	863,982	818,199	762,638
9	Prepaid Expenses	863,885	792,314	733,051
10	Total Current Assets	\$ 17,225,922	\$ 17,084,186	\$ 15,449,463
12	Property, Plant & Equip, Net	\$ 52,471,517	\$ 52,684,341	\$ 55,089,671
13	Specific Funds	382,926	382,893	240,092
14	Other Assets	144,202	144,203	143,321
15	Total Assets	\$ 70,224,567	\$ 70,295,623	\$ 70,922,547
Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	\$ 3,751,935	\$ 3,640,960	\$ 2,618,288
17	Accrued Compensation	4,406,177	4,103,607	3,713,733
18	Interest Payable	457,025	342,768	471,716
19	Accrued Expenses	1,436,546	1,117,266	1,269,616
20	Advances From 3rd Parties	130,760	214,931	816,536
21	Deferred Tax Revenue	492,777	985,555	743,018
22	Current Maturities-LTD	1,550,434	1,604,735	1,550,434
23	Line of Credit - Union Bank	5,923,734	5,923,734	5,698,734
24	Other Liabilities	159,216	9,966	685,523
25	Total Current Liabilities	\$ 18,308,604	\$ 17,943,522	\$ 17,567,598
26	Long Term Debt, net current portion	\$ 36,739,350	\$ 36,772,079	\$ 39,188,977
27	Fund Balances:			
28	Unrestricted	\$ 12,207,370	\$ 12,467,196	\$ 12,121,614
29	Restricted	2,969,243	3,112,826	2,044,358
30	Total Fund Balances	\$ 15,176,613	\$ 15,580,022	\$ 14,165,972
31	Total Liabilities & Fund Balances	\$ 70,224,567	\$ 70,295,623	\$ 70,922,547

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended May 31, 2016**

ATTACHMENT D

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	\$	%		Actual	Budget	\$	%	Prior Year
Volume Information										
1	85	104	(19)	-18%	Acute Discharges	1,073	1,112	(39)	-4%	1,117
2	529	605	(76)	-13%	SNF Days	6,786	6,962	(176)	-3%	6,681
3	844	1,237	(393)	-32%	Home Care Visits	10,341	13,431	(3,090)	-23%	12,433
4	13,827	11,492	2,336	20%	Gross O/P Revenue (000's)	\$ 140,370	\$ 125,706	14,664	12%	\$ 121,702
Financial Results										
Gross Patient Revenue										
5	\$ 5,934,484	\$ 5,266,697	667,787	13%	Inpatient	\$ 60,361,411	\$ 56,777,992	3,583,419	6%	\$ 58,074,657
6	6,974,832	6,796,442	178,390	3%	Outpatient	78,544,274	76,469,759	2,074,515	3%	72,991,642
7	6,588,514	4,410,338	2,178,176	49%	Emergency	58,689,366	46,153,548	12,535,818	27%	44,872,703
8	1,825,252	2,193,832	(368,580)	-17%	SNF	23,246,297	25,461,553	(2,215,256)	-9%	22,378,621
9	277,982	378,473	(100,491)	-27%	Home Care	3,401,049	4,110,401	(709,352)	-17%	3,837,980
10	\$ 21,601,064	\$ 19,045,782	2,555,282	13%	Total Gross Patient Revenue	\$ 224,242,397	\$ 208,973,253	15,269,144	7%	\$ 202,155,604
Deductions from Revenue										
11	\$ (16,954,310)	\$ (14,753,062)	(2,201,248)	-15%	Contractual Discounts	\$ (176,609,539)	\$ (161,871,249)	(14,738,290)	-9%	\$ (158,778,597)
12	(150,000)	(89,314)	(60,686)	-68%	Bad Debt	(990,000)	(982,454)	(7,546)	-1%	(1,115,000)
13	(26,690)	(21,264)	(5,426)	-26%	Charity Care Provision	(288,356)	(233,904)	(54,452)	-23%	(213,100)
14	10,653	125,250	(114,597)	-91%	Prior Period Adj/Government Program Revenue	2,049,121	1,377,750	671,371	0%	1,735,013
15	\$ (17,120,347)	\$ (14,738,390)	(2,381,957)	16%	Total Deductions from Revenue	\$ (175,838,774)	\$ (161,709,857)	(14,128,917)	9%	\$ (158,371,684)
16	\$ 4,480,717	\$ 4,307,392	173,325	4%	Net Patient Service Revenue	\$ 48,403,623	\$ 47,263,396	1,140,227	2%	\$ 43,783,920
17	\$ 129,761	\$ 171,184	(41,423)	-24%	Risk contract revenue	\$ 1,554,526	\$ 1,883,024	(328,498)	-17%	\$ 2,772,855
18	\$ 4,610,478	\$ 4,478,576	131,902	3%	Net Hospital Revenue	\$ 49,958,149	\$ 49,146,420	811,729	2%	\$ 46,556,775
19	\$ 14,716	\$ 14,458	258	2%	Other Op Rev & Electronic Health Records	\$ 530,298	\$ 159,038	371,260	233%	\$ 503,253
20	\$ 4,625,194	\$ 4,493,034	132,160	3%	Total Operating Revenue	\$ 50,488,447	\$ 49,305,458	1,182,989	2%	\$ 47,060,028
Operating Expenses										
21	\$ 2,485,641	\$ 2,260,162	(225,479)	-10%	Salary and Wages and Agency Fees	\$ 24,691,311	\$ 24,263,733	(427,578)	-2%	\$ 22,506,369
22	864,193	\$ 789,802	(74,391)	-9%	Employee Benefits	9,358,017	8,740,645	(617,372)	-7%	8,620,312
23	\$ 3,349,834	\$ 3,049,964	(299,870)	-10%	Total People Cost	\$ 34,049,328	\$ 33,004,378	(1,044,950)	-3%	\$ 31,126,681
24	\$ 351,242	\$ 341,606	(9,636)	-3%	Med and Prof Fees (excl Agency)	\$ 3,974,114	\$ 3,871,577	(102,537)	-3%	\$ 3,869,750
25	577,226	470,370	(106,856)	-23%	Supplies	5,725,644	5,395,489	(330,155)	-6%	5,250,357
26	361,778	352,170	(9,608)	-3%	Purchased Services	3,171,103	3,873,870	702,767	18%	3,772,957
27	285,908	283,132	(2,776)	-1%	Depreciation	3,176,235	3,114,447	(61,788)	-2%	3,201,986
28	93,339	98,958	5,619	6%	Utilities	1,024,177	1,088,538	64,361	6%	989,959
29	25,266	20,834	(4,432)	-21%	Insurance	277,804	229,174	(48,630)	-21%	211,805
30	65,977	36,054	(29,923)	-83%	Interest	620,077	430,710	(189,367)	-44%	463,692
31	156,203	156,076	(127)	0%	Other	1,846,750	1,734,231	(112,519)	-6%	1,777,368
32	0	62,500	62,500	100%	Matching Fees (Government Programs)	368,026	687,500	319,474	46%	645,940
33	\$ 5,266,773	\$ 4,871,664	(395,109)	-8%	Operating expenses	\$ 54,233,258	\$ 53,429,914	(803,344)	-2%	\$ 51,310,496
34	\$ (641,579)	\$ (378,629)	(262,950)	-69%	Operating Margin	\$ (3,744,811)	\$ (4,124,456)	379,645	9%	\$ (4,250,468)

ATTACHMENT D

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended May 31, 2016**

	Month			
	This Year		Variance	
	Actual	Budget	\$	%
35	\$ (6,357)	\$ 13,657	(20,014)	-147%
36	47,090	5,805	41,285	711%
37	(37,500)	(37,500)	-	0%
38	250,000	250,000	-	0%
39	\$ 253,233	\$ 231,962	21,271	9%
40	\$ (388,346)	\$ (146,667)	(241,679)	165%
41	\$ (143,583)	\$ 35,183	(178,766)	-508%
42	\$ -	\$ 20,833	(20,833)	0%
43	\$ (531,929)	\$ (90,651)	(441,278)	487%
44	242,777	242,777	-	0%
45	(114,256)	(114,257)	1	0%
46	\$ (403,408)	\$ 37,869	(441,277)	-1165%
	\$ (36,461)	\$ 172,518		
	-0.8%	3.8%		

Non Operating Rev and Expense
 Miscellaneous Revenue
 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

	Year-To- Date				YTD
	This Year		Variance		Prior Year
	Actual	Budget	\$	%	
	\$ (87,734)	\$ 150,227	(237,961)	*	\$ 266,062
	58,674	63,855	(5,181)	8%	48,587
	(412,500)	(412,500)	-	0%	(412,500)
	2,751,954	2,750,000	1,954	0%	2,750,000
	\$ 2,310,394	\$ 2,551,582	(241,188)	-9%	\$ 2,652,149
	\$ (1,434,417)	\$ (1,572,874)	138,457	-9%	\$ (1,598,319)
	\$ 468,868	\$ 387,013	81,855	21%	\$ 750,323
	\$ 450,000	\$ 729,167	(279,167)	100%	\$ -
	\$ (515,549)	\$ (456,694)	(58,855)	13%	\$ (847,996)
	2,670,547	2,670,547	-	0%	2,358,658
	(1,260,489)	(1,260,491)	2	0%	(1,360,809)
	\$ 894,509	\$ 953,362	(58,853)	-6%	\$ 149,854
	\$ 2,361,895	\$ 1,972,283			\$ 2,067,360
	4.7%	4.0%			4.4%

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended May 31, 2016

	YTD	MONTH	
	Variance	Variance	
Description			
Volume Information			
1 Acute Discharges	(39)	(19)	
2 SNF Days	(176)	(76)	
3 Home Care Visits	(3,090)	(393)	
4 Gross O/P Revenue (000's)	14,664	2,336	
Financial Results			
Gross Patient Revenue			
5 Inpatient	3,583,419	667,787	Patient days were over budgeted expectations by 15 days and Inpatient surgeries were over budget by 4 cases.
6 Outpatient	2,074,515	178,390	Outpatient visits were under budget by (355) visits and outpatient surgeries were under budget by (23) cases. The variance is due to the price increase that went into effect May 1st.
7 Emergency	12,535,818	2,178,176	ER visits were over budget by 82 visits and the charge increase was effective May 1st.
8 SNF	(2,215,256)	(368,580)	SNF patient days were under budget by (76) days.
9 Home Care	(709,352)	(100,491)	Home Care visits were under budget by (393) visits.
10 Total Gross Patient Revenue	15,269,144	2,555,282	Gross revenue includes the 6% rate increase that was effective May 1st.
Deductions from Revenue			
11 Contractual Discounts	(14,738,290)	(2,201,248)	The unfavorable variance is primarily due to the ER gross revenue being over budgeted expectations by \$2.2M with a high payermix of Medicare and Med-cal with reimbursement rates of 7.51% and 4.64% respectively.
12 Bad Debt	(7,546)	(60,686)	
13 Charity Care Provision	(54,452)	(5,426)	
14 Prior Period Adj/Government Program Revenue	671,371	(114,597)	
15 Total Deductions from Revenue	(14,128,917)	(2,381,957)	
16 Net Patient Service Revenue	1,140,227	173,325	
17 Risk contract revenue	(328,498)	(41,423)	Blue Shield capitation received was under budget.
18 Net Hospital Revenue	811,729	131,902	
19 Other Op Rev & Electronic Health Records	371,260	258	
20 Total Operating Revenue	1,182,989	132,160	
Operating Expenses			
21 Salary and Wages and Agency Fees	(427,578)	(225,479)	Salaries and wages are over budget by (\$67,945). Agency fees are over budget by (\$157,534) due to department vacancies and an increased employees out on disability.
22 Employee Benefits	(617,372)	(74,391)	PTO was over budget in May by (\$53,756) due to unbudgeted paid sick leave for per diem employees, an increase in employees out on disability, and an increase in use over budgeted expectations and employee benefits are over budget by (\$20,635).
23 Total People Cost	(1,044,950)	(299,870)	
24 Med and Prof Fees (excl Agency)	(102,537)	(9,636)	Physician fees are over budget by (\$35,848) due to an increase in physician contracts but were offset by a positive variance for Professional fees of \$26,212.
25 Supplies	(330,155)	(106,856)	Supplies are over budget in Lab (\$31,173), Pharmacy (\$39,201), and Dietary (\$15,251). The unfavorable variance in lab and pharmacy are due to the higher than expected volume in the ER.
26 Purchased Services	702,767	(9,608)	There was an increase in Repair & Maintenance costs in the surgery and radiology departments in May.
27 Depreciation	(61,788)	(2,776)	
28 Utilities	64,361	5,619	
29 Insurance	(48,630)	(4,432)	Insurance premiums increased over budgeted expectations.
30 Interest	(189,367)	(29,923)	Variance due to the true up of the Celtic financing lease - true up being spread over 6 months.
31 Other	(112,519)	(127)	
32 Matching Fees (Government Programs)	319,474	62,500	There were no matching fees in May. This expense is offset from the revenue above from line 14.
33 Operating expenses	(803,344)	(395,109)	
34 Operating Margin	379,645	(262,950)	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	(237,961)	(20,014)	Timeshare costs not budgeted in FY 2016.

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended May 31, 2016

	YTD	MONTH	
	Variance	Variance	
36 Description			
Donations	(5,181)	41,285	Received Foundation donations in May for the OB equipment purchased.
37 Physician Practice Support-Prima	-	-	
38 Parcel Tax Assessment Rev	1,954	-	
39 Total Non-Operating Rev/Exp	(241,188)	21,271	
		-	
40 Net Income / (Loss) prior to Restricted Contributions	138,457	(241,679)	
		-	
41 Capital Campaign Contribution	81,855	(178,766)	Capital campaign donations received from the Foundation were under budgeted expectations and there was a prior period correction for pledges receivable.
42 Restricted Foundation Contributions	(279,167)	(20,833)	There were no restricted donations in May.
43 Net Income / (Loss) w/ Restricted Contributions	(58,855)	(441,278)	
44 GO Bond Tax Assessment Rev	-	-	
45 GO Bond Interest	2	1	
46 Net Income/(Loss) w GO Bond Activity	(58,853)	(441,277)	

10.

ADMINISTRATIVE
REPORT FOR MAY 2016



To: SVHCD Board of Directors
From: Kelly Mather
Date: 6/28/16
Subject: Administrative Report

Summary

The new rolling strategic plan and the FY 2016 budget have been approved by the board. The plan is on our website and was shared with our mailing list. Cash on hand has been a major issue this past month and we have made some short term expense reductions to help improve it.

Dashboard and Trended Results

The inpatient and emergency satisfaction results continue to be inconsistent, but the trend line over the last 5 years shows we improve every year. We set the goals pretty high this year. We ended 2015 at the 90th percentile for the Value Based Purchasing score quality measure. The staff satisfaction action plans have been completed and I am attending staff meetings to discuss any concerns by department and also explain the plans for salary increases in 2017. We should meet our EBIDA goal for FY 2016, which is very positive. However, expenses have been running much higher than budgeted due to many medical leave of absences and increased physician costs. We have already met the community hours goal but still have one more month of outreach.

Strategic Update:

Strategic Priorities	Update
Quality	We will now use the Patient Safety Score from CMS for the major quality measure in FY 2017. The new Leapfrog survey will be completed this week. This survey is very time consuming.
Timeshare Offices	Several new physicians have started doing clinics in these offices and in Sonoma. This strategy has been an excellent way to recruit physicians to our community
1206(b) Clinics	We have two physicians who will start in these clinics this fall. One General Surgeon and one Pain Management physician.
Parcel Tax Renewal plan	Committee did polling and a plan is ready for fall
South Lot	We have begun the purchase of the property due to a loan from one of our major donors. Decisions for use of the land will be discussed once the property is ours.
Physician Alignment	Prima (1206I) continues and is recruiting a PCP. All hospital based physician groups received an increase in salary in FY 2016 which was over \$1 million
Electronic Health Record	A major upgrade is needed and we are recommending we outsource this to McKesson. There will still be a capital outlay, but it will be much less with this solution.
Population Health	Three levels with a focus on kids, maintaining adult health were complete. We have begun working on the PRIME grant which focuses on care transitions from the hospital and brings almost \$7 million over 5 years.

MAY DASHBOARD

PILLAR	PERFORMANCE GOAL	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	Highly satisfied Inpatients	Maintain at least 5 out of 9 HCAHPS domain results above the 70 th percentile	1 out of 9 in April	>7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 <4=1
Service Excellence	Highly satisfied Emergency Patients	Maintain at least 5 out of 7 ERCAPS domain results above the 70 th percentile	4 out of 7 in April	7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 3 = 1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Clinical Score at 50 or higher	53.5 (90 TH percentile for CY 2015)	>55 = 5 (stretch) >52 = 4 >50 = 3 (Goal) >47=2 <40 = 1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of 75 th percentile or higher	4.33/5 or the 84 th percentile	>80th = 5 (stretch) >77th=4 >75th=3 (Goal) >72nd=2 <70 th =1
Finance	Financial Viability	YTD EBIDA	4.7%	>5% (stretch) >4.5%=4 >4.0% (Goal) >3/5%=2 <3.5%=1
	Efficiency and Financial Management	Meet FY 2016 Budgeted Expenses	\$54,233,258 (actual) \$53,429,914 (budget)	<2% = 5 (stretch) <1% = 4 <Budget=3 (Goal) >1% = 2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	1401 YTD FY2016 1380 YTD FY2015	>2% = 5 >1% = 3 < 1% = 2
	Outpatient & Emergency Volumes	2% increase (gross outpatient revenue over prior year)	\$141 mm YTD \$122 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	1694.5 hours for 11 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 >500 = 1



FY 2016 TRENDED RESULTS

MEASUREMENT	Goal FY 2016	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2015
Inpatient Satisfaction	6/9	5	5	2	6	7	8	3	4	1	1		
Emergency Satisfaction	5/7	2	3	4	5	5	6	1	2	6	4		
Value Based Purchasing	>50	52	52.2	53.5	52.5	53	53.5	n/a	n/a	n/a	n/a	n/a	48
Staff Satisfaction	>75th	91	91	91	91	91	91	91	91	84	84	84	91
FY YTD Turnover	<10%	1.2	1.2	1.8	2.8	3.4	4.6	5.2	6.1	6.7	7.9	8.8	8.3
YTD EBIDA	>4%	8.2	7.6	7.7	7.3	5.7	6.6	6.2	6	5.6	5.2	4.7	3.8
Net Patient Revenue	>4.5m	4.48	4.6	4.7	4.7	4.1	4.7	4.5	4.6	4.5	4.3	4.6	4.5
Expense Management	<4.8m	4.7	4.8	4.9	4.9	4.6	4.8	4.9	4.9	4.9	5.1	5.2	5.1
Net Income	>50k	202	174	27.8	104	244	575	19	203	-131	-99	-403	139
Days Cash on Hand	>20	22	16	18	13	9	21	14	12	12	13	9	16
A/R Days	<50	46	45	49	47	53	51	53	52	50	50	55	47
Total FTE's	<315	313	310	312	327	322	317	319	324	326	324	332	309
FTEs/AOB	<4.0	3.6	3.77	3.65	3.77	4.1	3.77	3.57	3.58	3.5	3.7	4.16	3.36
Inpatient Discharges	>100	110	74	92	97	85	109	124	101	99	97	85	97
Outpatient Revenue	>\$12m	12.6	12.9	12.7	13.1	11.9	12.2	12.1	12.1	14.2	12.5	13.8	12.0
Surgeries	>130	125	122	127	131	114	136	124	127	141	118	123	122
Home Health	>1000	981	917	948	948	1088	915	933	889	879	999	844	1014
Births	>15	16	15	11	11	14	24	17	9	17	17	13	24
SNF days	>660	619	634	607	666	544	648	710	671	580	578	529	669
MRI	>120	143	131	119	132	109	113	102	119	127	105	122	144
Cardiology (Echos)	>65	66	62	63	77	41	50	46	60	67	61	52	66
Laboratory	>12.5	12.1	12.2	11.5	11.7	11.6	11.4	11.9	12.1	12.4	12.0	11.9	12.3
Radiology	>850	1036	1011	997	1018	875	907	904	961	1010	963	926	965
Rehab	>2587	3014	2384	2773	2886	2297	3003	2815	2708	2979	2780	2782	2873
CT	>300	384	352	343	336	381	323	379	352	398	333	373	335
ER	>800	878	888	871	820	841	863	864	919	945	912	940	846
Mammography	>475	462	439	367	543	406	492	446	437	432	384	457	453
Ultrasound	>325	395	314	320	353	246	290	296	304	317	325	285	345
Occupational Health	>650	733	728	646	871	681	683	600	597	757	663	679	660
Wound Care										222	276	235	

11.

COMMITTEE REPORTS



Meeting Date: July 7, 2016
Prepared by: Peter Hohorst
Agenda Item Title: Policy and Procedures Governing Bidding for Facilities Projects

Recommendations:

That the Board approve the Policy and Procedures Governing Bidding for Facilities Projects

Background:

This Contracting Policy contains the changes recommended by legal counsel.

The policy relies on Sections 22000 to 22050 of the California Civil Code (California Uniform Construction Cost Accounting) which permits higher dollar limits before formal bidding is required and also has reasonable provisions for delegating authority to the CEO for awarding contracts after informal bidding and for awarding contracts in cases of emergency. Both of these options are not available in other sections of the Health and Safety Code or the California Civil Code.

Despite its name, no accounting changes are required to conform to the California Uniform Construction Cost Accounting rules. The “accounting” changes apply only to the determination of bidding requirements.

In general, the policy’s procedures for formal bidding are not changed, but the formal bidding procedures are not required for Facility Projects which cost less than \$175,000. For projects which cost less than \$175,000 the Policy requires:

- The CEO to maintain and update yearly a list of reliable contractors based on objective criteria.
- The CEO to use this list to solicit bids, but does not require notices in trade journals and other publications, thereby simplifying the process.

The Policy has been reviewed and approved by legal counsel.

Consequences of Negative Action/Alternative Actions:

Without an approved policy the District Board must approve all contracts for facility projects and to solicit formal bids for all contracts over \$25,000.

Financial Impact:

The simplified procedures should reduce administrative costs for handling facility projects.

Attachment:

Policy and Procedures Governing Bidding for Facility Projects.



New Wording

1 Purpose

1.1 The purpose of this policy is to clarify the public contracting processes for Facility Projects (as defined in Section 2) of the Sonoma Valley Health Care District ("District") and to provide guidance regarding these processes to the District's Board of Directors ("Board"), President and Chief Executive Officer ("CEO"), and employees. **The Policy will take effect when the District Board notifies the State Controller of its intention to become subject to The Uniform Public Construction Cost Accounting Act.**

1.2 The District's public contracting areas **for Facility Projects** include purchasing, professional services, leasing and real estate and facilities construction. This Construction Bidding Policy ("Policy") contains general bidding policy guidelines and specifically addresses projects relating to the construction or improvement of a hospital or health care facility. **This Policy covers the contracting for professional services related to Facility Projects. It does not cover contracting for professional services that are not related The Policy does not apply to contracts for the procurement of materials and supplies that are not related to Facility Projects. For these contracts the District's Policy Governing Purchases of Materials, Supplies and Equipment and Procurement of Professional Services shall be used.**

Old Wording

1 Purpose

1.3 The purpose of this policy is to clarify the public contracting processes for Facility Projects (as defined in Section 2) of the Sonoma Valley Health Care District ("District") and to provide guidance regarding these processes to the District's Board of Directors ("Board"), President and Chief Executive Officer ("CEO"), and employees.

1.4 The District's public contracting areas include purchasing, professional services, leasing and real estate and facilities construction. This Construction Bidding Policy ("Policy") contains general bidding policy guidelines and specifically addresses projects relating to the construction or improvement of a hospital or health care facility. For guidelines relating to the procurement of materials and supplies, please refer to the District's Procurement Policy.

12.

LAFCO SPECIAL
ELECTION

SONOMA LOCAL AGENCY FORMATION COMMISSION

575 ADMINISTRATION DRIVE, ROOM 104A, SANTA ROSA, CA 95403

(707) 565-2577 FAX (707) 565-3778

www.sonomalafco.org

Date: May 23, 2016
To: All Independent Special Districts
Subject: Election of Special District Representative Class II

Attached please find the materials associated with an election to fill the position of Special District Representative Class II Regular Member to Sonoma LAFCO for the remainder of the term ending May 2018. As a result of an earlier notification by Sonoma LAFCO to special districts, five nominations were submitted by the May 20, 2016, deadline. Nominations for this position were restricted to board members of ambulance, cemetery, health and hospital, pest control, recreation and parks, resource conservation, wastewater, and water districts.

All independent special districts have the right to vote in the election.

The election process requires that Sonoma LAFCO send to each district copies of all applications received by the established deadline, a ballot and certification form, and voting instructions. In addition to these documents, I have included a stamped envelope for you to use to return the certified ballot.

All ballots should be returned to the LAFCO office by July 29, 2016. Ballots received by the deadline will be counted and the results announced within seven days.

Please note that ballots representing a majority of the districts must be received by the deadline date for the election to be considered valid. In the event a majority of districts have not cast ballots by the deadline, Sonoma LAFCO will extend the deadline date by 60 days to allow those districts that have not returned a ballot to do so.

On behalf of the Commission, I urge your district to participate in this election for special district representation to Sonoma LAFCO and to return the ballot by the July 29 deadline.

If you have any questions or need additional information, please contact me at 565-2587.

Sincerely,



Cynthia Olson
Clerk to the Commission

BALLOT

Special District Representative Class II Term of Office Ending May 2018

1. Vote for only one candidate for Special District Representative.
2. The presiding officer or his/her designated alternate, acting on behalf of the district, must cast the district's vote by marking the space to the right of a candidate's name and then complete, sign, and date the certification.
3. Place the marked ballot sheet and certification into the envelope provided and mail to Sonoma LAFCO, 575 Administration Drive, Room 104A, Santa Rosa, CA 95403. Ballot sheet and certification may be emailed to Cynthia.Olson@sonoma-county.org, to meet deadline requirements. However, originals must be mailed to the LAFCO office as soon as possible thereafter.
5. **Submit ballot and certification by Friday, July 29, 2016**

VOTE

Steven Bandettini, Forestville Water District

Dennis Colthurst, Palm Drive Health Care District

Tamara Davis, Marin Sonoma Mosquito & Vector Control

Rich Holmer, Sweet Water Springs Water District

Rodney Moore, Bodega Bay Public Utility District

CERTIFICATION

I certify, under penalty of perjury, that I, _____
(Print Name of Presiding Officer or Alternate)

I am the Presiding Officer of _____,
(Print Name of Special District)

or his/her designated alternate, and I am authorized by my district to cast the district's vote for Special District Representative to the Local Agency Formation Commission in this election.

(Date)

(Signature)

CA

SONOMA LAFCO
LOCAL AGENCY
COMMISSION

APPLICATION FOR SPECIAL DISTRICT REPRESENTATIVE (CLASS II)

This application has been designed to provide pertinent information about each candidate applying for the position of Class II Special District Representative to LAFCO. Class II districts include ambulance, cemetery, health and hospital, pest control, recreation and parks, resource conservation, wastewater, and water districts.

Please read the application carefully and type your responses or print in ink.

Date Submitted: May 17, 2016

Name: Steven Bandettini

Address: 7350 Hidden Lake Road, Forestville, CA 95436

Phone(s): Home: 707-887-2109, Cell: 707-477-4087

Email: bandets@sonic.net

Name of District You Represent: Forestville Water District

Date of Most Current Election/Appointment: December 2013

Date Term Expires: December 2017

Total years with District: 7 Years on Board of Directors. 40 years living in District.

Total Years Associated with Government/ Community Service: 30 Years

List any other agencies/special Districts you have been or are currently involved with:

List Community Service Activities including Names of Organizations and Dates of Service:

Sonoma County Water Agency 1964 - 1969

SONOMA LOCAL AGENCY FORMATION COMMISSION

Have you attended LAFCO meetings? If yes, when?

I have not attended LAFCO meetings, but I have interacted with LAFCO during my tenure at the Forestville Water District.

Please explain why you want to serve on the Sonoma Local Agency Formation Commission (LAFCO).

I am a success based individual. I want to go through life and make a difference. I have made a difference in my professional life as a Program Manager producing satellite telescopes for NASA, being a pioneer in coatings for the telecommunications industry, and producing gas lasers. I contributed in my military career as a Medical Corpsman during the Viet Nam era.

I have recently "made a difference" as a board member and chairman of the board of the Forestville Water District.

I believe I can continue to contribute to my community as a member of Sonoma LAFCO. I believe that my fair work ethic and fact based decision making will allow me to "make a difference" as a member of Sonoma LAFCO.

From your perspective, explain the purpose of LAFCO:

"Local agency formation commissions (LAFCOs) have numerous powers under the Act, but those of primary concern are the power to act on local agency boundary changes and to adopt spheres of influence for local agencies. Among the purposes of LAFCOs are the discouragement of urban sprawl and the encouragement of the orderly formation and development of local agencies."

The statement above, from the introduction in the Cortese – Knox – Hertzberg Local Government Reorganization Act says it all. As a lifelong resident of Sonoma County (over 60 years) I have long recognized the need and effectiveness of LAFCO in Sonoma County. Sonoma LAFCO has the critical role of establishing, amending and updating Spheres of Influence of all Cities and Special Districts within its jurisdiction, as well as insuring that all boundary and service changes are consistent with the Sphere of Influence of all affected agencies.

E-MAILED to Carole Cooper / LAFCO
 Date/Time: 5/18/16 @ 9:30am
 CC: _____

Steven P. Bandettini

7350 Hidden Lake Road, Forestville, CA 95436 • (707) 477-4087 • (707) 887-2109 • bandets@sonic.net

Summary of Qualifications

Highly Skilled and capable project manager with ability to motivate cross functional teams in demanding environments to meet deadlines and achieve quality results

Experienced project manager, quality assurance manager, engineering manager, NPI Manager, Business Unit Manager

Experience working in production and new product design environments

Efforts characterized by delivering a quality product, on time, at a fair price, and resulting in customer repeat orders. Relentless in efforts to achieve total customer satisfaction

Experienced in all aspects of CRM/ERP; contracts, sales, logistics and order coordination from entry of purchase order to shipment to customer

Selected Accomplishments

Successful Quality Manager responsible for overseeing all aspects of the Quality Management System; ISO9001 certification, internal audits, management reviews, customer satisfaction, corrective and preventive actions

Ensured the effective execution and management of new product releases from development through production

Experienced Quality Manager focusing on continuous process improvements, implemented lean and 6σ methodologies to eliminate waste, increase efficiency and reduce costs.

Successfully relocated factories and transferred processes and equipment to locations in ASIA and various US locations

Pioneered production of telecommunications coatings by collaborating with clients, contractors and government agencies to meet or exceed design, quality, timeline, and budget expectations

Professional Experience

GD-OTS Healdsburg Operations

2014-2016 (Present)

ISO Quality Management/Sr. Quality Engineer

- Quality Management Representative responsible for overseeing effectiveness of the Quality Management System including; ISO9001 certification/registration, internal auditing, corrective and preventive actions, customer satisfaction, FOD/FOE, customer presentations
- Responsibility for providing quality engineering support to various Government programs
- Lean activity Kaizen leader streamlined and standardized Receiving Inspection activities.

Optical Coating Laboratory Inc./JDSU Uniphase

1979 - 2013

Product Line Manager/NPI Manager/Senior Program Manager

- Sole responsibility for development, process, production and marketing functions of several Commercial OEM Display, FLIR, and Government technical camera telescope and satellite programs.
- Responsible for the NPI of laser products within the Commercial Lasers Group.
- Managed product development teams in vertical launch of bio medical laser systems to rigorous PDP standards.
- Managed the design, development, product and PDP process launch for Ultra Low Anti-Reflection coatings for use in air matched Telecommunications couplers, splitters and DWDM devices

SPIL

- Responsible for the rigorous Product and Process change control, process and equipment configuration management for Bio Medical lasers to medical qualification standards.

Quality Manager/ OEM Development Programs

- Managed the Quality roadmap for the development, product and process launch for several programs in the Consumer and OEM Display markets
- Implemented lean strategies and 6σ methodologies in the early design of development programs.
- Managed telecommunications Configuration Management and change control system and chaired change control board.

Manufacturing Manager/Business Unit Manager

- Managed the activities of two groups (50 people) serving the government products market.
- Responsible for production, P&L, customer interactions and marketing of solar cell cover and large optic government programs.
- Experienced with government contract negotiations and financial reporting requirements.

Program Manager and Development Engineer

- Responsible Engineer for coating spacecraft cameras for Voyager, Viking, Mariner and Galileo programs.
- Initial product and customer development for the telecommunication industries' first fiber optic wavelength division multiplexing filters.

Education

University of California, Berkeley, California

Bachelor of Science,

Major: Production Management, Finance

Minor: Mechanical Engineering

Various Training and Certifications

Lean Manufacturing

ISO9001

Lead Assessor Training, Internal Auditing AS9100

Design for Manufacturing DFX

Concurrent Engineering

Earned Value Management

Negotiating to Win

Lean Manufacturing

Patents and Publications

US Patent 5,808,714: *Low Reflection Shadow Mask*

PCT International Application: *Coated Flexible Glass Films for Visual Display Units*

US Patent 5,959,762: *Variably Adjustable Contrast Enhancement Electrochromic Panel Adapted For Curved Display Screens and Methods Of Making And Using Same*

Optical Filters for Wavelength Division Multiplexing, Technical Paper Presented At Optical Filter Conference (OFC' 83)

E-MAILED to Carole Cooper/
 DATE/TIME: 5/18/16 @ 9:30 am LAFCO
 CC: _____
 Q SP5

APPLICATION FOR SPECIAL DISTRICT REPRESENTATIVE

This application has been designed to provide pertinent information about each candidate applying for the position of Class II Special District Representative to LAFCO. Class II districts include ambulance, cemetery, health and hospital, pest control, recreation and parks, resource conservation, wastewater, and water districts.

Please read the application carefully and type your responses or print in ink.

Date Submitted: May 2, 2016

Name: Dennis Colthurst

Address: Box 600, Sebastopol, CA 95473

Phone(s): (707) 217-6195

Email: stsav8r@yahoo.com

Name of District You Represent: Palm Drive Health Care District

Date of Most Current Election/Appointment: December 8, 2014

Date Term Expires: December 2018

Total years with District: 1.3

Total Years Associated with Government/ Community Service: 40+

List any other agencies/special Districts you have been or are currently involved with:

Sonoma West Medical Foundation

List Community Service Activities including Names of Organizations and Dates of Service:

01/09 to Present - Sonoma West Medical Foundation Board of Directors

12/14 to Present - Palm Drive Health Care District Board – currently serving as Treasurer

Have you attended LAFCO meetings? If yes, when?

Yes in 2015

DC/15

SONOMA LOCAL AGENCY FORMATION COMMISSION

Please explain why you want to serve on the Sonoma Local Agency Formation Commission (LAFCO).

I have a dedicated interest in public safety and health matters.

As a police officer for over 40 years, I have dedicated my life to protecting and improving the lives of Sonoma County citizens.

I became involved with the work LAFCO does because our district is involved in a detachment process with Russian River citizens. This has led to me following the important work LAFCO provides to Sonoma County by and between the various jurisdictions.

I am dedicated to making the Palm Drive Health Care District a success within our diverse community and would like to help other Districts and cities do the same.

I realize there would be conflicts related to the Palm Drive Health Care District and may have to recuse myself from discussion or voting related to this District's issues before LAFCO. This would be true for any prospective Board member. I believe I can provide an in-depth perspective of the challenges unique to special districts in general and health care districts in particular.

From your perspective, explain the purpose of LAFCO:

LAFCO exists to evaluate and determine physical boundaries for special districts and cities. They regularly conduct municipal service reviews for cities but may provide this for special districts when necessary.

LAFCO is responsible settling conflicts related to boundaries and determining the sphere of influence for all jurisdictions.

LAFCO analyzes issues related districts merging and detachment issues.

In the final analysis, LAFCO adjudicates all decisions relative to the boundaries of all jurisdictions county wide.

Also, LAFCO has a mission to protect and preserve agricultural lands and open spaces which resonates with the value system of West County citizens.

Dennis E. Colthurst
7043 Fellers Lane
Sebastopol, CA 95472
PH: (707) 217-6195

Curriculum Vitae (Short)

Education

San Francisco State University	1976-1978	Chemistry
Modesto Junior College	1975	Police Academy
Santa Rosa Junior College	1979-2013	Adv. Officer Training
Dr. William Eckert, Wichita, KS	1981-1986	Forensic Inv. Fellowship

Work Experience

Sebastopol, Ca Police Department	1979-2013	Police Officer/Investigator
<ul style="list-style-type: none">- General Patrol Operation, Criminal and Forensic Investigation. Additional specialties- Consisting of kinesic interviews, Conflict resolution and School Resource Officer		
Mill Valley Police Department	1972-1978	Police Officer
<ul style="list-style-type: none">- General Patrol Operation, Death Investigation. Specialized training- Focusing on crisis intervention and conflict resolution		

Community Service

Sebastopol Chamber of Commerce	1987-1991	Board of Directors
Sonoma County SIDS Foundation	1992-1994	Board of Directors
Sonoma West Medical Center Gov. Body	2014-	Board of Directors
Sonoma West Medical Foundation	2009-	Board of Directors
Palm Drive Health Care District	2014-	Board of Directors
Community Health Matters – KWOS Radio	2016-	Radio Program

Recognition

Sebastopol Police Officer of the Year

1989

Recognized for Designing, installing and maintaining the departments first computer-aided dispatch and reporting system. Administered the program for 14 years.

Sebastopol Police Employee of the Year

2007

Recognized for child abuse investigation of a family of eight children. As a result of the investigation the children were removed from the home and eventually placed in new families. All had been seriously neglected.

Red Cross Hero Award

2007

Recognized for the above investigation by the American Red Cross

Sonoma County Board of Supervisors Gold Resolution

2012

Recognized for Thanksgiving 2011 intervention that prevented the shooting death of the suspect's ex-girlfriend.

Sonoma County Police Officer of the Year

2012

Recognized for the above intervention



PALM DRIVE HEALTH CARE
DISTRICT

P:707.823.3586
F:707.823.3728

612 Petaluma Avenue, Sebastopol, CA 95472

palmdrivehealthcaredistrict.org

5/10/16

Sonoma Local Agency Formation Commission
575 Administration Drive, Room 104A
Santa Rosa, CA 95403

Mr. Mark Bramfit
Executive Director,

I wanted to thank the Commission for this opportunity to apply as a Board member to LAFCO.

My life has been a dedication to service and I would like to further that now by participating on the LAFCO Board.

Due to my experience on the Palm Drive Health Care District Board, I have a keen interest in special districts and the concerns/issues they have to deal with regarding their operations.

I also live in the West County and can bring the perspective of the citizens here to the deliberations of the Board.

I hope that you will consider my application and look forward to the possibility of working with you.

Dennis Colthurst
Palm Drive Health Care District Board
Board Treasurer

DC5

SONOMA LOCAL AGENCY FORMATION COMMISSION RECEIVED

575 ADMINISTRATION DRIVE, ROOM 104A, SANTA ROSA, CA 95403

(707) 565-2577 FAX (707) 565-3778

www.sonomalafco.org

01/12

SONOMA LAFCO
LOCAL AGENCY
FORMATION COMMISSION

APPLICATION FOR SPECIAL DISTRICT REPRESENTATIVE (CLASS II)

This application has been designed to provide pertinent information about each candidate applying for the position of Class II Special District Representative to LAFCO. Class II districts include ambulance, cemetery, health and hospital, pest control, recreation and parks, resource conservation, wastewater, and water districts.

Please read the application carefully and type your responses or print in ink.

Date Submitted: May 12, 2016

Name: Tamara Davis

Address: 903 Hacienda Circle, Rohnert Park, CA 94928

Phone(s): 707-585-6153

Email: PhineasChapmanRP@gmail.com

Name of District You Represent: Marin/Sonoma Mosquito & Vector Control District

Date of Most Current Election/Appointment: January 2015

Date Term Expires: December 31, 2018

Total years with District: 15 years

Total Years Associated with Government/ Community Service: 35 years (wide variety of community agencies and city government)

List any other agencies/special Districts you have been or are currently involved with:

Please refer to attached resume

List Community Service Activities including Names of Organizations and Dates of Service:

Please refer to attached resume

TDI/B

SONOMA LOCAL AGENCY FORMATION COMMISSION

Have you attended LAFCO meetings? If yes, when?

Several times in the past, I don't remember the exact years. I do follow the issues and meetings through the website and reports.

Please explain why you want to serve on the Sonoma Local Agency Formation Commission (LAFCO).
The diversity of my past and present experience will give me some unique abilities to add to the LAFCO's processes. I have long been interested in the impact that LAFCO has on our local communities and would like to be part of the process. I am not only involved with MSMVCD, but with statewide organizations that work with this type of special district. This has informed me on the challenges that special districts face and I can bring that experience to the Commission.

I hope to have the opportunity to serve on the LAFCO Commission.

From your perspective, explain the purpose of LAFCO:

LAFCO was formed to facilitate formation of local government agencies, to provide a forum for public input on suggested changes, and encourage the effective delivery of public services. There is also the goal to preserve agricultural land and open space areas. The commission will also encourage orderly growth and discourage urban sprawl.

TAMARA DAVIS

903 Hacienda Circle - Rohnert Park, CA 94928
(707) 585-6153 - phineaschapmanrp@gmail.com

OBJECTIVE

LAFCO Special District Representative Position (Class II).

PUBLIC SERVICE HIGHLIGHTS

- ☒ Trustee - Marin/Sonoma Mosquito and Vector Control District (Member of Executive Committee) representing County of Sonoma since 2002.
 - ☒ President of Mosquito and Vector Control Association of California (MVCAC) Trustee Council.
 - ☒ First Vice-President of the Vector Control Joint Powers Agency (VCJPA) - Board of Directors.
-

PROFESSIONAL EXPERIENCE

STATE FARM INSURANCE - 34 Years of Service - Retired in 2004

Held various progressively responsible positions:

- Public Affairs Manager (focus on legislative, public policy issues, education, community outreach and media relations)
 - Fire Claims Superintendent (focus on home and business claims and claims involving litigation and also managed a litigation unit)
 - Reinspector/Trainer (focus on reinspecting handled claims and assisting in training new claim representatives)
 - Claim Representative (handled home and business claims and a variety of disasters - hail storms in New Mexico, Colorado and Wyoming)
 - Life Company - cash control clerk, administrative assistant
 - Auto Underwriting - assistant auto underwriter
-

PRIOR COMMUNITY INVOLVEMENT

- Goodwill Industries of the Redwood Empire - Board of Directors
- Mosquito Research Foundation - Board of Directors
- Mayor and Council Member - City of Cotati
- Corporate Council - State Conference of NAACP
- Santa Rosa Chamber of Commerce - Government Review Committee
- Alliance of North Bay Chambers of Commerce - Board of Directors
- Rohnert Park Chamber of Commerce
- Cotati Chamber of Commerce
- Sonoma State University - Ambassador for Higher Education
- Sonoma County Business Education Round Table - past president of Board of Directors
- Insurance Information Network of California - Past President of Board of Directors - member of IINC Communications Committee

- Personal Insurance Federation of California - communications and legislation committee member
 - Professional Business Women of California - past Board of Directors member, Advisory Committee member
 - Recipient of the 2001 Women and Industry award for Insurance and the 2001 Women and Industry Award for Community Involvement
 - Leadership California - graduate
 - The Association for Women in Communications - member
 - Redwood Municipal Insurance Fund - Board of Directors
 - Governor's School to Career Advisory Council - appointed by Governor Pete Wilson
 - Sonoma County School to Career Partnership - past president and founding board member
-

EDUCATION

BACHELOR OF ARTS (B.A.) Sonoma State University

ASSOCIATE OF ARTS (A.A.) Santa Rosa Junior College

FELLOW OF THE LIFE OFFICE MANAGEMENT ASSOCIATION (LOMA)



595 Helman Lane
Cotati, CA 94931
1.800.231.3236 or 707.285.2200
707.285.2210 fax
www.msamosquito.com

Philip D. Smith
District Manager

BOARD OF TRUSTEES

Lee Braun, President
Belvedere

Shaun McCaffery, Vice President
Healdsburg

Herb Rowland Jr., Secretary
Novato

Laurie Gallian, Treasurer
Sonoma

Yvonne Van Dyke
Cotati

Tamara Davis
Sonoma County At Large

Richard Stabler
Sonoma County At Large

Martin Castro
Windsor

Arthur Deicke
Santa Rosa

Una Glass
Sebastopol

Paul Libeu
Rohnert Park

Steve Ayala
Petaluma

Paul Sagues
Ross

Terry Pebbles
Marin County At Large

Ed Schulze
Marin County At Large

Nancy Barnard
Corte Madera

Laura Fennema
Tiburon

Sandra Ross
Mill Valley

Frank Egger
Fairfax

Pamela Harlem
San Rafael

May 12, 2016

Sonoma Local Agency Formation Commission
575 Administration Drive, Room 104 A
Santa Rosa, CA 95403

Re: Candidacy of Tamara Davis for Commission Vacancy

Dear LAFCO Staff

The Board of Trustees of the Marin/Sonoma Mosquito & Vector Control District is pleased to send this letter of recommendation to support Tamara Davis' application to become a representative of Class II Districts on your Commission.

Ms. Davis has been a valued member of the MSMVCD Board of Trustees since January 2002, representing Sonoma County at-large. She has served as a Board Officer and presently sits on our Executive Committee. Trustee Davis has considerable political experience having served as the Mayor and councilmember for the City of Cotati. Additionally she is actively serving the County's Elections Department as a (fill in here). Ms. Davis also performs non-profit volunteer work with Goodwill Industries of the Redwood Empire.

We feel that Ms. Davis' experience and sound judgment would be an excellent addition to your Commission. Please contact me if I can supply any further information.

Sincerely,

Lee Braun
Board President

TD3

SONOMA LOCAL AGENCY FORMATION COMMISSION

575 ADMINISTRATION DRIVE, ROOM 104A, SANTA ROSA, CA 95403
(707) 565-2577 FAX (707) 565-3778
www.sonomalafco.org

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SONOMA LAFCO
LOCAL AGENCY
FORMATION COMMISSION

APPLICATION FOR SPECIAL DISTRICT REPRESENTATIVE (CLASS II)

This application has been designed to provide pertinent information about each candidate applying for the position of Class II Special District Representative to LAFCO. Class II districts include ambulance, cemetery, health and hospital, pest control, recreation and parks, resource conservation, wastewater, and water districts.

Please read the application carefully and type your responses or print in ink.

Date Submitted: March 9, 2016

Name: Richard L Holmer

Address: 21866 East St., PO Box 22, Villa Grande, CA 95486

Phone(s): 707-865-2998, cell: 707-327-8660

Email: richandwanda@sbcglobal.net

Name of District You Represent: Sweetwater Springs Water District

Date of Most Current Election/Appointment: June, 2011

Date Term Expires: December, 2018

Total years with District: Five

Total Years Associated with Government/ Community Service: 39 years

List any other agencies/special Districts you have been or are currently involved with:

Friends of Villa Grande, a 501c3 corporation formed for the benefit of the community of Villa Grande,
Creekside Wastewater Authority, a joint powers agreement for operation of an onsite wastewater disposal
system for Monte Rio Fire Protection District and Monte Rio Recreation and Park District

List Community Service Activities including Names of Organizations and Dates of Service:

Friends of Villa Grande, 2005 to present: Board member 2005, 2006 and 2016, President 2007 to 2015
California Onsite Wastewater Association, 2003 and 2004, member of Board of Directors
Sonoma County Administrative Management Council, Board of Directors member, 1996 to 2004
Russian River Historical Society, Board of Directors member and President, 1998 and 1999
Kenwood Community Club, Board member, 1974-78

RH 1/6

SONOMA LOCAL AGENCY FORMATION COMMISSION

Have you attended LAFCO meetings? If yes, when?

I have not yet attended a meeting. I have reviewed the agendas and minutes online.

Please explain why you want to serve on the Sonoma Local Agency Formation Commission (LAFCO).

I feel that I can bring experience and knowledge to the Commission that would be beneficial to the County, the cities and to the agencies involved with the commission.

During my professional career with the County of Sonoma, I worked closely with the Sonoma County Planning Department as a representative of the Department of Public Health. My position at the Health Department was Land Use Specialist and then Supervising Environmental Health Specialist. As Land Use Specialist, I reviewed land developments primarily with respect to water supply and sewage disposal impacts. I served on the County Engineering Advisory Committee, Environmental Review Committee and Project Review and Advisory Committee. When I moved to my management position at the Permit and Resource Management Department, I worked closely with planning staff members. My direct area of management responsibility at PRMD was oversight of all personnel who worked with the public in field operations of the Department. This included the Well and Septic Section, Building Inspection Section and the Building Plan Check Section and included approximately 50 staff members.

I feel that my work experience gives me a unique perspective on growth and development in the County as well as a great depth of understanding of the need for provision of effective governmental services to the citizens of the County. I desire to continue to serve the people of Sonoma County by helping to insure that the goals and objectives of LAFCO are met.

From your perspective, explain the purpose of LAFCO:

LAFCO has a variety of closely related purposes including:

- oversight of special districts and cities,
- review of revisions to boundaries and reorganizations of cities and governmental service districts,
- establishment of spheres of influence,
- protection of agricultural lands and open space from urban sprawl and
- analysis of the effectiveness of governmental agencies through municipal service reviews.

The statewide LAFCOs were established in response to a proliferation of governmental service agencies which had overlapping and conflicting areas of responsibility. The LAFCOs allowed for the orderly implementation and oversight of the provision of governmental services in the State in a well planned manner. The LAFCOs also provided an ability to insure that governmental services are provided in an efficient manner. The ability to determine the probable physical boundaries of governmental entities through establishment of spheres of influence allows for comprehensive planning for provision of governmental services.

Sonoma County is facing a time of increasing need for housing and rapidly rising property values. In particular, the needs of low income and middle income people need to be met. The growth of urban portions of the Bay Area have affected Sonoma County and will most likely contribute to population pressure in this County. It can be expected that these trends will continue to put pressure on the ability of governmental entities in the County to provide adequate public services and sustainable infrastructure to support the population. The Sonoma County LAFCO is in a position to provide guidance to governments to insure that governmental services are provided in a manner that does not jeopardize open space, agriculture, water supply and sewage disposal capabilities while still providing for the housing, recreational and employment needs of our citizens.

PO Box 22
Villa Grande, CA 95486

Phone 707-865-2998
E-mail
richandwanda@sbcgloabl.net

Richard L Holmer, Resume

Objective I am applying to serve on the Board of Directors of the Local Agency Formation Commission.

Education 1964 to 1968, San Jose State University, San Jose, CA
Bachelor of Arts degree in Environmental Health Sciences

1968 to 1969, University of California, Berkeley, CA
Post graduate work in the field of Environmental Health Sciences

Work experience 1969 to 1972, County of Santa Clara, Department of Public Health: Environmental Health Specialist

1972 to 1995, County of Sonoma, Department of Health Services: Environmental Health Specialist, Land Use Specialist, Supervising Environmental Health Specialist

1995 to 2004, County of Sonoma, Permit and Resource Management Department: Operations Division Manager

2004 to present, retired

Summary of qualifications

I have extensive experience in governmental oversight of land development in Sonoma County during my tenure at the Sonoma County Department of Health Services and the Sonoma County Permit and Resource Management Department. These duties included review of projects, review of environmental impacts of projects and direct participation as a member of staff level review panels. Additionally, I gave staff input to the Planning Commission, Board of Zoning Adjustments and the Board of Supervisors. These activities provide a solid background of experience to serve effectively as a member of LAFCO.

During my ten years as a manger at the Permit and Resource Management Department, I gained considerable experience in interacting with staff members, the public and elected bodies. I feel that I have good communication skills and the ability to make effective and well thought out decisions.

In my elected position as a Board member of the Sweetwater Springs Water District (including one year as Board chair), I have gained valuable knowledge regarding the operation of a special district, the problems faced by special districts and financing issues of special districts.

Community activities

Sweetwater Springs Water District, Board member and chair, 2011 to present

Friends of Villa Grande, Board member and President, 2005 to present

Creekside Wastewater Authority, Board member, 2015 to present

California Onsite Wastewater Association, Board member, 2003-04

Sonoma County Administrative Management Council, Board member, 1996 to 2004

Russian River Historical Society, Board member, 1998-99



STEPHEN F. MACK, *General Manager*

May 6, 2016

Cynthia Olson, Clerk
Sonoma Local Agency Formation Commission
575 Administration Drive, Room 104A
Santa Rosa, CA 95403

RE: Nomination of Richard Holmer for Special District Representative
Position on LAFCO

Dear Ms Olson:

It is my pleasure to inform you that Richard Holmer, member of the Board of Directors of Sweetwater Springs Water District, was nominated by the Board of Directors of Sweetwater Springs Water District at its meeting on May 5, 2016, for the vacancy of the position representing Class II independent special districts for the term ending in May 2018.

Thank you for your attention,

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Lipinski". The signature is fluid and cursive, with the first name "Tim" and last name "Lipinski" clearly distinguishable.

Tim Lipinski, President of the Board
Sweetwater Springs Water District

SONOMA LOCAL AGENCY FORMATION COMMISSION

575 ADMINISTRATION DRIVE, ROOM 104A, SANTA ROSA, CA 95403

(707) 565-2577 FAX (707) 565-3778

www.sonomalafco.org

RECEIVED

MAY 20 2016

APPLICATION FOR SPECIAL DISTRICT REPRESENTATIVE (CLASS II) OF SONOMA

This application has been designed to provide pertinent information about each candidate applying for the position of Class II Special District Representative to LAFCO. Class II districts include ambulance, cemetery, health and hospital, pest control, recreation and parks, resource conservation, wastewater, and water districts.

Please read the application carefully and type your responses or print in ink.

Date Submitted: 19 May 16

Name: Rodney R Moore

Address: 2038 Dubloon Ct. (No US Mail) PO Box 492 Bodega Bay CA, 94923-0492

Phone(s): Hm - 707-875-2267, Cell - 707-570-9563

Email: bbayrod@gmail.com

Name of District You Represent: Bodega Bay Public Utility District

Date of Most Current Election/Appointment: 7 Dec, 15

Date Term Expires: Dec. 2019

Total years with District: 9 years

Total Years Associated with Government/ Community Service: 9 years

List any other agencies/special Districts you have been or are currently involved with:

List Community Service Activities including Names of Organizations and Dates of Service:

Fishermans Festival, Bodega Bay 2003/ 2016

Bodega Bay Grange, Chapter #777, Since 2003, Major activity - Cioppino Feed

Bodega Harbour Home Owners Association, Design Review Committee, Snc - 2006

Bodega Bay CERT, Since Formation; Sonoma Cnty ACS, since 2013

RM 1/4

SONOMA LOCAL AGENCY FORMATION COMMISSION

Have you attended LAFCO meetings? If yes, when?

No

Please explain why you want to serve on the Sonoma Local Agency Formation Commission (LAFCO).

There are a number of new State laws concerning water districts developing out of the recent drought that could affect Bodega Bay PLUD and the surrounding communities including Salmon Creek, Serena Del Mar and Bodega and effect the quality of services the District provides to the existing customers. Also their our a number of issues concerning the Bodega Bay Fire District which need to be addressed concerning tax revenue sharing and services provided to the tourist population. Another area of interest to the community is the County Parks in Bodega Bay and the operation of the Spud Point Marina and the recent assumed responsibilities for the Mason's Marina Facility and in it's expansion to better serve the commercial fisheries.

From your perspective, explain the purpose of LAFCO:

To oversee the efficient government of thoses services provided by Sonoma County Goverment to the citizens of Bodega Bay and the surrounding communities. with the least limitation of government on private enterprise, yet enhancing the life style of the area residents and improving the tourist industries quality of services and returning maximum revenue to our private enterprise and commercial fishing industry

Special District Representative Candidate

Rodney R. Moore

Representing: Bodega Bay Public Utility District

Education:

High School: Lodi Union High 1957, Lodi, Calif.

University: California Polytechnic University 1962,
Agricultural Engineering, Soil Water Option
San Luis Obispo, CA

Profession: Civil Engineer, Retired
Registered Professional Engineer
South Carolina
Washington State
Oregon

FCC Licensed Armateur Radio Operator, General Class - KJ6MYJ

Professional Organizations:

American Society of Civil Engineers
United States Society on Dams / (International Commission on Large Dams)

Focus of Professional Employment:

Construction and Construction Management, 1962 thru 2006
Hydro Electric Projects, Domestic and Foreign
Dams, Embankment and Roller Compacted Concrete
Mining Projects, Foreign and Domestic
Nuclear Power Plants, Domestic
Garbage to Energy, Domestic
Miscellaneous Transportation Projects

Community Service Activities:

Bodega Bay Public Utilities District, Elected Director June 2007,
Recent term commenced - Dec 2015, Pres. of Board Since Jan 2014
Bodega Bay Grange Chapter #777, Major activity – Annual Cioppino Feed
Bodega Bay Fisherman's Festival, Since 2003, Fish and Chips booth
Bodega Harbour Home Owners Association, Design Review Committee, since 2006
Bodega Bay CERT group
Sonoma County Emergency Communication Service, Since 2013

19May2016, RRM

RRM

RESOLUTION NO. 1003

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE BODEGA BAY
PUBLIC UTILITY DISTRICT NOMINATING A DIRECTOR OF THE BODEGA BAY
PUBLIC UTILITY DISTRICT TO APPLY FOR A SPECIAL DISTRICT
REPRESENTATIVE POSITION WITH THE SONOMA LOCAL AGENCY
FORMATION COMMISSION (LAFCO)

WHEREAS, the Sonoma Local Agency Formation Commission (the "LAFCO") has submitted a Call for Nominations to the Bodega Bay Public Utility District Board of Directors to be submitted no later than May 20, 2016; and

WHEREAS, Rodney Moore is qualified to serve and is interested in serving.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Bodega Bay Public Utility District hereby nominates Rodney Moore for the position of Special District Representative on LAFCO.

I, Janet Ames, the undersigned, hereby certify that I am the Clerk of the Bodega Bay Public Utility District; that the foregoing is a full, true and correct copy of the Resolution duly passed by the District Board at its regular meeting held on May 18, 2016, at its offices in Bodega Bay, California; and that said Resolution has not been revoked, rescinded, or set aside, and is now in full force and effect, pursuant to the following vote thereon:

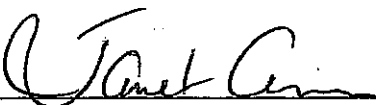
AYES, and in favor thereof, Directors: Rooney, Freeman, Gerber, Mantua, Moore

NOES, Directors: None

ABSTAIN, Directors: None

ABSENT, Directors: None

ATTEST:


District Clerk


President