

Healing Here at Home

**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING AGENDA
Thursday, December 5, 2013
6:00 p.m. Regular Session**

Location: Community Meeting Room, 177 First St. West, Sonoma

AGENDA ITEM	RECOMMENDATION	
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	<i>Boerum</i>	
2. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i>	<i>Boerum</i>	
3. CONSENT CALENDAR A. Board Retreat Minutes, 11.18.13 B. Board Minutes, 11.7.13 C. Governance Committee Minutes, 10.28.13 D. Quality Committee Minutes, 10.23.13 E. MEC Credentialing Report, 11.21.13 F. Approved QC Policies from 10.23.13 and 11.21.13 G. AB 1234 Ethics Training Compliance 2013	<i>Boerum</i>	Action
4. ELECTION OF 2014 DISTRICT OFFICERS & REPRESENTATIVES A. Chair; First Vice Chair; Second Vice Chair; Treasurer; Secretary B. Representatives (2) North California Health Care Authority (JPA)	<i>All</i>	Action
5. CAPITAL CAMPAIGN REPORT	<i>Plenty</i>	Inform
6. THE PATIENT EXPERIENCE Hospital Consumer Assessment of Healthcare Providers and Systems	<i>Kobe</i>	Inform
7. QUALITY DASHBOARD 3rd QUARTER REPORT	<i>Hirsch</i>	Inform
8. FINANCIAL REPORT FOR OCTOBER 2013	<i>Fogg/Reid</i>	Inform
9. ADMINISTRATIVE REPORT FOR OCTOBER 2013	<i>Mather</i>	Inform

10. OFFICER AND COMMITTEE REPORTS A. Citizen's Bond Oversight Committee i. Final Report/Ciocca B. Construction Committee Report i. Project Dashboard Update/Coss C. Quality Committee i. Management & Resource Report/Lovejoy D. Governance Committee i. Residency Requirements/Carruth/Action	<i>All</i>	Inform/Action
11. ADJOURN	<i>Boerum</i>	

3.

CONSENT CALENDAR



BOARD OF DIRECTORS' RETREAT MEETING MINUTES

Monday, November 18, 2013

10:00 a.m. – 3:00 p.m.

**Location: George Ranch Clubhouse
3201 White Alder Way, Sonoma, CA 95476**

AGENDA ITEMS	RECOMMENDATION	
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	Boerum	
2. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i>		
3. BOARD SELF-ASSESSMENT/EDUCATIONAL RETREAT FACILITATED BY JOHN GOLENSKI, Ed.D., PRINCIPAL OF KAİROS HEALTH CONSULTANTS	Boerum	Inform/Action
<p>In open session, the five District Board Members (including Hospital CEO Kelly Mather) conducted its 2013 annual retreat facilitated by John D. Golenski, EdD and Chief Executive Officer of Kairos Health Consultants.</p> <p>The group reviewed values commonly shared by those charged with governance of hospitals, clinics and medical groups, discussed the components of Situation Management Team (SMT) methodology, and engaged in a practice SMT activity relevant to the District's challenges.</p> <p>No decisions were reached or actions approved at the session.</p>		
4. ADJOURN The next regularly scheduled meeting of the SVHCD Board will be held on Thursday, December 5, 2013.	Boerum	



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING MINUTES
THURSDAY, NOVEMBER 7, 2013**

Tour of SVH New ER: 4:30pm

Regular Session: 6:00pm

Closed Session: Upon Adjournment of Regular Session

Locations: 347 Andrieux Street and 177 First Street West, Sonoma.

Board Present		Staff/Other Present	Cont.	
Bill Boerum Peter Hohorst Sharon Nevins Kevin Carruth Jane Hirsch		Kelly Mather Robert Cohen, MD Leslie Lovejoy Rick Reid Celia Kruse de la Rosa Paula Davis Mark Kobe	Bob Kenney Auxiliary Mgr. Dick Fogg Kevin Coss Gigi Betta Paul Smith, MD D. Paul Amara, MD	
AGENDA ITEM		DISCUSSION	CONCLUSIONS	FOLLOW-UP
MISSION AND VISION STATEMENTS		The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community. The vision of the SVHCD is that: SVH will be a nationally recognized, compassionate place of healing and known for excellence in clinical quality. We serve as the guide and indispensable link for our community’s health care journey.		
1. TOUR OF THE NEW ER		Hohorst		
		4:30PM		
2. CALL TO ORDER		Boerum		
		6:00PM		
3. PUBLIC COMMENT SECTION		Boerum		
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.				
4. CONSENT CALENDAR:		Boerum		Action
Committee Meeting Minutes: A. Audit 5.28.13 B. Board of Directors 10.3.13 C. Citizen’s Bond Oversight 7.18.13 D. Finance 9.24.13 E. Governance 9.23.13				MOTION by Nevins to approve A-G and 2 nd by Hirsch. All in favor.

F. Quality 9.2513 G. MEC Report 10.23.13			
5. ADMINISTRATIVE REPORT SEPT 2013	<i>Mather</i>	Inform	
	Ms Mather presented the Administrative Report, Dashboard and Trended Results for September 2013.		
6. FINANCIAL REPORT SEPT 2013	<i>Fogg/Reid</i>	Inform	
	Mr. Reid gave an update on RAC and the ongoing appeal process. He presented the Financial Report for September 2013 including operating indicators, balance sheet, income statement, and statistical analysis.		
7. OFFICER/COMMITTEE REPORTS	<i>All</i>	Inform/Action	
<u>A. Chair Report (Inform)</u> <u>B. Audit Committee (Action)</u> <u>C. CEO Construction Committee (Inform)</u> <u>D. Quality Committee (Inform)</u> <u>E. Governance Committee (Action)</u>	<p>A. Mr. Boerum reported on the Assn. of Calif. Healthcare District and Annual Meeting of the Northern Calif. Health Care Authority (JPA) meetings.</p> <p>B. Mr. Boerum and Mr. Reid presented the District's 2013 Audited Financial Statements to the Board for their approval.</p> <p>C. Mr. Coss gave an update on the status of the construction project.</p> <p>D. Ms. Hirsch and Dr. Cohen summarized the Community Care Network meeting on 10.24.13.</p> <p>E. Mr. Carruth and Mr. Hohorst presented two items for action: (1) <u>Policy Governing Purchases of Materials and Procurement</u> (2) <u>Revised Policy on Board Action</u> (refer to revised policy emailed separately on 11.4.13) <u>Vote on Recommendation 1:</u> Three in favor, two against. Carries <i>as amended</i> (strike last sentence) <u>Vote on Recommendation 2:</u> Three in favor, two against. Item carries.</p>	<p>MOTION by Hirsh to approve B and 2nd by Carruth. All in favor.</p> <p>MOTION by Hohorst to approve changes in blue in item 7.E.1 and 2nd by Hirsh. All in favor.</p> <p>MOTION by Boerum to approve 7.E.2 Recommendation 1 carried 3:2 <i>as amended</i>; Recommendation 2 carried 3:2.</p>	<p>Board Clerk has incorporated the APPROVED blue wording into the <u>Policy Governing Purchases of Materials and Procurement</u>. Will go back to the GC.</p>
8. UPON ADJOURNMENT	<i>Boerum</i>		
	7:15 pm		
9. CLOSED SESSION	<i>Boerum</i>		
Personnel Matters pursuant to Government Code Section 54957			
10. REPORT OF CLOSED SESSION	<i>Boerum</i>		
11. ADJOURN	<i>Boerum</i>		



**SONOMA VALLEY HEALTH CARE DISTRICT
GOVERNANCE COMMITTEE
REGULAR MEETING MINUTES
Monday, October 28, 2013
Schantz Conference Room**

Committee Members Present	Committee Members Absent	Administrative Staff Present
Kevin Carruth Peter Hohorst		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLO W-UP
MISSION AND VISION STATEMENTS	<i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community. The vision of the SVHCD is that: SVH will be a nationally recognized, compassionate place of healing and known for excellence in clinical quality. We serve as the guide and indispensable link for our community's health care journey.</i>		
1. CALL TO ORDER	8:45 AM		
2. PUBLIC COMMENT: <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	None.		
3. CONSENT CALENDAR: A. GC Meeting Minutes, 9.23.13		MOTION by Hohorst to APPROVE Consent Calendar. All in favor.	
4. POLICY ON NON-PROFIT DONATIONS AND GIFTS (formerly Conflict of Interest)	Carruth had a conversation with Salinas Valley Memorial Health Care District (SVMHCD) that will provide copy of their Policy for our use. Awaiting receipt of that Policy.	IN PROGRESS/PUT FORWARD.	
5. POLICY GOVERNING PURCHASES OF MATERIALS, SUPPLIES AND EQUIPMENT AND PROCUREMENT OF PROFESSIONAL SERVICES	Hohorst received counsel's input and unanimously approved to take to the Board, with the acknowledgement that we will be receiving SVMHCD's policy approved by the Bureau of State Audits as fully compliant with applicable law. We will then review the Board approved policy in light of that information for any additional changes.	UNANIMOUSLY APPROVED; FOR BOARD ACTION ON 11.7.13.	
6. POLICY ON BOARD ACTION	Carruth and Hohorst presented their revisions to this Draft Policy. Carruth to finalize and present to the Board meeting on November 7, 2013 for action.	UNANIMOUSLY APPROVED; FOR BOARD ACTION ON 11.7.13	
7. TRANSPARENCY ACREDITATION	Hohorst requested that this item be put forward.	PUT FORWARD TO NEXT GC ON 11.25.13	
8. CLOSING COMMENTS/ADJOURN	Next GC meeting is on Monday, November 25, 2013 Meeting adjourned at 9:45 AM		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, October 23, 2013
Schantz Conference Room**

Committee Members Present	Committee Members Absent/Excused	Guests	Administrative Staff
Sharon Nevins John Perez Leslie Lovejoy Howard Eisenstark Susan Idell Jane Hirsch Paul Amara Joel Hoffman	Brenda Epperly Robert Cohen	Fe Sendaydiego	Gigi Betta

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
MISSION AND VISION STATEMENTS	<i>The mission of the SVHCD is to maintain, improve and restore the health of everyone in our community. The vision of the SVHCD is that SVH will be a nationally recognized, compassionate place of healing known for excellence in clinical quality. We serve as the guide and indispensable link in our community members' health care journey.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	4:58 PM		
2. PUBLIC COMMENT	<i>Nevins</i>		
<i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	No public comment.		
3. CONSENT CALENDAR	<i>Nevins</i>	Action	
A. QC Meeting Minutes, 9.25.13		MOTION: by Hirsch to approve	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
		and 2 nd by Idell. All in favor.	
4. QUALITY REPORT FOR OCTOBER 2013	<i>Lovejoy</i>	Inform	
5. POLICIES AND PROCEDURES	<i>Lovejoy</i>	Action	
		MOTION: by Hirsch to approve and 2 nd by Hoffman. All in favor.	
6. DISCUSSION ITEM	<i>Sendaydiego</i>	Inform	
	Ms. Sendaydiego gave an update on Stage 1 and 2 of <i>Meaningful Use</i> (EHR). Meeting the guidelines of Meaningful Use ensures that the Hospital continues to receive reimbursements from the government.		.
7. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Nevins</i>		
8. ADJOURN	<i>Nevins</i>		
		.	
9. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Nevins</i>		
10. CLOSED SESSION	<i>Amara</i>		
11. REPORT OF CLOSED SESSION/ADJOURN	<i>Nevins</i>		
	The next QC meeting is November 20, 2013 at 5:00pm. Adjourn 6:35pm		

5 Approved @ QC 11/21

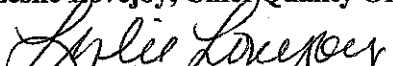
POLICY AND PROCEDURE
Approvals Signature Page

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.


Departmental/Organizational: Infection Prevention and Control	
APPROVED BY:	DATE: 9/18/13
Director's/Manager's Signature Leslie Lovejoy, Chief Quality Officer 	Printed Name LESLIE LOVEJOY



D. Paul Amara, MD
Performance Improvement Chair
President of Medical Staff

9/30/13

Date



Robert Cohen, MD
Chief Medical Officer

10/15/13

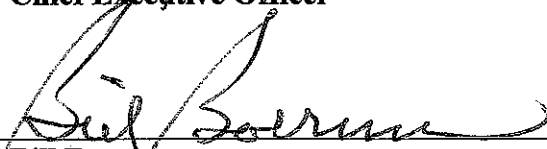
Date



Kelly Mather
Chief Executive Officer

10/15/13

Date



Bill Boerum
Chair, Board of Directors

10/29/13

Date



POLICY AND PROCEDURE
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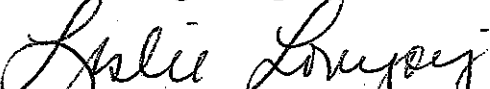
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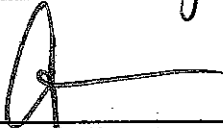
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Organizational: Patient Rights & Ethics	
APPROVED BY: Chief Quality Officer	DATE: 10/2/13
Director's/Manager's Signature 	Printed Name Leslie Lovejoy, RN, Ph.D.



Douglas S Campbell, MD
Chair Medicine Committee

11/13/13


Date



Michael Brown, MD
Chair Surgery Committee

10/1/13

Date



Robert Cohen, MD
Chief Medical Informatics Officer

10/1/13

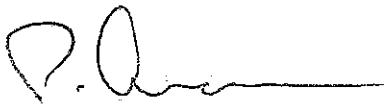
Date



Kelly Mather
Chief Executive Officer

10/1/13

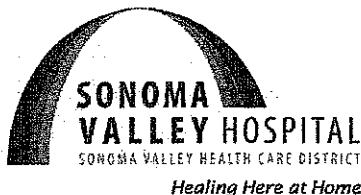
Date



D. Paul Amara, MD
President of Medical Staff

10/1/13

Date



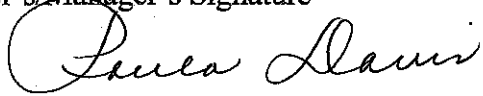
POLICY AND PROCEDURE
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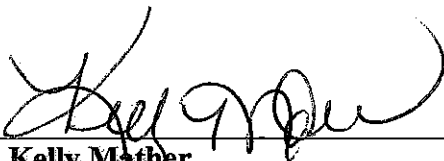
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We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

Departmental of Human Resources	
APPROVED BY: Director of Human Resources	DATE: 11/13/13
Director's/Manager's Signature 	Printed Name Paula Davis

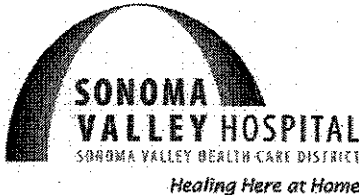


Kelly Mather
Chief Executive Officer

Date

Bill Boerum
Chair, Board of Directors

Date



POLICY AND PROCEDURE
Approvals Signature Page

11/21

Review and Approval Requirements

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

Department of Materials Management	
APPROVED BY: Director of Materials Management	DATE: 11-4-13
Director's/Manager's Signature <i>Ellen Shannahan</i>	Printed Name Ellen Shannahan

Rick Reid
Rick Reid
Chief Financial Officer

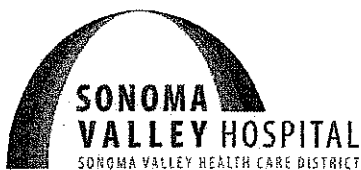
11/5/13
Date

Kelly Mather
Chief Executive Officer

Date

Bill Boerum
Chair, Board of Directors

Date



POLICY AND PROCEDURE
Approvals Signature Page

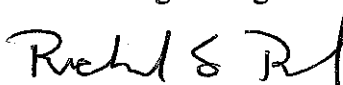
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We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

Organizational Leadership	
APPROVED BY: Chief Financial Officer	DATE: 11/6/2013
Director's/Manager's Signature 	Printed Name Rick Reid

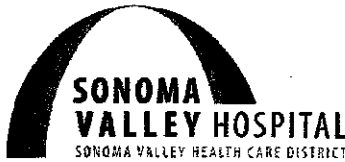
Kelly Mather
Chief Executive Officer

Date

Bill Boerum
Chair, Board of Directors

Date

6 Approved @ QC 10/23



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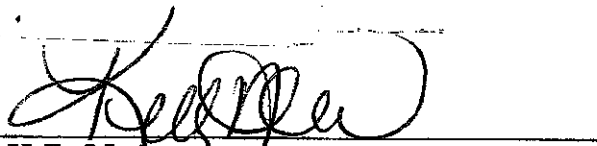
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We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.


Department of Central Sterile	
APPROVED BY: Director of Surgical Services	DATE:
Director's/Manager's Signature	Printed Name Pam Reed, RN, MSN


Michael Brown, MD
Director of Surgery

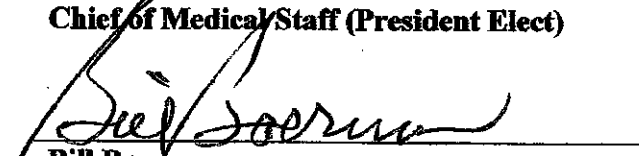
10-16-13
Date


Kelly Mather
Chief Executive Officer

10/28/13
Date


D. Paul Amara, MD
Chief of Medical Staff (President Elect)

10/18/13
Date


Bill Boerum
Chair, Board of Directors

10/29/13
Date

10/23



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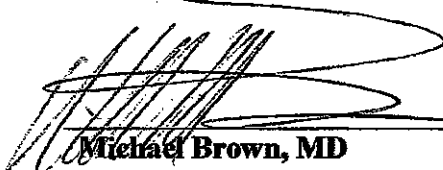
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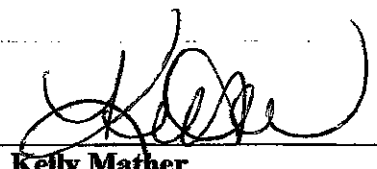
We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

Department of Surgical Care Unit	
APPROVED BY: Director of Surgical Services	DATE:
Director's/Manager's Signature	Printed Name Pam Reed, RN, MSN




Michael Brown, MD
Director of Surgery

10/16/13
Date



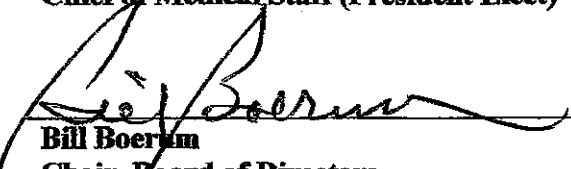
Kelly Mather
Chief Executive Officer

10/28/13
Date



D. Paul Amara, MD
Chief of Medical Staff (President Elect)

10/18/13
Date



Bill Boerum
Chair, Board of Directors

10/27/13
Date

10/23



POLICY AND PROCEDURE Approvals Signature Page

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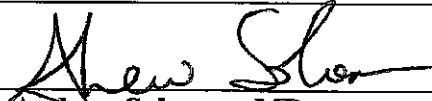
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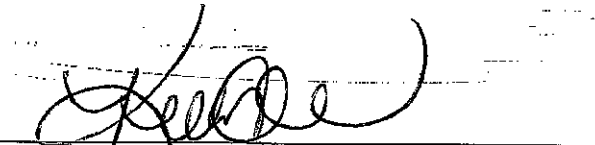
Department of Surgical Services-Anesthesia	
APPROVED BY: Director of Surgical Services	DATE:
Director's/Manager's Signature	Printed Name Pam Reed, RN, MSN


Andrew Solomon, MD
Director of Anesthesia


9/30/13
Date


Michael Brown, MD
Director of Surgery

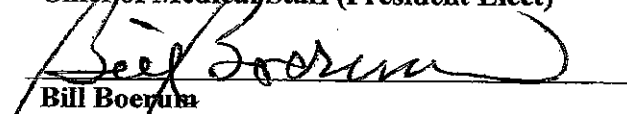
10/16/13
Date


Kelly Mather
Chief Executive Officer

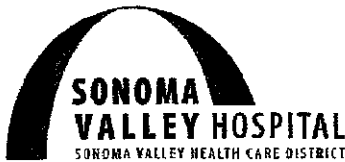
10/28/13
Date


D. Paul Amara, MD
Chief of Medical Staff (President Elect)

10/14/13
Date


Bill Boerum
Chair, Board of Directors

10/29/13
Date



POLICY AND PROCEDURE
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Healing Here at Home


Review and Approval Requirements

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

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

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

Organizational: Performance Improvement	
APPROVED BY: Allison Evanson	DATE:
Director's/Manager's Signature 	Printed Name 9-4-13 Kevin D. Cross


Leslie Lovejoy, RN Ph.D.
Chief Quality and Nursing Officer

9-4-13

Date


Kelly Mather,
Chief Executive Officer


10/1/13

Date


S. Douglas Campbell, MD
Chair Medicine Committee

10/10/13

Date


Michael Brown, MD
Chair, Surgery Committee

10/1/13

Date

10/23

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.

Departmental/Organizational: Infection Prevention and Control	
APPROVED BY:	DATE:
Director's/Manager's Signature Leslie Lovejoy, Chief Quality Officer	Printed Name



D. Paul Amara, MD
Performance Improvement Chair
President of Medical Staff

9/30/13

Date



Robert Cohen, MD
Chief Medical Officer

10/15/13

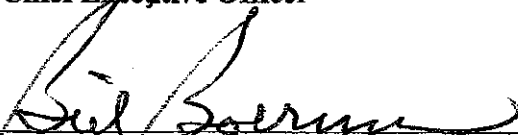
Date



Kelly Mather
Chief Executive Officer

10/15/13

Date



Bill Boerum
Chair, Board of Directors

10/29/13

Date



POLICY AND PROCEDURE
Approvals Signature Page

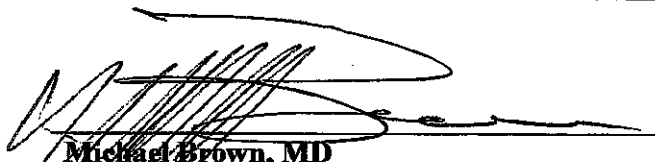
Review and Approval Requirements

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:

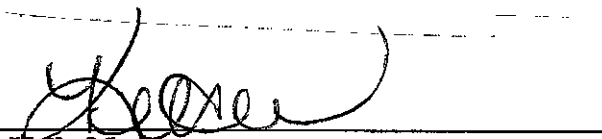
- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent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


Department of Surgical Services	
APPROVED BY: Director of Surgical Services	DATE:
Director's/Manager's Signature	Printed Name Pam Reed, RN, MSN


Michael Brown, MD
Director of Surgery

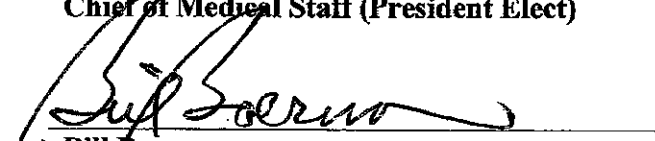
10/16/13
Date


Kelly Mather
Chief Executive Officer

10/28/13
Date


D. Paul Amara, MD
Chief of Medical Staff (President Elect)

10/14/13
Date


Bill Boerum
Chair, Board of Directors

10/29/13
Date



Meeting Date: December 5, 2013

Prepared by: Kevin Carruth, Chair, Governance Committee
Peter Hohorst, Governance Committee

Agenda Item Title: REPORT ON AB 1234 ETHICS TRAINING FOR LOCAL OFFICIALS

Recommendation:

The Board accepts the Governance Committee report on the status of the Board's compliance with the statutory requirements for Ethics Training.

Background and Reasoning:

AB 1234 requires each Board member to successfully complete a two hour course in ethics every two years. All members of the Board are in compliance with the requirement. It is noted that two Board members will need to retake the ethics course during 2014 in order to stay in compliance.

Consequences of Negative Action/Alternative Actions:

The Board will not have a report on the status of AB 1234 compliance.

Financial Impact: None.

Selection Process and Contract History: Not applicable.

Board Committee:

The GC unanimously recommends acceptance of this report.

Attachments:

Current certificates of completion for all Board members

5.

CAPITAL CAMPAIGN REPORT

Sonoma Valley Hospital Campaign for Emergency Care

Summary of Results through 11/26/2013

Overview

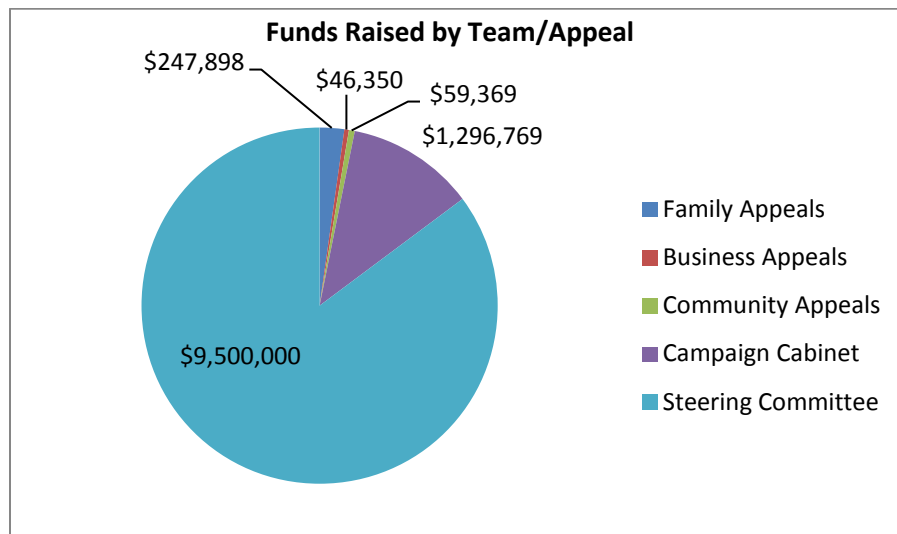
Thanks to the efforts of dedicated staff, committed volunteers and generous donors, the Capital Campaign exceeded its \$11 million goal this month, just fourteen months after kicking off the public phase last fall. Donations are still coming in, but as of today, a total of **782 donors** have contributed a total of **\$11,150,386**. This overwhelming support not only enabled us to build the new Emergency Department and Surgery Center, but it also demonstrated the community's appreciation for and commitment to Sonoma Valley Hospital.

Strategy

The Capital Campaign was preceded by a feasibility study carried out last spring. In response to the findings of the study, the Hospital hired a Campaign Consultant to develop the overall strategy and structure of the Campaign and train Campaign staff and volunteers. Reaching the \$11 million goal would require the support of a large and active volunteer corps.

Results

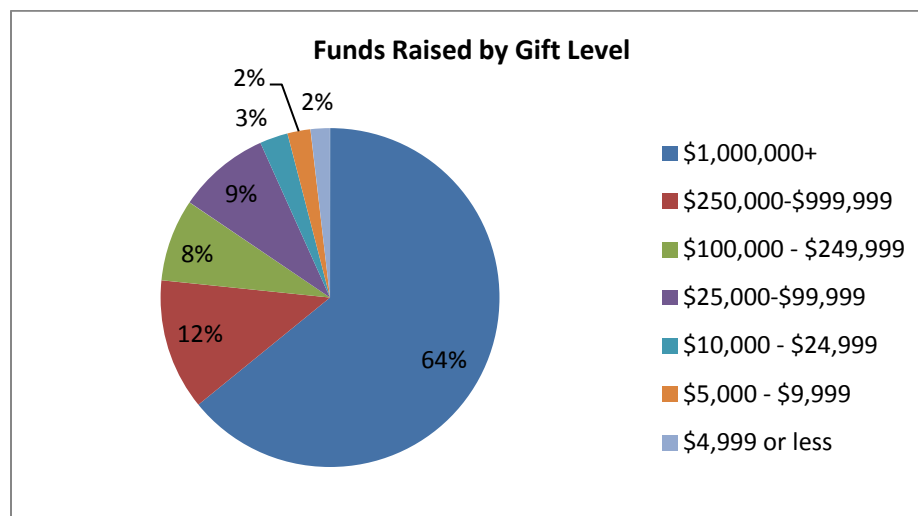
Fundraising by Team: In response to the recommended strategy, various fundraising committees combining volunteers and staff were formed. Two committees focused on \$500k+ Leadership Gifts (Steering Committee) and \$5k-\$500k Major Gifts (Campaign Cabinet) while other teams focused on securing SVH Family and Community Support.



- The **Steering Committee**, which was responsible for securing **Leadership Gifts** of \$500k+, raised \$9.5M. This included four 7-figure gifts.
- The **Campaign Cabinet**, which focused on **Major Gifts** of \$5k-\$500k, raised nearly \$1.3M from April-October 2013.

- **Community** support was recruited through a variety of efforts, resulting in donations of nearly \$60,000.
 - An Advisory Committee assisted with community outreach to service and community groups.
 - An ad campaign focusing on patient testimonials ran through this summer and fall.
 - A Direct Mail Appeal letter was sent to nearly 23,000 Hospital District addresses in early October, which has resulted in 296 gifts totaling over \$50,000. (Note: the 1% response rate is within benchmarks for acquisition [new donor] appeals).
 - The Sonoma Valley Newcomers organization dedicated the proceeds from their May fundraising event to the campaign, which totaled over \$8,000.
- **Business** support was solicited primarily in cooperation with the Sonoma Valley Chamber of Commerce. The Chamber promoted the Campaign at various Chamber events and in their August column in the Index-Tribune. In addition, SVH hosted the September After-Hours mixer which included hard hat tours of the new wing. An appeal was also included in their October member mailing. Several member business owners had previously made Major and Leadership but the October appeal only resulted in a handful of additional Chamber member gifts.
- The SVH **Family** was very generous to the Campaign, collectively contributing nearly \$250,000.
 - 100% of both the Foundation Board and District Board contributed.
 - The Medical Staff Campaign Committee raised nearly \$140,000 through in-person gift approaches and mail appeals. A final appeal was just sent and we are optimistic that the response will bring the total to \$150,000.
 - The appeal to the Auxiliary in their October newsletter resulted in just a handful of gifts.
 - Employees responded positively to the Employee Campaign, with gifts totaling over \$66,000. 100% of the Leadership Team contributed.

Fundraising by Gift Level: As expected, the majority of the funds raised came from leadership gifts of \$1M+, with the remaining gifts came from all corners of the community, from \$10 community gifts to six-figure major gifts.



Campaign Actual vs Goal

Most campaigns and appeals nearly met, reached or exceeded goal. Generally, in-person gift approaches were more successful than written appeals.

- The **Steering Committee** raised \$9.5 million against goal of \$9 million. The Nelson family's lead \$3 million gift was instrumental in inspiring other leadership gifts.
- The 13 member **Campaign Cabinet** raised \$1.3 million towards the \$1.5 million goal. A larger Cabinet would have enabled the group to reach more prospects and therefore increase fundraising.
- **Community** appeals raised almost \$60,000 against goal of \$50,000.
 - The direct mail appeal raised over \$50,000, far exceeding the \$30,000 goal whereas the appeal ad raised less than \$500 against a goal of \$12,000.
- **Business** appeals raised nearly \$50,000 against a goal of \$200,000.
 - Direct mail appeals targeting vintners and realtors were scheduled for October 2013. Since the Capital Campaign reached \$11 million before the mailings were completed, the appeals were cancelled. Various realtors and vintners contributed to the campaign in response to other appeals (i.e., Cabinet, community, etc.)
 - The Chamber of Commerce appeal raised only \$350 against goal of \$15,000. (Note: This only includes gifts from the October appeal, not prior gifts from Chamber members).
 - SVH vendors donated \$46,000 towards \$50,000 goal.
- The **Family** campaign exceeded the raised over \$247,000, exceeding the \$235,000 goal by over \$12,000. This includes the following appeals:
 - Foundation and District Boards raised over \$43,000 against a goal of \$35,000.
 - Employees raised over \$66,000 against goal of \$50,000.
 - Medical Staff raised almost \$140,000 towards goal of \$150,000.
 - Auxiliary raised only \$300 against goal of \$15,000. (Note: This only includes gifts from the October appeal, not prior gifts from auxiliary members).

Campaign Cost

Campaign costs to date, including consultant fees and campaign staff compensation, totaled \$513,025. At a cost per dollar raised of under \$.05, this falls well within the benchmark of \$.05 - \$.10.

Donor Recognition

The Capital Campaign strategy included a comprehensive donor recognition program to acknowledge the generous support that made this new wing possible. Donor recognition included:

- Naming Opportunities: \$30,000+ donors were offered the opportunity to name a room or space. Plaques recognizing the donors are displayed in or near the named space.
- "Story Behind the Gift": \$30,000+ donors were also offered the opportunity to share their story behind the gift to display in or near their named space. This includes a photograph and short story about who they honored or why they gave to the hospital.

- Lobby plaques: Since most of the named spaces are not in public areas, a list of the named spaces and donors are displayed in the Emergency Department and Surgery Center lobbies.
- Donor Wall: Gifts of \$5,000 or higher are recognized on the donor wall, a permanent structure in the McQuown Family Healing Garden.
- Physician plaque: Medical Staff who donated \$1,000+ are recognized on a physician plaque that is displayed in a public area of the hospital.
- Thank you ads: All donors (for gifts made through October 14) were listed in the Campaign insert in November 15 issue of the Sonoma Index-Tribune. The insert was also distributed at the November 16 Community Celebration.
- Website: All Campaign donors will be listed on the website.
- Annual Report: All donors (for gifts made through October 11) were listed in the 2013 annual report.
- Donor Appreciation Reception: \$5,000+ donors were invited to the 11/6/2013 reception which included a preview tour of the new wing as well as the unveiling of the donor wall and named space plaques.

Next Steps

Philanthropy will continue to play a critical role at SVH. Ongoing philanthropic support is needed to sustain the Hospital moving forward. Hospital administration, Campaign leadership and SVH Foundation staff and Board are working together to develop a philanthropy strategy to ensure the momentum from the campaign leads to a strong fundraising program. Some key components of the philanthropy strategy include:

- Continue building **Foundation Board of Directors**: In 2013, the Board grew from 3 voting members to 8, including Campaign Co-Chair David Good who starts his term as Board Chair in January. Strategic Board recruitment is ongoing and the goal is to add 3 more Board members by the spring.
- Develop and implement a **comprehensive fundraising program** which includes Annual Giving, Major Gifts and Legacy Giving.
- Develop **Committees** of dedicated volunteers to help develop and carry out the fundraising program. For example:
 - Major Gifts Committee: secure new annual gifts of \$5,000+ and help steward and renew current major donors (Campaign and Foundation donors).
 - Friends of the Foundation: assist with event fundraising
 - Community Gifts: secure new annual gifts of <\$5,000 and help steward and renew current community level donors (Campaign and Foundation donors).
 - Business Circle committee: secure support from businesses
- Close coordination and **collaboration between the Foundation and SVH** to ensure the philanthropy strategy is aligned with the needs of the hospital.

- Strong **donor stewardship** to build donor loyalty, including communication about the impact of their support, gift acknowledgment and donor recognition. Examples of stewardship programs include:
 - Ambassador program, for our most generous donors
 - Hospital tours, lectures and educational classes to keep the community informed about the Hospital
 - Donor appreciation events
 - Newsletters (print and/or electronic)

Summary

When we began this campaign less than 2 years ago, we faced what seemed a nearly insurmountable goal. The success of the Campaign has demonstrated what is possible when the community comes together for a cause they believe in. This historic endeavor raised the bar for what is possible in Sonoma if everyone does their share. We are incredibly grateful for each and every gift that helped us not only reach the \$11 million, but surpass it! We look forward to continuing this partnership with the community so that SVH can sustain, and even exceed, the high quality of care we have now achieved.

6.

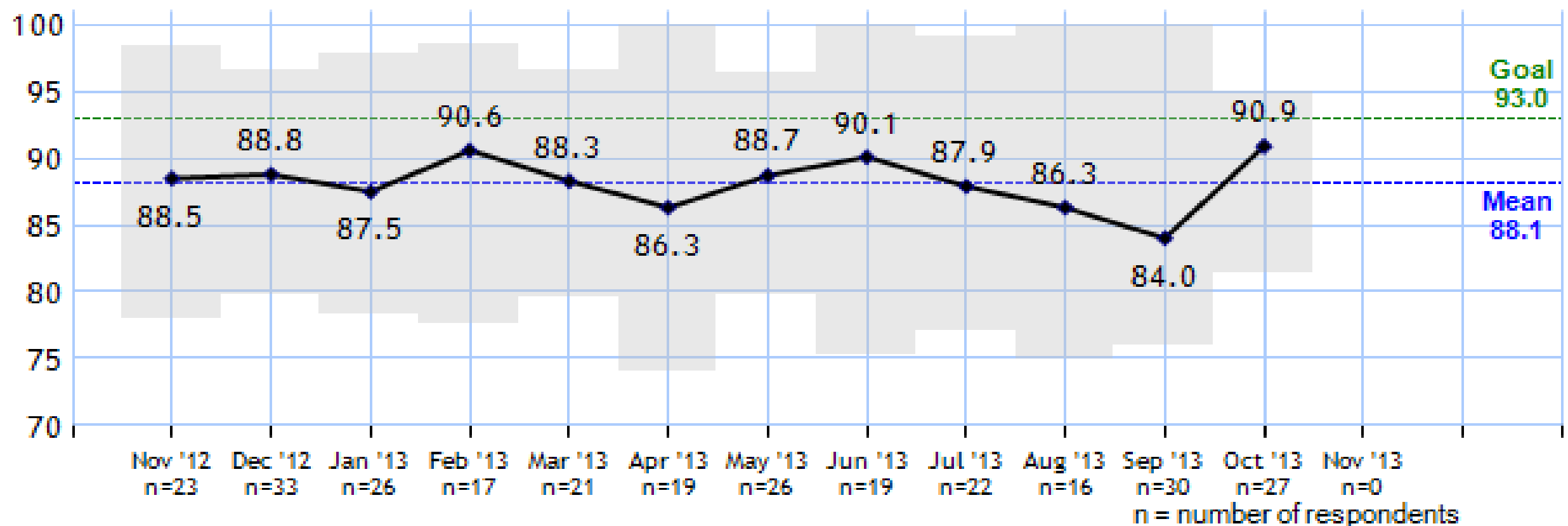
EDUCATIONAL SESSION
ON THE
PATIENT EXPERIENCE

HCAHPS

Hospital Consumer Assessment of Healthcare
Providers and Systems

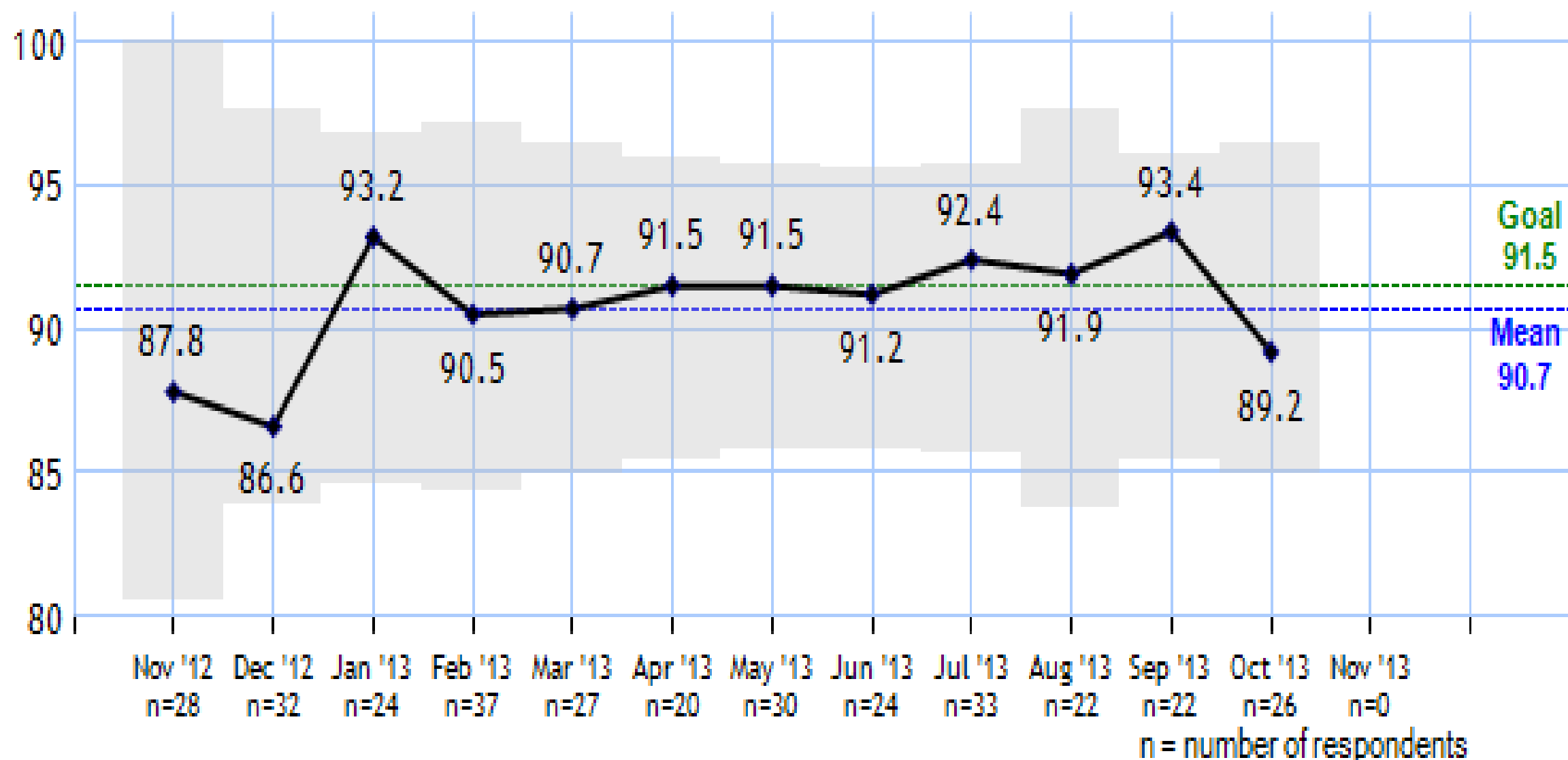
But first: Some Press Ganey Data

Emergency Department (Oct: 90th %tile)



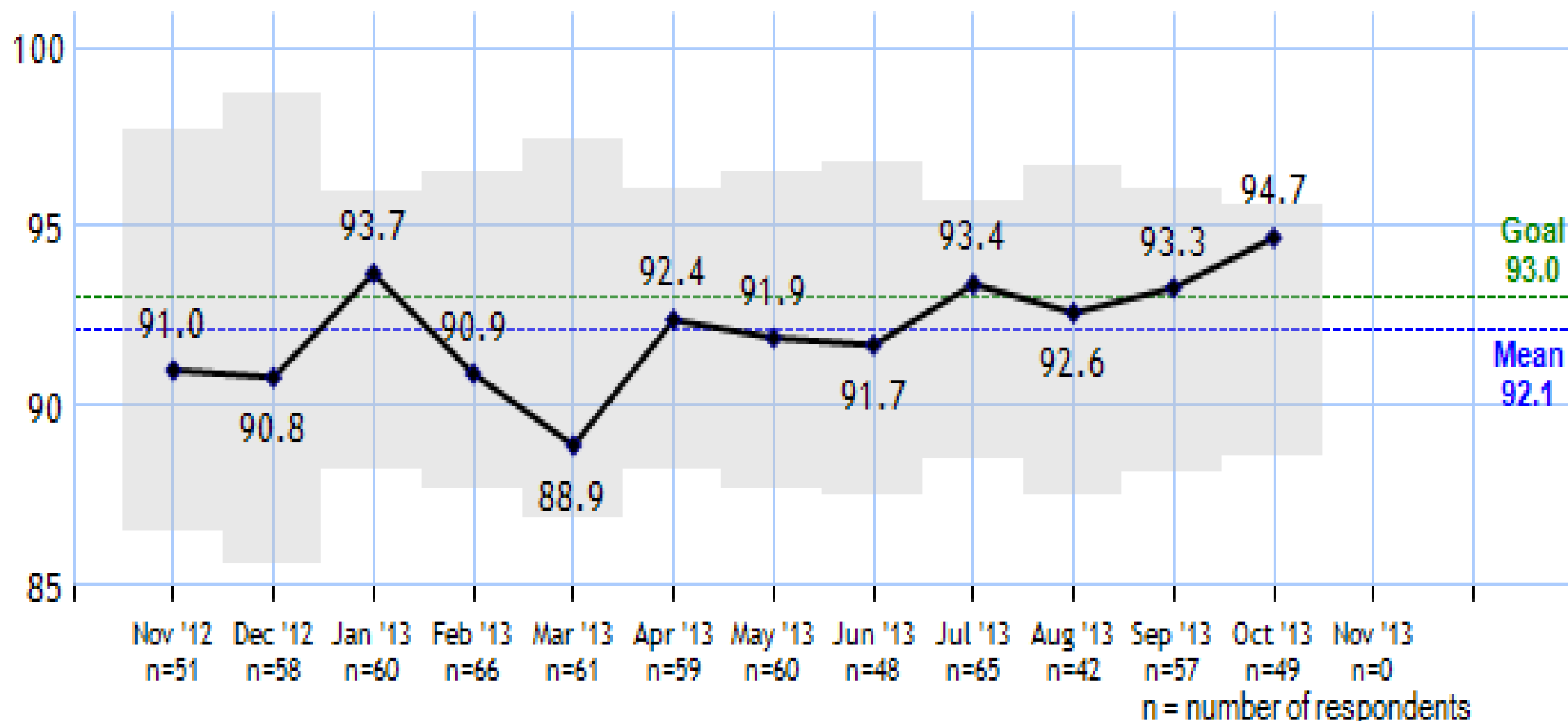
AMBULATORY SURGERY

OCTOBER 7th %tile



OUTPATIENT SERVICES

October 92nd %tile



BACKGROUND

- 2002 CMS partners with AHRQ (Agency for Healthcare Research and Quality) to standardize survey protocol
- 2006 HCAHPS survey implemented; to receive full reimbursement, hospitals must collect and submit HCAHPS data
- 2010 Patient Protection and Affordable Care Act includes HCAHPS performance in calculation of value-based incentive payments
- Results are posted on *Hospital Compare Web site* (www.hospitalcompare.hhs.gov)

Different Questions

Press Ganey

- Friendliness/courtesy of the nurses
- Physician's concern for your questions and worries
- Room cleanliness
- Extend to which you felt ready to be discharged

HCAHPS

- During this hospital stay, how often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did Doctors listen carefully to you?
- During this hospital stay, how often were your room and bathroom kept clean?
- During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?

Different Answers

Press Ganey

Very poor

Poor

Fair

Good

Very Good

HCAHPS

Never

Sometimes

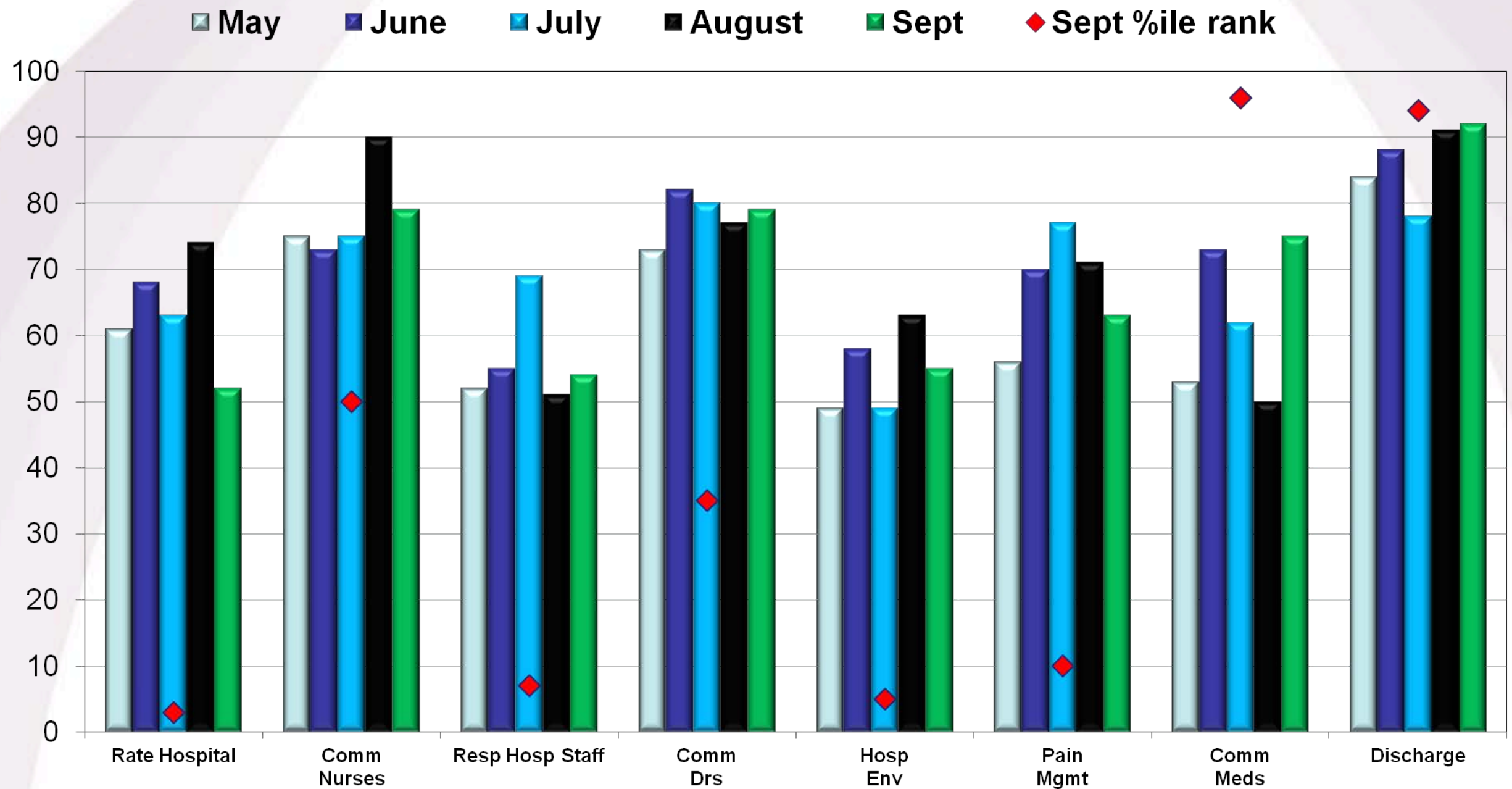
Usually

Always

HCAHPS Domains

- Clean and Quiet
- Doctors always communicated well
- Nurses always communicated
- Patients always received help as soon as they wanted
- Pain was always controlled
- Staff always explained about medicines before giving
- Patients were given information about what to do in recovery
- Patients who gave a rating of 9 or 10/overall rating of care

Sonoma HCAHPS Sept 2013



HCAHPS

Inpatient

Sonoma Valley Hospital

HCAHPS	Aug '13	Sep '13	Oct '13	OCT '13
	Top Box	Top Box	Top Box	Percentile
Rate hospital 0-10	72.0 ▲	50.0 ▼	63.6 ▲	21
Recommend the hospital	65.2 ▼	48.0 ▼	72.7 ▲	52
•Cleanliness of hospital environment	73.1 ▲	76.0 ▲	63.6 ▼	8
Quietness of hospital environment	46.2 ▲	32.0 ▼	54.5 ▲	30
Comm w/ Nurses	80.8 ▲	73.3 ▼	90.9 ▲	98
Response of Hosp Staff	44.2 ▼	53.6 ▲	77.5 ▲	92
Comm w/ Doctors	73.1 ▼	79.9 ▲	90.9 ▲	97
Hospital Environment	59.7 ▲	54.0 ▼	59.1 ▲	14
Pain Management	69.6 ▼	60.5 ▼	81.3 ▲	96
Comm About Medicines	50.0 ▼	71.5 ▲	83.4 ▲	99
Discharge Information	88.8 ▲	91.0 ▲	95.5 ▲	99

Displayed by Discharged Date

7.

QUALITY DASHBOARD 3rd QUARTER REPORT



BOARD QUALITY COMMITTEE DASHBOARD 2013

The following are quality and patient safety indicators selected by the Board Quality Committee for quarterly reporting as part of the oversight mandate for ensuring the organization has an effective quality assurance and performance improvement program (QAPI).

1. Surgical Services Volumes by Service Fiscal Year 2013/2014

	Jul-Sept Q1.FY14		Oct-Dec Q2.2013		Jan-Mar Q3.2013		Apr-Jun Q4.2013		Totals
SERVICE	IP	OP	IP	OP	IP	OP	IP	OP	
General	45	45	35	31	32	29	30	48	295
OBGYN	6	16	14	22	17	16	11	22	124
Ophthalmology	0	48	0	45	0	45	0	48	186
Orthopedic	55	111	51	118	55	106	57	101	654
Pain Management	0	49	0	36	0	37	0	39	161
Podiatry	1	8	1	16	0	15	3	4	48
Urology	0	5	3	5	3	3	1	5	25
Vascular Surgery	0	3	0	3	1	4	0	7	18
Endoscopy	9	76	13	84	24	66	14	82	368
Totals	116	361	117	360	132	321	116	356	1879

2. Emergency Department Patient Performance

- a. Time from presentation to the ED to time seen by MD based on a sampling of cases.



Measurement:	Emergency Department Patient Throughput (Lower # is Better)
Category:	Patient Safety
Definition:	Time from arrival in ED to being seen by an MD in minutes (Average)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
25.85	26.36	11.94	44.25			N/A	30	

Note: Reliable data collection in EMR is in development and will be ready for national reporting measures.

- b. Time from decision to admit to bed on inpatient unit until patient departure from ED based on a sampling of cases.



Measurement:	Time from admit decision to depart to bed (Lower # is Better)
Category:	Patient Safety
Definition:	Time from decision to admit patient to departure to assigned bed in minutes (Average)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
72.37	64.93	64.28	47.5			N/A	96	



3. Patient Satisfaction: Quality Patient Experience

Patient satisfaction is measured by the Press Ganey Patient Satisfaction Questionnaire that is mailed to the patient's home two weeks post discharge. There are many questions on the survey and the hospital has shown a significant improvement over the past two years. We chose 3 questions upon which to focus our attention.



Measurement:	Noise Level in and around rooms (Higher # is Better)
Category:	Patient Satisfaction
Definition:	% of Patients responding to Press Ganey Survey who gave a score of 5 (Very Good)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
75.3%	70.7%	71.9%	72%			N/A	90.00%	

Measurement:	Explanations re: tests and treatments (Higher # is Better)
Category:	Patient Satisfaction
Definition:	% of Patients responding to Press Ganey Survey who gave a score of 5 (Very Good)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
87.1%	85.7%	86.1%	85.9%			N/A	90.00%	



Measurement:	Likelihood to recommend SVH to others (Higher # is better)
Category:	Patient Satisfaction
Definition:	% of Patients responding to Press Ganey Survey who gave a score of 5 (Very Good)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
89.6%	91.4%	88.7%	87.7%			N/A	90.00%	


4. Readmissions Rates: Quality Patient Outcomes

Data is captured for patients who return to SVH within 30 days. The hospital focuses on four specific diagnostic groups as they are currently tied to Medicare pay-for-performance.



Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days - All Diagnosis

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
8.20%	8.40%	4.2%	5.263%			N/A	16.0%	



Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with Same Diagnosis

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
2.40%	2.00%	4.2%	5.7%			N/A	TBD	TBD

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with AMI (Heart Attack)



CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
6.00%	0.00%	0.00%	0.00%			N/A	18.0%	

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with CHF (Congestive Heart Failure)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
2.80%	0.00%	0.00%	20.00%			N/A	23.0%	

*Small
population
(1/ 5)*

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with PNE (Simple Pneumonia)

CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
8.50%	11.11%	0.00%	0.00%			N/A	17.6%	

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with COPD (Chronic Obstructive Pulmonary Disease)





CALENDAR YEAR 2012	2013 Q1	2013 Q2	2013 Q3	2013 Q4	Q Change	YTD Trend	Benchmark Goal	Benchmark Perform
0.00%	16.50%	0.00%	0.00%			N/A	TBD	TBD

Chart Definitions:	Calendar Year	Average of all quarters previous year
	Q Change	Change from previous quarter/calendar year
	YTD Trend	Change from previous calendar year based on an average of the quarterly values this year
	Benchmark goal	External standard or internally set benchmark for quality performance
	Benchmark Perform	Most recent quarter performance against the benchmark goal
		Red means performance declined or does not meet the benchmark goal
		Green means improved performance or meeting the benchmark goal

5. Hospital Acquired Infections: Quality Patient Outcomes and Safety

Infections are tracked for 16 different categories of infections are reported in detail only if quarterly or YTD performance does not meet the benchmark set and therefore potentially merits clinical and management remedial action. The following table summarizes those infection categories being tracked which are within benchmark.

Infection Category	Within Benchmark
Central line associated bloodstream infections	
Hospital acquired Cdiff infections	
Inpatient, MRSA infections	
VRE bloodstream infections	
Hip surgical site infections	
Knee surgical site infections	
Overall surgical site infections	
Class I SSI rate	
Class II SSI rate	
Total Joint SSI rate	
Ventilator Associated Events	
Hospital acquired Pneumonia	
Inpatient Hospital acquired Catheter associated urinary tract infections	
Home Care associated infections	
MRSA Active Surveillance cultures	
Flash sterilization measurements	

8.

FINANCIAL REPORT FOR OCTOBER 2013

Sonoma Valley Hospital
Sonoma Valley Health Care District
October 31, 2013 Financial Report

Board of Directors' Meeting
December 5, 2013

October's Patient Volumes

	Actual	Budget	Variance	Prior Year
Acute Discharges	91	124	-33	121
Acute Patient Days	374	460	-86	443
SNF Patient Days	606	622	-16	576
Home Health Care Visits	940	1,000	-60	1,403
Outpatient Gross Revenue (in thousands)	\$10,248	\$9,308	\$940	\$8,935
Surgical Cases	135	134	-1	128

Summary Statement of Revenues and Expenses Month of October 31, 2013

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1 Total Operating Revenue	\$ 4,602,347	\$ 4,305,253	\$ 297,094	7%	\$ 4,120,527
2 Total Operating Expenses	\$ 5,021,736	\$ 4,565,544	\$ (456,192)	-10%	\$ 4,406,584
3 Operating Margin	\$ (419,389)	\$ (260,291)	\$ (159,098)	-61%	\$ (286,057)
4 NonOperating Rev/Exp	\$ 310,546	\$ 298,571	\$ 11,975	4%	\$ 340,545
5 Net Income before Restricted Cont.	\$ (108,843)	\$ 38,280	\$ (147,123)	-384%	\$ 54,488
6 Restricted Contribution	\$ 1,098,328	\$ 3,853	\$ 1,094,475	28406%	\$ 12,633
Net Income with Restricted 7 Contributions	\$ 989,485	\$ 42,133	\$ 947,352	2248%	\$ 67,121
8 EBIDA before Restricted Contributions	\$ 125,758	\$ 274,572	\$ (148,814)		\$ 344,252
9 EBIDA before Restricted Cont. %	3%	6%	-3%		8%
10 Net Income without GO Bond Activity	\$ 872,084	\$ (76,526)	\$ 948,610		\$ (56,435)

Summary Statement of Revenues and Expenses Year to Date October 31, 2013 (4 months)

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1 Total Operating Revenue	\$ 17,330,425	\$ 17,145,664	\$ 184,761	1%	\$ 16,091,031
2 Total Operating Expenses	\$ 18,213,344	\$ 18,117,320	\$ (96,024)	-1%	\$ 17,196,746
3 Operating Margin	\$ (882,919)	\$ (971,656)	\$ 88,737	9%	\$ (1,105,715)
4 NonOperating Rev/Exp	\$ 1,159,750	\$ 1,193,210	\$ (33,460)	-3%	\$ 1,262,348
5 Net Income before Restricted Cont.	\$ 276,831	\$ 221,554	\$ 55,277	25%	\$ 156,633
6 Restricted Contribution	\$ 2,449,377	\$ 20,824	\$ 2,428,553	11662%	\$ 134,083
Net Income with Restricted 7 Contributions	\$ 2,726,208	\$ 242,378	\$ 2,483,830	1025%	\$ 290,716
8 EBIDA before Restricted Contributions	\$ 1,174,863	\$ 1,219,262	\$ (44,399)		\$ 1,152,846
9 EBIDA before Restricted Cont. %	7%	7%	0%		7%
10 Net Income without GO Bond Activity	\$ (192,772)	\$ (253,082)	\$ 60,310		\$ (337,592)



To: SVH Finance Committee
From: Rick Reid, CFO
Date: December 3, 2013
Subject: Financial Report for the Month Ending October 31, 2013

Overall Results for October 2013

Overall for October, SVH has income after the restricted contributions of \$989,485 on budgeted income of \$42,133, for a favorable difference of \$947,352. Without donations, there is a loss of \$108,843. Total net patient service revenue was over budget by \$278,694. This includes the final recording of the Intergovernmental Transfer (IGT) gross revenue of \$406,527. Risk contracts were over budget by \$10,084. Other operating revenue is over budget by \$8,316, bringing the total operating revenue to \$4,602,347 or \$297,094 over budget. Expenses were \$5,021,736 on a budget of \$4,538,878 or (\$482,858) over budget. Of the \$482,858, \$422,743 related to the IGT that was paid in October. The EBIDA prior to the restricted donations for the month was \$125,759 or 2.7%.

Patient Volumes - October

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	91	124	-33	121
Acute Patient Days	374	460	-86	443
SNF Patient Days	606	622	-16	576
Home Care Visits	940	1,000	-60	1,043
OP Gross Revenue	\$10,248	\$9,308	\$940	\$8,935
Surgical Cases	135	134	1	128

Overall Payer Mix - October

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	47.6%	49.0%	-1.4%	47.8%	48.9%	-1.1%
Medi-Cal	10.0%	10.6%	-0.6%	11.3%	10.8%	0.5%
Self Pay	1.4%	3.8%	-2.4%	3.3%	3.8%	-0.5%
Commercial	31.2%	29.5%	1.7%	27.7%	29.4%	-1.7%
Managed MC	5.0%	2.8%	2.2%	5.0%	2.8%	2.2%
Workers Comp	3.3%	1.5%	1.8%	3.1%	1.5%	1.6%
Capitated	1.5%	2.8%	-1.3%	2.0%	2.8%	-0.8%
Total	100%	100%		100%	100%	

Total Operating Revenues

Total operating revenues for October were \$4.6 million on a budget of \$4.3 million or \$297,094 over budget.



Net Patient Revenue is over budget by \$70,751 or 2%, due to the following:

- Overall inpatient volume was under budget by 33 discharges.
- Skilled Nursing Home volume was under budget by 16 days.
- Outpatient was over budget in volume and had higher commercial insured patients.
- Home Care volume was under budget by 60 visits.
- Bad Debts and Charity Care were favorable to budget by \$236,990.
- IGT funds of \$406,527 in inpatient revenues. This was finalized in October and the hospital received payment in early November.

Expenses

October's expenses were \$5.0million on a budget of \$4.6 million or over budget by (\$456,192). Without the IGT, expenses would have been over budget by \$33,449. The following is a summary of the operating expense variances for the month of October:

- Total productivity FTE's were over budget by 4 at 282, on a budget of 278. Salaries were over budget by (\$23,136), Home Health Care was over budget by (\$26,305) . Agency fees were over budget by (\$52,199) due to the use of registry in Radiology by (\$21,737), Ultrasound by (\$13,146), Med Surg by (\$8,708) and ER by (\$5,168). The departments over in registry are under budget in salaries.
- Employee benefits were under budget by \$44,958, of this health insurance was under budget by \$18,562 and Paid Time Off was under budget by \$14,910.
- Medical and Prof Fees are over budget by (\$52,347), (\$44,650) is due to additional Prima Physician call. Consulting fees were over budget in Human Resources were over budget due to legal costs by (\$8,999).
- Supplies were under budget by \$38,623 due to Pharmacy being under budget by \$61,289, offset by Surgery's over budget of (\$36,226).
- Other expenses were over budget by (\$415,081) due to the expense paid to the IGT of \$422,743.

Cash Collections on Patient Receivables:

For the month of October the cash collection goal was \$3,361,442, the Hospital collected \$3,387,372 or over the goal by \$25,930. Year to date the Hospital patient collections goal was \$13,372,185 and had collection of \$13,127,894 or (\$244,291) under than the goal. The cash collection goal is based upon net hospital revenue from 60 days ago.

RAC Activity

	October	Year to Date
Payments to Medicare	\$13,526	\$398,588
Appeals Won and Repaid to the Hospital	\$58,385	\$105,815
Payments from Rebilling Received	\$0	\$0



Capital Campaign Summary:

For the month of October, the Hospital received \$1,598,328 in capital campaign donations. The total amount received from the Capital Campaign to date is \$6,863,932 offset with spending of \$2,579,621. The funds are included on line 17, Specific Funds on the Balance Sheet. Included on line 17 is also \$21,469 for miscellaneous restricted funds, \$114,552 received from the Foundation for the X-ray machine and \$32,270 for the Health Round Table, all of which have been reduced by spending of \$119,062.

	Cash Receipts	Spending	Balance
Emergency Dept.	\$1,511,046	\$837,170	\$673,876
Operating Room	\$0	\$0	\$0
Art Work/Lobby	\$400,000	\$106,895	\$293,105
General	\$4,690,279	\$1,635,556	\$3,054,723
Children's Area	\$250,000	\$0	\$250,000
Interest Earned	\$12,607	\$0	\$12,607
Total Capital Campaign	\$6,863,932	\$2,579,621	\$4,284,311
X-Ray Machine	\$114,552	\$114,552	\$0
Misc. Restricted Funds	\$21,469	\$0	\$21,469
Health Round Table	\$32,515	\$4,510	\$28,005
Total Specific Funds	\$7,032,468	\$2,698,683	\$4,333,785

These comparisons are for actual FY 2014 compared to actual FY 2013. These are not budget comparisons.

ER Visits

	ER – Inpatient				ER - Outpatient			
	CY	PY	Change	%	CY	PY	Change	%
July	109	109	0	0%	641	729	-88	-12.1%
Aug	94	106	-12	-11.3%	695	778	-83	-10.7%
Sept	105	111	-6	-5.6%	690	677	13	1.9%
Oct	60	95	-35	-32.4%	671	706	-35	-5.2%
YTD	368	421	-53	-12.6%	2,697	2,890	-203	-7.0%



OPERATING INDICATORS
SONOMA VALLEY HOSPITAL

For the month ended October, 2013

	CURRENT MONTH			YEAR-TO-DATE			
	Actual 10/31/13	Budget 10/31/13	Favorable (Unfavorable) Variance	Actual 10/31/13	Budget 10/31/13	Favorable (Unfavorable) Variance	Prior Year 10/31/12
Inpatient Utilization							
Discharges							
1 Acute	79	103	(24)	330	390	(60)	422
2 ICU	12	21	(9)	70	83	(13)	40
3 Total Discharges	91	124	(33)	400	473	(73)	462
4 Newborn	12	14	(2)	51	54	(3)	46
5 Total Discharges inc. Newborns	103	124	(35)	451	527	(76)	508
Patient Days:							
6 Acute	268	336	(68)	1,073	1,222	(149)	1,315
7 ICU	106	124	(18)	429	492	(63)	303
8 Total Patient Days	374	460	(86)	1,502	1,714	(212)	1,618
9 Newborn	25	30	(5)	99	119	(20)	101
10 Total Patient Days inc. Newborns	399	490	(91)	1,601	1,833	(232)	1,719
Average Length of Stay:							
11 Acute	3.4	3.3	0.1	3.3	3.1	0.1	3.1
12 ICU	8.8	5.9	2.9	6.1	5.9	0.2	7.6
13 Avg. Length of Stay	4.1	3.7	0.4	3.8	3.6	0.1	3.5
14 Newborn ALOS	2.1	2.2	(0.1)	1.9	2.2	0.3	2.2
Average Daily Census:							
15 Acute	8.6	10.8	(2.2)	8.7	9.9	(1.2)	10.7
16 ICU	3.4	4.0	(0.6)	3.5	4.0	(0.5)	2.5
17 Avg. Daily Census	12.1	14.8	(2.8)	12.2	13.9	(1.7)	13.2
18 Newborn	0.8	1.0	(0.2)	0.8	1.0	(0.2)	0.8
Long Term Care:							
19 SNF Patient Days	606	622	(16)	2,263	2,486	(223)	2,508
20 SNF Discharges	30	38	(8)	109	140	(31)	132
21 Average Daily Census	19.5	20.1	(1)	18.4	20.2	(2)	20.4
Other Utilization Statistics							
Emergency Room Statistics							
22 Total ER Visits	731	808	(77)	3,065	3,352	(287)	3,311
Outpatient Statistics:							
23 Total Outpatients Visits	4,582	4,453	129	17,192	17,167	25	16,827
24 IP Surgeries	32	36	(4)	133	147	(14)	155
25 OP Surgeries	103	98	5	387	382	5	368
26 Special Procedures	36	29	7	134	144	(10)	146
27 Home Health Visits	940	1,000	(60)	3,184	3,050	134	3,834
28 Adjusted Discharges	289	362	(73)	1,178	1,364	(187)	1,313
29 Adjusted Patient Days	2,342	2,416	(73)	8,710	9,344	(634)	9,118
30 Adj. Avg. Daily Census	75.6	77.9	(2.4)	70.8	76.0	(5.2)	74.1
31 Case Mix Index -Medicare	1.5248	1.4000	0.125	1.5448	1.4000	0.145	1.4589
32 Case Mix Index - All payers	1.5058	1.4000	0.106	1.5163	1.4000	0.116	1.4663
Labor Statistics							
33 FTE's - Worked	282	278	(4.3)	281	275	(6.2)	284
34 FTE's - Paid	312	313	1.8	315	311	(4.7)	322
35 Average Hourly Rate	38.22	36.02	(2.20)	36.53	35.94	(0.60)	34.21
36 Manhours / Adj. Pat Day	23.5	22.9	(0.6)	25.4	23.3	(2.1)	24.8
37 Manhours / Adj. Discharge	190.3	152.9	(37.5)	187.7	159.6	(28.1)	172.1
38 Benefits % of Salaries	22.0%	23.4%	1.4%	22.5%	23.8%	1.3%	22.9%
Non-Labor Statistics							
39 Supply Expense % Revenue	3%	3%	0%	3%	3%	0%	3%
40 Supply Exp. / Adj. Discharge	1,564.22	1,355.58	(209)	1,694.59	1,468.68	(226)	1,435.61
41 Total Expense / Adj. Discharge	17,691.66	12,633.39	(5,058)	15,841.45	13,575.09	(2,266)	13,392.44
Other Indicators							
42 Days Cash - Operating Funds	8.0			8.0			
43 Days in Net AR	47.9	50.0	(2.1)	51.3	50.0	1.3	51.37
44 Collections % of Net Revenue	98%			98%			
45 Days in Accounts Payable	55.4	60.0	(4.6)	55.6	60.0	(4)	-
46 % Net revenue to Gross revenue	25.3%	24.7%	0.6%	24.2%	24.7%	-0.6%	24.6%
47 % Net AR to Gross AR	25.0%			25.0%			23.0%

Sonoma Valley Health Care District
Balance Sheet
For The Period Ended
As of October 31, 2013

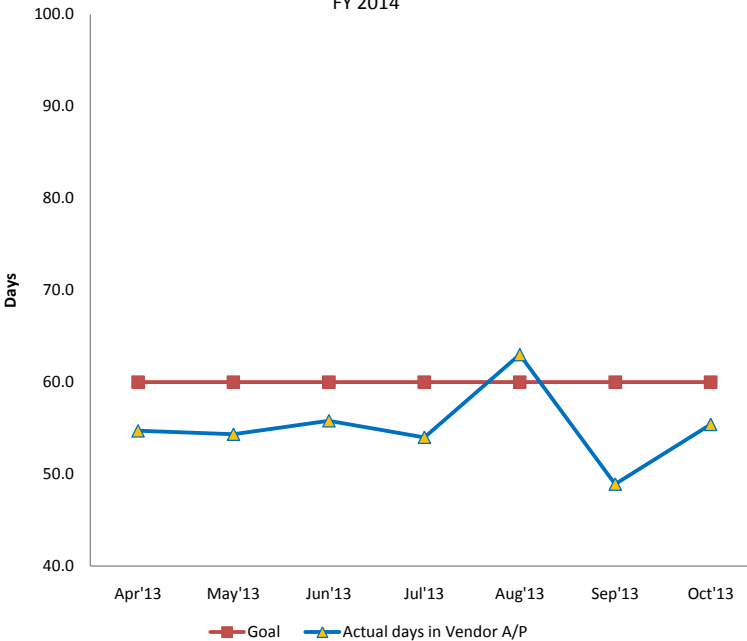
	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,060,464	\$ 1,145,913	\$ 1,610,070
2 Trustee Funds	540,405	540,405	339,459
3 Net Patient Receivables	8,606,050	8,306,068	9,160,352
4 Allow Uncollect Accts	(1,714,414)	(1,787,350)	(2,403,484)
5 Net A/R	6,891,636	6,518,718	6,756,868
6 Other Accts/Notes Rec	6,932,624	7,978,170	4,966,606
7 3rd Party Receivables, Net	1,562,310	1,560,978	1,218,552
8 Due Frm Restrict Funds	-	-	-
9 Inventory	879,581	759,124	1,006,343
10 Prepaid Expenses	1,094,686	1,125,675	1,027,932
11 Total Current Assets	\$ 18,961,707	\$ 19,628,983	\$ 16,925,830
12 Board Designated Assets	\$ 5,384	\$ 5,381	\$ 186,193
13 Property, Plant & Equip, Net	11,111,426	11,228,959	10,733,972
14 Hospital Renewal Program	35,885,179	34,044,873	17,662,442
15 Unexpended Hospital Renewal Funds	-	-	14,679,830
16 Investments	-	-	1,497
17 Specific Funds	4,333,785	4,353,922	2,200,464
18 Other Assets	444,229	265,858	329,937
19 Total Assets	\$ 70,741,710	\$ 69,527,976	\$ 62,720,165
Liabilities & Fund Balances			
Current Liabilities:			
20 Accounts Payable	\$ 4,220,904	\$ 3,448,666	\$ 4,221,597
21 Accrued Compensation	3,368,750	3,858,543	3,570,074
22 Interest Payable	425,011	282,340	428,557
23 Accrued Expenses	1,523,075	1,538,703	1,296,417
24 Advances From 3rd Parties	1,847,145	1,749,500	1,370,428
25 Deferred Tax Revenue	3,266,300	3,656,125	3,174,973
26 Current Maturities-LTD	841,229	842,956	1,508,538
27 Other Liabilities	4,203,919	4,023,891	96,975
28 Total Current Liabilities	\$ 19,696,333	\$ 19,400,724	\$ 15,667,559
29 Long Term Debt, net current portion	\$ 37,459,200	\$ 37,530,603	\$ 37,864,203
Fund Balances:			
31 Unrestricted	\$ 5,051,283	\$ 5,160,084	\$ 6,927,878
32 Restricted	8,534,894	7,436,565	2,260,110
33 Total Fund Balances	\$ 13,586,177	\$ 12,596,649	\$ 9,187,988
34 Total Liabilities & Fund Balances	\$ 70,741,710	\$ 69,527,976	\$ 62,719,750

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended October 2013

		Month				Year-To-Date				YTD
		This Year		Variance		This Year		Variance		
		Actual	Budget	\$	%	Actual	Budget	\$	%	
Volume Information										Prior Year
1	Acute Discharges	91	124	(33)	-27%	400	473	(73)	-15%	462
2	SNF Days	606	622	(16)	-3%	2,263	2,486	(223)	-9%	2,508
3	Home Care Visits	940	1,000	(60)	-6%	3,184	3,050	134	4%	3,834
4	Gross O/P Revenue (000's)	10,248	9,308	939	10%	\$ 39,292	\$ 36,951	2,342	6%	\$ 34,252
Financial Results										
Gross Patient Revenue										
5	Inpatient	\$ 4,972,562	\$ 5,411,004	(438,442)	-8%	\$ 21,154,763	\$ 21,587,682	(432,919)	-2%	\$ 20,421,677
6	Outpatient & Emergency	9,965,150	9,036,029	929,121	10%	38,324,362	36,141,040	2,183,322	6%	33,118,675
7	SNF	2,398,877	2,140,232	258,645	12%	8,758,346	8,580,407	177,939	2%	7,889,997
8	Home Care	282,558	272,415	10,143	4%	967,795	809,504	158,291	20%	1,133,386
9	Total Gross Patient Revenue	\$ 17,619,147	\$ 16,859,680	759,467	5%	\$ 69,205,266	\$ 67,118,633	2,086,633	3%	\$ 62,563,735
Deductions from Revenue										
10	Contractual Discounts	\$ (13,340,686)	\$ (12,658,845)	(681,841)	-5%	\$ (52,758,728)	\$ (50,402,209)	(2,356,519)	-5%	\$ (46,515,227)
11	Bad Debt	(150,000)	(211,398)	61,398	29%	(750,000)	(841,578)	91,578	11%	(1,230,000)
12	Charity Care Provision	(1,000)	(140,670)	139,670	99%	(90,127)	(555,126)	464,999	84%	(666,097)
13	Prior Period Adjustments	-	-	-	0%	71,644	-	71,644	0%	-
14	Total Deductions from Revenue	\$ (13,491,686)	\$ (13,010,913)	(480,773)	4%	\$ (53,598,855)	\$ (51,798,913)	(1,799,942)	3%	\$ (48,411,324)
15	Net Patient Service Revenue	\$ 4,127,461	\$ 3,848,767	278,694	7%	\$ 15,606,411	\$ 15,319,720	286,691	2%	\$ 14,152,411
16	Risk contract revenue	\$ 332,001	\$ 321,917	10,084	3%	\$ 1,109,329	\$ 1,287,668	(178,339)	-14%	\$ 1,265,758
17	Net Hospital Revenue	\$ 4,459,462	\$ 4,170,684	288,778	7%	\$ 16,715,740	\$ 16,607,388	108,352	1%	\$ 15,418,169
18	Other Op Rev & Electronic Health Records	\$ 142,885	\$ 134,569	8,316	-6%	\$ 614,685	\$ 538,276	76,409	14%	\$ 672,862
19	Total Operating Revenue	\$ 4,602,347	\$ 4,305,253	297,094	7%	\$ 17,330,425	\$ 17,145,664	184,761	1%	\$ 16,091,031
Operating Expenses										
20	Salary and Wages and Agency Fees	\$ 2,103,769	\$ 2,028,434	(75,335)	-4%	\$ 8,074,851	\$ 7,927,311	(147,540)	-2%	\$ 7,725,870
21	Employee Benefits	728,421	773,379	44,958	6%	2,938,101	3,080,031	141,930	5%	2,884,596
22	Total People Cost	\$ 2,832,190	\$ 2,801,813	(30,377)	-1%	\$ 11,012,952	\$ 11,007,342	(5,610)	0%	\$ 10,610,466
23	Med and Prof Fees (excl Agency)	\$ 462,174	\$ 409,827	(52,347)	-13%	\$ 1,648,673	\$ 1,573,009	(75,664)	-5%	\$ 1,494,891
24	Supplies	452,392	491,015	38,623	8%	1,995,540	2,003,615	8,075	0%	1,884,435
25	Purchased Services	432,830	436,292	3,462	1%	1,521,789	1,746,253	224,464	13%	1,577,652
26	Depreciation	163,018	187,558	24,540	13%	660,276	799,096	138,820	17%	749,284
27	Utilities	79,326	77,354	(1,972)	-3%	327,366	339,416	12,050	4%	339,698
28	Insurance	18,888	18,698	(190)	-1%	75,552	74,795	(757)	-1%	82,500
29	Interest	36,659	13,809	(22,850)	-165%	98,056	58,912	(39,144)	-66%	126,885
30	Other	544,259	129,178	(415,081)	-321%	873,140	514,882	(358,258)	-70%	330,935
31	Operating expenses	\$ 5,021,736	\$ 4,565,544	(456,192)	-10%	\$ 18,213,344	\$ 18,117,320	(96,024)	-1%	\$ 17,196,746
32	Operating Margin	\$ (419,389)	\$ (260,291)	(159,098)	-61%	\$ (882,919)	\$ (971,656)	88,737	9%	\$ (1,105,715)
Non Operating Rev and Expense										
33	Miscellaneous Revenue	\$ 4,686	\$ 4,167	519	12%	\$ 29,918	\$ 16,668	13,250	79%	\$ 50,572
34	Donations	10,959	3,875	7,084	0%	11,967	14,426	(2,459)	17%	-
35	Professional Center/Phys Recruit	-	-	-	0%	-	-	-	0%	-
36	Physician Practice Support-Prima	(60,000)	(65,630)	5,630	-9%	(301,739)	(262,520)	(39,219)	15%	(262,520)
37	Parcel Tax Assessment Rev	237,500	237,500	-	0%	950,000	950,000	-	0%	980,072
38	GO Bond Tax Assessment Rev	152,326	153,584	(1,258)	-1%	609,304	614,336	(5,032)	-1%	614,268
39	GO Bond Interest	(34,925)	(34,925)	-	0%	(139,700)	(139,700)	-	0%	(120,044)
40	Total Non-Operating Rev/Exp	\$ 310,546	\$ 298,571	11,975	4%	\$ 1,159,750	\$ 1,193,210	(33,460)	-3%	\$ 1,262,348
41	Net Income / (Loss) prior to Restricted Contributions	\$ (108,843)	\$ 38,280	(147,123)	-384%	\$ 276,831	\$ 221,554	55,277	25%	\$ 156,633
42	Capital Campaign Contribution	\$ 1,098,328	\$ 3,853	1,094,475	28406%	\$ 2,449,377	\$ 20,824	2,428,553	11662%	\$ 19,749
43	Restricted Foundation Contributions	\$ -	\$ -	-	0%	\$ -	\$ -	-	100%	\$ 114,334
44	Net Income / (Loss) w/ Restricted Contributions	\$ 989,485	\$ 42,133	947,352	2248%	\$ 2,726,208	\$ 242,378	2,483,830	1025%	\$ 290,716
45	Net Income w/o GO Bond Activity	\$ 872,084	\$ (76,526)	948,610	1240%	\$ (192,773)	\$ (253,082)	60,309	24%	\$ (337,591)

Sonoma Valley Hospital
Statement of Cash Flows
For the Period Ended

	<u>Current Month</u>	<u>Year To Date</u>
Operating Activities		
Net Income (Loss)	989,485	2,726,208
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	163,018	658,277
Net changes in operating assets and liabilities:		
(Increase)/Decrease Patient accounts receivable - net	(372,918)	(365,614)
(Increase)/Decrease Other receivables and other assets	865,885	(573,043)
(Increase)/Decrease Prepaid expenses	30,989	(20,274)
(Increase)/Decrease in Inventories	(120,457)	(84,947)
(Decrease)/Increase in Deferred revenues	(292,180)	(1,401,511)
(Decrease)/Increase in Accounts payable, accrued expenses	589,516	(548,918)
Net Cash Provided/(Used) by operating activities	<u>1,853,338</u>	<u>390,178</u>
Investing Activities		
Net Purchases of property, plant and equipment - Other Fixed Assets	(45,485)	(1,095,251)
Net Purchases of property, plant and equipment - GO Bond Purchases	(1,840,306)	(4,083,302)
Net Proceeds and Distributions from investments	-	-
Net Book Value of Assets Disposed	-	-
Change in Restricted Funds	-	-
Change in Limited Use Cash	20,134	4,025,472
(Payment)/Refund of Deposits		
Net cash Provided/(Used) by investing activities	<u>(1,865,657)</u>	<u>(1,153,081)</u>
Financing Activities		
Proceeds (Repayments) from Borrowings - Banks & Carriers	(73,130)	(315,035)
Proceeds (Repayments) from Borrowings - Other		
Net Intercompany Borrowings/(Repayments)		
Change in Post Retirement Obligations & Other Net Assets	-	-
Net Equity Transfers to related entities (Cash and Non-Cash)		
Net cash Provided/(Used) by financing activities	<u>(73,130)</u>	<u>(315,035)</u>
Net increase/(Decrease) in cash and cash equivalents	<u>(85,449)</u>	<u>(1,077,938)</u>
Cash and Equivalents at beginning of period	<u>1,145,913</u>	<u>2,138,402</u>
Cash and Equivalents at October 31, 2013	<u><u>1,060,464</u></u>	<u><u>1,060,464</u></u>

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Sonoma Valley Hospital
Statistical Analysis
FY 2014

Statistics	ACTUAL	BUDGET	ACTUAL												
	Oct-13	Oct-13	Sep-13	Aug-13	Jul-13	Jun-13	May-13	Apr-13	Mar-13	Feb-13	Jan-13	Dec-12	Nov-12	Oct-12	Sep-12
Acute															
Acute Patient Days	374	460	405	385	338	323	396	315	447	449	613	456	351	443	347
Acute Discharges	91	124	107	102	100	87	99	88	122	128	159	117	104	121	109
SNF Days	606	622	585	615	457	470	638	589	725	678	707	671	638	576	617
HHA Visits	940	1,000	748	736	760	990	1,140	1,101	1,067	1,001	1,076	940	921	1,043	802
Emergency Room Visits	731	808	795	789	750	716	795	729	757	710	852	793	732	801	788
Gross Outpatient Revenue (000's)	\$10,248	\$9,308	\$9,173	\$9,801	\$10,071	\$8,353	\$9,289	\$8,906	\$8,167	\$8,065	\$8,805	\$8,302	\$8,485	\$8,935	\$8,151
Equivalent Patient Days	2,342	2,416	2,157	2,256	1,945	1,892	2,266	2,237	2,422	2,314	2,594	2,353	2,213	2,214	2,202
Births	12	14	13	11	15	8	15	12	16	11	19	13	14	9	11
Surgical Cases - Inpatient	32	36	33	35	33	30	42	25	35	33	38	32	35	37	37
Surgical Cases - Outpatient	103	98	87	95	102	86	105	90	96	80	78	94	95	91	97
Total Surgical Cases	135	134	120	130	135	116	147	115	131	113	116	126	130	128	134
Medicare Case Mix Index	1.52	1.40	1.47	1.64	1.54	1.58	1.62	1.50	1.55	1.36	1.52	1.51	1.47	1.29	1.49
Income Statement															
Net Revenue (000's)	4,459	4,171	3,937	4,251	4,068	3,821	3,324	3,986	3,945	3,938	4,006	4,085	3,679	3,963	3,707
Operating Expenses (000's)	5,022	4,566	4,339	4,441	4,413	4,694	4,529	4,407	4,577	4,353	4,632	4,482	4,235	4,407	4,221
Net Income (000's)	990	42	883	440	185	732	(651)	149	251	114	237	134	174	67	65
Productivity															
Total Operating Expense Per Equivalent Patient Day	\$2,144	\$1,890	\$2,011	\$1,968	\$2,269	\$2,481	\$1,999	\$1,970	\$1,890	\$1,881	\$1,786	\$1,905	\$1,914	\$1,990	\$1,917
Productive FTEs	282	278	279	286	279	277	282	286	291	290	284	284	266	281	291
Non-Productive FTE's	29	36	41	30	36	40	28	34	31	32	37	33	47	36	39
Total FTEs	312	313	320	315	315	317	311	320	322	322	321	317	313	316	330
FTEs per Adjusted Occupied Bed	4.12		4.45	4.33	4.25	4.25	4.25	4.29	4.12	3.77	3.84	4.24	4.24	4.43	4.37
Balance Sheet															
Days of Expense In General Operating Cash	7		8	11	8	7	12	17	15	9	9	14	7	12	14
Net Days of Revenue in AR	48		50	53	50	62	59	55	51	53	51	53	52	53	50

9.

ADMINISTRATIVE
REPORT FOR
OCTOBER 2013

(Note: this report will follow under separate cover)

10.

OFFICER AND
COMMITTEE
REPORTS

MEMORANDUM

TO: Board of Directors
Sonoma Valley Hospital District

FR: Citizens Bond Oversight Committee

RE: Final Report

DATE: November 1, 2013

Background

As a part of the proceedings for the \$35 million general obligation bond issue that was approved in November, 2008, the Hospital agreed to appoint a Citizens Bond Oversight Committee ("CBOC" or "Committee") for the purpose of reviewing all bond fund expenditures to assure they were being used for the purposes outlined in the Bond election proceedings. Specifically, the CBOC bylaws adopted on January 15, 2009 set out the following duties:

- A. Inform the Public. The Committee shall inform the public concerning the District's expenditure of bond proceeds.
- B. Review Expenditures. The Committee shall review expenditure reports, project management reports, and project budgets produced by the District to ensure that Bond proceeds are expended only for the purposes set forth in the Bond Measure and no bond proceeds are used for any administrative salaries or other operating expenses.
- C. Annual Report. The Committee shall present to the Board, in public session, an annual written report which shall include: 1) A statement indicating whether or not the District is in compliance with the objectives of the Bond Measure and 2) A summary of the Committee's proceedings and activities for the preceding year.

In January 2009, the Board interviewed several candidates for the Citizens Bond Oversight Committee and appointed the following eight members: (regular members) Pam Gibson, the original Committee Chair; Kevin Carruth; Dennis Ciocca; Mary Smith; and Frank Mazzone; (alternates) Michael Gretz; Robert Hackman and David Oster.

The Proceedings

In February, 2009 the initial sale of \$12,000,000 of the Bonds was held, of which \$4,000,000 was used to retire the balance of an existing Hospital Revenue Bond as specified in the Bond Measure. This left approximately \$8,000,000 for the Hospital improvement project. The budget for expenditures that was adopted by the Board of Directors was as follows:

Debt Repayment	\$4,000,000
Master Plan	600,000
Project Management	1,400,000
Construction & Equipment	<u>29,000,000</u>
Total	\$35,000,000

In July, 2010 the remaining \$23,000,000 of General Obligation Bonds were sold. As of October 1, 2013, all of the proceeds of both Bond issues have either been spent or encumbered and their expenditures have all been reviewed and approved by the Committee. Upon issuance of this Final Report to the District Board, all functions of the CBOC will have been completed and pursuant to the Bylaws, the Committee shall terminate.

Committee Activities

Over the past four and one half years, the CBOC met on nineteen occasions in order to carry out our assigned responsibilities. Actions taken at each of these meetings is reviewed below:

1. The organizational first meeting of the CBOC was held on February 19, 2009. Pam Gibson was elected permanent Chair and Kevin Carruth was elected Vice Chair. Carl Gerlach and Bill Boerum also attended this meeting and assisted in establishing an organizational plan and review of responsibilities of the CBOC. Among other matters the Committee was advised that its meetings and activities are subject to the Brown Act.
2. The second meeting of the CBOC was held on April 16, 2009 at which time the criteria for making bond expenditures was discussed. Bond Counsel was available by telephone. The Committee reviewed and approved the Bond expenditures that had been made to date
3. The third meeting of the Committee was held on July 23, 2009 with the primary matter being the review of expenditures to determine appropriateness for Bond funding. The subject of reinvestment of the Bond proceeds was also described to the Committee.
4. The fourth meeting of the Committee was held on October 15, 2009. The new CFO, Tim Noakes was introduced to the Committee. Other persons attending included Peter Hohorst and Vivian Woodall. Peter Hohorst showed a presentation outlining the capital plan for the hospital and a calendar of events. The concept of a design-build process was discussed for the first time. The bond expenditures were approved.
5. On January 21, 2010 the Committee held its regular quarterly meeting. The design build concept was again discussed and construction bids were reported to be due January 28th. Tim Noakes discussed the 2009 Annual Audit. The Committee approved Bond expenditures which had totaled \$5.2million (exclusive of the existing Bond Retirement) to date. Ms. Gibson submitted an outline of the Committee's first annual report to the Board.
6. On April 15, 2010 the Committee held its regular quarterly meeting. Tim Noakes reported the hospital had selected the design build firm of Otto Construction. Quarterly bond fund expenditures in the amount of \$819,000 were approved. The draft Annual Report was approved and would be presented by Ms. Gibson to the Board at their meeting of May 6, 2010.
7. On May 24, 2010 a regular meeting of the Committee was held. Mr. Noakes pointed out that the total of bond proceeds was \$35.0 million less the \$4.0 million for existing bond retirement while the design build contract was then at \$23.0 million with a possible additional \$10.0 million of costs for energy financing and \$8.0 million for planning and soft costs. Carl Gerlach made a presentation on the design build progress.

8. A regular meeting of the Committee was held on July 15, 2010 at which Sharon Nevins was introduced as a new member of the Committee. Bond expenditures in the amount of \$304,000 were approved by the Committee. After some discussion the concept of using Bond proceeds for the purchase of the Carinalli property (the parking lot) was deemed to be appropriate. The Committee was advised that the remaining \$23.0 million of Bonds would be issued shortly as funds were running short.
9. On October 21, 2010 a regular quarterly meeting of the Committee was held at which time Kelly Mather was introduced as the new Hospital CEO and Rob Feldman was introduced as the new Hospital CFO. Ms. Nevins discussed the continuing budget variances and Mr. Oster questioned the availability of sufficient funding to complete the program. The bond expenditures were approved. David Oster was elected Chairman of the Committee.
10. On February 17, 2011 a regular meeting of the Committee was held. Persons attending the meeting included Rob Feldman, Peter Hohorst, Steve Smith and Vivian Woodall. Mr. Hohorst presented a detailed update on the design build process. Current Bond expenditures in the amount of \$978,651 were approved and it was noted that this had essentially used up the Series A Bond proceeds and the District would now start using the proceeds of the Series B issue. The Committee's second Annual Report presentation was discussed.
11. On April 21, 2011 a regular quarterly meeting of the Committee was held. Persons in attendance included Rob Feldman, Steve Smith, Kathleen Gebhardt and Kimberly Drummond. Steve Smith presented the regular update on the design build progress. The Annual Report was completed and approved. Bond expenditures were approved, but the Committee did express certain reservations over the likelihood of cost overruns that would exceed bond proceeds.
12. At the meeting held July 21, 2011, Rick Reid was introduced as the new Hospital Chief Financial Officer. At this time the Design Build project process was updated by Peter Hohorst and Kelly Mather. The expenditures of Bond funds were reviewed and approved. The same procedure was followed at the meeting of October 20, 2011. The Board was advised that we needed new members of the Committee.
13. The meetings held on January 19, April 19 and July 19, 2012 generally followed the same format including an update on the Design Build project and approval of Bond Expenditures. (By this time the Committee had developed a repeating process for meetings that greatly expedited matters.) During the January meeting Steve Berezin, the current Vice Chairman, joined the Committee.
14. At the meeting of October 18, 2012 the Committee followed the standard procedure of receiving a Project update from Steve Smith and approved Bond expenditures as presented by Jeannette Tarver. Peter Hohorst also attended this meeting. However, the four expense items listed below caused some concern among the Committee members that they followed proper Bond expenditure requirements. The Committee declined to approve these expenditures and asked for further information on these matters:

Skilled Nursing Facility Remodel	\$500,000
Exterior Stucco Repairs and Paint	450,000
Operating Room – Clean/Soiled Room	185,000
Other	<u>365,000</u>
Total	\$1,500,000

15. On Thursday November 9, 2012, a Special Meeting of the Committee was held at which Rick Reid discussed the above listed expenditures. A brief e-mail from Bond Counsel was presented on the subject. At the end of this meeting questions still remained regarding the expenditure of

these funds from Bond Proceeds. Resolution of the issue was put off until the next regular Committee meeting.

16. On Thursday, January 17, 2013 Jeannette Tarver presented the Project update and Review of Expenditures. The Committee approved \$290,000 of expenses deferred from the last meeting for payment out of the Bond Funds. Mr. Reid agreed the remaining balance of \$1,210,000 would be paid from other sources.
17. On Thursday, April 18, 2013, a Regular Meeting of the Committee was held with Steve Berezin as the Acting Chair and Peter Hohorst and Jeannette Tarver in attendance. Ms. Tarver presented the financial report for the period ending March 31, 2013. The Committee reviewed and completed the Annual Report to the Board. The Committee discussed their eventual termination due to the expenditure and approval of all Bond proceeds which should be accomplished shortly. Minutes for the meetings of October 18 and November 9, 2012 and January 17, 2013 were approved.
18. On Thursday, July 18, 2013, a Regular Meeting of the Committee was held. Jeannette Tarver presented a financial report and Luke Manning presented a Construction Update. There were no expenditures of Bond Funds to approve, and the Committee decided that it would be appropriate to prepare a "Closing Report" for the Board before our activities were terminated.
19. On Thursday, October 17, 2013 the CBOC held its final meeting at which time the Bond expenditures incurred since June 30, 2013 were approved (subject to certain minor modifications). The Committee also reviewed and revised the Final Report which we will submit to the Board of Directors (probably at their December 2013 meeting).

Final Financial Review

The Bond documents provide several clearly defined expenditure categories. These categories have appeared in each of the Financial Reports presented to the Committee with expenditures being allocated to the appropriate category by the CFO. The categories and cumulative amounts allocated from the Bonds are as follows:

Master Plan	\$ 3,249,946
Central Utility Plant	330,497
HVAC Upgrades	230,702
Electrical Panels	150,045
Information Technology	1,020,387
Major Medical Equipment	617,300
South Lot Rental and Option	1,038,069
Design Build	22,461,228
Issuance of Bonds	152,068
Retire Revenue Bonds	4,000,000
Existing Facility Improvements	304,265
New Wing	117,759
East Wing	105,200
West Wing	136,245
Central Core	154,515
Project Mgt. & Planning	<u>931,774</u>
Total	\$35,000,000

Throughout the life of the CBOC, all activities and actions have been in accordance with the Bylaws adopted by the District Board of Directors.

It is the opinion of the CBOC, based on regular and recurring quarterly financial reviews as detailed herein, that all of the proceeds raised by Bond Measure P have been expended solely for the purposes and uses as set forth in the Bond Measure P. Accordingly, the CBOC will now be disbanded with its stated purposes and duties having been fully performed.

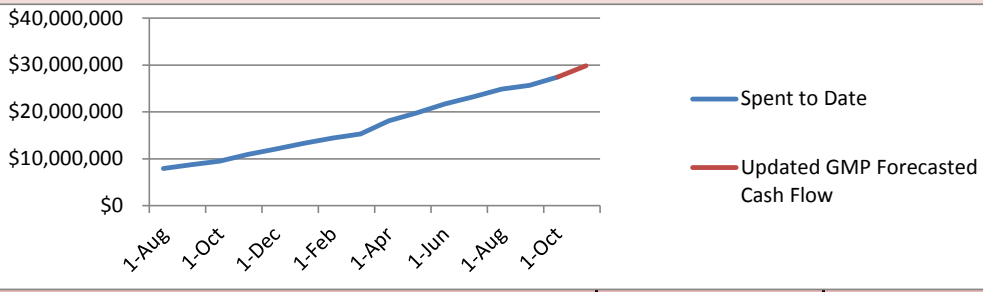
Conclusion

Before Closing we would like to acknowledge each of the individuals who served as members of the CBOC over the life of the Committee: Edie Barrett; Stephen Berezin; Kevin Carruth; Dennis Ciocca; Richard Conley; Michael Getz; Pamela Gibson; Robert Hackman; Frank Mazzone; Bert Nevins; Sharon Nevins; David Oster; Mary Smith; and Mary Dieter Smith.

Sonoma Valley Hospital - Phase 1 - Expansion.

Project Update/ Dashboard - Increment 1 & 3

Tuesday, November 19, 2013

Schedule		Target	Actual	Budget		Est Dollar Amount																																
Exterior Signage Install		10/18/2013	Complete		Total Approved Budget	\$43,809,376																																
Interior Signage Install		10/18/2013	Complete		Project Contingency	\$550,487																																
Nurse Call Installation		10/24/2013	On Schedule		Current Commitments & Project Risks to 10-18-13	-\$463,347																																
Medical Equipment Installation		10/28/2012	In Progress		Estimated Project Contengency Remaining	\$87,140																																
Commissioning of systems		11/22/2013	In Progress	SVH Contingency Project Risks																																		
HVAC Test and Balance		11/22/2013	In Progress		2nd Floor West Projects	\$10,000																																
Final Systems testing		11/28/2013	In Progress		Nurse Call Cabling and Oshpd requirements	\$50,000																																
Staff and Stock		12/6/2013	In Progress		4th Street Light	In Progress																																
2 West Completion		11/27/2013	In Progress		Neptune Equipment Relocation	\$12,000																																
Fire Marshall Sign off		12/3/2013	In Progress		Reserve for Move in Conflicts/Nesting Items	\$150,000																																
Landscaping		12/5/2013	In Progress	OTTO Construction Contingency Status.																																		
Final Completion		12/19/2013	Current Target		Design Build Contingency/Adjusted	\$961,236																																
Licencing		TBD	To be scheduled		Estimated Spent to Date	-\$482,973																																
Dept Move		TBD	In Planning		Estimated Project Contingency remaining	\$432,100																																
Contract		Target	Actual	Potential Project Risk																																		
Medical Equipment		Ongoing	Lease		Medical Equipment Installation - Unsubmitted	\$250,000																																
Commissioning Agent		6/15/2013	In progress		OSHPD - Agency Completion	In Progress																																
IT equipment - Start Up		11/18/2013	Complete	Otto GMP Cash Flow (Inc CO#1-15) including Spent to Date																																		
Owner Decisions/Occupancy																																						
Owner Occupancy		TBD	In Coordination																																			
OR Review Coordination		12/14/2013	In Coordination																																			
4th Street Light		7/31/2013	In Coordination																																			
PBX Staffing during move		12/2/2013	In Coordination																																			
Signage - Interior & Exterior		10/10/2013	Complete																																			
Donor Wall - Final Design		7/1/2013	Complete																																			
Facility Impacts																																						
Generator - 250Kw tie in		10/15/2013	Complete	<table><thead><tr><th colspan="2">Critical Issues</th><th>Target Date</th><th>Status</th></tr></thead><tbody><tr><td colspan="2">OSHPD - Final Sign off schedule -Target</td><td>12/19/2013</td><td>In Progress</td></tr><tr><td colspan="2">Donor Wall Completion</td><td>12/15/2013</td><td>In Progress</td></tr><tr><td colspan="2">OR Existing Equipment Intergration</td><td>12/14/2013</td><td>In Progress</td></tr><tr><td colspan="2">Existing Building Fire Alarm Tie in</td><td>12/2/2013</td><td>Under Review</td></tr><tr><td colspan="2">PBX Move - Utility relocation</td><td>12/2/2013</td><td>In Progress</td></tr><tr><td colspan="2">OSHPD - Fire Life Safety</td><td>12/3/2013</td><td>In Progress</td></tr><tr><td colspan="2">OSHPD - Staff and Stock</td><td>12/6/2013</td><td>In Progress</td></tr></tbody></table>			Critical Issues		Target Date	Status	OSHPD - Final Sign off schedule -Target		12/19/2013	In Progress	Donor Wall Completion		12/15/2013	In Progress	OR Existing Equipment Intergration		12/14/2013	In Progress	Existing Building Fire Alarm Tie in		12/2/2013	Under Review	PBX Move - Utility relocation		12/2/2013	In Progress	OSHPD - Fire Life Safety		12/3/2013	In Progress	OSHPD - Staff and Stock		12/6/2013	In Progress
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Utility Disruptions - Noise.		Ongoing	Ongoing																																			
Boilers		11/27/2013	In Progress																																			
Upcoming Activites																																						
OSHPD Approval		12/19/2013	In Coordination																																			
Steel Parapet Cap Installation		11/21/2013	In Progress																																			
Donor Wall Install		12/15/2013	In Progress																																			
Critical or High Impact	Potential Risk / Unresolved/ Medium Impact	On Track																																				



To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 11/11/13
Subject: Quality and Resource Management Report

November Priorities:

1. New Building Construction and Activation Plan Follow-Up
2. OR Consultation & Perioperative Director
3. Quality and Patient Safety Initiatives
4. Lab Joint Commission Survey

1. New Building Construction and Activation Plan Follow up

The Facilities Director, Architects of Record and I met with CDPH last Wednesday to go over the plans for the new wing, the permanent reduction of acute care beds, the Nurse Call system and the PT move off campus. Bob Hoyas from OSHPD was there as was other CDPH leaders. The focus was more on the nurse call system and the PT move. Ms Ebert asked for more detail on the Move Plan for the new wing and I was asked to submit an application for the building which has been completed and submitted. An oversight resulted in our not notifying licensing of the move off campus for our Outpatient Rehabilitation Department. Currently we are completing the paperwork for submission. We are awaiting the Fire Marshall inspection and their official sign-off. We are expecting the Fire Marshall and Interim Life Safety inspection for the new wing on November 19th. This will allow "Staff and Stock". The next step will be the final OSHPD inspection for "Substantial Completion" by the end of the first week of December. CDPH stated they would try to meet our second week of December request for licensing once they received the Certificate of Occupancy from OSHPD. It is unclear if we will make it into the building before Christmas. It may not happen until January.

2. OR Consultation & Interviews for Perioperative Services Director

Kurt Salmon Consultants returned to the hospital on the 14th and 15th to provide their final report to the hospital. They presented to all surgical services staff, hospital leaders and participating physicians. I will talk more about this in either this meeting or next month and share their recommendations. We also interviewed a candidate for the Director position on the 13th. He comes highly recommended from John Muir Hospital and has a strong background as a Clinical Coordinator for the Neurosurgery service line.

3. Quality and Patient Safety Initiatives

We are currently collecting survey responses for our annual AHRQ Culture of Safety survey. The deadline is November 15th but I am considering extending the deadline another week as we have not meet our goal of 150 responses. We will have the ability to benchmark nationally this time.

I have attached the names of the Good Catch awardees announced at the quarterly employee appreciation event held in September. Our goals was to increase reporting of potentially unsafe events/ near misses by 80% once we rolled out the hospital's Culture of Safety training and the Good Catch Program. As the graph, provided by Chris Kutza, Director of Pharmacy shows, we are well on our way.

Attached is the Third Quarter data for the Board Quality Dashboard for the committee's review.

4. Laboratory Joint Commission Survey

Our Laboratory Services had their every two year accreditation survey on November 7th through the 8th. It was a very successful survey with very little opportunities for improvement noted by the surveyor. Findings focused on documentation lapses and proficiency testing. We are required to send a plan for improvement within 60 days of the survey to the Joint Commission.

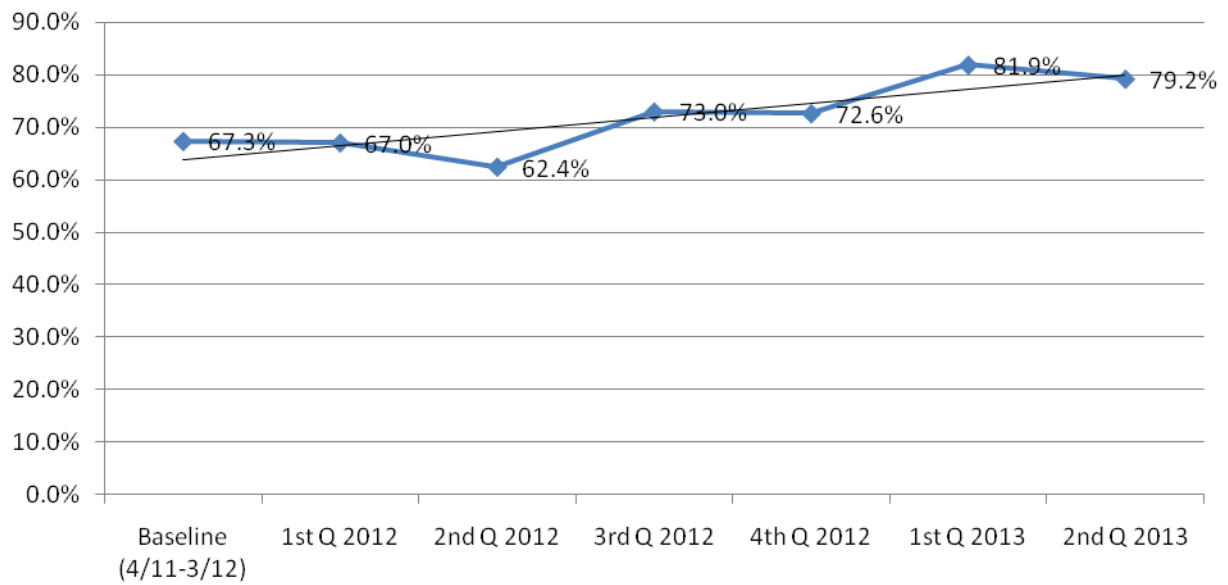
Topic for discussion: Annual Contract Review Report (Lovejoy)
The Patient Experience (Kobe)

GOOD CATCH AWARDS: SECOND QUARTER 2013

The following employees were recognized for identifying and reporting potential safety issues affecting patient care or employee/visitor safety.

<i>Employee</i>	<i>Safety Issue Identified</i>	<i>Actions Taken to Prevent Harm</i>
Scott Larson EVS	Use of wrong Page for show of force. Dr. Strong is correct page instead of Code Grey.	Educate PBX and Nursing staff in ICU
Carmen Lopez de Bravo & Robin Wann Case Management	Texting of PHI from physicians to case managers could lead to breach.	Case Managers now have Cortex on their phones which prevent public access to PHI
Nancy Large Pharmacy	Dose limit not ordered for post-op antibiotics	Phoned MD and discontinued antibiotics.
Shane Saxton Emergency Services	Look alike/sound alike drugs adjacent to each other in Pyxis	Pharmacy moved one of the drugs to another location in Pyxis
Sara Ornelas Med/Surg	Alerted surgery that there would be a delay for available blood for total hip patient with abnormal blood antibody.	Surgery delayed until blood available.
Janet Alexander	Pt needed cardiology consult prior to admission to surgery	Anesthesia protocol changed to include obtaining a cardiology consult for all patients with a history of heart disease.

Error Reports-Percent Near Miss (2013 Goal = 70.7%)





Meeting Date: December 5, 2013

Prepared by: Kevin Carruth, Chair, Governance Committee
Peter Hohorst, Governance Committee

Agenda Item Title: Residency Requirements for Board Committees

Recommendations:

1. The Board directs that all members of Standing and Ad Hoc Board Committees shall be residents of the District.
2. The Board defines residency, for the purposes of Board committee membership policy only, as living some or all of the time in the District

Background and Reasoning:

At the October Board meeting there was a brief discussion and a referral to the Governance Committee of the issue of a residency requirement for Board Committees. The issue was raised because a member of Board's Quality Committee member had moved out of the District.

The GC discussed this issue at its November meeting and recommends that the Board require that all Board Committee members be residents of the District. More specifically, this policy will not require the residence in the District to be the person's primary residence.

The recommendation anticipates individuals who live in the District less than full-time, e.g., having multiple residences one of which is in the District, being considered residents and able to serve on both Standing and Ad Hoc Committees. Since there is a significant and important part of the community that does not live here full-time, but is actively involved in the community and/or District/Hospital affairs, it seems wise to allow all part- and full-time residents, to be appointed as members of Board committees, as long as they regularly attend the committee meetings.

Consequences of Negative Action/Alternative Actions:

The Board will continue to not have a residency policy for Board committee members, allowing non-residents to serve on Board committees. There will not be a definition of residency for the purposes of this policy.

Financial Impact: None.

Selection Process and Contract History: Not applicable.

Board Committee: Unanimously recommended by the Governance Committee for approval.

Attachments: None