



BOARD OF DIRECTORS' MEETING

AGENDA

THURSDAY, JANUARY 5, 2017

CLOSED SESSION 5:30 P.M.

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM

177 First St. W., Sonoma, CA

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Interim District Clerk Vivian Woodall at (707) 935.5005 at least 48 hours prior to the meeting.</p>	RECOMMENDATION	
AGENDA ITEM		
1. CALL TO ORDER	Hirsch	
2. PUBLIC COMMENT ON CLOSED SESSION	Hirsch	
3. CLOSED SESSION <ul style="list-style-type: none"> Calif. Government Code § 54956.9(b)(3)(C): Conference Regarding Potential Litigation 	Hirsch	Action
4. REPORT OF CLOSED SESSION	Hirsch	Action
5. PUBLIC COMMENT SECTION	Hirsch	
6. CONSENT CALENDAR <ul style="list-style-type: none"> A. Board Minutes 12.01.16 B. Board Minutes 12.08.16 C. FC Minutes 10.25.16 D. QC Minutes 12.14.16 E. GC Minutes 10.25.16 F. GC Minutes 11.15.16 G. Executed Policies & Procedures 	Hirsch	Action
7. DISCUSSION AND APPROVAL OF LETTER REQUESTING PROPOSALS TO DEVELOP THE SOUTH LOT	Jensen	Action
8. SVH CAPACITY AND UTILIZATION ASSESSMENT	Kobe	Inform
9. CHIEF OF STAFF REPORT	Chamberlin	Inform
10. BOARD COMMITTEE APPOINTMENTS 2017	Hirsch	Action
11. FINANCIAL REPORT NOVEMBER 30, 2016	Jensen	Inform
12. ADMINISTRATIVE REPORT DECEMBER 2016	Mather	Inform
13. COMMITTEE REPORTS <ul style="list-style-type: none"> Governance Committee: Approve Revision of Conflict of Interest Code for the District 	Hohorst	Action
14. BOARD COMMENTS	Board Members	Inform
15. ADJOURN	Hirsch	

6.

CONSENT



BOARD OF DIRECTORS' MEETING
MINUTES
 THURSDAY, DECEMBER 1, 2016
 CLOSED SESSION 5:00 PM
 REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
 175 First Street West Sonoma CA

	RECOMMENDATION	
MISSION STATEMENT The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.		
1. CALL TO ORDER Joshua Rymer is excused.	Hirsch	
2. PUBLIC COMMENT ON CLOSED SESSION	Hirsch	
3. CLOSED SESSION <ul style="list-style-type: none"> Calif. Government Code & Health and Safety Code § 3210: Trade Secrets Regarding Business Strategy Calif. Government Code § 54956.9(b)(3)(C): Conference Regarding Potential Litigation 	Hirsch	Action
4. REPORT OF CLOSED SESSION	Hirsch	Action
<p>Potential uses of the South Lot were discussed in Closed Session and full details will be presented at the Board meeting on January 5, 2017. The Board also reviewed a claim submitted to the Hospital.</p> <p>Mr. Boerum disagreed with the decision to hold a Closed Session to discuss South Lot options and felt it should have been open to the public in Regular Session. His expectation was to have the public comments from the <i>Town hall</i> meeting 10.27.16, be presented and discussed at this Board meeting. He asked that presentation of public comment be presented at the Board meeting on 1.5.17.</p> <p>It is Mr. Boerum's opinion that <i>California Government Code: Trade Secrets Regarding Business</i> has become too broad an umbrella and items should be limited to more specific issues like negotiations that include pricing, CEO Evaluations, and competitive strategic issues. For these reasons, Mr. Boerum declined to attend the Closed Session.</p> <p>Mr. Boerum expressed disappointment that he and Norman Gilroy were taken off of the South Lot Committee.</p>		No Action
5. PUBLIC COMMENT SECTION No public comment.	Hirsch	
6. CONSENT CALENDAR	Hirsch	Action
<p>A. Board Minutes 11.3.16</p> <p>Mr. Boerum commented for the record on Agenda Items #4 and #10 from Board Minutes on 11.3.16 as follows:</p> <p>On Agenda Item #4, Report of Closed Session Mr. Boerum asked for the CEO's current salary, bonus and 3% salary increase. They are \$339,892, \$40,000 and \$10,197 (3%) respectively. The 3% increase will be added to CEO's current base salary.</p>		<p>MOTION by Hohorst to approve Consent and 2nd by Nevins. All in favor.</p> <p>Mr. Boerum's</p>

<p>Mr. Boerum felt that Agenda Item #10, Surgery Capacity and Utilization Report was inaccurate and incomplete. He called for a revised report at the January 5, 2017 Board meeting.</p> <p>Mr. Boerum has repeatedly asked for a Board Bed Capacity Report that is written down vs. presented verbally. Ms. Mather clarified which specifics he would like to see and will produce a report at the January 5, 2017 Board meeting.</p> <p>B. FC No Minutes C. QC Minutes 9.28.16 D. GC Minutes 10.25.16 E. Medical Staff Credentialing Report</p>		<p>comments and questions on the Board Minutes from 11.03.16 are detailed in these Minutes. Previous Minutes from 11.3.16 may not be changed.</p>
7. SWEARING IN OF ELECTED BOARD MEMBERS	Hohorst	Action
Mr. Boerum, Ms. Nevins and Ms. Hirsch were officially sworn into office.		
8. ELECTION OF 2017 OFFICERS	Hirsch	Action
<p>The following officers were nominated individually and unanimously approved:</p> <p>Board Chair-Jane Hirsch Board 1st Vice Chair-Peter Hohorst Board 2nd Vice Chair-Joshua Rymer Board Treasurer-Sharon Nevins Board Secretary-Bill Boerum The term of the office of the Chair will be clarified by Mr. Boerum.</p>		The new officer appointments were unanimously approved at left.
9. FINANCIAL REPORT OCTOBER 31, 2016	Jensen	Inform
After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for October was \$81,464 vs. a budgeted net loss of (\$161,614). The total net income for October after all activity was \$336,844 vs. a budgeted net loss of (\$4,273). EBIDA for the month of October was 8.3% vs. the budgeted 3.6%.		
10. ADMINISTRATIVE REPORT NOVEMBER 2016	Mather	Inform
<p>The best news the month is that the Hospital has seen an increase in surgeries. The MRI marketing effort was a success and the Hospital reached an all time high of 140 visits. We are on track to meet budget for the first 4-months of the year. The expense reductions have been effective and some long awaited cash is flowing in. To date, 36 out of 70 (51%) physicians have completed the physician satisfaction survey and final results will be presented at the 1.5.16 Board meeting.</p> <p>Patient satisfaction has changed to a rolling 12-month this year. September was very positive with 89% over the goal for Inpatient and 71% over goal for Emergency. The quality pillar goal no longer includes outcomes and will require a new system to gather departmental quality metrics. 2017 staff salary increases will go into effect in January. With the new compensation system using experience to determine salary, some staff will receive greater than 3% increase. Staff will receive a "total compensation" summary letter this year.</p>		
11. STAFF FORUM PRESENTATION	Mather	Inform

The November Staff Forums presented on Hospital performance, current state of healthcare, 2017 parcel tax, Wellness University, other strategic updates and the excellence awards to be presented at the Awards Luncheon on January 18, 2017.		
12. COMMITTEE REPORTS	Hohorst	Action
<p>There was a minor addition to Resolution No. 331 on Parcel Tax. The Board unanimously accepted the change and approved the resolution.</p> <p>Former SVHCD Board member and R.N. Mike Smith recounted the story of how the Hospital saved his wife's life after a heart attack. His is the kind of heart-felt story that drives home the need for continued high-quality medical services in the greater Sonoma Valley Community. Therefore he strongly advocates the approval of an increase in parcel tax on the March 2017 ballot.</p>		MOTION by Nevins to approve and 2 nd by Boerum. All in favor.
13. BOARD COMMENTS	All	Inform/Discussion
<p>Mr. Boerum gave updates on the JPA and their upcoming Board meeting on December 12, 2016 to discuss the audit report. The JPA currently can become a conduit for the issuance of revenue bonds only for members of the JPA. Bill is suggesting widening the scope of it to include other districts who are not members of the JPA and maybe some other government agencies. The change would not impact the SVHCD in any way.</p> <p>Mr. Boerum gave highlights from his recent trip to China to attend a sister city conference that included a tour of a hospital with 3,200 beds, 100 dialysis machines operating 24 hours a day and witnessed a live robotic surgery.</p> <p>T Abraham Regional Vice President of the North Bay, Northern Sierra & Redwood Coast, will present at the February 2, 2017 Board meeting.</p>		
14. ADJOURN	Hirsch	

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 called to order at 11:00AM and members present were Jane Hirsh, Peter Hohorst, Joshua Rymer (by phone) and Bill Boerum (by phone). Sharon Nevins was excused.	<i>Hirsch</i>	
2. PUBLIC COMMENT	<i>Hirsch</i>	
No public comment.		
3. RESOLUTION 331 REVISION TO PARCEL TAX	<i>Hohorst</i>	Action
Mr. Hohorst explained that when he submitted the parcel tax resolution to the Registrar of Voters, they indicated that the resolution essentially needed to be one sentence rather than two, and suggested re-wording as follows: The wording for the abbreviated ballot form in the parcel tax resolution passed at the Board meeting on December 1, 2016 read: <i>“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 assure the continued operation of the hospital emergency room, offset continuing reductions in reimbursements by Federal and State health insurance programs which are below the cost of providing hospital services and ensure the availability of acute hospital care and other hospital services at Sonoma Valley Hospital? The amount of money to be raised annually by the parcel tax levy is estimated to be \$3.8 million.”</i>		MOTION to approve by Boerum and 2 nd by Hohorst. All in favor.

<p>The wording suggested by the Sonoma County Registrar of Voters is as follows:</p> <p><i>“Shall the Sonoma Valley Health Care District renew its expiring parcel tax for five years at up to \$250 per parcel per year, raising an estimated \$3.8 million annually, in order to assure the continued operation of the hospital emergency room, offset continuing reductions in reimbursements by Federal and State health insurance programs which are below the cost of providing hospital services and ensure the availability of acute hospital care and other hospital services at Sonoma Valley Hospital.</i></p> <p>The change suggested by the Registrar of Voters does not change the meaning of the original paragraph.</p> <p>No comments or discussion about the revision to the resolution.</p> <p>Mr. Hohorst also informed the Board that there will be a second ballot issue on the March 2017 ballot; the County Board of Supervisors has submitted an issue related to oversight and taxation of marijuana.</p>		
<p>4. ADJOURN Meet adjourned at 11:00 AM</p>	<p><i>Hirsch</i></p>	



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, October 25, 2016
Schantz Conference Room

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

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	Meeting called to order at 5:00pm		
2. PUBLIC COMMENT SECTION	<i>Hohorst</i>		
	No public comment.		
3. CONSENT CALENDAR FC Minutes 9.27.16	<i>Nevins</i>	Action	
		MOTION by Hohorst to approve and 2 nd by Berezin. All in favor	
4. FINANCE REPORT FOR MONTH ENDING 9.30.16	<i>Jensen</i>	Inform/Action	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	<p>Ms. Mather gave an update for the month of October 2016. Many staff has been on furlough since July 2016. Furlough will discontinue at the end of October 2016. There are two staff members on disability and there have been two terminations. Some of the nursing staff is requesting increases in salary.</p> <p>After accounting for all income and expenses but not including Restricted Contributions and GO bond activity, the net loss for September was (\$80,958) vs. a budgeted net loss of (\$94,121). The total net income for September after all activity was \$94,074 vs. a budgeted net income of \$59,230.</p> <p>Ms. Nevins requested that in next month's financial package the <i>percentage of total cash collections vs. overall payor mix</i> be included.</p>		
5. 1 st QUARTER CAPITAL SPENDING FY 2017	<i>Tarver</i>	Inform/Action	
	Ms. Tarver presented an update of the Capital Plan for 2017. It falls into three categories: requests supported by the Hospital's Foundation, requests covered by operating expenses and construction in progress.		
6. 1 st QUARTER FINANCE REVIEW-9 MONTH PROJECTION	<i>Jensen</i>	Inform/Action	
	Mr. Jensen presented the annualized financial projection for 2017. Appears on target.		
7. ANNOUNCEMENTS/ADJOURNMENT	<i>Nevins</i>	Inform	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	Meeting adjourned 5:50pm		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
December 14, 2016, 5PM
MINUTES
Schantz Conference Room**

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

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
Ms. Hirsch wished everyone happy holidays and thanked the Committee for all of their service. Ms. Hirsch made a toast to Ms. Betta who has resigned from her position as Board Clerk. Tonight's Closed Session has been cancelled.		
2. PUBLIC COMMENT	<i>Hirsch</i>	
	No public comment.	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
• QC Minutes, 11.16.16		MOTION to approve by Idell and 2 nd by Sheets. All in favor
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
	The Committee suggested minor changes to Policy and Procedures which will be revised by Ms. Lovejoy and brought forward to the Board meeting on 1/5/17 for approval.	MOTION by Idell to approve Policy and Procedures <i>as amended</i> and 2 nd by Eisenstark. All in favor.
5. QUALITY COMMITTEE WORK PLAN	<i>Lovejoy</i>	Inform
	Ms. Lovejoy took feedback from the Committee on the Performance Improvement Fair in November	MOTION.

AGENDA ITEM	DISCUSSION	ACTION
	<p>2016. Overall, the Committee felt the annual PI Fair is very valuable and provides beneficial content on each of the Hospitals' departments.</p> <p>The Committee requested future presentations from the Emergency Department and CEO as well as all other applicable departments.</p> <p>Another educational session will take place in the fall.</p> <p>Ms. Lovejoy will bring a final Work Plan for 2017 to the next QC for approval.</p>	
6. QUALITY REPORT DECEMBER 2016	<i>Lovejoy</i>	Inform
	<p>Ms. Idell was inspired with the quality of presentations at the PI Fair and the depth of knowledge that Hospital Staff display.</p> <p>Ms. Lovejoy updated on Prime grant activities and the Board Quality Scorecard.</p>	
7. UPON ADJOURNMENT OF REGULAR SESSION		
	<p>Regular Session adjourned at 5:50pm.</p> <p>Ms. Hirsch will be excused from the QC meeting in January 2017 and Mr. Rymer will act as Chair.</p>	
8. CLOSED SESSION <ul style="list-style-type: none"> • <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report 	A Medical Staff Credentialing & Peer Review Report was not submitted and therefore, Closed Session was cancelled.	
9. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
10. ADJORN	<i>Hirsch</i>	



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

MINUTES

TUESDAY, October 25, 2016

8:00AM

**ADMINISTRATION CONFERENCE ROOM
347 ANDRIEUX STREET, SONOMA, CA 95476**

AGENDA ITEM	RECOMMENDATION	
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MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS Meeting called to order at 8:00am	<i>Hohorst</i>	
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up.	<i>Hohorst</i>	
3. CONSENT CALENDAR Minutes from 7.26.16	<i>Hohorst</i>	Action MOTION by Boerum to approve. All in favor.
4. PROPOSED RESOLUTION FOR ADOPTION OF FACILITIES CONTRACTING POLICY This Policy will go forward for approval at the Board meeting on Thursday, November 3, 2016.	<i>Hohorst</i>	Action MOTION by Boerum to approve. All in favor.
4. ADJOURN Meeting adjourned at 8:30am	<i>Hohorst</i>	



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

MINUTES

TUESDAY, November 15, 2016

8:00AM

**ADMINISTRATION CONFERENCE ROOM
347 ANDRIEUX STREET, SONOMA, CA 95476**

AGENDA ITEM	RECOMMENDATION	
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MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS Meeting called to order at 8:00am Mr. Boerum was excused from the meeting.	<i>Hohorst</i>	
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up.	<i>Hohorst</i>	
3. CONSENT CALENDAR Minutes from 10.25.16	<i>Hohorst</i>	Action MOTION by Hohorst to approve.
4. MEDIA RELATIONS POLICY Bring forward draft of Media Relations Policy to the GC meeting on December 20, 2016. Action item.	<i>Hohorst</i>	Discuss
4. ADJOURN Meeting adjourned at 8:30am	<i>Hohorst</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:

- 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.

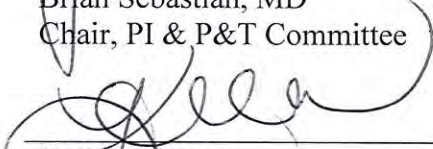
Organizational: Medication Management Policies and Procedures	
APPROVED BY:	DATE: 09/21/2016
Director's/Manager's Signature 	Printed Name Chris Kutza, Director of Pharmacy



Brian Sebastian, MD
Chair, PI & P&T Committee

9/22/16


Date



Kelly Mather,
Chief Executive Officer

10/20/16

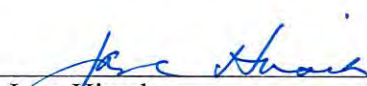
Date



Keith J. Chamberlin, MD MBA
President of the Medical Staff

10-27-16

Date



Jane Hirsch
Chair, Board of Directors

12/14/16

Date



Policy Submission Summary Sheet

Title of Document: **Organizational Policy**
 New Document or Revision written by: **Chris Kutza**
 Date of Document: **7-28-16**

Type: <input checked="" type="checkbox"/> Revisions <input checked="" type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input checked="" type="checkbox"/> Clinical <input 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)

MM8610-105 Malignant Hyperthermia, Management of Patient with: Updated to include the "To-Do" checklist for clinical staff in the event of an MH Crisis

MM8610-149 Antimicrobial Stewardship: Updated to reflect newer requirements by CMS and CDPH

MM8610-154 Patient Controlled Analgesia (PCA): Updated to reflect new concentration of hydromorphone PCA (0.2mg/ml).

MM8610-116 Use of Medication Not Procured by the Facility: Reviewed-no changes

MM8610-122 Formulary Management: Reviewed-no changes

MM8610-123 Storage of Medications: Reviewed-added reference to new policy MM8610-158 Hazardous Drug Handling

MM8610-124 Inspection of Nursing Units and Medication Storage Areas: Reviewed-no changes

MM8610-125 Temperature Monitoring of Medication Storage: Reviewed-removed references to The Joint Commission

MM8610-126 Adverse Drug Events-Quality Assurance: Reviewed-removed references to The Joint Commission

MM8610-127 Multi-Dose and Single-Dose Vials: Reviewed-removed references to The Joint Commission

Reviewed; no changes by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team			
Surgery Committee	N/A		
Medicine Committee	N/A		
P.I. or P. T. Committee	9/22/2016	Yes	
Medical Executive Committee	10/20/2016	Yes	
Board Quality <i>[Signature]</i>	12/28/2016	12/14/16	
Board of Directors	01/05/2017		



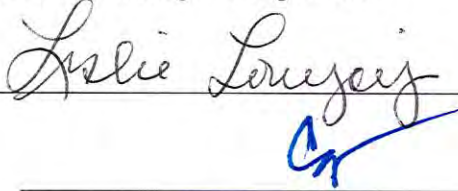
POLICY AND PROCEDURE Approvals Signature Page

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/Departmental:	
APPROVED BY: Chief Quality Officer	DATE: 10/09/16
Director's/Manager's Signature 	Printed Name Leslie Lovejoy, RN, Ph.D.

Douglas Campbell, MD,
Chair, Medicine Committee

10-13-16

Date

Mark Kobe RN, MSN
Chief Nursing Officer

10-13-16

Date

Kelly Mather, MHA
Chief Executive Officer

10/18/16

Date

Keith Chamberlin, MD, MBA
Chief of Medical Staff
Medical Executive Committee

11-17-16

Date

Jane Hirsch, RN, MSN
Chair, Board of Directors

12/14/16

Date



Policy Submission Summary Sheet

Title of Document: Care Transition Program policies
New document or revision written by: Leslie Lovejoy

Type: Organizational X Revision X New Policy	Regulatory XCMS X CDPH (formerly DHS) XCIHQ <input type="checkbox"/> Other: State Law
Organizational: Clinical <i>(circle which type)</i>	X Departmental <input type="checkbox"/> Interdepartmental <i>(List departments effected)</i>
<p>Please <u>briefly</u> state changes to existing document/form or overview of new document/form here: (include reason for change(s) or new document/form)</p> <p><u>REVISED</u> PC8750-113 Community Case Management in the Emergency Department: added Appendix A; At Risk Criteria and aligned priorities with the Care Transitions Program and PRIME Grant focus.</p> <p><u>NEW POLICIES</u></p> <p>DS 8750-123 Community Care Transitions Program: outlines the key components, workflow processes and core metrics of a post hospital and or skilled nursing discharge transitions program. Defines the Community Health Coach role and competencies.</p> <p>DS 8750-124 Care Transitions Follow-up Phone Calls: identifies the structure, process and content for follow-up phone calls to patients discharge to home after an acute care or skilled nursing unit discharge.</p>	

7.

DISCUSSION & APPROVAL
OF LETTER REQUESTING
PROPOSALS TO DEVELOP
THE SOUTH LOT



Meeting Date: January 5, 2017

Prepared by: Ken Jensen & Kelly Mather

Agenda Item Title: Letter Requesting Proposals to Develop the South Lot

Recommendation:

Management recommends that the Board send a letter to interested parties to consider developing up to 2.3 acres of the South Lot in January 2017 to receive all proposals by March 15, 2017.

Background:

The Sonoma Valley Health Care District (District) leased approximately four acres to provide additional parking and a staging area for construction of the new wing. Located between McArthur Street to the South, Fourth Street West to the east, Hayes Street to the west and Randolph/Arroyo Way to the north, the parcel is commonly referred to as the South Lot. At the time of the last lease, the District purchased the option to purchase the land for \$250,000 which had to be exercised before the end of August 2016. The District made the lease payments monthly and a portion was applied to the reduction of the option price.

Current Situation:

At the end of August 2016, the District exercised its option to purchase the South Lot for approximately \$1.75 million. It obtained a \$2 million loan for \$2 million to cover all costs associated with the purchase. The loan was a privately placed loan payable at the end of August 2018 (two years). The interest rate is 5%, payable quarterly, which is equivalent to the payment that was being made under the last lease.

The District Board held a public hearing to solicit ideas for its development in November 2016. The parcel is currently zoned residential. In addition, the City of Sonoma requires the hospital continue to have at least 30 additional parking spaces, and therefore at least a portion of the developed parking lot should remain in title with the District. If the entire developed parking lot is maintained, that leaves 2.3 acres of property that could be offered for sale for development.

Given that the loan is payable in August 2018 and the amount of time that it will likely take for a developer to go through the permit process, a decision on this property should be made in the first quarter of 2017 to ensure the District has the funds to make the \$2,000,000 loan repayment date in August 2018.

Although the South Lot is zoned residential, the proposed offer for development does not specify that the development necessarily has to be housing. The letter requesting proposals allows the developer the option to present any reasonable development acceptable to the City of Sonoma or the hospital District. The invitation for written offers for the purchase and development of the South Lot will make it clear that, under California law, the District must receive fair market value for the sale of the property.

Consequences of Negative Action/Alternative Actions:

If the Board does not choose to sell a portion of the South Lot property, the hospital will need to use cash on hand to make the loan repayment in August 2018. The District cannot carry a mortgage on any property, and the person who loaned the District the funds to exercise the option has made it clear that the loan is only for a maximum of two years.

Financial Impact:

2.3 acres of land in the City of Sonoma that is zoned residential will likely bring in offers of over \$2 million. The hospital would then be able to re-pay the loan in August 2018 and the quarterly payments of \$25,000 will cease, leading to an annual savings of \$100,000.

Attachment:

Draft offer letter

[Sonoma Valley Health Care District Letterhead]

[Date]

Attention: All Interested Parties

Subject: **Offer for Sale of Land for Development**

Dear Real Property Developer:

The Sonoma Valley Health Care District (District) is offering for sale up to 2.83 acres of vacant land near downtown Sonoma and the Sonoma Valley Hospital. This letter provides your introduction to the process related to the selection of the buyer for the property.

The general terms and conditions of the proposed sale and information about the property are set forth in the following pages. Any deal terms you wish the District to consider must be noted in your letter of intent/term sheet in response to this notice and clearly defined.

Sincerely,

Board of Directors
Sonoma Valley Health Care District

Development Land Available for Sale

The Sonoma Valley Health Care District is offering for sale up to 2.83 acres of vacant land near downtown Sonoma and the Sonoma Valley Hospital. Salient features of the sale parcel are:

1. Currently zoned for residential use, with a current allocation of twenty (20) residential units under City of Sonoma growth ordinance;
2. Located between McArthur Street to the south, Fourth Street West to the east, Hayes street to the west, and Randolph Street/Arroyo Way to the north near downtown Sonoma (see attached map);
3. The parcel for sale is part of two legal parcels of land owned by the District, the northern portion of which has been improved with a parking lot and related facilities for Sonoma Valley Hospital – the sale parcel would be created as a separate legal parcel by the District as a public agency or via a lot-line adjustment; and
4. The sale parcel is not subject to any CC&Rs or other restrictions or any facilities or improvement districts.

The District invites written offers for the purchase of the sale parcel. As a healthcare district under California law, the District must receive fair market value for the sale parcel, and will put a premium on offers that provide for a reasonable feasibility period and deposit structure, and the earliest possible closing.

Please direct all written offers/proposed term sheets to:

Sonoma Valley Health Care District
Attention: Ken Jensen, CFO
347 Andrieux Street
Sonoma, CA 95476

Purchase offers, in the form of a letter of intent or term sheet, must be submitted to the District by no later than 5:00 PM, Pacific Standard Time, on _____, 201_.

Additional Terms/Information

The issuance of this notice and the District's receipt of information in response to this document shall not cause the District to incur any liability or obligation to you, financial or otherwise. The District assumes no obligation to reimburse or in any way compensate you for expenses incurred in connection with your response to this notice.

The District reserves the right to use information submitted in response to this notice in any manner it may deem appropriate in evaluating the fitness of the offers for the property. Materials submitted by a developer that are considered confidential must be clearly marked as such. In the event that confidentiality cannot be afforded, the developer will be notified and will be permitted

to withdraw its letter of intent/term sheet. You should be aware that, as a public agency, the District is subject to the California Public Records Act.

The information contained in this notice and any additional information provided to you by the District during negotiations is proprietary to the District. The District is not conveying any ownership to any party by disclosing such information. All developers, in consideration of being given this opportunity, agree to treat all the information contained in this notice and as may be disclosed by the District during negotiations as strictly confidential. The information is to be used by each developer only for the purpose of preparing a purchase proposal in response to this notice. The information in this notice or as may be disclosed by the District during negotiations may not be used or shared with any other parties for any other purpose, without first obtaining the District's prior written consent. If you need to disclose any information to a third party in order to prepare your proposal, contact Ken Jensen at 707-935-5005 or kjensen@svh.com. You will return this notice, and all copies you have made of it to the District if you should decline to submit a proposal.

Arrangements may be made for visiting the sale parcel project area by contacting Ken Jensen.

All supporting documentation submitted in response to this notice will become the property of the District unless otherwise requested by the developer at the time of submission.

The District may choose to negotiate with one or more developer(s). Any acceptance of a letter of intent or term sheet is contingent upon the execution of a definitive written purchase and sale agreement and the District shall not be contractually bound to any developer prior to the execution of such written purchased and sale agreement.

8.

SVH CAPACITY AND
UTILIZATION
ASSESSMENT

Sonoma Valley Hospital

CAPACITY & UTILIZATION ASSESSMENT

Sonoma Valley Hospital

PART 1: OVERVIEW OF SURGICAL OPERATIONS FY2016

Surgical Department Structure

- Departments
 - Surgery
 - Special Procedures
- 8.4 FTEs
 - RN 3.7
 - Scrub tech 2.9
 - sterile processing 0.8
 - EVS 1.0
- Anesthesia coverage 24 hrs 7 days a week
- 3 Suites operating 7:30 am-3:30pm Monday-Thursday
- On-Call hours 3:30pm-7am Monday-Thursday, 7am-7pm Friday-Sunday

Definitions

(all data is extracted from Idea Solutions Sonoma Valley Hospital
Monthly Financial Report month ending June 2016)

- SURGICAL CASES are actual number of surgeries that occurred in FY 2016 during normal scheduled surgery hours
- NORMAL HOURS for surgery in FY 2016 were 0730-1530 Monday thru Thursday
- A SURGICAL YEAR is **50** weeks (holidays)
- SURGICAL HOURS are the total number of actual hours of surgery performed during normal scheduled surgery hours in FY 2016
- AVERAGE TURNOVER TIME was 20 minutes (.33 hour)
- After hours surgical cases and hours are not included in the surgical caseload computations and are displayed for information purposes only

Surgery Statistics FY 2016

Total Number of Cases and Surgical Times (hrs) for Surgery and Spec Proc. Only

SURGICAL CASELOAD

	# OF CASES (Normal Hrs.)	# OF CASES (After Hrs.)
7420 Surgery 7072 Spec Procedures	1311 421	212
Total Surgical Cases	1732	212
Surgical Hours Turnover time	1823 602	280
Total Surgical Hours	2425	

SURGICAL UTILIZATION

FY 2016

Current annual hours of utilization	2425
Potential annualized surgical hours based on current staffing plan and normal hours	4800 (8 hr/day x 4 days x 3 rooms)
Current Utilization = 50.5%	

Surgical Caseload Update

	FY 2016	12/2015-11/2016
7420 Surgery 7072 Spec Procedures	1311 421	1354 483
Total Surgical Cases	1732	1837 (+6%)
Surgical Hours Turnover time	1823 602	1928 606
Total Surgical Hours	2425	2534 (+4.5%) Starting 7/1/16 hours of surgery increased to 8 hrs/day/5 days/wk (Utilization is 46.9% 2534/5400)

Average Cases/Room/Day FY 2016

SURGICAL CASELOAD

(Normal Hours)

Average # Hours/week	Average # cases/week	Average # cases/room/day
48 (2425/50)	35 (1732/50)	2.9 (35/4/3)

1.4 Hr/case average (48/35)

Regional Comparisons

Average number of procedures per day per OR room

Sonoma Valley Hospital

2.9 (3 rooms)

Queen of the Valley

6 (Main OR, no surgery center , Level 3 trauma center,
Neurosurgery, cardiac surgery)

Marin General Hospital ASC

3 (Ambulatory Surgery Center; 3 rooms.
Level 3 trauma, cardiac, vascular and
neurosurgery. The main OR does 15
cases/day on average)

Ukiah Valley ASC

5 (Ambulatory Surgery Center, 3 rooms, 5 days/week)

Healdsburg General

2 (Two OR rooms)

INCREASING SURGICAL CAPACITY: SCENARIOS

Surgical Scenarios	Available Hours of OR/ year	Total surgical cases/ week	Utilization
1) FY 2016	4800	35 (2425 hrs)	50.5%
2) 8 hrs/5 days/wk	6000	44 (3080 hrs) 44 x 1.4 x 50	51.3%
3) 10 hrs/5days/wk	7500	55 (3850 hrs) 55 x 1.4 x 50	54.7%

CAPACITY BARRIERS

Discussion points

Surgical demand

Surgeon scheduling preferences

OR Nurse staffing patterns

OR staff recruitment

Sonoma Valley Hospital

Part 2. Acute Care/SNF Capacity

Definitions

- Data is obtained from SVH Paragon Statistical Reports
- Average Daily Census (ADC) data are number of patients/month divided by number days/month
- Data period is 11/2015-11/2016
- 30% of med/surg census are surgical services
- 70% of census are medical services

Average Daily Census/Month by Department

	11/30/15	12/31/15	01/31/16	02/29/16	03/31/16	04/30/16	05/31/16	06/30/16	07/31/16	08/31/16	09/30/16	10/31/16	11/30/16
OB	0.8	1.5	1.2	0.7	1.4	1.4	0.7	0.9	1.0	1.1	1.2	0.4	0.6
Med/Surg	6.4	7.9	8.6	9.9	9.1	9.3	8.7	7.2	8.6	9.8	8.9	9.3	9.4
ICU	3.3	1.9	3.2	3.8	3.3	2.9	3.0	3.0	2.8	3.3	3.5	3.3	3.1
SNF	18.1	20.9	22.9	23.1	18.7	19.3	17.1	17.5	18.2	19.6	20.8	16.5	14.9
Total	27.9	30.7	34.7	36.8	31.1	31.5	28.8	27.7	29.6	32.6	33.2	29.1	27.4

Annual Average Daily Census by Department

Occupancy			
Department	Average Annual Daily Census	Department Capacity	% Occupancy (Beds filled)
O.B.	1.1	10.0	11.0%
Med/Surg	9.4	23.0	41.0%
ICU	3.4	6.0	56.0%
SNF	20.6	27.0	76.0%
3 Central	0.0	8.0	0.0%
Total	34.5	74.0	46.6%

11.

FINANCE REPORT
MONTH ENDING
NOVEMBER 30, 2016



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: December 20, 2016
Subject: Financial Report for the Month Ending November 30, 2016

The actual loss of (\$511,287) from operations for November was \$81,526 favorable to the budgeted loss of (\$592,813). The year-to date actual loss from operations is (\$1,582,341) compared to the expected loss of (\$1,878,764). After accounting for all other activity, the November net loss was (\$64,925) vs. the budgeted net loss of (\$244,164) with a monthly EBIDA of 1.1% vs. a budgeted -1.7%. Year-to-date the total net income is \$533,838 favorable to budget with a year to date EBIDA of 4.4% vs. the budgeted 3.3%.

Gross patient revenue for November was \$21,322,723, \$2,044,589 more than expected. Inpatient gross revenue was over budget by \$1,172,446. Inpatient days were over budgeted expectations by 79 days and inpatient surgeries were over budget by 8 cases. Outpatient revenue was over budget by \$670,343. Outpatient visits were under budgeted expectations by (237) visits but outpatient surgeries were over budget by 21 cases. The Emergency Room gross revenue is over budget by \$498,513, the volume was close to budget but there was higher acuity. SNF was under budgeted expectations by (\$281,860) due to SNF patient days being under budgeted expectations by (98) days. Home Health was under budgeted expectations with a variance of (\$14,853).

Deductions from revenue were unfavorable to budgeted expectations by (\$1,811,236) due to higher than expected inpatient gross revenue.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budget by \$268,595.

Operating Expenses of \$5,046,837 were unfavorable to budget by (\$187,069). Salaries and wages were over budget by (\$28,587) due to inpatient volume being over budgeted expectations and agency fees were under budgeted expectations by \$1,847. Medical and Professional fees are over budget by (\$18,893) due to an insurance deductible of \$25,000 for a settlement on an employee claim. Supplies are over budget in November by (\$176,571) due to the cost of implants being (\$99,572) over budgeted expectations. There continues to be an increase in total joint replacement procedures compared to last fiscal year. The costs of surgical implants are normally recovered with the insurance reimbursements. Furthermore, there was a back log of non paid bariatric staples due to ongoing pricing negotiations that date back to September that were posted to November. Purchased Services were over budget by



(\$11,453) due to a one-time fee to McKesson for implementation related to a current project (\$40,936), this cost was reimbursed by the Foundation and is included in the hospital's restricted contributions revenue.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for November was (\$271,552) vs. a budgeted net loss of (\$401,505). The total net loss for November after all activity was (\$64,925) vs. a budgeted net loss of (\$244,164).

EBIDA for the month of November was 1.1% vs. the budgeted -1.7%.

Patient Volumes – November

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	95	85	10	85
Newborn Discharges	9	11	-2	14
Acute Patient Days	396	317	79	316
SNF Patient Days	446	544	-98	544
Home Care Visits	938	1,017	-79	1,088
OP/ER/HHA Gross Rev.	\$13,147	\$12,032	\$1,115	\$11,900
Surgical Cases	161	132	29	114

Gross Revenue Overall Payer Mix – November

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	44.6%	46.9%	-2.3%	46.6%	47.0%	-0.4%
Medicare Mgd Care	10.3%	7.3%	3.0%	9.1%	7.3%	1.8%
Medi-Cal	16.3%	19.2%	-2.9%	16.8%	19.0%	-2.2%
Self Pay	0.4%	1.2%	-0.8%	1.9%	1.2%	0.7%
Commercial	23.7%	20.1%	3.6%	20.8%	20.1%	0.7%
Workers Comp	3.2%	2.6%	0.6%	2.7%	2.7%	0.0%
Capitated	1.5%	2.7%	-1.2%	2.1%	2.7%	-0.6%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for November:

For the month of November the cash collection goal was \$3,501,975 and the Hospital collected \$3,367,613, or under the goal by (\$134,362). This was due to Medicare holding outpatient claims due to a system dysfunction on their part, we expect the held outpatient claims to be paid in December. The year-to-date cash collection goal was \$17,480,229 and the hospital has collected \$18,548,635, or over goal by \$1,068,406. Days of cash on hand are 9.9 days at November 30, 2016. Accounts Receivable increased from October, from 49.7 days to 53.0 days in November. Accounts Payable increased by \$310,750 from October and Accounts Payable days are at 49.9.



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 November 30, 2016

ATTACHMENT A

November-16

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	9,488,535	9,020,039	468,496	5.2%
Medicare Managed Care	2,193,448	1,405,156	788,292	56.1%
Medi-Cal	3,472,034	3,686,278	-214,244	-5.8%
Self Pay	88,956	238,299	-149,343	-62.7%
Commercial & Other Government	5,078,418	3,926,218	1,152,200	29.3%
Worker's Comp.	689,869	501,448	188,421	37.6%
Capitated	311,463	500,696	-189,233	-37.8%
Total	21,322,723	19,278,134	2,044,589	

YTD

	Actual	Budget	Variance	% Variance
	50,592,523	48,889,282	1,703,241	3.5%
	9,891,543	7,555,258	2,336,285	30.9%
	18,201,733	19,814,046	-1,612,313	-8.1%
	2,028,323	1,246,429	781,894	62.7%
	22,719,723	21,026,246	1,693,477	8.1%
	3,004,686	2,878,426	126,260	4.4%
	2,266,766	2,775,796	-509,030	-18.3%
	108,705,297	104,185,483	4,519,814	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,479,263	1,465,166	14,097	1.0%
Medicare Managed Care	288,219	203,209	85,010	41.8%
Medi-Cal	448,240	549,882	-101,642	-18.5%
Self Pay	37,833	82,547	-44,714	-54.2%
Commercial & Other Government	1,862,160	1,652,494	209,666	12.7%
Worker's Comp.	161,084	115,012	46,072	40.1%
Capitated	8,783	18,523	-9,740	-52.6%
Prior Period Adj/IGT	34,604	-	34,604	*
Total	4,320,186	4,086,833	233,353	5.7%

	Actual	Budget	Variance	% Variance
	8,197,618	8,398,749	-201,131	-2.4%
	1,382,899	1,184,188	198,711	16.8%
	2,552,428	3,013,735	-461,307	-15.3%
	756,207	483,752	272,455	56.3%
	7,652,524	8,255,797	-603,273	-7.3%
	674,227	642,511	31,716	4.9%
	70,773	92,265	-21,492	-23.3%
	1,844,626	-	1,844,626	*
	23,131,302	22,070,997	1,060,305	4.8%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	34.2%	35.9%	-1.7%	-4.7%
Medicare Managed Care	6.7%	5.0%	1.7%	34.0%
Medi-Cal	10.4%	13.5%	-3.1%	-23.0%
Self Pay	0.9%	2.0%	-1.1%	-55.0%
Commercial & Other Government	43.1%	40.3%	2.8%	6.9%
Worker's Comp.	3.7%	2.8%	0.9%	32.1%
Capitated	0.2%	0.5%	-0.3%	-60.0%
Prior Period Adj/IGT	0.8%	0.0%	0.8%	*
Total	100.0%	100.0%	0.0%	0.0%

	Actual	Budget	Variance	% Variance
	35.4%	38.1%	-2.8%	-7.3%
	6.0%	5.4%	0.6%	11.1%
	11.0%	13.7%	-2.7%	-19.7%
	3.3%	2.2%	1.1%	50.0%
	33.1%	37.3%	-4.2%	-11.3%
	2.9%	2.9%	0.0%	0.0%
	0.3%	0.4%	-0.1%	-25.0%
	8.0%	0.0%	8.1%	*
	100.0%	100.0%	0.0%	0.0%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	15.6%	16.2%	-0.6%	-3.7%
Medicare Managed Care	13.1%	14.5%	-1.4%	-9.7%
Medi-Cal	12.9%	14.9%	-2.0%	-13.4%
Self Pay	42.5%	34.6%	7.9%	22.8%
Commercial & Other Government	36.7%	42.1%	-5.4%	-12.8%
Worker's Comp.	23.3%	22.9%	0.4%	1.7%
Capitated	2.8%	3.7%	-0.9%	-24.3%
Prior Period Adj/IGT	0.2%	0.0%	0.2%	*

	Actual	Budget	Variance	% Variance
	16.2%	17.2%	-1.0%	-5.8%
	14.0%	15.7%	-1.7%	-10.8%
	14.0%	15.2%	-1.2%	-7.9%
	37.3%	38.8%	-1.5%	-3.9%
	33.7%	39.3%	-5.6%	-14.2%
	22.4%	22.3%	0.1%	0.4%
	3.1%	3.3%	-0.2%	-6.1%
	1.7%	0.0%	1.7%	*

SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended November 30, 2016

ATTACHMENT B

CURRENT MONTH					YEAR-TO-DATE			YTD
	Actual 11/30/16	Budget 11/30/16	Favorable (Unfavorable) Variance		Actual 11/30/16	Budget 11/30/16	Favorable (Unfavorable) Variance	Prior Year 11/30/15
Inpatient Utilization								
Discharges								
1	87	70	17	Acute	439	380	59	380
2	8	15	(7)	ICU	58	78	(20)	78
3	95	85	10	Total Discharges	497	458	39	458
4	9	11	(2)	Newborn	62	63	(1)	63
5	104	96	8	Total Discharges inc. Newborns	559	521	38	521
Patient Days:								
6	302	218	84	Acute	1,538	1,184	354	1,174
7	94	99	(5)	ICU	490	492	(2)	492
8	396	317	79	Total Patient Days	2,028	1,676	352	1,666
9	15	22	(7)	Newborn	109	130	(21)	130
10	411	339	72	Total Patient Days inc. Newborns	2,137	1,806	331	1,796
Average Length of Stay:								
11	3.5	3.1	0.4	Acute	3.5	3.1	0.4	3.1
12	11.8	6.6	5.2	ICU	8.4	6.3	2.1	6.3
13	4.2	3.7	0.4	Avg. Length of Stay	4.1	3.7	0.4	3.6
14	1.7	2.0	(0.3)	Newborn ALOS	1.8	2.1	0.3	2.1
Average Daily Census:								
15	10.1	7.3	2.8	Acute	10.1	7.7	2.3	7.7
16	3.1	3.3	(0.2)	ICU	3.2	3.2	(0.0)	3.2
17	13.2	10.6	2.6	Avg. Daily Census	13.3	11.0	2.3	10.9
18	0.5	0.7	(0.2)	Newborn	0.71	0.85	(0.1)	0.85
Long Term Care:								
19	446	544	(98)	SNF Patient Days	2,753	3,070	(317)	3,070
20	28	22	6	SNF Discharges	143	135	8	135
21	14.9	18.1	(3.3)	Average Daily Census	18.0	20.1	(2.1)	20.1
Other Utilization Statistics								
Emergency Room Statistics								
22	850	841	9	Total ER Visits	4,457	4,298	159	4,298
Outpatient Statistics:								
23	4,231	4,468	(237)	Total Outpatients Visits	22,753	24,054	(1,301)	24,054
24	38	30	8	IP Surgeries	199	188	11	151
25	123	102	21	OP Surgeries	446	531	(85)	468
26	32	26	6	Special Procedures	230	157	73	157
27	938	1,017	(79)	Home Health Visits	4,710	4,561	149	4,882
28	322	285	37	Adjusted Discharges	1,632	1,576	56	1,622
29	2,202	2,291	(88)	Adjusted Patient Days (Inc. SNF)	12,192	12,622	(430)	12,971
30	73.4	76.4	(2.9)	Adj. Avg. Daily Census (Inc. SNF)	79.7	82.5	(2.8)	84.8
31	1.7936	1.4000	0.394	Case Mix Index -Medicare	1.7548	1.4000	0.355	1.5743
32	1.6815	1.4000	0.282	Case Mix Index - All payers	1.6053	1.4000	0.205	1.4462
Labor Statistics								
33	289	280	(9.1)	FTE's - Worked	283	284	0.6	284
34	319	313	(6.0)	FTE's - Paid	319	317	(2.4)	317
35	40.24	40.51	0.27	Average Hourly Rate	39.85	40.57	0.72	39.33
36	24.8	23.4	(1.4)	Manhours / Adj. Pat Day	22.8	21.9	(0.9)	21.3
37	169.5	187.9	18.5	Manhours / Adj. Discharge	170.5	175.2	4.7	170.3
38	22.7%	23.4%	0.7%	Benefits % of Salaries	23.1%	22.8%	-0.4%	22.6%
Non-Labor Statistics								
39	15.0%	11.6%	-3.4%	Supply Expense % Net Revenue	12.5%	11.5%	-1.0%	11.3%
40	2,080	1,730	(349)	Supply Exp. / Adj. Discharge	1,824	1,674	(150)	1,566
41	16,146	17,591	1,445	Total Expense / Adj. Discharge	16,118	16,247	129	15,332
Other Indicators								
42	9.9			Days Cash - Operating Funds				
43	53.0	50.0	3.0	Days in Net AR	51.6	50.0	1.6	50.4
44	96%			Collections % of Net Revenue	106%			98.9%
45	49.9	55.0	(5.1)	Days in Accounts Payable	49.9	55.0	(5.1)	10.3
46	20.9%	22.0%	-1.1%	% Net revenue to Gross revenue	21.9%	21.9%	0.0%	22.6%
47	24.4%			% Net AR to Gross AR	24.4%			25.0%

Sonoma Valley Health Care District
Balance Sheet
As of November 30, 2016

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 1,605,510	\$ 1,785,152	\$ 1,397,891
2	Trustee Funds	1,690,858	1,690,566	1,302,603
3	Net Patient Receivables	9,232,374	8,643,574	8,306,816
4	Allow Uncollect Accts	(1,282,409)	(1,060,164)	(726,710)
5	Net A/R	7,949,965	7,583,410	7,580,106
6	Other Accts/Notes Rec	6,847,450	6,967,761	7,749,709
7	3rd Party Receivables, Net	2,847,865	2,451,242	422,221
8	Inventory	791,253	820,192	894,596
9	Prepaid Expenses	800,370	808,704	727,902
10	Total Current Assets	\$ 22,533,271	\$ 22,107,027	\$ 20,075,028
12	Property, Plant & Equip, Net	\$ 53,196,716	\$ 53,442,292	\$ 53,705,856
13	Specific Funds	224,917	186,368	279,134
14	Other Assets	144,911	144,911	143,691
15	Total Assets	\$ 76,099,815	\$ 75,880,598	\$ 74,203,709
Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	\$ 3,709,442	\$ 3,398,692	\$ 3,496,357
17	Accrued Compensation	4,127,921	3,883,737	4,061,646
18	Interest Payable	441,062	330,797	457,025
19	Accrued Expenses	1,427,495	1,369,681	1,254,088
20	Advances From 3rd Parties	124,255	117,071	1,397,743
21	Deferred Tax Revenue	3,478,361	3,975,269	3,449,442
22	Current Maturities-LTD	1,703,099	1,697,025	1,703,099
23	Line of Credit - Union Bank	7,823,534	6,723,734	5,923,734
24	Other Liabilities	546,297	1,358,797	192,855
25	Total Current Liabilities	\$ 23,381,466	\$ 22,854,803	\$ 21,935,989
26	Long Term Debt, net current portion	\$ 36,638,538	\$ 36,881,059	\$ 37,089,574
27	Fund Balances:			
28	Unrestricted	\$ 12,818,796	\$ 12,953,705	\$ 12,501,688
29	Restricted	3,261,016	3,191,032	2,676,458
30	Total Fund Balances	\$ 16,079,811	\$ 16,144,736	\$ 15,178,146
31	Total Liabilities & Fund Balances	\$ 76,099,815	\$ 75,880,598	\$ 74,203,709

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended November 30, 2016

ATTACHMENT D

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	\$	%		Actual	Budget	\$	%	Prior Year
Volume Information										
1	95	85	10	12%	Acute Discharges	497	458	39	9%	458
2	446	544	(98)	-18%	SNF Days	2,753	3,070	(317)	-10%	3,070
3	938	1,017	(79)	-8%	Home Care Visits	4,710	4,561	149	3%	4,882
4	13,147	12,032	1,115	9%	Gross O/P Revenue (000's)	\$ 65,947	\$ 64,943	1,005	2%	\$ 63,228
Financial Results										
Gross Patient Revenue										
5	\$ 6,572,284	\$ 5,399,838	1,172,446	22%	Inpatient	\$ 33,109,481	\$ 28,472,151	4,637,330	16%	\$ 25,941,488
6	7,199,629	6,529,286	670,343	10%	Outpatient	34,014,760	37,324,128	(3,309,368)	-9%	36,236,179
7	5,655,815	5,157,302	498,513	10%	Emergency	30,490,630	26,066,637	4,423,993	17%	25,644,006
8	1,564,679	1,846,539	(281,860)	-15%	SNF	9,450,186	10,770,634	(1,320,448)	-12%	10,471,359
9	330,316	345,169	(14,853)	-4%	Home Care	1,640,240	1,551,933	88,307	6%	1,595,568
10	\$ 21,322,723	\$ 19,278,134	2,044,589	11%	Total Gross Patient Revenue	\$ 108,705,297	\$ 104,185,483	4,519,814	4%	\$ 99,888,600
Deductions from Revenue										
11	\$ (16,887,423)	\$ (15,089,082)	(1,798,341)	-12%	Contractual Discounts	\$ (86,659,673)	\$ (81,603,391)	(5,056,282)	-6%	\$ (78,661,159)
12	(120,000)	(66,250)	(53,750)	-81%	Bad Debt	(620,000)	(331,250)	(288,750)	-87%	(290,000)
13	(29,718)	(35,969)	6,251	17%	Charity Care Provision	(138,948)	(179,845)	40,897	23%	(160,666)
14	34,604	-	34,604	*	Prior Period Adj/Government Program Revenue	1,844,626	-	1,844,626	*	969,694
15	\$ (17,002,537)	\$ (15,191,301)	(1,811,236)	12%	Total Deductions from Revenue	\$ (85,573,995)	\$ (82,114,486)	(3,459,509)	4%	\$ (78,142,131)
16	\$ 4,320,186	\$ 4,086,833	233,353	6%	Net Patient Service Revenue	\$ 23,131,302	\$ 22,070,997	1,060,305	5%	\$ 21,746,469
17	\$ 132,267	\$ 155,771	(23,504)	-15%	Risk contract revenue	\$ 644,568	\$ 778,855	(134,287)	-17%	\$ 771,960
18	\$ 4,452,453	\$ 4,242,604	209,849	5%	Net Hospital Revenue	\$ 23,775,870	\$ 22,849,852	926,018	4%	\$ 22,518,429
19	\$ 83,097	\$ 24,351	58,746	*	Other Op Rev & Electronic Health Records	\$ 189,256	\$ 121,755	67,501	55%	\$ 143,368
20	\$ 4,535,550	\$ 4,266,955	268,595	6%	Total Operating Revenue	\$ 23,965,126	\$ 22,971,607	993,519	4%	\$ 22,661,797
Operating Expenses										
21	\$ 2,193,931	\$ 2,167,191	(26,740)	-1%	Salary and Wages and Agency Fees	\$ 11,087,615	\$ 11,203,155	115,540	1%	\$ 10,863,841
22	824,610	\$ 827,259	2,649	0%	Employee Benefits	4,291,081	4,196,722	(94,359)	-2%	4,119,215
23	\$ 3,018,541	\$ 2,994,450	(24,091)	-1%	Total People Cost	\$ 15,378,696	\$ 15,399,877	21,181	0%	\$ 14,983,056
24	\$ 415,350	\$ 396,457	(18,893)	-5%	Med and Prof Fees (excl Agency)	\$ 1,967,273	\$ 1,947,392	(19,881)	-1%	\$ 1,659,143
25	669,079	492,508	(176,571)	-36%	Supplies	2,976,608	2,638,739	(337,869)	-13%	2,540,973
26	362,815	351,362	(11,453)	-3%	Purchased Services	1,557,838	1,730,496	172,658	10%	1,385,411
27	278,384	293,214	14,830	5%	Depreciation	1,389,600	1,466,070	76,470	5%	1,456,414
28	91,919	100,684	8,765	9%	Utilities	531,974	496,439	(35,535)	-7%	506,159
29	29,292	33,417	4,125	12%	Insurance	146,460	166,833	20,373	12%	126,208
30	42,584	35,534	(7,050)	-20%	Interest	175,673	170,534	(5,139)	-3%	215,247
31	138,873	162,142	23,269	14%	Other	675,984	833,991	158,007	19%	867,917
32	-	-	-	*	Matching Fees (Government Programs)	747,361	-	(747,361)	*	368,026
33	\$ 5,046,837	\$ 4,859,768	(187,069)	-4%	Operating expenses	\$ 25,547,467	\$ 24,850,371	(697,096)	-3%	\$ 24,108,554
34	\$ (511,287)	\$ (592,813)	81,526	14%	Operating Margin	\$ (1,582,341)	\$ (1,878,764)	296,423	16%	\$ (1,446,757)

ATTACHMENT D

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended November 30, 2016**

	Month			
	This Year		Variance	
	Actual	Budget	\$	%
35	\$ 26,436	\$ (21,192)	47,628	-225%
36	799	-	799	0%
37	(37,500)	(37,500)	-	0%
38	250,000	250,000	-	0%
39	\$ 239,735	\$ 191,308	48,427	25%
40	\$ (271,552)	\$ (401,505)	129,953	-32%
41	\$ 5,536	\$ 20,698	(15,162)	-73%
42	\$ 64,448	\$ -	64,448	0%
43	\$ (201,568)	\$ (380,807)	179,239	-47%
44	246,909	246,909	-	0%
45	(110,266)	(110,266)	-	0%
46	\$ (64,925)	\$ (244,164)	179,239	-73%
	\$ 49,416	\$ (72,757)		
	1.1%	-1.7%		
	\$ 6,832	\$ (108,291)		
	0.2%	-2.5%		

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

EBDA - Not including Restricted Contributions

Year-To- Date					YTD
This Year		Variance			Prior Year
Actual	Budget	\$	%		
\$ (46,666)	\$ (87,128)	40,462	*	\$ 13,329	
53,887	-	53,887	0%	0	
(187,500)	(187,500)	-	0%	(187,500)	
1,250,378	1,250,000	378	0%	1,251,954	
\$ 1,070,099	\$ 975,372	94,727	10%	\$ 1,077,783	
\$ (512,242)	\$ (903,392)	391,150	-43%	\$ (368,974)	
\$ 66,345	\$ 103,490	(37,145)	-36%	\$ 176,083	
\$ 179,832	\$ -	179,832	100%	\$ -	
\$ (266,065)	\$ (799,902)	533,837	-67%	\$ (192,891)	
1,234,545	1,234,545	-	0%	1,213,885	
(566,973)	(566,974)	1	0%	(574,953)	
\$ 401,507	\$ (132,331)	533,838	-403%	\$ 446,041	
\$ 1,053,031	\$ 733,212			\$ 1,302,687	
4.4%	3.3%			5.7%	
\$ 877,358	\$ 562,678				
3.7%	2.4%				

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended November 30, 2016

	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	39	10	
2 SNF Days	(317)	(98)	
3 Home Care Visits	149	(79)	
4 Gross O/P Revenue (000's)	1,005	1,115	
Financial Results			
Gross Patient Revenue			
5 Inpatient	4,637,330	1,172,446	Patient Days are 396 vs. budgeted expectations of 317 and inpatient surgeries are 38 vs. budgeted expectations of 30.
6 Outpatient	(3,309,368)	670,343	Outpatient surgeries are 123 vs. budgeted expectations 102.
7 Emergency	4,423,993	498,513	ER visits are 850 vs. budgeted visits of 841 and higher acuity.
8 SNF	(1,320,448)	(281,860)	SNF patient days are 446 vs. budgeted expected days of 544.
9 Home Care	88,307	(14,853)	HHA visits are 938 vs. budgeted expectations of 1,017.
10 Total Gross Patient Revenue	4,519,814	2,044,589	
Deductions from Revenue			
11 Contractual Discounts	(5,056,282)	(1,798,341)	
12 Bad Debt	(288,750)	(53,750)	
13 Charity Care Provision	40,897	6,251	
14 Prior Period Adj/Government Program Revenue	1,844,626	34,604	FY 2014 Medicare Cost Report adjustment
15 Total Deductions from Revenue	(3,459,509)	(1,811,236)	
16 Net Patient Service Revenue	1,060,305	233,353	
17 Risk contract revenue	(134,287)	(23,504)	Blue Shield capitation received was under budget.
18 Net Hospital Revenue	926,018	209,849	
19 Other Op Rev & Electronic Health Records	67,501	58,746	
20 Total Operating Revenue	993,519	268,595	
Operating Expenses			
21 Salary and Wages and Agency Fees	115,540	(26,740)	Salaries and Wages were over budget by (\$28,587) due to the positive variance in volume over budgeted expectations and agency fees were under budget by \$1,847.
22 Employee Benefits	(94,359)	2,649	
23 Total People Cost	21,181	(24,091)	
24 Med and Prof Fees (excl Agency)	(19,881)	(18,893)	Incurred \$25k deductible for legal claim from a former employee.
25 Supplies	(337,869)	(176,571)	Supplies are over budget due to implant costs being over budget by (\$99,572), this is due to an increase of total joint replacement procedures compared to last fiscal year. These costs are normally recovered with insurance reimbursements. Also, there was a back log of bariatric staples that were posted to November from surgeries done back in September through November due to pricing negotiations.
26 Purchased Services	172,658	(11,453)	Purchased services over budget due to a one-time McKesson implementation cost (\$40,936). This cost was covered by a Foundation grant included in line 42.
27 Depreciation	76,470	14,830	
28 Utilities	(35,535)	8,765	
29 Insurance	20,373	4,125	
30 Interest	(5,139)	(7,050)	
31 Other	158,007	23,269	Budgeted other costs not used in November.
32 Matching Fees (Government Programs)	(747,361)	-	
33 Operating expenses	(697,096)	(187,069)	
34 Operating Margin	296,423	81,526	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	40,462	47,628	The hospital received a payment from BNY bank re: 2010 bond issuance.
36 Donations	53,887	799	Foundation grants received for employee education and training.
37 Physician Practice Support-Prima	-	-	
38 Parcel Tax Assessment Rev	378	-	
39 Total Non-Operating Rev/Exp	94,727	48,427	

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended November 30, 2016

	YTD	MONTH	
Description	Variance	Variance	
		-	
40 Net Income / (Loss) prior to Restricted Contributions	391,150	129,953	
		-	
41 Capital Campaign Contribution	(37,145)	(15,162)	Capital campaign donations received from the Foundation are under budgeted expectations for November
42 Restricted Foundation Contributions	179,832	64,448	Foundation grants received for fetal monitors and McKesson implementation costs (included in purchased services).
43 Net Income / (Loss) w/ Restricted Contributions	533,837	179,239	
44 GO Bond Tax Assessment Rev	-	-	
45 GO Bond Interest	1	-	
46 Net Income/(Loss) w GO Bond Activity	533,838	179,239	

Month	Goal (Days)	Actual days in Vendor A/P (Days)
May'16	60	52
Jun'16	60	51
Jul'16	60	54
Aug'16	60	56
Sep'16	60	55
Oct'16	55	47
Nov'16	55	50

[illegible]

Sonoma Valley Hospital
Statistical Analysis
FY 2017

ATTACHMENT G

Statistics	ACTUAL	BUDGET
	Nov-16	Nov-16
Acute		
Acute Patient Days	396	317
Acute Discharges (w/o Newborns)	95	85
SNF Days	446	544
HHA Visits	938	1,017
Emergency Room Visits	850	841
Gross Outpatient Revenue (000's)	\$13,147	\$12,032
Equivalent Patient Days	2,202	2,284
Births	8	14
Surgical Cases - Inpatient	38	30
Surgical Cases - Outpatient	123	102
Total Surgical Cases	161	132
Medicare Case Mix Index	1.79	1.40
Income Statement		
Net Revenue (000's)	4,452	4,243
Operating Expenses (000's)	\$5,047	\$4,860
Net Income (000's)	(65)	(244)
Productivity		
Total Operating Expense Per Equivalent Patient Day	\$2,292	\$2,128
Productive FTEs	289	280
Non-Productive FTE's	30	33
Total FTEs	319	313
FTEs per Adjusted Occupied Bed	4.35	4.11
Balance Sheet		
Days of Expense In General Operating Cash	10	
Net Days of Revenue in AR	53	50

ACTUAL												
Oct-16	Sep-16	Aug-16	Jul-16	Jun-16	May-16	Apr-16	Mar-16	Feb-16	Jan-16	Dec-15	Nov-15	Oct-15
402	407	437	386	334	386	409	426	417	404	351	316	325
99	95	105	103	95	85	97	99	101	124	109	85	97
512	624	608	563	526	529	578	580	671	710	648	544	666
880	1,042	890	960	942	844	999	879	889	933	915	1,088	948
852	897	918	940	907	940	912	945	919	864	863	841	820
\$13,347	\$13,512	\$13,336	\$12,605	\$13,465	\$13,827	\$12,542	\$14,266	\$12,049	\$12,184	\$12,274	\$11,900	\$13,103
2,380	2,707	2,581	2,322	2,381	2,545	2,636	2,886	2,628	2,771	2,614	2,384	2,691
9	14	17	14	14	13	17	17	9	17	21	14	11
42	37	39	43	31	36	26	31	34	26	32	24	36
84	81	85	73	93	87	92	110	93	98	104	90	95
126	118	124	116	124	123	118	141	127	124	136	114	131
1.59	1.97	1.58	1.84	1.64	1.73	1.47	1.48	1.50	1.41	1.35	1.69	1.53
4,727	4,406	4,919	5,172	4,980	4,610	4,481	4,484	4,614	4,522	4,729	4,029	4,655
\$4,912	\$4,807	\$5,310	\$5,472	\$5,450	\$5,267	\$5,143	\$4,968	\$4,987	\$4,932	4,829	4,665	4,931
337	(6)	(23)	59	(133)	(403)	(99)	(132)	39	19	575	245	104
\$2,064	\$1,776	\$2,057	\$2,356	\$2,289	\$2,069	\$1,951	\$1,721	\$1,898	\$1,780	\$1,847	\$2,022	\$1,832
280	283	286	278	287	300	292	293	296	271	277	292	299
36	36	35	42	37	32	32	33	28	48	41	30	28
316	319	321	320	324	332	324	326	324	319	317	322	327
4.11	3.54	3.86	4.28	4.08	4.16	3.70	3.50	3.58	3.57	3.77	4.05	3.77
11	6	15	11	9	9	13	10	12	14	21	9	13
50	50	50	55	57	55	50	50	52	53	51	53	47

Sonoma Valley Hospital
Cash Forecast
FY 2017

ATTACHMENT H

FY 2017		<div>Est. SourcesBudgeted SourcesForecast</div>												
		Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	Forecast TOTAL
Hospital Operating Sources														
1	Patient Payments Collected	4,375,192	4,731,348	3,928,129	4,155,005	3,905,768	4,285,993	4,423,155	4,363,605	4,946,805	4,418,111	4,550,874	4,510,595	52,594,580
2	Capitation Revenue	127,594	124,410	126,315	133,982	132,267	125,000	125,000	125,000	125,000	125,000	125,000	125,000	1,519,568
3	Napa State	2,326	49,264	12,455	-	78,395								142,440
4	Other Operating Revenue	39,800	21,422	28,846	30,148	24,397	24,351	24,351	24,351	24,351	24,351	24,351	24,351	315,070
5	Other Non-Operating Revenue	20,788	46,700	32,026	71,410	72,181	19,609	19,609	19,609	19,609	19,609	19,609	19,617	380,376
6	Unrestricted Contributions	1,549	11,560	13,093	39,995	799								66,996
7	Line of Credit	190,000	(190,000)		812,500	287,300	(799,800)	(a)						300,000
Sub-Total Hospital Sources		4,757,249	4,794,704	4,140,864	5,243,040	4,501,108	3,655,153	4,592,115	4,532,565	5,115,765	4,587,071	4,719,834	4,679,563	55,319,031
Hospital Uses of Cash														
8	Operating Expenses	4,578,560	4,139,921	5,611,993	4,675,722	4,283,113	4,753,232	5,089,975	4,671,846	5,017,010	4,749,098	4,835,696	4,850,152	57,256,318
9	Less Depreciation						(293,214)	(293,214)	(293,214)	(293,214)	(293,214)	(293,214)	(293,217)	(2,052,501)
10	Add Capital Lease Payments	49,245	173,774	36,968	40,319	172,462								472,768
11	Additional Liabilities		400,000				700,000	500,000	500,000	500,000	1,500,000	500,000	500,000	5,100,000
12	Capital - Board Approved Spending	60,776	43,811	62,997	155,782	7,836								331,202
13	Napa State													-
Total Hospital Uses		4,688,581	4,757,506	5,711,958	4,871,823	4,463,411	5,160,018	5,296,761	4,878,632	5,223,796	5,955,884	5,042,482	5,056,935	61,107,787
Net Hospital Sources/Uses of Cash		68,668	37,198	(1,571,094)	371,217	37,697	(1,504,865)	(704,646)	(346,067)	(108,031)	(1,368,813)	(322,648)	(377,372)	(5,788,756)
Non-Hospital Sources														
14	Restricted Cash/Capital Donations Donations	3,167	141,475	42,379	118,737	69,984		1,000,000						1,375,742
15	Electronic Health Records													-
16	Parcel Tax Revenue	179,365					1,600,000			1,200,000				2,979,365
17	Advancement - Foundation		400,000				(400,000)							-
18	Advancement - South Lot		263,453											263,453
19	Other:													-
20	IGT				343,950		1,242,256	(a)	431,542					2,017,748
21	IGT - AB915 (Net)								900,000					900,000
22	PRIME	375,000			1,125,000							375,000		1,875,000
Sub-Total Non-Hospital Sources		557,532	804,928	42,379	1,587,687	69,984	2,442,256	1,000,000	1,331,542	-	1,200,000	375,000	-	9,411,308
Non-Hospital Uses of Cash														
23	Matching Fees	187,575	188,984		1,120,982	287,323					187,500			1,972,364
Sub-Total Non-Hospital Uses of Cash		187,575	188,984	-	1,120,982	287,323	-	-	-	-	187,500	-	-	1,972,364
Net Non-Hospital Sources/Uses of Cash		369,957	615,944	42,379	466,705	(217,339)	2,442,256	1,000,000	1,331,542	-	1,012,500	375,000	-	7,438,944
Net Sources/Uses		438,625	653,142	(1,528,715)	837,922	(179,642)	937,391	295,354	985,475	(108,031)	(356,313)	52,352	(377,372)	
Cash and Equivalents at beginning of period		1,384,178	1,822,803	2,475,945	947,230	1,785,152	1,605,510	2,542,901	2,838,255	3,823,730	3,715,699	3,359,386	3,411,738	
Cash and Equivalents at end of period		1,822,803	2,475,945	947,230	1,785,152	1,605,510	2,542,901	2,838,255	3,823,730	3,715,699	3,359,386	3,411,738	3,034,366	

(a) Net IGT is \$431,347

12.

ADMINISTRATIVE REPORT
DECEMBER 2016



To: SVHCD Board of Directors
From: Kelly Mather
Date: 12/29/16
Subject: Administrative Report

Summary

We end this calendar year with many reasons to celebrate. We celebrated 70 years as a hospital district with the anniversary party at the hospital in June, banners on the plaza and historical features in the annual report. The SVHF exceeded their fundraising goal by raising over \$1 million this year. We have added several new surgeons dedicated to SVH and thus increasing our surgery volumes. Quality outcomes and awards for excellence continue with the 5 star ratings for Skilled Nursing and Home Care. Staff satisfaction continues to be high. All of the hospital based physician contracts have been renewed for several years due to positive relationships and performance.

Dashboard and Trended Results

We have changed to a rolling 12 month average for patient satisfaction this year which is more reflective of the on-going performance. October resulted in 5/9 over the goal for Inpatient and 4/7 over the goal for Emergency. The staff satisfaction survey will go out in January of this year and results will be received by mid-March. The much anticipated salary increases will go into effect the first week of January with a letter to staff about their total compensation. The annual service and excellence awards luncheon will be held on January 25th. The hospital is ahead of budget financially, and volumes are above prior year. We are on track to meet the community service hour goal.

The Three-Year Rolling Strategic Plan for FY 2018 will be started in January with Board review and approval targeted for April.

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.
1206(b) Clinic	The clinic opened on September 27, 2015, and we have been approved by most insurance companies. We are now investigating how to make this a rural health center next year which would increase reimbursement.
Increase Volumes	We had an all time high in Surgery volumes in November. The marketing to increase SNF referrals has started including a potential contract with Kaiser. We are looking into becoming a Bariatric Institute and have begun creating a Pain Management Center.
Parcel Tax Renewal	The parcel tax campaign committee is underway. The vote will be March 7, 2017, and it will be Measure B.
Physician Alignment	The new internist, Dr. Marino, started on December 5 th . The concierge company is recruiting a replacement for Dr. Olness.
Canopy Health	UCSF and John Muir along with 11 hospitals and physician organizations have developed a health plan option to compete with Kaiser and Sutter in the Bay Area. SVH is a member.
Technology	The upgrades of the EHR will be complete by summer of 2017.



NOVEMBER 2016

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	2 out of 9 through October	>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 October	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	68%	>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	4.4%	>4% (stretch) >3.5%=4 >3.0% (Goal) >2.5%=2 <2.5%=1
	Efficiency and Financial Management	Meet FY 2017 Budgeted Expenses (excluding IGT)	\$24,800,106 (actual) \$24,850,367 (budget)	<2% = 5 (stretch) <1% = 4 <Budget=3 (Goal) >1% = 2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	645 YTD FY2017 619 YTD FY2016	>2% = 5 >1% = 3 < 1% = 2
	Outpatient & Emergency Volumes	2% increase (gross outpatient revenue over prior year)	\$66.1 mm YTD \$63.5 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	568 hours for 5 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 >500 = 1



FY 2017 TRENDED RESULTS

MEASUREMENT	Goal FY 2017	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Inpatient Satisfaction	5/9	0	0	1	2								
Emergency Satisfaction	4/7	1	1	1	1								
VBP Safety score	>75	77.5	77.5	67	67								
Staff Satisfaction	>75th	84	84	84	84	84	91	91	91	84	84	84	84
FY YTD Turnover	<10%	.9	1.5	1.8	3.6	4.2	4.6	5.2	6.1	6.7	7.9	8.8	10
YTD EBIDA	>4%	4.5	3.8	4.2	5.2	4.4	6.6	6.2	6	5.6	5.2	4.7	4.4
Operating Revenue	>5m	5.1	5.0	4.5	4.7	4.5	4.7	4.5	4.6	4.5	4.3	4.6	4.9
Expense Management	<5m	4.9	5.1	4.8	4.9	5.0	4.8	4.9	4.9	4.9	5.1	5.2	5.4
Net Income	>50k	59	-23	94	336	-270	575	19	203	-131	-99	-403	-132
Days Cash on Hand	>20	11	15	6	11	10	21	14	12	12	13	9	9
A/R Days	<50	55	50	50	50	53	51	53	52	50	50	55	57
Total FTE's	<315	320	321	319	316	319	317	319	324	326	324	332	324
FTEs/AOB	<4.0	4.28	3.86	3.54	4.11	4.35	3.77	3.57	3.58	3.5	3.7	4.16	4.08
Inpatient Discharges	>100	103	105	95	99	95	109	124	101	99	97	85	95
Outpatient Revenue	>\$13m	12.6	13.3	13.5	13.3	13.1	12.2	12.1	12.1	14.2	12.5	13.8	13.5
Surgeries	>130	116	124	118	126	161	136	124	127	141	118	123	124
Home Health	>950	960	890	1042	880	938	915	933	889	879	999	844	942
Births	>15	14	17	14	9	8	24	17	9	17	17	13	14
SNF days	>600	563	608	624	512	446	648	710	671	580	578	529	526
MRI	>120	105	97	104	140	118	113	102	119	127	105	122	120
Cardiology (Echos)	>50	41	53	66	60	51	50	46	60	67	61	52	68
Laboratory	>12	11.2	12.2	11.4	12.6	12.1	11.4	11.9	12.1	12.4	12.0	11.9	11.8
Radiology	>850	902	944	1001	898	870	907	904	961	1010	963	926	1000
Rehab	>2700	2618	3008	3136	2575	2286	3003	2815	2708	2979	2780	2782	2948
CT	>300	365	327	412	367	306	323	379	352	398	333	373	348
ER	>900	940	918	897	852	850	863	864	919	945	912	940	907
Mammography	>425	400	475	421	434	435	492	446	437	432	384	457	420
Ultrasound	>300	281	310	288	288	290	290	296	304	317	325	285	255
Occupational Health	>650	602	724	741	797	636	683	600	597	757	663	679	651
Wound Care	>200	221	312	253	226	199	297	228	232	222	276	235	264

13.

APPROVE REVISION
OF CONFLICT OF
INTEREST CODE



Meeting Date: January 5, 2017

Prepared by: Peter Hohorst

Agenda Item Title: Conflict of Interest Code

Recommendations:

The Board shall approve the attached revision of the Conflict of Interest Code for the District

Background:

The Conflict of Interest Code that has been in place since November 1, 2012, stipulates with regard to the form 700s statements:

“Upon receipt of the statements of all designated officials and employees, the District shall make and retain a copy and forward the original of these statements to the County Clerk for the County of Sonoma”

A recent change in the state regulation has removed the requirement of filing with the County Clerk statements of District/Hospital employees and officers, except for the statements of the President and Chief Executive Officer and the District Board Members.

The attached Conflict of Interest Code has been changed to match the revised state regulation.

Consequences of Negative Action/Alternative Actions:

Continuing to comply with the old Conflict of Interest Code filing requirements will waste time and effort for the Hospital administration and the County Clerks Office.

Financial Impact:

Modest savings

Attachment: revised Conflict of Interest Code



CONFLICT OF INTEREST CODE AND APPENDIX #P-2012.11.01

Revised January 5, 2017

(Incorporated here by Reference
is 2 Cal. Code of Regs. 18730)

The Political Reform Act (California Government code Sections 81000, et seq.) requires state and local government agencies to adopt and promulgate Conflict of Interest Codes. The California Fair Political Practices Commission has adopted a regulation (2 California Code of Regulations Section 18730, hereinafter “Regulation”) which contains the terms of a standard Conflict of Interest Code which can be incorporated by reference and may be amended by the Fair Political Practices Commission after public notice and hearings to conform to amendments in the Political Reform Act. The Regulation further provides that incorporation of its terms by reference along with the designation of employees and the formulation of disclosure categories in an Appendix (Appendix A and B attached hereto) shall constitute the adoption and promulgation of a conflict of interest code within the meaning of Government Code Section 87300 or the amendment of a conflict of interest code within the meaning of Government Code Section 87307.

Therefore, the terms of the Regulation and any amendments to it, duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference. The Regulation and the attached Appendix designating officials and employees and establishing disclosure categories constitute the Conflict of Interest Code of the Sonoma Valley Healthcare District, doing business as Sonoma Valley Hospital.

Designated officials and employees and any person who manages the District’s investments shall file statements of economic interests (Form 700) with the District. Such officers covered by this Code who are also public officials specified in Section 87200 of the

Government Code, including those who manage public investments, shall file Form 700s pursuant to that Government Code provision as long as the categories of disclosure are the same or broader than those under this Code. The Form 700s will be available for public inspection and reproduction. (California Government Code Section 81008). Upon receipt of the statements of all designated officials and employees, the District shall make and retain a copy and forward the original of the statements of the President and Chief Executive Officer and all Board Members to the County Clerk for the County of Sonoma.

Dated: _____

Secretary, Board of Directors

SONOMA VALLEY HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Appendix “A”

<u>Designated Positions</u>	<u>Disclosure Category</u>
Member of the Board of Directors	1
President and Chief Executive Officer	1
Chief Financial Officer	2
Director of Finance	2
Chief Nursing Officer	2
Director of Public Relations	2
Chief Human Resources Officer	2
Assistant Hospital Administrator	2
Director of Professional Services	2
Director of Nursing	2
Director of Materials Management	2
Director of Facilities	3
Nutritional Services Manager	3
Consultants	*

*Consultants shall be included in the list of designated employees and shall disclose pursuant to the broadest disclosure category in the code subject to the following limitation:

The Chief Executive Officer may determine in writing that a particular consultant, although a “designated position,” is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements described in this section. Such determination shall include a description of the consultant’s duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer’s determination is a public record and shall be retained for public inspection in the same manner and location as this conflict of interest code.

SONOMA VALLEY HEALTH CARE DISTRICT

CONFLICT OF INTEREST CODE

Appendix “B”

Disclosure Categories

General Rule

The District has adopted Section 18730 of Title 2 of the California Code of Regulations, as it may hereinafter be revised, as the District’s standing Conflict of Interest Code provisions, supplemented by this Appendix and its preamble. An investment, interest in real property, or income is reportable if the business entity in which the investment is held, the interest in real property, or the income or source of income may foreseeably be affected materially by any decision made or participated in by the designated employee or officer by virtue of the his or her position. Form 700 provides guidelines on what are “reportable” interests within each category and the corresponding disclosure schedule in Form 700, i.e., Schedules A-1, A-2, B, C, D, E, F.

Designated Employees in Category #1 Must Report:

- A. Investments in any business entity which (a) has an interest in real property within the area on the map attached hereto and designated Exhibit “C” (“Designated Area”); (b) does business with Sonoma Valley Health Care District (“District”), or has done business with the District at any time during the two years prior to the time any statement or other action is required under this code; or (c) engages in the following businesses:
1. Ambulance service
 2. Banks, Savings and Loan
 3. Collection agencies
 4. Communications equipment
 5. Computer hardware or software
 6. Construction or building materials
 7. Construction companies
 8. Data processing consultants
 9. Dietetic, kitchen or equipment consultants
 10. Dietetic or kitchen supplies, equipment, including food and food products

11. Educational and training supplies, equipment or material
12. Employment agencies
13. Engineering services
14. Equipment consultants
15. Equipment or fixture manufacturers
16. Health care equipment or instruments
17. Health care facilities
18. Health care materials or supplies
19. Health facilities or services
20. Housekeeping or linen supplies or equipment
21. Housekeeping service agencies
22. Insurance companies
23. Laboratory supplies or equipment
24. Landscaping consultants or companies
25. Laundries
26. Medical laboratories
27. Medical records supplies or equipment
28. Motor vehicles and specialty vehicles and parts
29. Nursing service supplies, equipment or material
30. Office equipment or supplies
31. Petroleum products
32. Pharmaceutical supplies or equipment
33. Physical therapy supplies or equipment
34. Plant, building, grounds supplies or equipment
35. Printing and distribution
36. Public relations or advertising
37. Publications
38. Radiology supplies or equipment
39. Real property
40. Respiratory therapy supplies or equipment
41. Safety equipment

- 42. Safety instruction material
 - 43. Social services agencies
 - 44. Structural, mechanical, electrical, etc., engineering firms
 - 45. Temporary help agencies
 - 46. Testing laboratories or services
 - 47. Utilities
-
- B. Income from any business entity described in subparagraph A.
 - C. Status as a director, officer, partner, trustee, employee or holder of a position of management in any business entity described in subparagraph A.
 - D. Each interest in real property located in the Designated Area.

Designated Employees in Category #2 must report:

- A. Investments in any business entity which does business with the District or has done business with the District at any time during the two years prior to the time any statement or other action is required under this code.
- B. Income from any business entity described in subparagraph A.
- C. Status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity described in subparagraph A.

Designated Employees in Category #3 must report:

- A. Investments in any business entity which, within the last two years, has supplied or in the future foreseeably may supply building maintenance materials, gardening materials, or other materials for use in the maintenance and report of the physical plant of the hospital.
- B. Income from any business entity described in subparagraph A.
- C. Status as a director officer, partner, trustee, employee, or holder of a position of management in any business entity described in subparagraph A.

Designated Employees in Category #4 must report:

- A. Investments in any business entity which engages in the business of supplying food or other culinary supplies which may be used in hospitals.
- B. Income from any business entity described in subparagraph A.
- C. Status as a director, officer, partner, trustee, employee, or holder of a position of management in any business entity described in subparagraph A.