



Healing Here at Home

**SONOMA VALLEY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING AGENDA**

Thursday, July 3, 2014
5:30 p.m. Closed Session
6:00 p.m. Regular Session

COMMUNITY MEETING ROOM
177 First Street West, Sonoma, CA

AGENDA ITEM	RECOMMENDATION	
MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Nevins</i>	
2. PUBLIC COMMENT ON CLOSED SESSION	<i>Nevins</i>	
3. CLOSED SESSION <u>Calif. Government Code § 54956.9(b)(3)(C):</u> Conference Regarding Potential Litigation	<i>Nevins</i>	
4. REPORT OF CLOSED SESSION	<i>Nevins</i>	
5. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i>	<i>Nevins</i>	
6. CONSENT CALENDAR A. Regular Board Minutes, 05.1.14 B. FC Minutes 5.27.14 C. QC Minutes 5.28.14 D. GC Minutes 5.27.14 E. QC Policy & Procedures F. Community Pool Project G. MEC Credentialing Report, 06.25.14	<i>Nevins</i>	Action
7. SPECIAL DISTRICT REPRESENTATIVE TO THE LOCAL AGENCY FORMATION COMMISSION (LAFCO)	<i>Nevins</i>	Action
8. PHASE I HOSPITAL PROJECT SUMMARY AND BUDGET	<i>Coss</i>	Inform
9. FY2015 CAPITAL BUDGET	<i>Mather</i>	Action
10. OB YTD FINANCIAL UPDATE	<i>Kobe</i>	Inform
11. FINANCIAL REPORT FOR MAY 2014	<i>Cox/Tarver</i>	Inform
12. ADMINISTRATIVE REPORT JUNE 2014 AND THREE-YEAR VOLUME & GROWTH REPORT	<i>Mather</i>	Inform

13. FY2015 LEADERSHIP GOALS	<i>Mather</i>	Inform
14. OFFICER & COMMITTEE REPORTS A. Board Chair Report i.Update on MGH-SVH Affiliation Agreement B. Quality Committee i.Annual Healing At Home PI Report ii.Annual Clinical Lab Effectiveness Summary Report	<i>Nevins</i>	Inform
15. ADJOURN Next regular Board meeting, August 7, 2014	<i>Nevins</i>	

6.

CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING MINUTES
Thursday, May 01, 2014, 2014
Community Meeting Room, 177 1st St W, Sonoma**

Committee Members Present	Committee Members Absent/Excused	Admin Staff /Other	
Sharon Nevins Kevin Carruth Peter Hohorst Jane Hirsch Bill Boerum		Robert Taylor Stephen Berezin Keith Chamberlin, MD Jeannette Tarver Bob Kenney Lynn McKissock Dick Fogg	Paula Davis Mark Kobe Dawn Kuwahara Celia Kruse de la Rosa D. Paul Amara, MD Don Frances

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
1. CALL TO ORDER	<i>Nevins</i>		
2. PUBLIC COMMENT	<i>Nevins</i>		
3. CONSENT CALENDAR	<i>Nevins</i>	Action	
<ul style="list-style-type: none"> ▪ Board Minutes 4.3.14 ▪ FC Minutes 3.25.14 ▪ QC Minutes 3.26.14 ▪ QC P&Ps ▪ MEC Credentialing Report 4.23.14 		MOTION: by Boerum to approve Consent Calendar and 2 nd by Hirsch. All in favor.	
4. RESOLUTION No. 321	<i>Mather/Fogg</i>	Action	
	Mr. Boerum requests that future resolutions of this nature are accompanied by a Board cover letter complete with detailed terms.	MOTION: by Boerum to approve and 2 nd by Hohorst. All in favor.	
5. RESOLUTION No. 322	<i>Mather/Fogg</i>	Action	
	Mr. Boerum requests that future resolutions of this nature are accompanied by a Board cover letter complete with detailed terms.	MOTION: by Boerum to approve and 2 nd by Hohorst. All in favor.	
6. ROLLING STRATEGIC PLAN	<i>Mather</i>	Action	
	Mr. Boerum suggested that two items be added: the payor mix challenge and the Hospital's land lease option.	MOTION: by Hirsch to approve and 2 nd by Carruth. All in favor.	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
7. MARKETING ANNUAL REPORT	<i>Kenney</i>	Inform	
8. OB UPDATE	<i>Kobe</i>	Inform	
9. FINANCIAL REPORT MARCH 2014	<i>Tarver</i>	Inform	
	Mr. Boerum would like to return to having the entire financial report (same as the Finance Committee package) included in the Board agenda package.		
10. ADMINISTRATIVE REPORT APRIL 2014	<i>Mather</i>	Inform	
11. SVH STAFF SATISFACTION RESULTS	<i>Davis</i>	Inform	
12. OFFICER & COMMITTEE REPORTS	<i>All</i>	Action	
❖ Governance Committee ❖ Finance Committee Applicant Interviews	<p><u>Governance Committee Updates</u> Mr. Hohorst reported that both Form 700 Compliance and Board Ethics Training are up to date and/or have been filed with the State.</p> <p><u>Finance Committee Applicant Interviews</u> There were two applicant interviews for the open alternate position on the Finance Committee: Stephen Berezin (SB) and Robert Taylor (RT). <u>Voting Results by roll call:</u> Sharon Nevins-SB Peter Hohorst-SB Bill Boerum-RT Jane Hirsch-SB Kevin Carruth-SB By a vote of 4:1, Mr. Berezin is the newest Finance Committee member.</p>		
13. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Nevins</i>		
14. ADJOURN	<i>Nevins</i>		
	7:43PM		
15. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Nevins</i>		

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
16. CLOSED SESSION	<i>Nevins</i>		
11. REPORT OF CLOSED SESSION/ADJOURN	<i>Nevins</i>		



**SONOMA VALLEY HEALTH CARE DISTRICT
FINANCE COMMITTEE
MEETING MINUTES
Tuesday, May 27, 2014
Schantz Conference Room**

Voting Members Present		Staff/ Public/Other	Excused/Absent
1. Dick Fogg 2. Phil Woodward 3. Peter Hohorst 4. Sharon Nevins 5. Shari Glago	6. Steve Barclay 7. Mary Smith 8. Stephen Berezin 9. Keith Chamberlin, MD (by phone)	David Cox Kelly Mather Gigi Betta	S. Mishra, MD Bernadette Jensen Jeannette Tarver

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION AND VISION STATEMENTS	<i>The mission of the SVHCD is to maintain, improve and restore the health of everyone in our community. The vision of the SVHCD is that SVH will be a nationally recognized, compassionate place of healing known for excellence in clinical quality. We serve as the guide and indispensable link in our community members' health care journey.</i>		
1. CALL TO ORDER	<i>Fogg</i>		
	Call to order 5:01PM <ul style="list-style-type: none"> Mr. Fogg announced that the Board approved the FC recommendation to purchase a new portable chest x-ray machine at a capital cost of \$190,200. Board Clerk was asked to send an e-copy to the Committee of the Press Democrat article, <i>Health of Our Hospitals</i>. 		
2. PUBLIC COMMENT SECTION	<i>Fogg</i>		
	None.		
3. CONSENT CALENDAR	<i>Fogg</i>	Action/Inform	
A. FC Minutes 4.28.14 B. Revised Capital Acquisition Policy	A. The Minutes from 4.28.14 were approved with the following two corrections: <ul style="list-style-type: none"> Under item 7 Budget Assumptions, add "of controllable expenses" after \$51M. Under item 5 Cash Flow, add that Mr. Woodward strongly suggests that project cash flows are forecasted for a MINIMUM of 6 months. 	MOTION by to approve Glago to approve Minutes <i>as amended</i> and 2nd by Smith. All in favor.	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	B. Capital Acquisition Policy was not an action item, brought to the Committee for informational purposes only.		
4. APRIL 2014 FINANCIALS	Cox	Inform	
	<ul style="list-style-type: none"> Mr. Woodward asked Mr. Cox to breakdown Other Liabilities on the Balance Sheet. In response to Mr. Hohorst's concerns, Ms. Mather offered to look into the "repatriation" of Kaiser ER patients from the Sonoma Valley to Santa Rosa area. 		
5. CASH FLOW FORECAST	Cox	Inform	
	<ul style="list-style-type: none"> Mr. Cox will extend the Cash Flow through the year 2015, month by month. Over the next few months, Mr. Cox plans to rebuild the overall cash flow forecast model. Under the new model, Mr. Woodward asked that he move Borrowing under Financing Activities. In response the Mr. Woodward's additional requests, Mr. Cox promised to: <ul style="list-style-type: none"> ❖ Clarify the treatment of donations and capital campaigns ❖ provide more detail on things like debt, and ❖ breakout the Line of Credit. 		
6. RAC ANALYSIS	Cox	Inform	
	Mr. Cox gave the RAC update and there were many questions on clarification. The Committee as a whole had difficulty understanding the analysis as presented and asked that the format be revised such that it is easier to follow. Mr. Cox agreed.		
7. FY2015 OPERATING BUDGET	Mather	Action/Recommendation	
	<ul style="list-style-type: none"> Mr. Cox presented the FY2015 Operating Budget and took questions and comments. Ms. Nevins suggested that under Discussion/Patient Volumes, Mr. Cox reword the 2nd sentence to better define 2% growth. Mr. Cox will review revisions to the Kaufman model and try to get this to the Board Clerk by May 29, 2014 for inclusion in the 		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	<p>Board Package.</p> <ul style="list-style-type: none"> • Committee also requested more detail on 8880-Misc. Overhead/Other and discussed long-term need for revenue growth concurrent with the FY15 emphasis on tightly managed expenses. • Ms. Mather will present the long-term capital plan at the next Finance Committee meeting. • Mr. Cox will follow up with his staff about producing Profitability by Payer report. • There was a discussion on the OB Analysis and Mr. Fogg requested that the financial impact analysis be brought back to the Finance Committee for review before the August 7, 2014 Board presentation . No decision was made. • <i>The FC endorses the FY2015 Operating Budget contingent upon a cash flow schedule being available to Board no later than the time they vote on the budget.</i> Roll call vote of the 9 Committee members present (see above) followed. All in favor. 		
8. ADJOURN	<i>Fogg</i>		
	Adjourn 6:20 PM		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, May 28, 2014
Schantz Conference Room**

Committee Members Present	Committee Members Present	Committee Members Absent/Excused	Admin Staff /Other
Jane Hirsch Kevin Carruth Susan Idell Leslie Lovejoy	Michael Mainardi MD Kelsey Woodward Carol Snyder Cathy Webber Howard Eisenstark MD	Robert Cohen M.D. Ingrid Sheets Paul Amara M.D. S. Douglas Campbell M.D	Gigi Betta Mark Kobe Kathy Mathews

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
1. CALL TO ORDER	<i>Hirsch</i>		
2. PUBLIC COMMENT	<i>Hirsch</i>		
	None		
3. CONSENT CALENDAR	<i>Hirsch</i>	Action	
A. QC Meeting Minutes, 4.23.14 B. Revised Charter C. P&Ps		MOTION: by IDELL to approve 3. A-C and 2 nd by MAINARDI. All in favor.	
4. INFECTION CONTROL REPORT	<i>Mathews</i>	Inform	
	Ms. Mathews presented the annual Infection Control Report covering 2014 goals, controllable infections and opportunities for improvement. The Committee suggested improved compliance for physician influenza shots in 2014 goals. 2013 vaccination rate for physicians was 28%.		
5. HCAHPS/PATIENT EXPERIENCE	<i>Kobe</i>	Inform	
	Mr. Kobe presented Press Ganey and HCAHPS results and explained Studer methodology (AIDET) used at SVH and talked about the importance of patient satisfaction. The Hospital will be discontinuing service with Press Ganey and in future will use National Research		

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	Corporation.		
6. QUALITY REPORT MAY 2014	<i>Lovejoy</i>	Inform	
	Ms. Lovejoy presented the Quality Report for May 2014 including background on the 2013 HIPAA breach.	MOTION: by EISENSTARK to approve and 2 nd by MAINARDI. All in favor.	
7. BOARD QC DASHBOARD 2014	<i>Hirsch</i>	Action	
		MOTION: by EISENSTARK to approve and 2 nd by MAINARDI. All in favor.	
8. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Hirsch</i>		
9. ADJOURN	<i>Hirsch</i>		
10. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>	Inform	
11. CLOSED SESSION	<i>Amara</i>	Action	
12. MEDICAL STAFF BYLAWS AMENDMENT	<i>Lovejoy</i>	Action	
13. REPORT OF CLOSED SESSION/ADJOURN	<i>Hirsch</i>	Inform	
	6:50PM		



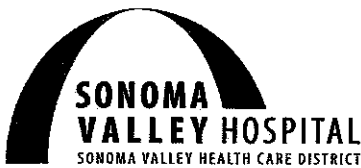
**SONOMA VALLEY HEALTH CARE DISTRICT
 GOVERNANCE COMMITTEE
 REGULAR MEETING MINUTES
 Tuesday, May 27, 2014, 8:30 AM**

LOCATION: 320 DAVILA COURT, SONOMA, CA 95476

Committee Members Present	Committee Members Absent	Administrative Staff Present
Bill Boerum Peter Hohorst		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW- UP
MISSION AND VISION STATEMENTS			
1. CALL TO ORDER	<i>Boerum</i>		
	830 AM		
2. PUBLIC COMMENT:	<i>Boerum</i>		
3. CONSENT CALENDAR: A. GC Meeting Minutes, 4.28.14	<i>Boerum</i>	Action	
		MOTION by Hohorst to approve Consent Calendar. All in favor.	
4. STANDING COMMITTEE CHARTER REVIEW	<i>Boerum/Hohorst</i>	Inform/Action	
	Put forward to future meeting.		
5. CONTRACTING PROCEDURES REVIEW	<i>Boerum/Hohorst</i>	Inform/Action	
	Put forward to future meeting.		
6. FACILITY CONTRACTING POLICY	<i>Boerum/Hohorst</i>	Inform/Action	
	Put forward to future meeting.		
7. CONTRACTING APPROVAL MATRIX	<i>Boerum/Hohorst</i>	Inform/Action	
	Put forward to future meeting.		
8. ADVISE COMMITTEES OF CHARTER REVIEW	<i>Boerum/Hohorst</i>	Inform/Action	
	Put forward to future meeting.		
9. BOARD ORIENTATION BINDER	<i>Boerum/Hohorst</i>	Inform/Action	
	Put forward to future meeting.		
10. MARIN AFFILIATION AGREEMENT REVIEW	<i>Boerum/Hohorst</i>	Inform/Action	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW- UP
	Put forward to future meeting.		
11. REVIEW OF SCHD GOVERNANCE CERTIFICATE PROGRAM	<i>Boerum/Hohorst</i>	Inform/Action	
	Put forward to future meeting.		
12. COMMENTS BY BOARD MEMBERS AS REGULAR AGENDA ITEM	<i>Boerum/Hohorst</i>		
	None		
13. ADJOURN	<i>Boerum</i> 9:00am		



POLICY AND PROCEDURE
Approvals Signature Page

Healing Here at Home


Review and Approval Requirements

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

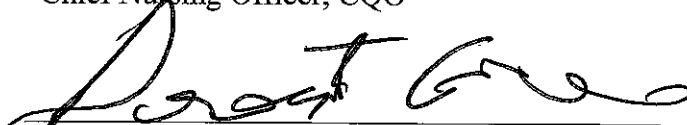
- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent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

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


Organizational: Multiple (refer to attached Summary Sheet)	
APPROVED BY	DATE: 2/28/2014
Director's/Manager's Signature	Printed Name


Leslie Lovejoy, RN
Chief Nursing Officer, CNO

3-12-14
Date


Robert Cohen, MD
Chief Medical Officer

3/14/14
Date


D. Paul Amara, MD
President of Medical Staff

6/2/14
Date


Kelly Maher
Chief Executive Officer

6/2/14
Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Pharmacy Department**

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

Type X Revision X New Policy	Regulatory <input type="checkbox"/> CMS <input type="checkbox"/> CDPH (formerly DHS) <input type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
X Organizational: Clinical	X Departmental <input type="checkbox"/> Interdepartmental

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

MM8610-114 Vaccine Screening-Pneumococcal and Influenza—Updated (Replaces MM-120)
 MM8610-119 Pharmacist Review of Medication Orders—Updated (Replaces MM-119, 175, 183)
 MM8610-120 Access to Patient Information for Medication Management—Updated (Replaces MM-118)
 MM8610-121 Floorstock Medications—Updated (Replaces MM-144)
 MM8610-122 Formulary Management—Updated (Replaces MM-102)
 MM8610-123 Storage of Medications—Updated (Replaces MM-111)
 MM8610-124 Inspection of Nursing Units and Medication Storage Areas—Updated (Replaces MM-146)
 MM8610-125 Temperature Monitoring of Medication Storage—Updated (Replaces MM-174)

Reviewed By	Date	Approved (Y/N)	Comment
Douglas Campbell, MD - Chairman	3/13/14	Y	
D. Paul Amara, MD - Medical Staff President	4/13/14	Y	
Michael Brown, MD - Chairman Surgeon	4/2/14	Y	



Policy Submission Summary Sheet

Title of Document: Organizational-Multiple Departments

Type: Revision

Policy	Comments
EC LS8610-103 Material Flammability Standards	reviewed; updated to standard of TB 117-2000
EC SAF8610-117 Cell Phone Usage	retire; not a safety issue
ECEQP8610-On-Call Engineer	reviewed; updated with staff changes
ECLS8610-106 Fire Alarm Testing	reviewed; only minor changes in wording
ECLS8610-111 Fire Drill Procedure	revised to include new wing
ECSAF 8610-116 Smoking Policy	retire; refer to LD8610-133
LD8610-133 Smoking Policy	reviewed; added smoking locations
EM 8610-Chart 17 element of NIMS	delete; in EOP Plan
IM8610-117 Telephone & Verbal Orders	Delete; new policy MS8610-120
IM8610-102 Disclosure of PHI	delete; duplicate to RC8610-116
IM8610-201 IS security agreement & code of ethics	retire; refer to IM8610-183 IM System Security and Password Control
LD8610-128 Meal Reimbursement	Retire; included in Travel Policy HR8610-135
LD8610-104 Mileage Allowance	reviewed; updated milage rate from State of CA to IRS Standard
LD8610-114 Customer Relations	revised with minor changes
LD8610-118 Investment Policy	not Leadership policy; sent to Board
LD8610-142 Complaints and Service of Legal Proceedings	reviewed; updated with minor changes
LD8610-202 Leased Employees & Letter of agreement	retire; not a policy
LD8610-314 Involving Patients & Families in safe Care	retire; no longer in use
LD8610-316 Organ Tissue Donation	reviewed; no changes
LD8610-320 Plan for Patient Family Education	reviewed; minor word changes
MS8610-120 Verbal and Telephone Order Policy	new policy; already through committees
PC8610-111 Routine Care of the Pediatric Patient	Revised; updated assessment regarding less than 5 yrs; use of elimination Flow Chart
PC8610-127 Pediatric assessment	Reviewd; updated reference to current standard
PC8610-151 Autopsy Policy	reviewed; updated to current standard
PC8610-161 Do Not Resuscitate	reviewed; no changes
PC8610-163 Hand off Communication SBAR	reviewed; no changes
PC8610-303 Car Seat Safety Program	reviewed; no changes
PCLB8610-205 Nitrazine Testing for Amniotic Fluid	reviewed; updated to Standard
PCLB8610-204 Critical Value Reporting	reviewed; no changes
PCLB8610-Point of Care Testing	reviewed; no changes
PCLB8610-201- AccuChek Inform II Glucose Monitoring	revised to include Standards and procedure of Inform II System
RC8610-114 Retention of Health Information	revised; includes McKesson Patient Folder for records 2012- to current
New Policies	
EC-SAF8610-145 Electrical Safety Testing Policy	new policy
EC-LS8610-102 Hospital Fire Response Plan	new policy
LD8610-303 Vendor PO Assignment	new policy
Reviewed By:	Date Approved (Y N)
Policy & Procedure Team	02/26/2014 Yes
Surgery Committee	3/5/14 <i>yes</i>
Medicine Committee	3/13/14 <i>yes</i>



POLICY AND PROCEDURE Approvals Signature Page

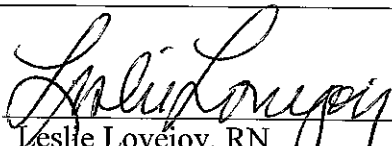
Review and Approval Requirements

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

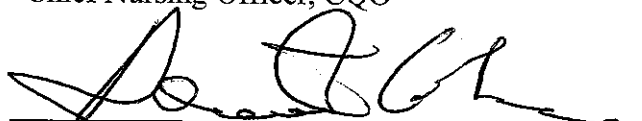
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- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent with evidence-based practice

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


Organizational: Multiple (refer to attached Summary Sheet) April List	
APPROVED BY	DATE: 4/25/2014
Director's/Manager's Signature	Printed Name


Leslie Lovejoy, RN
Chief Nursing Officer, CNO


6-2-14
Date


Robert Cohen, MD
Chief Medical Officer

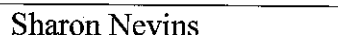
6-3-14
Date


D. Paul Amara, MD
President of Medical Staff

6/3/14
Date


Kelly Maher
Chief Executive Officer

6-3-14
Date


Sharon Nevins
Chair, Board of Directors

Date



Policies and Procedures Summary Sheet

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

April policies	
Policy	Notes
EC-EQ8610-148 Equipment Inventory	reviewed; minor additions and corrections
EC-EQ8610-149 Equipment Repair/Loaner Requests	reviewed; removed unnecessary steps and made some corrections.
EC-EQ8610-151 Equipment Utility Failure	reviewed; added note about separate charges for repair and rent of the equipment
EC-EQ8610-155 Equipment Failure Offsite	retire; not applicable
EC-EQ8610-152 Injury Due to Medical Device Equipment	reviewed; minor changes to include EC-EQP8610-154
EC-EQP8610-154 Injury Due to Medical Device	retire; included in ECEQP8610-152
EC-EQ8610-Shipping Out Contaminated Equipment	retire; refer to IC8610-104
EC-SAF8610-113 Accident Investigation	retire; included in Vehicle Safety Program
EC-SAF 8610- 111 Vehicle and Driver Safety	revised; updated to standards and included Accident Investigation policy
EC-SAF8610-114 Hospital visitors	retire; will update RI8610-128 w/this information
EC-HAZ8610-101 Medical Waste Management Plan	revised; updated to current standard
IC8610-126 MRSA Active Surveillance Culture (ASC)	revised; minor changes, reference updated to current standard complying w/law
IM8610-104 Facsimile (FAX) Confidentiality and Security Policy	reviewed; additional info regarding autofaxing
IM8610-118 Identity Theft Prevention & Detection/Red flag Rule	reviewed; no changes
LD8610-205 Product Recalls	reviewed; no changes
MS8610-187 Medical Staff Indicators Review	reviewed; minor changes
PC8610-101 Patient Admitting Policy	revised; updated verbage regarding collecting deductibles and payments
PC8610-129 Care of patient with acute ETOH withdrawal or delirium	reviewed; no changes
Reviewed By:	Date Approved (Y/N)
Policy & Procedure Team	4/22/14 Yes
Surgery Committee	5/7/14 <i>yes</i>
Medicine Executive Committee	5/15/14 <i>yes</i>



June 9, 2014

Re: Community Pool Project on Verano Avenue

To Whom It May Concern:

Sonoma Valley Hospital is excited to learn of the efforts of Sonoma Splash and the Sonoma Valley Health and Recreation Association to place a community pool on the former “Paul’s Resort” property on Verano Avenue.

The property is an ideal location at the geographic and demographic center of Sonoma Valley with proximity to the well-traveled Highway 12 corridor, Verano Avenue, Arnold Drive, and Maxwell Park. The community pool and proposed recreational facilities will provide affordable accessibility to many diverse populations, benefiting families, youth, and seniors who do not currently have access to recreational swimming, water safety, and learn-to-swim activities.

In addition, Sonoma Valley Hospital strongly supports the availability of health and wellness programs and initiatives at the facilities to enhance and extend quality of life for our entire community, and particularly for seniors, including aqua physical therapy and other rehabilitative activities, low-impact aquatic exercise and water aerobics, yoga and pilates.

Sincerely,

Kelly Mather
President and Chief Executive Officer

7.

**SPECIAL DISTRICT
REPRESENTATIVE TO
THE LOCAL AGENCY
FORMATION
COMMISSION (LAFCO)**

SONOMA LOCAL AGENCY FORMATION COMMISSION

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

Date: June 6, 2014
To: All Independent Special Districts
From: Cynthia Olson, Clerk
Subject: Special District Representative Class II Election

The purpose of this letter is to inform you about the accompanying materials associated with an election to fill a position of Special District Representative to the Local Agency Formation Commission (LAFCO). This is a four-year term of office, which begins immediately and ends in May 2018. As a result of an earlier notification by LAFCO to special districts, two nominations were submitted by the June 2, 2014, deadline. Nominations for this position (Class II) were restricted to board members of independent special districts other than fire and community service districts. All districts have the right to vote.

The election process requires that LAFCO send to each independent special district copies of all nominations received by the established deadline, a ballot, and voting instructions. In compliance with these requirements, you will find, attached:

- Copies of the applications and resumes received;
- A ballot to be completed by your district, along with voting instructions;
- A certification, which must be signed by the district's presiding officer, or his/her designated alternate, who casts the vote on behalf of your district

All ballots must be returned to the LAFCO office by July 18, 2014. While FAX copies of the ballots and certifications may be submitted to meet the deadline, replacement originals must be sent as soon as possible afterward. Please note that, in line with special district procedures, a space is provided on the ballot for a "write-in" vote.

Ballots representing a simple majority of the districts must be returned to the LAFCO office by the deadline date, for the election to be considered valid. All ballots received by the deadline date will be counted. A candidate must receive at least a majority of the votes cast to be selected.

On behalf of the Commission, I urge your district to participate in this election for special district representation to LAFCO and to return the ballot by the July deadline. If you have any questions, please contact me at 565-2587.

SONOMA LOCAL AGENCY FORMATION COMMISSION

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

Instructions for LAFCO Mail Ballot Election For Special District Representative

1. Vote for only one candidate for Special District Representative.
2. The presiding officer or his/her designated alternate, acting on behalf of the district, must cast the district's vote for each position, by marking the space to the right of a candidate's name. Ballot space has also been provided for write-in candidates.
3. The presiding officer or his/her designated alternate must complete, sign, and date the certification, which is attached.
4. When voting is completed, place the marked ballot sheet and completed, signed certification into the envelope provided and mail to Sonoma LAFCO, 575 Administration Drive, Room 104A, Santa Rosa, CA 95403.
5. Submit ballot and certification by July 18, 2014.
6. Ballot sheet and certification may be faxed (565-3778) or emailed to LAFCO to meet deadline requirements. However, the originals must be mailed to the LAFCO office as soon as possible thereafter.
7. In an effort to reduce both cost and use of natural resources, we are requesting that future elections be held by email. If this is acceptable to your District, please indicate your acceptance on the ballot.

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BALLOT

SPECIAL DISTRICT REPRESENTATIVE
To Sonoma Local Agency Formation Commission
(For Term of Office Ending May 2018)

VOTE FOR ONE:

Ken Jones, Forestville County Water District _____

Tamara Davis, Marin Sonoma Mosquito and Vector Control District _____

Write-in Candidate _____

CERTIFICATION

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

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

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

☐ By checking this box, we agree to receive and transmit future election materials by email.

(Date)

(Signature)

SONOMA LOCAL AGENCY FORMATION COMMISSION

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

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

www.sonomalafco.org

APPLICATION FOR SPECIAL DISTRICT REPRESENTATIVE (CLASS II)

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

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

Date Submitted: May 7, 2014

Name: Kenneth A Jones, Esq

Address: 6130 Anderson Road, Forestville, CA 95436

Phone(s): 707-524-4850

Email: kajones@sonic.net

Name of District You Represent: Forestville Water District

Date of Most Current Election/Appointment: President November 15, 2011

Date Term Expires: December 2015

Total years with District: 2.5

Total Years Associated with Government/ Community Service: 6.5

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

Sonoma Local Agency Formation Commission

Forestville Sanitation Zone (part of the FWD)

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

Have you attended LAFCO meetings? If yes, when?

I am a sitting LAFCO Commissioner. I have not missed a meeting since being appointed in January of 2013.

SONOMA LOCAL AGENCY FORMATION COMMISSION

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

Sonoma County faces many critical issues that will be addressed by LAFCO over the next few years. Fire districts face revenue shortcomings and rising expenses. Hard choices and best executions will need to be identified then employed through LAFCO involvement and leadership. Critical and complex issues such as the annexation of Roseland and the adequate supply of necessary services for all stakeholders must be resolved carefully. Future County water conservation decisions will impact everyone. Water and sewer districts will need to monitor budgets carefully given the potential of lower water sales revenues and higher costs, often driven by increased regulatory standards.

I started my preparation to address these complex issues when I joined LAFCO almost 17 months ago and participated as a new Commissioner in a self-review of LAFCO. A study of the legislation which guides LAFCO revealed that the Commission has tremendous leeway in its choice to be responsive or proactive. That day, the decision was made that when appropriate, and a clear need or district request existed, LAFCO would use its authority to take an active role in problem solving. Towards this end, as a member of the LAFCO Policy Committee, I help to forge the guidelines under which LAFCO assists Sonoma County, our cities and districts size their spheres of influence to promote smart growth, while maintaining the service levels and cost structures all strive to provide.

We face the above referenced challenges today. As a Commissioner, attorney, and Forestville Water and Sewer District Chair, I have studied the issues we face and I am prepared to support and promote creative solutions that will recognize the oft times competing needs of stakeholders. I would like to continue to serve on the LAFCO board because I believe I am ideally positioned to be part of the process that will help all of us maintain the high quality of life we have come to know here in Sonoma County

From your perspective, explain the purpose of LAFCO:

LAFCO's mission is to pragmatically review local government agencies through the lens of LAFCO policies and to promote the efficient provision of public services. LAFCO must carefully use its authority while respecting the autonomy of Sonoma County, our cities, and our special districts. LAFCO is fulfilling its purpose when open space resources are preserved, and there is orderly growth and minimal urban sprawl. Sonoma County LAFCO is successful when the high quality of life in our community is maintained.

Kenneth A. Jones, Esq.

6130 Anderson Road, Forestville, CA 95436

707-887-2365, kajones@sonic.net

PROFESSIONAL EXPERIENCE

MANAGER, Stearns Lending Inc. – 12/1/2009 to present

- Manages Retail Lending Production for the Northern California Region of Stearns Lending, Inc. Responsible for a retail net branch lending operation that currently employs 38 people.

PRESIDENT, BLUE OAK MORTGAGE CORPORATION – 9/01/2005 to 11/31/2009

- Managing partner and broker of Department of Real Estate licensed mortgage brokerage.

ASSOCIATE ATTORNEY, Law Offices of Davis F. Beach – 12/10/03 to 9/01/2005

- Managed civil litigation defense in the areas of construction defect, contracts, and torts.

MARKETING MANAGER-V.P., North American Mortgage Company – 1/7/86 to 10/31/01

- Managed the marketing effort for the Direct to Consumer Division of a nationally recognized lender. Other positions held during tenure: Loan Officer, Manager - Commitment Control, Manager – Secondary Marketing Builder Forwards.

PAST GOVERNMENT AFFAIRS CHAIR, CA. Association of Mortgage Professionals

- Extensive knowledge of TILA, RESPA, and recent CFPB administrative law changes that flow from Dodd-Frank.

EDUCATION AND HONORS

J.D., EMPIRE COLLEGE SCHOOL OF LAW, Santa Rosa, California – 2003 Cum Laude

- Within Awards for Academic Excellence (first in class) in Real Property, Community Property, and Business Organizations
- California State Senate Outstanding Scholastic Achievement Award
- California Legislative Assembly Outstanding Scholastic Achievement Award
- California State Assembly – 2013 Certificate of Recognition of Commitment to the Mortgage Profession

B.A., MIAMI UNIVERSITY, Oxford, Ohio – 1982

- Psychology - Cum Laude

EMPIRE COLLEGE-MOOT COURT TEAM - 2003

34th Annual Robert J. Traynor California Moot Court Competition

- The California Academy of Appellate Lawyers Award (Brief Writing), second place
- Best Respondents Brief

LEGAL LICENSES AND AFFILIATIONS

- State Bar of California #228999
- CA DRE Real Estate Broker License #00935037
- Nationwide Mortgage Licensing System License #244086
- Commissioner, Sonoma County CA LAFCO
- Board Member and Chair, Forestville CA Water District

MILITARY

UNITED STATES MARINE CORPS – 1975

- Aerial Navigator of C-130 Aircraft – MCAS Cherry Point North Carolina
- Honorable Discharge 1979

SONOMA LOCAL AGENCY FORMATION COMMISSION

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APPLICATION FOR SPECIAL DISTRICT REPRESENTATIVE (CLASS II)

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

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

Date Submitted: 5-20-2014

Name: Tamara Davis

Address: 903 Hacienda Circle, Rohnert Park, CA 94928

Phone(s): 707-585-6153

Email: PhineasChapmanRP@gmail.com

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

Date of Most Current Election/Appointment: January 1, 2013

Date Term Expires: December 31, 2014

Total years with District: 12 years

Total Years Associated with Government/ Community Service: 35 + years (please see resume)

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

I am not currently involved with any other local agencies or special districts. I am a board member of the Vector Control Joint Powers Agency which has vector control districts as members from throughout the state of California.

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

Please see attached resume.

Have you attended LAFCO meetings? If yes, when?

Yes, in 2006 and I have followed the work of LAFCO with interest for years.

RECEIVED

May 27, 2014

SONOMA LAFCO
LOCAL AGENCY
FORMATION COMMISSION

SONOMA LOCAL AGENCY FORMATION COMMISSION

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

Sonoma County LAFCO serves an important function to protect and preserve our communities. I have witnessed
the work of Sonoma County LAFCO over my many years of involvement with local government and agencies and
would be able to bring an informed perspective to the work. I would like to have the opportunity to participate
in the mission of this important agency.

From your perspective, explain the purpose of LAFCO:

My understanding is that LAFCO was formed to impact the boundaries of cities and special districts; to hear all
points of views on if and when and how those boundaries will be changed. The process will assist in preserving
agricultural land and open space areas. LAFCO encourages orderly growth, discourages urban sprawl and assists
in the orderly formation of local government agencies and promotes the efficient provision of public services.

Tamara Davis
903 Hacienda Circle
Rohnert Park, CA 94928
Home: 707-585-6153

I have spent my career working in the insurance business, focused on the operations side of the State Farm. The last twelve years at State Farm, I worked on public policy, media relations, community outreach and legislative issues.

Current volunteer positions:

Trustee – Marin/Sonoma Mosquito and Vector Control District

Mosquito and Vector Control Association of California (MVCAC)
Trustee Council – past Chairman – two terms

Vector Control Joint Powers Agency (VCJPA) – Board of Directors

Work history:

State Farm 34 years (retired 2-1-04)

Public Affairs Manager

(focus on legislative, public policy issues, education, community outreach and media relations)

Fire Claims Superintendent –

(focus on home and business claims – claims involving litigation-managed a litigation unit)

Fire Claims Supervisor -

(focus on home and business claims – also worked on a variety of disasters...wind and rain storms in Northern California, Loma Prieta earthquake disaster, Oakland Hills Fire Disaster, Andrew Hurricane and Northridge earthquake)

Reinspector/Trainer

(focus on reinspecting handled claims and assisting in training new claim representatives)

Claim Representative

(handled home and business claims and a variety of disasters – hail storms in New Mexico, Colorado and Wyoming)

Life Company – cash control clerk, administrative assistant

Auto Underwriting – assistant auto underwriter

Education

Santa Rosa Junior College	AA degree
Sonoma State University	BA degree
LOMA	Fellow of the Life Management Institute

Past Community Involvement

Goodwill Industries of the Redwood Empire – Board of Directors 2004 to 2013

Mosquito Research Foundation – Board of Directors 2011 to 2012

Corporate Council – State Conference of NAACP 1998 to 2004

Santa Rosa Chamber of Commerce – Government Review Committee
1994 to 2004

Alliance of North Bay Chambers of Commerce – Board of Directors 2000
to 2004

Rohnert Park Chamber of Commerce 1992 to 2012

Cotati Chamber of Commerce 1978 to 1986

Sonoma State University – Ambassador for Higher Education 2000 to
2004

Sonoma County Business Education Round Table – past president of
Board of Directors 1994 to 2003 (president for one year)

Insurance Information Network of California – past president of Board of
Directors – member of IINC Communications Committee 1993 to 2004

Personal Insurance Federation of California – communications and
legislation committee member 1995 to 2004

Professional Business Women of California – past Board of Directors
member, Advisory Committee member 1995 to 2004

Recipient of the 2001 Women and Industry award for Insurance and the
2001 Women and Industry Award for Community Involvement

CEWAER – California Elected Women's Association – member

Leadership California – graduate

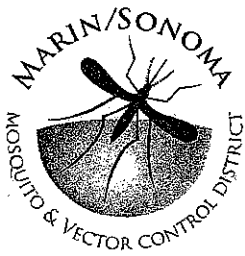
The Association for Women in Communications – member

Mayor and Council Member City of Cotati 1979 to 1984

Redwood Municipal Insurance Fund – Board of Directors 1982 to 1984

Governor's School to Career Advisory Council – appointed by Governor
Pete Wilson

Sonoma County School to Career Partnership – past president and
founding board member 2001 to 2003



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

Philip D. Smith
District Manager

BOARD OF TRUSTEES

Nancy Barnard, President
Corte Madera

Ivonne Van Dyke, Vice President
Cotati

Lee Braun, Secretary
Belvedere

Martin Castro, Treasurer
Windsor

Tamara Davis
Sonoma County At Large

Richard Stabler
Sonoma County At Large

Paul Libeu
Rohnert Park

Michael Kyes
Sebastopol

Steve Ayala
Petaluma

Shaun McCaffery
Healdsburg

Charles Bouey
Sonoma

Bill Pitcher
Santa Rosa

Kerry McGrath
Marin County At Large

Ed Schulze
Marin County At Large

Tom Bradner
Larkspur

Sandra Ross
Mill Valley

Frank Egger
Fairfax

Judith Trusendi
San Rafael

Herb Rowland Jr.
Novato

Phil Paisley
Ross

William Holland
San Anselmo

Roger Smith
Tiburon

May 14, 2014

The Board of Directors: Special Districts
Sonoma Local Agency Formation Commission
575 Administration Drive, Room 104 A
Santa Rosa, CA 95403

Re: Candidacy of Tamara Davis for Commission Vacancy

Dear Directors:

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

Ms. Davis has been a valued member of the MSMVCD Board of Trustees since January 2002, representing Sonoma County at-large. She presently sits on our Executive Committee. Trustee Davis has considerable political experience having served as the Mayor and councilmember for the City of Cotati. Ms. Davis also has performed non-profit volunteer work with Goodwill Industries of the Redwood Empire and with a variety of non-profits both locally and throughout the state.

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

Sincerely,

Nancy Barnard
President

8.

**PHASE I HOSPITAL
PROJECT SUMMARY
AND BUDGET**



Sonoma Valley Hospital

Phase I Hospital Project Summary – June 2014

The Sonoma Valley Phase I Hospital Project is at the final stage of completion. As this chapter closes we wanted to highlight our accomplishments and project challenges while recognizing the many teams who contributed to the project's success.

It all began with the project vision and community support. The Sonoma Community supported the GO Bond and provided an additional \$11 Million in Philanthropy. Because of the early project planning, supported by Management, the Hospital Board and the many user groups set the stage for a successful project. Starting with Project accomplishments, we hope to provide a high level summary for your information.

Major Project Accomplishments

Project funding: Sonoma County supported a \$31 Million Bond measure with \$2.2 Million in Leased Medical Equipment and \$700,000 CEC Loans along with very generous donors contributing over \$11 Million to support the project!

Hospital Staff and Department Support: All of the staff at SVH contributed to the success of the project but special recognition is given to the following: Two South Nursing Unit, Surgical Department, ER staff, Information Technology, Engineering, Accounting, Materials Management, Marketing, the Move Activation Team, Medical Staff, Finance Committee, CEO Construction Committee and the Design Build Team.

Hospital Improvements: Phase I Building Project included a new South parking lot, loading dock, new Emergency Department with nine treatment rooms, three new OR's, Post and Pre-Operative services, Central Processing and patient waiting. Two South improvements included interior finishes, Nursing Station, Patient Isolation Room, storage, new restrooms, patient showers, nurse call system, and patient room upgrades. In the Central Plant, we replaced the emergency generators, chillers, boilers and domestic hot water.

Department Satisfaction: Currently the OR is trending 70 cases above FY 2013 and added four blocks to the schedule. The ED has spikes in volume during the day shift and reports very high volumes at night, too early to call a trend. Both Departments report high satisfaction from staff and physicians with the ED in the 80th percentile nationally.

Information Technology: The Project developed a new server room, new fiber and copper loop around the campus, IT Room, main point of entry (MPOE) rooms for the campus at the new wing, new third floor west wing Intermediate distribution feed (IDF) Room and a new phone system for the new wing. The IT portion of the project was installed on time with without any interruption of service.

Project Budget Update: The Phase I Hospital Project Board approved budget equals \$43,809,376 including the renovations on the second floor. As of June 12, 2014 we are reporting a positive variance of \$ 8,895 that includes approximately \$ 1,784,842 in remaining payments including \$576,911 in retainage for Otto. The following is a Master Budget Summary:

Sonoma Valley Hospital - Phase 1 Budget

Description	Board Approved Budget	Estimate for Project Completion 6/18/2014
CATEGORY 1 Permits & Fees	690,231	773,889
CATEGORY 2 Construction	32,038,811	32,162,015
CATEGORY 3 Medical & Other Equipment	2,520,176	2,057,410
CATEGORY 4 Fixtures & Furniture	456,437	489,438
CATEGORY 5 Communications	1,400,466	1,499,566
CATEGORY 6 Professional Services	4,504,108	4,610,118
CATEGORY 7 Administration	1,648,660	1,561,220
CATEGORY 8 Owner's Contingency	550,487	486,326
CATEGORY 9 SVH Transfers and Added Equipment	0	160,500
Design Build PROJECT TOTALS	43,809,376	43,800,481

Major Project Challenges

Neighborhood Disruption: There were many days and nights of traffic disruption, street closures and parking issues. These consistent disruptions including noise, lasted for over a year and a half, both day and night. The

Hospital had a team working to notify and manage risk issues, but still the neighborhood was impacted. We appreciate the neighborhood's patience and tolerance throughout the duration of the Project.

Hospital Noise and Disruption: The hospital patients and staff including the second floor endured endless noise impacts and utility shut downs. Throughout the duration of construction not a week went by without one or two utility shut downs. Shutdowns included power, hot and cold water, heat and IT service interruptions. Nursing, Engineering, IT and the Facility Coordinator worked to reduce the impact and calm the nerves of both patient and staff. There is no denying the noise and disruption issue had an impact and we are all relieved it's over!

Two South Construction Delay: In September 2013, the project team was expecting an OSHPD Permit for the renovation on two south. Instead, we were informed that two ADA staff restrooms would be required. The Design Build Team worked to first mitigate the request and then submitted corrective plans in order to obtain an OSHPD permit. We received an OSHPD permit in December 2013 and started the project in January 2014. This added two months to our schedule, created two additional construction phases, and added more expense to the project.

Project Master Schedule: The master contract schedule identified November 12, 2013 as the completion date. We obtained Staff and stock on November 25, 2013. We worked with OSHPD for over two months to obtain occupancy. On February 3, 2014, we received a Certificate of Occupancy from OSHPD. Licensing reviewed the project for patient care on February 5 and 6th, 2014 and granted patient occupancy. The project Move Activation Team started the move to the new building on February 7, 2014 and completed the move on February 10, 2014. The schedule was later than planned, but hospital construction in California is difficult and challenging.

Every building project has its own story. Each building, a unique story only known by the people involved. Some a quick read, others a novel. Sonoma Valley Hospital was an adventure with an interesting beginning, packed with dynamic characters and sub plots. The ending was filled with celebration and wellness. The new Sonoma Valley Hospital Emergency and Surgery Department now stands to support patient care for Sonoma County citizens for the next half century.

Sonoma Valley Hospital - Phase 1 Budget

Updated 6/10/14

	Description	Reforecast Approved Budget	Estimated Spent to Date 6/10/14	Commitments	Estimate for Project Completion 6/30/2014	Variance	Notes
	CATEGORY 1 Permits & Fees						
1.01	OSHDP Permit Fees	482,800	340,332	482,800	442,800	40,000	0.0164 % of completed construction. Estimated for \$27 M in construction X .0164% - to be confirmed
1.02	Local Jurisdiction Permits & Fees	39,294	70,587	70,587	70,587	-31,293	City and County Permits, Connection and Inspections: Sewer, Storm Drain, Water, School District fees.
1.03	Utility Connection Fees	85,000	177,365	141,472	177,365	-92,365	City of Sonoma Water connection fees calculated - \$35,893
1.04	Closed Projects	83,137	83,137	83,137	83,137	0	Closed
	TOTAL CATEGORY # 1	690,231	671,421	777,996	773,889	-83,658	
	CATEGORY 2 Construction						
2.01	Otto/NLA (Including Change Orders 1-7)	26,962,214	26,515,437	27,112,214	27,212,214	-250,000	OR HVAC, South Lot, New Wing, CUP, Loading Dock, 4th Street, plus CO 1 to 7, including Otto Changes. CO#19
2.02	Otto/NLA - Design Contingency	894,763	565,024	894,763	894,763	0	Contractor contingency for existing work part of GMP
2.03	Otto/NLA Change Orders 8-9	581,916	549,820	581,916	581,916	0	Release of Otto retention outstanding.
2.04	Otto/NLA Change Order 10 - GMP Negotiations	145,109	129,790	145,109	145,109	0	Release of Otto retention outstanding.
2.05	Otto/NLA Change Order 11 Med Gas System Upgrade	290,000	262,967	276,807	276,807	13,193	Release of Otto retention outstanding.
2.06	Otto/NLA 2 West - (Design)	143,444	0	0	0	143,444	Negotiated as part of Processed Change Order#8 - Costs in Budget ID 2.03.
2.07	Closed Projects	206,587	206,587	206,587	206,587	0	Closed
2.08	Facilities Transfer (CEO/CFO approved various)	290,333	290,333	290,333	290,333	0	CEO/CFO approved transfer of Rosa Construction work - need Attachment C with pricing. Line Item managed by Finance.
2.09	Facilities Transfer (BOD approved 8/12)	1,500,000	1,500,000	1,500,000	1,500,000	0	BOD approved Facilities List transfer on 8/3/12. Directed to be Complete. Line Item managed by Finance.
2.10	2 West Construction - 2/7/13 Approved	850,548	767,257	853,952	853,952	-3,404	2nd floor nurse Station, isolation room and clean utility, Surgery Waiting room.
2.11	2 West Patient Room Renovation - 2/7/13 Approved.	173,897	196,633	173,897	200,334	-26,437	Includes \$77,304 in Furniture.
	TOTAL CATEGORY # 2	32,038,811	30,983,848	32,035,578	32,162,015	-123,204	

	CATEGORY 3 Medical & Other Equipment						
3.01	Emergency Department	481,262	308,135	308,135	308,135	173,127	Owner approved equipment budget - Per equipment list
3.02	Operating Room Suite	686,057	371,615	371,615	371,615	314,442	Owner approved equipment budget- Stryker booms
3.03	Central Processing Department	424,677	418,364	418,364	418,364	6,313	Owner approved equipment budget - Per equipment list
3.04	Post-Op/Pre-Op	306,670	337,786	337,786	337,786	-31,116	Owner approved equipment budget- Per equipment list.
3.05	Closed Projects	621,510	621,510	621,510	621,510	0	Closed
	TOTAL CATEGORY # 3	2,520,176	2,057,410	2,057,410	2,057,410	462,766	Reconciliation completed with Purchasing.

	CATEGORY 4 Fixtures & Furniture						
4.01	Televisions	10,000	0	0	0	10,000	Allowance
4.02	Furniture & Furnishings	275,500	250,668	253,168	253,168	22,332	Allowance - Jan. 2012 start planning. Add \$50,500 - 2 West projects.
4.03	Signage Fabrication and Install	153,528	216,606	205,203	225,171	-71,643	Allowance for interior and exterior signage January 2013 start planning
4.04	Increment 1 Phasing and Directional Signage	17,409	11,100	11,100	11,100	6,309	Allowance - Additional temporary site phasing and directional signage
4.05	Closed Projects	0	0	0	0	0	Closed
	TOTAL CATEGORY # 4	456,437	478,374	469,471	489,438	-33,001	

	CATEGORY 5 Communications						
5.01	IT Infrastructure Cabling & Equipment	173,147	146,743	147,268	157,605	15,542	Allowance for facility backbone wiring projects and unknown infrastructure. Consultant Scope verification. IT med equip allowance.
5.02	IDF and Telecom Facilities	258,665	207,160	196,894	221,766	36,899	Backbone wiring, cabinets, etc for new IDF and Server Rooms with Exterior connections-Metroscope/Teecon.
5.03	New Wing Cable	95,450	160,864	160,864	160,865	-65,415	Backbone data/telcom wiring required for New Wing - Metroscope
5.04	Add 2 West - Med/Surg Unit Nurse Call System	175,000	217,319	234,812	244,812	-69,812	Nurse call system and for 2 West - submitted to OSHPD. Otto Mark up not included. Arch not included.
5.05	Closed Projects	698,204	714,518	714,518	714,518	-16,314	Backbone data/telcom wiring required for moves and IDF equipment - Closed
	TOTAL CATEGORY # 5	1,400,466	1,446,604	1,454,356	1,499,566	-99,100	

	CATEGORY 6 Professional Services						
6.01	Project Management	2,285,495	2,440,187	2,400,402	2,429,642	-144,147	Jtec Contract - \$2,131,495. Owner - 14months @ 11k a Month - \$154,000 Forecasted till end April.
6.02	Geotechnical Engineering	127,055	99,483	99,483	103,000	24,055	Geotechnical engineering and materials testing during construction
6.03	Hazardous Material/Asbestos	150,000	52,649	82,149	90,000	60,000	Allowance - Asbestos materials removal above OR ceilings
6.04	OSHPD Field Observation	287,000	373,765	365,765	381,765	-94,765	OSHPD required inspector fees - Per Contract
	Materials Testing & Inspection	236,875	191,783	189,312	199,783	37,092	Construction materials testing and special inspections.
6.06	Building Commissioning (Limited)	70,000	55,971	50,939	55,971	14,029	Allowance for Owner directed building systems commissiiong
6.07	Reimbursables	79,597	78,478	78,478	81,871	-2,274	Printing, postage, limited services etc.
6.08	Closed Projects	1,268,086	1,268,086	1,268,086	1,268,086	0	Closed
	TOTAL CATEGORY #6	4,504,108	4,560,402	4,534,614	4,610,118	-106,010	

	CATEGORY 7 Administration						
7.01	Lease Space	1,058,213	1,058,213	1,058,213	1,058,213	0	South Lot rental through November 2013. Then operational cost, per Rick Reid.
7.02	Legal Services	420,447	410,897	410,897	412,850	7,597	Labor Compliance Monitoring. DBT Agreement Development.
7.03	Decommissioning	110,000	11,809	11,809	11,809	98,191	Allowance for decommissioning CUP areas
7.04	Moving and Storage	60,000	30,445	60,000	70,750	-10,750	Allowance for New Wing equipment moving and storage
7.05	Closed Projects	0	0	0	0	0	
	TOTAL CATEGORY #7	1,648,660	1,511,365	1,540,919	1,561,220	95,038	

	CATEGORY #8 Owner's Contingency						
8.01	Project Contingency	550,487	205,716	486,326	486,326	64,161	Does not include 4th Street light. Includes \$10,000 for Donor Wall and Fountain Design and construction. Includes Otto Changes - CO#19.
	TOTAL CATEGORY #8	550,487	205,716	486,326	486,326	64,161	

	CATEGORY #9 SVH Transfers and Added Equipment						
9.01	Transfers and Added Equipment	0	0	0	160,500	-160,500	Owner Added 6/10/14
	TOTAL CATEGORY #9	0	0	0	160,500	-160,500	
	Design Build PROJECT TOTALS	43,809,376	41,915,139	43,356,670	43,800,481	8,895	

Assumptions and Clarifications:

1. IP/Voice is an Owner lease item, required for New Wing activation.
- ~~2. Construction for 2 West Med/Sug unit renovation has been omitted – Requires Funding.~~
3. Donor wall and fountain allowance funded in Contingency.
4. Construction for Materials Management annex has been omitted - Funded for Design only.
5. Design and Construction of 2 West nurse call is included, does not include any changes.
6. Does not include Peripherals - move existing.
7. IT Network Equipment and design not included, Funded by IT Budget.
- ~~8. It scope is not complete and still a Project Risk.~~
9. Paid to date amounts are calculated through Accounts Payable
10. Column B is a Fixed Project Budget through Construction, Adjusted 2-7-13 per Board Approval.
11. Funding and Scope Approved per Board Request dated 2-7-13
12. As of 2-11-14 General Ledger not available for reconciliation.
13. All Invoices and Purchase Orders Charged to Phase 1 Budget require Kevin Coss and Rick Reid (CFO) signatures.

9.

FY2015 CAPITAL BUDGET

Sonoma Valley Hospital

FY 2015 Capital Budget

ITEM	DEPARTMENT	PURPOSE	APPROVED
Fire protection	Facilities	Patient Safety, Antiquated	\$ 120,000.00
Nurse Call	Facilities	Antiquated System	\$ 140,000.00
Pyxis	Pharmacy	Cost Savings	\$ 4,000.00
STI System	Laboratory	Revenue Producing	\$ 22,705.00
Locking Carts	Skilled Nursing	Patient Safety	\$ 5,000.00
Transducer	Radiology	Patient Safety	\$ 3,200.00
MRI Knee coil	Radiology	Quality	\$ 16,300.00
Quality Notebooks	Quality	Efficiency	\$ 11,300.00
Citrix	Information Services	Efficiency	\$ 100,000.00
Lap tops	Home Care	Growth	\$ 18,400.00
Metro phone	Information Services	Replacement	\$ 3,800.00
VMWare Licenses	Information Services	Requirement	\$ 3,388.00
MIC Interface to HPF	Information Services	Requirement	\$ 20,000.00
HP: 50 Desktops	Information Services	Replacement	\$ 50,000.00
Microsoft Server Licenses	Information Services	Requirement	\$ 12,000.00
Microsoft 53 desktop licenses	Information Services	Requirement	\$ 52,200.00
HP Printer replacement	Information Services	Quality, Replacement	\$ 10,000.00
East Wing Pipes	Skilled Nursing	Antiquated, Prevention	\$ 100,000.00
Ability (HETS Eligibility)	Patient Financial Services	Efficiency	\$ 14,004.00
Dedicated Printer for CIF	Patient Financial Services	Quality	\$ 3,000.00
Uncommitted	Administration		\$ 100,000.00
			\$ 809,297.00

PHILANTHROPY			FUNDRAISING
New Lab & Lobby Draw area	Organization	Quality, Efficiency, Replacement	\$ 500,000.00
1st Floor Carpeting	Organization	Patient Safety, Quality	\$ 115,000.00
Space Lab EKG system	Nursing	Efficiency	\$ 100,000.00
Radiolographic/Fluor Room	Radiology	Quality, Efficiency, Replacement	\$ 600,000.00
Ultrasound machines	Radiology	Quality, Efficiency, Replacement	\$ 425,575.00
Phone System	Organization	Quality, Efficiency	\$ 200,000.00
Physician I.T. Integration	Organization	Quality, Efficiency	\$ 70,000.00
			\$ 2,010,575.00

ON HOLD

Nuclear Medicine	Radiology	Replacement	\$ 175,000.00
Care In Sync	Chief Medical Officer	Quality, Efficiency, Revenue	\$ 60,000.00
Single Sign On	Chief Medical Officer	Quality, Efficiency	\$ 100,000.00
PCON Contract Auditory Tool	Patient Financial Services	Capture more revenue	\$ 60,000.00
Denial Management System	Patient Financial Services	Prevent revenue reductions	\$ 21,600.00
Physical Therapy E H R	Rehab	Quality, Efficiency	\$75,000,000

Sonoma Valley Hospital

FY 2015 Capital Budget

	QTR 1	QTR 2	QTR 3	QTR 4
\$ 120,000.00				
		\$ 140,000.00		
\$ 4,000.00				
\$ 22,705.00				
		\$ 5,000.00		
		\$ 3,200.00		
				\$ 16,300.00
\$ 2,300.00			\$ 9,000.00	
				\$ 100,000.00
\$ 4,600.00	\$ 4,600.00		\$ 4,600.00	\$ 4,600.00
\$ 3,800.00				
\$ 3,388.00				
			\$ 20,000.00	
\$ 12,500.00	\$ 12,500.00		\$ 12,500.00	\$ 12,500.00
			\$ 12,000.00	
\$ 13,050.00	\$ 13,050.00		\$ 13,050.00	\$ 13,050.00
\$ 2,500.00	\$ 2,500.00		\$ 2,500.00	\$ 2,500.00
			\$ 100,000.00	
\$ 14,004.00				
\$ 3,000.00				
\$ 202,847.00	\$ 180,850.00	\$ 173,650.00	\$ 148,950.00	

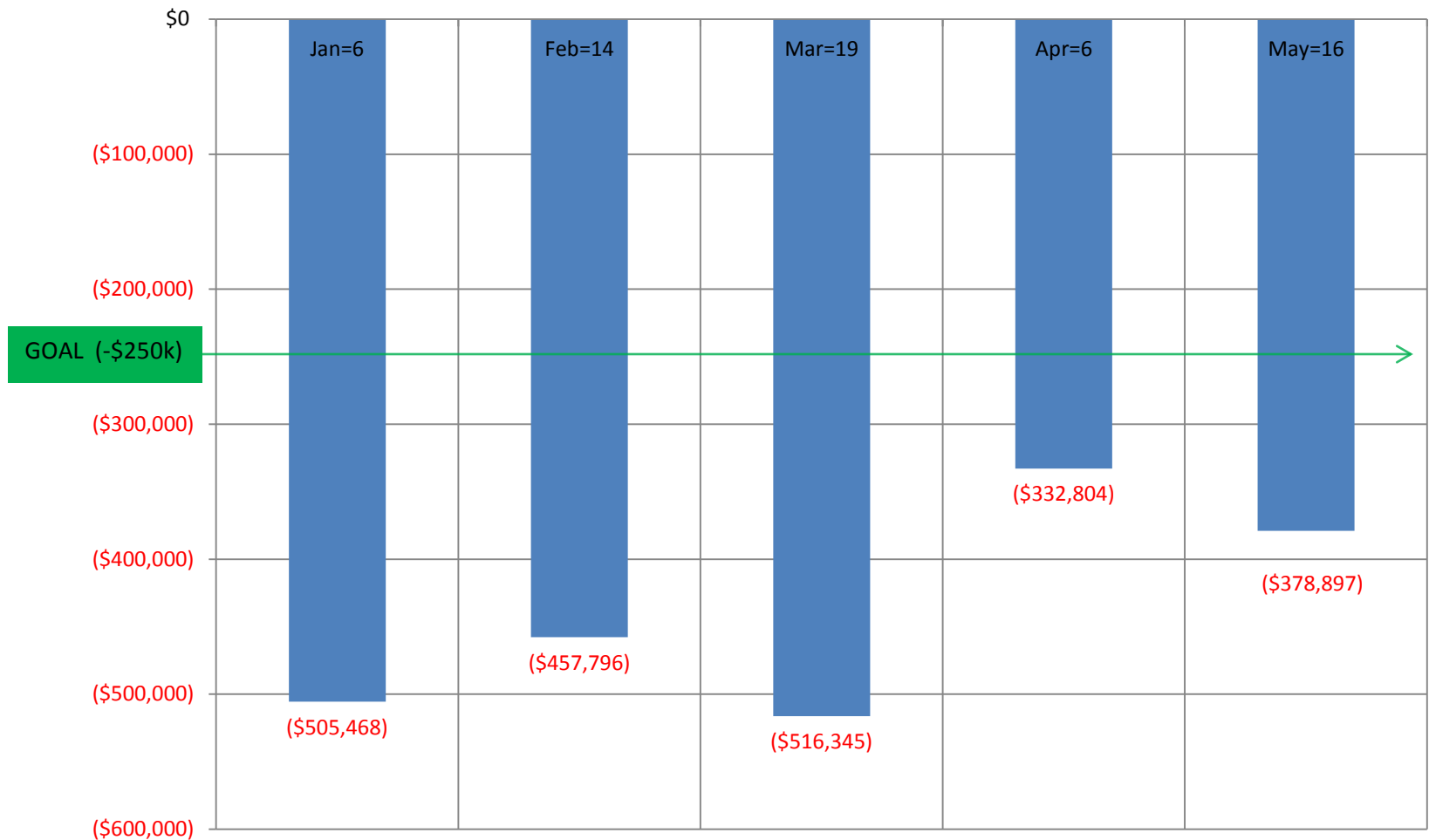
10.

OB YTD FINANCIAL UPDATE

CM_Direct														PayorMix%	Annualized Projection
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Total		
Primary - Inpatient															
000	I/P ACUTE STATISTICS	62	44	47	54	54	39	37	50	73	16	43	519		
900	SNF STATISTICS	0	0	0	0	0	0	0			0		0		
S100	Patient Days	0	0	0	0	0	0	0			0		0		
S101	Patient Days - Nursery	0	0	0	0	0	0	0			0		0		
S110	ER Admits	0	0	0	0	0	0	0			0		0		
	Deliveries	15	11	13	12	14	11	6	14	19	6	16	137		
S140	IP Minutes	0	0	0	0	0	0	0			0		0		
S150	IP Line Items	0	0	0	0	0	0	0			0		0		
S160	IP Procedures	0	0	0	0	0	0	0			0		0		
S170	IP Tests	0	0	0	0	0	0	0			0		0		
S180	IP 15 Min Sessions	0	0	0	0	0	0	0			0		0		
S190	IP Blood Units-Product	0	0	0	0	0	0	0			0		0		
Operating Stats	Total Primary - Inpatient	62	44	47	54	54	39	37	50	73	16	43	519		
	Total Primary - Outpatient	29	21	31	48	30	26	27	51	65	31	43	402		
	Total Primary Statistics	91	65	78	102	84	65	64	101	138	47	86	921		
	Total Inpatient Revenue	170,962	121,700	141,570	175,320	163,973	120,139	96,011	136,461	230,054	63,740	169,945	1,589,873	80%	1,734,407
	Total Outpatient Revenue	27,987	23,652	21,088	55,681	25,822	17,121	20,031	41,596	59,530	41,972	46,754	381,234	19%	415,892
	Total Emergency Revenue	0	1,558	2,058	0	1,426	467	467	2,856	0	0	0	8,832	0%	9,635
	Total Gross Patient Revenue	198,949	146,910	164,716	231,001	191,221	137,727	116,509	180,913	289,584	105,712	216,699	1,979,939		2,159,933
	Total Inpatient Revenue	69,666	56,763	56,773	73,961	79,352	53,008	40,524	55,576	92,423	28,653	74,494	681,193		743,119
	Net Rev as a % of Gross Rev	41%	47%	40%	42%	48%	44%	42%	41%	40%	45%	44%	43%		43%
	Total Outpatient Revenue	1,933	4,196	955	5,364	3,192	1,486	1,137	3,484	7,139	4,328	5,027	38,241		41,718
	Net Rev as a % of Gross Rev	7%	18%	5%	10%	12%	9%	6%	8%	12%	10%	11%	10%		10%
	Total Emergency Revenue	0	118	452	0	233	233	0	0	0	0	0	1,037		1,131
	Net Rev as a % of Gross Rev	0%	8%	22%	0%	16%	50%	0%	0%	0%	0%	0%	12%		12%
	Total Net Patient Revenue	71,599	61,076	58,180	79,324	82,778	54,728	41,660	59,060	99,563	32,982	79,521	720,471		785,968
	Net Rev as a % of Gross Rev	36%	42%	35%	34%	43%	40%	36%	33%	34%	31%	37%	36%		36%
	Supplemental Funding														
	Medicare DSH	41,905	41,905	41,905	41,905	41,905	41,905	41,905	41,905	41,905	41,905	41,905	460,958		502,864
	Total Estimated Operating Revenue	113,504	102,982	100,086	121,230	124,683	96,633	83,566	100,966	141,468	74,887	121,426	1,181,429		1,288,832
	Net Rev as a % of Gross Rev (after DSH)	57%	70%	61%	52%	65%	70%	72%	56%	49%	71%	56%	60%		60%
Direct Expenses															
	Total Salaries	77,716	79,157	85,377	89,947	80,997	84,159	81,389	62,129	71,786	43,672	47,549	803,878		876,957
	Total Paid Time Off	5,371	7,827	6,421	7,527	6,198	11,934	10,510	4,538	4,539	1,018	8,844	74,727		81,520
	Total Employee Benefits	24,926	26,095	27,539	29,242	26,158	28,828	27,570	20,000	22,898	13,407	16,918	404,043		440,774
	Total Prof Fees-Agency	6,521	6,248	2,290	-2,074	0	1,570	11,349	5,752	29,537	46,604	32,658	140,455		153,223
	Total Prof Fees-Phys	22,824	22,824	22,824	23,016	23,080	22,888	22,952	22,888	22,888	22,952	22,888	252,024		274,935
	Total Prof Fees-Other	0	0	0	0	0	0	0	0	0	0	0	0		0
	Total Supplies	660	1,551	1,707	1,000	791	1,237	899	1,281	2,034	1,772	1,447	14,380		15,687
	Total Minor Equipment	278	0	0	429	129	558	42	0	0	0	0	1,437		1,568
	Total Pat Chg Supplies	221	0	0	0	0	14	0	48	4	-96	0	192		209
	Total Purchased Svcs	0	0	0	4,690	20	0	0	0	0	0	0	4,710		5,138
	Total Purch Mgd Care	0	0	0	0	0	0	0	0	0	0	0	0		0
	Total Depreciation	0	0	0	0	0	0	0	0	0	0	0	0		0
	Total Utilities	0	0	0	0	0	0	0	0	0	0	0	0		0
	Total Insurance	0	0	0	0	0	0	0	0	0	0	0	0		0
	Total Interest	0	0	0	0	0	0	0	0	0	0	0	0		0
	Total Education-Travel	1,131	-607	0	374	239	0	0	124	396	0	27	1,684		1,837
	Total Other Expenses	314	349	289	444	169	201	290	266	465	367	105	3,259		3,555
	Total Direct Expenses	139,963	143,444	146,448	154,595	137,781	151,390	155,001	117,026	154,547	129,696	130,436	1,560,326		1,855,405
	Contribution Margin	(26,459)	(40,462)	(46,362)	(33,365)	(13,098)	(54,757)	(71,435)	(16,060)	(13,079)	(54,809)	(9,010)	(378,897)		(566,573)
Manhours															
	Total Productive Manhours	1,241	1,112	1,298	1,421	1,207	1,170	1,224	836	1,095	623	764	11,992		13,082
	Total NonProductive Manhours	32	113	83	76	6	170	227	140	46	104	89	1,086		1,185
	Total Manhours	1,404	1,277	1,393	1,497	1,213	1,340	1,591	1,127	1,634	1,307	1,344	15,213		16,597
	Total FTEs	8	7	8	8	7	8	9	7	9	8	8	8		6
	Calendar Days	31	31	30	31	30	31	31	28	31	30	31	335		365

2014 OB Contribution Margin

Year to date



11.

**FINANCIAL REPORT
FOR MAY 2014**



To: SVH Finance Committee
From: David Cox, CFO, MGH
Date: July 3, 2014
Subject: Financial Report for the Month Ending May 31, 2014

Overall Results for May 2014

SVH has a net loss before the restricted contributions of (\$265,791) on a budgeted income of \$12,439 for an unfavorable difference of (\$278,230). Total net patient service revenue was under budget by (\$627,613). Risk contract revenue is under budget by (\$73,789), which is due to Napa State's decision to discontinue inpatients due to low patient volumes. Other operating revenue is under budget by (\$55,872) due to the receipt of the Electronic Health Record Phase 1 money in January. Phase 2 of the Electronic Health Record money is being accrued at \$64,369 per month with an anticipated receipt of the money in January 2015. This brings the total operating revenue to \$3,932,130 or (\$757,274) under budget. Expenses were \$4,485,863 on a budget of \$4,856,335 or \$370,472 better than budget. The EBIDA prior to the restricted donations for the month was \$143,808 or 3.7%.

Patient Volumes - May

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	100	101	-1	99
Acute Patient Days	358	453	-95	396
SNF Patient Days	605	660	-55	638
Home Care Visits	1,135	1,300	-165	1,140
OP Gross Revenue	\$10,237	\$9,553	\$684	\$9,289
Surgical Cases	142	132	10	147

Overall Payer Mix - May

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	47.5%	49.5%	-2.0%	50.8%	49.4%	1.4%
Medi-Cal	19.1%	10.6%	8.5%	13.1%	10.7%	2.4%
Self Pay	1.7%	3.7%	-2.0%	2.8%	3.8%	-1.0%
Commercial	20.9%	29.1%	-8.2%	23.1%	29.1%	-6.0%
Managed MC	4.9%	2.8%	2.1%	4.6%	2.8%	1.8%
Workers Comp	3.6%	1.5%	2.1%	3.2%	1.5%	1.7%
Capitated	2.3%	2.8%	-0.5%	2.4%	2.7 %	-0.3%
Total	100%	100%		100%	100%	

Total Operating Revenues

Total operating revenues for May were \$3.9 million on a budget of \$4.7 million or (\$757,274) under budget.

Net Patient Revenue is under budget by (\$627,613) or 15%, due to the following:

- Home Care was under budget by 165 visits, but offset with a better case mix.
- Charity Care was favorable to budget by \$177,815.

This is off set with:

- Overall inpatient volume was under budget by 1 discharge and had a poor case mix.
- Outpatient was over budget in volume and had higher Medicare patients and lower commercial insured patients.
- Skilled Nursing Home volume was under budget by 55 days.
- Bad Debt was over budget by \$25,167 due to a self pay SNF patient.

Expenses

May's expenses were \$4.5 million on a budget of \$4.9 million or better than budget by \$370,472. The following is a summary of the operating expense variances for the month of May:

- Total productivity FTE's were under budget at 276 on a budget of 290, or \$65,585 under budget.
- Employee Benefits were under budget by \$27,473, due to health insurance being under budget by \$18,260 and State Unemployment Insurance under budget by \$12,568.
- Medical and Prof Fees are over budget by (\$43,552), (\$43,300) is due to additional Prima surgery call increase that started last summer.
- Supplies are under budget by \$104,606, due to all departments limiting their spending on supplies. Surgery supplies were also under budget by (\$67,612) due to May's surgery case mix.
- Purchased Services are under budget by \$122,188, due to all departments being under budget and due to Patient Financial Services contract with Palm Drive Hospital for the collection of PDH's accounts receivable in May of \$62,471.

Cash Collections on Patient Receivables:

For the month of May the cash collection goal was \$3,568,584 the Hospital collected \$3,615,273 or over the goal by \$46,689. Year to date the Hospital patient collections goal was \$35,895,971 and had collection of \$37,026,587 or \$1,130,616 over the goal. The cash collection goal is based upon net hospital revenue from 60 days ago. Days of cash on hand are 8 days at May 31, 2014. Note: Accounts payable went down from \$5,005,757 in April to \$4,324,358 and days in accounts payable are 57.3. SVH has reduced our accounts payable by more than \$2 million since the start of the 2014 fiscal year.

Year to Date Activity:

For fiscal year 2014 year to date, our net loss prior to restricted contributions and GO Bond activity is currently (\$1,422,970) or (\$798,624) worse than budget. This is due to the over estimated revenue budget and higher than expected reductions in inpatient volumes. SVH is projecting for an overall loss of (\$1,500,000) for Fiscal year 2014. From June forward, we expect operating expenses to be closer to \$4.3 million due o recent reductions in physician fees by \$100,000 per month and the reduction in other expenses such as shared services with Palm Drive and Marin General Hospital employees.



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

		Month				Year-To-Date				YTD	
		This Year		Variance		This Year		Variance			
		Actual	Budget	\$	%	Actual	Budget	\$	%	Prior Year	
Volume Information											
1	Acute Discharges	100	101	(1)	-1%	1,078	1,308	(230)	-18%		1,279
2	SNF Days	605	660	(55)	-8%	6,951	7,133	(182)	-3%		7,154
3	Home Care Visits	1,135	1,300	(165)	-13%	10,409	11,275	(866)	-8%		11,080
4	Gross O/P Revenue (000's)	10,237	9,553	685	7%	\$ 105,281	\$ 99,944	5,337	5%	\$	94,271
Financial Results											
Gross Patient Revenue											
5	Inpatient	\$ 4,569,546	\$ 6,101,578	(1,532,032)	-25%	\$ 54,751,186	\$ 62,033,769	(7,282,583)	-12%	\$	57,572,011
6	Outpatient & Emergency	9,878,094	9,191,831	686,263	7%	102,086,761	96,866,544	5,220,217	5%		91,066,049
7	SNF	1,962,821	2,276,884	(314,063)	-14%	26,019,278	24,599,791	1,419,487	6%		23,482,745
8	Home Care	359,205	360,887	(1,682)	0%	3,194,660	3,077,672	116,988	4%		3,204,818
9	Total Gross Patient Revenue	\$ 16,769,666	\$ 17,931,180	(1,161,514)	-6%	\$ 186,051,884	\$ 186,577,776	(525,892)	0%	\$	175,325,623
Deductions from Revenue											
10	Contractual Discounts	\$ (12,904,361)	\$ (13,285,614)	381,253	3%	\$ (143,905,011)	\$ (138,812,211)	(5,092,800)	-4%	\$	(130,264,670)
11	Bad Debt	(250,000)	(224,833)	(25,167)	-11%	(2,208,255)	(2,339,436)	131,181	6%		(2,675,000)
12	Charity Care Provision	(10,000)	(187,815)	177,815	95%	(235,250)	(1,806,368)	1,571,118	87%		(2,017,928)
13	Prior Period Adjustments	-	-	-	0%	2,107,929	-	2,107,929	0%		(836,022)
14	Total Deductions from Revenue	\$ (13,164,361)	\$ (13,698,262)	533,901	-4%	\$ (144,240,587)	\$ (142,958,015)	(1,282,572)	1%	\$	(135,793,620)
15	Net Patient Service Revenue	\$ 3,605,305	\$ 4,232,918	(627,613)	-15%	\$ 41,811,297	\$ 43,619,761	(1,808,464)	-4%	\$	39,532,003
16	Risk contract revenue	\$ 248,128	\$ 321,917	(73,789)	-23%	\$ 3,120,049	\$ 3,541,087	(421,038)	-12%	\$	3,457,227
17	Net Hospital Revenue	\$ 3,853,433	\$ 4,554,835	(701,402)	-15%	\$ 44,931,346	\$ 47,160,848	(2,229,502)	-5%	\$	42,989,230
18	Other Op Rev & Electronic Health Records	\$ 78,697	\$ 134,569	(55,872)	42%	\$ 1,291,801	\$ 1,480,259	(188,458)	-13%	\$	1,618,083
19	Total Operating Revenue	\$ 3,932,130	\$ 4,689,404	(757,274)	-16%	\$ 46,223,147	\$ 48,641,107	(2,417,960)	-5%	\$	44,607,313
Operating Expenses											
20	Salary and Wages and Agency Fees	\$ 2,107,716	\$ 2,173,301	65,585	3%	\$ 22,113,144	\$ 22,503,691	390,547	2%	\$	21,738,032
21	Employee Benefits	745,906	773,379	27,473	4%	8,075,728	8,426,265	350,537	4%		8,079,200
22	Total People Cost	\$ 2,853,622	\$ 2,946,680	93,058	3%	\$ 30,188,872	\$ 30,929,956	741,084	2%	\$	29,817,232
23	Med and Prof Fees (excl Agency)	\$ 412,338	\$ 368,786	(43,552)	-12%	\$ 4,728,735	\$ 4,261,559	(467,176)	-11%	\$	4,133,398
24	Supplies	418,757	523,363	104,606	20%	5,489,934	5,554,306	64,372	1%		5,663,455
25	Purchased Services	319,305	441,423	122,118	28%	4,379,320	4,790,142	410,822	9%		4,512,502
26	Depreciation	251,954	277,142	25,188	9%	2,028,026	2,559,922	531,896	21%		1,960,662
27	Utilities	64,210	132,354	68,144	51%	874,706	1,155,894	281,188	24%		813,966
28	Insurance	18,887	18,699	(188)	-1%	207,763	205,688	(2,075)	-1%		214,563
29	Interest	5,319	4,689	(630)	-13%	325,450	458,672	133,222	29%		302,871
30	Other	141,471	143,199	1,728	1%	1,796,265	1,494,413	(301,852)	-20%		992,868
31	Operating expenses	\$ 4,485,863	\$ 4,856,335	370,472	8%	\$ 50,019,071	\$ 51,410,552	1,391,481	3%	\$	48,411,517
32	Operating Margin	\$ (553,733)	\$ (166,931)	(386,802)	-232%	\$ (3,795,924)	\$ (2,769,445)	(1,026,479)	-37%	\$	(3,804,204)
Non Operating Rev and Expense											
33	Miscellaneous Revenue	\$ 2,681	\$ 4,167	(1,486)	-36%	\$ (152,867)	\$ 45,835	(198,702)	*	\$	156,663
34	Donations	-	3,333	(3,333)	-100%	444,099	208,694	235,405	*		650,646
35	Professional Center/Phys Recruit	-	-	-	0%	-	-	-	0%		-
36	Physician Practice Support-Prima	11,761	(65,630)	77,391	-118%	(565,413)	(721,930)	156,517	-22%		(721,930)
37	Parcel Tax Assessment Rev	273,500	237,500	36,000	15%	2,647,135	2,612,500	34,635	1%		2,693,538
38	Total Non-Operating Rev/Exp	\$ 287,942	\$ 179,370	108,572	61%	\$ 2,372,954	\$ 2,145,099	227,855	11%	\$	2,778,917
39	Net Income / (Loss) prior to Restricted Contributions	\$ (265,791)	\$ 12,439	(278,230)	-2237%	\$ (1,422,970)	\$ (624,346)	(798,624)	128%	\$	(1,025,287)
40	Capital Campaign Contribution	\$ 47,800	\$ 85,954	(38,154)	-44%	\$ 3,331,307	\$ 1,507,886	1,823,421	121%	\$	370,893
41	Restricted Foundation Contributions	\$ -	\$ -	-	0%	\$ -	\$ -	-	100%	\$	-
42	Net Income / (Loss) w/ Restricted Contributions	\$ (217,991)	\$ 98,393	(316,384)	-322%	\$ 1,908,337	\$ 883,540	1,024,797	116%	\$	(654,394)
43	GO Bond Tax Assessment Rev	152,326	153,584	(1,258)	-1%	1,675,583	1,689,424	(13,841)	-1%		1,689,237
44	GO Bond Interest	(173,981)	(170,308)	(3,673)	2%	(689,886)	(712,543)	22,657	-3%		(330,121)
45	Net Income/(Loss) w GO Bond Activity	\$ (239,646)	\$ 81,669	(321,315)	393%	\$ 2,894,034	\$ 1,860,421	1,033,613	-56%	\$	704,722

Sonoma Valley Health Care District
Balance Sheet
For The Period Ended
As of May 31, 2014

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,193,602	\$ 1,793,052	\$ 1,804,380
2 Trustee Funds	762,010	762,010	1,263,697
3 Net Patient Receivables	7,676,562	8,028,724	9,386,703
4 Allow Uncollect Accts	(1,730,081)	(1,800,483)	(1,454,077)
5 Net A/R	5,946,481	6,228,241	7,932,626
6 Other Accts/Notes Rec	2,203,382	2,197,966	341,917
7 3rd Party Receivables, Net	1,826,981	1,725,610	196,514
8 Due Frm Restrict Funds	-	-	-
9 Inventory	744,475	766,137	881,191
10 Prepaid Expenses	1,112,787	1,221,350	1,224,325
11 Total Current Assets	\$ 13,789,718	\$ 14,694,366	\$ 13,644,650
12 Board Designated Assets	\$ 5,402	\$ 5,402	\$ 186,468
13 Property, Plant & Equip, Net	53,128,909	53,054,235	10,698,381
14 Hospital Renewal Program	-	-	25,906,659
15 Unexpended Hospital Renewal Funds	-	-	8,028,979
16 Investments	-	-	-
17 Specific Funds	895,807	496,265	2,214,441
18 Other Assets	426,365	428,023	263,474
19 Total Assets	\$ 68,246,201	\$ 68,678,291	\$ 60,943,052
Liabilities & Fund Balances			
Current Liabilities:			
20 Accounts Payable	\$ 4,324,358	\$ 5,005,757	\$ 3,876,519
21 Accrued Compensation	3,292,553	3,988,357	3,009,609
22 Interest Payable	570,681	428,011	571,410
23 Accrued Expenses	1,336,798	1,434,691	844,271
24 Advances From 3rd Parties	322,652	174,667	1,514,354
25 Deferred Tax Revenue	537,521	927,346	384,885
26 Current Maturities-LTD	911,931	911,205	800,202
27 Other Liabilities	4,697,662	4,197,662	2,424,868
28 Total Current Liabilities	\$ 15,994,156	\$ 17,067,696	\$ 13,426,118
29 Long Term Debt, net current portion	\$ 38,497,996	\$ 37,616,900	\$ 37,918,367
Fund Balances:			
31 Unrestricted	\$ 12,578,262	\$ 12,865,708	\$ 6,697,026
32 Restricted	1,175,787	1,127,987	2,901,541
33 Total Fund Balances	\$ 13,754,049	\$ 13,993,695	\$ 9,598,567
34 Total Liabilities & Fund Balances	\$ 68,246,201	\$ 68,678,291	\$ 60,943,052

Sonoma Valley Hospital Sonoma Valley Health Care District May 2014 Financial Report

**Board of Directors
July 3, 2014**



May's Patient Volumes

	Actual	Budget	Variance	Prior Year
Acute Discharges	100	101	-1	99
Acute Patient Days	358	453	-95	396
SNF Patient Days	605	660	-55	638
Home Health Care Visits	1,135	1,300	-165	1,140
Outpatient Gross Revenue (in thousands)	\$10,237	\$9,135	\$684	\$9,289
Surgical Cases	142	132	10	147

Summary Statement of Revenues and Expenses Month of May 31, 2014

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1Total Operating Revenue	\$ 3,932,130	\$ 4,689,404	\$ (757,274)	-16%	\$ 3,335,550
2Total Operating Expenses	\$ 4,485,863	\$ 4,856,335	\$ 370,472	8%	\$ 4,528,788
3Operating Margin	\$ (553,733)	\$ (166,931)	\$ (386,802)	-232%	\$ (1,193,238)
4NonOperating Rev/Exp	\$ 287,942	\$ 179,370	\$ 108,572	61%	\$ 327,097
5Net Income before Rest.Cont. & GO Bond	\$ (265,791)	\$ 12,439	\$ (278,230)	-2237%	\$ (866,141)
6Restricted Contribution	\$ 47,800	\$ 85,954	\$ (38,154)	-44%	\$ 68,958
Net Income with Restricted 7Contributions	\$ (217,991)	\$ 98,393	\$ (316,384)	-322%	\$ (797,183)
8Total GO Bond Rev/Exp	\$ (21,655)	\$ (16,724)	\$ (4,931)	29%	\$ 123,556
9Net Income with GO Bond	\$ (239,646)	\$ 81,669	\$ (321,315)	-393%	\$ (673,627)
10EBIDA before Restricted Contributions	\$ 143,808	\$ 447,854	\$ (304,046)		\$ (554,878)
11EBIDA before Restricted Cont. %	4%	10%	-6%		-17%

Summary Statement of Revenues and Expenses Year to Date May 31, 2014 (11 months)

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1Total Operating Revenue	\$ 46,223,147	\$ 48,641,107	\$ (2,417,960)	-5%	\$ 44,607,313
2Total Operating Expenses	\$ 50,019,071	\$ 51,410,552	\$ 1,391,481	3%	\$ 48,411,517
3Operating Margin	\$ (3,795,924)	\$ (2,769,445)	\$ (1,026,479)	-37%	\$ (3,804,204)
4NonOperating Rev/Exp	\$ 2,372,954	\$ 2,145,099	\$ 227,855	11%	\$ 2,778,917
5Net Income before Rest.Cont. & GO Bond	\$ (1,422,970)	\$ (624,346)	\$ (798,624)	128%	\$ (1,025,287)
6Restricted Contribution	\$ 3,331,307	\$ 1,507,886	\$ 1,823,421	121%	\$ 370,893
Net Income with Restricted					
7Contributions	\$ 1,908,337	\$ 883,540	\$ 1,024,797	116%	\$ (654,394)
8Total GO Bond Rev/Exp	\$ 985,697	\$ 976,881	\$ 8,816	1%	\$ 1,359,116
9Net Income with GO Bond	\$ 2,894,034	\$ 1,860,421	\$ 1,033,613	56%	\$ 704,722
10EBIDA before Restricted Contributions	\$ 2,606,089	\$ 4,083,672	\$ (1,477,583)		\$ 1,609,139
11EBIDA before Restricted Cont. %	6%	8%	-3%		4%

12.

**ADMINISTRATIVE
REPORT FOR JUNE 2014
AND
THREE-YEAR VOLUME
& GROWTH REPORT**



To: Sonoma Valley Health Care District Board of Directors
From: Kelly Mather
Date: 6/26/14
Subject: Administrative Report

Summary: Fiscal Year 2014 has been an incredibly challenging year for everyone. We believe we will end the year close to budget with about a \$1 million loss on operations (if we recognize the IGT funds in this fiscal year.) It is important to note that we have had to navigate through the added expenses for opening the New Wing, higher than expected costs for Information Technology, the deterioration of the shared services agreement with Palm Drive Hospital, the significant loss of years of revenue from the RAC program, and the reduced inpatient admissions. With the new Fiscal Year, we project more stability.

Leadership and Organizational Results (Dashboard)

As demonstrated by the May dashboard, we have done well as compared to the goals for this year. May was a pretty good month for volumes and surgery volumes remain steadily higher than usual. The Emergency Department has experienced several of their highest days in history over the last two months. The EBIDA margin is improving and we have significantly paid down the accounts payable. Patient satisfaction is above the goal. The new wing project is complete and is under budget. The construction on the Med/Surg floor is complete and looks great. Leaders are completing their staff satisfaction action plans by meeting with their staff to review the top opportunities for improvement. In addition, we have completed the organization wide staff satisfaction plan and I am attending the department meetings with teams who had lower than the average staff satisfaction to see what I can do to help improve their satisfaction.

Revenue Enhancement & Strategic Planning

The growth report is attached for your review. The growth team is led by Michelle Donaldson. They have succeeded in showing positive growth in many areas, especially in the last six months. Two new analytical and decision making tools are being added to help us effectively grow margins and increase physician loyalty. The cost accounting system (phase 2) is almost complete and this has already led to two very focused process improvement projects in Surgery and SNF to improve margins and reduce unnecessary waste. We have also joined a beta program with the Advisory Board that will give us outpatient marketing share and physician referral practices. The growth team efforts, along with this new information, are expected to lead to at least another \$2.3 million in additional annual net operating revenue. We also are doing the blog and a press release on the 2015 Rolling Strategic Plan.

Operations

The changes that were essential to our future stability have all been completed and we will realize the cost reductions in July. The letter on the decision to partner with Parkpoint for a Senior Wellness gym service and close the on-site medically oriented gym portion of the program is going out to the members next week. In the end, we eliminated 7 positions and have reduced the status of several more staff for a reduction of 15 FTE's. You will also see the goals by leader for FY 2015 which are monitored each month. Leadership, staff and physicians of SVH have been incredibly supportive as we have implemented the changes for future stability over the last month.

MAY 2014 DASHBOARD

PERFORMANCE GOAL	OBJECTIVE	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	High In-Patient Satisfaction	5 out of 8 HCAHPS results above the 50 th percentile	5 out of 8 87.7%	>5 = 5 (stretch) >4 = 4 >3 = 3 (Goal) >2 = 2 <1=1
	High Out-Patient Satisfaction	Press Ganey monthly mean score	Outpatient 93.3% Surgery 93.8 % Emergency 89.9%	>94% = 5 (stretch) >93%=4 >92% =3 (Goal) >91%=2 <90%=1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Clinical Score	100% for 9 months of the last 12	100% for 12 mos= 5 100% 9/12 mos=4 100% 6/12 mos =3 >90%=2 <80%=1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of current mean score	2013 76% mean score at 77 th percentile	>85 th = 5 (stretch) >82nd=4 >80th=3 (Goal) >77th=2 <76 th =1
Finance	Financial Viability	YTD EBIDA	6%	>10% (stretch) >9%=4 >8% (Goal) <7%=2 <6%=1
	Efficiency and Financial Management	FY 2014 Budgeted Expenses	\$50,019,071 (actual) \$51,410,552 (budget)	<2% =5 (stretch) <1% = 4 <Budget=3 (Goal) >1% =2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	1472 YTD FY2014 1309 YTD FY 2013	>2% (stretch) >1%=4 >0% (Goal) <0%=2 <1%=1
	Outpatient Volumes	2% increase (gross outpatient revenue over prior year)	\$102.1 million YTD \$96.7 million 2013 (5.3% increase)	
Community	Community Benefit Hours	Hours of time spent on community benefit activities for the fiscal year	1412 hours for 11 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 <500 = 1



FY 2014 TRENDED RESULTS

MEASUREMENT	Goal FY 2014	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2013
Inpatient Satisfaction	>87%	86.9	86.5	85.2	86.7	88.8	88.2	86.1	86.9	87.6	87.1	87.7	86.5
Outpatient Satisfaction	>93%	93.8	94.2	93.9	92.5	94.5	92.9	94	94.2	93.7	90.7	93.8	92.7
Surgery Satisfaction	>93%	93.2	94.1	93.7	92.7	93.1	91.7	92.5	93.1	95.2	94.8	93.3	92.6
Emergency Satisfaction	>89%	89.4	89.6	88.6	86.9	88.6	89.7	89.5	89.7	88.9	89.1	89.9	88.9
Value Based Purchasing Clinical Score	100	88	77	100	100	100	100	100	80	100	100	97	100
Staff Satisfaction	>77%	77	77	77	77	77	77	77	76	76	76	76	77
Turnover	<10%	2.8	2.8	2.8	7.9	7.9	7.9	9.9	9.9	9.9	3.6	3.6	3.6
EBIDA	>8%	7	12	7	6	6	6	5	5	6	9	4	8
Net Revenues	>3.9m	4.08	4.35	4.0	4.5	3.9	4.1	3.75	3.46	5.54	3.9	3.9	3.8
Expense Management	<4.5m	4.4	4.4	4.3	5.0	4.3	4.4	4.55	4.27	5.0	4.4	4.4	4.7
Net Income	>50	185	440	883	990	-57	412	13	-160	401	91	-285	732
Days Cash on Hand	>20	8	11	8	7	11	7	7	6	11	17	8	7
A/R Days	<55	64	53	50	48	50	52	51	47	51	55	46	62
Total FTE's	<320	315	315	320	312	313	315	310	301	318	320	309	317
FTEs/AOB	<4.5	4.25	4.33	4.45	4.12	4.39	4.39	4.39	4.4	3.81	3.86	3.89	4.25
Inpatient Discharges	>100	100	102	107	91	85	112	91	79	117	94	100	87
Outpatient Revenue	>\$8.8m	10.1	9.8	9.2	10.2	9.3	8.8	9.1	8.6	9.99	9.91	10.2	8.3
Surgeries	>130	135	130	120	135	135	138	113	121	156	147	142	116
Home Health	>1000	760	760	748	941	903	951	1040	872	1106	1218	1135	990
Births	>15	15	11	13	9	14	11	6	14	19	6	16	8
SNF days	>660	457	615	585	606	531	733	754	641	750	674	605	470
MRI	>120	119	121	111	125	111	83	103	108	122	103	118	106
Cardiology (Echos)	>70	76	68	93	76	61	50	45	50	55	62	61	73
Laboratory	>12.5	12.0	11.8	13.1	13.9	11.9	12.5	13.1	11.1	13.3	12.4	13.1	10.7
Radiology	>850	959	931	885	801	819	877	963	837	851	868	918	828
Rehab	>2587	2868	2893	2543	2471	2572	2899	2485	2403	2903	3394	2877	2657
CT	>300	392	368	299	277	295	285	332	295	334	301	332	301
ER	>775	838	789	795	801	665	751	811	655	769	788	909	716
Mammography	>475	486	457	465	677	569	489	430	445	447	404	519	431
Ultrasound	>300	263	343	329	342	341	307	290	350	438	424	497	292
Occupational Health	>550	492	576	853	521	642	535	579	504	534	595	600	494

Sonoma Valley Hospital Organization/Administration Action Plan 2014

Corrective Actions/Solutions <i>Prioritized based Impact and Ability to complete timely</i>	Accountability <i>Who is responsible to take the corrective action?</i>	Timeline <i>When will each specific Corrective Action be accomplished</i>	Monitoring Mechanism <i>How will we know when we have had an impact? How will we measure progress?</i>	Resources Needed/Barriers <i>Financial, human resources and barriers which must be addressed to accomplish the action</i>	Linkages <i>How does this link to other work? Who will be impacted by this action?</i>	
Continue to improve benefits by paying a larger % of dental premiums starting 1/1/15.	Administration & Human Resources	Open enrollment for 2015	Staff satisfaction survey 2015	Profitability	Staff Partnership and benefited staff turnover	
Continue to improve being highly regarded in the community through outreach, education and leading health improvement.	Administration Public Relations Wellness	On-going	Staff Satisfaction survey 2015	Messaging from Public Relations and Wellness events	Community perception	
CEO to visit with the departments with lower than the average employee partnership scores to learn how to improve on them.	Kelly Mather Department leaders	Start June 2014	Staff satisfaction survey 2015	Open lines of communication with staff	Staff Satisfaction	
Focus on the Fall LDI with ways to systemize and create more consistent coaching and communication from all leaders.	Leadership	September 2014	Staff satisfaction survey 2015	Positive feedback from staff about leaders	Direct management scores improve	
Identify specific concerns about adequate staffing throughout hospital and improve efficiency.	Paula D.	On-going	Turnover and open positions	Profitability	Staff Satisfaction	

Redefining Growth

3 year growth review of Sonoma Valley Hospital

Reform has moved us into a new era. We are being challenged to increase revenue in not only a shrinking economy but an economy with reduced reimbursements. The key to overcome these challenges is to understand our unique environment and stay ahead of the trends. In this summary we will review our growth over the past 3 years and explain how Sonoma Valley Hospital has once again proven innovation and sustainability.

Background

As the executive leadership changed at Sonoma Valley Hospital, so did the format for growth. With the vision from our CEO, a growth team was formed which consisted of the revenue producing departments of the hospital. These departments are comprised of 26 service areas and are categorized as Professional Services, Ancillary Services, Surgery, Home Health and Skilled Nursing. (A detailed list of areas within departments and leaders can be found on page 5 of this Executive Summary).

Although the structure of the team has changed over the years, the mission remains the same, *“Creating and Maintaining Excellent Programs and Services that Attract People to SVH”*. Prior to FY 2012 growth was monitored on a larger scale and efforts were on the much needed Specialist recruitment. By mid-year FY 2013 Sonoma had successfully recruited high quality Physicians and Providers. Although many variables affected our volumes in FY 2013 such as contractual issues, lack of information technology services, the loss of the SVCHC contract, change of Surgery Directors, development of Surgeons among their peers and Home Health medical record deployment we were diligent in staying on our mission. The team needed a refocused approach to growth which developed into a major push for excellent customer service. The growth team realized our “customers” were our Physicians and Providers and they needed to be treated as such. This started a streamlined approach to rounding on all Physicians with organized follow up methodologies. Gaining ground by end of 2013, the growth team had a new structured system for growth, which was the development of relationships.

3 Year Volume Review

	FY 2012	FY 2013	FY 2014 annualized
Professional Services	45,418	41,522	46,613
Ancillary Services	195,639	177,940	181,175
Surgery	2005	1913	2004
Home Health	11,150	12,077	11,139
Skilled Nursing	7490	7624	7614

FY 2014 6 month report

	Nov	Dec	Jan	Feb	March	April
Professional Services	3379	3608	3231	3079	3652	4238
Ancillary Services	14,284	14,634	15,187	13,263	15,515	14,587
Surgery (inc. Endoscopy)	162	174	156	160	195	177
Home Health	911	951	1040	872	1106	1218
Skilled Nursing	530	733	757	642	750	675

Moving Forward

Moving forward we intend to continue the recently implemented culture shift from growth in volumes to growth in margins. With reform changing reimbursement structures, we realize not all volumes equal profit.

Concentrated effort are underway to create a format in which non-district non-profit procedures will be reviewed before scheduled at our facility. The realization that growth is no longer defined as volume increase but profit increase has led the team to expanding review their departments in ways of efficiency, contract negotiations and become developed business leaders in health care. Listed below are a few of the action items moving from a traditional model to transitional model per growth department. We must no longer be focused on volumes but focused on profit margins (revenue after expenses) this level of trending growth in margins will be our main focus in FY 15. Initiatives in the hospital wide cost reduction project in conjunction with combined efforts by the growth team will increase financial stability of the hospital.

Professional Services

- Regional expansion of services by proposal to Palm Drive Hospital for Physical Therapy
- Aggressive outreach to recently closed wound care departments in Santa Rosa, Queen of the Valley and Palm Drive Hospital for capture of patients. Potential expansion from Nursing driven department to a Physician driven department.
- Expansion of Occupational Health from closed departments from other facilities to capture outlier employers for testing services. Relationship building with large employers to enhance downstream services of the hospital as well as developing Employer Wellness Programs.

Ancillary Services

- Review of day of discharge orders for behavioral change among Physicians, recommend Choosing Wisely program to Hospitalist group, trending inpatient versus outpatient statistics per Physician
- Continue development of Service Lines to produce downstream growth to Ancillary departments
- Ongoing development of Ancillary Performance Improvement to determine exceptional accessibility for patient centered customer service

Surgery

- Define profitability per Physician/Payer/Procedure and determine cap of non-district non-profit patients moving forward

- Increase profit per Surgeon by engagement into cost accounting data and operational issues
- Increase charge capture by level reviews annually for fall outs

Home Health

- Continue regional expansion of services into Napa, Novato, Sebastopol areas, monthly trending reports per region started
- Closely monitor expenses to not override revenue created by expansion
- Implementation of SCAN patients, hiring of new Physical Therapist, relationship marketing by Home Health staff member starting in July

Skilled Nursing

- FY 15 will concentrate on SNF performance improvement for the entire department. Areas of focus include Pharmacy cost reductions, Ancillary usage reductions, enhancement of therapy capture and logistical processes, streamlined efficient business processes for revenue capture, admitting and pre-authorization review, engaged Physician leadership, case management best practice processes
- The goal is a significant increase in profit margin followed by an outreach for increased growth

In addition to the above mentioned items, the growth team will be re-categorized into growth areas to connect with the service units developed in our cost accounting system. We will have the ability to detail growth and revenue per visit on a cost accounting level vs general ledger level. Using this system the growth in reimbursement before expenses from FY 2014 over FY 2013 will look as follows:

Projected Revenue increase FY 2014 over FY 2013

UOS=Units of Service (visits, patients, tests, procedures)

	Increase in UOS	*Revenue per UOS	Total FY 14 annualized Over FY 13
Professional Services	4,977	\$281/UOS	\$1.4M
Ancillary Services	3,235	\$235/UOS	\$760,000
Surgery	91	\$4,173 (outpt)	\$379,000
Home Health	-938	\$226/UOS	-\$211,000
Skilled Nursing	-10	\$512/UOS	-\$5,000
Total			\$2.3M

*Revenue derived from cost accounting second release dashboard and/or IDEA budget system. Calculation from IDEA budget system: Net Patient Revenue/UOS=Revenue per UOS

DEFINITION PER DEPARTMENT

PROFESSIONAL SERVICES: Dawn Kuwahara

Outpatient Physical Therapy
Hand Therapy
Occupational Health
Wound Care

ANCILLARY SERVICES: Dawn Kuwahara

Echo
EKG
PFT
Laboratory
MRI
CT Scan
Radiology
Nuclear Medicine
Mammography
Ultrasound

SURGICAL SERVICES: Allan Sendaydiego

General
OB
GYN
Ophthalmology
Pain Management
Podiatry
Spine
Urology
Vascular
Endoscopy
Plastics

HOME HEALTH: Barbara Lee

Includes all Home Health specialties

SKILLED NURSING: Melissa Evans

Includes all SNF specialties

13.

**FY2015 LEADERSHIP
GOALS**

HOSPITAL PERFORMANCE SUMMARY

PROPOSED NEW DASHBOARD -- FY 2015

PERFORMANCE GOAL	MEASUREMENT	ANNUAL GOAL	ACTUAL FY 2014 (through May)	COMMENT
Service Excellence	Patient Satisfaction	At least 5 out of 8 HCAHPS scores > 50 TH percentile 6/12 months	5 out of 8 or higher for 4 months of the year	
		> 75 th percentile Emergency satisfaction 9/12 months	> 75 th percentile 8 of 12 months	
Quality	Clinical Outcomes	VBP score > 65	67	
People	Employee Partnership	78%	76.7%	
Finance	Meet Budget	\$53,649,371 million	\$54,287,848	
	EBIDA	>8.8%	6%	
Growth	Inpatient Volumes	>100/month	110	
	Inpatient Market Share	>45%	43.5%	
	Surgery Volumes	>120	116	
	Market Share	> 35%	32%	
	Outpatient Revenue	>5% over prior year	6%	
	Outpatient Market Share	>60%	TBD	
Community	Philanthropic Support	\$1 million	\$3,876,413	
	Hours of Service	>1500	1409	

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
Blanusa, Selma	Foundation Executive Director	Foundation	Increase the amount of donations from organizations (grants, employers or vendors) by 20% over the prior year.	10%
			Increase the communications with our current donor base through at least one quarterly newsletter communication and an a quarterly ambassador call.	10%
			Increase the number of annual donors over prior year by 20%.	20%
			Increase the number of attendees at the annual Celebration of Women event over prior year.	10%
			Maintain the accuracy of the donor data base through quarterly audits above 90%	15%
			Raise at least \$500,000 through the SVHF by June 30, 2015.	25%
			To maintain and improve the hospital community reputation and improve the health of the community by giving at least 1000 hours of community service from the organization	10%
Cohen, Robert	Chief Medical Officer	Medical Staff	Consistently maintain the Value Based Purchasing score greater than 65 each month	10%
			ED Physicians complete Medication Reconciliation on greater than 60% of patients	10%
			Increase Surgical Volumes to 140 per month	10%
			Increase the number of SNF patients encounters by Sound Physicians to 100 per month	15%
			Maintain Physician composite score for HCAHPS above the 50th percentile each month.	10%
			Maintain physician expenses under \$275,000 per month	10%
			Save SVH \$160,000 or more in FY 2015 in area of transcription costs	15%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
Cole, Kathy	Cardio Lead Tech	Cardiopulmonary	Consistently maintain the positive employee partnership results at greater than 80th percentile	20%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To increase volumes for services or procedures by at least 2% over the prior year	15%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	20%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Davis, Paula	Chief Human Resources Officer	Human Resources	Consistently maintain the positive employee partnership results at greater than 80th percentile	15%
			Have at least 75% of staff participate in the annual employee partnership survey	20%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To decrease Annual staff turnover to the amount of 10% as measured by quarterly report prepared by HR.	10%
			To decrease annual Workers' compensation claims to the amount of 5 as measured by Tristar (TPA) reports and OSHA Log 300.	10%
			To decrease organization-wide productive FTE to the amount of 301 which is the budgeted FY 2015 FTE as measured by monthly financial reports.	5%
			To increase overall Organizational Support Service Survey score to the amount of 80 as measured by annual survey monkey responses.	10%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	15%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	5%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
Donaldson, Michelle	Chief Revenue Officer	Administration	Consistently maintain the positive employee partnership results at greater than 80th percentile	10%
			Increase the revenue hospital wide to an averaged targeted amount of \$20K per month before expenses utilizing growth and business development opportunities	20%
			Maintain the year to date organization expenses below FY 2015 budget	10%
			To achieve the budgeted volume target for outpatient statistics as measured by the hospital wide monthly financial statement	10%
			To attain financial viability for the hospital by reducing cost, improving productivity and increasing efficiency using the initiatives from our Hospital wide cost reduction plan	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To maintain financial viability with a high EBIDA each month	10%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
			VBP score greater than 70 as measured by Midas Datavision Report	10%
Drummond, Kimberly	Director of Facilities	Facilities	Have at least 75% of staff participate in the annual employee partnership survey	10%
			Maintain infrastructure upgrade project costs below or within budget.	10%
			To achieve 65th percentile or higher in staff satisfaction for the Environmental Services department	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	5%
			To increase department Support Services Survey score to the amount of 89% as measured by annual survey monkey responses.	15%
			To increase in-service training of EVS staff to the amount of 2 sessions per month as measured by internal departmental training logs	10%
			To increase Inpatient Satisfaction to the amount of 50th percentile for Room Cleanliness as measured by patient satisfaction rating agency	10%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	10%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
			To update life safety devices by zone in the amount of 1 project per month as measured by CMMS Micromain reports	10%
Duarte, Lisa	Admitting Manager	Admitting	Have at least 75% of staff participate in the annual employee partnership survey	5%
			Maintain the department FY 2015YTD expenses below budget.	5%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To increase ED Patient satisfaction as measured though NCR Picker survey reports each month.	10%
			To increase staff satisfaction through the use of the annual Staff Satisfaction survey.	10%
			To increase the number of copays requested from patients in ER, Medical Imaging, Surgery & Procedures.	15%
			To increase the number of ED and inpatients who utilize the Relay Health Patient Portal. Meaningful Use threshold is 5%	10%
			To increase the number of Inpatients that are informed of their right to a Representative through the Notice of Representative form.	15%
			To increase the number of Medicare patients that are informed of their rights through the "Important Message from Medicare" form, obtaining both the first and the second signature.	15%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	5%
Evans, Melissa	SNF Director of Nursing	Skilled Nursing Unit	Have at least 75% of staff participate in the annual employee partnership survey	10%
			To increase Hospice Days to the amount of 15% occupancy as measured by Monthly Hospice Volume report	10%
			To increase MD orders to include drug indication(s) to the amount of 75% compliance as measured by the Monthly Pharmacy Report	10%
			To increase Patient Days / Voume to the amount of 621 or > / month as measured by Monthly statistics	20%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To increase Patient Satisfaction of Response/Call Lights to the amount of 90% as measured by Post Discharge Questionnaire	20%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	20%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Gatenian, Griqory	Plant Operations Manager	Facilities	Have at least 75% of staff participate in the annual employee partnership survey	5%
			To achieve 75th percentile or higher in staff satisfaction for the Plant Operations department	15%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To decrease work orders recall to the amount of 10% (or below) of total customer's work orders as measured by Micromain report	10%
			To increase department Support Services Survey score to the amount of 89% as measured by annual survey monkey responses.	15%
			To maintain Completion of the monthly Biomedical PMs to the amount of 100 as measured by CMMS Micromain reports	10%
			To maintain Preventive Maintenance Utilities Critical PMs to the amount of 95% as measured by CMMS Micromain reports	10%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	15%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
Grzybowski, Marek	Director of Professional Services	Physical Therapy	Consistently maintain the positive employee partnership results at greater than 80th percentile	5%
			Give 10 hours of service as measured by number of hours of service given to benefit the community	10%
			Have at least 75% of staff participate in the annual employee partnership survey	20%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			to increase clinical outcomes for back pain as measured by Oswestry Disability Back Scale to greater than 30 %	10%
			To increase volumes by 2% over prior year in Outpatient Hand and Physical Therapy	10%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	35%
Harrison, Robert	Nutritional Services Manager	Nutrition	Achieve a score of 70 in staff satisfaction of the FNS department	15%
			Conduct two department inservice monthly; To be documented with sign-in sheets	5%
			Have at least 75% of staff participate in the annual employee partnership survey	5%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To increase department Support Services Survey score to the amount of 89% as measured by annual survey monkey responses.	15%
			To increase Reimbursement from Diagnosis of Malnutrition and Cachexia to the amount of 10 a year as measured by Chart audits	10%
			To maintain Department expenses to the amount of budget as measured by YTD Financial Reporting	20%
			To maintain Food and Nutrition government agency compliance to the amount of 98% as measured by Monthly Department audits.	10%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Headley, Pauline	Clinical Nurse Director, MedSurg/OB	Med/Surg	Consistently maintain at least 70% exclusive breastfeeding for all newborns upon discharge	10%
			Consistently maintain the positive employee partnership results in Medsurg at greater than 82nd percentile	10%
			Consistently maintain the positive employee partnership results in the Birthplace at greater than 70th percentile	5%
			Improve Patient Care Planning process to reflect 90% compliance to individualized patient care plan and updated to reflect patient current nursing care needs	10%
			To achieve over 50% staff participation rate in the Birthplace annual survey	5%
			To achieve over 75% staff participation rate in the Medsurg annual survey	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	20%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	20%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Iredale, Nancy	Medical Staff Coordinator	Medical Staff	85% of the time, reappointments are complete and ready for committee approval process 2 months prior to reappointment date.	25%
			90% of the time, physician privileges are posted on the Intranet within one week of board approval.	25%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	15%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
			Year to date expenses per unit of service for Medical Staff budget at or under budget as measured by monthly variance report.	15%
Kobe, Mark	Director of Nursing	Nursing Administration	Achieve rollup partnership participation rate in Employee Satisfaction survey at 65%	10%
			Consistently maintain the positive employee partnership results at greater than 80th percentile	15%
			Give 10 hours of community service as measured by the number of hours of community benefit	10%
			Increase patient visits in ED by 10% annual volume	10%
			Maintain the rollup department (ICU, OB, ED, M/S, Nurse Admin) FY 2015 YTD expenses at or below budget	10%
			To consistently maintain Emergency Department patient satisfaction mean score > 90.0	15%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	20%
			To maintain 100% Value Based Clinical Score for at least 8 of last 12 months	10%
Kruse de la Rosa, Celia	Marketing Coordinator	Public Relations	Achieve 80% or higher on the support services survey for marketing and communications	0%
			Achieve at least 50% of SVH staff surveyed affirming that communications are effective as measured through a quarterly staff feedback survey.	10%
			Consistently maintain the positive employee partnership results at greater than 80th percentile	10%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			Increase number of surgeries to over 140 per month	10%
			Increase the outpatient gross revenue by 5% or more per month	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To maintain and improve the hospital community reputation and improve the health of the community by giving at least 1000 hours of community service from the organization	20%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	20%
Kutza, Chris	Director of Pharmacy	Pharmacy	Give 10 hours of service as measured by number of hours of service given to benefit the community.	10%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	20%
			To increase employee satisfaction score to the amount of 75 as measured by Press Ganey percentile ranking for employee satisfaction survey partnership score	10%
			To maintain budget for productive manhours in terms of total productive FTEs to 0% variance as measured by year to date (YTD) performance in the monthly financial report	15%
			To maintain budget for total department expenses per pharmacy adjusted patient day (PAPD) to the amount of 0% variance as measured by year to date (YTD) performance in the monthly financial report	15%
			To maintain errors that reach the patient involving high risk medications to the amount of less than or equal to 0.66 as measured by monthly reports for high risk medication errors per 10,000 doses dispensed	20%
Kuwahara, Dawn	Director of Professional Services	Physical Therapy	Consistently maintain the positive employee partnership results at greater than 80th percentile	15%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			Increase the number of radiology procedures by 2% per month over prior year.	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	20%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To increase volume 2% over prior year in Outpatient Hand and Physical Therapy	15%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	20%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Lee, Barbara	Director of Home Care	Home Care	Consistently maintain the positive employee partnership results at greater than 80th percentile	10%
			Have at least 75% of staff participate in the annual employee partnership survey	5%
			HHCAHPS aggregate score will be at 1.0 or greater for 6 months of twelve as measured by the NCR patient satisfaction report	15%
			Improve ambulation and locomotion score to the amount of 68% as measured by the OASIS report	15%
			Improve the management of oral medications score to the amount of 64% as measured by OASIS report	10%
			Increase monthly visit volume to 1200 per month or better as measured by home care statistics	15%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
			Year to date productivity per unit of service at or below budget as measures by monthly financial report.	10%
			Year to date total expenses per unit of service are at budget or below as measured by monthly variance report.	10%
Lewis, Steven	Wellness Coordinator	Wellness	Achieve at least 80% positive score on the support services survey	15%
			Consistently maintain the positive employee partnership results at greater than 80th percentile	10%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			Increase the number of staff participating in the wellness program to above 82%	15%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			Reduce absenteeism (or the number of unscheduled absences) for the organization to less than 50 per month	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To maintain and improve the hospital community reputation and improve the health of the community by giving at least 1000 hours of community service from the organization	10%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	10%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Lovejoy, Leslie	Chief Nursing Officer	Administration	Have at least 75% of staff participate in the annual employee partnership survey	10%
			Improve Direct Report Employee Satisfaction from 76% to 78% as measured by annual employee partnership survey.	15%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
			VBP score greater than 65as measured by Midas Datavision Report	25%
			Year to Date Budgeted expenses per iunit of service for quality roll-up is at or below budget as measured by the monthly variance reports.	15%
			Year to Date Expenses per unit of service for Surgical Services roll-up is at or below budget as measured by monthly variance report.	15%
Mather, Kelly	President/Chief Executive Officer	Administration	Consistently maintain the positive employee partnership results at greater than 80th percentile	15%
			Consistently maintain the Value Based Purchasing score greater than 65 each month	15%
			Have at least 75% of staff participate in the annual employee partnership survey	5%
			Maintain the year to date organization expenses below FY 2015 budget	10%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To consistently maintain high Emergency patient satisfaction at the 75th percentile	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To increase surgery volumes by at least 2% over prior year	10%
			To maintain and improve the hospital community reputation and improve the health of the community by giving at least 1000 hours of community service from the organization	10%
			To maintain financial viability with a high EBIDA each month	15%
Mathews, Kathy	Clinical Quality Coordinator	Quality	Consistently maintain the positive employee partnership results at greater than 80th percentile	10%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			Patient Safety and HAI scores as part of total VBP score meet or exceed national benchmark 8 out of 12 months as measured by the Midas Datavision VBP monthly report.	35%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	20%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
			Year to Date Expenses per unit of service at or below budget for Quality Department.	15%
McKissock, Lynn	Human Resources Assistant Director	Human Resources	Have at least 75% of staff participate in the annual employee partnership survey	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	5%
			To increase accessibility and accuracy of employee data to the amount of 95% as measured by audit against payroll and budget.	15%
			To increase HR Staff Partnership Score to 82%, as measured by the 2015 Staff Partnership Survey	15%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To increase timely completion of performance evaluations by all leaders to the amount of 90% as measured by evaluations received by the annual deadline of March 31.	15%
			To maintain established pay ranges and job codes for each position within the organization at 98% as measured by audit against payroll and budgeted positions.	15%
			To maintain HR department support services survey score to the amount of 90% as measured by annual support services survey monkey.	15%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Quach, Judy	Medical Records Manager	Medical Records	Consistently maintain the positive employee partnership results at greater than 80th percentile	10%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	7%
			To decrease accounts waiting to be coded to the amount of \$1,000,000 as measured by the Billing CRC report.	16%
			To decrease delinquent medical records to the amount of 10% as measured by TJC medical records statistics form.	10%
			To increase Dictated reports link to HPF to the amount of 98 as measured by manual tracking.	7%
			To increase Support Services Satisfaction to the amount of 80% as measured by annual survey monkey support services survey.	10%
			To maintain transcription turnaround time to the amount of 97% as measured by transcription turnaround report.	10%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	10%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
Sendaydiego, Allan	Director of Surgical Services	Surgical Services	Achieve 100% performance for 6 Of 12 months in all SCIP quality measures as reported by monthly quality report.	10%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			Improve employee partnership survey responses from 57.3 to 60.0 as measured by the annual employee partnership survey.	10%
			Increase surgical volumes by 2% for fiscal year as measured by monthly volume statistics.	10%
			Monthly productivity report results are at or below budget as reported on the monthly variance report.	22.5%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	5%
			Year to date expenses per unit of service for Surgical services roll-up is at or below budget as measured by the monthly variance report.	22.5%
Sendaydiego, Fe	Chief Information Officer	IT	Employee Partnership Score: Improve employee partnership score to 74% as measured in the annual satisfaction survey.	15%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			To achieve high support service satisfaction to the amount of 78% as measured by Annual Survey Monkey Results.	25%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	5%
			To establish a hospital wide project management process to the amount of XX% as measured by	10%
			To increase use of installed systems to the amount of xx% as measured by the sum of all Meaningful Use reporting objectives.	10%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	15%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Seyfert, Beverly	Director of Health Information Svstems	IT	Decrease instances of slow system response time	5%
			Employee Partnership Score: Increase Press Ganey staff satisfaction score to 74% as measured in the annual staff satisfaction survey.	15%
			Ensure 98% of all new hires have logins and system access on their start date.	10%
			Have at least 75% of staff participate in the annual employee partnership survey	5%
			Increase Customer service score to 78% as measured by the Support Services Annual Survey	15%
			Increase the number of tickets closed within 4 hours to 48% (current average is 46.7%)	10%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	5%
			To decrease Purchased Services by 10%	10%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	15%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Shannahan, Ellen	Director of Materials Manacement	Materials	Give 10 hours of service as measured by number of hours of service given to benefit the community.	10%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			Increase staff satisfaction to the amount of at least 81% percentile as measured by the annual survey.	20%
			Maintain the department FY15 YTD Expenses at or below budget.	15%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To decrease the amount of scanned and stocked supplies that House Supervisors check out on a weekend to no more than four	15%
			To increase Support Service Satisfaction to the amount of 86% as measured by Survey Monkey	20%
Tarver, Jeanette	Director of Finance	Finance	Accurately complete the monthly financial statements by the 10th business day	10%
			Achieve at least 80% positive score on the support services survey	10%
			Consistently maintain the positive employee partnership results at greater than 80th percentile	15%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			Increase days cash on hand to over 15 per month	0%
			Maintain Accounts Payable under 60 days for all vendors	10%
			Maintain organization wide expenses under the FY 2015 budget each month	20%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	5%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Valenzuela, Lois	Laboratory Manager	Lab	All Proficiency testing scores will be 98% or higher: 1. Chemistry 2. Hema, 3. Micro, 4. Blood Bank, 5. Urinalysis, 6. Coag, 7. Immuno 8. Body Fluids	20%
			Consistently maintain the positive employee partnership results at greater than 80th percentile	10%
			Have at least 75% of staff participate in the annual employee partnership survey	10%

Sonoma Valley Hospital Leader Evaluation Manager

FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			Meet or improve average ER TAT's (received to final result) compared to FY 2014 average TAT. FY 2014 average: 1. CBC = 13 min 2. CMP = 24 min 3. TROP = 35 min	15%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	10%
			To increase volumes for services or procedures by at least 2% over the prior year	10%
			To manage year to date expenses for all departments which report to the leader at or below the budgeted expenses	15%
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%
Woodall, Vivian	Executive Assistant to CEO	Administration	Consistently maintain the positive employee partnership results at greater than 80th percentile	10%
			Ensure Board agendas are issued on time prior to meetings as measured by following Brown Act standards (3 days prior for regular meetings and 1 day prior for special meetings).	10%
			Ensure Board minutes are prepared on a timely basis following meetings as measured by the goal of having the minutes ready two weeks after the meeting date.	10%
			Have at least 75% of staff participate in the annual employee partnership survey	10%
			Maintain Administration dept. expenses for FY 2015 YTD at or below budget.	20%
			To achieve an 80% or higher score from the support services survey for Administration	15%
			To consistently maintain inpatient satisfaction having at least 5 of the 8 HCAHPS scores at the 50th percentile for 6 out of the 12 months in the year	15%

Sonoma Valley Hospital Leader Evaluation Manager
FY 2015 Goals by Leader

Leader Name	Job Title	Department	Goal	Goal Weight
			To participate in maintaining and improving the hospital community reputation and improve the health of our community by giving at least 10 hours of service each year	10%

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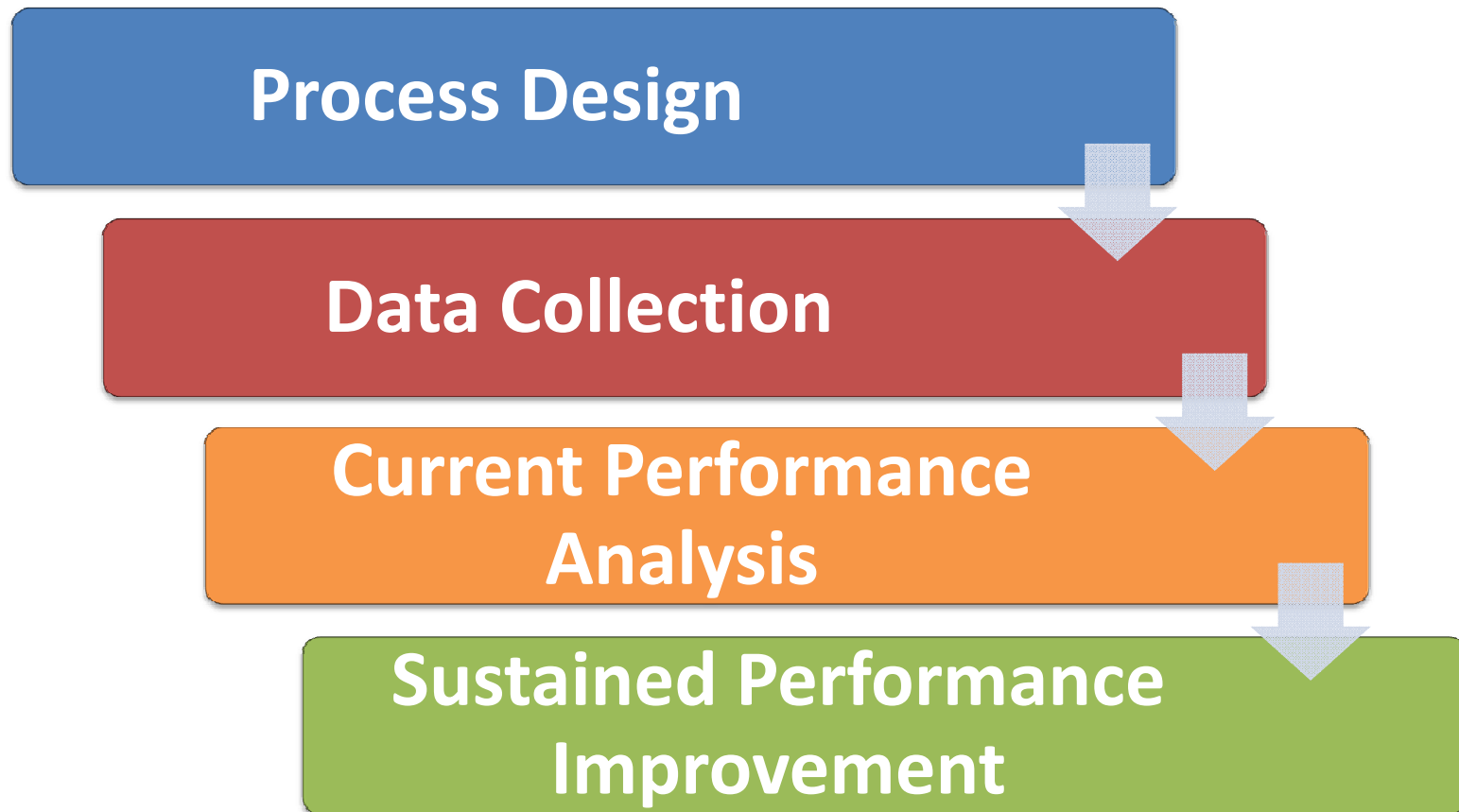
**OFFICER &
COMMITTEE REPORTS**

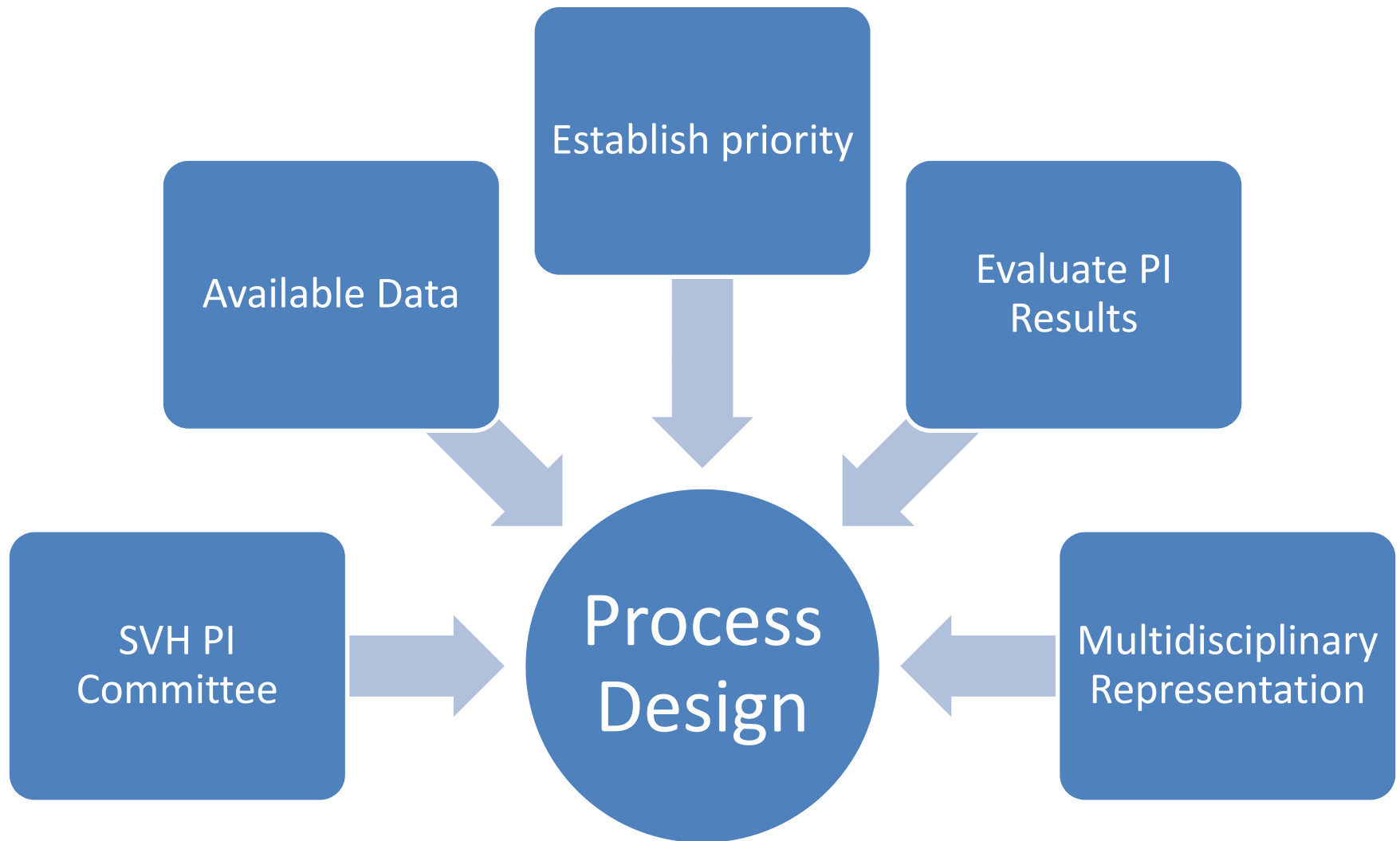


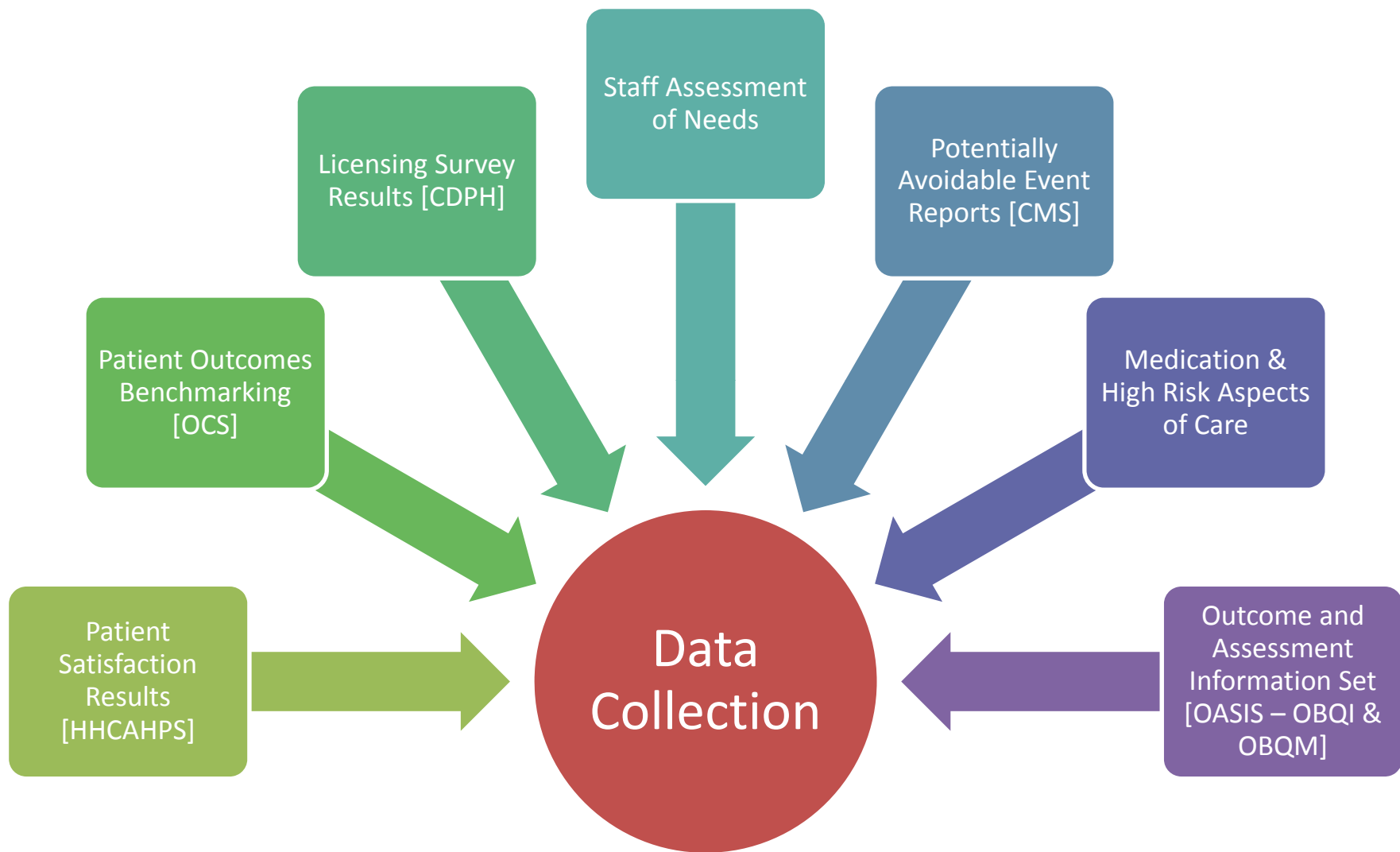
Quality Management Plan

An objective, systematic and ongoing evaluation and improvement of Healing at Home services integrated with Sonoma Valley Hospital's Performance Improvement Plan to provide quality care to patients in their homes.

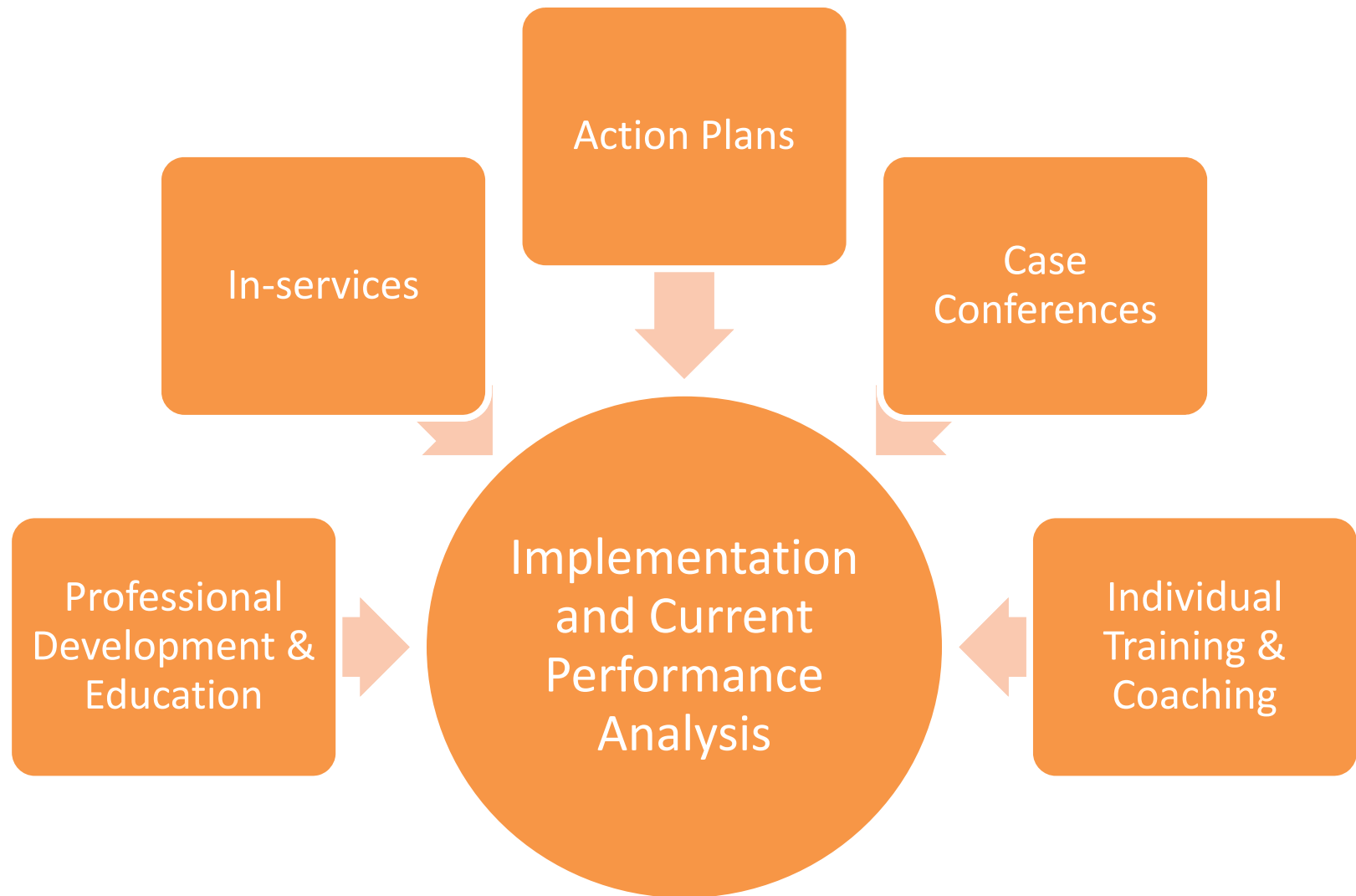
Performance Improvement Plan

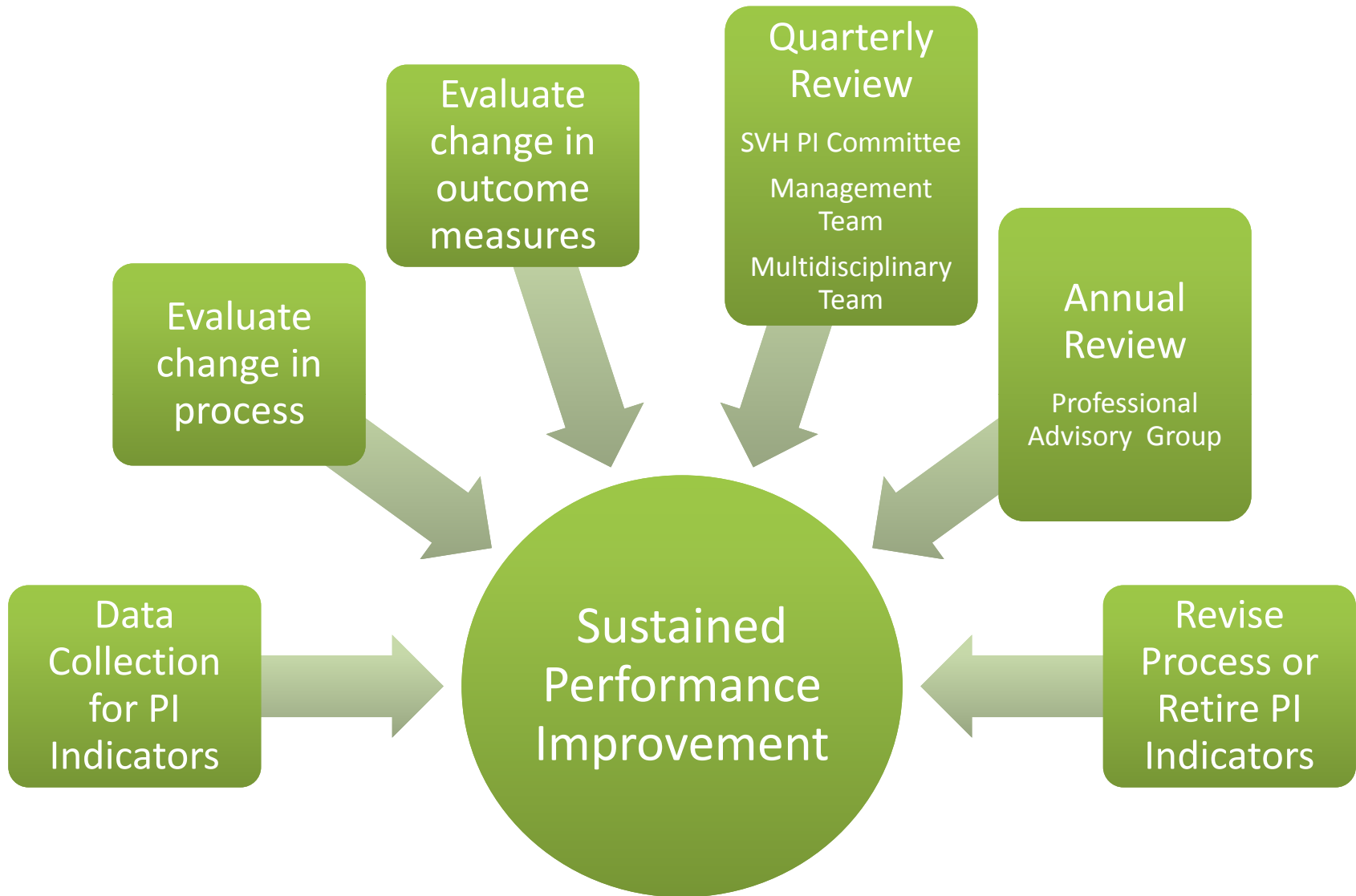






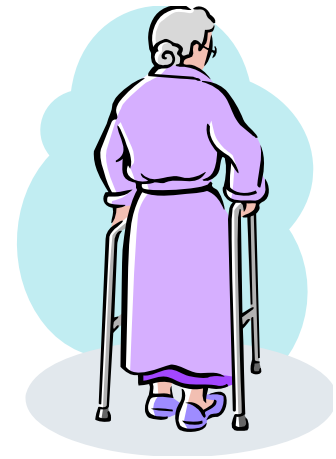
Legend of Acronyms available on the last page...





Current PI Indicators

- Improvement in Oral Medications Management
- Improvement in Ambulation
- Interdisciplinary Communication
- Electronic Medical Record (EMR) Implementation Evaluation



Opportunities from June 2014 CDPH License Survey Results

- Opportunities
 - Consistent Documentation of Supervision of Certified Home Health Aide in Patient record.
 - Change in route of Over the Counter medication
 - Random Blood Glucose Collection
- PI Action Plan
 - Review Electronic Medical Record (EMR) “Supervision” entry prompts and implement training.
 - In-service for all Clinicians in process for change of medication.
 - In-service for nurses in Random Blood Glucose Collection monitoring and documentation.

OCS HomeCare Data Outcome Reports

- OCS provides online, real-time comparative and patient-level reporting for home health
- Data analyses create meaningful, actionable performance metrics and benchmark analyses
- Current bench-marking reports for reference
- Performance Metrics are: patient outcomes, agency processes, finance, and patient satisfaction data

Executive Summary

Prepared for: Sonoma Valley Hospital Home Care Program (557041)

Provider Number: 557041

Data Represents: Ends of care between 5/1/2014 through 5/31/2014

Branch ID: N

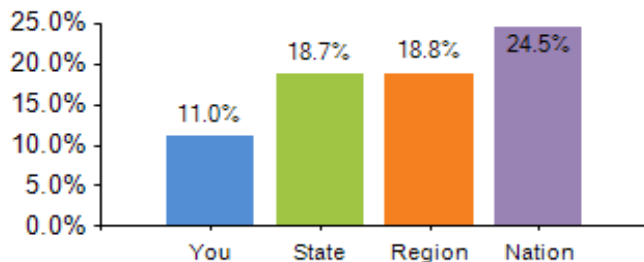
Case Mix Summary	Your Score	State Norm	Regional Norm	National Norm
Average Patient Age	78	76	76	75
Percent Medicare Traditional Patients	48.6%	56.1%	56.7%	67.7%
Average SOC Case Weight	0.942	0.941	0.949	1.109
Surgical Wound at SOC	34.3%	27.7%	27.0%	24.6%
Pressure Ulcer at SOC	8.6%	6.4%	6.3%	5.3%
Stasis Ulcer at SOC	0%	1.5%	1.4%	1.3%

Overview of Quality Initiative Measures	Your Score	State Norm	Regional Norm	National Norm
Improvement in Pain	72.9%	67.3%	66.9%	68.7%
Improvement in Dyspnea	74.4%	72.4%	72.5%	69.6%
Improvement in Bathing	77.9%	68.6%	68.5%	71.5%
Improvement in Transferring	71.0%	61.5%	62.0%	63.6%
Improvement in Ambulation/Locomotion	74.2%	64.4%	64.6%	68.0%
Improvement in Management of Oral Meds	68.3%	54.4%	54.4%	58.1%
Improvement in Status Surgical Wound	93.8%	89.6%	89.5%	89.8%

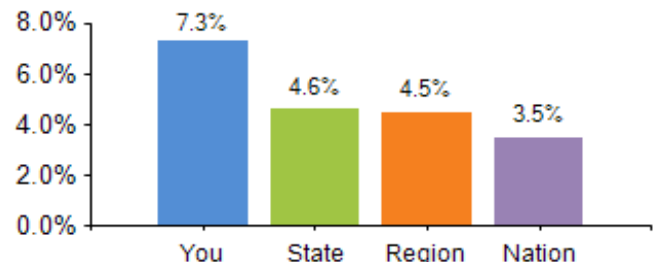
Process of Care	Your Score	State Norm	Regional Norm	National Norm
Timely Initiation of Care	100%	85.5%	86.3%	92.8%

Utilization Data:	Your Score	State Norm	Regional Norm	National Norm
Skilled Nursing Visits per Case	8.4	8.7	8.9	11.1
Home Health Aide Visits per Case	0.9	0.6	0.7	1.9
All Therapy Visits per Case	8.3	6.6	6.9	10.1

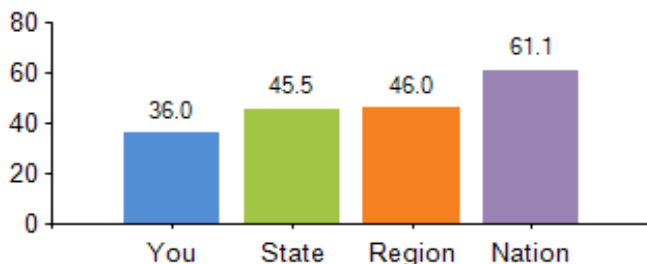
Acute Care Hospitalization



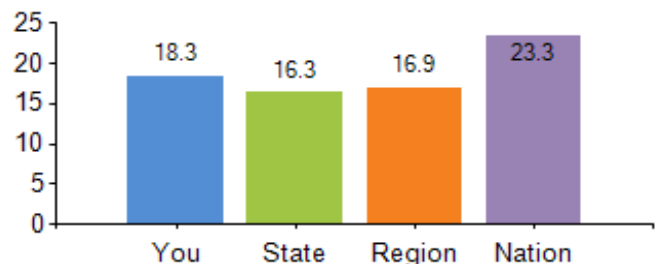
ED Care Without Hospitalization



Average Case LOS



Total Average Visits per Case



Satisfaction Snapshot - Overview

Prepared for: Sonoma Valley Hospital Home Care Pr (58 patients)

Provider Number: 557041 Branch ID: N/A

Current Patient Care Period: Dec 2013 - Feb 2014

National: (34,600 patients)

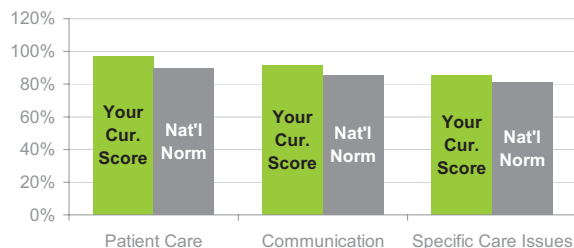
State: (1,529 patients)

Current Survey Period: Jan 2014 - May 2014

1.09

A score over 1 indicates that your agency's overall performance is better than the national norm, on average

Domain Scores



	Your Agency			Current Benchmarks	
	Previous 3-month Score	Current 3-month Score	Trend*	State**	National**
Individual Questions					
Overall Rating of Care - responses of 9 or 10	88%	95%	▲	83%	86%
Likelihood to Recommend - Definitely Yes	88%	93%	▲	77%	81%
Patient Care	93%	97%	▲	87%	89%
Providers informed & up-to-date - Always	78%	92%	▲	71%	75%
Treated gently - Always	95%	98%	▲	89%	92%
Courtesy and respect - Always	100%	98%	▼	92%	95%
Problems with care - No	100%	100%	▼	94%	96%
Communication	87%	91%	▲	82%	85%
Inform on care and services - Yes	77%	88%	▲	88%	91%
Inform on arrival time - Always	88%	86%	▼	79%	81%
Easy to understand - Always	93%	95%	▲	81%	85%
Listen carefully - Always	93%	97%	▲	82%	86%
Get help when contacting office - Yes	86%	100%	▲	91%	94%
Timeliness to get help from office - Same day	83%	83%	▼	71%	76%
Specific Care Issues	81%	85%	▲	79%	81%
Discuss home set up for safety - Yes	79%	84%	▲	75%	76%
Discuss medications - Yes	84%	82%	▼	83%	86%
See medications - Yes	74%	85%	▲	80%	83%
Talk about pain - Yes	86%	93%	▲	89%	92%
Discuss purpose of medications - Yes	88%	88%	▲	81%	85%
When to take medications - Yes	87%	88%	▲	77%	79%
Side effects of medications - Yes	69%	76%	▲	68%	68%
Number of completed surveys	43	58		1,529	34,600
Number of surveys sent	137	139		6,012	110,084
Survey response rate	31%	42%		25%	31%

Home Health Quality Management Acronym Legend

CDPH	California Department of Public Health
CMS	Centers of Medicare and Medicaid Services
HHCAHPS	Home Health Consumer Assessment of Healthcare Providers and Systems
OASIS	Outcome and Assessment Information Set
OBQI	Outcome-Based Quality Improvement Reports
OBQM	Outcome-Based Quality Management
OCS	OCS HomeCare (formerly Outcome Concept Systems)
QAPI	Quality Assurance & Performance Improvement

**SONOMA VALLEY HOSPITAL
CLINICAL LABORATORY ANNUAL EFFECTIVENESS SUMMARY
REPORT
2013**

Scope of Services:

Sonoma Valley Hospital Laboratory has been responsive to the needs of the Sonoma Valley Health Care District to provide accurate, reliable and timely laboratory services on a routine and STAT basis. Services are provided 24 hours/day, 7 days/week, including holidays. Testing in the areas of Hematology, Coagulation, Chemistry, Microbiology, Urinalysis, Serology and Blood Bank is provided. STAT testing is available within 1 hour; most routine testing is available the same day. Services include the following:

- Collection of specimens
- Home draws when requested by a physician
- Physician Office specimen collection
- Reference laboratory specimen preparation/processing
- Clinical laboratory testing
- Transfusion service
- Clinical laboratory results reporting, including timely critical value communication
- Routine physician office results per courier service, Fax, internet or interface.
- Maintenance/service/repair for optimal equipment/instrumentation use
- Compliance with all state, federal and accreditation requirements
- Anatomic & Clinical Pathology services & consults

The Clinical laboratory services noted a volume of approximately 500,000 billable tests performed in recent years. Significant clinical, reporting and contractual/business relationships include the following:

1. County of Sonoma Public Health Lab
2. Santa Rosa Memorial Hospital
3. Blood Centers Of The Pacific—Irwin Center
4. ARUP
5. Marin Medical Laboratory
7. Quest Diagnostics

Budgetary Impact:

Revenue production for FY2013 totaled \$18,231,885. Total expenses for the same period totaled \$2,339,811. Revenue production is down from FY2012 due to decreased patient volume and decreased reimbursement. Expenses are down due to lower outpatient volumes and economies were made within the lab. Less costly alternatives for testing are investigated.

The laboratory logged a total of 17,801 outpatient visits, drop off specimens and house calls. These visits resulted in a total of 97,304 outpatient units of service (billable tests). This is a reflection of the decrease in outpatient visits. In September, 2012 SVCHC began directing their patients to use Quest as the primary laboratory. Sonoma Valley Hospital negotiated an agreement with SVCHC to use SVH lab as their primary lab. This agreement went into effect September 1, 2013. Since September 1, 2013 the SVCHC referrals have increased by 20% over the same time period beginning Sept 1, 2012.

The laboratory makes an on-going effort to create expense efficiencies. The laboratory works closely with our vendors and the hospitals Materials Management to assure the best pricing for our reagents and supplies.

MEASURES ASSESSED		FINDINGS, IMPROVEMENTS MADE
PRE—Prenalytical, A—Analytical, POST—Post analytical		
Staff Competency, Performance and Development <i>Personnel have received the tools and education needed for doing the job and performed expectations well.</i> <ul style="list-style-type: none"> All CLS participate in Proficiency Surveys CLS have annual competencies on all tests performed in the laboratory Developed Training and ^{1st} year Competency Assessment for CLS. CLS are trained on new procedures and instruments before reporting results. Developed Competency Assessment for Laboratory Assistants Created a Lead Lab Assistant position. Lab Assistant check off sheets and duty roster. CAP Competency assignments for CLS and Lab Assistants. Monthly report for each department was improved and made more user friendly. TJC Accreditation survey All instruments are interfaced with Paragon. Changed CLS scheduling to 12, 10 and 8 hour shifts. BCP survey 	<p>A</p> <p>A</p> <p>A</p> <p>PRE</p> <p>PRE</p> <p>PRE</p> <p>PRE</p> <p>PRE</p> <p>POST</p> <p>POST</p> <p>POST</p>	<p>All CLS participate in the Proficiency Survey. Results were 100% for 11 of 12 events and 98% for 1 event.</p> <p>Annual competency for CLS was expanded to include competency on all instruments and every test performed in the lab. Competency assessment and documentation was improved to include more detailed documentation and evaluation of the skill level. The primary tools used for assessment are direct observation and verbal discussion.</p> <p>The first year training and competency was improved and made much more inclusive. A new CLS has to demonstrate competency and be signed off by the Lab Manager before they can release results. There is Training and 2 Competency Assessments during the first year of employment.</p> <p>CLS are trained on new tests and instruments before they can report the test or use the instrument.</p> <p>Created a Competency Assessment for Laboratory Assistants similar to the CLS Assessment. Their Assessment covers all tasks and Customer Service skills required by the lab.</p> <p>The Lead Lab Assistant position was created to provide more immediate supervision and guidance for the Assistants.</p> <p>A check off sheet for Lab Assistants duties and responsibilities is used daily and turned into the Lead Lab Assistant.</p> <p>CAP Competency assignments are given to the CLS and Lab Assistants. This is part of the annual competency.</p> <p>The monthly Quality report for each department gives an analysis of what happened in each department during the month. It was fine tuned and made more user friendly. The reports are reviewed monthly by the Laboratory Medical Director.</p> <p>TJC survey in November found 5 deviations from Standards. The deviations were all corrected.</p> <p>The Triage and the MiniVidas were interfaced with Paragon. All lab instruments are now interfaced thus eliminating the possibility of clerical errors due to manual entry.</p>

	<i>PRE</i>	<p>CLS staffing was reduced to 1 CLS on Sunday. CLS scheduling was changed to 8, 10 and 12 hour shifts. This resulted in a decrease of \$20,000/month to the lab budget. Lab Assistants were also reduced in</p> <p>BCP surveyed the Blood Bank. We did this in preparation for the TJC survey. The surveyor was very thorough and made several suggestions for improvement which we have implemented.</p>
	<i>PRE</i>	

Plant, Equipment, Supplies <i>There were no facility, equipment or supply problems.</i>	A	All instruments were stable with no significant downtimes.
<ul style="list-style-type: none"> • New equipment was purchased for Microbiology. 	A	Incubators were purchased for Microbiology replacing those purchased in 1984. These are state of the art incubators which hold a stable temperature and CO ₂ level. Both are constantly monitored.
<ul style="list-style-type: none"> • Rearranged Microbiology • An Ultra Low Temp freezer was purchased. 	PRE	A new refrigerator was purchased for Microbiology. It is larger with more storage space, glass doors allow easy inventory.
<ul style="list-style-type: none"> • A computer which is dedicated to the Blood Bank Log for units received. 	PRE	Microbiology was rearranged using the Lean process to use the space more effectively and to be more user friendly.
<ul style="list-style-type: none"> • Triage Drug Screen was released by FDA. 	A	An Ultra Low Temp freezer was purchased. Some reagents need to be stored at below -20° C which we are now able to accommodate. The freezer also serves as a back up to the FFP freezer.
<ul style="list-style-type: none"> • Purchased 2 Stat Spin centrifuges. 	PRE	A computer was procured which will be dedicated to the Blood Bank Log. This will replace our paper log book. The Blood Bank Log documents the receipt and disposition of all blood products.
<ul style="list-style-type: none"> • More tests done as batch tests in order to economize on supplies 	A	Triage Drug Screen was taken off FDA hold and after comparisons & staff training was put into use.
<ul style="list-style-type: none"> • Batch testing is used more extensively. 	PRE	As part of the labs ongoing conversion to the Lean process; the big, old centrifuge was replaced with 2 Stat Spin Silencer centrifuges. These are high speed, quiet and spin within 5 minutes. Specimens move quickly from the processing area to the testing area.
<ul style="list-style-type: none"> • Platelet rotator 	A	Several lab tests were moved to batch testing instead of daily testing. This saves reagents and quality control material.
	PRE	We acquired a platelet incubator as a gift from MGH. With an incubator we will be able to store platelets according to Standards and return them if they aren't used.
Business Initiatives, Service Opportunities <i>Describe entertained or implemented service ventures.</i>		SVH laboratory was able to meet all the needs of SVCHC. <ul style="list-style-type: none"> • The interface with their EHR was established and tested to meet the requirements of SVCHC. • Prepay prices were negotiated to the satisfaction of both parties. • The interface to Pathgroup is not complete. It will be carried over to 2014.
<ul style="list-style-type: none"> • An agreement with SVCHC was negotiated and SVH laboratory. All their patients were sent to SVH laboratory as of September 1, 2013 • Brought Vitamin D in house. • Palm Drive Microbiology 		On November 4, 2013 Vitamin D was brought in house. There is \$20.00 profit/test. We run about 150/month. There was no increase in staffing or new instrument needed. In May, 2013 we began doing Microbiology for Palm Drive Hospital. We receive a monthly flat fee. This has almost doubled the volume of work in Microbiology. The lab has handled this with no increase in staffing.

- Acetone method discontinued.
- Interface with physician office:
- Convalescent hospitals
- SDC lab work
- We were notified in September that our reference lab, Muir lab, would close on Nov 4.
- Chose Quest Diagnostics to be our new reference lab.
- Interfaced with Quest.
- Change from 3rd party billing to client billing
- *Anemia Clinic*
- *Physician education regarding transfusion*

Ketones was discontinued by Siemens. B-Hydroxy ketones was put on Vitros

The number of physician offices we are interfaced with increased:

- SVCHC
- PRIMA
- Sonoma Family Practice
- J. N. Smith
- Cardiovascular Assoc of Marin
- Dr. Peter Stein
- Dr. Yuichiro Nakai

The interface to Practice Fusion is in progress. When this interface is complete we will be able to connect with 4 local offices.

In an effort to increase our market share, provide more timely results and improve patient care; we marketed our lab services to 3 local convalescent hospitals. The Administrators of the facilities were all very enthusiastic. The facilities are all owned by corporations that have contracts with other labs. Local facilities are tied into the corporate contracts.

We approached SDC about sending their lab work to us. They were unable to negotiate with us due to union agreements.

In September Muir Lab, our primary reference lab, notified us they were sold and would be closing on November 4.

We negotiated an agreement with Quest Diagnostics and began the transition and file build. Quest agreed to cover the cost of the file build.

The billing for reference lab work was changed from 3rd party billing to client billing.

In July, 2013 we began the Anemia Clinic for diagnosis and treatment of anemia before surgery. Total joint replacement surgeries are the focus.

During the 6 months prior to the Anemia Clinic there were 36 total joint patients with 21 PRBC units transfused to a total of 9 patients. The ratio of PRBC's transfused per patient is 0.58.

During the first 6 months of the Anemia Clinic there were 44 total joint patients with 9 units of PRBC transfused to 3 patients. The ratio of PRBC's transfused per total patient is 0.10.

The result of the Anemia Clinic was to reduce transfusions which resulted in reducing expense for the hospital and improving the SVH experience for the patient.

The Laboratory Medical Director began a transfusion education project for physicians. The purpose of the education was to make physicians aware of the currently accepted transfusion protocols. This education resulted in a reduction in transfusions for patients with a Hemoglobin greater than 8 g/dL.

National Patient Safety Goals <i>The Clinical Laboratory is committed to safe patient care by the following activities:</i> <ul style="list-style-type: none"> • Patient identification (use 2 identifiers) • Blood check out procedure compliance (2 signatures) • Critical values called & read back using 2 identifiers. 	<p>PRE</p> <p>POST</p> <p>PRE</p> <p>POST</p>	<p>Patient identification was monitored and there was 100% compliance using 2 identifiers (name & DOB). There have been no events of misidentified or mislabeled specimens.</p> <p>100% of Blood products were checked out with 2 signatures (RN & CLS).</p> <p>The Transfusion/Gann (signed consent) form was available and properly filled out for 100% of the transfusions.</p> <p>99.5% of critical values were called in a timely manner and properly documented.</p>
Sentinel or Adverse Events <i>Sentinel Events (TJC List) or Significant Adverse Event (CMS List) or "near miss" are investigated for improvement.</i>		<p>There have been no Sentinel or Significant Adverse Events</p>
Patient and Customer Satisfaction <i>Significant or repeat customer (patient, family, staff, physician, payer, vendor, etc.) complaints are acknowledged and investigated for improvement.</i> <i>Out Patient satisfaction scores are monitored weekly</i> <i>The front office, and draw stations were given a mini remodel. The outpatient draw station was changed to provide privacy. New Blinds throughout the lab.</i> <i>An electric phlebotomy chair was purchased.</i> <i>A common complaint was lack of privacy during the blood draw. Faxing is still a frequent complaint but it has become better with the interfaces</i>	<p>POST</p> <p>POST</p> <p>PRE & POST</p> <p>PRE</p>	<p>All significant complaints were investigated and handled appropriately.</p> <p>The out patient satisfaction score is 94%. There was significant improvement in the score after the Studer coach gave the Lab Assistants training on "key words at key times." Lab Assistants are trained and must pass a competency on AIDET.</p> <p>There was a general painting and brightening up of the front office and draw stations. This was done to improve the patient experience. It was also part of our ongoing Lean process to make the area more user friendly. The specimen processing was moved closer to the front office. The draw station was remodeled to address patient privacy. The main draw station was moved to the processing room to provide privacy. The draw station in the front was made ADA compliant.</p> <p>New blinds were purchased for all the laboratory windows this helped improve the presentation of the lab.</p> <p>An electric phlebotomy chair is an improvement to the comfort of the patient and the phlebotomist. It can be raised to a comfortable height for the phlebotomist thus decreasing the possibility of back injury.</p> <p>Complaints about lack of privacy while having blood drawn was addressed with the private draw station.</p>

	POST	There are still many complaints about faxing. We are using auto fax for out of town physicians. The local physicians have access to lab results in Paragon. We are interfacing with more physician offices as resources permit.
Opportunities for Improvement <i>The Laboratory is constantly striving to improve the quality of the testing performed.</i> <ul style="list-style-type: none"> • <i>Implementing Yearly Competency assessment of all CLS and Lab Assistants</i> • <i>Complete documentation on Crossmatch and Blood Administration form.</i> • <i>Review Critical Values and change to a multitier calling policy.</i> • <i>Chemistry Dept reagent inventory</i> • <i>Bring CT/GC in house</i> • <i>Interface with physician offices</i> • <i>Investigating a new accreditation agency.</i> • <i>Build and test the Blood Bank Log file</i> 		<p>The Competency assessments have been written. They will be implemented in 2014.</p> <p>Continue to audit the Crossmatch and Blood Administration form for completeness</p> <p>Create and implement a tiered Critical Value list and design a new Critical Value calling policy.</p> <p>Develop an inventory system for Chemistry reagents and supplies.</p> <p>Purchase the instrument and begin testing CT/GC.</p> <p>Make a decision on a new accrediting agency</p> <p>The Blood Bank Log program is in the building phase.</p>