SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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BOARD OF DIRECTORS' MEETING
AGENDA
THURSDAY, APRIL 7, 2016
REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 First Street West, Sonoma, CA

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk, Gigi Betta at (707) 935.5004/5 at least 48 hours prior to the meeting.	**RECOMMENDATION**	
AGENDA ITEM		
MISSION STATEMENT The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER	*Jane Hirsch, Chair*	
2. PUBLIC COMMENT SECTION At this time, public members may comment on any item not appearing on the agenda. It is recommended that comments be limited 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.	*Jane Hirsch, Chair*	
3. CONSENT CALENDAR A. Regular Board Minutes 3.3.16 B. FC Minutes 2.23.16 C. QC Minutes 2.24.16 D. GC Minutes 2.23.16 E. Policy and Procedures F. MEC Credentialing Report 3.23.16	*Jane Hirsch, Chair*	Action
4. REPORT OF SPECIAL CLOSED SESSION Special Closed Board meeting on March 23, 2016	*Jane Hirsch, Chair*	Inform
5. SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES PRESENTATION	*Stephan Betz, PhD, Director*	Inform
6. FINANCIAL REPORT MONTH ENDING MARCH 31, 2016	*Ken Jensen, CFO*	Inform
7. ADMINISTRATIVE REPORT FOR MARCH 2016	*Kelly Mather, CEO*	Inform

8. OFFICER & COMMITTEE REPORTS <u>Governance Committee</u> • Board Letter and DRAFT Policy Governing Bidding for Contracts (Hohorst)	*Board Members*	Inform/ Action
9. BOARD COMMENTS • SVH Oppose Letter AB 2743 (Hirsch)	*Board Members*	Inform
10. ADJOURN The next Regular Board meeting is May 5, 2016	*Jane Hirsch, Chair*	

3.

CONSENT CALENDAR

SVHCD BOARD OF DIRECTORS
REGULAR MEETING
MINUTES
Thursday, March 3, 2016, 6:00 p.m.

COMMUNITY MEETING ROOM
177 First Street West, Sonoma

	RECOMMENDATION	
MISSION STATEMENT The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.		
1. CALL TO ORDER Regular Session called to order at 6:00pm	*Hirsch*	
MISSION STATEMENT The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.		
2. PUBLIC COMMENT SECTION	*Hirsch*	
3. CONSENT CALENDAR	*Hirsch*	Action
A. Regular Board Minutes 2.4.16 B. FC Minutes 1.26.16 C. QC Minutes 1.27.16 D. GC Minutes 1.26.16 E. Policy and Procedures F. No MEC Credentialing Report		**MOTION** to approve by Rymer and 2nd by Boerum. All in favor.
4. SVH FOUNDATION UPDATE	*Dave Pier, Executive Director, SVH Foundation*	Inform
Mr. Pier summarized the Foundation's progress over the past year including a look at historical revenue 2010-2015, recent accomplishments, and future priorities and projects.		
5. FINANCIAL REPORT FOR MONTH ENDING JANUARY 31, 2016	*Jensen*	Inform
After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for January was ($179,171) vs. a budgeted net loss of ($37,175). The total net income for January after all activity was $19,112 vs. a budgeted net income of $147,362. EBIDA for the month of January was 3.9% vs. the budgeted 6.1%.		
6. ADMINISTRATIVE REPORT FOR FEBRUARY 2016	*Mather*	Inform
The inpatient and emergency satisfaction goals were exceeded in December and the Value Based Purchasing score has returned to the 90th percentile. The staff satisfaction survey is complete and the goal of 86% participation was exceeded. The results of the survey will be		

shared with Hospital leaders in April and with the Board in May. The EBIDA is very good compared to the budgeted goal of 4%. In addition, the Hospital has met the goal for 2016 community hours.		
7. OFFICER & COMMITTEE REPORTS	*Board*	Inform/Action
Governance Committee: • Mr. Hohorst reported the Hospital's legal counsel does not recommend that the Policy Governing Bidding for Facility Contracts move forward as submitted and that the provision regarding the delegation of contracting authority to the CEO be revised. • Mr. Boerum will give an update on the 2016 ACHD Legislation Day at the next Board meeting, April 7, 2016		
8. BOARD COMMENTS	*Board*	Inform
• Over the next couple of weeks, a Special Board meeting may be called to discuss the budget for the establishment of the1206b Clinic. • The SVHCD Board of Directors have invited the newly appointed Director of Sonoma County Health Services, Dr. Stephan Betz, to present at the April 7, 2016 Board meeting.		
9. ADJOURN Regular Session was adjourned 6:40pm	*Hirsch*	
The next Regular Board meeting is April 7, 2016.		

SONOMA VALLEY HEALTH CARE DISTRICT
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, February 23, 2016
Schantz Conference Room

Present	Excused/Absent	Staff	Public
Sharon Nevins, Chair Peter Hohorst Mary Smith Susan Porth S. Mishra, M.D. (by phone)	Steve Barclay Dick Fogg Keith Chamberlin, M.D. Stephen Berezin	Kelly Mather Ken Jensen Gigi Betta Sarah Dungan	Sam McCandless

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION AND VISION STATEMENTS	*The mission of SVHCD is to maintain, improve and restore the health of everyone in our community. The vision of 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's health care journey.*		
1. CALL TO ORDER	*Nevins*		
	Meeting called to order at 5:00pm		
2. PUBLIC COMMENT SECTION	*Nevins*		
	No public comment.		
3. CONSENT CALENDAR	*Nevins*	Action	
	• FC Minutes 1.26.16	**MOTION** by Smith to approve Consent and 2nd by Hohorst. All in favor.	
4. ADMINISTRATIVE REPORT JAN. 2016	*Mather*	Inform	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	• The annual staff satisfaction survey met the 80% participation target details of which will be revealed after a presentation to Hospital Leadership. • The annual community hours' goal was achieved in the first 6 months of the year. • The EBIDA is looking very good as compared to our budgeted goal of 4% and $1.6M in Parcel Tax money augmented the Hospital's *days cash on hand.* • Wellness University is experiencing a lot of support and participation from the Community.		
5. REVIEW BUDGET ASSUMPTIONS FOR FISCAL YEAR 2017	*Jensen*	Inform	
	Mr. Jensen took the Committee through the budget assumptions for fiscal year ending June 30, 2017. Any revisions to the assumptions presented will be brought back to the Finance Committee.		
6. FINANCE REPORT FOR MONTH ENDING JANUARY 31, 2016	*Jensen*	Inform	
	• After accounting for all income and expenses net loss for January was ($179,171) vs. a budgeted net loss of ($37,175). The total net income for January after all activity was $19,112 vs. a budgeted net income of $147,362. • EBIDA for the month of January was 3.9% vs. the budgeted 6.1%. • Future opportunities for revenue include general surgery, IGT and Employer Direct. • Mr. McCandless asked for a status update on accounts payable. Payments over a 45 day net have		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	a greater impact on smaller vendors and they generally call asking for payment after this time. Finance will be turning their attention toward these vendors.		
7. ADJOURN	*Nevins*		
	Meeting adjourned at 5:40pm		

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SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
MINUTES
Wednesday, February 24, 2016
Schantz Conference Room

Committee Members Present	Committee Members Present cont.	Members Not Present	Admin Staff /Other
Jane Hirsch Brian Sebastian, M.D. Carol Snyder Michael Mainardi Cathy Webber	Ingrid Sheets Susan Idell Kelsey Woodward Joshua Rymer Howard Eisenstark		Leslie Lovejoy Robbie Cohen, M.D. Gigi Betta

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
	The meeting was called to order at 5:00pm	
2. PUBLIC COMMENT	*Hirsch*	
	No public comment.	
3. CONSENT CALENDAR	*Hirsch*	Action
• QC Minutes, 1.27.16		**MOTION** by Rymer and 2nd by Idell. All in favor.
4. POLICY & PROCEDURES	*Lovejoy*	Action
• Multiple-Feb. 2016: GL8610-190, PC8610-157, UR8610-100 • Multiple-Feb. 2016: IC8610-131, PC8610-120, PC8610136 • Sweet Success Program: PC6171-193	Dr. Cohen will obtain clarification from Dr. Amara on *Procedure: 2.c. and 2.d.* of the Sweet Success Program.	**MOTION** by Idell and 2nd by Mainardi. All in favor.
5. APPROVE 2016 WORK PLAN	*Lovejoy*	Action
	Ms. Lovejoy will invite Dr. DeMartini to present to the Committee on the new 3D mammography equipment.	**MOTION** by Mainardi and 2nd by Rymer to approve work plan. All in favor.

AGENDA ITEM	DISCUSSION	ACTION
6. QUALITY REPORT FEB 2016	*Lovejoy*	Inform/Action
• Quality & Resource Management Report Feb2016 ➢ AHRQ Culture of Safety Survey Report ➢ 3Q 2015 Good Catch Awards Summary ➢ Development of Quality Management Database	Ms. Lovejoy will send the Culture of Safety Survey to the Committee and the discussion may be continued at the next QC meeting.	
7. CLOSING COMMENTS	*Hirsch*	
	No closing comments.	
8. ADJOURN	*Hirsch*	
9. UPON ADJOURNMENT OF REGULAR SESSION	*Hirsch*	
10. CLOSED SESSION	*Sebastian*	Action
Calif. Health & Safety Code § 32155 • Medical Staff Credentialing & Peer Review Report • Board Quality Dashboard		
11. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
	The Medical Staff Credentialing & Peer Review Report dated February 17, 2016 was approved.	
12. ADJOURN	*Hirsch*	
	Meeting adjourned at 6:30pm	

SONOMA VALLEY HEALTH CARE DISTRICT
GOVERNANCE COMMITTEE MEETING
MINUTES
TUESDAY, February 23, 2016
8:30AM

ADMINISTRATION CONFERENCE ROOM
347 ANDRIEUX STREET, SONOMA, CA 95476

AGENDA ITEM	RECOMMENDATION	
MISSION STATEMENT *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER/ANNOUNCEMENTS Meeting called to order at 8:35am	*Hohorst*	
2. PUBLIC COMMENT SECTION *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the 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.*	*Hohorst*	
3. CONSENT CALENDAR • Minutes from 1.26.16	*Hohorst*	Action **MOTION** to approve by Hohorst. All in favor.
4. POLICY GOVERNING BIDDING FOR FACILITY CONTRACTS The Committee continues to wait a legal reply regarding revisions.	*Hohorst*	
5. ADJOURN Meeting adjourned at 9:05am	*Hohorst*	

3.E.

Policy & Procedures

- ✓ PC8610-165 *Sara Lite Sit to Stand* lift
- ✓ 8640-173 Neutropenic Precautions
- ✓ 8640-174 Credit Card Use in Café
- ✓ IC8610-140 Infection Prevention Program
- ✓ CE8610-151 Injury Prevention Program
- ✓ IC8610-141 Influenza Vaccine Program
- ✓ QA8610-106 PI Improvement Plan
- ✓ Feb. 2016 Multiple Pharmacy Policies

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POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

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

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

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

Organizational: **PC8610-165 Sara Lite Sit-to-Stand Lift -New**	
APPROVED BY:	DATE: **2-17-16**
Director's/Manager's Signature	Printed Name **Mark Kobe, RN MPA**

Michael Brown, MD
Chair Surgery Committee

3-9-16
Date

Douglas S Campbell, MD
Chair Medicine Committee

3/10/16
Date

Leslie Lovejoy, RN PhD
Chief Quality Officer

Date

Kelly Mather
Chief Executive Officer

Date

Jane Hirsch
Chair, Board of Directors

Date

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Policy Submission Summary Sheet

Title of Document: **New Organizational Policy**

New Document or Revision written by: **Chelsey Holdsworth, PT**

Date of Document:

Type:	**Regulatory:**
❑ **Revision** X **New Policy**	X **CIHQ** X **CDPH** X **CMS** ❑ **Other:**
Organizational: X **Clinical** X **Non-Clinical**	❑ **Departmental** ❑ **Interdepartmental** (list departments effected)

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

PC8610-165 Sara Lift Sit-to-Stand Lift – New Policy; guidelines for the use of Sara Lite Sit-to-Stand Lift and the applicable slings

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	2/16/2016	Yes	
Surgery Committee	3/02/2016	Yes	Chelsey to present
Medicine Committee	3/10/2016	yes	
P.I. or P. T. Committee	n/a		
Medical Executive Committee	3/17/2016	yes	
Board Quality	3/23/2016		
Board of Directors	4/07/2016		

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SUBJECT: Sara Lite Sit-to-Stand Lift – NEW POLICY	POLICY # PC8610-165
	PAGE 1 OF 5
DEPARTMENT: Rehabilitation	EFFECTIVE: 12/15
APPROVED BY: Director of Ancillary Services	REVISED:

Purpose:

To establish guidelines for use of Sara Lite Sit to Stand Lift and the applicable slings.

Policy:

The Sara Lite Sit-to-Stand Lift is intended for use with patients who:
- Can sit in a wheelchair
- Can bear partial weight through at least one lower extremity
- Has some amount of trunk stability
- Is dependent on caregivers for most situations or is physically demanding for caregivers
- Has a significant need for stimulation outside of bed

Rehab or Nursing staff must evaluate patient's appropriateness for use of lift prior to use. Pts unsuitable for standing transfers or seated positions are not appropriate for use of this device.

Lift Operational Life= 7 years or 10,000 transfers
Lift slings operational life=
- Flites = Disposable sling, 3 weeks of use without being soiled or damaged. 5 years total from manufactured date for unopened, unused disposable slings.
- Active Slings= Reusable sling, 3 years from manufacture date on sling.

Stop use immediately if any sling is damaged (ie. fraying, tearing) or if there is damage (ie. cracking, bending, and breaking) to the attachment clips.

Wt Limits:
- Sara Lite Lift=175 kg or 385 lb
- Active Sling= 175 kg or 385 lb
- Flites Slings= 200 kg or 440 lb

Procedure:

- Hand Control operations
  - Pictures depicted on hand control correspond to the actions for opening and closing the chassis legs
  - Pictures depicted on hand control correspond to the actions for raising and lowering the lift.
- Raising and Lowering a patient

- Patient can be raised or lowered by use of the hand controls or as a secondary by the direct controls on the lift itself.
- The lift will only operate while the buttons are pressed and will stop when released.

- Brake use
  - Foot brakes are located on both rear castors. Push down on rear portion of pad to engage brake, lift up with toe or push down on front portion of pad to disengage brake.
  - Brakes should be used when:
    - Lifting a patient from bed/chair/other
    - When transferring patient and movement stopped.
  - Brakes should NOT be used when:
    - Lowering a patient to maintain proper center of gravity for lift.
- Emergency Shut-off
  - Operator can engage emergency shut-off at any time by pushing the RED button on the lift to stop the lift.
  - Alternately the RED release button on the battery can be pushed to disengage battery power and stop the lift.
  - To reset the lift, push the GREEN button or reinsert the battery.
- System Failure (Emergency Lowering)
  - In the case the Sara Lift has full system failure and the lift becomes stuck in the raised position, pull up on the slide control located on the actuator (hydraulic arm).
  - The lift will only lower while the slide control is being pulled up and suitable force (patient weight, lift operator force) is being pushed down through actuator.
- Transferring a Patient
  - If the patient cannot hold the support arms of the lift have a second person present for transfer.
  - Patient must always be transferred with use of a sling.
  - Lift should never be maneuvered using the support arm, boom or actuator.
- Lifting a Patient
  - Lifting a patient by means of the Sara Lite lift may be done with any seated patient regardless of sitting surface.
  - Standing sling must be applied properly prior to lifting.
  - Sling Application:
    - Pt should be clothed to allow barrier between sling and skin.
    - Top of sling can be identified by the soft padding on the lateral portions of the sling.
    - Place the sling around the patient's lower back and lean pt forward as needed to position sling properly.
    - Position the bottom of the sling horizontally about 2 inches above the waistline, with patient arms outside of the sling.

        - Secure support belt buckles or Velcro so that the support belt is tight, but comfortable for the patient.
    - Align the Sara Lift with the patients sitting surface.
        - Open lift legs as needed to position lift close enough for foot contact with the foot plate.
        - Raise or lower lift support arms as needed for proper height to attach sling clips.
    - Apply sling clips to lift, fasten by pulling down to secure.
      ***Make sure sling clips are securely attached and at proper height for proper sling use. Clips should be at level heights
    - Position feet to foot plate and at knee pad. Adjust knee pad to just below knee or at the height of the inferior pole of the patella. Secure lower legs with Velcro strap.
    - Apply rear castor brakes when ready to lift patient.
      The patient's body should be supported under the armpits, around the chest and lower back. The feet should stay firming supported on foot plate. ***Stop lifting and lower patient if feet rise from foot plate.
    - The patient must hold one or both of the support arms. Encourage patient to assist as much as they can. If they can only hold with one arm, have second caregiver assist with positioning and maintaining safety with hanging arm.
    - If patient can fully stand sufficiently with lift assist, knees may come off of knee support.
    - Use the "up" button on the hand control or lift to raise the patient.
    - Transfer the patient to desired sitting location.
    - Make sure that chassis legs are in fully closed position by using the hand controls to adjust before moving lift.
    - Use the "down" button on the hand control or lift to lower patient to sitting.
      Do not apply rear castor brakes before lowering patient. This allows lift to keep proper center of gravity during patient movement. ***Take care with when lowering patient to keep support arms clear of patient to avoid potential injury.
    - Once patient is seated remove attachment clips from lift and undo chest strap of sling.
- Sara Lift care and maintenance:
    - Battery to be maintained on charging wall unit at all times outside of use. Remove from unit and apply to lift for use. Remove battery from lift by pushing RED release button and reapply to wall unit when finished using lift.
    - Battery to be maintained in REHAB office and Lift to be maintained in REHAB supply room.
    - Slings to be maintained with lift in REHAB supply room.
    - Lift to be inspected by qualified technician once yearly.
    - Lift to be cleaned and inspected for safe working use before each use.

- Clean lift between patient uses and when visibly soiled with hospital hydrogen peroxide wipes. Use bleach only when required for proper cleaning (IE: precaution room).
- Slings:
  - Sara Lite Active Sling=Must be machine washed between patient use. Close all buckles and Velcro closures prior to washing. Wash at 158 deg F. Do NOT: wash with other items, tumble dry, use mechanical pressure during drying, use bleach, use gas sterilization, use autoclave, dryclean, steam or iron.
  - Sara Lite Flites Slings=Are not washable and are single patient use only. Dispose of sling after use (IE: patient discharges, sling is used for 3 weeks, sling becomes soiled)

- Sling assignment:
  - ***Active sling*** to be assigned to patient with sticker on pink wrist band on sling and left in patient room. When pt discharges use, wrist band to be removed and sling to be laundered.
  - ***Flites sling*** to be assigned to patient with patient name written on sling tag. Flites to be used with pts on precautions or as alternative to active sling if already in use.

Reference:

- ArjoHuntleigh
www.ArjoHuntleigh.com
- Sara Lite Instructions for use, March 2014
http://www.arjohuntleigh.us/products/download-document/?docid=d653f120-68c3-4a4f-b935-da358ca57513&name=Sara-Lite-Instruction-for-Use---001.20058.XX-rev.-10#.VmcxVeLpAzI.email
- Sara Lite Active Sling Instructions for use, October 2014
- Flites Sara Instructions for use, November 2011

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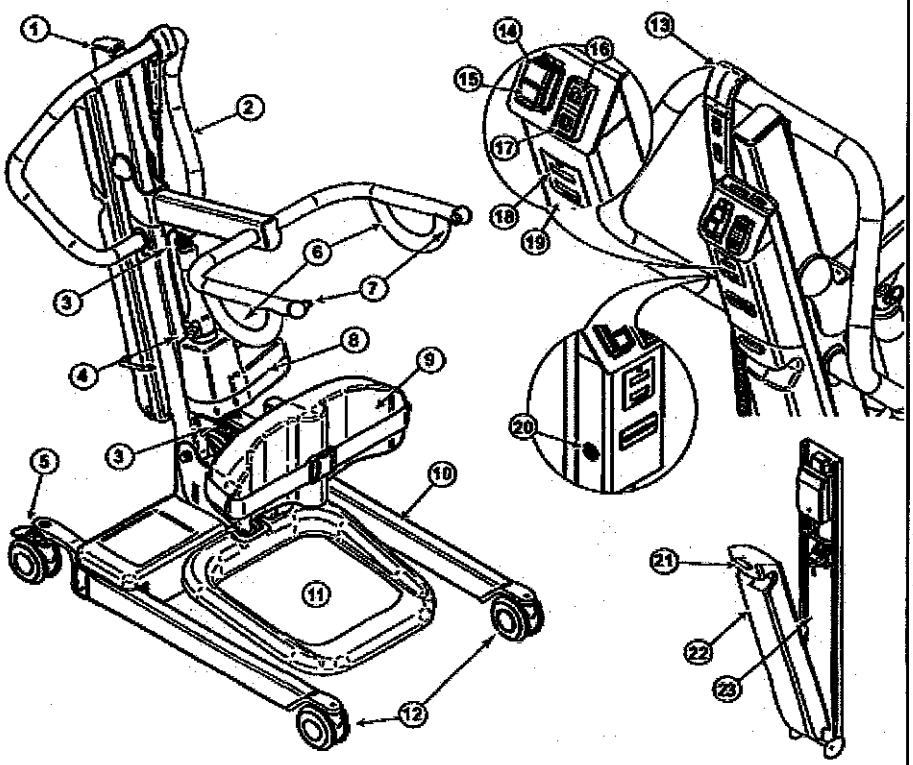
SUBJECT: Sara Lite Sit-to-Stand Lift – NEW POLICY	POLICY # PC8610-165
	PAGE 5 OF 5
DEPARTMENT: Rehabilitation	EFFECTIVE: 12/15
APPROVED BY: Director of Ancillary Services	REVISED:

Part Designation

SARA LITE Floor Lift and Battery Station



Legend

1) Mast
2) Maneuvering handle
3) Splitrings
4) System failure lower override
5) Rear castors with brakes
6) Patient support arms
7) Clip attachment points
8) Motor/actuator
9) Knee support
10) Adjustable chassis legs
11) Footsupport
12) Front castors
13) Hand control
14) Emergency stop button (red)
15) Power button (green)
16) Raise button
17) Lower button
18) Hour meter
19) Battery charge indicator
20) Hand control connector
21) Battery release button
22) Battery pack
23) Battery charger

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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: **8640-173 Nutritional Services Neutropenic Precautions –New Policy** **8640-174 Credit Card Use in the Cafe**	
APPROVED BY:	DATE: **2-17-16**
Director's/Manager's Signature Robert Harrison	Printed Name **Robert Harrison, CDM CFPP**

Douglas S Campbell, MD
Chair Medicine Committee

3/17/16
Date

Keith J. Chamberlin, MD MBA
President of Medical Staff

3/17/16
Date

Kelly Mather
Chief Executive Officer

Date

Jane Hirsch
Chair, Board of Directors

Date

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Policy Submission Summary Sheet

Title of Document: **Food & Nutrition Department Policy**

New Document or Revision written by: **Allison Evanson, MS RD**

Date of Document: **1-26-16**

Type:	**Regulatory:**
❑ **Revision** X **New Policy**	❑ **CIHQ** X **CDPH** X **CMS** ❑ **Other:**
Organizational:	X **Departmental**
X **Clinical** X **Non-Clinical**	❑ **Interdepartmental** (list departments effected)

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

8340-173 Nutritional Services Neutropenic Precautions- New Policy; to provide standards for food preparation and delivery for patients with "neutropenic" precautions as part of their diet order. This will be accompanied by the addition of a "neutropenic" precautions diet order as part of the physician diet order set

8340-174 Credit Card Use in the Café- New Policy; Credit card purchases will not need a signature unless the transaction is greater than or equal to $15.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	**1/19/2016**	Yes	
Surgery Committee	n/a		
Medicine Committee	**3/10/2016**	Yes	Allison to present
P.I. or P. T. Committee	n/a		
Medical Executive Committee	**3/17/2016**	Yes	
Board Quality	**3/23/2016**		
Board of Directors	**4/07/2016**		

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SUBJECT: Credit Card Use in the Cafe	POLICY #8340-173
	PAGE 1 OF 1
DEPARTMENT: Food and Nutrition Services	EFFECTIVE: 2//16
APPROVED BY: Food and Nutrition Services Manger	REVIEW/REVISED:

Purpose:

This policy will define the process for accepting Credit Cards for payment in the Café.

Policy:

It is the policy of the Food and Nutrition Services department to accept Credit Card Payments for purchases in the Café. Security of patron's information is the highest priority and FNS will follow the recommendations of Payment Card Industry Data Security Standards (PCI DSS)

Procedure:

When patrons present credit cards for payment the cashier will swipe the card through the card reader on the cash register monitor. Any transactions over $15.00 will require the patron to sign the receipt. The receipt is sent to Finance at the end of the day. Any card purchase under $15.00 does not require a signature. The Food and Nutrition Services Manager will handle all discrepancies brought to the department's attention. Resolution of discrepancies will be done on an individual basis. The Food and Nutrition Services Department does not accept Debit Cards and cannot include cash back with transactions.

Reference:
PCI DSS v3.1 SAQ A, Rev. 1.1 July 2015

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SUBJECT: Nutritional Services Neutropenic Precautions	POLICY # 8340-173
	PAGE 1 OF 2
DEPARTMENT: Food and Nutrition Services	EFFECTIVE: 1/16
APPROVED BY: Food & Nutritional Services Manager	REVISED:

Purpose:
To provide a standardized method for preparing and serving meals with Neutropenic precautions ordered as part of the diet order.

Policy:
Provide meals appropriate for clients with Neutropenia in accordance with guidelines on Neutropenic precautions. Neutropenia results in a weakened immune system and increased risk for food borne illness. The patients most at risk include patients: cancer, severe infection, bone marrow disorders, autoimmune disorders, viral infections that disrupt bone marrow, and use of drugs that destroy bone marrow or neutrophils.

Procedure:
1. The Diet Clerk will identify the patient with a diet order for 'Neutropenic Precautions' prior to tray line.
2. The Diet Clerk will alert all kitchen staff that this meal will be prepared first.
3. All kitchen staff will follow the proper Hazard Analysis Critical Control Point (HACCP) food safety protocol: discard products past the expiration date, cook all foods to standards temperatures, and practice proper hygiene.
4. Delivery:
    a. This tray will be delivered solo, in its own tray cart, by a designated staff member.
    b. The staff member will deliver the tray immediately after it is ready, and will wear gloves during the delivery.
    c. On the floor, the staff member will check in at the nurse's station and allow them to pass the tray.
    d. The staff member will return the cart to the kitchen and resume normal tray line duties.

Foods to Avoid For Patients with Neutropenic Diet Order:
1. Raw, uncooked fruit
    a. House made fruit cups
    b. Sliced fruit
2. Raw, uncooked vegetables
    a. Salad
    b. Raw vegetable snacks
3. Live culture yogurt
4. Garnishes
    a. Flowers
    b. Herbs
    c. Raw fruit
5. Bulk Items

   a. Anything scooped out of a large bag, tub, carton or box
   b. Examples: nuts, cottage cheese from the carton, iced tea, smoothies

Foods Permitted for Patients with Neutropenic Diet Order:

1. Anything individually sealed or vacuum packed and intended for single serving use
   a. Juices
   b. Milk cartons
   c. Assorted cereals
   d. Pre-packaged fruit cups
   e. Pudding cups
2. Pasteurized, individually sealed dairy products
   a. Except yogurt, as stated above.
3. Pasteurized eggs with yolks fully cooked
   a. Scrambled eggs
   b. Hard boiled eggs
4. Hot items cooked to standard temperature
   a. Hot entrees
   b. Soups
   c. Breakfast cereals
   d. Coffee
   e. Hot tea, NO LEMON

Reference:

- http://www.mayoclinic.org/symptoms/neutropenia/basics/definition/sym-20050854
- www.nutritioncaremanual.org

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

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

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

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

Organizational: **IC8610-140 Infection Prevention Program, Annual Evaluation IC Program 2015 Infection Prevention Risk Assessment and Goals for 2016**	
APPROVED BY:	DATE: **2-11-16**
Director's/Manager's Signature Kathy Mathews RN, CIC	Printed Name **Kathy Mathews, RN CIC**

Brian Sebastian, MD
Chair, P.I. & P.T. Committees

2/25/16
Date

Keith J. Chamberlin, MD MBA
President of Medical Staff

3/17/16
Date

Kelly Mather
Chief Executive Officer

Date

Jane Hirsch
Chair, Board of Directors

Date

SONOMA VALLEY HOSPITAL
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Policy Submission Summary Sheet

Title of Document: **Organizational Policies**

New Document or Revision written by: **Kathy Mathews, RN CIC**

Date of Document: **2-11-16**

Type:	**Regulatory:**
X Revision **❑ New Policy**	**X CIHQ** **X CDPH** **X CMS** **❑ Other:**
Organizational: **X Clinical** **X Non-Clinical**	**❑ Departmental** **❑ Interdepartmental** (list departments effected)

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

IC8610-140 Infection Prevention Program –
- Revised; no substantive changes in 2016.

Annual Evaluation of the Infection Prevention Program 2015 –.
- the initiatives attempted in 2015 and the evaluation of effectiveness

Infection Prevention Risk Assessment and Goals for 2016 – includes:
- a table with quantitative assessment of the components of the Infection Prevention Program for 2016
- goals of the program for 2016

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	n/a		
Surgery Committee	n/a		
Medicine Committee	n/a		
P.I. Committee	**2/25/2016**	yes	Kathy to present
Medical Executive Committee	**3/17/2016**	yes	
Board Quality	**3/23/2016**		
Board of Directors	**4/07/2016**		

Sonoma Valley Hospital
ANNUAL EVALUATION OF THE INFECTION PREVENTION PROGRAM 2015

PURPOSE
To evaluate the effectiveness of the infection prevention program and to identify those activities that are effective, as well as those activities which require modification so as to improve care and services in 2016.

PROGRAM GOALS
The goals of the 2015 infection prevention program were:

- Prevention or reduction of risk from unprotected exposure to pathogens throughout the hospital
- Preparing for possible Ebola Viral Disease in Sonoma County
- Reinforcing appropriate hand hygiene practices by staff, patients and visitors
- Promoting cough etiquette and influenza prevention
- Annual influenza immunization campaign results in improved immunization compliance
- Minimizing the risk of transmitting infections with the use of procedures, medical equipment and medical devices
- Maintaining a sanitary environment to reduce the risk of fomite-associated infections and communicable diseases
- Implement a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel including Central Line Associated Bloodstream Infection (CLABSI), Ventilator Associated Events(VAE), Symptomatic Urinary Tract Infection (SUTI), Catheter Associated Urinary Tract Infection (CAUTI), Multi-drug Resistant Organism (MDRO), and hospital-acquired pneumonia in accordance with California Department of Public Health (CDPH), National Health and Safety Network (NHSN), and CIHQ requirements
- Ensuring that the hospital-wide quality, performance improvement and training programs address problems identified by infection prevention personnel, and that subsequent corrective action plans are successfully implemented
- Participation in the Performance Improvement poster session with the focus of Ebola preparation.
- Implementing Hospital Acquired Infection (HAI) prevention measures in accordance with SB 739, SB 158, SB1058 and CIHQ standards
- Complying with Cal/OSHA regulations including Bloodborne Pathogen and Aerosol Transmissible Disease Standards

PROGRAM SCOPE
The scope of the infection prevention program addresses all pertinent services and sites of care in the organization. The scope of the program in 2016 will include the Cancer Support Services.

INFECTION CONTROL RISK ASSESSMENT
The organization conducts a periodic assessment of the risk(s) for transmission and acquisition of infectious agents. This risk assessment incorporates an analysis of the following:

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
2. The results of the organization's infection prevention and control data.
3. The care, treatment, and services provided.

The risk analysis is conducted / reviewed at least annually and whenever there is a significant change in any of the above factors. The most recent risk assessment required the following changes in the infection control program:

Assessed Risk	Changes to Program Activities
Hospital onset CDI risk increased in Nov/Dec 2015	Education, early implementation of contact/enteric isolation, routine disinfection using bleach (ICU), Xenon robot disinfection for all discharges in ICU

Multiple unprotected exposures in the ED prior to influenza diagnostic testing results	Inservice education for ED and nursing staff on use of empiric Droplet Isolation precautions for all pts with influenza like illness during influenza season. Counseling by nurse manager on appropriate documention in EMR of droplet isolation.
Hand hygiene audits revealed a need for improvement	Provide a hand hygiene campaign in 2016. Continue tracking and trending hand hygiene compliance and report back to all stakeholders and pertinent committees.
CDI rate in 2015 above benchmark in acute care. (SNF was well below benchmark.)	Continued vigilance and communication about appropriate antibiotic, PPI and probiotic use with through the Antimicrobial Stewardship Program and alerts in the EMR. Promote ingestion of live culture yogurt or probiotics for patients receiving antimicrobials. Inform physicians about risk of PPI drugs taken with antimicrobials.

EMERGING / REEMERGING PROBLEMS IN THE HEALTHCARE COMMUNITY
The organization keeps abreast of infection control related issues occurring in the healthcare community. This is accomplished by reviewing the following:

1. Notices from the public health department
2. Notices and recommendations from the Center for Disease Control
3. Current literature and recommendations from professional organization's as well as accrediting and regulatory agencies.

Based on this review, the following infection control issues were identified in the healthcare community. The organization's response to these issues is also noted below.

Issue Identified	Organization Response
Sonoma Co. ID Task Force focusing on CDI rates. Establishing a work group. CalHEN has a CDI collaborative	Participate in Sonoma DPH CDI project and the Cal HEN CDI collaborative.
Community outbreaks of pertussis in recent years. Tdap recommended not required at SVH. ED and Birthplace compliant.	PI Committee suggested that Tdap be required for health care workers in patient care. Employee Health plans to implement for all patient care staff in 2016.

SUCCESS OF INFECTION CONTROL INTERVENTIONS
The organization undertook several initiatives to prevent and control infection during the evaluation period. A summary of the effectiveness of significant interventions is noted below.

Initiative / Intervention	Determination of Effectiveness
Clostridium difficile infection prevention project	Improvement in CDI evident until Nov. Goal=CDI rate at or below 7.4. SNF CDI rate 2. Acute 12 and above benchmark due to cluster in 4th quarter
CAUTI prevention	Revised P&P, education of staff, improved EMR for foley necessity check. CAUTI rate above benchmark. Retain as an initiative in 2016
Continued central line infection prevention procedures and monitored CLIP forms for consistent practice	Zero CLABSI in 2015. Very effective program.
Reduce the risk of MRSA and VRE BSI. Maintain an active Antimicrobial Stewardship Program.	Zero HA MRSA or VRE BSI in 2015. Antibiogram stable. Very effective program.
Low SSI rates. Surgeon reporting of SSIs. Participate in CDPH SSI validation study.	Overall SSI rate < 1%. 50% fewer SSIs in 2015. No total hip SSIs. Total knee SSI rate 2%. Surgeon reporting 100% in 4th quarter. Implement

	CHG wipes vs Hibiclens shower for all total joint pts in 2016.
Reduce Immediate Use Steam Sterilization	Got new IUSS trays. Rate decreased from18% in 1st quarter to 4% in 4th quarter. Very effective in reducing IUSS.
VAP prevention	No VAP in 2015.

INFECTION PREVENTION AND CONTROL GUIDELINES
The organization evaluates relevant infection prevention and control guidelines that are based on evidence or, in the absence of evidence, expert consensus. This is accomplished by reviewing:

1. Notices from the public health department
2. Notices and recommendations from the Center for Disease Control
3. Current literature and recommendations from professional organization's as well as accrediting and regulatory agencies.

Based on this review, the following relevant guidelines were reviewed. The organization's response is also noted below.

Guideline Evaluated	Actions Taken
SB 739, SB 158, SB 1058	Compliance with all CDPH requirements.
Prevention of MDRO, CLASBI, SSI	Compliance with all CIHQ met. MRSA + nares patients no longer being isolated. No clusters of MRSA noted.
HAI reporting	Reporting required data to NHSN/CDPH on a quarterly basis and influenza immunization annually

DETERMINATION OF EFFECTIVENESS
Based on the information noted above, the infection prevention program was determined to be effective in implementing its activities during the evaluation period. Activities which require improvement will be addressed by the program during the upcoming evaluation period.

WHERE THIS REPORT WILL GO
This report will be submitted to the Performance Improvement Committee. This committee is charged with overseeing the infection control program as well as the patient safety program.

REFERENCES
CIHQ Standards, CDC guidelines

Sonoma Valley Hospital
Infection Prevention Risk Assessment and 2016 Goals

BACKGROUND
As part of its commitment to quality care and service, Sonoma Valley Hospital, conducts a risk assessment for transmission and acquisition of infectious agents. This risk assessment incorporates an analysis of the following:

1. The geographic location and community environment of the organization, the programs and services provided, and the characteristics of the population served.
2. Analysis of surveillance activities and the results of the organization's infection prevention and control data.
3. Infection prevention standards recommended by Center for Improvement in Healthcare Quality (CIHQ), CDPH. Cal/OSHA, CDC and other regulatory bodies.
4. The patient care, treatment, and other services provided by SVH and the inherent risk therein.

SCOPE OF ASSESSMENT
This risk assessment is organization-wide in scope. It covers inpatient acute medical/surgical, emergency, intensive care, maternal/newborn and skilled nursing units, ancillary services, as well as ambulatory care settings, Cancer Support, outpatient care settings and Healing at Home.

PROCESS
The risk analysis is conducted at least annually and whenever there is a significant change in the scope or services. The assessment is facilitated by the Infection Preventionist and presented to the Performance Improvement Committee for review and approval.

Once risks are identified, the organization prioritizes those risks that are of epidemiological significance. Certain risks are automatically prioritized based on their nature, scope, and impact on the care, treatment, and services provided. These risks are outlined in this document as well.

Specific strategies are developed and implemented to address the prioritized risks. These strategies may take the form of policy and procedure establishment, surveillance and monitoring activities, education and training programs, environmental and engineering controls, or combinations thereof. Strategies may differ in approach, form, scope, application, and/or duration depending on the specific risk issue, the care setting(s), and environment involved,

ASSESSMENT FINDINGS / MITIGATION STRATEGIES
The table below outlines the prioritized risks identified as the result of the assessment; provides a brief description of those risks, assigns a risk level (L=low, 1point., M=medium, 5 points., or H=high, 10 points) based on the care setting*, outlines – in summary form – actions that have been or will be taken by the organization to address the risks, and how the organization will evaluate the effectiveness of actions taken:

Care Settings Legend*
I = Inpatient services including medical surgical, critical care, maternal / child, surgery, and other care units
A = Ambulatory care services such as outpatient surgery, procedural and diagnostic services, and the Emergency Department
O = Outpatient services including rehabilitation clinics and other services
H = Home Health
L = Skilled Nursing Facility

Prioritized Risk Description	Care Setting / Risk Designation (See legend)					Summary of Risk Mitigation Strategies	Goals/How the Effectiveness of the Strategies is Evaluated
	I	A	O	H	L		
Transmission of infection associated with non-compliance with CDC guidelines and CIHQ recommendations for hand hygiene (HH). 50 points	H	H	H	H	H	Information given to patients on admission on the importance of HH. HH education included in hospital and nursing orientation and annual Healthstream education. HH compliance rounds conducted by Infection Preventionist and department champions to obtain hospital-wide compliance data.	Goal is >90% compliance Assess compliance rate and report to PI committee, department managers and staff during hospital orientation.
Unprotected exposure to pathogens throughout the organization through potential non-compliance with standard precautions, empiric precautions, transmission-based precautions or other infection prevention measures e.g., breach in aseptic technique in Surgery, vaccination non-compliance (influenza, Tdap). 35 points	M	H	M	M	H	Staff confirm immunity status at time of hire (MMR, varicella, hepatitis B). TB testing annually. Infection Prevention training provided during orientation and annually through Healthstream. Inservice education to physician and nursing staff prior to influenza season to prevent exposures. Post appropriate posters during influenza season. Promote respiratory hygiene and cough etiquette in waiting areas and lobby. Patient education given on admission on 'covering your cough'. Monitor isolation practices for appropriate placement, precautions and adherence to policies.	Goal: 1.90% Influenza immunization compliance by staff and physicians. 2. Zero cases of HAI influenza. 3.Require Tdap immunization pt. care providers 3.Influenza immunization compliance is reported to CDPH and the aforementioned committees. 4. 100% compliance with masks for epidural placement. Hospital-acquired infections are reported to Medicine, Surgery, Quality Board, P&T as needed and PI committee. Communicable disease exposures and clusters of infection are investigated, tracked and reported to PI

						Masks are worn by Anesthesia when performing epidurals. Investigate exposures and/or clusters of infections. Process in place for notification of patients placed in isolation.	Committee and other committees as appropriate.
Potential for transmission of infection related to procedures, medical equipment, and medical devices related to appropriate storage, cleaning, disinfection, sterilization, reuse and/or disposal of supplies and equipment, as well as use of personal protective equipment. 35 points	H	H	M	N A	H	Central Sterile Processing monitors QA logs on autoclaves, immediate use sterilizer, temperature logs, and the endoscope processing equipment on a daily basis. Medical Imaging utilizes the Trophon disinfection system. Endoscopy equipment is reprocessed in accordance with manufacturer's recommendation EVS training on IC for proper daily, OR, and terminal room cleaning.	Goal: 1. Reduce 2015 rate of immediate use sterilization. 2. Confirm compliance with Endoscope reprocessing. Quarterly Immediate Use Sterilization report submitted to PI committee and Surgery Committee. Check for ongoing compliance with maintaining QA logs, appropriate cleaning, storage, disinfection, sterilization, reuse, and/or disposal of waste, supplies and equipment during Infection Prevention rounds.
Multi use vials (MUV) have the potential risk of contamination without proper handling 25 points	M	M	M	M	M	MUVs must be kept in the medication prep area rather than the pts room. MUVs are dated when opened and discarded by day 28.	Infection Prevention rounds to confirm that there is compliance with strategies by Nursing, Anesthesia, OR. Report to PI Committee.
Potential for infection in ambulatory care and outpatient settings due to potential prolonged wait times in common areas and potential exposure to infectious individuals. 21 points	N A	H	H	L	N A	Respiratory hygiene and cough etiquette signage posted in all inpatient, ambulatory care and outpatient waiting areas (including offsite radiology and outpatient	Goal: 100% of patient waiting areas have signage and supplies to promote cough etiquette. Monitor for evidence of exposures to infectious

						rehab services). Alcohol gel, face masks, and facial tissues available to patients in waiting areas and lobby. ED patients are screened for obvious signs of contagious disease and appropriate control measures are taken for those who may present a risk of transmission of infectious agents.	individuals and follow up as appropriate. Outpatient departments are responsible for reporting any noncompliance issues to infection preventionist for follow up as appropriate. Issues may be identified during Infection Prevention rounds as well.
Community-wide outbreaks of communicable diseases e.g., pandemic influenza, pertussis, that carry the potential of adversely impacting operations and service capabilities 50 points	H	H	H	H	H	The Infection Preventionist is an active member of the Infectious Disease Task Force facilitated by the Deputy Health Officer of Sonoma County on a bi-monthly basis. Health alerts are received from the Public Health Department. On email lists and CAHAN for notification of any potential emergencies. Remain in close communication with the communicable disease control nurses at the Sonoma County Public Health Department. Policies/Guidelines in place for outbreak management. Recommendations and guidelines set forth by the DPH for various diseases (e.g. Norovirus, Influenza, Pertussis, possible EVD) are available and	Goal: 1. Infection Preventionist attends 90% of ID Task Force meetings and shares health alerts and other pertinent information with appropriate staff. 2. Evaluate all infectious clusters or outbreaks in a timely manner. Assess compliance with public health guidelines and recommendations. Prepare an action plan to interrupt the cluster/outbreak. Tdap, Hepatitis B, Influenza, MMR, and Varicella vaccination required for employees in accordance with Cal/OSHA regulations and CDC recommendations. Staff Influenza vaccination rates monitored and reported to NHSN as required by Ca law. TB testing performed annually and as needed post exposure.

						followed during an outbreak.	
Potential for a bioterrorism (BT) event that would require specific responses from the organization to successfully meet the threat. 25 points	M	M	M	M	M	BT response plan and the plan to manage an influx of infectious patients are included in the Emergency Operations Plan for SVH. Maintain communication with CDPH for updates and alerts.	Goal: 1. IP attends 90% of Emergency Management Committee meetings and actively participates in emergency preparedness 2. Evaluate and update plans as necessary.
Acquisition and transmission of multi-drug resistant bacteria that carry the potential for healthcare associated MDRO infections among patients and staff. • MRSA 25 points	M	M	M	M	M	Contact precautions initiated for all patients currently infected or with a history of MRSA (not required for nares colonization). Patients are flagged in the system for identification and isolation on subsequent admissions. Develop a policy, consistent with CDC MDRO recommendations to discontinue isolation following appropriate testing. . Hospital Acquired MRSA cases are tracked and reported. Active surveillance cultures for MRSA obtained on designated "high risk" patients as required by SB 1058.	Goal: 1. Hospital Acquired MDRO cases are identified and reported quarterly to PI and appropriate medical staff committees. 2. 100% of HAI MRSA bacteremia cases are reported to CDPH including all cases identified in the ED in 2015. 3. Monitor for any clusters of MDRO infections associated with changes in isolation practices. 6. Pts colonized with MRSA are informed in accordance with SB 1058.
• VRE 25 points	M	M	M	M	M	Contact precautions initiated for all patient infected or colonized with VRE. Patients are flagged in the system for	Goal: 1. 100% of HAI VRE bacteremia cases are reported to CDPH including all cases identified in the ED. Hospital Acquired

						identification and isolation on subsequent admissions. Develop a policy, consistent with CDC MDRO recommendations to discontinue isolation following appropriate testing. This will need review and approval by PI Committee and other committees as appropriate. Hospital Acquired VRE cases are tracked and reported. VRE bacteremia that is detected in the ED as well as after admission is required reporting to NHSN in 2015.	MDRO cases are identified and reported quarterly to PI and appropriate medical staff committees.
• ESBL 25 points	M	M	M	M	M	Contact precautions initiated for all patients infected or colonized with ESBL. Patients are flagged in the system for identification and isolation on subsequent admissions. Develop a policy, consistent with CDC MDRO recommendations to discontinue isolation following appropriate testing. This will need review and approval by PI Committee and other committees as appropriate. ESBL cases are tracked and reported.	Goal: 1. Monitor for any clusters of MDRO infections associated with changes in isolation practices . 2. Assess the cost savings realized by decreasing use of isolation supplies in 2015. ESBL rates are reported quarterly to PI and appropriate medical staff committees.
• CDI	M	M	M	M	H	Contact/Enteric precautions initiated for	Goal: 7.4 CDI per 10,000 patient days.

25 points						all patient with diarrhea until cause is determined to be noninfectious, or pt. completes treatment for CDI and symptoms subside. Environmental disinfection of the isolation room utilizing bleach. Use of handwashing rather than alcohol-based hand sanitizer. Daily antibiotic rounds by Dietary, live culture yogurt/probiotics administered until 48 hours after antibiotics are discontinued and recommend DC PPI for patients on antibiotics. Encourage patient education for patients prescribed antibiotics in the Emergency Department. Review of cases of concern in ASP weekly with MDs. Hospital Acquired CDI cases are tracked, trended, and reported.	The ASP program includes weekly review of pts on antibiotics, annual antibiogram and preoperative antibiotic recommendations to promote antimicrobial stewardship and CDI prevention. Hospital Acquired CDI cases are identified and reported quarterly to PI and appropriate medical staff committees. CDI cases are reported to CDPH including cases identified in ED (new 2015).
• Infection Prevention policies and procedures reflect current CIHQ standards. 25 points	M	M	M	M	M	Allocate adequate time to review and revise IP policies and procedures by 2016.	Goal: Review and revise IP policies and procedures as required. Introduce new policies and procedures as indicated by IP literature, changes in the law or community standard.
Potential for the following based on the results of surveillance and other data, review of the literature, patient population, and scope of services provided.							
• Central line associated bloodstream infections	M	M	L	M	M	Central line bundle in place, including	Goal: Review 100% of CLIP forms and follow

(CLABSI) 21 points						Biopatch. CLIP monitoring for ICU central line insertions and reported to NHSN. Daily review of line necessity and line removal asap.	with clinician whenever CLIP is not performed correctly. Goal: CLABSI rates at or below NHSN benchmarks. CLABSI rates are reported quarterly to PI committee and appropriate medical staff committees.
• Ventilator Associated Event (VAE) 9 points	M	L	L	L	L	VAP bundle in place in ICU in collaboration with RT.	Goal: VAE are below NHSN benchmark. Reported quarterly to PI committee and appropriate medical staff committees.
• Catheter associated UTI (CAUTI) 21 points	M	M	L	M	M	Daily review of catheter necessity to remove asap based on criteria. Include criteria in EMR. Vitamin C given to appropriate patients to reduce risk of UTI.	Goal: Reduce CAUTI rates to NHSN benchmarks. Reported quarterly to PI committee and appropriate medical staff committees.
• Surgical Site Infections (SSI) 21 points	M	M	L	M	M	SCIP bundle measures in place Elevated SSI rates (by procedure group) are investigated and action plans developed to reduce rates to baseline. CHG protocol in place for elective total joint patients. Consider change to CHG wipes. SSI outcomes (HAI report) are shared with OR staff.	Goal: 1. Overall SSI rate <1% in 2016. 2. 80% SSI report compliance by surgeons . 3. SSI rates by procedure do not exceed the NHSN benchmarks. Report SSI rates quarterly to Surgery Committee and PI committee.
Potential for transmission of infection related to noncompliance with hospital sanitation measures. 21 points	M	M	M	L	M	Quarterly meetings conducted with the EVS manager, the Nutritional services manager, and the Chief engineer and inservices provided on a prn basis to ensure maintenance of a sanitary environment. Infection control training	Track patient satisfaction survey feedback on cleanliness of the hospital. EVS provides cleanliness data to IP on a quarterly basis (TBD). Isolation carts are disinfected and

						of EVS staff on hire and annually thereafter to educate on maintenance of a sanitary environment. Policy on Cleaning of patient care equipment in place for a clear delineation of responsibility for cleaning specific areas of the hospital and equipment.	restocked following discharge of patient's on isolation. Medication preparation is performed >3 feet from a sink or a splash guard is installed. (CIHQ)
Infection Prevention and Control involvement in construction activities 15 points	M	M	N A	N A	M	Infection Control Risk Assessment completed for all construction activities. Construction workers educated on IC practices via an APIC video during safety orientation.	Goal: 100% compliance with Infection Control Risk Assessment (ICRA) and compliance checklist completed before initiating any construction projects. Documentation kept in Engineering.

Legend*
I = Inpatient services including medical surgical, critical care, maternal / child, and surgery
A = Ambulatory care services such as outpatient surgery, procedural and diagnostic services, and the Emergency Department
O = Outpatient services such as primary and specialty care clinics, wellness centers, infusion centers, rehabilitation clinics, and other services
H = Home health
L = skilled nursing
* For each setting, the risk assessment also takes into account - as applicable - support services such as facilities, environmental services, materials management, sterile supply and processing, dietary, clinical laboratory, and all other departments and services of the organization.
Risk Designation – Enter the Level of Assessed Risk for Each Care Setting:
L = Low risk (1 point)
M = Medium Risk (5 points)
H = High Risk (10 points)

REFERENCEs: CIHQ Standards, CDC guidelines, AORN.

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Policy and Procedure - Approvals Signature Page

Review and Approval Requirements

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- 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: CE8610-151 Injury & Illness Prevention Program; LB8610-106 Formalin Spill	
APPROVED BY:	DATE: **10-20-15**
Director's/Manager's Signature	Printed Name **Kimberly Drummond**

Kimberly Drummond
Chair, Safety Committee

1/28/16
Date

Brian Sebastian, MD
Chair, P.I./P.T. Committee

2/25/16
Date

Keith J. Chamberlin, MD MBA
President of Medical Staff

3/17/16
Date

Kelly Mather
Chief Executive Officer

Date

Jane Hirsch
Chair, Board of Directors

Date

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Policy Submission Summary Sheet

Title of Document: **Organizational Policies**

New Document or Revision written by: **Paula Davis**

Date of Document: **10-21-15**

Type:	**Regulatory:**
X **Revision** ☐ **New Policy**	X **CIHQ** X **CDPH** X **CMS** ☐ **Other:**
Organizational:	☐ **Departmental**
X **Clinical** X **Non-Clinical**	☐ **Interdepartmental** (list departments effected)

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

CE8610-151- Injury, Illness and Prevention Program-Revised; policy was ECSAF8610-105; The IIPP was updated and replaced the old program policy due to obsolete and missing information.

LB8610-106 Formalin Spill Cleanup-Revised; designated staff with be trained annually as part of the Hazardous Material Spill Response Team; procedure for calling Code Orange for large volume spills.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	10/20/2015	Yes	
Safety Committee	10/28/2015	No	Due to time will review next meeting
Safety Committee	1/27/2016	Yes	
Medicine Committee	n/a		
P. I. Committee 2/25 2/[illegible]	2/25/2016	OK [illegible] yes	
Medical Executive Committee	3/17/2016	yes	
Board Quality	3/23/2016		
Board of Directors	4/07/2016		

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POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

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- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
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- 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: **IC8610-141 Influenza Vaccination Program for Staff and Licensed Independent Practitioners**	
APPROVED BY:	DATE: **1-30-16**
Director's/Manager's Signature Kathy Mathews RN CIC	Printed Name **Kathy Mathews, RN CIC**

Michael Brown, MD
Chair Surgery Committee — Date 3/9/16

Douglas S Campbell, MD
Chair Medicine Committee — Date 3/10/16

Brian Sebastian, MD
Chair, P.I. / P. T. Committee — Date 3/10/16

Leslie Lovejoy, RN PhD
Chief Quality Officer — Date

Kelly Mather
Chief Executive Officer — Date

Jane Hirsch
Chair, Board of Directors — Date

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Policy Submission Summary Sheet

Title of Document: **Organizational Policies**

New Document or Revision written by: **Kathy Mathews, RN CIC**

Date of Document: **1-30-2016**

Type:	**Regulatory:**
X Revision **❑ New Policy**	**X CIHQ** **X CDPH** **X CMS** **❑ Other:**
Organizational: **X Clinical** **X Non-Clinical**	**❑ Departmental** **❑ Interdepartmental** (list departments effected)

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

IC8610-141 Influenza Vaccination Program for Staff and Licensed Independent Practitioners-Revised;

Expanded upon previous policy and procedure and added appendices i.e., consent and declination form.

Influenza Vaccine Consent Form – updated for 2015-2016 season

Influenza Vaccine Declination Form – updated for 2015-2016 season

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	n/a		
Surgery Committee	2/03/2016	YES	
Medicine Committee	2/11/2016	YES	
P.I. or P. T. Committee	2/25/2016	YES	
Medical Executive Committee 3/17	~~3/10~~/2016	YES	
Board Quality 3/23	~~3/17~~/2016		
Board of Directors	4/07/2016		

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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Policy and Procedure - Approvals Signature Page

Review and Approval Requirements

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

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

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

Organizational: QA8610-102 Performance Improvement Plan, QA8610-104 Department Specific P. I., QA8610-106 Reporting of Quality Monitoring and Performance Improvement	
APPROVED BY: **Chief Quality Officer**	DATE: **2-20-16**
Director's/Manager's Signature Leslie Lovejoy	Printed Name **Leslie Lovejoy, RN PhD**

Brian Sebastian, MD
Chair, P.I./P.T. Committee

2/25/16
Date

K J Ch MD MBA

Keith J. Chamberlin, MD MBA
President of Medical Staff

3/17/16
Date

Kelly Mather
Chief Executive Officer

Date

Jane Hirsch
Chair, Board of Directors

Date

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Policy Submission Summary Sheet

Title of Document: **Organizational Policies-Information Management**

New Document or Revision written by: **Fe Sendaydiego**

Date of Document:

Type:	**Regulatory:**
X Revision **❑ New Policy**	**X CIHQ** **X CDPH** **X CMS** **❑ Other:**
Organizational: **X Clinical** **X Non-Clinical**	**❑ Departmental** **❑ Interdepartmental** (list departments effected)

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

QA 8610-102 Performance Improvement Plan: revised; changed heading to comply with CIHQ, no other changes

QA 8610-104 Department Specific Performance Improvement: revised; changed heading to comply with CIHQ; deleted annual review with senior leader but added participation in the annual PI Fair and periodic reviews of department specific PI/QC programs at PI Committee of Quality Committee of the Board.

QA 8610-106 Reporting of Quality Monitoring and Performance Improvement: Revised; changed heading to comply with CIHQ

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	**2/16/2016**	Yes	
Surgery Committee	n/a		
Medicine Committee	n/a		
P.I. or P. T. Committee	**2/25/2016**	Yes	
Medical Executive Committee	**3/17/2016**	Yes	
Board Quality	**3/23/2016**		
Board of Directors	**4/07/2016**		

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SONOMA VALLEY HEALTH CARE DISTRICT
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POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

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

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

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

Organizational: Pharmacy Policies Feb List 2016	
APPROVED BY: **Director of Pharmacy**	DATE: **2-17-16**
Director's/Manager's Signature	Printed Name **Chris Kutza**

Brian Sebastian, MD
Chair, P.I. & P.T. Committees
Date: 2/25/14

Leslie Lovejoy, RN
Chief Quality & Nursing Officer
Date: 2-25-16

Keith J. Chamberlin, MD MBA
President of Medical Staff
Date: 3-17-16

Kelly Mather
Chief Executive Officer
Date

Jane Hirsch
Chair, Board of Directors
Date

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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Policy Submission Summary Sheet

Title of Document: **Organizational Policy**
New Document or Revision written by: **Chris Kutza**
Date of Document: **02-16-16**

Type:	**Regulatory:**
X **Revision** ☐ **New Policy**	X **CIHQ** X **CDPH** X **CMS** ☐ **Other:**
Organizational:	☐ **Departmental** ☐ **Interdepartmental** (list departments effected)
X **Clinical** ☐ **Non-Clinical**	

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

MM8610-101 Look Alike / Sound Alike Medications—Reviewed; no changes

MM8610-104 Lipid Rescue for Local Anesthetic Toxicity—Reviewed; no changes

MM8610-105 Malignant Hyperthermia, Management of Patient with—Reviewed; no changes

MM8610-106 Administration of Medications—Reviewed; no changes

MM8610-107 Drug Regimen Review for Skilled Nursing Facility—Reviewed; no changes

MM8610-108 Controlled Substance Distribution for Anesthesia—Reviewed; no changes

MM8610-109 Pharmaceutical Care Consulting for Skilled Care Facility—Reviewed; no changes

MM8610-110 Piperacillin-Tazobactam Extended Infusion Dosing—Revised; Updated to reflect the CPOE process

MM8610-112 Warming Fluids for IV and Irrigation Purposes, Storage and Handling of—Reviewed; no changes

MM8610-113 Labeling Medications On and Off Sterile Field—Reviewed; no changes

MM8610-114 Vaccine Screening-Pneumococcal and Influenza—Reviewed; no changes

MM8610-115 Self Administration of Medications—Reviewed; no changes

MM8610-117 Sterile Compounding—Reviewed; no changes

MM8610-118 IV Compounding Outside of the Pharmacy—Reviewed; no changes

MM8610-119 Pharmacist Review of Medication Orders—Reviewed; no changes

MM8610-120 Access to Patient Information for Medication Management—Reviewed; no changes

MM8610-121 Floorstock Medications—Reviewed; no changes

MM8610-151 Parenteral Nutrition Protocol—Revised; Updated to reflect new laboratory reference ranges

Reviewed; no changes by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	02/16/2016	Yes	
Surgery Committee	n/a		
Medicine Committee	n/a		
P.I. or P. T. Committee	02/25/2016	Yes	
Medical Executive Committee 3/17	~~03/10~~/2016	Yes	
Board Quality	03/23/2016		
Board of Directors	04/07/2016		

6.

FINANCIAL REPORT MONTH ENDING MARCH 31, 2016

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

To: **SVH Finance Committee**
From: **Ken Jensen, CFO**
Date: **March 22, 2016**
Subject: **Financial Report for the Month Ending February 29, 2016**

February experienced higher volume than budgeted and the Operating Margin for the hospital was a loss of ($358,438), favorable to budget by $139,288. The year-to date actual loss from operations is ($2,278,408) which is favorable to the expected year-to-date loss of ($3,022,297). After accounting for all other activity, the February net income was $38,646 vs. the budgeted net loss of ($81,227). The February EBIDA was 4.4% vs. a budgeted 1.3%. Year-to-date, the total net income is $722,729 better than budget with a year to date EBIDA of 6.0% vs. the budget of 4.0%.

Gross patient revenue for February was $20,559,780, $3,064,082 better than expected. Inpatient gross revenue was over budget by $1,404,866 due to patient days being over budgeted expectations by 90 days and inpatient surgeries being favorable to budget by 8 cases. Outpatient revenue was over budget by $629,218 due to a higher than budgeted volume for outpatient visits and procedures. The Emergency Room gross revenue is over budget by $1,279,557 due to increased volume and a higher acuity of patients seen in the ER. SNF was under expectations by ($253,216) though volume was close to budget. Home Health is on budget for the month of February.

Deductions from revenue were unfavorable to budgeted expectations by ($2,542,669) primarily due to the increase in gross revenue in February. Medicare managed care accounts continue to increase and were at 10.5% of gross revenue on budgeted expectations on 4.8%. Medi-Cal accounts were at budgeted expectations for February.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budget by $480,137.

Operating Expenses of $4,986,956 were over budget by ($340,849). The significant negative variances were: Salaries & wages ($168,570), Employee Benefits ($83,244), physician and professional fees ($75,561), supplies ($102,913), and interest expense (26,934). Salaries, wages and agency fees were over budget in clinical departments that had higher anticipated volume; Med-Surg, ICU, ER, Surgery and Recovery, and Lab. PTO was over budget in February by ($42,520) due to paid sick leave for per diem employees that was not budgeted and an increased use of PTO during February. Employee benefits are over budget by ($40,724) due to an increase in the cost of health benefits due to an increase in participation from open enrollment ($24,709) and an increase in the payroll tax FICA, which is typical in

the first few months of the calendar year. Physician fees are over budget by ($75,561) due to an increase in call payments ($14,555), an increase in the hospitalist contract ($29,457), and an increase in our Prima support payments ($29,667). Supplies were over budget due to higher patient volumes and an increased use of the drug Entyvio which is excluded from the capitated drug rate. Interest expense is over budgeted expectations due to the true up of the Celtic lease.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for February was ($147,369) vs. a budgeted net loss of ($265,764). The total net income for February after all activity was $38,646 vs. a budgeted net loss of ($81,227).

EBIDA for the month of February was 4.4% vs. the budgeted 1.3%.

Patient Volumes – February

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	**101**	**91**	**10**	**98**
Newborn Discharges	**9**	**14**	**-5**	**11**
Acute Patient Days	**417**	**327**	**90**	**372**
SNF Patient Days	**671**	**641**	**30**	**607**
Home Care Visits	**889**	**951**	**-62**	**1,109**
OP Gross Revenue	**$12,049**	**$10,043**	**$2,006**	**$10,541**
Surgical Cases	**127**	**121**	**6**	**136**

Overall Payer Mix – February

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	**47.9%**	**49.7%**	**-1.8%**	**47.0%**	**49.0%**	**-2.0%**
Medicare Mgd Care	**10.5%**	**4.8%**	**5.7%**	**7.8%**	**4.9%**	**2.9%**
Medi-Cal	**18.0%**	**18.0%**	**0.0%**	**19.2%**	**17.6%**	**1.6%**
Self Pay	**0.6%**	**1.7%**	**-1.1%**	**1.0%**	**1.8%**	**-0.8%**
Commercial	**18.6%**	**19.9%**	**-1.3%**	**19.7%**	**20.5%**	**-0.8%**
Workers Comp	**2.5%**	**3.0%**	**-0.5%**	**2.8%**	**3.3%**	**-0.5%**
Capitated	**1.9%**	**2.9%**	**-1.0%**	**2.5%**	**2.9%**	**-0.4%**
Total	**100.0%**	**100.0%**		**100.0%**	**100.0%**	

Cash Activity for February:

For the month of February the cash collection goal was $3,180,525 and the Hospital collected $3,215,698, or over the goal by $35,173. The year-to-date cash goal is $27,422,822 and the Hospital has collected $27,550,760 or over the goal by $127,938. The cash collection goal is based upon net hospital revenue from 90 days ago. Days of cash on hand are 12 days at February 29, 2016. Accounts Receivable decreased from January, from 52.5 days to 52.0 days in February. Accounts Payable has increased by $86,319 from January and Accounts Payable days are at 46.7.

ATTACHMENTS:

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

Sonoma Valley Hospital
Net Revenue by Payer for the month of February 29, 2016

ATTACHMENT A

	February-16				YTD			
Gross Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	9,841,478	8,641,558	1,199,920	13.9%	75,432,358	73,415,997	2,016,361	2.7%
Medi-Cal	3,707,530	3,128,875	578,655	18.5%	30,737,345	26,451,918	4,285,427	16.2%
Self Pay	127,496	302,712	-175,216	-57.9%	1,527,597	2,681,213	-1,153,616	-43.0%
Commercial	3,820,306	3,560,271	260,035	7.3%	31,897,876	31,408,084	489,792	1.6%
Medicare Managed Care	2,156,711	837,064	1,319,647	157.7%	12,520,356	7,272,360	5,247,996	72.2%
Worker's Comp.	511,269	523,369	-12,100	-2.3%	4,453,480	4,923,209	-469,730	-9.5%
Capitated	394,990	501,849	-106,859	-21.3%	4,125,090	4,472,169	-347,079	-7.8%
Total	**20,559,780**	**17,495,698**	**3,064,082**		**160,694,101**	**150,624,950**	**10,069,151**	

Net Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	1,869,389	1,731,421	137,968	8.0%	13,573,186	14,003,475	-430,289	-3.1%
Medi-Cal	601,802	499,368	102,434	20.5%	4,539,842	4,121,437	418,405	10.2%
Self Pay	47,173	96,868	-49,694	-51.3%	479,570	922,628	-443,059	-48.0%
Commercial	1,526,594	1,234,346	292,248	23.7%	11,865,699	11,515,872	349,827	3.0%
Medicare Managed Care	314,233	132,005	182,228	138.0%	1,792,639	1,147,421	645,218	56.2%
Worker's Comp.	111,610	123,306	-11,696	-9.5%	1,003,861	1,199,224	-195,362	-16.3%
Capitated	13,351	20,425	-7,075	-34.6%	145,963	160,410	-14,447	-9.0%
Prior Period Adj/IGT	-	125,000	-125,000	-100.0%	1,802,827	1,001,500	801,327	80.0%
Total	**4,484,152**	**3,962,739**	**521,413**	**13.2%**	**35,203,587**	**34,071,968**	**1,131,619**	**3.3%**

Percent of Net Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	41.7%	43.7%	-2.0%	-4.6%	38.6%	41.1%	-2.5%	-6.1%
Medi-Cal	13.4%	12.6%	0.8%	6.3%	12.9%	12.1%	0.8%	6.6%
Self Pay	1.1%	2.4%	-1.3%	-54.2%	1.4%	2.7%	-1.3%	-48.1%
Commercial	34.0%	31.2%	2.8%	9.0%	33.6%	33.8%	-0.2%	-0.6%
Medicare Managed Care	7.0%	3.3%	3.7%	112.1%	5.1%	3.4%	1.7%	50.0%
Worker's Comp.	2.5%	3.1%	-0.6%	-19.4%	2.9%	3.5%	-0.6%	-17.1%
Capitated	0.3%	0.5%	-0.2%	-40.0%	0.4%	0.5%	-0.1%	-20.0%
Prior Period Adj/IGT	0.0%	3.2%	-3.2%	-100.0%	5.1%	2.9%	2.2%	75.9%
Total	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**0.0%**

Projected Collection Percentage:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	19.0%	20.0%	-1.0%	-5.0%	18.0%	19.1%	-1.1%	-5.8%
Medi-Cal	16.2%	16.0%	0.2%	1.3%	14.8%	15.6%	-0.8%	-5.1%
Self Pay	37.0%	32.0%	5.0%	15.6%	31.4%	34.4%	-3.0%	-8.7%
Commercial	40.0%	34.7%	5.3%	15.3%	37.2%	36.7%	0.5%	1.4%
Medicare Managed Care	14.6%	15.8%	-1.2%	-7.6%	14.3%	15.8%	-1.5%	-9.5%
Worker's Comp.	21.8%	23.6%	-1.8%	-7.6%	22.5%	24.4%	-1.9%	-7.8%
Capitated	3.4%	4.1%	-0.7%	-17.1%	3.5%	3.6%	-0.1%	-2.8%
Prior Period Adj/IGT	0.0%	0.7%	-0.7%	-100.0%	1.1%	0.7%	0.4%	57.1%

Sonoma Valley Health Care District

ATTACHMENT C

Balance Sheet

As of February 29, 2016

		Current Month	Prior Month	Prior Year
	Assets			
	Current Assets:			
1	Cash	$ 1,842,966	$ 2,077,644	$ 1,739,015
2	Trustee Funds	2,970,872	2,970,872	1,825,643
3	Net Patient Receivables	8,556,938	8,216,147	7,344,678
4	Allow Uncollect Accts	(632,008)	(633,564)	(599,908)
5	Net A/R	7,924,930	7,582,583	6,744,770
6	Other Accts/Notes Rec	4,509,697	4,849,282	3,991,709
7	3rd Party Receivables, Net	727,100	647,488	1,593,172
8	Inventory	908,797	897,951	747,898
9	Prepaid Expenses	732,717	683,022	870,127
10	Total Current Assets	$ 19,617,079	$ 19,708,842	$ 17,512,333
12	Property,Plant & Equip, Net	$ 52,897,846	$ 53,157,893	$ 55,611,181
13	Specific Funds	439,163	584,122	43,942
14	Other Assets	143,691	143,691	143,164
15	Total Assets	$ 73,097,779	$ 73,594,548	$ 73,310,619
	Liabilities & Fund Balances			
	Current Liabilities:			
16	Accounts Payable	$ 3,346,012	$ 3,259,693	$ 3,258,421
17	Accrued Compensation	4,565,618	4,338,309	3,808,448
18	Interest Payable	799,793	685,537	117,929
19	Accrued Expenses	1,334,648	1,295,728	1,377,813
20	Advances From 3rd Parties	867,474	1,165,198	501,283
21	Deferred Tax Revenue	1,971,110	2,463,887	2,631,380
22	Current Maturities-LTD	1,709,727	1,708,979	1,709,727
23	Line of Credit - Union Bank	5,923,734	5,923,734	5,698,734
24	Other Liabilities	145,077	155,448	719,549
25	Total Current Liabilities	$ 20,663,193	$ 20,996,514	$ 19,823,284
26	Long Term Debt, net current portion	$ 36,623,727	$ 36,825,822	$ 39,433,416
27	Fund Balances:			
28	Unrestricted	$ 12,698,717	$ 12,717,565	$ 12,440,516
29	Restricted	3,112,142	3,054,648	1,613,403
30	Total Fund Balances	$ 15,810,859	$ 15,772,213	$ 14,053,919
31	Total Liabilities & Fund Balances	$ 73,097,779	$ 73,594,548	$ 73,310,619

ATTACHMENT D

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended February 29, 2016

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	$	%		Actual	Budget	$	%	Prior Year
					Volume Information					
1	101	91	10	11%	Acute Discharges	792	799	(7)	-1%	812
2	671	641	30	5%	SNF Days	5,099	4,933	166	3%	4,899
3	889	951	(62)	-7%	Home Care Visits	7,619	9,660	(2,041)	-21%	9,084
4	12,049	10,043	2,006	20%	Gross O/P Revenue (000's)	$ 99,735	$ 91,422	8,313	9%	$ 87,907
					Financial Results					
					Gross Patient Revenue					
5	$ 6,268,918	$ 4,864,052	1,404,866	29%	Inpatient	$ 43,298,551	$ 40,507,313	2,791,238	7%	$ 40,981,838
6	6,620,167	5,990,949	629,218	11%	Outpatient	56,862,903	55,709,725	1,153,178	2%	52,214,140
7	5,132,268	3,852,711	1,279,557	33%	Emergency	40,618,325	33,502,796	7,115,529	21%	32,892,442
8	2,242,095	2,495,311	(253,216)	-10%	SNF	17,410,196	17,948,134	(537,938)	-3%	16,610,652
9	296,332	292,675	3,657	1%	Home Care	2,504,126	2,956,982	(452,856)	-15%	2,800,564
10	**$ 20,559,780**	**$ 17,495,698**	**3,064,082**	**18%**	**Total Gross Patient Revenue**	**$ 160,694,101**	**$ 150,624,950**	**10,069,151**	**7%**	**$ 145,499,637**
					Deductions from Revenue					
11	$ (15,887,428)	$ (13,547,631)	(2,339,797)	-17%	Contractual Discounts	$ (126,487,975)	$ (116,670,358)	(9,817,617)	-8%	$ (113,662,701)
12	(180,000)	(89,314)	(90,686)	-102%	Bad Debt	(590,000)	(714,512)	124,512	17%	(865,000)
13	(8,200)	(21,264)	13,064	61%	Charity Care Provision	(215,366)	(170,112)	(45,254)	-27%	(155,100)
14	-	125,250	(125,250)	-100%	Prior Period Adj/Government Program Revenue	1,802,827	1,002,000	800,827	0%	1,325,255
15	**$ (16,075,628)**	**$ (13,532,959)**	**(2,542,669)**	**19%**	**Total Deductions from Revenue**	**$ (125,490,514)**	**$ (116,552,982)**	**(8,937,532)**	**8%**	**$ (113,357,546)**
16	**$ 4,484,152**	**$ 3,962,739**	**521,413**	**13%**	**Net Patient Service Revenue**	**$ 35,203,587**	**$ 34,071,968**	**1,131,619**	**3%**	**$ 32,142,091**
17	$ 129,623	$ 171,184	(41,561)	-24%	Risk contract revenue	$ 1,179,794	$ 1,369,472	(189,678)	-14%	$ 2,002,257
18	$ 4,613,775	$ 4,133,923	479,852	12%	Net Hospital Revenue	$ 36,383,381	$ 35,441,440	941,941	3%	$ 34,144,348
19	$ 14,743	$ 14,458	285	2%	Other Op Rev & Electronic Health Records	$ 193,779	$ 115,664	78,115	68%	$ 482,696
20	**$ 4,628,518**	**$ 4,148,381**	**480,137**	**12%**	**Total Operating Revenue**	**$ 36,577,160**	**$ 35,557,104**	**1,020,056**	**3%**	**$ 34,627,044**
					Operating Expenses					
21	$ 2,267,787	$ 2,099,217	(168,570)	-8%	Salary and Wages and Agency Fees	$ 17,548,453	$ 17,364,283	(184,170)	-1%	$ 16,037,556
22	846,101	$ 762,857	(83,244)	-11%	Employee Benefits	6,725,983	6,384,481	(341,502)	-5%	6,203,628
23	$ 3,113,888	$ 2,862,074	(251,814)	-9%	Total People Cost	$ 24,274,436	$ 23,748,764	(525,672)	-2%	$ 22,241,184
24	$ 417,166	$ 341,605	(75,561)	-22%	Med and Prof Fees (excld Agency)	$ 2,813,124	$ 2,816,760	3,636	0%	$ 2,809,325
25	535,837	432,924	(102,913)	-24%	Supplies	4,124,523	3,885,834	(238,689)	-6%	3,923,500
26	318,174	352,170	33,996	10%	Purchased Services	2,252,268	2,817,360	565,092	20%	2,714,719
27	286,936	283,132	(3,804)	-1%	Depreciation	2,321,158	2,265,052	(56,106)	-2%	2,305,384
28	80,163	98,958	18,795	19%	Utilities	758,547	791,664	33,117	4%	753,705
29	25,266	20,834	(4,432)	-21%	Insurance	202,006	166,672	(35,334)	-21%	154,040
30	64,251	37,317	(26,934)	-72%	Interest	426,990	321,635	(105,355)	-33%	351,599
31	145,275	154,593	9,318	6%	Other	1,314,490	1,265,661	(48,829)	-4%	1,055,650
32	0	62,500	62,500	100%	Matching Fees (Government Programs)	368,026	500,000	131,974	26%	645,940
33	**$ 4,986,956**	**$ 4,646,107**	**(340,849)**	**-7%**	**Operating expenses**	**$ 38,855,568**	**$ 38,579,402**	**(276,166)**	**-1%**	**$ 36,955,047**
34	**$ (358,438)**	**$ (497,726)**	**139,288**	**28%**	**Operating Margin**	**$ (2,278,408)**	**$ (3,022,297)**	**743,889**	**25%**	**$ (2,328,004)**

ATTACHMENT D

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended February 29, 2016

	Month						Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	$	%		Actual	Budget	$	%	Prior Year
					Non Operating Rev and Expense					
35	$ (1,431)	$ 13,657	(15,088)	-110%	Miscellaneous Revenue	$ 18,946	$ 109,256	(90,310)	-83%	$ 86,299
36	-	5,805	(5,805)	-100%	Donations	-	46,440	(46,440)	100%	46,859
37	(37,500)	(37,500)	-	0%	Physician Practice Support-Prima	(300,000)	(300,000)	-	0%	(300,000)
38	250,000	250,000	-	0%	Parcel Tax Assessment Rev	2,001,954	2,000,000	1,954	0%	2,000,000
39	**$ 211,069**	**$ 231,962**	**(20,893)**	**-9%**	**Total Non-Operating Rev/Exp**	**$ 1,720,900**	**$ 1,855,696**	**(134,796)**	**-7%**	**$ 1,833,159**
40	**$ (147,369)**	**$ (265,764)**	**118,395**	**-45%**	**Net Income / (Loss) prior to Restricted Contributions**	**$ (557,508)**	**$ (1,166,601)**	**609,093**	**-52%**	**$ (494,845)**
41	$ 57,494	$ 35,183	22,311	63%	Capital Campaign Contribution	$ 611,767	$ 281,464	330,303	117%	$ 606,282
42	$ -	$ 20,833	(20,833)	0%	Restricted Foundation Contributions	$ 450,000	$ 666,668	(216,668)	100%	$ -
43	**$ (89,875)**	**$ (209,748)**	**119,873**	**-57%**	**Net Income / (Loss) w/ Restricted Contributions**	**$ 504,259**	**$ (218,469)**	**722,728**	**-331%**	**$ 111,437**
44	242,777	242,777	-	0%	GO Bond Tax Assessment Rev	1,942,216	1,942,216	-	0%	1,220,296
45	(114,256)	(114,256)	-	0%	GO Bond Interest	(917,721)	(917,722)	1	0%	(1,007,019)
46	**$ 38,646**	**$ (81,227)**	**119,873**	**-148%**	**Net Income/(Loss) w GO Bond Activity**	**$ 1,528,754**	**$ 806,025**	**722,729**	**90%**	**$ 324,715**
	$ 203,818	$ 54,685			**EBIDA - Not including Restricted Contributions**	$ 2,190,640	$ 1,420,086			$ 2,162,139
	4.4%	1.3%				6.0%	4.0%			6.2%

Sonoma Valley Health Care District **ATTACHMENT E**

Statement of Revenue and Expenses Variance Analysis

For the Period Ended February 29, 2016

	Description	YTD Variance	MONTH Variance	
	Volume Information			
1	Acute Discharges	(7)	10	
2	SNF Days	166	30	
3	Home Care Visits	(2,041)	(62)	
4	Gross O/P Revenue (000's)	8,313	2,006	
	Financial Results			
	Gross Patient Revenue			
5	Inpatient	2,791,238	1,404,866	Acute patient days were over budget by 90 days and inpatient surgeries were over budget by 8 cases.
6	Outpatient	1,153,178	629,218	Outpatient visits were over budget by 426 visits and outpatient surgeries were under budget by (2) cases.
7	Emergency	7,115,529	1,279,557	ER visits were over budget by 139 visits and had a higher than expected case mix (higher acuity).
8	SNF	(537,938)	(253,216)	SNF patient days were over budget by 30 days.
9	Home Care	(452,856)	3,657	Home Care visits were close to budget at 889 visits.
10	**Total Gross Patient Revenue**	**10,069,151**	**3,064,082**	
	Deductions from Revenue			
11	Contractual Discounts	(9,817,617)	(2,339,797)	The unfavorable variance is primarily due to the gross revenue being over budgeted expectations by $3M. Furthermore, Commercial insurance was 18.6% of gross revenue vs. 20.2% budgeted. Medi-Cal gross revenue was at budgeted expectations of 18.0%.
12	Bad Debt	124,512	(90,686)	
13	Charity Care Provision	(45,254)	13,064	
14	Prior Period Adj/Government Program Revenue	800,827	(125,250)	There were no prior period payments or adjustments in February.
15	**Total Deductions from Revenue**	**(8,937,532)**	**(2,542,669)**	
16	**Net Patient Service Revenue**	**1,131,619**	**521,413**	
17	Risk contract revenue	(189,678)	(41,561)	Blue Shield capitation received was under budget.
18	Net Hospital Revenue	**941,941**	**479,852**	
19	Other Op Rev & Electronic Health Records	78,115	285	
20	**Total Operating Revenue**	**1,020,056**	**480,137**	
	Operating Expenses			
21	Salary and Wages and Agency Fees	(184,170)	(168,570)	Salaries & wages ($124,254), and agency costs ($44,316) are over budgeted expectations due to increase in volume in February.
22	Employee Benefits	(341,502)	(83,244)	PTO was over budget in February by ($42,520) due to unbudgeted paid sick leave for per diem employees and an increase in use over budgeted expectations. Employee benefits are over budget by ($40,724) due to an increase in the cost of health benefits due to increased participation during open enrollment.
23	Total People Cost	**(525,672)**	**(251,814)**	
24	Med and Prof Fees (excld Agency)	3,636	(75,561)	Physician fees are over budget by ($73,679) due to an increase in call payments ($14,555), and increase in the hospitalists contract ($29,457), and an increase in our Prima support payments ($29,667).
25	Supplies	(238,689)	(102,913)	Supplies are over budget due to higher inpatient volume in February and an increased use of pharmaceuticals excluded from the capitation rate.
26	Purchased Services	565,092	33,996	Budgeted Services not used during February.
27	Depreciation	(56,106)	(3,804)	
28	Utilities	33,117	18,795	
29	Insurance	(35,334)	(4,432)	Insurance premiums increased over budgeted expectations.
30	Interest	(105,355)	(26,934)	Variance due to the true up of the Celtic financing lease - true up being spread over 6 months.
31	Other	(48,829)	9,318	
32	Matching Fees (Government Programs)	131,974	62,500	There were no matching fees in February. This expense is offset from the revenue above from line 14.
33	**Operating expenses**	**(276,166)**	**(340,849)**	
34	**Operating Margin**	**743,889**	**139,288**	
	Non Operating Rev and Expense			
35	Miscellaneous Revenue	(90,310)	(15,088)	
36	Donations	(46,440)	(5,805)	There were no unrestricted donations in February.

Sonoma Valley Health Care District

ATTACHMENT E

Statement of Revenue and Expenses Variance Analysis

For the Period Ended February 29, 2016

	Description	YTD Variance	MONTH Variance	
37	Physician Practice Support-Prima	-	-	
38	Parcel Tax Assessment Rev	1,954	-	
39	**Total Non-Operating Rev/Exp**	**(134,796)**	**(20,893)**	
			-	
40	**Net Income / (Loss) prior to Restricted Contributions**	**609,093**	**118,395**	
			-	
41	Capital Campaign Contribution	330,303	22,311	Capital campaign donations received from the Foundation were over budgeted expectations.
42	Restricted Foundation Contributions	(216,668)	(20,833)	There were no restricted donations in February.
43	**Net Income / (Loss) w/ Restricted Contributions**	**722,728**	**119,873**	
44	GO Bond Tax Assessment Rev	-	-	
45	GO Bond Interest	**1**	-	
46	**Net Income/(Loss) w GO Bond Activity**	**722,729**	**119,873**	

7.

ADMINISTRATIVE REPORT MARCH 2016

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

To: SVHCD Board of Directors
From: Kelly Mather
Date: 3/23/16
Subject: Administrative Report

Summary

We continue to hold steady and are ahead of the FY 2016 budget with four months left. However cash on hand is still a major concern at only 12 days. The revenue cycle team is doing an outstanding job and collections are going well. We had a mid-year review from our auditors and the results show we are on track with our financial estimates. In February, the volumes were up and the Medicare Case Mix was also higher than usual. The staff always step it up this time of year. The higher number of FTE's is due to the higher volumes. The Emergency department had 139 more visits than expected with a much higher acuity as well. The major reason the expenses are higher than expected is due to the increase in cost with many physician agreements this year.

Dashboard and Trended Results

The inpatient and emergency satisfaction results continue to be inconsistent. The Value Based Purchasing score continues to be at the 90th percentile. The staff satisfaction results are in and we will be presenting them to leadership on April 6th at our Leadership Development Institute. The results will also be shared at the staff forums in April and with the board in May. The EBIDA continues to be tracking ahead of our budget goal and we have also met our first goal for community hours for the year.

Strategic Update

The new three year rolling strategic plan for FY 2017 is almost complete. Our committee meets the first week of April and then we will take this for board approval in May.

Strategic Priorities	Update	Completion Date
1206b Clinic	The budget will be complete in April	We should start this in May
Recruit another General Surgeon	Dr. Sawyer has signed a lease and will be in our time share	He should get started in June
Staff Compensation	Quarterly parity increases are set. We have a few positions that were over 15% behind market. A new compensation plan is being developed for FY 2017 budget.	This increase will happen in April
South Lot	We have found several options for financing. Meeting with the committee in May to make a recommendation	Board recommendation is planned for June
Physician Time Share Offices	The second time share is almost ready. The first one is now full.	Opening April 4
Cancer Support Sonoma	We are in the process of making this a service line of the hospital due to regulations.	We hope to get answers from the state soon

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

FEBRUARY DASHBOARD

PILLAR	PERFORMANCE GOAL	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	Highly satisfied Inpatients	Maintain at least 5 out of 9 HCAHPS domain results above the 70th percentile	3 out of 9 in January	>7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 <4=1
Service Excellence	Highly satisfied Emergency Patients	Maintain at least 5 out of 7 ERCAPS domain results above the 70th percentile	1 out of 7 in January	7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 3 = 1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Clinical Score at 50 or higher	53.5 (90TH percentile)	>55 = 5 (stretch) >52 =4 >50 =3 (Goal) >47=2 <40 =1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of 75th percentile or higher	79.6% mean score at 91st percentile	>80th = 5 (stretch) >77th=4 >75th=3 (Goal) >72nd=2 <70th =1
Finance	Financial Viability	YTD EBIDA	6%	>5% (stretch) >4.5%=4 >4.0% (Goal) >3/5%=2 <3.5%=1
	Efficiency and Financial Management	Meet FY 2016 Budgeted Expenses	$38,855,568 (actual) $38,579,402 (budget)	<2% =5 (stretch) <1% = 4 <Budget=3 (Goal) >1% =2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	1019 YTD FY2016 981 YTD FY2015	>2% = 5 >1% = 3 < 1% = 2
	Outpatient & Emergency Volumes	2% increase (gross outpatient revenue over prior year)	$160 mm YTD $145 mm prior year	>5% = 5 (stretch) >3% = 4 >2% = 3 (Goal) <2% = 2
Community	Community Benefit Hours	Hours of time spent on community benefit activities per year	1111 hours for 7 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 >500 = 1

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

FY 2016 TRENDED RESULTS

MEASUREMENT	Goal FY 2016	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2015	Apr 2015	May 2015	Jun 2015
Inpatient Satisfaction	6/9	5	5	2	6	7	8	3					
Emergency Satisfaction	5/7	2	3	4	5	5	6	1					
Value Based Purchasing	>50	52	52.2	53.5	52.5	53	53.5				47	48	48
Staff Satisfaction	>75th	91	91	91	91	91	91	91	91	91	91	91	91
FY YTD Turnover	<10%	1.2	1.2	1.8	2.8	3.4	4.6	5.2	6.1	7.4	7.6	8	8.3
YTD EBIDA	>4%	8.2	7.6	7.7	7.3	5.7	6.6	6.2	6	5.4	4.7	4.2	3.8
Net Operating Revenue	>4.5m	4.48	4.6	4.7	4.7	4.1	4.7	4.5	4.6	4.1	4.1	4.1	4.5
Expense Management	<4.8m	4.7	4.8	4.9	4.9	4.6	4.8	4.9	4.9	4.7	4.8	4.6	5.1
Net Income	>50k	202	174	27.8	104	244	575	19	203	-382	-278	74	139
Days Cash on Hand	>20	22	16	18	13	9	21	14	12	**15**	**20**	**17**	16
A/R Days	<50	46	45	49	47	53	51	53	52	47	47	43	47
Total FTE's	<315	313	310	312	327	322	317	319	324	310	304	307	309
FTEs/AOB	<4.0	3.6	3.77	3.65	3.77	4.1	3.77	3.57	3.58	3.79	4.05	3.91	3.36
Inpatient Discharges	>100	110	74	92	97	85	109	124	101	113	95	97	97
Outpatient Revenue	>$12m	12.6	12.9	12.7	13.1	11.9	12.2	12.1	12.1	11.8	11.2	10.7	12.0
Surgeries	>130	125	122	127	131	114	136	124	127	137	144	118	122
Home Health	>1000	981	917	948	948	1088	915	933	889	1232	1154	963	1014
Births	>15	16	15	11	11	14	24	17	9	16	7	11	24
SNF days	>660	619	634	607	666	544	648	710	671	669	487	626	669
MRI	>120	143	131	119	132	109	113	102	119	157	138	125	144
Cardiology (Echos)	>65	66	62	63	77	41	50	46	60	67	61	63	66
Laboratory	>12.5	12.1	12.2	11.5	11.7	11.6	11.4	11.9	12.1	12.1	12.3	11.9	12.3
Radiology	>850	1036	1011	997	1018	875	907	904	961	1156	1030	1014	965
Rehab	>2587	3014	2384	2773	2886	2297	3003	2815	2708	3113	3063	3008	2873
CT	>300	384	352	343	336	381	323	379	352	347	302	357	335
ER	>800	878	888	871	820	841	863	864	919	769	876	943	846
Mammography	>475	462	439	367	543	406	492	446	437	466	497	476	453
Ultrasound	>325	395	314	320	353	246	290	296	304	357	391	354	345
Occupational Health	>650	733	728	646	871	681	683	600	597	679	687	573	660

8.

OFFICER AND COMMITTEE REPORTS

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

Recommendations:

That the Board authorizes the submission of the draft policy to Archer Norris for legal review.

Background:

The draft policy is a revision of previous attempts to formulate a workable procedure for handling state mandated bidding for facilities projects.

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

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

In general, the policy's provisions for formal bidding remain unchanged from previous drafts. The policy makes major changes to allow informal bidding for Facility Projects which have a cost of less than $175,000

- A requirement to maintain and update yearly a list of reliable contractors based on objective criteria.
- A procedure to use this list to solicit bids without requiring notices in trade journals and other publications.

The policy is currently being reviewed by staff.

Consequences of Negative Action/Alternative Actions:

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

Financial Impact:

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

Attachment:

DRAFT Policy and Procedures Governing Bidding for Facility Projects.

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

DRAFT/REVISED POLICY AND PROCEDURES GOVERNING BIDDING FOR FACILITY PROJECTS

Purpose:

For purposes of this Policy "Facility Project" is defined as work relating to projects involving construction, reconstruction, erection, alteration, renovation, improvement, demolition, and repair work involving the hospital and any leased, or operated facility of the hospital. Excluded from this definition is routine, recurring, and usual work for the preservation or protection of the facility and minor repainting ("Facility Maintenance"). (PCC 22002)

> Note: The Board Procurement Policy regarding Materials, Supplies, Equipment and Professional Services is generally applicable to Facility Maintenance.

It is the intent of the Board of Directors ("Board") of the Sonoma Valley Health Care District ("District") to provide an equal opportunity to all qualified and responsible parties wishing to participate in the bidding process with respect to Facility Projects for the Sonoma Valley Health Care District ("District") and the Sonoma Valley Hospital ("Hospital").

It is the intent of the Board, consistent with the District's obligations, to obtain the best value for all expenditures, consistent with the responsibility to provide quality health care to its patients

It is the intent of the Board to clarify, with this policy, the Board's legal authority granted to the President and Chief Operating Officer ("CEO") by the Board with regard to Facility Projects for the District and Hospital. It is also the intent to clarify the legal authority retained by the Board.

Statement of Board Policy:

Section 1. Scope and Application of the Policy

1.1 The Uniform Public Construction Cost Accounting Act

The Board by approving this policy elects for the District to become subject to the uniform construction cost accounting procedures promulgated by the Controller pursuant to the Public Contract Code ("PCC") Sections 22000 to 22050. The management of all District Facility Projects shall meet the requirements prescribed in the California Uniform Construction Cost Accounting Commission's *Cost Accounting Policies and Procedures Manual ("The Manual")*

1.2 Delegation of Authority

Except as specified in Section 6 of this policy and elsewhere in this policy where it is explicitly stated, the Board hereby delegates to the CEO the authority to act on behalf of the Board in the implementation of the provisions of this Policy. In all instances where the Board's legal authority is granted to the CEO, it is understood that the CEO may in turn delegate this authority to a member of the CEO's staff. Responsibility for adherence to this policy, when the authority is delegated by the CEO to a staff member, remains with the CEO. The CEO is responsible for developing written procedures to implement and manage this Board Policy.

If the CEO determines that any portion of this Board Policy is in need of revision, or an exception is needed, the CEO shall bring the issue, in writing, with a recommendation for the change or exception along with the rationale, to the Board's Governance Committee for its review and then to the Board for its action.

1.3 Bidding Threshold

The CEO, with certain exceptions, as covered in Section 2: (PCC 22032)

(a) Shall award contracts for Facility Projects of $45,000 or less by negotiated contract,

(b) Shall award contracts for Facility Projects of more than $45,000, but less than $175,000 by informal bidding procedures as set forth in Section 3, Informal Bidding Procedure, of this Policy.

The Board, with certain exceptions, as covered in Section 2: (PCC 22032)

Shall award contracts for Facility Projects of more than $175,000 by formal bidding procedures as set forth in Section 4 of this Policy.

1.4 Separation of Work Orders of Facility Projects

Splitting or separating Facility Projects into smaller work orders or projects after competitive bidding for the purpose of evading the provisions of this policy shall be prohibited. (PCC 22033)

1.5 Authority to Make Purchases.

The CEO is authorized by this Polity to make all purchases and to execute all purchase orders or contracts for the District and the Hospital duly authorized by the Board pursuant to this policy. All purchases and contracts shall be upon written order.

1.6 Facility Project Cost Estimate

A project cost estimate shall be prepared by the CEO for each Facility Project. The Cost Estimate, at a minimum, shall contain: (The Manual, Chapter 3)

(a) A description of the project with sufficient detail to allow reasonable accuracy of cost estimates.
(b) A description of the method used to estimate each cost segment
(c) An estimate of all direct and indirect costs for the project.
    a. A calculated administrative overhead percentage (maximum 30%) shall be added to all estimates for sub-contractor costs and direct material purchases
    b. Prevailing wage rates shall be used in all estimates.
    c. The following costs may be excluded from the cost estimate:
        i. OSHPD and City of Sonoma permits.
        ii. Facility Project engineering, architectural and construction management services. Section 2.3 of this Policy covers the selection process for these services.
        iii. Medical equipment.

The estimate shall be used to determine the appropriate process for the selection of contractors or sub-contractors.

The estimate shall be prepared in sufficient specificity to enable comparisons to actual cost when the project is completed.

1.7 Facility Project File

After completion of each Facility Project the CEO shall keep and maintain written or electronic records of the Facility Project for the time period required by the administrative retention policy. The facility projects file, at a minimum, shall include: (The Manual, Chapter 3.08)

(a) A copy of the Facility Project cost estimate used to determine the appropriate selection process for the sub-contractors.
(b) A description of the method used to select each contractor or service provider, including a copy of the request for proposal (RFP) or other form of solicitation.
(c) A copy of all contracts awarded for the project.
(d) For projects requiring the Formal Bidding Procedure, the file shall also include a copy of the Notice Inviting Bids and the names of all bidders and their bids/proposals.
(e) The contract file for all contracts awarded under the exceptions listed in Section 2 shall include a description of the exception and an explanation of the method used to select the contractor or service provider.
(f) The contract file shall include the names of any employ of the District, or any Board member who elected to recuse themselves from the award process for any reason, including a conflict of interest.

1.8 Conflict of Interest

With respect to all contracts covered by this Policy, any practices or procedures which might result in unlawful activity shall be prohibited, including practices which might result in rebates, kickbacks or other unlawful consideration. No Board member or employee of the District/Hospital may participate in any selection process when such person has a relationship with a person or business entity seeking a contract which would subject that person to the prohibitions in Government Code § 87100’

1.9 No Advantage.

No illegal, unfair, unethical or otherwise improper advantage shall be accorded to any bidder by the District, a Board member or an employee of the District/Hospital.

1.10 Bidder’s Security

With respect to all bids submitted for Facility Projects covered by this Policy:

(a) All bids shall be presented under sealed cover and accompanied by one of the following forms of bidder's security: (PCC § 10167.)
    (1) An electronic bidder's bond by an admitted surety insurer submitted using an electronic registry service approved by the department advertising the contract.
    (2) A signed bidder's bond by an admitted surety insurer received by the department advertising the contract.
    (3) Cash, a cashier's check, or certified check received by, and made payable to, the director of the department advertising the contract.
(b) The required bidder's security shall be in an amount equal to at least 10 percent of the amount bid. A bid shall not be considered unless one of the forms of bidder's security is enclosed with it.
(c) All bids submitted pursuant to this section shall also comply with the provisions of Section 1601 of the Public Contract Code.

The CEO shall return to all unsuccessful bidders their respective bidder’s security within five (5) working days after the contracts for the project have been awarded.

1.11 Performance Bond

For any contract in excess of $25,000, the successful bidder shall furnish a performance bond in the amount of one hundred percent (100%) of the contract sum at the time of entering into the contract. The performance bond shall be filed with the CEO to insure the District against faulty, improper or incomplete materials or workmanship, and to insure the District of complete and proper performance of the contract.

1.12 Payment Bond

For any contract in excess of $25,000, the successful bidder to whom a contract is awarded shall furnish a payment bond acceptable to the District. (Civil Code § 9550). This labor and material bond shall be filed with the CEO pursuant to applicable laws of the State of California.
The CEO shall not require a payment bond from an architectural, landscape architectural, engineering, land surveying or construction management firm.

1.13 Completion Date

The CEO shall include in the Specifications a time within which the whole or any specified portion of the Facility Project shall be completed. (Government Code § 53069.85.)
The CEO may include in the Specifications a provision that the contractor shall forfeit a specified sum of money for each day completion is delayed beyond the date stated in the Specifications.
The Board may include in the Specifications a provision for the payment of a bonus to the contractor for completion of the project prior to the specified date stated in the Specifications when such timely completion would be beneficial to the District. (Government Code § 53069.85.)

1.14 Facility Contract Construction Subcontractors

The CEO shall include in the Specifications a provision that any prime contractor shall include in his/her bid:

(a) The name and address of each subcontractor who will perform labor or render service or fabricate and install a portion of the Facility Project in excess of 5% of the total amount of the contract.
(b) A description of portion of the Facility Project to be performed by each subcontractor listed.

The bidder shall list only one subcontractor for each portion of the Facility Project as is defined by the bidder in the bid. (PCC § 4104.)

A prime contractor whose bid is accepted may not substitute a new subcontractor in place of the subcontractor listed in the original bid except as allowed under Public Contract Code 4107. Any work not listed for a specific subcontractor must be done by the prime contractor and shall not be substituted

Section 2 Exemptions to Bidding and Lowest Bid Policy

The Board shall not be required to apply the lowest bid policy to:

(a) Emergency contracts, (PCC 22035)
(b) Emergency service contracts
(c) Change orders to existing contracts that are less than 5% of the original contract
(d) Professional services of private architectural, landscape architectural, engineering, environmental, land surveying, or construction project management firms for work on Facility Projects (H&S Code 32132.b)
(e) Facility Projects where the District has elected to use a design-build method to select the contractor (PCC, 20133)

Section 2.1 Emergency Contracts.

The Board may award Facility Project contracts for work to be done or for materials and supplies to be furnished without adopting plans, specifications, or working details, or giving notice for bids to let contracts in cases of emergency when repair or replacements are necessary. (PCC 22035)

By adoption of this policy by a 4/5 or higher favorable vote the Board grants to the CEO, the authority to award Facility Project contracts in cases of emergency. When emergency action is taken the CEO shall, within 24 hours of taking action, notify the Board Chair of the action taken and the nature of the emergency and notify the Board at a regularly scheduled Board meeting or at a special session of the Board within 14 days The CEO must also report on the status of the emergency contracts at each following Board meeting until the action is terminated (contracts completed). (PCC 22050)

Section 2.2 Change Orders

The CEO shall not be required to secure bids for change orders that do not materially change the scope of work set forth in a contract previously made pursuant to this policy, provided: (H&S Code 32132 (c))

(a) The contract was made in compliance with bidding thresholds stated in section 1.3.
(b) No individual change order amounts to more than five percent (5%) of the contract.
(c) The total Facility Project cost for a negotiated contract project would not exceed the dollar amount for negotiated contracts, $45,000.
(d) The total Facility Project cost for a contract awarded by informal bidding procedures would not exceed the dollar amount of $175,000.

Section 2.3 Facility Project Professional Services

Where required by Facility Projects the CEO shall award contracts for professional services of private architectural, landscape architectural, engineering, environmental, land surveying or construction management firms on the basis of demonstrated competence and on the professional qualifications necessary for the satisfactory performance of the types of services to be performed and at fair and reasonable prices. (Government Code § 4526, H & S Code § 32132(b)).

For Facility Projects estimated to cost more than $500,000, the Board's approval of the contracts for professional services shall also be required.

The CEO shall establish procedures for verifying competence and professional qualifications and for determining fair and reasonable benchmark prices for these services (Government Code § 4526.).

When bids are solicited for architectural, landscape architectural, engineering, environmental, land surveying or construction management firms, the Notice Inviting Bids for these services shall contain the following statement in boldface type: **"Please be advised that the successful design professional will be required to indemnify, defend and hold harmless the District against liability for claims that arise out of or relate to the negligence, recklessness or willful misconduct of the design professional."** (PCC § 20103.6 and Civil Code § 2782.8.)

Section 2.5 Design – Build Projects

Notwithstanding anything to the contrary, the Board may elect to use the Design – Build method for bidding on Facility Projects if the project amount will be greater than $1.0 million. (H&S Code 32132.5., PCC 20133).

In estimating the cost of a Design – Build Facility Project, the costs for OSHPD and City of Sonoma Permits and the costs for design professionals shall be included. The overhead allocation required for uniform construction cost accounting procedures shall not be added to the cost of subcontractors and cost for material purchases.

If the Board elects to use the Design – Build method, the Board shall follow the contracting provisions of Public Contract Code 20133 and shall award the contract based on "best value" as defined in section 20133. Because of their complexity the Design – Build contracting provisions are not included in this policy.

Note: In 2009 the Board developed and adopted procedures and contract language, etc. for the use of the Design – Build method on the 2008 General Obligation Bond Project and these procedures and contact language are available for use again.

Section 3 Informal Bidding Procedure, Facility Projects $45,000 to $175,000

Section 3.1 List of Trade Journals

The CEO shall use the list of trade journals provided in the Cost Accounting Policies and Procedures Manual ("The Manual"), Chapter 1.05 for all mailings to trade journals required by this section.

Section 3.2 List of Registered Contractors

(a) The CEO shall develop an objective pre-qualification criteria and process for use in the formation and maintenance of the District's contractor's lists. (The Manual, Chapter 1.04)
(b) During November of each year, the CEO shall establish a new or update its existing list of registered contractors by mailing, faxing, or emailing a written notice to all construction trade journals designated in Section 3.1, inviting all licensed contractors to submit the name of their firm to the Agency for inclusion on the Agency's list of qualified bidders for the following calendar year. (PCC, 22034 (a)(1))
(c) The notice shall require that the contractor provide the name and address, fax number, and email address to which a Notice to Contractors or Proposal should be mailed, faxed, or emailed, a phone number at which the contractor may be reached, the type of work in which the contractor is interested and currently licensed to do (earthwork, pipelines, electrical, painting, general building, etc.) together with the class of contractor's license(s) held and contractor license numbers(s). (PCC, 22034 (a)(2))
(d) The CEO may include any contractor names it desires on the list, but the list must include, at a minimum, all contractors who meet the objective pre-qualification criteria and who have properly provided the District with the information required under (b) above, either during the calendar year in which the list is valid or during November or December of the previous year. (PCC, 22034 (a)(3))
(e) A contractor who supplies the required information and meets the objective pre-qualification criteria may have their firm added to the District's contractors list at any time during the year. (PCC, 22034 (a)(4))

Section 3.3 Facility Project Specifications

When the CEO determines that the estimated cost for a Facility Project is more than $45,000, but less than $175,000, the CEO shall prepare plans, specifications or a description of general conditions ("Specifications") for the project. The Specifications shall be in such detail and written with such specificity as may be required to allow all potential bidders to understand the project and give a level playing field to all bidders. (PCC 22039, as amended 1/1/16 by Omnibus Bill SB 184)

The specifications shall include the requirement for bidder's security, performance bonds and payment bonds as noted in Sections 1.10 to 1.12. The specifications shall also include the time within which the whole or any specified portion of the Facility Project shall be completed. (Government Code § 53069.85.)

Section 3.3 Mailing of Notices Inviting Informal Bids

(a) All contractors on the list for the category of work being bid shall be mailed, faxed, or emailed a notice inviting informal bids unless the product or service is proprietary. (PCC, 22034 (b))
(b) All trade journals listed in section 3.1 may be mailed, faxed, or emailed a notice inviting informal bids unless the product or service is proprietary (PCC, 22034 (b))

(c) The mailing, faxing, or emailing of notices to contractors and construction trade journals pursuant to subdivisions (a) and (b) shall be completed not less than 10 calendar days before bids are due. (PCC, 22034 (c))
(d) The notice inviting informal bids shall describe the project in general terms, state how more detailed information about the project may be obtained, state the time and place for the submission of bids and the time and place for opening the bids. (PCC, 22034 (d))

Section 3.4 Award of Contracts for Informally Bid Facility Projects

(a) When bids are received for Facility Projects, the CEO shall add a calculated overhead cost, not to exceed 30%, to the bids for each type of work to determine the total Facility Project Cost.
(b) The CEO may award contracts for Facility Projects whose total cost is less than $45,000 without considering which bids are lowest.
(c) The CEO shall award the contracts for each type of work for Informally Bid Facility Projects ($45,000 to $175,000) to the lowest bidder, provided that the total cost for the Facility Project is below $175,000. (PCC, 22034 (e))
(d) When the lowest total cost for an Informally Bid Facility Project is above $175,000, but below $187,500, the Board by 4/5 vote may award the contracts for each type of work to the lowest bidders. (PCC, 22034 (f))
(e) For all Informally Bid Projects where the total Project Cost is greater than $187,500 the Board shall reject all bids and may direct the CEO to rebid the project.

Section 4 Formal Bidding Procedure, Facility Projects over $175,000

Section 4.1 Facility Project Specifications

When the CEO determines that the estimated cost for a Facility Project is more than $175,000, the CEO shall prepare plans, specifications or a description of general conditions ("Specifications") for the project. The Specifications shall be in such detail and written with such specificity as may be required to allow all potential bidders to understand the project and give a level playing field to all bidders. (PCC 22039, as amended 1/1/16 by Omnibus Bill SB 184)

The specifications shall include the requirement for bidder's security, performance bonds and payment bonds as noted in Sections 1.10 to 1.12. The specifications shall also include the time within which the whole or any specified portion of the Facility Project shall be completed. (Government Code § 53069.85.)

Section 4.2 Prequalification

The CEO shall prepare a uniform prequalification system using a standard questionnaire to evaluate the ability, competency and integrity of bidders as outlined in Public Contract Code §§ 20101 et seq. and it shall be used for all projects estimated to cost over $500,000. In such event, the CEO shall require each prospective bidder to complete and submit a standardized questionnaire and financial statement.

The standardized questionnaires and financial statements received from interested contractors are not public documents and shall not be made public.

The CEO may use the prequalification procedure for any Facility Project that requires formal bidding.

4.2 Notice Inviting Formal Bids.

Notice inviting formal bids shall state the time and place for the receiving and opening of sealed bids and distinctly describe the project. The notice shall be published at least 14 calendar days before the date of opening the bids in The Sonoma Index Tribune. The notice inviting formal bids shall also be mailed, faxed or emailed to trade journals provided in the Cost Accounting Policies and Procedures Manual ("The Manual"), Chapter 1.05. The notice shall be mailed, faxed or emailed at least 15 calendar days before the date of opening the bids. In addition to notice required by this section, the CEO may give such other notice as she/he deems proper. (PCC 22037)

4.3 Requirements of Notice Inviting Formal Bids

The CEO shall develop procedures for inviting bids and at a minimum shall include all of the following in the Notice Inviting Bids:

(a) Description of the contemplated Facility Project.
(b) The procedure by which potential bidders may obtain electronic copies of the Plans and Specifications (or printed copies if not available electronically)
(c) The final time, date and address (or e-mail address) for receiving and opening of bids (including designation of the appropriate District person or office) (Government Code § 53068; PCC § 4104.5, 22037)
(d) The date, time and place, and the name and address of the person responsible for receiving bids;
(e) The payment and performance bond amounts required by the Specifications (Civil Code § 9550)
(f) The time within which the whole or any specified portion of the Facility Project shall be completed (Government Code § 53069.85)
(g) The penalty amount, if required by the Specifications, for each day completion is delayed beyond the specified time. (Government Code 53069.85)
(h) The Board approved bonus amount payable to the contractor for completion of the work prior to the specified completion day if a bonus payment is included in the Specifications. (Government Code § 53069.85)

4.4 Submission of Formal Bids.

The Board shall accept only written sealed bids from the prospective bidders. Upon receipt the bid shall be stamped with the date and time the bid was received. All bids shall remain sealed until the date and time set forth for opening the bids in the Notice Inviting Bids. Any bid received by the District/Hospital after the time specified in the Notice Inviting Bids shall be returned unopened. (Government Code 53068)

The CEO may elect to receive bids and supporting materials electronically using procedures in compliance with Public Contract Act § 1601.

4.5 Examination and Evaluation of Formal Bids.

On the date provided in the Notice Inviting Bids, a person designated by the CEO shall attend and officiate over the opening of bids ("Opening"). The bids shall be made public for bidders and members of the public who may be present at the Opening.

The District reserves the right not to determine the low bidder at the Opening, to obtain the opinion of counsel on the legality and sufficiency of all bids, and to determine at a later date which bid to accept. Such determination shall be made within sixty (60) calendar days of the Opening or unless a different period of time is specified in the Notice Inviting Bids.

4.6. Award of Contract.

The Board shall award the contract to the lowest bidder, provided the bidder is responsible as defined by section 4.7 and the bid is reasonable and meets the requirements and criteria set forth in the Notice Inviting Bids

If two or more bids are the same and the lowest, the Board may accept the one it chooses. (PCC 22038 (b))

Any contract awarded by the Board shall be subject to all applicable provisions of federal, California and local laws, including without limitation, laws relating to the performance of work for a public agency. In the event of a conflict between any contract documents and any applicable law, the law shall prevail.

Notwithstanding anything to the contrary, the District/Hospital is under no obligation to accept the lowest responsible bidder and reserves the right to reject all bids. (H&S Code 32132)

Section 4.7 Responsible Bidder

(a) For purposes of this Policy, "responsible bidder" means a bidder who has demonstrated the attribute of trustworthiness and quality during prior service, a reputation for reliability and satisfactory service with other clients, sufficient financial capacity and the physical capability and the technical and non-technical expertise in order to perform the contract satisfactorily (PCC 1103).
(b) If the Board determines that the lowest bidder is not responsible, the Board may award the contract to the next lowest responsible bidder.
(c) If the CEO anticipates that the Board may decide to award the contract to a bidder other than the lowest bidder pursuant to subparagraph (b), the CEO shall, with the assistance of District Counsel, first notify the low bidder of any evidence, either obtained from third parties or concluded as a result of the District's investigation, which reflects on such bidder's responsibility. The CEO shall afford the low bidder an opportunity to rebut such adverse evidence and shall permit such bidder to present evidence that it is qualified. The opportunity to rebut adverse evidence and to present evidence of qualification may be submitted in writing or at an informal hearing of the Board, individual and/or committee as determined by the Board.

Section 5. Bid Conditions.

All bids shall be in writing, sealed, and subject to the following general conditions.

Section 5.1 Minimum Number of Informal Bids.

The CEO shall consider a minimum of three (3) informal bids whenever possible; however, where the CEO cannot obtain three informal bids or when the CEO decides that time will not permit obtaining three informal bids, the CEO may consider a minimum of two (2) informal bids.

Section 5.2 Multiple Informal Bids.

When informal bids for multiple items are solicited at the same time, the CEO may accept parts of one or more bids (provided the Notice Inviting Bids so indicates) unless the bidder has specified to the contrary, in which event the District reserves the right to disregard the bid in its entirety.

Section 5.4 Minor Deviations.

The CEO reserves the right to waive inconsequential deviations from the specifications in the substance or form of informal bids received.

The Board reserves the right to waive inconsequential deviations from the specifications in the substance or form of formal bids received.

Section 6. Limit of Authority Delegated to CEO

Section 6.1 District Contracts

Facility Project contracts or contracts regarding land purchases and leases which bind the District to the terms of a contractual agreement shall be approved by the Board and shall be signed by the Chair of the Board unless the Board designates an alternate signer when the contract is approved.

Section 5.2 Capital Project Contracts

Facility Project contracts for capital projects that will financially obligate the District to more than $100,000 shall be reviewed by the Finance Committee.

Facility Project contracts for capital projects that are included in the capital budget and will obligate the District to more than $175,000 shall be approved by the Board.

Facility Project contracts for capital projects that are not included in the capital budget and will obligate the District to more than $100,000 shall be approved by the Board.

Facility Project change orders that in aggregate increase the scope of the Facility Project by more than 20% shall be approved by the Board.

Section 6.3 Board Approval Process

For all Facility Project contracts where the approval of the Board is required (not delegated to the CEO) the project Specifications and the Notice Inviting Bids shall be approved by the Board before publication.

For all Facility Project contracts where the approval of the Board is required (not delegated to the CEO) the final contract shall be reviewed by the Finance Committee before submission to the Board for approval.

9.

BOARD COMMENTS

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

March 28, 2016

The Honorable Jim Wood
Chair, Assembly Health Committee
State Capitol, Room 6005
Sacramento, CA 95814

Re: OPPOSE AB 2743 (Eggman)

Dear Assemblymember Wood:

On behalf of Sonoma Valley Hospital, I am writing to express our opposition to AB 2743.This bill would create, by unfunded mandate, a "real-time" patient bed registry for inpatient psychiatric hospital bed openings, to be updated and maintained as changes in availability occur.

Our organization is opposed to AB 2743 because:

- Gaining admission to a hospital psychiatric bed is a dynamic and patient-centric process. Every hospital must make individual patient admission decisions based on a number of factors, including patient capacity and the therapeutic milieu, treatment capabilities, staffing, physical plant layout, a patient's legal status, a hospital's licensure and physician availability.
- A bed registry cannot provide truly meaningful information to providers, patients or their families. This bill increases costs to hospitals while failing to improve access to care.
- Failed bed registry experiments across the country demonstrate that this unfunded mandate will impose monetary costs and administrative burdens on hospitals while failing to benefit patients, their families or emergency rooms looking for placement options.
- Logistic complexities far outweigh the value of such a registry. Hospitals will be forced to divert resources away from patient care, toward maintaining a registry that provides meaningless information at a high cost to our hospitals and the state.
- Using such a registry would alleviate neither the need for professionals to call facilities with available beds to ascertain appropriateness for the patient (as well as the facility's capability and capacity), nor the need to work with the individual and family to make treatment decisions.

We respectfully urge your opposition to AB 2743. This bill does nothing to solve the gaps in access to services at all levels of crisis care, nor does it ensure that individuals will gain treatment in the least restrictive setting possible.

Sincerely,

Kelly Mather
President and Chief Executive Officer
Sonoma Valley Hospital

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