



BOARD OF DIRECTORS' MEETING

AGENDA

THURSDAY, OCTOBER 6, 2016

CLOSED SESSION 5:00 P.M.

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM

177 First Street West, Sonoma, CA

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk, Gigi Betta at (707) 935.5004/5 at least 48 hours prior to the meeting.		RECOMMENDATION
AGENDA ITEM		
MISSION STATEMENT The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER	Hirsch	
2. PUBLIC COMMENT ON CLOSED SESSION	Hirsch	
3. CLOSED SESSION <u>Calif. Government Code & Health and Safety Code § 32106-</u> Trade secrets regarding business strategy	Hirsch	
4. REPORT OF CLOSED SESSION	Hirsch	Action
5. PUBLIC COMMENT SECTION	Hirsch	
6. CONSENT CALENDAR A. Regular Board Minutes 9.01.16 B. Special Board Minutes 9.12.16 C. FC Minutes 8.23.16 D. QC Minutes 8.24.16 E. Policy & Procedures F. MEC Credentialing Report 9.28.16	Hirsch	Action
7. GROWTH REPORT	Donaldson	Inform
8. SPECIAL BOARD SESSION RE 851/853 FOURTH ST. W., SONOMA	Hirsch	Action
9. PARCEL TAX RESOLUTION	Jensen	Action
10. FINANCIAL REPORT MONTH ENDING 8.31.1	Jensen	Inform
11. ADMINISTRATIVE REPORT FOR SEPTEMBER 2016	Mather	Inform
12. BOARD COMMENTS	Board Members	Inform
13. ADJOURN	Hirsch	

6.

CONSENT



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS
MINUTES**

**SPECIAL CALL-IN SESSION
Monday, September 12, 2016, 4:00 pm**

Conference calls will take place from following locations:

- 347 Andrieux St, Sonoma CA 95476
- 31 Second Street East, Sonoma CA 95476
- 20580 Palmer Ave., Sonoma CA 95476
- 4636 Grove Street, Sonoma CA 95476

CONFERENCE CALL-IN INFORMATION

1-866 228-9900, Code: 294221#

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk, Gigi Betta at (707) 935.5004/5 at least 48 hours prior to the meeting.		
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 Meeting by conference call called to order at 4:00pm In attendance were Jane Hirsch, Peter Hohorst, Sharon Nevins, Kelly Mather, Ken Jensen and Gigi Betta. Excused from meeting were Bill Boerum and Joshua Rymer.	<i>Hirsch</i>	
2. PUBLIC COMMENT	<i>Hirsch</i>	
No public comment		
3. RESOLUTION 330 SETTING GO BOND TAX RATE FY 2016-17	<i>Mather</i>	Action
Two minor revisions to Res. 330: <ul style="list-style-type: none"> ...WHEREAS, by resolution, adopted by the Board of Directors (the "Board") of the Sonoma Valley Health Care District (the "District") on August 6, 2008, the Board determined and declared that public interest and ...the Board called an election to be held within the boundaries of the District in accordance with the California Elections Code ...WHEREAS, an election there was submitted to and approved by the requisite two-thirds (2/3) vote of the qualified electors of the District... <p>Attached but not sent to the County is the Calculation of FY17 Tax Rate. The date was corrected to 2017 in the line: <i>Needed for 2016 Debt Service</i>. A footnote was added as follows: <i>County of Sonoma supplied assessed value information. The Format for calculations prepared by SVH Controller.</i></p>		MOTION by Hohorst and 2 nd by Nevins to approve Res. 330 as amended . All in favor.
5. ADJOURN Meeting adjourned at 4:10pm	<i>Hirsch</i>	



**SVHCD BOARD OF DIRECTORS
REGULAR MEETING**

MINUTES

Thursday, September 12016

Regular Session 6pm

COMMUNITY MEETING ROOM

177 First Street West, Sonoma

	RECOMMENDATION	
MISSION STATEMENT The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.		
1. CALL TO ORDER Meeting called to order at 6:00pm. Mr. Rymer was excused from this meeting.	Jane Hirsch	
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.	<i>Hirsch</i>	
No public comment.		
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> A. Special Board Minutes 8.15.16 B. Board Minutes 8.4.16 C. FC Minutes 7.26.16 D. QC Minutes 7.27.16 E. GC No Minutes F. Policy IC7471-114 & PC7420-107 Surgical Services G. Multiple Policies June 2016 H. MEC Credentialing Report 8.18.16 	Hirsch	MOTION to approve by Boerum and 2 nd by Hohorst. All in favor.
4. REPORT ON SPECIAL BOARD SESSION, AUG. 15, 2016	Hirsch	Inform
The purpose of the Special Board Meeting on 8.15.16 was to approve Resolution No. 329 to acquire 851-853 Fourth Street West (AKA the South Lot) and authorize the CEO authorization to sign documents related to the sale. In addition, all reference to an “entity” was removed from 6.2.16 Board Minutes and this revision was approved.		
5. MARKETING AND COMMUNITY RELATIONS REPORT	Kenney/ Kruse de la Rosa	Inform
Mr. Kenney and Ms. Kruse de la Rosa presented the annual marketing report including goals, success stories, major focus and goals. Mr. Kenney emphasized that the marketing department		

works very closely with Michelle Donaldson, Chief Revenue Officer. Ms. Donaldson develops indicators for the marketing team and is in direct communication with physicians. Two big efforts have been the promotions of Bariatrics and the Birth Center. Future promotions will highlight the Skilled Nursing Facility and Pain Management. Other accomplishments this past year include a Health & Wellness supplement in both the <i>Sonoma Index Tribune</i> and <i>Press Democrat</i> . This year the Annual Performance Improvement Fair will take place in November and the public is invited to attend.		
6. OVERVIEW OF QUALITY ACTIVITIES	Lovejoy	Inform
Ms. Lovejoy's report focused on patient safety, outcomes, activities and goals. This calendar year, SVH is participating in Managed Medi-Cal Value Based Performance, a program set up similar to Medicare. Some of the biggest accomplishments over the last year were <i>Quest for Zero</i> (Harm), various learning collaborations and developing the Annual Performance Improvement Fair together with the marketing team. Impactful patient safety activities and programs include the <i>Good Catch</i> , the Annual AHRQ Culture of Safety Survey, advanced education for key staff members and membership with California Hosp Patient Safety Organization (CHPSO).		The Board requests that both of Ms. Lovejoy's presentations Items 6&7 be posted on the SVH website. Mr. Kenney will reformat the Quality Activities report prior to posting.
7. REVIEW OF PRIME GRANT	Lovejoy	Inform
Ms. Lovejoy gave an overview and history of the Prime Grant project and how it will improve patient care transitions and reduce readmissions. The grant is funded by CMS, administered by DHCS, dependent on achieving metrics and will be funded over a five year period.		
8. McKESSON REMOTE HOST CONTRACT	Sendaydiego	Action
Ms. Sendaydiego gave management's recommendation to approve a 5-year remote hosting contract with McKesson allowing greater protection and a higher level of expertise.		MOTION to approve by Nevins and 2 nd by Boerum. All in favor.
9. 1206b BUDGET BENEFITS AND BUDGET	Jensen	Action
The FY2017 projected net benefit from Drs. Azari and Kidd is \$1, 057, 023. The FY2018 projected net benefit is \$1, 072, 941. Start up cost is approximately \$41,000. Mr. Jensen distributed an additional breakdown of cash flow projection and start-up costs which is available on request.		MOTION to approve by Nevins and 2 nd by Boerum. All in favor.
10. FINANCIAL REPORT FOR MONTH ENDING JULY 31, 2016	Jensen	Inform
SVH borrowed \$400,000 from the Foundation to cover a pledge payment that has been delayed. This is a short-term working capital loan. Days of cash on hand, A/R collection, and patient revenue are all of great concern to both Board and hospital management. Expense reductions are ongoing, pledge and parcel tax monies are expected in December and increased cash flow is projected by		

January 2017.		
11. ADMINISTRATIVE REPORT FOR AUGUST 2016	Mather	Inform
The South Lot Committee is discussing how to best use this asset and intends to come back to the Board to present some options later in the year. A Special Board meeting was suggested to give community a chance to submit their ideas.		
12. BOARD COMMENTS	<i>Board Members</i>	Inform
No comments.		
13. ADJOURN Meeting adjourned at 7:45pm	Hirsch	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

MINUTES

**Wednesday, August 24, 2016, 5:00pm
Schantz Conference Room**

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Michael Mainardi, MD Susan Idell Carol Snyder	Brian Sebastian, MD Howard Eisenstark, MD Ingrid Sheets Joshua Rymer Cathy Webber	Kelsey Woodward	Leslie Lovejoy Gigi Betta Chris Kutza Fe Sendaydiego Mark Kobe

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
2. PUBLIC COMMENT	<i>Hirsch</i>	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 7.27.16 Annual Risk Management Report from 7.27.16 		MOTION by Idell to approve Consent and 2 nd by Mainardi. All in favor.
4. MEDICATION SAFETY	<i>Kutza</i>	Inform
	Dr. Kutza presented an overview of pharmacy activities related to ensuring medication safety; classification of med errors, how unsafe practices are identified and acted upon, monitoring progress, and the medication reconciliation process.	
5. CYBER SECURITY & RISK MANAGEMENT	<i>Sendaydiego</i>	Inform
	Ms. Sendaydiego presented on cyber security and its associated risks, the complexities that are inherent and management strategies to mitigate future malware attacks.	
6. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
<ul style="list-style-type: none"> Policy IC7471-114 & PC7420-107 Surgical Services Multiple Policies June 2016 	Policy IM8480-07 on Cyber Attack was not approved will be revised by Ms. Sendaydiego and brought back to the next QC meeting in September	MOTION by Idell to approve Consent and 2 nd by Mainardi. All in favor.

AGENDA ITEM	DISCUSSION	ACTION
	2016.	
7. QUALITY REPORT AUGUST 2016	<i>Lovejoy</i>	Inform/Action
	<p>Ms. Lovejoy gave an overview of the PRIME Grant and will include status updates in her regular monthly Quality Reports.</p> <p>Centers for Medicare & Medicaid Services (CMS) published metrics for quality outcomes and SVH was awarded 4 out of 5 stars.</p> <p>SVH has contracted with a web-based credentialing verification organization (CVO) and implementation webinars have begun. CVO credentialing services will virtually eliminate the need for paper processing. The entire process is scheduled to be up and running at the end of October 2016.</p>	MOTION by Rymer to approve Report and 2 nd by Mainardi. All in favor.
8. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Lovejoy</i>	Inform
	<p>The SVH Annual Performance Improvement Fair is on November 17, 2016 from 8:00am to 4:30pm in the Hospital's Administrative Conference Room.</p> <p>The fair is open to the public and Committee members Ingrid Sheets and Carol Snyder will judge the entries.</p>	
9. ADJOURN	<i>Hirsch</i>	
10. UPON ADJOURNMENT OF REGULAR SESSION	<i>Hirsch</i>	
11. CLOSED SESSION <ul style="list-style-type: none"> • <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report • Board Quality Dashboard 	<i>Sebastian</i>	Action
12. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
13. ADJOURNMENT AND ANNOUNCEMENTS	<i>Hirsch</i>	
	Meeting adjourned at 6:40pm	



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, August 23, 2016, 5:00pm
Schantz Conference Room

Present	Excused	Staff	Public
Sharon Nevins, Chair Peter Hohorst Susan Porth S. Mishra, MD (by phone) Stephen Berezin	Dick Fogg Steve Barclay Keith Chamberlin, MD	Ken Jensen Gigi Betta Jeannette Tarver Kelly Mather Dawn Kuwahara	Sam McCandless

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	Meeting called to order at 5:00p.m.		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	No public comment.		
3. CONSENT CALENDAR	<i>Nevins</i>	Action	
FC Minutes 07.26.16	A minor misspelling on the 7.26.16 agenda has been corrected.	MOTION by Berezin to approve <i>as amended</i> 2 nd by Porth. All in favor.	
4. PRIME GRANT AND BUDGET	<i>Lovejoy</i>	Inform/Action	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	PRIME stands for the Public Hospital Redesign & Incentives in Medi-Cal, is funded by CMS, administered by DHCS and awards grants to hospitals to fund innovation and improve healthcare delivery. The grant total awarded to SVH is \$7 million and is allocated over a five-year period.		
5. 1206b BENEFITS AND PROJECTIONS	<i>Jensen</i>	Action	
	The FY2017 projected net benefit to SVH from Dr. Azari and Dr. Kidd is \$1, 057, 023. The FY2018 projected net benefit to SVH from Dr. Azari and Dr. Kidd are \$1, 072, 941. Start up costs is approx \$41,000. A breakdown of the cash flow projection and start-up costs was distributed by Mr. Jensen at the meeting.	MOTION by Hohorst to (1) approve the 1206b budget and (2) bring it to the Board for approval on 9.1.16. There was a 2 nd by Berezin and all were in favor.	Bring forward the budget to Board meeting on 9/1/16
6. RES. No. 329 ACQUISITION OF 851 AND 853 FOURTH ST. W., SONOMA, CA	<i>Jensen</i>	Inform	
	Res. No. 329 “ <i>South Lot</i> ” acquisition was approved in the Special Board meeting on August 15, 2016		
7. UPDATE ON ANNUAL AUDIT	<i>Jensen</i>	Inform/Action	
	The hospital audit in its 2 nd week and estimated to be complete on Friday, August 26, 2016.		
8. FINANCE REPORT MONTH ENDING JULY 31, 2016	<i>Jensen</i>	Inform	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	<p>In July, the hospital experienced a lower than expected volume for outpatient services. The actual loss of (\$280,489) from operations for July was (\$17,265) unfavorable to the budgeted loss of (\$263,224). After accounting for all other activity, the July net income was a positive \$58,920 vs. budgeted expected income of \$87,716 with an EBIDA of 4.5% vs. the budgeted 5.6%.</p> <p>In July, the cash collection goal was \$3,693,925, the Hospital collected \$3,925,818, or over goal by \$231,893. Days of cash on hand were 10.6 as of July 31, 2016. Accounts Receivable decreased from 57.3 days in June to 54.8 days in July. Accounts Payable increased by \$95,376 from June and accounts payable days are at 54.1.</p>		
9. ADMINISTRATIVE REPORT AUGUST 2016	<i>Mather</i>	Inform	
	<p>The acquisition of 851 and 853 Fourth Street West, Sonoma CA closed escrow on August 22, 2106.</p> <p>Centers for Medicare & Medicaid Services (CMS) have published metrics for quality outcomes and SVH received 4 of 5 stars.</p> <p>Inpatient and emergency satisfaction results continue to be somewhat inconsistent. SVH ended 2015 at the 90th percentile for the Value Based Purchasing score quality measure. Members of the administrative team are meeting next week to develop an organization wide Quality goal. Ms. Mather has been attending each department's staff meeting to address any concerns. Expenses have been running much higher than budget due in part to medical leaves and increased physician cost. Due to cash flow concerns expense reductions are in place.</p>		
10. ADJOURN	Nevins		
Next meeting September 27, 2016	Ms. Nevins announced that the SVH Parcel Tax Committee has two new co-chairs, Tom Rouse and Pamela Gibson.		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	Meeting adjourned at 6:35pm		



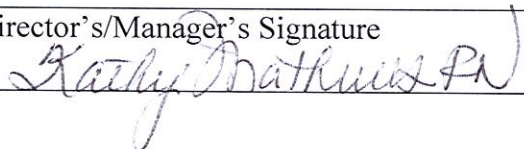
Policy and Procedure - Approvals Signature Page

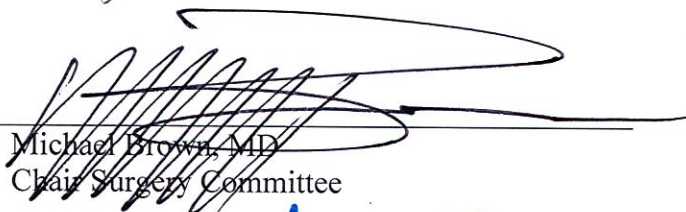
Review and Approval Requirements

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


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

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

Organizational: Infection Prevention Policies August	
APPROVED BY:	DATE: 7-19-16
Director's/Manager's Signature 	Printed Name Kathy Mathews RN


Michael Brown, MD
Chair Surgery Committee

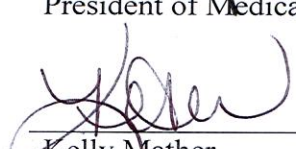
9-7-16
Date


Douglas S Campbell, MD
Chair Medicine Committee

9/8/16
Date


Keith J. Chamberlin, MD MBA
President of Medical Staff

9/15/16
Date


Kelly Mather
Chief Executive Officer

9/14/16
Date

Jane Hirsch
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Infection Prevention Policies**

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

Date of Document: **7-19-16**

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

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

IC8610-106 Airborne Infection Isolation Precautions: Revised; N 95 mask is required when caring for a pt with an ATD e.g., varicella, measles, regardless if HCWs are immune. PAPR is required for high hazard procedures. TB signs and symptoms were added. Pts with signs and symptoms consistent with TB are required to be placed in airborne isolation.

IC8610-102 Authority Statement: Clarifies that the PI Committee has the authority to institute appropriate Infection Control actions should there be healthcare associated infection rates beyond the SVH baseline or national benchmarks.

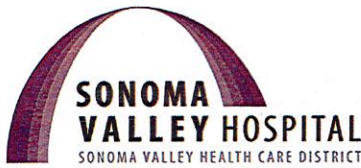
IC8610-124 Ebola Viral Disease Policy & Procedure: Reviewed; no changes

Ebola Virus Disease (EVD) PPE & PAPR Checklist: Reviewed; no changes

Ebola Virus Disease (EVD) PPE & PAPR Competencies: Reviewed; no changes

IC8610-104 Aerosol Transmissible Disease Policy: Revised; a diagnosis of respiratory TB disease should be considered for any patient with symptoms or signs of infection in the lung, pleura, or airways (including larynx), including cough for greater than or equal to 3 weeks, fever, loss of appetite, unexplained weight loss, night sweats, bloody sputum or hemoptysis, hoarseness, fatigue, chest pain or a history of exposure, infection or disease, or travel history to an area where TB is endemic. Fit testing is required annually for healthcare workers with potential exposure to aerosol communicable diseases e.g., TB. PAPRs are required for performance of high hazard procedures on suspected or confirmed ATD patients.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	7/19/2016 ✓	Yes	
Surgery Committee	9/07/2016 ✓	YES	Kathy to present
Medicine Committee	9/08/2016 ✓	YES	Kathy to present
P.I. or P.T. Committee	n/a	—	
Medical Executive Committee	9/15/2016 ✓	YES	
Board Quality	9/28/2016 ✓	YES	
Board of Directors	10/06/2016		



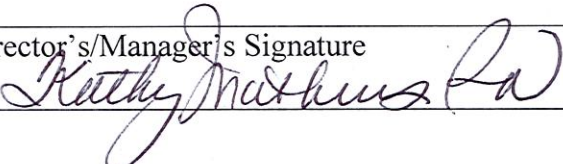
POLICY AND PROCEDURE Approvals Signature Page

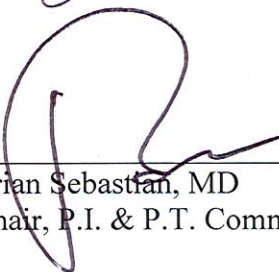
Review and Approval Requirements

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

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


Organizational: IC8610-123 Communicable Disease Reporting to the Public Health Department	
APPROVED BY:	DATE: 6-21-16
Director's/Manager's Signature 	Printed Name Kathy Mathews, RN CIC



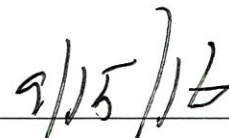
Brian Sebastian, MD
Chair, P.I. & P.T. Committees



Date



Keith J. Chamberlin, MD MBA
President of Medical Staff



Date



Kelly Mather
Chief Executive Officer



Date

Jane Hirsch
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Organizational Infection Prevention Policy**

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

Date of Document: **6-21-16**

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

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

IC8610-123 Communicable Disease Reporting to the Public Health Department - Revised;

The California Department of Public Health (CDPH), in consultation with the California Conference of Local Health Officers, updated the reportable disease lists in the California Code of Regulations (CCR) Title 17, Division 1, Chapter 4, Subchapter 1, Article 1, Section 2500 (reporting from providers to local health departments [LHDs]) and Section 2505 (reporting from laboratories to LHDs). These changes, effective as of May 24, 2016, are summarized in the revised P&P and can be found at:

http://www.cdph.ca.gov/HealthInfo/Documents/Reportable_Diseases_Conditions.pdf

- The following conditions have been **removed** and are no longer required to be reported to the local health department:
 - Pelvic Inflammatory Disease (PID)
 - Severe Acute Respiratory Syndrome (SARS)
 - *Staphylococcus aureus* infection
 - Toxic Shock Syndrome
- The following conditions have been **added** and are now required to be reported to the local health department:
 - Chikungunya Virus Infection – *report within one working day*
 - Flavivirus infection of undetermined species – *report immediately by telephone*
 - Novel Virus Infection with Pandemic Potential – *report immediately by telephone*
 - Respiratory Syncytial Virus (only report a death in a patient less than five years of age) – *report within seven calendar days*
 - Zika Virus Infection - *report immediately by telephone*
- The following conditions have been **reworded** for clarity:
 - Acquired Immune Deficiency Syndrome (AIDS) is reworded to Human Immunodeficiency Virus (HIV) Infection, stage 3 (AIDS) o Human Immunodeficiency Virus (HIV), Acute Infection now appears as a separate condition in the list.
 - Anaplasmosis/Ehrlichiosis now appear as two separate conditions in the list
 - Chickenpox (Varicella) (only hospitalizations and deaths) is reworded to Chickenpox (Varicella) (outbreaks, hospitalizations and deaths)
 - Dengue is reworded to Dengue Virus Infection
 - *Haemophilus influenzae*, invasive disease is reworded to *Haemophilus influenzae*, invasive disease, all serotypes

- The following conditions have a **change** in a reporting requirement:
 - *Haemophilus influenzae*, invasive disease, is now required to be reported only in persons less than five years of age (previously was in persons less than 15 years of age).
 - Hantavirus Infection is now required to be reported within one working day of identification (previously was immediately reportable).

Changes to Section 2505

A new subsection requires laboratories to attempt to obtain a bacterial culture isolate in certain cases.

- The following diseases have been **added to** subsection (e)(2); laboratory results suggestive of these diseases must now be reported to the local health department within one working day.
 - Babesiosis
 - Chikungunya Virus Infection
 - Flavivirus infection of undetermined species
 - *Entamoeba histolytica* (not *E. dispar*)
 - Zika Virus Infection

The subsection related to isolate and specimen submission has been re-organized as follows:

- (m)(1) lists the specimens to be submitted as soon as available to the local or state public health laboratory. The following specimen has been **added**:
 - Zika virus immunoglobulin M (IgM)-positive sera
- (m)(2) lists the isolates to be submitted as soon as available to the local or state public health laboratory. The following isolates have been **added**:
 - Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
 - *Shigella* isolates
- (m)(3) is a **new subsection**. It states that laboratories must attempt to obtain a bacterial culture isolate whenever there is a laboratory test result indicative of infection with any of the pathogens listed in subsection (m)(2). These pathogens are:
 - Drug resistant *Neisseria gonorrhoeae* isolates (cephalosporin or azithromycin only)
 - *Listeria monocytogenes* isolates
 - *Mycobacterium tuberculosis* isolates (see (f) for additional reporting requirements)
 - *Neisseria meningitidis* isolates from sterile sites
 - *Salmonella* isolates (see Section 2612 for additional reporting requirements)
 - Shiga toxin-producing *Escherichia coli* (STEC) isolates, including O157 and non-O157 strains
 - *Shigella* isolates

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	6/21/2016	Yes	
Surgery Committee	7/06/2016	Yes	Kathy to present
Medicine Committee	7/14/2016	Yes	Kathy to present
P.I. or P. T. Committee	7/28/2016	Yes	Kathy to present
Medical Executive Committee	9/15/2016	YES	
Board Quality	8/24/2016	yes	
Board of Directors	9/01/2016		



Policy Submission Summary Sheet

Title of Document: **Aerosol Transmissible Disease Exposure Control Plan**

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

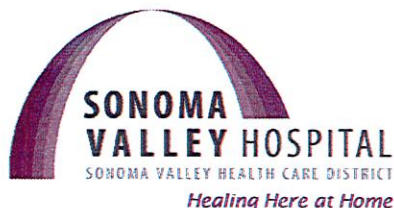
Date of Document: **7-19-16**

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

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

- Annual fit testing replaced every two years for employees with potential for occupational exposure to TB. Deleted previous exception language which is no longer allowed by CalOSHA regulations.
- PAPR is required for high hazard procedures for suspected or confirmed ATDs e.g, pulmonary Tuberculosis
- Signs and symptoms of a suspected case of TB are defined i.e., fever, cough > or equal to 3 weeks, loss of appetite, unexplained weight loss, night sweats, bloody sputum or hemoptysis, hoarseness, fatigue, chest pain, a history of TB exposure, infection or disease and travel history to an area where TB is endemic.
- Other minor changes

Reviewed by:	Date	Approved (Y/N)	Comment
P & P team	07/19/2016 ✓	Yes	
Safety Committee	07/28/2016 ✓	Yes	Kathy to present
Surgery Committee	9/07/2016 ✓	YES	Kathy to present
Medicine Committee	9/08/2016 ✓	YES	Kathy to present
PI Committee	n/a		
MEC	9/15/2016 ✓	YES	
Board Quality Committee	9/28/2016	YES	
Board of Directors	10/06/2016		



Policy Submission Summary Sheet

Title of Document: **Organizational Policies**

New Document or Revision written by: **Multiple Policies-August List**

Date of Document: **7-19-16**

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

Please briefly state changes to existing document/form or overview of new document/form here:

Policies below reviewed and no changes except for additional CIHQ References:

GL8610-180 Scope and Integration of Services
 PR8610-140 Abuse Reporting
 PR8610-144 Abuse Prohibition for Patients at SVH
 PR8610-150 Abuse Prohibition-Prevention
 PR8610-154 Abuse Prohibition-Screening
 PR8610-146 Abuse Prohibition-Identification
 PR8610-156 Abuse Prohibition-Training
 PR8610-152 Abuse Prohibition Protection During Investigation
 PR8610-142 Protecting Patients from Abuse and Neglect
 PR8610-166 Patient Rights to Visitation
 PR8610-162 Patient Rights to Access to Protective Services
 PC8610-152 Pediatric Family Issues

PR8610-148 Abuse Prohibition-Investigation Instructions: Revised; changed title from VP Patient Care Services to Chief Nursing Officer and used Administration of Skilled Nursing Unit to include that level of involvement and oversight.

PR8610-160 Patients Rights and Responsibilities: Revised; removed all the TJC related rights, aligned the policy to the posted rights and the CIHQ CMS language. Neither the state nor CMS indicate patient responsibilities but I left the verbiage in because the posted responsibilities are logical in terms of patient centered care.

PC8610-126 Color Coded Wristbands: Revised; remove the portion of policy that states we must have a patient sign a declination form if they chose not wear the bands.

QS8610-120 Pain Management: Revised; Added CPOT to scales; removed CRIES scale which we do not use and added NIPS scale. Removed that we hand out a pamphlet on admission, do education on an annual basis and provided education to students and staff. Added that we evaluate pain with vital signs.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	7/19/2016 ✓	Yes	
Surgery Committee	9/07/2016 ✓	YES	
Medicine Committee	9/08/2016 ✓	YES	
P.I. or P. T. Committee	n/a		
Medical Executive Committee	9/15/2016 ✓	YES	
Board Quality	9/28/2016	YES	
Board of Directors	10/06/2016		

9.

PARCEL TAX RESOLUTION



Meeting Date: October 6, 2016
Prepared by: Peter Hohorst
Agenda Item Title: Parcel Tax Resolution

Recommendations:

That the Board approve the parcel tax resolution requesting the voters of the Sonoma Valley Health Care District approve, on March 7, 2017, a renewal of the parcel tax for five years at a rate of \$250 per parcel to provide adequate funding to ensure continued local access to emergency room care, acute hospital care, and other health care services for residents of the District.

Background:

The existing parcel Tax, passed by a 72% favorable vote in 2012, will expire in 2017. By law, the District cannot use any tax other than a parcel tax to fund operations.

- The Hospital, like most hospitals in California, is experiencing the impact of reduced reimbursement by Federal, State and private health insurance programs, along with the decreased census in inpatient care created by changing regulations.
- These reductions are impacting the Hospital more severely than many larger hospitals because:
 - 74% of the Hospital's services are provided to patients with Federal or State health insurance.
 - The reimbursement revenue from Federal and State insurance programs for services is below the cost of providing the services.
 - The expectation is that the trend of decreasing Federal, State and private health insurance reimbursements will continue.

Despite these financial challenges, the Hospital staff delivers an exceptional level of care to patients.

- Patient Satisfaction ratings as measured by Medicare's CMS surveys are in the top 25% of all hospitals nationwide.
- Clinical and Safety Quality, as measured by CMS, recently rated Sonoma Valley Hospital at 4 out of 5 Stars. Sonoma Valley Hospital was joined by only four other hospitals in Marin, Napa and Sonoma Counties.

Consequences of Negative Action/Alternative Actions:

Without passage of the proposed parcel tax the District's revenues are not adequate to ensure continued local access to hospital emergency services, acute hospital care, and other critical hospital services.

SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS

RESOLUTION No. 331 PARCEL TAX

WHEREAS, Sonoma Valley Health Care District (the "District") has established the mission of serving the health needs of the Sonoma Valley community through Sonoma Valley Hospital; and

WHEREAS, following the Board's adoption of District Resolution No. 308, in October of 2011, the voters of the District overwhelmingly approved the imposition of a real estate parcel tax of \$195 per taxable parcel per year for five years to provide adequate funding to ensure continued local access to emergency room care, acute hospital care, and other health care services for residents of the District; and

WHEREAS, the current parcel tax expires on June 30, 2017; and

WHEREAS, the District, like most in California, is experiencing the impact of reduced reimbursement by Federal, State and private health insurance programs, along with the decreased census in inpatient care created by changing regulations, and

WHEREAS, the reimbursement revenue from Federal and State insurance programs for these services is below the cost of providing these services; and

WHEREAS, in Fiscal Year 2016, 74% of District services provided were to patients with Federal or State health insurance, and

WHEREAS, the District is authorized under Section 53730.01 of the California Government Code to impose special taxes uniformly on all real property within its boundaries (a parcel tax); and

WHEREAS, the District is not authorized to impose any tax other than a parcel tax.

WHEREAS, without the parcel tax revenues, the District's revenues do not provide adequate funding to ensure continued local access to hospital emergency room care, acute hospital care, and other hospital services for residents of the District; and

THEREFORE, WE RESOLVE that:

1. The District hereby proposes to renew the parcel tax, as authorized under Section 53730.01 of the California Government Code that it will use to ensure continued local access to hospital emergency room care, acute hospital care, and other hospital services for residents of

the District. The parcel tax will not be used for capital improvements, other than improvements made in connection with the day-to-day operational needs of the District.

2. The District hereby calls an election for March 7, 2017, to be held within the boundaries of the District, and requests the Board of Supervisors of the County of Sonoma (the "County") to consolidate that election with all other elections to be held on such date, on the measure set forth in Section 3.

3. The District hereby sets the full text of the measure to be placed on the ballot for the election of March 7, 2017, as follows:

The District will renew the parcel tax levy on each taxable parcel of land within the District, at an annual rate of up to \$250 per parcel for five (5) years.

The purpose of the parcel tax will be to supplement State and Federal insurance payments which are below the cost of providing hospital services in order to ensure continued local access to hospital emergency room care, acute hospital care, and other hospital services for residents of the District and visitors to the area.

The parcel tax will not be used for capital improvements other than improvements made in connection with the day-to-day operational needs of the District.

The District's appropriations limit will be established at an amount equal to the available funding during the first year of the parcel tax at the rate of \$250 per parcel.

Taxable parcels are those that appear on the annual secured County property tax roll.

The following exemption will apply to the levy and collection of the parcel tax: with respect to multiple parcels that are contiguous and in the same ownership and that cannot be individually sold, leased (except for agricultural purposes) or financed, only one such parcel will be subject to the parcel tax.

The District will continue to employ its currently established administrative review process to grant exemptions and consider appeals with respect to contiguous parcels.

The parcel tax revenues will be deposited into a fund held by the County Treasurer.

The District will cause to be filed an annual report with its Board of Directors, commencing not later than January 1, 2018, and annually thereafter, which report will be for the year ended June 30 of the prior year and contain information regarding the amount of parcel tax revenues collected and expended.

4. The District hereby sets the abbreviated ballot form of the measure appearing in Section 3 as follows:

Shall the Sonoma Valley Health Care District renew its expiring parcel tax for five years at up to \$250 per parcel per year in order to offset continuing reductions in reimbursements by Federal and State health insurance programs which are below the cost of providing hospital services, and thereby assure the continued operation of the hospital emergency room and the availability of acute hospital care and other hospital services at Sonoma Valley Hospital?

5. The District hereby proposes to establish its appropriations limit under Article XIII B of the California Constitution at an amount equal to the amount of available funding for the first year of the parcel tax at the rate of \$250 per parcel. "Available funding" will have the same meaning under this Resolution as is given the term "proceeds of taxes" in Article XIII B of the California Constitution.

6. The County Tax Collector will collect the parcel tax at the same time that it collects the general and ad valorem taxes, and along with the collection of those taxes. The parcel tax will be subject to the same penalties as general and ad valorem taxes.

7. The District will impose the parcel tax only if two-thirds (2/3) of those voting approve it.

PASSED AND ADOPTED on October 6, 2016 by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

Jane Hirsch, Chair
SONOMA VALLEY HEALTH CARE
DISTRICT

ATTEST:

Bill Boerum, Secretary
SONOMA VALLEY HEALTH CARE
DISTRICT

(SEAL)

10.

FINANCIAL REPORT
MONTH ENDING
AUGUST 31, 2016



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: September 27, 2016
Subject: Financial Report for the Month Ending August 31, 2016

For the month of August the hospital continued to experience lower than expected volume for outpatient services and an increase in inpatient volume. Year-to-date the gross revenue is \$43,832,001 comparing favorably to the \$39,748,389 for the same period last year. The actual loss of (\$352,088) from operations for August was \$33,366 favorable to the budgeted loss of (\$385,454). After accounting for all other activity, the net income for August was loss of (\$23,406) vs. the budgeted loss of (\$30,840) with an EBIDA of 3.1% which is on budget.

Gross patient revenue for August was \$22,472,856, \$1,549,518 more than expected. Inpatient gross revenue was over budget by \$1,651,629 due to patient days being over budgeted expectations by 127 days and inpatient surgeries being over budget by 7 cases. Also, this month had a higher than average Medicare case mix of 1.58. Outpatient revenue was under budget by (\$979,405). Outpatient visits were close to budgeted expectations at 4,823 visits and outpatient surgeries were under budget by (24) cases. The Emergency Room gross revenue is over budget by \$823,213 due to a continued volume increase. SNF was over budgeted expectations by \$38,411 and Home Health was over budgeted expectations with a positive variance of \$15,670.

Deductions from revenue were unfavorable to budgeted expectations by (\$1,185,614) due to the favorable variance in inpatient gross revenue and was offset by the accrual for the Medi-Cal AB113 IGT of \$343,950 (the net amount to the hospital after the matching fee is estimated at \$154,286) and the CMS Prime Grant with a net amount of \$125,000 for August. Without the accrual of the government program funding, the deductions from revenue would be unfavorable to budget by (\$1,654,564).

After accounting for all other operating revenue, the **total operating revenue** was favorable to budget by \$347,202.

Operating Expenses of \$5,310,039 were over budget by (313,836). The IGT matching fee accounts for (\$188,984) of the operating expense variance. Without the cost of the IGT matching fee the hospital would have an unfavorable expense variance of (\$124,852). Salaries and wages were over budget by (\$16,946), due to the increase in inpatient volume and was offset by cash saving plans implemented in July. The agency fees were over budgeted expectations by (\$14,958) which is a reduction from previous months. Supplies are over budget in August by (\$87,225) due to the higher than expected inpatient

volume primarily in surgeries with the cost of implants being (\$64,018) over budgeted expectations. The costs of surgical implants are normally recovered with the insurance reimbursements. Utilities are over budget by (\$11,408) due to PG&E increasing third party gas delivery charges.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for August was (\$156,059) vs. a budgeted net loss of (\$184,191). The total net loss for August after all activity was (\$23,406) vs. a budgeted net loss of (\$30,840).

EBIDA for the month of August was 3.1% vs. the budgeted 3.1%.

Patient Volumes – August

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	105	74	31	74
Newborn Discharges	17	13	4	15
Acute Patient Days	437	310	127	297
SNF Patient Days	608	634	-26	634
Home Care Visits	890	857	33	917
OP Gross Revenue	\$13,336	\$13,538	(\$202)	\$12,910
Surgical Cases	124	141	-17	122

Overall Payer Mix – August

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	46.5%	46.0%	0.5%	46.9%	46.5%	0.4%
Medicare Mgd Care	9.4%	7.2%	2.2%	8.8%	7.2%	1.6%
Medi-Cal	16.6%	19.3%	-2.7%	16.9%	19.1%	-2.2%
Self Pay	2.9%	1.2%	1.7%	2.3%	1.2%	1.1%
Commercial	19.3%	20.6%	-1.3%	19.9%	20.4%	-0.5%
Workers Comp	3.0%	3.0%	0.0%	2.7%	2.9%	-0.2%
Capitated	2.3%	2.7%	-0.4%	2.5%	2.7%	-0.2%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for August:

For the month of August the cash collection goal was \$3,335,666 and the Hospital collected \$3,961,795, or over the goal by \$626,129. The year-to-date cash collection goal was \$7,029,591 and the hospital has collected \$7,887,613, or over goal by \$858,022. Days of cash on hand are 14.6 days at August 31, 2016. Accounts Receivable decreased from July, from 54.8 days to 50.3 days in August. Accounts Payable increased by \$210,232 from July and Accounts Payable days are at 55.3.



ATTACHMENTS:

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



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

ATTACHMENT A

August-16

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	10,428,967	9,616,184	812,783	8.5%
Medicare Managed Care	2,115,262	1,496,608	618,654	41.3%
Medi-Cal	3,718,016	4,047,280	-329,264	-8.1%
Self Pay	640,854	255,977	384,877	150.4%
Commercial & Other Government	4,392,335	4,317,156	75,179	1.7%
Worker's Comp.	666,032	620,097	45,935	7.4%
Capitated	511,390	570,036	-58,646	-10.3%
Total	22,472,856	20,923,338	1,549,518	

Actual	Budget	Variance	% Variance
20,507,599	19,833,302	674,297	3.4%
3,841,682	3,066,123	775,559	25.3%
7,382,888	8,153,564	-770,676	-9.5%
986,885	508,419	478,466	94.1%
8,820,561	8,683,371	137,190	1.6%
1,188,106	1,248,241	-60,135	-4.8%
1,104,280	1,149,706	-45,426	-4.0%
43,832,001	42,642,726	1,189,275	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,654,677	1,595,909	58,768	3.7%
Medicare Managed Care	277,061	242,142	34,919	14.4%
Medi-Cal	472,478	636,162	-163,684	-25.7%
Self Pay	256,342	103,663	152,679	147.3%
Commercial & Other Government	1,497,242	1,686,882	-189,640	-11.2%
Worker's Comp.	153,587	147,385	6,202	4.2%
Capitated	14,194	18,484	-4,290	-23.2%
Prior Period Adj/IGT	468,950	-	468,950	*
Total	4,794,531	4,430,627	363,904	8.2%

Actual	Budget	Variance	% Variance
3,175,888	3,332,818	-156,930	-4.7%
498,043	477,255	20,788	4.4%
945,246	1,257,766	-312,520	-24.8%
395,135	207,013	188,122	90.9%
3,026,308	3,431,185	-404,877	-11.8%
268,548	286,519	-17,971	-6.3%
32,040	37,265	-5,225	-14.0%
1,497,597	-	1,497,597	*
9,838,805	9,029,821	808,984	9.0%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	34.5%	36.0%	-1.5%	-4.2%
Medicare Managed Care	5.8%	5.5%	0.3%	5.5%
Medi-Cal	9.9%	14.4%	-4.5%	-31.3%
Self Pay	5.3%	2.3%	3.0%	130.4%
Commercial & Other Government	31.2%	38.1%	-6.9%	-18.1%
Worker's Comp.	3.2%	3.3%	-0.1%	-3.0%
Capitated	0.3%	0.4%	-0.1%	-25.0%
Prior Period Adj/IGT	9.8%	0.0%	9.8%	*
Total	100.0%	100.0%	0.0%	0.0%

Actual	Budget	Variance	% Variance
32.3%	36.9%	-4.6%	-12.5%
5.1%	5.3%	-0.2%	-3.8%
9.6%	13.9%	-4.3%	-30.9%
4.0%	2.3%	1.7%	73.9%
30.8%	38.0%	-7.2%	-18.9%
2.7%	3.2%	-0.5%	-15.6%
0.3%	0.4%	-0.1%	-25.0%
15.2%	0.0%	15.2%	*
100.0%	100.0%	0.0%	0.0%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	15.9%	16.6%	-0.7%	-4.2%
Medicare Managed Care	13.1%	16.2%	-3.1%	-19.0%
Medi-Cal	12.7%	15.7%	-3.0%	-19.2%
Self Pay	40.0%	40.5%	-0.5%	-1.2%
Commercial & Other Government	34.1%	39.1%	-5.0%	-12.7%
Worker's Comp.	23.1%	23.8%	-0.7%	-2.8%
Capitated	2.8%	3.2%	-0.4%	-13.6%
Prior Period Adj/IGT	2.1%	0.0%	2.1%	*

Actual	Budget	Variance	% Variance
15.5%	16.8%	-1.3%	-7.7%
13.0%	15.6%	-2.6%	-16.7%
12.8%	15.4%	-2.6%	-16.9%
40.0%	40.7%	-0.7%	-1.7%
34.3%	39.5%	-5.2%	-13.2%
22.6%	23.0%	-0.4%	-1.7%
2.9%	3.2%	-0.3%	-9.4%
3.4%	0.0%	3.4%	*

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

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 2,475,945	\$ 1,822,803	\$ 2,337,246
2	Trustee Funds	1,690,214	3,420,699	3,021,372
3	Net Patient Receivables	8,353,550	8,759,013	7,491,117
4	Allow Uncollect Accts	(990,919)	(923,051)	(670,887)
5	Net A/R	7,362,631	7,835,962	6,820,230
6	Other Accts/Notes Rec	7,001,727	7,220,036	8,199,845
7	3rd Party Receivables, Net	2,218,767	1,615,467	492,562
8	Inventory	809,980	818,225	848,309
9	Prepaid Expenses	918,528	933,945	736,862
10	Total Current Assets	\$ 22,477,792	\$ 23,667,137	\$ 22,456,426
12	Property, Plant & Equip, Net	\$ 53,622,408	\$ 52,121,582	\$ 54,344,324
13	Specific Funds	486,049	624,979	282,754
14	Other Assets	144,537	144,537	143,494
15	Total Assets	\$ 76,730,787	\$ 76,558,235	\$ 77,226,998
Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	\$ 4,095,891	\$ 3,885,659	\$ 3,171,125
17	Accrued Compensation	4,552,197	4,217,183	4,412,862
18	Interest Payable	110,267	685,537	821,830
19	Accrued Expenses	1,182,187	1,227,518	1,173,221
20	Advances From 3rd Parties	138,923	116,712	1,593,706
21	Deferred Tax Revenue	4,969,087	5,465,995	4,927,774
22	Current Maturities-LTD	1,700,683	1,720,434	1,700,683
23	Line of Credit - Union Bank	6,723,734	6,723,734	5,923,734
24	Other Liabilities	559,551	349,551	290,576
25	Total Current Liabilities	\$ 24,032,520	\$ 24,392,323	\$ 24,015,511
26	Long Term Debt, net current portion	\$ 36,965,373	\$ 36,471,117	\$ 38,552,061
27	Fund Balances:			
28	Unrestricted	\$ 12,688,563	\$ 12,711,969	\$ 12,519,400
29	Restricted	3,044,332	2,982,827	2,140,026
30	Total Fund Balances	\$ 15,732,894	\$ 15,694,795	\$ 14,659,426
31	Total Liabilities & Fund Balances	\$ 76,730,787	\$ 76,558,235	\$ 77,226,998

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

ATTACHMENT D

Month					Year-To- Date					YTD
This Year		Variance			This Year		Variance			Prior Year
Actual	Budget	\$	%		Actual	Budget	\$	%		
Volume Information										
1	105	74	31	42%	Acute Discharges	208	184	24	13%	184
2	608	634	(26)	-4%	SNF Days	1,171	1,253	(82)	-7%	1,253
3	890	857	33	4%	Home Care Visits	1,850	1,774	76	4%	1,898
4	13,336	13,538	(202)	-1%	Gross O/P Revenue (000's)	\$ 25,941	\$ 27,315	(1,373)	-5%	\$ 25,499
Financial Results										
Gross Patient Revenue										
5	\$ 6,914,900	\$ 5,263,271	1,651,629	31%	Inpatient	\$ 13,620,558	\$ 10,910,712	2,709,846	25%	\$ 9,768,588
6	6,952,942	7,932,347	(979,405)	-12%	Outpatient	13,041,980	16,154,048	(3,112,068)	-19%	15,046,092
7	6,136,501	5,313,288	823,213	15%	Emergency	12,361,978	10,556,510	1,805,468	17%	9,930,125
8	2,160,776	2,122,365	38,411	2%	SNF	4,167,434	4,417,409	(249,975)	-6%	4,383,974
9	307,737	292,067	15,670	5%	Home Care	640,051	604,047	36,004	6%	619,610
10	\$ 22,472,856	\$ 20,923,338	1,549,518	7%	Total Gross Patient Revenue	\$ 43,832,001	\$ 42,642,726	1,189,275	3%	\$ 39,748,389
Deductions from Revenue										
11	\$ (17,960,075)	\$ (16,390,492)	(1,569,583)	-10%	Contractual Discounts	\$ (35,153,863)	\$ (33,408,467)	(1,745,396)	-5%	\$ (31,076,602)
12	(130,000)	(66,250)	(63,750)	-96%	Bad Debt	(250,000)	(132,500)	(117,500)	-89%	(200,000)
13	(57,200)	(35,969)	(21,231)	-59%	Charity Care Provision	(86,930)	(71,938)	(14,992)	-21%	(45,907)
14	468,950	-	468,950	*	Prior Period Adj/Government Program Revenue	1,497,597	-	1,497,597	*	356,954
15	\$ (17,678,325)	\$ (16,492,711)	(1,185,614)	7%	Total Deductions from Revenue	\$ (33,993,196)	\$ (33,612,905)	(380,291)	1%	\$ (30,965,555)
16	\$ 4,794,531	\$ 4,430,627	363,904	8%	Net Patient Service Revenue	\$ 9,838,805	\$ 9,029,821	808,984	9%	\$ 8,782,834
17	\$ 124,410	\$ 155,771	(31,361)	-20%	Risk contract revenue	\$ 252,004	\$ 311,542	(59,538)	-19%	\$ 312,020
18	\$ 4,918,941	\$ 4,586,398	332,543	7%	Net Hospital Revenue	\$ 10,090,809	\$ 9,341,363	749,446	8%	\$ 9,094,854
19	\$ 39,010	\$ 24,351	14,659	60%	Other Op Rev & Electronic Health Records	\$ 58,347	\$ 48,702	9,645	20%	\$ 81,648
20	\$ 4,957,951	\$ 4,610,749	347,202	8%	Total Operating Revenue	\$ 10,149,156	\$ 9,390,065	759,091	8%	\$ 9,176,502
Operating Expenses										
21	\$ 2,280,909	\$ 2,249,005	(31,904)	-1%	Salary and Wages and Agency Fees	\$ 4,516,310	\$ 4,546,387	30,077	1%	\$ 4,317,861
22	887,465	840,742	(46,723)	-6%	Employee Benefits	1,766,599	1,701,484	(65,115)	-4%	1,691,156
23	\$ 3,168,374	\$ 3,089,747	(78,627)	-3%	Total People Cost	\$ 6,282,909	\$ 6,247,871	(35,038)	-1%	\$ 6,009,017
24	\$ 376,406	\$ 384,576	8,170	2%	Med and Prof Fees (excl Agency)	\$ 766,679	\$ 769,152	2,473	0%	\$ 676,583
25	626,906	539,681	(87,225)	-16%	Supplies	1,139,888	1,074,654	(65,234)	-6%	941,167
26	334,908	347,570	12,662	4%	Purchased Services	621,999	675,826	53,827	8%	554,937
27	276,663	293,214	16,551	6%	Depreciation	557,133	586,428	29,295	5%	584,205
28	109,765	98,357	(11,408)	-12%	Utilities	219,744	196,714	(23,030)	-12%	197,019
29	29,292	33,333	4,041	12%	Insurance	58,584	66,666	8,082	12%	50,540
30	30,913	32,608	1,695	5%	Interest	65,137	66,936	1,799	3%	77,094
31	167,828	177,117	9,289	5%	Other	322,299	354,497	32,198	9%	368,777
32	188,984	-	(188,984)	*	Matching Fees (Government Programs)	747,361	-	(747,361)	*	122,122
33	\$ 5,310,039	\$ 4,996,203	(313,836)	-6%	Operating expenses	\$ 10,781,733	\$ 10,038,744	(742,989)	-7%	\$ 9,581,461
34	\$ (352,088)	\$ (385,454)	33,366	9%	Operating Margin	\$ (632,577)	\$ (648,679)	16,102	2%	\$ (404,959)

ATTACHMENT D

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

	Month				
	This Year		Variance		
	Actual	Budget	\$		%
35	\$ (21,131)	\$ (11,237)	(9,894)		88%
36	4,660	-	4,660		0%
37	(37,500)	(37,500)	-		0%
38	250,000	250,000	-		0%
39	\$ 196,029	\$ 201,263	(5,234)		-3%
40	\$ (156,059)	\$ (184,191)	28,132		-15%
41	\$ -	\$ 20,698	(20,698)		-100%
42	\$ -	\$ -	-		0%
43	\$ (156,059)	\$ (163,493)	7,434		-5%
44	246,909	246,909	-		0%
45	(114,256)	(114,256)	-		0%
46	\$ (23,406)	\$ (30,840)	7,434		-24%
	\$ 151,517	\$ 141,631			
	3.1%	3.1%			

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

Net Income / (Loss) prior to Restricted Contributions

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

GO Bond Tax Assessment Rev
 GO Bond Interest

Net Income/(Loss) w GO Bond Activity

EBIDA - Not including Restricted Contributions

	Year-To-Date					YTD
	This Year		Variance			Prior Year
	Actual	Budget	\$		%	
	\$ (33,997)	\$ (22,474)	(11,523)		*	\$ 12,382
	4,660	-	4,660		0%	0
	(75,000)	(75,000)	-		0%	(75,000)
	500,378	500,000	378		0%	501,954
	\$ 396,041	\$ 402,526	(6,485)		-2%	\$ 439,336
	\$ (236,536)	\$ (246,153)	9,617		-4%	\$ 34,377
	\$ 10,417	\$ 41,396	(30,979)		-75%	\$ 89,651
	\$ -	\$ -	-		100%	\$ -
	\$ (226,119)	\$ (204,757)	(21,362)		10%	\$ 124,028
	493,818	493,818	-		0%	485,554
	(232,185)	(232,186)	1		0%	(232,185)
	\$ 35,514	\$ 56,875	(21,361)		-38%	\$ 377,397
	\$ 385,734	\$ 407,211				\$ 695,676
	3.8%	4.4%				7.6%

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

ATTACHMENT E

	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	24	31	
2 SNF Days	(82)	(26)	
3 Home Care Visits	76	33	
4 Gross O/P Revenue (000's)	(1,373)	(202)	
Financial Results			
Gross Patient Revenue			
5 Inpatient	2,709,846	1,651,629	Patient Days are 437 vs. budgeted expectations of 310 and inpatient surgeries are 39 vs. budgeted expectations of 32.
6 Outpatient	(3,112,068)	(979,405)	Outpatient surgeries are 85 vs. budgeted expectations 109.
7 Emergency	1,805,468	823,213	ER visits are 918 vs. budgeted visits of 888
8 SNF	(249,975)	38,411	SNF patient days are 608 vs. budgeted expected days of 634.
9 Home Care	36,004	15,670	HHA visits are 890 vs. budgeted expectations of 857.
10 Total Gross Patient Revenue	1,189,275	1,549,518	
Deductions from Revenue			
11 Contractual Discounts	(1,745,396)	(1,569,583)	
12 Bad Debt	(117,500)	(63,750)	
13 Charity Care Provision	(14,992)	(21,231)	
14 Prior Period Adj/Government Program Revenue	1,497,597	468,950	Accrual of Prime Grant for August with a net amount of \$125,000 and accrual of FY 15-16 AB113 IGT of \$343,950 (matching fee in line 32, net proceeds is \$188,984).
15 Total Deductions from Revenue	(380,291)	(1,185,614)	
16 Net Patient Service Revenue	808,984	363,904	
17 Risk contract revenue	(59,538)	(31,361)	Blue Shield capitation received was under budget.
18 Net Hospital Revenue	749,446	332,543	
19 Other Op Rev & Electronic Health Records	9,645	14,659	
20 Total Operating Revenue	759,091	347,202	
Operating Expenses			
21 Salary and Wages and Agency Fees	30,077	(31,904)	Salaries and Wages were over budget by (\$16,946), this was due to the volume for inpatient services being over budget but was offset by furlough days taken. Agency fees were over budget by (\$14,958) due to increased inpatient volume over budget.
22 Employee Benefits	(65,115)	(46,723)	PTO was over budget by (\$27,788) and Employee benefits were over by (\$18,935).
23 Total People Cost	(35,038)	(78,627)	
24 Med and Prof Fees (excl Agency)	2,473	8,170	
25 Supplies	(65,234)	(87,225)	Supplies are over budget due to inpatient surgeries being over budget. Implant costs were (\$64,018) over budget, these costs are normally recovered with insurance reimbursements.
26 Purchased Services	53,827	12,662	Budgeted services not used in August.
27 Depreciation	29,295	16,551	
28 Utilities	(23,030)	(11,408)	PG&E has switched to a 3rd party for gas and the cost has increased for the hospital.
29 Insurance	8,082	4,041	
30 Interest	1,799	1,695	
31 Other	32,198	9,289	Various departments received invoices for annual dues and subscriptions and Licenses that are budgeted equally over 12 months.
32 Matching Fees (Government Programs)	(747,361)	(188,984)	Accrued IGT matching fee of \$188,984. This expense is offset from the revenue above from line 14.
33 Operating expenses	(742,989)	(313,836)	
34 Operating Margin	16,102	33,366	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	(11,523)	(9,894)	The medical offices timshare cost centers are on budget with the expenses incurred but all of August's rents have not been received from the physicians (\$7,917).
36 Donations	4,660	4,660	

	YTD	MONTH	
Description	Variance	Variance	
Physician Practice Support-Prima	-	-	
Parcel Tax Assessment Rev	378	-	
Total Non-Operating Rev/Exp	(6,485)	(5,234)	
		-	
Net Income / (Loss) prior to Restricted Contributions	9,617	28,132	
		-	
Capital Campaign Contribution	(30,979)	(20,698)	No capital campaign donations received from the Foundation for August.
Restricted Foundation Contributions	-	-	
Net Income / (Loss) w/ Restricted Contributions	(21,362)	7,434	
GO Bond Tax Assessment Rev	-	-	
GO Bond Interest	1	-	
Net Income/(Loss) w GO Bond Activity	(21,361)	7,434	

11.

**ADMINISTRATIVE REPORT
SEPTEMBER 2016**



To: SVHCD Board of Directors
From: Kelly Mather
Date: 10/6/16
Subject: Administrative Report

Summary

The inpatient census was consistently high throughout the summer, which is unusual. The staff stepped up and handled the high volumes extremely well. Cash flow continues to be of major concern, but we see a light at the end of the tunnel by November. We have reduced expenses. Most leaders and some staff are taking furlough days or flexing off without taking PTO to reduce the cash outlay. EBIDA is better than budget and expenses are less than budget (excluding the Intergovernmental Transfer expense) even with the higher census.

Dashboard and Trended Results

We have changed to a rolling 12 month average for patient satisfaction this year. The goal to be over the 70th percentile is still a stretch but we are consistently above average or the 50th percentile in most domains. We are scheduling forums for November and then the raises will be in effect in January with some folks getting higher than a 3% increase due to experience. This year we plan to send each staff member a “total compensation” summary letter. Outpatient surgeries were down this summer. However, new physicians and surgeons are now actively practicing in Sonoma which will increase revenues. Drs. Sawyer, Kidd, Kamal and Dr. Pope have all started seeing patients in the timeshare offices. Dr. LaFollette and Azari start next month. Emergency volumes continue to be high. Occupational Health and Wound Care also had significantly higher volumes than usual in August. SVH had a booth at the Springs Festival this past month and also led two Active Aging speakers at the Vintage House with over 100 attendees.

Strategic Update:

Strategic Priorities	Update
Quality	We received 4/5 stars from CMS which puts the hospital in the top 25 th percentile on quality and safety. The new Leapfrog grade is still not out. We are working on creating an Organizational Quality Dashboard. Quarterly meetings with the medical directors show there is opportunity for process improvement projects.
1206(b) Clinic	The clinic opened on September 27, 2015. Things went well.
Increase Volumes	We have been actively marketing the new MRI coils. We are also doing more aggressive and focused marketing to increase the SNF referrals.
Parcel Tax Renewal	The board will decide on the proposal to renew the parcel tax this month. The vote will be in March, 2017.
Physician Alignment	Prima (1206I) has added a nurse practitioner and an Internist has verbally accepted an offer to begin in the PCP practice on December, 2017.
Electronic Health Record	The upgrades will be complete by May of 2017.
Population Health	The Care Transitions program is now underway with the PRIME grant. We do our first report this month.

AUGUST 2016 DASHBOARD

PILLAR	PERFORMANCE GOAL	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	Highly satisfied Inpatients	Rolling 12 month average of at least 5 out of 9 HCAHPS domain results above the 70 th percentile	0 out of 9 through June	>7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 <4=1
Service Excellence	Highly satisfied Emergency Patients	Rolling 12 month average of at least 4 out of 7 ERCAPS domain results above the 70 th percentile	1 out of 7 through June	6 = 5 (stretch) 5 = 4 4 = 3 (Goal) 3 = 2 2 = 1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Safety Score at 80% or higher	77.5%	>85 = 5 (stretch) >80 = 4 >75 = 3 (Goal) >70 = 2 <70 = 1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of 75 th percentile or higher	4.33/5 or the 84 th percentile	>80th = 5 (stretch) >77 th =4 >75 th =3 (Goal) >72 nd =2 <70 th =1
Finance	Financial Viability	YTD EBIDA	3.8%	>5% (stretch) >4.5%=4 >4.0% (Goal) >3/5%=2 <3.5%=1
	Efficiency and Financial Management	Meet FY 2017 Budgeted Expenses (excluding IGT)	\$10,034,372 (actual) \$10,038,744 (budget)	<2% =5 (stretch) <1% = 4 <Budget=3 (Goal) >1% =2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	240 YTD FY2017 247 YTD FY2016	>2% = 5 >1% = 3 < 1% = 2
	Outpatient & Emergency Volumes	2% increase (gross outpatient revenue over prior year)	\$26.1 mm YTD \$25.6 mm prior year	>5% = 5 (stretch) >3% = 4 >2% = 3 (Goal) <2% = 2
Community	Community Benefit Hours	Hours of time spent on community benefit activities per year	217 hours for 1 month	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 >500 = 1



FY 2016 TRENDED RESULTS

MEASUREMENT	Goal FY 2017	Jul 2016	Aug 2016	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Inpatient Satisfaction	5/9	0	0	2	6	7	8	3	4	1	1	5	5
Emergency Satisfaction	4/7	1	1	4	5	5	6	1	2	6	4	2	4
VBP Safety score	>75	77.5	77.5	53.5	52.5	53	53.5	n/a	n/a	n/a	n/a	n/a	n/a
Staff Satisfaction	>75th	84	84	91	91	91	91	91	91	84	84	84	84
FY YTD Turnover	<10%	.9	1.5	1.8	2.8	3.4	4.6	5.2	6.1	6.7	7.9	8.8	10
YTD EBIDA	>4%	4.5	3.8	7.7	7.3	5.7	6.6	6.2	6	5.6	5.2	4.7	4.4
Operating Revenue	>5m	5.1	5.0	4.7	4.7	4.1	4.7	4.5	4.6	4.5	4.3	4.6	4.9
Expense Management	<5m	4.9	5.1	4.9	4.9	4.6	4.8	4.9	4.9	4.9	5.1	5.2	5.4
Net Income	>50k	59	-23	27.8	104	244	575	19	203	-131	-99	-403	-132
Days Cash on Hand	>20	11	15	18	13	9	21	14	12	12	13	9	9
A/R Days	<50	55	50	49	47	53	51	53	52	50	50	55	57
Total FTE's	<315	320	321	312	327	322	317	319	324	326	324	332	324
FTEs/AOB	<4.0	4.28	3.86	3.65	3.77	4.1	3.77	3.57	3.58	3.5	3.7	4.16	4.08
Inpatient Discharges	>100	103	105	92	97	85	109	124	101	99	97	85	95
Outpatient Revenue	>\$13m	12.6	13.3	12.7	13.1	11.9	12.2	12.1	12.1	14.2	12.5	13.8	13.5
Surgeries	>130	116	124	127	131	114	136	124	127	141	118	123	124
Home Health	>950	960	890	948	948	1088	915	933	889	879	999	844	942
Births	>15	14	17	11	11	14	24	17	9	17	17	13	14
SNF days	>600	563	608	607	666	544	648	710	671	580	578	529	526
MRI	>120	105	97	119	132	109	113	102	119	127	105	122	120
Cardiology (Echos)	>50	41	53	63	77	41	50	46	60	67	61	52	68
Laboratory	>12	11.2	12.2	11.5	11.7	11.6	11.4	11.9	12.1	12.4	12.0	11.9	11.8
Radiology	>850	902	944	997	1018	875	907	904	961	1010	963	926	1000
Rehab	>2700	2618	3008	2773	2886	2297	3003	2815	2708	2979	2780	2782	2948
CT	>300	365	327	343	336	381	323	379	352	398	333	373	348
ER	>900	940	918	871	820	841	863	864	919	945	912	940	907
Mammography	>425	400	475	367	543	406	492	446	437	432	384	457	420
Ultrasound	>300	281	310	320	353	246	290	296	304	317	325	285	255
Occupational Health	>650	602	724	646	871	681	683	600	597	757	663	679	651
Wound Care	>200	221	312	208	248	246	297	228	232	222	276	235	264