



**SONOMA VALLEY HEALTHCARE DISTRICT
BOARD OF DIRECTORS
REGULAR MEETING AGENDA
Thursday, January 8, 2015
5:00 p.m. Closed Session
6:00 p.m. Regular Session**

**⇒ BASEMENT CONFERENCE ROOM ⇐
177 FIRST STREET WEST, SONOMA**

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Nevins</i>	
2. PUBLIC COMMENT ON CLOSED SESSION	<i>Nevins</i>	
3. CLOSED SESSION <u>Calif. Government Code § 54957</u> –Public Employment– Executive Employment Agreement with Chief Executive Officer <u>Calif. Government Code § 54956.9(d)(1)</u> –Conference on Pending Litigation: Thompson v. Sonoma Valley Health Care District	<i>Nevins</i>	
4. REPORT OF CLOSED SESSION	<i>Nevins</i>	Action
5. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i>	<i>Nevins</i>	
6. CONSENT CALENDAR A. Regular Board Minutes 12.4.14 B. FC Minutes 10.28.14 C. QC Minutes 10.29.14 D. GC Minutes 10.28.14 E. GC Minutes 7.29.14 F. Special Budget Session Minutes, 5.20.14 (not approved by Board) G. QC Policy and Procedures (2) H. MEC Credentialing Report, 12.18.14 I. GC Annual Review 2014 J. GC Work Plan 2015	<i>Nevins</i>	Action
7. BOARD COMMITTEE ASSIGNMENTS	<i>Nevins</i>	Inform/Action

8. PHYSICIAN SATISFACTION SURVEY	<i>Cohen</i>	Inform
9. SVH 2014 ANNUAL REPORT	<i>Nevins/Mather</i>	Inform/Action
10. FINANCIAL REPORT FOR NOVEMBER 2014	<i>Jensen</i>	Inform
11. ADMINISTRATIVE REPORT FOR JANUARY 2015	<i>Mather</i>	Inform
12. OFFICER & COMMITTEE REPORTS A. Board Chair i. Educational Topics – 2015 ii. Board Calendared Items – 2015 B. Governance Committee i. Exemptions from Parcel Tax ii. Board Member Comments C. Quality Committee i. Annual Report 2014	<i>Board Chair & Committee Chairs</i>	Inform/Action
13. ADJOURN Next Regular Board meeting is February 5, 2015	<i>Nevins</i>	

6.

CONSENT CALENDAR



SVHCD BOARD OF DIRECTORS
MEETING MINUTES (revised order)
Thursday, December 4, 2014
6:00 p.m. Regular Session
Community Meeting Room, 177 1st St W, Sonoma

Committee Members Present	Committee Members Absent/Excused	Admin Staff /Public/Other	
Sharon Nevins Peter Hohorst Bill Boerum Kevin Carruth Jane Hirsch Joshua Rymer		Kelly Mather Leslie Lovejoy Robbie Cohen Caitlin Cornwall Ken Jensen Gigi Betta	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	Meeting called to order at 6:00pm		
2. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i>	None		
	None		
3. CONSENT CALENDAR	<i>Nevins</i>	Action	
A. Regular Board Minutes 11.6.14 B. Board Retreat Minutes, 11.10.14 C. FC Minutes 9.23.14 D. QC Minutes 9.24.14 E. GC Minutes 8.26.14 F. QC Policy and Procedures G. MEC Credentialing Report, 11.26.14		MOTION: by Carruth to approve Consent and 2 nd by Hirsch. All in favor.	
4. SUSTAINABLE SONOMA PRESENTATION	<i>Caitlin Cornwall</i>	Inform	
	Ms. Cornwall summarized the Sustainable Sonoma collective impact project. The premise is to unite the over 100 nonprofits and agencies that share similar		

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	visions. It is Ms. Cornwall's opinion that these agencies could benefit greatly if they had coordinated work plans, common goals and shared outcomes.		
7. SWEARING IN OF ELECTED BOARD MEMBERS	<i>Nevins</i>		
	Newly elected officers of the SVH Board of Directors Joshua Rymer and Peter Hohorst, were sworn in by the Board Chair Ms. Nevins.		Oaths will be signed by Rymer and Peter at the next Board 1.8.15.
8. ELECTION OF 2015 OFFICERS & REPRESENTATIVES	<i>Nevins</i>		
<p>A. Chair; First Vice Chair; Second Vice Chair; Treasurer; Secretary</p> <p>B. Representatives of North California Health Care Authority (JPA)</p>	<p>Ms. Nevins was nominated as Chair of the Board by Hohorst and there was a 2nd by Hirsch. All in favor. The following list of 2015 officer positions was recommended by Ms. Nevins:</p> <p>Sharon Nevins, Chair Jane Hirsch, 1st Vice Chair Joshua Rymer, 2nd Vice Chair Peter Hohorst, Treasurer Bill Boerum, Secretary</p> <p>MOTION to approve officer positions by Nevins and 2nd by Hirsch. All in favor.</p> <p>Mr. Boerum recommended that he and Peter Hohorst continue in their same positions as representatives of the North California Health Care Authority (JPA)</p> <p>MOTION to approve JPA assignments by Nevins and 2nd by Hohorst. All in favor.</p>		
5. RECOGNITION OF DAVID GOOD	<i>Nevins</i>	Inform	
6. RECOGNITION OF KEVIN CARRUTH	<i>Hohorst</i>	Inform	
9. CEO OBJECTIVES AND GOALS 2015	<i>Hirsch</i>		
	<p>Note: A Closed Board Session was held on August 26, 2014 to discuss these CEO Goals and Objectives 2015 but no action was taken at that time.</p> <p>Ms. Mather questioned whether under <i>Service Excellence</i> it should read, 6 out of 7 or 7 out of 7. Ms. Hirsch will make any necessary revisions.</p>	MOTION: by Hohorst to approve <i>as amended</i> and 2 nd by Hirsch. All in favor.	Ms. Hirsch to make any corrections/additions to the CEO Objectives & Goals 2015 and distribute the revised version.
10. QUALITY DEPARTMENT UPDATE	<i>Lovejoy</i>	Inform/Action	
	Ms. Lovejoy gave a presentation entitled, <i>Incentivizing Quality Patient Care: An Evolving CMS Strategy</i> (CMS is the Center for Medicare and Medicaid		

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	Services). The presentation included inpatient incentives and penalties and Hospital performance measures and results.		
11. FINANCIAL REPORT FOR OCT. 2014	<i>Jensen</i>	Inform	
	Mr. Jensen shared the Financial Report for month ending October 31, 2014. The month of October was favorable compared to budget and net revenue was better than budgeted expectations due to higher outpatient revenue and a better payer mix. Expenses were unfavorable compared to budget. Salaries, OB, Echo and Physical Therapy were all over budget. IT and Patient Accounting continue to reduce their Purchased Services.		The Board made one correction to the Narrative portion of the Financial Report changing <i>bonus</i> to <i>true-up</i> on page 3, paragraph 2.
12. QUARTERLY CAPITAL BUDGET RPT	<i>Jensen</i>	Inform	
	Mr. Jensen presented the 3 rd revision of the capital spending report for FY15 including an asset detail and description. Mr. Jensen will further revise the Capital Budget Report and bring back to the Finance Committee for approval 1.6.15 and then to the Board for approval on 2.5.15.		Mr. Jensen will make revisions to report, bring it back to FC in Jan. 2015 and then to the Board in Feb. 2015.
13. ADMINISTRATIVE REPORT FOR NOVEMBER 2014	<i>Mather</i>	Inform	
	Ms. Mather shared the Admin. Report for Nov. 2014 which included organizational results, update on the physician survey, strategic plan update, Oct.2014 dashboard and FY14 trended results. Next year's Strategic Plan will be presented as a draft at the Board meeting on 2.5.15. Ms. Mather suggested a <i>State of the Union</i> to roll out the new Strategic Plan. Mr. Hohorst suggested if so, to hold it on the one year anniversary of the new wing. The Board and CEO will discuss and give further consideration to Ms. Mather's suggestion.		
14. OFFICER & COMMITTEE REPORTS A. Governance Committee (Hohorst) i. Media Policy ii. Annual Approval of Compliance Plan iii. ACHD Certification B. Finance Committee (Fogg) i. FC Performance Report 2014	.		
	Item 14.B.i., FC Performance Report 2014 appeared on the 11.25.14 FC meeting agenda as an Inform item and was not approved. Therefore, it will be brought back to	MOTION by Boerum to approve A.i. and	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	<p>the January 2015 FC meeting for approval and then back to the January or February 2015 Board meeting for approval.</p>	<p>2nd by Hirsch. All in favor.</p> <p>MOTION by Hirsch to approve A.ii. (the Annual Compliance Plan) and 2nd by Hohorst. All in favor.</p> <p>MOTION: by Hohorst to approve A.iii. and 2nd by Boerum. All in favor.</p>	<p>Governance Committee will assemble the documentation for the ACHD Certification and will include a completion date in their 2015 Workplan.</p>
<p>11. ADJOURN</p>	<p><i>Nevins</i> Ms. Nevins asked that the QC, FC, and GC present their 2014 Workplans (past year) as well as their 2015 Workplans at the next Board meeting, Jan 8, 2015.</p> <p>Ms. Nevins encouraged the Board members to attend the Board ACHD's Leadership Academy January 22-23, 2015 in Sacramento, CA.</p> <p>In general, Board members are expected to make their own hotel and air travel arrangements and submit an expense report for reimbursement.</p> <p>Meeting adjourned at 7:45pm Next Regular Board meeting is January 8, 2015</p>		<p>Ms. Nevins asked that the QC, FC, and GC present their 2014 Workplans (past year) as well as their 2015 Workplans at the next Board meeting, Jan 8, 2015.</p>



**SONOMA VALLEY HEALTH CARE DISTRICT
FINANCE COMMITTEE
MEETING MINUTES
Tuesday, October 28, 2014
Schantz Conference Room**

Voting Members Present	Members Absent/Excused	Staff/ Public/Other	Staff Excused/Absent
Phil Woodward Sharon Nevins Steve Barclay Stephen Berezin Dick Fogg S. Mishra, MD Ken Jensen Peter Hohorst Shari Glago	Keith Chamberlin, MD Mary Smith	Kelly Mather Sam McCandless Jeannette Tarver Gigi Betta	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION AND VISION STATEMENTS	<i>The mission of the SVHCD is to maintain, improve and restore the health of everyone in our community. The vision of the SVHCD is that SVH will be a nationally recognized, compassionate place of healing known for excellence in clinical quality. We serve as the guide and indispensable link in our community members' health care journey.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS			
	Meeting called to order at 5:00PM The November 2014 meeting will remain on the 25 th . The December 2014 will be moved to January 6, 2015. Mr. Fogg and Mr. Woodward will put together the FC Annual Action Plan for 2014 to present a draft t the FC on November 25, 2014.		<ol style="list-style-type: none"> 1 Board Clerk to send notice of change in December meeting date to FC. 2 Board Clerk to ask Mary Smith and Dr. Chamberlin can attend Nov/Jan dates work. 3 Board Clerk will send last year's Annual Action Plan to Fogg and Woodward.

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
			4 Board Clerk will provide conference call-in information to the Committee for both the Nov. 2014 and Jan. 2015 meetings.
2. PUBLIC COMMENT SECTION	<i>Fogg</i>		
3. CONSENT CALENDAR	<i>Fogg</i>	Action	
A. FC Minutes 09.23.14		MOTION to approve by Berezin 2 nd by Glago. All in favor.	
4. SEPTEMBER 2014 FINANCIALS	<i>Jensen</i>	Inform	
	Mr. Jensen introduced a new format for the CFO Financial Report. Instead of purely narrative, the monthly variances are presented in a list format. The new format was well received by the Committee.		
5. CASH FLOW FORECAST	<i>Jensen</i>	Inform	
	Mr. Jensen reviewed the FY 2015 Statement of Cash Forecast and a question and answer period followed. The LIHP payment is forecasted for December 2014.		
6. SVHCD 2015 AUDIT REPORT	<i>Nevins</i>	Action/ Recommendation to Board	
	Ms. Nevins shared the Report of Independent Auditors and Consolidated Financial Statements compiled by Moss Adams LLP. The report is a <i>clean</i> or <i>unmodified</i> opinion. The FC recommends that the District Board approve the Moss Adams' Report of Independent Auditors as presented here at this meeting.	MOTION to recommend the Audit Report to the Board by Hohorst 2 nd by Barclay. All in favor.	
7. NEW WING PROJECT OVERVIEW	<i>Mather</i>	Inform/Action	
	Ms. Mather presented the New Wing and Pledge Payment report which covers New Wing project costs still owed,		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	<p>expected pledge payments and line of credit balance. She announced the Gary Nelson’s cash payment is not coming in October 2014 and is expected in 2015.</p>		
8. CEO BOARD REPORT OCT 2014	<i>Mather</i>	Inform	
	<p>The Medicare Advantage plan SCAN will be part of a marketing campaign in October 2014. As part of the Ebola preparedness plan at the Hospital, “Lisa” the germ zapping robot will be introduced. In addition, Ebola preparedness training is underway at the Health & Wellness Fair this week and staff will be trained by 10/31/14.</p>		<p>Board Clerk will add the Finance Committee to the Board Agenda Package distribution list.</p>
9. ADJOURN	<i>Fogg</i>		
	<p>Meeting adjourned at 6:15 PM Next meeting November 25, 2014</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, October 29, 2014
Schantz Conference Room**

Committee Members Present		Committee Members Excused	Admin Staff /Other
Jane Hirsch Ingrid Sheets Cathy Webber Carol Snyder Michael Mainardi MD Kelsey Woodward Howard Eisenstark MD Kevin Carruth		Susan Idell	Robert Cohen M.D. Gigi Betta Leslie Lovejoy Fe Sendaydiego Michelle Donaldson

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
1. CALL TO ORDER	<i>Hirsch</i> Meeting called to order at 4:58pm		
2. PUBLIC COMMENT	<i>Hirsch</i> None		
3. CONSENT CALENDAR	<i>Hirsch/Lovejoy</i>	Action	
a) Quality Committee Minutes, 09.24.14 b) HIPAA Security Policy, Sept. 2014	QC Minutes and HIPPA Security Policy were approved <i>as amended</i> .	MOTION to approve Consent as amended by Carruth and 2 nd by Sheets. All in favor.	Ms. Lovejoy will make one correction to the HIPPA Policy
4. SKILLED NURSING PERFORMANCE IMPROVEMENT PROJECT	Donaldson Ms. Donaldson presented <i>Changing Care Delivery: A Performance Improvement Project for Skilled Nursing</i> report. The presentation included a current snapshot of the Skilled Nursing Facility (SNF), macro level goals, response to ways that care delivery is changing, accomplishments, next steps, and a question and answer period. Dr. Eisenstark asked if these performance	Inform	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	<p>improvement plans could be applied to the rest of the Hospital. Dr. Cohen confirmed that indeed they could.</p> <p>Ms. Hirsch asked if SVH Patients are being prepped for the lesser level of care and is the Hospital tracking patient satisfaction? Discharge phone calls used. Ms. Lovejoy replied, the quality of care has not changed, what has changed is <i>how</i> we provide care and has been seamless for patients.</p> <p>Ms. Lovejoy went further to say that long-term, live-in care is discouraged. The objective is to rehabilitate and send patients home. The SNF realizes more revenue through rehabilitation than is does through custodial care.</p>		
5. MEANINGFUL USE 2 REPORT	<i>Sendaydiego</i>	Inform	
	Ms. Sendaydiego reported on the Meaningful Use Timeline and Progress as well as current projects and future projects. In addition, a Meaningful Use Utilization Report containing statistical information was distributed and reviewed.		
6. QUALITY REPORT SEPTEMBER 2014	<i>Lovejoy</i>	Inform/Action	
	<p>Thank you to Ms. Hirsch and Ms. Sheets for judging the entries at the Performance The AHRQ Culture of Safety Survey will be provided to employees at the Wellness Fair the week of 10.27.14.</p> <p>Infection control measures for Ebola are actively being developed and staff will be trained by 10.31.14</p> <p>All five University of California medical centers are designated as Ebola receiving centers and are underway with them plans to accept any infected patients.</p>	MOTION to approve Sept. Quality Report by Woodward and 2 nd by Eisenstark. All in favor.	
7. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Hirsch</i>		
8. ADJOURN	<i>Hirsch</i>		
	Regular Session adjourned at 6:10 PM. Ms. Idell will Chair the next QC meeting on November 20, 2014.		

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	Regular Session adjourned at 6:10 PM		
9. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>	Inform	
10. CLOSED SESSION	<i>Amara</i>	Action	
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform	
12. ADJOURN	Closed Session adjourned at 6:15 PM		



SONOMA VALLEY HEALTH CARE DISTRICT
GOVERNANCE COMMITTEE
REGULAR MEETING MINUTES
Tuesday, July 29, 2014, 8:30 AM

LOCATION: 1ST FLOOR SOLARIUM, 347 ANDRIEUX
STREET, SONOMA, CA

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

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW- UP
MISSION AND VISION STATEMENTS			
1. CALL TO ORDER	<i>Boerum</i>		
	Meeting called to order at 8:30AM		
2. PUBLIC COMMENT:	<i>Boerum</i>		
	None		
3. CONSENT CALENDAR: A. GC Meeting Minutes, 5.27.14	<i>Boerum</i>	Action	
		MOTION by Hohorst to approve Consent Calendar. All in favor.	
4. STANDING COMMITTEE CHARTER REVIEW	<i>Boerum/Hohorst</i>	Inform/Action	
	GC and AC Charters approved as edited and the GC Charter will go to the Board for approval under Consent. The AC Charter will go to Board for discussion on the appropriate scope for the Charter: whether there should be narrow focus on financials and financial controls or a broader scope to include compliance issues.		
5. FACILITY CONTRACTING POLICY	<i>Boerum/Hohorst</i>	Inform/Action	
	Put forward to next meeting. In order to gather more information, Mr. Hohorst has written to two districts that use alternative accounting methods for facility projects.		
6. CONTRACTING APPROVAL MATRIX	<i>Boerum/Hohorst</i>	Inform/Action	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW- UP
	Put forward to next meeting.		
7. CONTRACTING PROCEDURES REVIEW POLICY & PROCEDURES GOVERNING PURCHASES OF MATERIALS, SUPPLIES AND EQUIPMENT AND PROCUREMENT OF PROFESSIONAL SERVICES	<i>Boerum/Hohorst</i>	Inform/Action	
	Reviewed Salinas Valley Health Care District and came away with several points for further discussion: <ul style="list-style-type: none"> • Best value definition; • GPO oversight; and • Incorporation of Hospital policy into District policy by way of reference. 		
8. BOARD MEMBER ORIENTATION BINDER	<i>Hohorst</i>	Inform/Action	
	To be completed for next GC meeting on 8.26.14.		
9. MANGEMENT SERVICES AND AFFILIATION AGREEMENT BETWEEN MGH AND SVH	<i>Boerum/Hohorst</i>	Inform/Action	
	Negotiations between MGH and SVH are still in progress. The GC suggests Agreement go directly to the Board when negotiations are complete.		
10. REVIEW OF SCHD GOVERNANCE CERTIFICATE PROGRAM	<i>Boerum/Hohorst</i>	Inform/Action	
	It was agreed to drop this item from future agendas. The Certificate Program does not germane to District Hospitals.		
11. COMMENTS BY BOARD MEMBERS AS REGULAR AGENDA ITEM	<i>Boerum/Hohorst</i>		
	The GC suggests that this topic be included in the Agenda for the next Board retreat.		
12. ADJOURN	<i>Boerum</i> Meeting adjourned at 10:00am. <i>Next meeting August 26, 2014</i>		



**SONOMA VALLEY HEALTH CARE DISTRICT
GOVERNANCE COMMITTEE**

MINUTES

**TUESDAY, OCTOBER 28, 2014
8:00 AM**

**LOCATION: 1ST FLOOR SOLARIUM
347 ANDRIEUX STREET, SONOMA, CA 95476**

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/ANNOUNCEMENTS Meeting called to order at 8:00AM	Boerum	Call to Order at 8:00AM
2. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	Boerum	No public comment
3. CONSENT CALENDAR A. GC Meeting Minutes, 8.26.14	Boerum	Action MOTION to approve by Hohorst. All in favor.
4. MEDIA POLICY That the draft media policy received from Administration at the 2.25.14 GC meeting, the draft was then presented to Board on March 6, 2014, reviewed and recommended by the GC on 10.28.14 to the Board for approval at the 12.4.14 meeting.	Hohorst	Action MOTION to approve by Hohorst. All in favor.
5. ORIENTATION BINDER AND REFERENCE GUIDE	Hohorst	Action Hohorst will complete binder item #19 and Boerum will complete item #10 .
6. BOARD RETREAT	Hohorst	Action MOTION to approve by Hohorst. All in favor.
7. ACHD GOVERNANCE CERTIFICATION PROGRAM Put forward to meeting on 11.25.14.	Boerum	Inform/Action
8. ADJOURN Meeting adjourned at 8:45AM. Next meeting 11/25/14.	Boerum	



**SONOMA VALLEY HEALTH CARE
DISTRICT
BOARD OF DIRECTORS
SPECIAL BUDGET STUDY SESSION
MEETING MINUTES
Tuesday, May 20, 2014, 5:00PM
SVH Basement Conference Room**

Board Members Present	Board Members Excused	Hospital Staff/Others Present	Others cont.
Kevin Carruth, Acting Chair Bill Boerum Peter Hohorst	Jane Hirsch Sharon Nevins	Kelly Mather David Cox Jeannette Tarver Mary Hard Phil Woodward Keith Chamberlin MD Paula Davis Celia Kruse	Steve Barclay Mary Smith Dick Fogg Shari Glago Stephen Berezin Ellen Shannahan Robert Cohen MD

AGENDA ITEM	DISCUSSION	CONCLUSIONS / ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
MISSION AND VISION STATEMENTS	<i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community. The vision of the SVHCD is that: SVH will be a nationally recognized, compassionate place of healing and known for excellence in clinical quality. We serve as the guide and indispensable link for our community's health care journey.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Carruth</i>		
	5:00 p.m. This is a joint meeting of the SVHCD Board Finance Committee and the SVHCD District Board of Directors.		
2. PUBLIC COMMENT SECTION	<i>Carruth</i>	Comments	
<i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i>			

AGENDA ITEM	DISCUSSION	CONCLUSIONS / ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
3. CAPITAL ACQUISITION POLICY	<i>Carruth</i>	Inform	
	<p>Because the policy is administrative in nature, it does not require Board approval. Therefore item #3 is being changed from Action to Inform.</p> <p><u>Four suggested changes by the Board and FC:</u></p> <ul style="list-style-type: none"> (A) The Board submitted suggested changes to the language of item #4 in the Board letter. (B) The Board submitted an addition to the paragraph after Item #6 which defines “emergency”. (C) In future, the Board recommends either: (i) a process with criteria that determines best value; or (ii) a bidding process. (D) Ms. Glago recommends using a defensible rating system. 		Board Clerk to make changes A and B under item 3 as submitted in writing by Mr. Hohorst.
4. AUTHORIZE PURCHASE OF CAPITAL EQUIPMENT—PORTABLE CHEST X-RAY MACHINE	<i>Carruth</i>	Action	
	<p>Because the time sensitivity of the situation does not allow for bidding or ensuring best value pursuant to the Board policy and State law, Mr. Carruth moves that Ms. Mather, CEO be granted <i>sole source authority</i> for the purchase with GE as suggested in the Board letter</p>	MOTION by Carruth to approve purchase on the basis of <i>sole source authority</i> and 2 nd by Boerum. All in favor.	
5. SVHCD FISCAL 2015 OPERATING BUDGET	<i>Cox</i>	Inform	
	<p>Mr. Cox presented the 2015 Operating Budget. Ms. Mather took questions from both the Finance Committee and the Board.</p> <p>Mr. Carruth confirmed the following four action items for the CFO and Finance Team. These “splits” are for the indefinite future:</p> <ul style="list-style-type: none"> • Miscellaneous Overhead split • Outpatient-Emergency split out • Napa State Hospital split out • Service line report • Payer mix-net revenue 		
6. ADJOURN/ANNOUNCEMENTS	<i>Carruth</i>		
	Meeting adjourned at 6:35 PM		



**POLICY AND PROCEDURE
Approvals Signature Page**

Review and Approval Requirements

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

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

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

Department: Occupational Health Department Policies	
APPROVED BY:	DATE: 12/04/14
Director's/Manager's Signature	Printed Name Dawn Kuwahara RN

Carl Speizer, MD
Medical Director of Occupational Health

Date

Douglas S Campbell, MD
Chair Medicine Committee

Date

D. Paul Amara, MD
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: Occupational Health

New document or revision written by: Dawn Kuwahara

Date: 12-05-14

Type Department X Revision <input type="checkbox"/> New Policy	Regulatory <input type="checkbox"/> CMS <input type="checkbox"/> CDPH (formerly DHS) <input type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
Organizational: Clinical/Non-clinical <i>(circle which type)</i>	X Departmental <input type="checkbox"/> Interdepartmental <i>(List departments effected)</i>

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

All of the following policies have been reviewed and updated to current standards.

- 7775-01 **Audiograms**
- 7775-02 **Department of Transportation Medical Exams**
- 7775-03 **Drug Testing for Minors**
- 7775-04 **Influenza Vaccination**
- 7775-05 **MRSA Work Status**
- 7775-06 **Pre-Placement Physical Examinations**
- 7775-07 **Rabies Post-Exposure Vaccination Policy**
- 7775-08 **Medical Examinations for School Sports**
- 7775-09 **Transfer of Patients for Diagnostic Testing**
- 7775-10 **Transfer of Patients to the Emergency Department**
- 7775-11 **Travel Medicine Policy**
- 7775-12 **Tuberculin Skin Testing**
- 7775-13 **Vaccination Policy**
- 7775-14 **Yellow Fever Vaccination Policy**

Reviewed By	Date	Approved (Y/N)	Comment
Medicine Committee	12/11/14		
Medical Executive Committee	12/18/14		
Board of Directors	01/08/15		



**POLICY AND PROCEDURE
Approvals Signature Page**

Review and Approval Requirements

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

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

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

Department: Speech Therapy Department Policies	
APPROVED BY:	DATE: 11/14/14
Director's/Manager's Signature <i>DKuwahara RN</i>	Printed Name Dawn Kuwahara RN

Robert Cohen, MD
Chief Medical Officer

Date

Douglas S Campbell, MD
Chair Medicine Committee

Date

D. Paul Amara, MD
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Speech Therapy Department**

New document or revision written by: Dawn Kuwahara RN

Type <input checked="" type="checkbox"/> Revision <input type="checkbox"/> New Policy	Regulatory <input type="checkbox"/> CMS <input type="checkbox"/> CDPH (formerly DHS) <input type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
<input type="checkbox"/> Organizational: Clinical/Non-clinical <i>(circle which type)</i>	<input checked="" type="checkbox"/> Departmental <input type="checkbox"/> Interdepartmental <i>(List departments effected)</i>

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

- 7780-101 **Clinical Competency**
 Addendum A Annual Clinical Competency
- 7780-103 **Evaluation and Treatment Procedure Policy**
- 7780-105 **Infection Control for Pediatric Toys**
 Addendum A Pediatric Oral-Motor Equipment & Toy Cleaning Log
- 7780-107 **Initial Evaluation**
- 7780-109 **Outpatient Speech Therapy Documentation**
- 7780-111 **Patient Treatment Priority Policy**

Reviewed By	Date	Approved (Y/N)	Comment
Medicine Committee	12/11/14		
Medical Executive Committee	12/18/14		
Board of Directors	01/08/14		



Meeting Date: January 8, 2014

Prepared by: Bill Boerum, Governance Committee Chair
Peter Hohorst, Governance Committee Member

Agenda Item Title: Governance Committee (GC) Annual Review for 2014

Recommendation: That the Governance Committee Annual Review be approved by the Board with no changes to the GC Charter.

Background:

Eugenia Betta has been available to provide clerical support with agendas and preparation of the final meeting minutes, and has been invaluable to the GC in its efforts.

The following has been achieved (or not achieved) according to the charter:

- 1) New Member Orientation
 - a. The Board's new member orientation and reference manual was updated and given to Joshua Rymer
 - b. The orientation manual and reference manual is about 3 inches thick and is a formidable study assignment for new Board members. The material is necessary from a reference standpoint, but a shorter "orientation only" section may be appropriate (Possible action item for GC 2015 Work Plan.)
- 2) Continuing Education of the Board
 - a. In 2014 the Board held its annual offsite at George Ranch in Sonoma, which was attended by the Board and the CEO.
 - b. In 2014 the Board had a Legislative Update Report, provided by Art Sponseller, President and Chief Executive Officer of HCNCC.
 - c. In 2014 the Board had a presentation on the Partnership HealthPlan, provided by Elizabeth Gibboney, Deputy Executive Director and Chief Operating Officer of Partnership HealthPlan of California.
 - d. In 2014 the Board, received the Portrait of Sonoma County Human Development Report from Beth Dadko, Sonoma County Department of Health Services.
 - e. In 2014 the Board received an update on The Sonoma Valley School District Health and Education Initiatives from Louann Carlomango, Superintendent, Sonoma Valley Unified School District.
 - f. In 2014 the Board received a presentation on the Sustainable Sonoma, a Vision from Caitlin Cornwall, Sonoma Ecology Center
 - g. The Board also received the seven reports from SVH staff members
 - h. The Governance Committee wishes to thank the Chair and the CEO for arranging for these presentations.

- i. The Board did not attend an off-site conference during 2014. An off-site conference has been selected for 2015.
- 3) Board Self Assessment

In November 2014 a Board self assessment was completed by all 5 board members and the CEO. It was discussed at the offsite retreat. (Possible action item for GC 2015 Action Plan is a search for a new self assessment “monkey tool”)
- 4) Monthly Board Development

The GC should assess the Board Reading initiative in the GC Charter in 2015 and consider replacing it with monthly presentations.)
- 5) Develop Policies and Recommend Decisions

The following board policies and documents were reviewed and approved in 2014:

 1. 2014 Work Plan, Charter Review & Charter Amendments
 2. Community Funding Policy
 3. Gift Ticket & Honoraria Policy
 4. Media Policy
 5. Annual Compliance Plan
 6. MGH-SVH Affiliation Agreement
- 6) Oversight:
 - a. In December 2014 the GC Annual Review was completed and this report is the product of that review.
 - b. The GC verified that the Board was in compliance with AB 1234, Ethics Training.
 - c. Compliance Committee reports were not provided to the GC as scheduled in 2014, due in part to the lack of a permanent Compliance Officer. The approval of the Compliance Plan at the December Board meeting will correct that deficiency for 2015
- 2) Legislation:
 - a. Legislative positions were taken and letters written, in accordance with the Board’s Legislative Policy.
- 3) Annual GC Calendar:
 - a. Reviewed the GC Charter for updating—two minor wording changes were recommended.
 - b. The charters for the Finance Committee, the Quality Committee and the Audit Committee were reviewed and changes brought to the Board for approval.
 - c. No audits or reports and hospital responses were submitted to the GC by the CEO for its review. (Only required when the audit or report is not referred to the Quality or Audit Committees, i.e., the GC is only charged with the review of audits not assigned to other committees.)
 - d. The Code of Conduct needs to be reviewed. (Action item for the GC 2014 Work Plan.)
- 4) GC Membership:
 - a. Member ship continues as the Secretary and one other Board member appointed by the Board Chair and ratified by the Board. The Chair is similarly selected.
- 5) Frequency of QC Meetings
 - a. The GC charter calls for a minimum of six meetings annually. The GC met 9 times,

- 6) Public Participation:
 - a. The GC complied with Brown Act.
 - b. No members of the public attended any GC meeting.

- 7) Frequency of Review/Revision:
 - a. Charter reviewed as mentioned above

2014 Work Plan items remaining to be completed, not including the items mentioned above, are the following:

- 1) Facility Procurement Policy (as differentiated from the Procurement of Materials, Supplies and Equipment)
- 2) Board approval of definition of “Best Value” and “Competitive Means” as used in procurement policies.
- 3) Assess Standing Committee members and Standing Committee membership needs. (Possible action item for the GC 2015 Work Plan.)

Consequences of Negative Action/Alternative Actions: The Board will not receive the GC 2014 Report.

Financial Impact: None

Selection Process and Contract History: None.

Board Committee:

Governance Committee unanimously recommends acceptance of this report.

Attachment(s): None.

2015 GOVERNANCE COMMITTEE WORK PLAN

<p>January 27th</p> <ul style="list-style-type: none"> • Annual Work Plan 2015 • Parcel Tax Exemption Policy 	<p>February 24th</p> <ul style="list-style-type: none"> • ACHD Governance Certification submission • Compliance with AB 2040 • Web site review 	<p>March 24th</p> <ul style="list-style-type: none"> • Board Ethics training status • Form 700 compliance status 	<p>April 28th</p> <ul style="list-style-type: none"> • Contracting procedures review, Best Value, Competitive Means definitions • Facility Contracting Policy
<p>May 26th</p> <ul style="list-style-type: none"> • Orientation manual review • Review of Board policies 	<p>June 23rd</p> <ul style="list-style-type: none"> • CEO annual objectives 	<p>July 28th</p>	<p>August 25th</p> <ul style="list-style-type: none"> • Compliance Report • CEO performance evaluation and compensation • Advise committees of charter review
<p>September 22nd</p> <ul style="list-style-type: none"> • Standing Committee Charter Review 	<p>October 27th</p> <ul style="list-style-type: none"> • Board annual retreat plan • Legislation Review • Board self assessment 	<p>November 24th</p>	<p>December 22nd</p> <ul style="list-style-type: none"> • Annual review of GC performance • Annual work plan 2016

Ongoing:

- Review and recommend legislation
- Monthly Board Development

9.

SVH 2014 ANNUAL
REPORT

SONOMA VALLEY HOSPITAL

GATEWAY to Health Care

2014 ANNUAL REPORT

SONOMA VALLEY HEALTH CARE DISTRICT
Board of Directors 2014



Peter Hohorst

Jane Hirsch

Sharon Nevins

Bill Boerum

Kevin Carruth

LETTER FROM THE BOARD CHAIR

A YEAR OF GREAT PROGRESS

Looking back on the past year, I am impressed with the many accomplishments our hospital has to report. While it was a challenging year financially, as it was for most Hospitals, under Kelly Mather's leadership Sonoma Valley Hospital made excellent progress in a number of critical areas.

The Hospital delivered a modern Emergency Department and Surgery Center, as promised, and completed extensive renovations to much of the existing facility. The Hospital adapted quickly and strategically to the many changes underway in health care today, from Medicare reimbursement to the Affordable Care Act, and did so while rebalancing its cost structure to align with continuing downward pressures on reimbursement. In the process, the quality of patient care continued to improve and our quality scores are among the highest in the country. We are **now** recognized as one of the safest hospitals in the nation.

Looking ahead to the new year, we have good reason for optimism. Hospital administration and staff are well prepared to address even more government-imposed changes. Also, there is every indication we will see revenue continue to grow, as it has over the past four years. With all of this, our Hospital has demonstrated continuing commitment to work with community partners to realize its mission to restore, maintain and improve the health of everyone in the District.

It's clear that our clinical staff and administrative leadership are prepared to do whatever it takes to ensure that the Sonoma Valley has the best health care available, and in this they have the full support of the District Board. I find it gratifying to see our Hospital adapt to unrelenting change with such resiliency and creativity, while remaining attentive to the needs and expectations of our community.

Sharon Nevins, Chair of the SVHCD Board of Directors



Sharon Nevins

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HEALING HERE AT HOME



LETTER FROM THE CEO

A NEW SONOMA VALLEY HOSPITAL

Fiscal year 2014 was an exciting and challenging year. The highlight was the opening of our new wing, which brought a beautiful new look to our Hospital. We now receive many compliments about our facilities and people say the Hospital feels like a place of healing. Our gratitude goes out to the community of Sonoma, which came together to support our Hospital with the General Obligation Bond of \$35 million and philanthropic donations of \$11.3 million, which enabled us to complete this project without additional debt. Our leadership team did an outstanding job from construction to community outreach, to the transition into the new Emergency and Surgery Departments and our Medical/Surgical floor.

Health care literally changed before our eyes this year. As part of Health Care Reform, the Center for Medicare Services began to actively deny payment for inpatients we had treated over the past three years. Meanwhile, we saw the number of Medi-Cal patients, for which the Hospital is paid 20 percent of the cost, rise from 5 percent to 15 percent. These cuts in revenue, along with the additional threat of reduced support from Medicare, required a reduction in expenses by more than 10 percent in 2014. No one enjoys reducing expenses, but the entire team, including our physicians, came together and implemented the necessary changes to ensure that services continued in our community.

Despite the financial challenges, our patient satisfaction, quality outcomes and staff satisfaction are all in the top 25 percent of the nation. Our Skilled Nursing Facility and Home Health Care services received national awards for excellence again in 2014, and we also were nationally recognized as one of the top 15 hospitals for safety. Finally, our “culture of health” is evident everywhere at SVH.

I am extremely proud to serve our community as CEO. As I enter my fifth year, I look forward to navigating through these tumultuous times and showing what a small community hospital can and should be in the future.

Kelly Mather, President and CEO, Sonoma Valley Hospital



Kelly Mather

*Opposite page:
on Saturday, November 16, 2013,
the people of Sonoma came out
to celebrate their beautiful new
Sonoma Valley Hospital.*



MARCIA AND GARY NELSON FAMILY
EMERGENCY CARE CENTER



INSIDE THE NEW ED

THE NEW SONOMA VALLEY HOSPITAL ED

“This is a different hospital,” says Mark Kobe. “It’s a different Emergency Department than it was when I started three years ago.” Mark, who has been the Director of Nursing at several other Bay Area hospitals over the last thirty years, says SVH is “clearly focused on high quality care and high quality patient satisfaction. We’re not just talking about it. We continue to do it.”

Whereas the old ED was small, cramped and tired, “Now,” he says, “with the size and the number of rooms the new ED can handle eight patients at any given time, and allow them privacy and confidentiality – both while checking in and in the rooms.”

The staff and physicians are adjusting to the difference. “So many visitors mention how wonderful it is,” he says. “Now when you walk into the ED - even with every room full, with many nurses and staff at the nursing station and different people providing patient care, it is quiet, calm, peaceful and enhances healing.”

The Sonoma Valley Hospital Emergency Department has always scored highly for patient satisfaction, and over the last year, even in the transition, scores have remained in the upper quartile nationally. “And that,” he says, “is rare and something to be proud of.”

Not only are the compliments flowing, volumes are up. Since May the ED has seen about a 15 percent increase, he says. “Word about our new Emergency Department has spread. We’re even starting to see people from outside Sonoma.”

Mark Kobe, RN, MPA, Director of Nursing



(L-R): Melanie McKenzie, RN; Nicole Medeiros, ED tech, Katie Dykes, RN, Mark Kobe, RN MPA, Kelly Williams, RN



A LIFE TWICE SAVED

I TRUST SONOMA VALLEY HOSPITAL WITH MY LIFE

"I don't like to imagine life in Sonoma without Sonoma Valley Hospital."

"I trust Sonoma Valley Hospital with my life. I've done so twice, so I can say that with confidence. I've also been to the Hospital many times as a Sonoma Law Enforcement Chaplain in dire situations involving death."

In September of 2005, the death could have been his. "When I was admitted to the SVH emergency room, I was dehydrated, had highly elevated blood pressure and difficulty breathing. Dr. Cohen definitely saved my life."

Then again, in July of this year, Joseph once again faced a life-threatening emergency. "I was driving home from work, commuting from San Rafael to Sonoma, and my heart was racing. I did not know what was wrong. I felt light headed. Now that I know what was wrong, I would not have done what I did then – which was drive myself to the ER."

"It was a Thursday, and they were slammed, so a nurse actually came out into the waiting area and said, 'Let me take your blood pressure,' and he was listening to my heart and said, 'You're in atrial!' Atrial Fibrillation is a regular irregularity of the rhythm of the heartbeat, which can produce pain, increased risk of stroke, or even heart failure. "So my heart was racing and wouldn't stop, and when that happens your blood pressure drops, and the longer it lasts the lower your blood pressure gets. The doctors gave him a sedative, and then cardioverted (shocked) him. "It was pretty serious what they had to do," he says. "Fortunately, it all worked out and when I woke up I felt fine." I had a follow-up EKG the next day and it showed nothing wrong, and Dr. Price said, "This may never happen again. But since it has happened, it's more likely that it will happen." So they all said, next time, don't drive yourself. Just call 911!

Joseph Jacobs



INSIDE THE NEW OR

STATE-OF-THE-ART OR

The new Sonoma Valley Hospital is evident the moment you step onto the new surgical floor. It's light, spacious, gleaming and quiet. The dedication to high quality care that the Hospital is known for is still there, but it's now found in a modern facility, one offering more room for the surgeons to operate.

"For instance, spine cases require a special bed, and that requires a lot of space," says Allan Sendaydiego. "If you don't have room to maneuver, it increases the risk of violating the sterile technique. We now have that room."

The Hospital has always ensured we have safety. "Our infection rate is very, very low compared to other hospitals," he says. He credits the constant training, even for every-day practices. "We use skill labs and in-services to make sure that we maintain our competency."

Now, in addition to pristine surroundings, the Hospital team is focused on making surgery at Sonoma Valley Hospital as pleasant as possible. "We are working with our patients to prepare them for surgery by reducing their anxiety and using techniques to put them at ease," he says. "We want to make patients feel like they're going for a massage instead of going into surgery."

"We are seeing an uptrend in the number of surgeries and our market share, and my ultimate goal is for all Sonomans to choose our Hospital and encourage their physicians to bring their cases here."

Allan Sendaydiego, RN, BSN, Director of Perioperative Services



APPLY TAPES
ASSETS
NUMBER TO: SCRATCH PAD
WEAR GLOVES
FLUSH TUBS
HYPOCLORIT
DIS. CAP. 100 ML



IN A HEALING ATMOSPHERE

YOU ARE CARED FOR FROM THE MOMENT YOU WALK IN

We're not just any other hospital. When North Bay resident Kenn Rabin needed hip replacement surgery, he couldn't find a local hospital he liked, one which would accept his insurance and where his orthopedic surgeon had privileges. So he decided to travel to Sonoma, where his new insurance would cover his stay in the more intimate Sonoma Valley Hospital and also provide the services of a highly recommended orthopedic surgeon, Michael Brown, MD.

"I had a pre-op session with Dr. Brown and I really liked him," says Kenn. "He put my mind at ease. Then I met the Nurse Navigator, Janet Alexander, who answered all my questions and even questions I didn't know I had. I felt like, wow, these guys really have everything under control!"

He found the whole experience appealing. "The hospital building is very modern and friendly and the town of Sonoma is small and personal, so I almost felt I was in a vacation area – and some of that feeling came into the Hospital." The Hospital had just opened a new wing and Kenn was one of the very first patients in the new Surgery Center. "Everything was bright and shining," he says, "and looked like it had just had the shrink wrap removed." The facility is new, but the personal approach to health care is a SVH tradition. "I just feel that the personal attention I got was way more than I would have received anywhere else," he says. "I could get help whenever I needed it, almost immediately."

He says his surgery went beautifully and the rehab team was great. He also loved his time recovering in the Hospital's Skilled Nursing Facility, where he could go out into the gardens every day. "For me to be able to go out into the sunlight and be in a really restful place with friends and family – that was the icing on the cake. The first time I went out to the garden I felt like a human being again."

A small but memorable detail: patients preparing for surgery receive a "comfort" bag containing a guided relaxation CD and other aids to reduce stress and support healing. "The idea of it was just wonderful," he says. "It says, 'You're here, and you're special and we're special. We're not just any other hospital, and we really want to reinforce this idea of caretaking.' I felt they succeeded more than any medical facility I've ever been in."

Kenn Rabin

HOME CARE OUTREACH

HEALING AT HOME

The Sonoma Valley Hospital Home Care Program was recently renamed Healing At Home to better communicate its mission and reflect its expanded regional presence.

Equipped with the latest technology of an electronic health record, staff members now provide services in Sonoma, Marin and Napa counties, visiting patients to help them heal in their homes and avoid being re-admitted to the hospital.

“Having the electronic medical record meant moving into the modern world,” says Barbara Lee, “and it laid the groundwork for the geographic expansion.” But the story is not all about geography. “The emphasis is on our shared values and how we put them into action.” Healing At Home is all about healing for life and it includes teaching people how to be safe and independent in the home.

For example, a new diabetic or a heart patient, who’s going home with new medications and admonitions to make life style changes, will need help once they get home. “We have the luxury of giving them more time, one-to-one attention, in a setting where people are – literally – at home,” said Barbara. Healing At Home serves a high mix of Medicare patients and a “significant” number of patients referred by other hospitals. Healing At Home is about just that, empowering people to learn and to have the help they need to manage their own recovery.

“It’s an exciting time,” said Barbara. “I can’t emphasize enough that our team lives the mission of restoring, maintaining and improving the health of our community, and they model this with our patients.”

Barbara Lee, RN, MSN, Director of Healing at Home



*Above (L-R): Patient greets Healing At Home nurse Michael Orsi, RN
Opposite page: Barbara Lee (center) and the Healing At Home staff*





WOMEN'S HEALTH

WOMEN'S HEALTH ADDED TO PREVENTIVE CARE ROSTER

Women's Health is a priority at the new Sonoma Valley Hospital. We now offer more services, programs and resources to help women with their health concerns. This includes the new Women's Health Resource Room in the Women's Health Center, which offers health assessment and biofeedback programs as well as access to information on women's health topics. We've also added Pelvic Health services, which are offered through the Rehabilitation Department.

Dawn Kuwahara says the aim is to reach more women in the community and address the issues that concern them. "We are dedicated to the health of our community and we understand the importance of living well. We know that women make most of the health care decisions for their families. So making sure that we address their needs is very important to us." She points to a number of outreach and educational programs available for women:

- Project Pink – a twice-yearly event, enables women in the community who couldn't otherwise afford it to get a mammogram, funded through the Sonoma Valley Hospital Foundation.
- Pelvic Health – provides rehabilitation services for women who may have problems in such areas as urodynamics or incontinence, or require surgery.
- GirlTalk – is a series of education programs put on by the Hospital, to inform women on their special health concerns, including issues such as stress, diet and fitness.
- Aches and Pains – is a community education program designed to help both women and men learn about the different ways to deal with moderate musculoskeletal pain before the need for surgery.

"This outreach has been years in the planning and continues to grow," says Dawn. "In these programs we have found an important niche that our community is responding to and using to improve their health."

Dawn Kuwahara, RN, Director of Ancillary Services

Opposite page (L-R): Veronica Loza and Cynthia Oranje

PARTNERING WITH

SONOMA VALLEY HOSPITAL PROMOTES A CULTURE OF WELLNESS

“Our definition of wellness is actively participating in your health and taking responsibility for your choices and behaviors that either add to or take away from your health,” says Sonoma Valley Hospital Wellness Coordinator Steven Lewis.

The Hospital serves as a guide into the world of healing, offering events and workshops on different topics on wellness, introducing a range of healing practices such as Feldenkrais, or massage, or naturopathy and offering a regular schedule of exercise and balance classes. “Exercise can give you space in your mind,” he says, “getting you away from the stress of your day.” Exercise routines vary to combine stretching, strengthening and general movement.

Staff, too, are encouraged to participate in the program. “The benefit for having a healthy staff is fewer injuries and fewer medical claims,” he says. “We want to have good business ethics, we want to be a good community partner, and we want to promote health.” The café is an important part of this effort and works hard to offer food that is good, high in nutrients and low in the less healthy aspects.

For assessment and fitness coaching, the Hospital partners with Parkpoint Fitness Clubs to support Compass, a place where people can come to be assessed and then work on improving their overall health through diet and exercise, as recommended.

Steven Lewis, Wellness Coordinator



Top: Steven Lewis, Wellness Coordinator, instructs in meditation and (bottom) leads staff in stretching exercises

THE COMMUNITY

PARTNERSHIP WITH PARKPOINT HEALTH CLUBS KEEPS FITNESS ON TRACK



For health assessment and fitness coaching, the Hospital has collaborated with Parkpoint Health Clubs in Sonoma to create Compass Health Assessment Center. Compass provides an integrated approach to health and fitness, bringing together Parkpoint Fitness professionals and Hospital clinicians.

“We check your body composition, your BMI, your blood pressure; we do blood panels, check your nutrition, your living habits, your cardiovascular ability, strength, and flexibility,” says Compass Wellness Director Mel Salada, “So we can get a real picture of how healthy you are or how much help you need to improve your health.”

Once a patient has been assessed, the Compass staff prescribes a plan of action. “So you’re going to eat better, you’re going to exercise in a way we design that’s safe for you,” Mel says. “The thing is, you can get by, but why not get by without a future problem?” Medical Director Suzannah Bozzone, MD checks each assessment for any red flags or special needs. Should a patient be diabetic or need a special diet, Allison Evanson, RD, MS, the Clinical Nutrition Coordinator and Outpatient Dietitian for the Hospital, is on hand to make recommendations.

Compass has agreements in place so people with or without insurance can still get some care on an affordable basis. “It’s better for the community,” says Mel, “if we can keep everybody a little bit healthier.”

Mel Salada, Compass Wellness Director

Top: Wellness Director Mel Salada and Health Navigator L C Arisman help patient Nancy Overhauser with fitness challenge. Bottom: Medical Director of Wellness Susannah Bozzone, MD



OCCUPATIONAL HEALTH

MEETING THE NEEDS OF LOCAL BUSINESSES AND THEIR EMPLOYEES

A growing number of employers in Sonoma are choosing SVH's Occupational Health Department for a broad range of services, all performed with the characteristic Sonoma Valley Hospital dedication to healing and personal attention.

"We have many years' experience working with employers and their employees," says Physician's Assistant Patricia Stillman. "We see a wide variety of injuries and employees from every type of business." Injuries in the workplace can vary from lacerations, fractures and back strains to eye injuries and repetitive stress injuries, and include desk workers, field workers and executives. The Hospital has even seen someone who'd been bitten by a bat and needed rabies shots. SVH helps them all, at a rate of about 100 per week.

"Recently, we had a patient who'd been using a leaf blower and came in with a foreign body embedded in his throat," says Patricia. "He was having a horrible gag reflex, but it was located just beyond where our instruments could reach it." The team handled the paperwork and got him to an otolaryngologist right away. "We know the right procedures," she says. "We know the right documents and get patients out promptly to the right places."

The Hospital sees helping patients and businesses as helping the community. Accordingly, the Hospital is now offering Employer Wellness Programs that both support employee health and help reduce employer health care costs.

The Occupational Health Department also offers Travel Medicine services for both employers and individuals, taking care of vaccinations and medications and ensuring that travelers have all the information needed for each destination visited.

Opposite page: Joe Cornett, RN, wound care nurse, helping patient Nolberto Jauregui, who was injured on the job.

THE BIRTHPLACE

HOW WE TREAT THE BABIES IS HOW THEY WILL TREAT THE WORLD

"Women want a safe outcome for their babies, and for them the best option is the hospital," says Sue Gixti, RN, Charge Nurse at The Birthplace at Sonoma Valley Hospital since 2011. Here mothers and families are treated with attention, respect and human kindness. "Giving birth is probably one of the most sacred things a woman can do," she says. "There's no greater thing I believe a woman can do to test her inner strength. Afterward, they're so proud of what they've achieved. That is a really special moment."

At The Birthplace, comfort is all-important. Patients can bring in their own things from home such as photos or candles. We now also have a birthing tub, thanks to the Sonoma Valley Hospital Foundation. This addition was made because many women in the community told us they wanted a birthing tub.

Safety is another major consideration for expectant mothers. "We have our obstetricians, pediatricians and anesthesiologists on call. In addition, the surgery team is trained at getting the operating room ready for the patient while the doctors are on their way. The nurses are a highly trained so they can respond appropriately under all circumstances."

"We recently had a woman from overseas come in who needed an emergency C-section," she says. "The baby was fine, but very premature, so we transported him to Santa Rosa. The next day we transported the mother to Santa Rosa and she was singing our praises. She said her son chose to be born in Sonoma. She was incredibly thankful. She told us all, "He came early because he chose to be born here, and one day he will come back here -- maybe as a doctor."

Sue Gixti, RN, Charge Nurse in The Birthplace



Sue Gixti, RN

A BIRTHPLACE FAMILY STORY

“Dr. Amara is awesome, and the Hospital was so accommodating. I just recommend it to everyone.”

Christine Mettler has had all three of her children in the same room in The Birthplace: Dawson, 8, Bryson, 5, and now Trinity, born in May 2014.

“It’s really nice,” she says. “It’s so convenient for my husband and family to come and see us, and I could wait till the last minute to go to the hospital.”

This time around she took advantage of the Birthplace’s Lamaze classes for a completely natural birth. *“I’m so thankful for my nurse Kristen. She was like a doula. She went through the journey with me. When I was birthing, she was hugging me and I was crying, and my husband was holding my hand. I was honored to have her with me.”*

Christine and her husband created a spa atmosphere in the room with the new birth tub, which eased the pain of labor. *“We had the birth tub going, and my husband put on Hawaiian music and turned off the lights, and he was pouring water on my back, and the nurse left us completely alone. And there we were together, knowing we were just about to give birth to our daughter. It was a really special time.”*



(L-R): Christine and Richard Mettler with sons Dawson, 8, Bryson, 5, and baby Trinity



NATIONALLY RECOGNIZED

OUR VERY *SKILLED* SKILLED NURSING FACILITY

This year, the Sonoma Valley Hospital Skilled Nursing Facility was one of only 77 across the nation and six in California to receive the American Healthcare Association Silver National Quality Award, given in recognition for commitment to improving quality care. “We’re very proud of that,” says Director Melissa Evans.

For her, the credit goes to the outstanding staff. “Our wonderful RNs and CNAs function at a very high level, taking care of post-acute patients, rehabilitating them, giving them IV meds, blood transfusions, everything they need to get them ready to go home or to a longer-term facility.” Patients here get to see their doctors daily, which she says contributes to their healing.

SNF maintains its high quality care despite the challenges and barriers that are occurring all across the health care field. “The ever changing insurance rules and the increasing focus on managing care sometimes makes it difficult for patients to qualify for important post-acute care,” she says. “The Federal payments are paying us less for what we do, and yet we often have sicker patients, which is hard on everyone – both acute care hospitals and skilled nursing facilities.”

Because hospitals now are encouraged to discharge patients earlier, the Skilled Nursing Facility has to be able to handle all post-acute patients. These patients often come from all over the North Bay or other hospitals and therefore we staff with only Registered Nurses. “We’re a very, very skilled Skilled Nursing Facility,” she says.

In addition to post-acute care, the Skilled Nursing Facility offers a palliative program with a palliative care nurse. We are also the first hospital in the North Bay to have a Hospice Care Room, offered in partnership with Hospice by the Bay. Located in the Skilled Nursing Facility, the single-bed Hospice Room provides patients in the final days of life with a “home away from home” – a comfortable and safe haven where they can be attended by hospice and hospital staff, and spend time with family members and friends.

Melissa Evans, RN, Director of the Skilled Nursing Facility



Melissa Evans (center) and the SNF team

Opposite page: Merlita Santos, RN, provides care for a SNF patient

DOCTOR OF THE YEAR

DAVID STREETER MD

"When I started in private practice in 1988, there was no such thing as a hospitalist," says hospitalist David Streeter, MD, this year's Doctor of the Year. "We'd go see our hospitalized patients in the morning before office hours, and then at noon, and then after hours. And it was a pretty hectic lifestyle, but that's the way everybody did it."

They had call partners, and call systems in place, but if something happened to the patient midway through the day, which might call for another therapy or test, it could take hours for the patient's actual doctor to become available. When the hospitalist concept evolved, it meant quicker, more efficient care for the patient, and, as Dr. Streeter says, was a "win-win" for doctors and hospitals.

"I love hospitalist work," says Dr. Streeter. "The sickest of all the patients are the ones I see, so it's really more like what we trained for in LA County. I like to diagnose. I'm a diagnostician. It's my favorite thing."

The Sonoma Valley Hospital core group of hospitalists includes, besides Dr. Streeter, and hospitalist director Dennis Verducci, MD, Matthew Gilmartin, MD, Larry Burchett, MD. They are part of Sound Physicians, hospital medicine organized and dedicated to improving quality and reducing costs of health care patients in the communities they serve.

"I think we have the best doctors, who can do critical care as well as regular ward medicine very well, and we have a lot of continuity of care within our group," says Dr. Streeter. "Sound Physicians offers good administrative support for us, and they demand high quality from physicians, and have a good system for communications and patient hand-off. I think we have the best hospitalist program in Northern California."

Opposite page: Dr. David Streeter, hospitalist



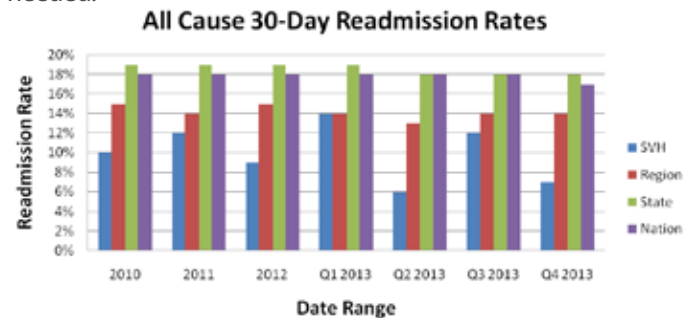


2014 ANNUAL REPORT: QUALITY

TOP HOSPITAL READMISSION PERFORMANCE

Having to come back to the Hospital after a recent admission can result in a great deal of stress for our patients and their families. Readmissions often result in mental-emotional stress, financial hardships, slowing down of the healing process, and increased health care costs. Hospital and physician leadership know how important it is to promote post-hospitalization recovery. In order to facilitate that and prevent an unexpected readmission, we start by making sure that follow-up appointments are made before the patient leaves to ensure that patients see their primary care physicians within a week of admission. Our Care Coordination Team uses best practice tools to identify those patients at risk for readmission; makes follow-up phone calls to check in to ensure post-hospitalization questions and needs are addressed; makes referrals to our Home Health Care Agency and Skilled Nursing Facility should our patients need more intensive post-hospital care; and involves other community agencies as needed.

Our efforts to assist our patients in the thirty days after discharge make a difference in our patients' lives, promote healing, and have been effective in building a spirit of collaboration among all care provider agencies and groups. We know this is true because the Centers for Medicare and Medicaid Services (CMS) has looked at our patient data and compared it with other hospitals in our region, across the State, and nationally. As you can see by this graph, Sonoma Valley Hospital exceeds both State and national benchmarks for the rate of readmission, within thirty days, of our patients to the Hospital. Within our region of 23 hospitals, Sonoma Valley Hospital ranks third in having the lowest readmission rate.



The Board Quality Committee and the Hospital team monitor readmissions on a quarterly basis and share this information with the Health Care District Board through the Board Quality Committee. This Committee is composed of Board and community members who share a passion for making sure the Hospital provides the best care possible to our community. Data such as this confirm what Hospital leaders, staff, physicians, and community members know about Sonoma Valley Hospital: a deep commitment to High Quality Patient Care that promotes Healing Here at Home.

*Opposite page, front row (L-R): Robert Cohen, MD, Jane Hirsch, Chair, Kevin Carruth, Cathy Webber; Back row: Carol Snyder, Ingrid Sheets, Kelsey Woodward
Not pictured: Joshua Rymer, Paul Amara, MD, Leslie Lovejoy, RN, PhD, Susan Idell, Howard Eisenstark, MD, and Michael Mainardi, MD*

FINANCE TEAM

MESSAGE FROM COMMITTEE CHAIR

Hospital financial matters may best be described as “many independent turning wheels.” While Hospital management has an excellent understanding of our “business,” industry-wide issues, with declining insurance payments and unfunded Federal mandates, are bringing sharply increased financial pressures on both medical professionals and all hospitals.

The Hospital Finance Committee, consisting of nine volunteer voting members – six District citizens, two elected District Board members and one member of the Hospital Medical Staff – assists the Hospital Board in its responsibility for the oversight of the District’s financial condition, and recommends and advises the Board on all financial decisions.

In our local response to the pressures affecting health care nationally, the Sonoma Valley Hospital is very grateful and fortunate to have strong community financial support with District voters approving both a parcel tax and the recent General Obligation Bond issuance. This support has allowed our Hospital to receive a “Top 15 Quality Hospital” national ranking and to build a new state-of-the-art Emergency Department (used by 80 percent of District residents) and Surgery Center.

Thanks to all residents and voters in the Health Care District for their on-going and very critical financial support -- we wouldn’t have a high quality local hospital without you.

Dick Fogg, Chair, SVH Finance Committee

Opposite page (L-R): Ken Jensen, Phil Woodward, Sharon Nevins, Chair Dick Fogg, Shari Glago, Stephen Berezin, Jeannette Tarver. Not pictured, Peter Hohorst, Mary Smith, Subhash Mishra, MD, Steve Barclay, Richard Conley and Keith Chamberlin, MD.



SALUTE

KEVIN CARRUTH

"I appreciate the voters of the District electing me to a four-year term in 2010, and giving me the opportunity to represent them during this time of momentous local and national change. Our Hospital now has a state-of-the-art Emergency Department and operating suites, the best in the North Bay. This could not have been accomplished without the community's strong financial support of the bond measure, the parcel tax, and the Hospital's fundraising efforts. I am particularly proud of the outstanding improvements made in the Hospital's quality of health care; our fledgling efforts reaching out to the Latino community; and our foundational work developing a professional governance framework for the Board. All this, while simultaneously managing the significant impacts of Health Care Reform. I pass my baton knowing this community is exceptionally well served by the District Board, the Hospital CEO and staff, and our doctors. Thank you for allowing me the opportunity to serve." - Kevin Carruth

Kevin Carruth was elected to the Board of Directors of the Sonoma Valley Health Care District in 2010 and has served his four-year term with distinction. On the completion of his time in office, fellow Board members and CEO Kelly Mather praised his contribution to the Board and to the Health Care District.

"Kevin is as an incredible talent," said former Board Chair Peter Hohorst. "He's got an immense background in administrative management and helped us significantly to work together smartly and efficiently. He's leaving a Board that is functioning very well and able to get their job done, with the best team approach we've had, in terms of the doctors, the staff and the Board working together with a common focus." Sharon Nevins, current Board Chair, praised his commitment. "He cares passionately about the efficient functioning of the Board, and he brought us to a new level of productivity. He also cares passionately about the District, and always the interests of the community were paramount. He was a champion of the Latino community and guardian of the health of the District. He helped guide the District in the early days of the design and construction of the new wing."

"Kevin has been an outstanding Board member and community leader for the Health Care District," said CEO Kelly Mather. "His expertise in governmental operations, Board structure, politics and construction was a great benefit to our team. Kevin inspired me to become a better leader and I truly appreciate his support and coaching over the past four years."

Opposite page: Kevin Carruth



FINANCIAL SUMMARY

FOR FISCAL YEAR 2014

Fiscal year 2013-2014 was one of transition for Sonoma Valley Hospital. As with most hospitals, there was a lot of uncertainty resulting from the Affordable Care Act, as well as the introduction of California Care and the expansion of Medi-Cal. In addition, our patient mix changed as inpatient admissions continued to decline while outpatient services grew dramatically.

In response to changes in reimbursement and increased costs, the Hospital embarked on a \$3 million cost reduction and revenue improvement plan, resulting in greater certainty in projecting net income.

The Hospital continues to refine the Electronic Health Record (EHR) it recently implemented, and as a result will be eligible for government reimbursement of its costs totaling more than \$700,000.

Construction was completed on the new Emergency Department and Surgery Center and both were opened in February. It is anticipated that they will contribute to the financial viability of the Hospital in the coming year.



The following is a comparative summary Statement of Revenues and Expenses:

	2014	2013	2012
Operating Revenues	\$ 50,575,675	\$47,007,060	\$47,178,367
Operating Expenses	\$ 54,611,766	\$52,795,659	\$51,851,271
Operating Margin	\$ (4,036,091)	\$ (5,788,599)	\$ (4,672,904)
Total Non-Operating Revenues / Expenses	\$ 3,263,456	\$ 3,888,785	\$ 4,037,988
Capital Campaign/Restricted Contributions	\$ 3,757,072	\$ 3,858,727	\$ 2,043,087
Increase in Net Assets	\$ 2,984,437	\$ 1,958,913	\$ 1,408,171

SVH's revenue includes patient care services for inpatient hospital care, skilled nursing services, outpatient and emergency services and home health care services. The following chart displays the net revenue percentages by payer mix over the period 2012 – 2014. In general, government programs do not cover the costs of providing patient care services, and SVH must rely on other sources of revenue to cover the total costs of hospital programs. SVH continues to stress quality and has dramatically reduced hospital acquired conditions and readmissions. As a result of increased quality scores, Medicare has increased their payments to us by 1.25%.

INSURANCE TYPE	2014	2013	2012
Medicare & Medicare HMOs	43.5%	45.0%	45.8%
Medi-Cal and Medi-Cal HMOs	15.7%	12.1%	13.2%
Commercial Insurance	31.8%	31.4%	33.0%
Workers Compensation	3.2%	3.9%	3.2%
Capitated	1.6%	0.1%	0.1%
Uninsured	4.2%	7.5%	4.7%
Total	100%	100%	100%

Opposite page: (left) Materials Management and Accounting teams (right) Admitting and Patient Financial Services teams

AUXILIARY APPRECIATION

SERVING THEIR COMMUNITY AND THEIR HOSPITAL

The Sonoma Valley Hospital Auxiliary Volunteers. The men and women of the Sonoma Valley Hospital Auxiliary, whether up front welcoming patients and visitors, or behind the scene helping nurses and families on the floors, are the in-house community support the Hospital has depended on for over 30 years.

The tasks the volunteers handle are varied. Most people recognize the escort volunteers in the front lobby who provide information and guidance. Others work upstairs in the Surgery Center, acting as liaisons between patients' families and nurses, or helping out in the Skilled Nursing Facility. Still others take care of the gift shop, and all volunteer for the various fund-raising activities. Auxiliary contributions range from art therapy to facilitating a highly popular Pet Therapy program.

Much of the money these volunteers raise goes to grants for education for non-nursing staff. "They're proud of that," says Volunteer Coordinator Colleen Wilson, who explains that the funds also go toward purchase of certain equipment, such as the recent acquisition of a centrifuge for the lab. "The existing piece of equipment was 21 years old," she says, "and we'd been told it could fail at any time, so we voted to pay for a new one and two days later, it blew! We had the new one delivered asap." The Auxiliary has also bought equipment for physical therapy, and much more. "A couple of years ago," says Colleen, "they paid for one of the rooms down in Skilled Nursing, and this year they gave \$5,000 for Hospital Reconstruction Phase Two." They also fund Lifeline for seniors, and there are 10 seniors who get their Lifeline paid for thanks to the Sonoma Valley Hospital Auxiliary.

"They are totally unsung heroes," says Colleen. "Nobody really knows how much goes on behind the scenes." The Hospital is grateful for each individual who personally gives of his and her time for the community and for the Hospital. Their dedicated, individual commitment is an essential part of Sonoma Valley Hospital.



Above: Volunteer Coordinator Colleen Wilson

Opposite (Back Row L-R): Margaret Johnson, Marie Martini, Jane Moehrke, Marie Davis, Sherrie Conrad, Dolores Silva, Eugene Schultheiss (Front Row L-R): Joann McMillan, Sharon Cornelius



SPECIAL FEATURE

NEWCOMERS MEET THE HOSPITAL FIRST THROUGH JOYCE

There's nothing about the Hospital I don't believe in!"

When she retired about 18 years ago, after 22 years working with Gary and Marcia Nelson, a friend mentioned to fellow Soroptimist Joyce Murphy that the woman who was running Sonoma Valley Greeting Service was about to retire. She said, "Joyce, you'd be perfect for this!"

Since then, Joyce has been introducing new families to the warmth and friendliness of Sonoma, which she personifies, and to about 30 Sonoma businesses, including Sonoma Valley Hospital.

"When I introduce the Hospital, I usually say, 'Are you with Kaiser?' and then, if they are, I say, 'Well it's good for you to know about the Hospital because if you have an emergency, they can take care of you and stabilize you until they can get you to Kaiser.'" She knows from first hand experience about the quality of care and the value of having the Hospital right here. She had a knee replacement a few years ago and, more recently, went to the ER after a fall. "Dr. Schluter, the ophthalmologist, did the initial surgery at the Hospital and saved my eye." She also attends the education classes, especially the balance classes, when she can.

"I sometimes say, 'I used to be in Kaiser, but as I got older, I wanted to have my care closer to home.' And I always talk about our wonderful CEO. She's done so much for the Hospital. And we have a variety of good doctors. We're so fortunate. Many towns have lost their hospitals, and we're so lucky to have a hospital here that's financially stable.

Joyce Murphy, Sonoma Valley Greeting Service





FOUNDATION

THE SONOMA VALLEY HOSPITAL FOUNDATION

It has been a year of celebration – for the opening of our new wing, and the community support that made that possible, for our year for the record books for Project Pink events, and for the ability to fund important equipment that improves patient care for our community. We are touched by the generosity of our donors.

In this report, we celebrate three families who embody the spirit of generosity that allows us to continue to do what we do. We are blessed to have each of them in our community and for the support they provide to the Hospital.

- Lynn Woodward and her brother, Phil, grew up learning about lending a helping hand in our community through their mother. They continue the family tradition and together with Phil's wife, Connie, have put much thought into how they can help now and in the future. Their efforts will leave a lasting legacy for our Hospital and exemplify a true spirit of giving.
- Joan and Sandy Weill heard of our needs and knew they could help make an impact and indeed they did – with their donation, we were able to fund the Operating Room wing.
- Jean Arnold Sessions, a breast cancer survivor, with a great abundance of energy and thought, has hosted Jean's PJ Party to fund Project Pink, which provides free mammograms for women in need in our community.



Selma Blanusia

On the following pages, we honor these families and all of our donors for their incredible support. We are deeply grateful - each gift truly makes a difference to our patients and those who provide care for them. With these gifts, we are able to continue to provide life-saving mammography technology to women in need; to provide funds for small equipment purchases to improve patient care, including wound care models to demonstrate cautions and techniques, blood sample test equipment for our home health nurses, a portable x-ray through a grant from Wine Country Weekend allowing critical images to be obtained without having to move patients – and more. For all of this, we are grateful to you. To our health and community.

Selma Blanusia, Executive Director

Opposite (Back Row L-R): Jennifer Hainstock, Kevin Jaggie, Sharon Nevins, Roger Nelson, Jim Lamb, David Good, Chair (Front Row L-R): Dr. Jerome Smith, Nancy Lilly, Selma Blanusia, Marcia Levy. Not pictured: Bill Lynch

SUPPORTING THE HOSPITAL

PART OF A PERSONAL PASSION

"The Hospital is very important to me."

Joan and Sandy Weill, well-known and influential philanthropists in the worlds of art, music and education, are now in their fourth year in Sonoma and during this relatively short time, have contributed generously to the Hospital and to the community. "When we're part of a community, we want to give back when we can," says Joan. "We've done that no matter where we've been, and it has to be something we're passionate about. I'm very involved in health care in New York, and I feel it's very important, especially for a woman, because women are really the gatekeepers for the health of our whole family. And it's up to us to make sure our family is well." She first encountered the Hospital after a fall on an early visit here. "We met a terrific doctor there, Noah Weiss, and he got me excited about the Hospital," she says. "And I had such respect for him, I figured if this is his hospital, this is a good thing! So that's what started our interest."

Now, with a home here, the Weills have been characteristically generous. For Joan, supporting what she believes in is a personal passion. "Philanthropy is not about writing a check," she says. "You have to be passionate about the mission and you have to be able to express it and understand it. I think that it's important for people to realize that the health of a community is really the most important thing you can give to a community. Without that, it wouldn't work as a community. And I think people almost have an obligation to support your hospital and all the good things that it does in any way they can."

The new Sonoma Valley Hospital stands as proof that with such dedicated community support, anything is possible. "The New ER is beautiful. It's not a scary place. It's comforting. And the care is personalized, which is really important to people. And that's what counts."

Joan and Sandy Weill



Photo © Kwame Brathwaite

SUPPORTING THE HOSPITAL

THE ART OF PERENNIAL GIVING

This town needs a great hospital - and they're doing it!

Lynn Woodward and her extended family demonstrate their love of the Sonoma community with philanthropy. "My mother created the Woodward Family Foundation," says Lynn, "and our whole family each gave a certain amount from the Foundation every year to whomever we wanted. Now that my mother has passed away, I decided I wanted to do something significant now, not just when I die."

Lynn learned the most advantageous estate planning would be to take stock of her future needs and create a road map for charitable giving today. Her plan is to set aside an amount for charity today, putting half of that into her personal endowment fund, and giving the other half outright, to the charities of her choice for the next six years. "It means people get the money now -- and also in the future!"

One of the four local nonprofits Lynn feels close to, and wants to give to, is the Hospital Foundation. "I just really feel strongly that this town needs a great hospital – and they're doing it. So I felt anything I could do to help out is great – how can I do that now?" She chose to give to the Hospital Foundation because she feels the community needs the Hospital to succeed. "If they didn't get the money for the new wing, if they went down, and we had to go to Petaluma or Napa, it may be okay now, but I wouldn't want that when I get older. If I had an accident, I want to know I can get to the hospital within minutes, and I know somebody will be there to help out. It's just more comforting."

Lynn Woodward

Please see our website with expanded information and options for Legacy Giving, www.svhfoundation.com



SUPPORTING THE HOSPITAL

SUPPORTING THE HEART AND HEARTH OF THE HOSPITAL

A major force behind Sonoma Valley Hospital's Project Pink has been Jean Arnold Sessions, whose passion for giving back comes from a deep sense of appreciation for a life she describes as blessed with sorrows, great joy and magical serendipity. Her special gift is to create a place, once a year, where women can meet, get cozy, laugh and party, in their PJ's, while giving to help the cause they all feel passionate about: helping women triumph over breast cancer.

"Julia Child always said that when you reach a certain point in your career, and in your success, you're required to give back. I firmly believe that," she says, "and it feels good to give back in a fun way, where women can come together and thrive and have fun and really celebrate that we're women and that we have particular health areas that we need to pay attention to."



For the last seven years, funds from Jean's Pajama Party have helped the Hospital to provide mammograms, sponsored by the Sonoma Valley Hospital Foundation, to those women in the community who otherwise could not afford them. Early detection is critical to breast cancer survival rates. Project Pink has provided not only hundreds of mammograms but also provided a safety net and peace of mind for women in our community.

In helping women, Jean and her Group Foundation are helping the whole community. "Women are the nurturers," she says, "that connect easily in times of need. Women are the hearth and connection to the heart of the community."

Jean Arnold Sessions

Above (L-R): Kim Kelley (Jean Arnold Group Foundation Board Member), Kelly Mather (CEO, Sonoma Valley Hospital), Jean Arnold Sessions (Chairman, Jean Arnold Group Foundation), Christy Coulston (Jean Arnold Group Foundation Board Member) and Selma Blanusa (Executive Director, Sonoma Valley Hospital Foundation). Opposite: Jean Arnold Sessions



FOUNDATION DONORS

July 1, 2013 - June 30, 2014

We gratefully recognize the following donors for their gifts to the SVH Foundation. This includes event support, grants and outright gifts from individuals, business and foundations.

TRIBUTE GIFTS

In honor of The Bettencourt Family

Don L. Bettencourt

In honor of Kimberly Blattner

Kenneth and Karen Adelson

Drew and Ellen Bradley

Dennis and Mollie Collins

Julie Coplon

Laurie Hake

Kathe Hodgson

Matthew and Joan Howarth

Stephen and Martha Rosenblatt

Sharon Somogyi

In honor of Ligia Booker

Kenneth and Karen Adelson

Lorna Booker

Gerry and Bill Brinton

Alden and Elaine Brosseau

Sharon Somogyi

Hermína Vendegna

In honor of Charles B. Bottini

Marguerite K. Bottini

In honor of Polly Breckinridge 90th Birthday

Jackie Stadtman

In honor of Gerry Brinton

Janis S. Burrow

In honor of Richard Buckerfield

Brenda Buckerfield

In honor of Mollie Collins

Hank and Nancy Bruce

In honor of Marilyn Drolla

Howard and Kathy Bilkiss

In honor of Peter Duffy

George and Judy Weiner

In honor of Dr. Aman Fotoughi

Shafiqheh Fotouhi

In honor of Pam Gibson

Margaret and Michael Fuson

Henry and Diane Mayo

Sharon Somogyi

Elizabeth Wells

In honor of Helping to Save Lives

Anonymous

In honor of Janice and Paul Jones

Julie Jones

In honor of Albert and Thelma Lehn

Richard and Diane Whereat

In honor of Ingrid Martinez

Robert and Deborah Kweller

In honor of Judy Pronzini

Agnes, David and Jeanne

In honor of Sonoma Valley Hospital Volunteers

Paul and Monica Conway

In honor of Mauresa A. Tiller

Steve Tiller

In honor of Mother, Bertha Tomezyk

Florence Porter

In honor of Evertt Walsh

Marjorie Walsh

In memory of Kerry Amormino

Lester and Val Matthews

In memory of the Atkinson Family

Lois M. Atkinson

In memory of Mary Jane Barber

William Barber

In memory of Richard Beliveau

Katherine Beliveau

In memory of Evelyn Berger

Ronald and Marta Rich

In memory of Albert Henry Bernabovi

Gina Bernabovi

In memory of Walter Birsnell

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In memory of Irving Blackfield

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In memory of Mary C. Boulware

Anne Bostian

In memory of Mack & Helen Bragga

Donnie & Karen Goodman

In memory of Michael Brown

Clyde and Darlene Shumway

In memory of Maria de Lourdes N. Carvalho

Ednilza Lewis

In memory of Mildred

A. Casanova

Avril Harris

In memory of Niels Chew

Jean & Roy Knapp

In memory of Mary Cusack

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In memory of Ruby Egnew

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In memory of Mary Fazio

Mary's Pizza Shack

In memory of Julianne Fiske

Adrienne and Bud Fiske

In memory of Brother Bob Fohlen

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In memory of Katherine Fotinos

George Fotinos

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In memory of Sandy Galloway

Niles Family

In memory of Vicki Smith Goulart
Jill and Russell Gumina

In memory of Douglas Grundman
Lynn Grundman

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Carol McKillop
Henry and Diane Mayo

In memory of Michael Hinton
Lorele and Larry Farmer

In memory of Bob Holecek
Marilyn Holecek

In memory of Frank Jimenez, Jr.
Catherine Lynch

In memory of Marjorie Kamby
Jean Claassens

In memory of Wayne Keegan
Donna Keegan

In memory of Michael James Kizer
Lillian Kizer

In memory of Sheldon Kully
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In memory of George Langley
Patricia Langley

In memory of Ken Larkin and Ken Larkin Jr.
Sylvia Larkin

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Dan Lennon

In memory of Howard Lester
Mary Lester

In memory of Helmut Loring
Anonymous

In memory of Richard Lose, M.D.
Ann Loftus

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Adele Mauroni

In memory of Chris Miller
Dale Miller

In memory of Madge Miller
Rebecca Hale
Charles and Barba Williams

In memory of Patricia Miller
Leta Hodges

In memory of Marguerite Moore
Kathryn Aanestad and Veda Lewis

In memory of Frank H. Mumme, USA Lte
Jean Mumme

In memory of Joe D. Nowell
Kurt & Elfriede Ritter

In memory of David O'Sullivan
Dianne K. O'Sullivan, RN

In memory of Vincent Palmieri
Josephine Palmieri

In memory of Rachael Prete
Ralph & Gladys Prete

In memory of Wayne Price, M.D.
Ann Loftus

In memory of Edwin Rose, M.D.
Ann Loftus

In memory of my Grandson, Captain Joseph Schultz
Mary Cort

In memory of Aldo Serafini
Mrs. Phyllis Serafini

In memory of Steve Sharek
Mr. and Mrs. Martin Campbell

In memory of Beatryce Smith
Monica McKey

In memory of Morgan Stock
Dave & Kathy Stock

In memory of Betty Tucker
Evelyn L Montaldo

In memory of Elizabeth Walters
Don & Beth Ann Farris
Stuart Walters

In memory of Carmen & Seymour Whitelaw
Ned Forrest & Leslie Whitelaw

In memory of Sam Ling Wong
Lai Sheong Wong

GRATEFUL PATIENT GIFTS
We are proud to have received donations from grateful patients and their families in honor of the following physicians and employees.

Dr. Michael A. Brown
ICU Department
Roberta King
Dawn Kuwahara
Dr. Cynthia Lawder
Dr. Yong Qing Liu
Jan Preston, R.N.
Dr. Paul Stauffer



We gratefully recognize the following donors for their gifts and pledges.

\$500,000+

Marcia and Gary Nelson
Jusy and Les Vadasz
Weill Family Foundation

\$50,000 - 499,999

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John Christopher Bunting
Foundation
James Lamb
Jack Leahy and Martha Murphy
G and L Lentz Trust
Mary Lester
Mary's Pizza Shack in memory
of Mary Fazio
Mac and Leslie McQuown
Arline and Buddy Pepp
Rotary Club of Sonoma Valley
Sangiaco Family
Scott Taylor Smith and
Marcelo Defreitas

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Kimberly and Simon Blattner
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Bob Kowal and Mark Sipes
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10.

**FINANCIAL REPORT FOR
NOVEMBER 2014**



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: January 6, 2015
Subject: Financial Report for the Month Ending November 30, 2014

The month of November, after accounting for all income and expenses but not including GO bonds, was favorable compared to budget by \$121,164. Net Revenue was favorable to budgeted expectations. Expenses were unfavorable to budget but have improved over previous months. Salaries were over budget due to increased volume in Med-Surg, Home Health Care, OB, and ER. Physical Therapy was also over budget, due to registry costs for an unfilled position. Purchased Services is over budget due to collection costs in Patient Accounting.

Below is a summary of the variances for the month of November:

GROSS REVENUE was better than budget by	\$ 1,090,882
Inpatient revenue was favorable to budget by \$240,359 and SNF was unfavorable by (\$554,574). Outpatient revenue was unfavorable to budget by (\$101,161) but was offset by a favorable ER revenue variance of \$1,468,846. Home Health had a favorable to budget variance of \$37,411.	
Deductions from revenue are higher than expected due to changes in payer mix with lower Medicare and Commercial and higher MediCal volumes for both I/P and O/P.	\$ (1,094,135)
Risk Contract Revenue was over budget by	\$ 29,202
Other Revenue was under budget by	<u>\$ (4,986)</u>
Total Operating Revenue Variance	\$ 20,963

The negative expense variance is primarily a result of salaries being over budget due to higher volume compared to budget. Overall, the negative expense variance continues to improve compared to the prior months average.

Total Staffing costs were over budget due to increased volume in several departments. Productive FTE's were 278 vs. a budget of 266. Physical Therapy was over in Agency fees due to an unfilled position.	\$ (171,457)
--	--------------

Total Expense Variance	\$ (94,939)
Total Operating Margin Variance	\$ (73,975)
Non-Operating Income favorable to budget	\$ 4,147
Capital Campaign and Restricted Contributions are higher than budget. October's capital campaign contribution was received in November and the contribution to purchase the "infection control" robot is recognized in November.	\$ 190,992
Net Variance	\$ 121,164

The net income was \$67,786 vs. a budgeted net loss of (\$53,378). After accounting for GO bond activity the aggregated net income was \$102,182 vs. a budgeted loss of (\$43,393).

Patient Volumes - November

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	96	88	8	85
Acute Patient Days	364	327	37	318
SNF Patient Days	580	564	16	531
Home Care Visits	1,090	975	115	903
OP Gross Revenue	\$10,956	\$9,551	\$1,405	\$9,325
Surgical Cases	118	135	-17	135

Overall Payer Mix – November

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	46.3%	50.1%	-3.8%	46.5%	49.9%	-3.4%
Medi-Cal	18.8%	11.3%	7.5%	17.6%	11.3%	6.3%
Self Pay	2.2%	3.3%	-1.1%	2.9%	3.4%	-0.5%
Commercial	19.8%	24.8%	-5.0%	21.8%	24.7%	-2.9%
Managed MC	5.4%	4.3%	1.1%	4.5%	4.4%	0.1%
Workers Comp	4.2%	3.3%	0.9%	3.6%	3.3%	0.3%
Capitated	3.3%	2.9%	0.4%	3.1%	3.0%	0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for November:

For the month of November the cash collection goal was \$3,861,647 and the Hospital collected \$3,356,306 or under the goal by (\$505,341). The Year to date cash goal is \$17,622,537 and the Hospital has collected \$18,041,739 or over the goal by \$419,202. The cash collection goal is based upon net hospital revenue from 60 days ago. Days of cash on hand are 9 days at November 30, 2014. Accounts Receivable decreased from October due to the catch up in Medicare payments from October. AP is down by \$417,923 from October due to the improvement in monthly expenses.

Year to Date:

The Hospital's YTD EBIDA is now commensurate with other hospitals at 6.5%. Our YTD expenses are over budget by (\$888,509), of which approximately \$120,000 is from FY 2014. This is made up of Surgery PO's, Anesthesia true-up and an outside consultant. Furthermore, due to inaccurate forecasting during the budget process the Hospital will be over budget about \$81,000 a month due to the following; utilities, Hospitalists, Lab, Anesthesia, Prima and IT. A few of the overages are due to volume. Surgery is over budget YTD in supplies, but is also over budget in surgery cases, therefore these expenses are offset by revenue. Also salaries are over budget due to turnover in OB, PT, and Echo and these positions have been filled with the exception of PT, therefore these departments will be back within budget. The Hospital has continued to save costs by not replacing several positions and not spending on capital.



**Sonoma Valley Hospital
Sonoma Valley Health Care District
November 30, 2014 Financial Report**

**Finance Committee
January 6, 2015**



Patient Volumes

Month of November 30, 2014

	Actual	Budget	Variance	Prior Year
Acute Discharges	96	88	8	85
Acute Patient Days	364	327	37	318
SNF Patient Days	580	564	16	531
Home Health Care Visits	1,090	975	115	903
Outpatient Gross Revenue (in thousands)	\$10,956	\$9,551	\$1,405	\$9,325
Surgical Cases	118	135	-17	135

Summary Statement of Revenues and Expenses Month of November 30, 2014

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1Total Operating Revenue	\$ 4,016,465	\$ 3,995,502	\$ 20,963	1%	\$ 3,894,657
2Total Operating Expenses	\$ 4,456,835	\$ 4,361,896	\$ (94,939)	-2%	\$ 4,359,480
3Operating Margin	\$ (440,369)	\$ (366,394)	\$ (73,975)	-20%	\$ (464,823)
4NonOperating Rev/Exp	\$ 230,913	\$ 226,766	\$ 4,147	2%	\$ 186,660
5Net Income before Rest.Cont. & GO Bond	\$ (209,456)	\$ (139,628)	\$ (69,828)	50%	\$ (278,163)
6Restricted Contribution	\$ 277,242	\$ 86,250	\$ 190,992	221%	\$ 105,664
Net Income with Restricted 7Contributions	\$ 67,786	\$ (53,378)	\$ 121,164	-227%	\$ (172,499)
8Total GO Bond Rev/Exp	\$ 34,396	\$ 9,985	\$ 24,411	244%	\$ 115,418
9Net Income with GO Bond	\$ 102,182	\$ (43,393)	\$ 145,575	-335%	\$ (57,081)
10EBIDA before Restricted Contributions	\$ 113,070	\$ 218,249	\$ (105,179)		\$ 332,385
11EBIDA before Restricted Cont. %	3%	6%	-3%		9%

Summary Statement of Revenues and Expenses Year to Date November 30, 2014 (5 months)

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>Percentage</u>	<u>Prior Year</u>
1Total Operating Revenue	\$ 21,466,263	\$ 21,151,254	\$ 315,009	1%	\$ 21,225,082
2Total Operating Expenses	\$ 22,950,816	\$ 22,062,308	\$ (888,508)	-4%	\$ 22,624,955
3Operating Margin	\$ (1,484,553)	\$ (911,054)	\$ (573,499)	-63%	\$ (1,399,874)
4NonOperating Rev/Exp	\$ 1,172,824	\$ 1,133,830	\$ 38,994	3%	\$ 926,053
Net Income before Rest.Cont. & 5GO Bond	\$ (311,729)	\$ 222,776	\$ (534,505)	-240%	\$ (473,820)
6Restricted Contribution	\$ 449,886	\$ 431,250	\$ 18,636	4%	\$ 2,566,000
Net Income with Restricted 7Contributions	\$ 138,157	\$ 654,026	\$ (515,869)	-79%	\$ 2,092,180
8Total GO Bond Rev/Exp	\$ 110,089	\$ 49,912	\$ 60,177	121%	\$ 576,988
9Net Income with GO Bond	\$ 248,246	\$ 703,938	\$ (455,692)	-65%	\$ 2,669,168
EBIDA before Restricted 10Contributions	\$ 1,388,088	\$ 2,012,161	\$ (624,073)		\$ 456,072
11EBIDA before Restricted Cont. %	7%	10%	-3%		2%

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

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual	Budget	\$	%	Actual	Budget	\$	%		
Volume Information										
1	Acute Discharges	96	88	8	9%	499	499	-	0%	484
2	SNF Days	580	564	16	3%	3,042	2,867	175	6%	2,794
3	Home Care Visits	1,090	975	115	12%	5,775	4,716	1,059	22%	4,085
4	Gross O/P Revenue (000's)	10,956	9,551	1,405	15%	\$ 55,478	\$ 50,266	5,211	10%	\$ 48,617
Financial Results										
Gross Patient Revenue										
5	Inpatient	\$ 5,057,777	\$ 4,817,418	240,359	5%	\$ 24,548,097	\$ 26,974,326	(2,426,229)	-9%	\$ 25,285,549
6	Outpatient	6,245,157	6,346,317	(101,160)	-2%	33,088,086	32,619,154	468,932	1%	31,301,889
7	Emergency	4,374,509	2,905,663	1,468,846	51%	20,617,482	16,199,647	4,417,835	27%	16,062,975
8	SNF	1,779,100	2,333,674	(554,574)	-24%	10,403,149	11,521,176	(1,118,027)	-10%	10,737,233
9	Home Care	336,448	299,037	37,411	13%	1,772,029	1,447,453	324,576	22%	1,252,364
10	Total Gross Patient Revenue	\$ 17,792,991	\$ 16,702,109	1,090,882	7%	\$ 90,428,844	\$ 88,761,756	1,667,088	2%	\$ 84,640,009
Deductions from Revenue										
11	Contractual Discounts	\$ (13,996,145)	\$ (12,890,779)	(1,105,366)	-9%	\$ (69,913,258)	\$ (68,475,169)	(1,438,089)	-2%	\$ (64,873,693)
12	Bad Debt	(150,000)	(155,418)	5,418	3%	(740,000)	(825,954)	85,954	10%	(870,000)
13	Charity Care Provision	(17,500)	(23,313)	5,813	25%	(91,500)	(123,894)	32,394	26%	(88,400)
14	Prior Period Adjustments	-	-	-	0%	30,581	-	30,581	0%	209,002
15	Total Deductions from Revenue	\$ (14,163,645)	\$ (13,069,510)	(1,094,135)	8%	\$ (70,714,177)	\$ (69,425,017)	(1,289,160)	2%	\$ (65,623,091)
16	Net Patient Service Revenue	\$ 3,629,346	\$ 3,632,599	(3,253)	0%	\$ 19,714,667	\$ 19,336,739	377,928	2%	\$ 19,016,918
17	Risk contract revenue	\$ 317,454	\$ 288,252	29,202	10%	\$ 1,283,473	\$ 1,441,260	(157,787)	-11%	\$ 1,455,674
18	Net Hospital Revenue	\$ 3,946,800	\$ 3,920,851	25,949	1%	\$ 20,998,140	\$ 20,777,999	220,141	1%	\$ 20,472,593
19	Other Op Rev & Electronic Health Records	\$ 69,665	\$ 74,651	(4,986)	7%	\$ 468,123	\$ 373,255	94,868	25%	\$ 752,489
20	Total Operating Revenue	\$ 4,016,465	\$ 3,995,502	20,963	1%	\$ 21,466,263	\$ 21,151,254	315,009	1%	\$ 21,225,082
Operating Expenses										
21	Salary and Wages and Agency Fees	\$ 2,057,461	\$ 1,886,004	(171,457)	-9%	\$ 10,148,923	\$ 9,684,063	(464,860)	-5%	\$ 9,946,180
22	Employee Benefits	743,095	752,691	9,596	1%	3,776,634	3,806,809	30,175	1%	3,645,027
23	Total People Cost	\$ 2,800,556	\$ 2,638,695	(161,861)	-6%	\$ 13,925,557	\$ 13,490,872	(434,685)	-3%	\$ 13,591,207
24	Med and Prof Fees (excl Agency)	\$ 315,375	\$ 314,986	(389)	0%	\$ 1,737,010	\$ 1,606,967	(130,043)	-8%	\$ 2,132,378
25	Supplies	443,725	464,455	20,730	4%	2,545,302	2,383,182	(162,120)	-7%	2,539,032
26	Purchased Services	317,254	304,718	(12,536)	-4%	1,720,611	1,506,522	(214,089)	-14%	1,926,531
27	Depreciation	284,892	272,198	(12,694)	-5%	1,464,488	1,360,990	(103,498)	-8%	819,675
28	Utilities	92,439	80,567	(11,872)	-15%	532,334	402,835	(129,499)	-32%	412,014
29	Insurance	19,212	20,000	788	4%	96,275	100,000	3,725	4%	94,438
30	Interest	37,634	85,679	48,045	56%	235,329	428,395	193,066	45%	110,217
31	Other	145,748	180,598	34,850	19%	693,910	782,545	88,635	11%	999,463
32	Operating expenses	\$ 4,456,835	\$ 4,361,896	(94,939)	-2%	\$ 22,950,816	\$ 22,062,308	(888,508)	-4%	\$ 22,624,954
33	Operating Margin	\$ (440,369)	\$ (366,394)	(73,975)	-20%	\$ (1,484,553)	\$ (911,054)	(573,499)	-63%	\$ (1,399,873)
Non Operating Rev and Expense										
34	Miscellaneous Revenue	\$ 347	\$ 933	(586)	-63%	\$ 71,194	\$ 4,665	66,529	*	\$ 31,566
35	Donations	19,566	10,000	9,566	96%	46,629	50,000	(3,371)	7%	1,000
36	Physician Practice Support-Prima	(39,000)	(34,167)	(4,833)	14%	(195,000)	(170,835)	(24,165)	14%	(293,818)
37	Parcel Tax Assessment Rev	250,000	250,000	-	0%	1,250,000	1,250,000	-	0%	1,187,305
38	Total Non-Operating Rev/Exp	\$ 230,913	\$ 226,766	4,147	2%	\$ 1,172,824	\$ 1,133,830	38,994	3%	\$ 926,053
39	Net Income / (Loss) prior to Restricted Contributions	\$ (209,456)	\$ (139,628)	(69,828)	50%	\$ (311,729)	\$ 222,776	(534,505)	-240%	\$ (473,819)
40	Capital Campaign Contribution	\$ 168,666	\$ 86,250	82,416	96%	\$ 341,310	\$ 431,250	(89,940)	-21%	\$ 2,566,000
41	Restricted Foundation Contributions	\$ 108,576	\$ -	108,576	0%	\$ 108,576	\$ -	108,576	100%	\$ -
42	Net Income / (Loss) w/ Restricted Contributions	\$ 67,786	\$ (53,378)	121,164	-227%	\$ 138,157	\$ 654,026	(515,869)	-79%	\$ 2,092,181
43	GO Bond Tax Assessment Rev	152,326	150,241	2,085	1%	763,318	751,205	12,113	2%	761,628
44	GO Bond Interest	(117,930)	(140,256)	22,326	-16%	(653,229)	(701,293)	48,064	-7%	(184,640)
45	Net Income/(Loss) w GO Bond Activity	\$ 102,182	\$ (43,393)	145,575	335%	\$ 248,246	\$ 703,938	(455,692)	65%	\$ 2,669,169
	EBIDA	\$ 113,070	\$ 218,249			\$ 1,388,088	\$ 2,012,161			\$ 456,072
		2.8%	5.5%			6.5%	9.5%			2.1%

Sonoma Valley Health Care District
Balance Sheet
As of November 30, 2014

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1	\$ 1,372,455	\$ 1,605,853	\$ 1,666,525
2	953,138	953,138	540,405
3	7,852,453	7,906,593	8,545,282
4	(909,670)	(885,845)	(1,754,699)
5	6,942,783	7,020,748	6,790,583
6	7,263,285	7,280,432	6,263,404
7	1,188,104	1,207,079	1,998,099
8	-	-	-
9	786,003	761,842	816,861
10	918,220	1,022,150	1,013,432
11	<u>\$ 19,423,987</u>	<u>\$ 19,851,240</u>	<u>\$ 19,089,309</u>
12	\$ -	\$ -	\$ 5,384
13	55,768,947	56,008,018	17,226,807
14	-	-	31,801,877
15	-	-	4,024,455
16	-	-	-
17	276,506	209,988	(1,703,980)
18	143,007	143,007	427,571
19	<u>\$ 75,612,447</u>	<u>\$ 76,212,254</u>	<u>\$ 70,871,423</u>
Liabilities & Fund Balances			
Current Liabilities:			
20	\$ 4,296,761	\$ 4,714,684	\$ 4,737,512
21	3,515,449	3,286,249	3,306,031
22	471,716	353,787	567,681
23	1,487,437	1,601,376	1,453,279
24	691,952	680,461	1,868,923
25	3,838,357	4,240,683	2,876,474
26	1,703,099	1,697,025	845,797
27	5,698,734	5,698,734	3,973,734
28	144,392	144,243	215,185
29	<u>\$ 21,847,898</u>	<u>\$ 22,417,242</u>	<u>\$ 19,844,617</u>
30	\$ 39,895,354	\$ 40,027,998	\$ 37,497,710
Fund Balances:			
32	\$ 12,520,765	\$ 12,418,583	\$ 11,208,620
33	1,348,431	1,348,431	2,320,475
34	<u>\$ 13,869,196</u>	<u>\$ 13,767,014</u>	<u>\$ 13,529,095</u>
35	<u>\$ 75,612,447</u>	<u>\$ 76,212,254</u>	<u>\$ 70,871,423</u>

11.

CEO ADMINISTRATIVE
REPORT
JANUARY 2015



To: Sonoma Valley Health Care District Board of Directors
From: Kelly Mather
Date: 1/2/15
Subject: Administrative Report

Summary

We had a very nice holiday party in December and it was a joy to celebrate the many accomplishments and teamwork that was demonstrated in 2014. It was not an easy year for many, but SVH has made positive progress in light of some very difficult environmental changes. While the financial challenges continue, we have made excellent progress toward achieving more stability. For example, the first 5 months of FY 2015 SVH has an EBIDA margin of \$1,388,088 versus \$456,072 in the prior year. While this is not quite at budget, it is almost \$1 million more cash than the prior year. Medi-Cal continues to increase and was 18% of our payer mix in November. This trend is still of major concern as payments for these patients are very low. We continue to work with payers and work on our efficiency to improve margins. We have made some great progress on margins in the Skilled Nursing Facility and Surgery.

Organizational Results

As demonstrated by the November dashboard, we struggled to meet the goals this month. We had a very low number of patient satisfaction surveys returned (only 5) so we will continue to monitor the rolling average. Staff all received letters about their raise before the holidays and we have had many notes of thanks. The satisfaction surveys begin in mid January and staff forums to review our current “state of the hospital” will be held in January, as well. While it was a tough year, my visits with the departments revealed that majority of staff are satisfied with their leaders and our organization. I look forward to seeing the results for 2014. For November, all volumes were down except for Home Care and OB. Emergency visits were much lower than prior months, which is a bit unexpected. We have analyzed the volumes and it seems to be a result of vacations. Productivity was not as good as usual in November, either. The analysis shows that staff education and other health requirements accounted for the variance. This trend will not continue.

Quality Update

The leapfrog results for 2014 have revealed SVH received another “A” rating and we were notified to be in the top 10% for maternal outcomes in the state of California. The physician satisfaction survey is complete and an analysis will be presented at the January board meeting. The results were overall positive (3.6/5) and more importantly, point to areas of strength and opportunity. 27 physicians completed the survey and the action plan is underway.

Strategic Update

We are in the process of updating the three year rolling strategic plan with a first draft expected at the February board meeting. Several marketing initiatives were successful in December, including the new SCAN Medicare Advantage health plan that has a zero premium and allows patients to use the services at SVH. Over 500 members signed up with our local primary care physicians. Several programs will be marketed first quarter including Pelvic Health in rehab. We have two organizations signed up to do pilot programs for the Employer Wellness program and they start in January.

NOVEBER DASHBOARD

PILLAR	PERFORMANCE GOAL	METRIC	ACTUAL RESULT	GOAL LEVEL
Service Excellence	Highly satisfied Inpatients	Maintain at least 5 out of 8 HCAHPS domain results above the 50 th percentile	4 out of 8 (Nov) Rolling 3 month average = 5 out of 8	>7 = 5 (stretch) 6 = 4 5 = 3 (Goal) 4 = 2 <4=1
Service Excellence	Highly satisfied Emergency Patients	Maintain a year to date average of at least 75 th percentile	78 th (rolling three month average)	>85 th = 5 (stretch) >80 th =4 >75 th =3 (Goal) <75 th = 2 <70 th = 1
Quality	Excellent Clinical Outcomes	Value Based Purchasing Clinical Score at 68 or higher	70.88	>72 = 5 (stretch) >70 =4 >68 =3 (Goal) >66=2 <66 =1
People	Highly Engaged and Satisfied Staff	Press Ganey percentile ranking of 75 th percentile or higher	2013 76% mean score at 77 th percentile	>80 th = 5 (stretch) >77 th =4 >75 th =3 (Goal) >72 nd =2 <70 th =1
Finance	Financial Viability	YTD EBIDA	6.5%	>10% (stretch) >9%=4 >8% (Goal) >7%=2 <7%=1
	Efficiency and Financial Management	FY 2014 Budgeted Expenses	\$22,950,816 (actual) \$22,062,308 (budget)	<2% =5 (stretch) <1% = 4 <Budget=3 (Goal) >1% =2 >2% = 1
Growth	Surgical Cases	Increase surgeries by 2% over prior year	663 YTD FY2015 661 YTD FY 2014	>2% (stretch) >1%=4 >0% (Goal) <0%=2 <1%=1
	Outpatient & Emergency Volumes	2% increase (gross outpatient revenue over prior year)	\$53.7mm YTD \$48.7mm prior year	
Community	Community Benefit Hours	Hours of time spent on community benefit activities per year	783 hours for 5 months	>1500 = 5 >1200 = 4 >1000 = 3 >750 = 2 >500 = 1



FY 2015 TRENDED RESULTS

MEASUREMENT	Goal FY 2015	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014
Inpatient Satisfaction	5/8	5	6	5	6	4							
Emergency Satisfaction	>75 th	79	79	80	76	78	89.7	89.5	89.7	88.9	89.1	89.9	90.1
Value Based Purchasing Score	>68	68	71	70	70.88	69							
Staff Satisfaction	>75th	76	76	76	76	76	77	77	76	76	76	76	76
FY YTD Turnover	<10%	1.6	1.9	2.6	3.6	4.6							
YTD EBIDA	>8%	7	7	4.9	7.3	6.5	6	5	5	6	9	4	3
Net Operating Revenue	>4.1m	4.26	4.6	3.8	4.7	4.0	4.1	3.75	3.46	5.54	3.9	3.9	4.9
Expense Management	<4.5m	4.6	4.7	4.4	4.6	4.4	4.4	4.55	4.27	5.0	4.4	4.4	4.8
Net Income	>75	-8	35	-381	304	67	412	13	-12	401	-360	-240	567
Days Cash on Hand	>15	14	12	14	11	10	7	7	6	11	17	8	7
A/R Days	<50	47	45	48	51	51	52	51	47	51	55	46	48
Total FTE's	<301	309	305	303	304	303	315	310	301	318	320	309	303
FTEs/AOB	<4.0	3.92	3.77	3.49	4.01	4.1	4.39	4.39	4.4	3.81	3.86	3.89	3.74
Inpatient Discharges	>100	105	104	87	107	96	112	91	79	117	94	100	91
Outpatient Revenue	>\$10m	10.8	10.4	11.1	11.7	10.9	8.8	9.1	8.6	9.99	9.91	10.2	10.1
Surgeries	>130	135	133	122	155	118	138	113	121	156	147	142	121
Home Health	>1000	1146	1109	1111	1319	1090	951	1040	872	1106	1218	1135	992
Births	>15	16	9	21	13	16	11	6	14	19	6	16	11
SNF days	>660	651	687	597	527	580	733	754	641	750	674	605	613
MRI	>120	132	139	143	221	116	83	103	108	122	103	118	124
Cardiology (Echos)	>70	49	53	62	67	66	50	45	50	55	62	61	57
Laboratory	>12.5	12.6	12.8	13.0	13.0	11.5	12.5	13.1	11.1	13.3	12.4	13.1	13.9
Radiology	>850	968	988	900	1047	856	877	963	837	851	868	918	888
Rehab	>2587	3030	2859	2468	3028	2634	2899	2485	2403	2903	3394	2877	2945
CT	>300	376	345	323	368	295	285	332	295	334	301	332	335
ER	>800	889	868	851	863	761	751	811	655	769	788	909	716
Mammography	>475	414	417	433	605	462	489	430	445	447	404	519	429
Ultrasound	>325	348	361	367	372	238	307	290	350	438	424	497	339
Occupational Health	>575	656	678	758	739	602	535	579	504	534	595	600	618

Building a Collaborative Environment

Turning data into Action

Growth review of Sonoma Valley Hospital

Background

Over the past several years the culture shift among the leadership and staff of Sonoma Valley Hospital is palatable. In addition to this there is proof of strong community support in the amount of philanthropy contributed towards our needed upgrades. As with any industry, once this foundation is built the rest of the details begin to take shape. These details are enhanced by our environment of rapidly changing reimbursement and penalties as well as new practices which drive strong foundational organizations, such as ours, to become proactive rather than reactive to our collaborative business needs.

According to Wikipedia¹, the term collaboration is defined as “working with others to do a task and to achieve shared goals”. As stated above, Sonoma Valley Hospital has built the needed foundation within the hospital walls and community so now is the time to build collaborative efforts with our Physicians. The first step is defining our Physician partners. Through the use of new data we can now separate the Physicians who use our facility into 2 separate categories: loyalists and splitters. Not only do we now have knowledge of where these Physicians are providing services but in detail of what specific procedures and tests they are ordering. This is a complex process to decipher, for example one Primary Care Physician may use SVH for the majority of services except for Urology. Researching this data starts multiple conversations, due diligence and continued communication as to who, what, when, where, why and how to get the Primary Care Physician (PCP) to begin utilizing our Urology services on an ongoing basis. These initiatives are what moves big data to actionable items and revenue in addition to a long term solution of developing a collaborative team with the shared goal of keeping Sonoma patients in Sonoma.

Following the below volume review and reimbursement projections is a list of action items that are currently in place since October 2014 regarding utilizing data to create a stronger collaborative Physician network.

3 Year Trending Volume Review

	FY 2013	FY 2014	FY 15 annualized
Professional Services	37,775	43,109	45,197
Ancillary Services	177,940	181,175	181,426
Surgery	1913	1992	1956
Home Health	12,077	11,410	13,888
Skilled Nursing	7624	7614	7300

6 month trending FY 14-FY 15

	June	July	August	September	October	November
Professional Services	3721	3914	3786	3499	4062	3466
Ancillary Services	16,656	15,088	15,331	15,470	15,888	13,819
Surgery (inc. Endo)	152	172	155	146	179	145
Home Health	951	1146	1109	1111	1328	1093
Skilled Nursing	614	651	687	597	527	580

Projected Reimbursement increase FY 2015ann. over FY 2014

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

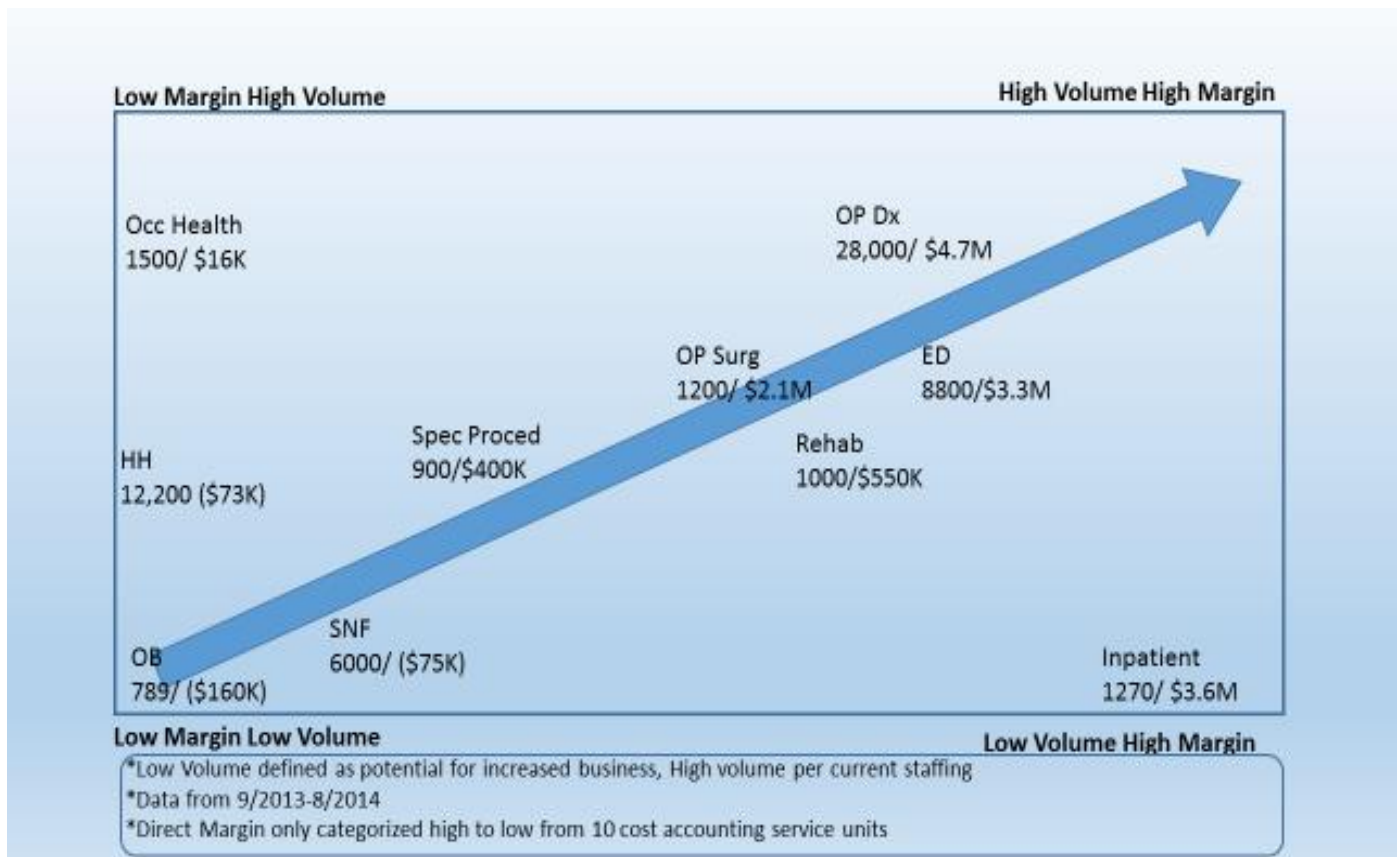
	Increase in UOS	*Reimbursement per UOS	Total FY 15 a. Over FY 14
Professional Services	2,088	\$281/UOS	\$587,000
Ancillary Services	257	\$256/UOS	\$68,000
Surgery	-36	\$4,236 (outpt)	(\$153,000)
Home Health	2478	\$226/UOS	\$560,000
Skilled Nursing	-314	\$636/UOS	(\$200,000)
Total			\$862,000

*Reimbursement based on actual payments and does not include either direct or indirect costs

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

Quarterly Action Items per Service Unit

In keeping with the previous growth summary we are evolving our action items to a data based approach using the cost accounting system and strategic planning committee to determine our best calculated moves in growth and business development. Below is a high level view of volumes and reimbursement per service unit from low margin low volume to high margin high volume.



The information above will be recommended to streamline our strategic approach for the highest margin services along with the collaborative efforts listed below.

Orthopedics

New data is currently being used to provide insight into how to increase orthopedic referrals and volumes:

- Focused discussions and follow up with Orthopedics have led to increased block time with a Sonoma Orthopedic Specialist (3+ OP cases per month=\$151K/yr)
- A re-capture of partnered referral patterns between one loyal Physician and one splitter Physician (avg. 5/yr= conservative \$20,000 per case, \$100K/yr)
- Orthopedic Specialist Physician reduced wait times and has continued discussions regarding patient and PCP perception of bedside manner made evident through data that proved he was not the primary referral in his specialty.
- Expansion of Ortho strategy into Petaluma to increase volume

- Increased understanding of leading PCPs on Ortho referrals leakage into the Santa Rosa Market, due diligence among each PCP as to who they are sending to, what specific procedures and how to recapture the leakage.
- Discussions and next steps with SRMH Ortho on their upcoming strategy for starting to provide Surgeries for Sonoma Patients as well as their marketing tactics coming in 2015 made evident from our new data as our highest leakage of revenue.

Other Specialists

CMA data on PCPs and splitters will enable us to maintain and gain referrals:

- Discussions with multiple specialists on how to continue (and not lose) referrals from their strong bases (for example data shows PCP using 2 separate specialist equating to no significant loyalty to one particular)
- Understanding and reviewing splitter PCPs with other Specialist who provide Surgeries to SVH. Recognizing PCPs who have no referral relationships with them and decide on what needs to happen next
- Understanding PCPs who are using Specialists such as Urology and ENT but Specialists are inhibited by clinic time and working on a solution to expand clinic hours for increased Sonoma Volumes.
- Realizing those Physicians who are not using Sonoma specialists services and educating them one-on-one as to who we have available reducing patient leakage into competitor areas

Ancillary Services

- Discussions and understanding on why the market leakage of our Ancillary Services and in the process of formulating initiatives to reduce a percentage of the leakage: Price review, office staff referrals and recommended statements to patients.

Sources

Volumes: Monthly statistics reports Professional Services, Surgery Services, Ancillary Services, Home Health stats report, SNF monthly statistics report

Reimbursement: Cost Accounting CEO Dashboard rolling report September 2013-August 2014

¹ <http://en.wikipedia.org/wiki/Collaboration>

12.

COMMITTEE REPORTS



BOARD MEETING EDUCATIONAL TOPICS 2014

February Agenda

- Board Involvement in Quality Oversight

March Agenda

- Cancer Care Program

April Agenda

- Analysis of Service Lines by Market, Margin and Volume

May Agenda

- Medicare Breakeven Analysis

June Agenda

- Analysis of Capitation versus Fee-For-Service reimbursement

Proposed Issues for Future Board Meetings

- CHA/Hospital Council Update
- Geriatric Care
- Palliative Care
- Compass Program with ParkPoint



BOARD MEETING CALENDARED ITEMS 2015

January

- Board Member Committee Assignments

February

- Strategic Plan Update
- SVH Foundation Annual Report
- Information Technology Update

March

- Marketing Annual Report
- Long Range Financial Plan Update

April

- Community Input for Strategic Plan
- Human Resources Annual Report

May

- Strategic Plan - 2016/17
- Financial Budget Assumptions

June

- Operating Budget - 2016/17
- Affiliation Agreement Annual Review

July

- Capital Budget – 2016/17

August

- CEO Incentive Compensation Goals

September

- Annual Nursing Report
- Annual Retreat

October

- CEO Performance Evaluation
- CEO Compensation
- Strategic Plan Update

November

- Audit Committee Report
- Audited Financial Statements
- 2014 – 2015 Annual Report

December

- Election of District Officers



Meeting Date: January 8, 2014
Prepared by: Peter Hohorst, Board Member
Agenda Item Title: Parcel Tax Exemption Criteria and Process

Recommendations:

That the Board approve the attached Parcel Tax Exemption Criteria and Process Policy in order to ensure compliance with the Parcel Tax measure passed by the voters on March 6, 2012.

Background:

The Parcel Tax measure that was passed by the voters on March 6th, 2012 stipulated that exemptions from the parcel tax would be governed by the following wording in the Parcel Tax measure:

“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.”

In order to comply with this provision in a fair and equitable manner, applicants for an exemption will be requested to provide the following information.

- The parcel numbers of the parcels owned for which the owner is applying for an exemption, including the parcel number of the one parcel that will continue to be subject to the parcel tax.
- A sketch showing the relationship of the parcels to each other (parcels must be contiguous)
- A statement indicating why the parcels are subject to the condition that they cannot be “individually sold, leased or financed”.

This exemption must be applied for annually by July 30th of each year in order for the Hospital to notify the County by August 15th of the parcels that will be excluded from the parcel tax. A reminder notice will be sent on July 1st of each year to the owners who qualified for the exemption in the prior year.

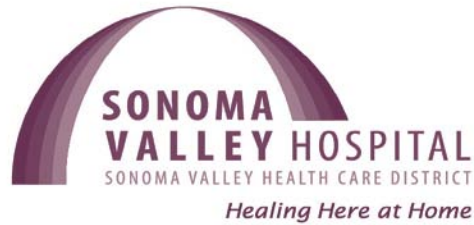
Consequences of Negative Action/Alternative Actions:

Requests for exemptions will not be processed in a uniform manner

Financial Impact:

An exemption that is not deserved results in a loss of revenue for the year.

Attachment: Parcel Tax Exemption Criteria and Process Policy.



PARCEL TAX EXEMPTION CRITERIA AND PROCESS POLICY

It is the Policy of the Sonoma Valley Health Care District to treat all requests for exemptions from the Parcel Tax in a consistent and impartial manner. The Parcel Tax measure passed on March 6, 2012 specified the conditions for qualifying for an exemption.

“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.”

In order to comply with this provision in a fair and equitable manner, applicants for an exemption will be requested to provide the following information.

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Meeting Date: January 8, 2015

Prepared by: Bill Boerum, Chair – Governance Committee & District Board Member

Agenda Item Title: Permanent Agenda Item: Board Member Comments

Recommendations:

It is recommended that the agenda of all regular District Board meetings carry in the final section a standard item, “Board Member Comments” and that the section title be “Officer, Committee Reports and Board Member Comments.” Consideration of this is recommended by the Governance Committee.

Background:

A publicly elected official in another jurisdiction noticed that we did not have an agenda item for Members to make non-agenda comments. I recalled that this also is a practice at the Sonoma City Council.

I believe there is merit in having such a standard item as part of our agenda for two reasons:

- To bring to the attention of the Board and the public other activities (e.g. meetings/conferences attended) in which Member has participated or observed; and,
- To bring to the attention of the Board news items or developments which may have a bearing on the Board’s governance, or general knowledge or education.

Such comments would be brief and not be presentation, and informational in nature and not to impinge on any initiatives or activities of any Board Committee.

Consequences of Negative Action/Alternative Actions: None

Financial Impact: None

Attachment: N/A



SONOMA VALLEY HOSPITAL QUALITY COMMITTEE ANNUAL REPORT FOR 2014

The main purpose of the SVHCD Quality Committee is to serve as the steward for overall quality improvement for the District. The QC assists the Board in its responsibility to ensure that the Hospital provides high-quality patient care, patient safety, and patient satisfaction. To this end the QC shall:

1. Formulate policy to convey Board expectations and directives for Board action;
2. Make recommendations to the Board among alternative courses of action, including but not limited to physician credentialing, and oversight activities;
3. Provide oversight, monitoring and assessment of key organizational processes, outcomes, and external reports.

During the past year, the Quality Committee has completed monthly or periodic reviews of:

- Physician credentialing
- Quality reports
- Review of accreditation reports
- Policy approval
- Adverse patient events
- Patient satisfaction reports
- Review of CMS/value-based purchasing results

The Quality Committee also received annual performance reports from the following departments:

- Laboratory
- Skilled Nursing Facility
- Healing at Home (Home Care)
- Contract Evaluation
- Quality and Risk Management
- Culture of Safety
- Infection Control/Risk Management

In addition, a subcommittee of the Quality Committee developed a quarterly dashboard to report on key quality and safety measures that is presented to the Board. Now that the dashboard has been in place for a year, a newly-appointed subcommittee has been appointed to review these metrics and determine if new or different ones should be developed to report to the Board quarterly.

The first annual Performance Improvement Fair was held in September, with all

hospital departments participating and presenting excellent projects. Three members of the Quality Committee served as judges in selecting the “winners” in clinical and administrative categories.

Dr. Paul Amara presented a comprehensive report and educational session for the Quality Committee on the OB Department’s program for high-risk obstetrical patients.

While maintaining quality, safety and patient satisfaction is of course challenging for any healthcare facility, the Quality Committee is gratified to report on the excellent scores and reports received by SVH. These include:

With the opening of the new Emergency Department, patient satisfaction scores have improved, and are now in the top 25% of all hospitals nationally.

Consumer Reports, May 2014, named Sonoma Valley Hospital one of the 15 safest hospitals in the country.

The Leapfrog Group, a national health care initiative, gave SVH an A rating Hospital Safety Score in 2014.

SVH’s patient readmission rate is extremely low, and we rank third among hospitals in our region for low readmissions rates.

We have consistently improved quality of care and our quality scores and patient outcomes are among the highest in the nation.

Our hospital-acquired infection rate is lower than national benchmarks.

The Skilled Nursing Facility is one of only 77 nationally to be named as a 2014 recipient of the Silver Commitment to Quality Award by the American Health Care Association and National Center for Assisted Living.

An annual Quality Committee Work Plan was developed and utilized during the course of the year, and a review of the Work Plan was held at our December meeting. The committee also suggested ideas for additional educational and report topics to be developed for our 2015 Work Plan, including an educational offering for the Board of Directors. This will be finalized at our January Quality Committee meeting.

The Quality Committee would like to acknowledge the consistently excellent effort and follow-through provided by the Chief Nursing and Quality Director, Leslie Lovejoy, and her entire staff.

Respectfully submitted on behalf of the entire Quality Committee,

Jane Hirsch, Chair