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

BOARD OF DIRECTORS' MEETING
AGENDA
DECEMBER 7, 2018
REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 First St. W., Sonoma, CA

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Stacey Finn at (707) 935.5004 at least 48 hours prior to the meeting.	**RECOMMENDATION**	
AGENDA ITEM		
MISSION STATEMENT The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER	*Hirsch*	
2. PUBLIC COMMENT	*Hirsch*	
3. CONSENT CALENDAR A. Board Minutes 11.02.17 B. Finance Committee Minutes 10.24.17 C. Quality Committee Minutes 10.26.17 D. Governance Committee Minutes 11.28.17 E. Executed Policies and Procedures F. Medical Staff Credentialing Report *Pages 3-12*	*Hirsch*	Action
4. 2018 SVHCD ELECTION OF OFFICERS	*Hirsch*	Action
5. OUTPATIENT DIAGNOSTIC CENTER RFP *Pages 14-38*	*Hirsch*	Inform
6. ADMINISTRATIVE REPORT DECEMBER 2018 *Pages 40 -43*	*Mather*	Inform
7. FINANCIAL REPORT MONTH END OCTOBER 2017 *Pages 45-57*	*Jensen*	Inform
8. COMMITTEE REPORTS • Governance Committee ➢ Guideline for Board of Directors Meeting Minutes ➢ Board of Directors Media Communication Policy *Pages 59-63*	*Hirsch*	Inform/Action
9. BOARD COMMENTS	*Board Members*	Inform
10. ADJOURN	*Hirsch*	

3.

CONSENT CALENDAR

BOARD OF DIRECTORS' MEETING
MINUTES
THURSDAY, NOVEMBER 2, 2017
REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
175 First Street West Sonoma CA

	RECOMMENDATION	
MISSION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*		
1. CALL TO ORDER The meeting was called to order at 6:00p.m. Mr. Boerum is absent due to a speaking engagement in Russia.	*Hirsch*	
2. PUBLIC COMMENT	*Hirsch*	
None		
3. CONSENT CALENDAR	*Hirsch*	
		MOTION: by Rymer 2nd by Nevins. All in favor
4. CHIEF OF STAFF QUARTERLY REPORT	*Sebastian*	Inform
Dr. Sebastian gave his quarterly report. He reported on medical staff election results as well as the new Directors for the ED, Radiology and Hospitalist group. He said that the peer review process has become increasingly more collaborative, is providing learning opportunities and is well-received by the medical staff The Medical Staff office has seen improvements and is showing positive changes. He spoke on the fire disaster and the great collaboration within the hospital. His goal as Chief of Staff is to improve communication among the physicians and administration and is working on a poll to go out in a month or so.		
5. SOUTH LOT DISCUSSION	*Hirsch*	
Ms. Mather reported on the purchase agreement with DeNova Homes. The main points that were in question during negotiations were purchase price and how many lots. There will most probably be only 20 lots and the price 3.3 million dollars. Mr. Trent Sanson spoke on the PSA and the finalization of the planning.		

6. REVIEW AND DISCUSSION OF THE SVH EMERGENCY RESPONSE PLAN AND IMPLEMENTATION	*Mather/ Kuwahara/ Kobe*	Inform
Ms. Kuwahara reported on the time line and implementation of the disaster plan during the fire storm. She said that during the disaster FireMed came in twice to test the hospital air and each time it was found within normal limits. She gave a day to day overview of the actions taken within the hospital and incident command center. Mr. Kobe spoke on the EOP book and the need for its revision. He said that air quality and potential evacuation was a constant concern. There was a solid plan for each patient had evacuation occurred. Day to day evaluations were done on when to resume surgery. The opportunities that were identified were the comfort level with the disaster implementation plan. A group within the hospital will refresh their FEMA emergency training. Communication is always an opportunity for improvement. Ms. Kuwahara closed with the successes of the disaster response. The teamwork was great. The support for the community was giving masks out, prescription refills, and supplies to the SDC evacuation. She recognized all of the great support services in the community, and the constant collaboration between both the Sonoma city and county response teams Mr. Kobe said that the hospital was never understaffed and gave kudos to staff. Mr. Hohorst spoke on the Go Bond Hospital Improvement Project. He said, " during the first week of the fire a concern was expressed as to how it was possible for the Hospital to have smoke cause an air quality problem after the recent completion of the GO Bond Hospital Improvement project. First of all, the GO Bond project which was approved in 2008 did not include any funds for the three story West Wing building. Second, although, the GO Bond project did include $2 million for air handlers in the East Wing because of the corroding pipes, these pipes were subsequently repaired at a cost of around $250 thousand dollars and the remaining money reallocated to make possible the 2nd floor Surgery Suite of the new wing. Third, the design specification for air handlers in the new wing were dictated by California's Office of Statewide Planning and Development (OSHPD) and OSHPD did not require filters to remove smoke for either an emergency department or surgery suite." Mr. Jensen reported that there were 600 extra worked hours, and approximately $30 thousand in supplies, which is a relatively low amount. He said we will be submitting to FEMA and insurance to capture some of the financial loss.		
7. FINANCIAL AUDIT APPROVAL	*Hirsch*	Inform/Action

Mr. Jensen reported that there were no adjustments suggested in an unmodified opinion from the audit group.		**MOTION:** by Nevins to approve the draft financial audit 2nd by Rymer. All in favor
8. ADMINISTRATIVE REPORT NOVEMBER 2017	*Mather*	Inform
Ms. Mather reported that the SNF is back up to 5 stars and that they are currently going through their annual review with the state. The 3D Mammography project has been delayed 2 weeks, with an expected completion by January. The capital campaign has kicked off for the Out Patient diagnostic center with a goal of raising fifteen to twenty million. Cost to patient is more efficient. The Relay Health operation addition has allowed us the ability to check eligibility for every patient and be clear about the cost of services are. The expectation is that this will improve our collections on the front end. Canopy Health has added a few more hospitals and open enrollment is underway. They are hoping to get up to thirty three thousand lives by the end of the year. UCSF potential collaboration is still in the talking phase. The breast surgeon, Dr. Alexendridis will start seeing patients next week, w and will be in the old Mammography suite on Perkins St. The Women's Place strategy is being implemented. OB has seen an increase in babies with 12 deliveries last month. A plan with Homecare is in process. The expectation is that they won't be getting an increase from Kaiser, as far as we can tell. Project Pink provided 22 mammograms in October. Girl talk is sold out, and conversations with a Dr. has a waiting list. She then reviewed the dashboard.		
9. FINANCIAL REPORT MONTH END SEPTEMBER 2017	*Jensen*	Inform
Mr. Jensen reported that the payer mix is tracking close to budget. Cash collected is over the goal at $337,000, year to date we are $90,000 over the goal. Day's cash on hand were at 9.2 days, AR 46.5 days, and AP 48 days. Total operating revenue $530,000 less than expected. Operating expense and total 156,000 better than budget. Net loss $647,000 vs $271,000 budgeted. YTD tracking at a negative variance of $721,000. Plans are being developed moving forward to mitigate these issues. The total net loss for September was $230,000 vs. a net income of $136,000.		

EBIDA was -1.1% vs budget 6% and IBIDA was 2.1% vs expectation of 5.0%		
10. COMMITTEE REPORTS	*Hirsch*	Inform
Governance Committee Mr. Hohorst reported that the orientation guide has been reviewed and finalized. Ms. Hirsch and Mather to decide how it will be distributed and posted. Two policies, Board Legislative and regulatory policy and Board member and Board chairperson legal duties, roles and responsibility and limits on power and authority, were reviewed and no changes were made. Governance committee will be reviewing two policies per month to ensure currency.		
11. BOARD COMMENTS	*Hirsch*	Inform
Mr. Rymer spoke of the heroics of the staff and response to the recent difficult times and thanked everyone involved. The Board expressed that their hearts go out to all of those who have endured unfathomable loss during the fires.		
17. ADJOURN	*Hirsch*	
Meeting adjourned at 7:16pm		

SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, OCTOBER 25, 2017
Schantz Conference Room

Present	Excused	Staff	Public
John Perez Sharon Nevins Peter Hohorst Susan Porth Dr. Mishra via telephone	Keith Hughes Steve Berezin	Kelly Mather Ken Jensen Sarah Dungan	

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*			
1. CALL TO ORDER/ANNOUNCEMENTS	*Nevins*		
	Called to order 5:01 p.m.		
2. PUBLIC COMMENT SECTION	*Nevins*		
	None		
3. CONSENT CALENDAR FC Minutes 9.25.17	*Nevins*	Action	
		MOTION: by Hohorst second by Perez. All in favor	
5. ADMINISTRATIVE REPORT OCTOBER 2017	*Mather*	Inform	
	Ms. Mather reported that we are in talks with UCSF on a collaboration with them.		

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
	She said there has been no progress with the Kaiser negotiations. Ms. Mather continues discussions with them. Ms. Mather also reported that 11 days of revenue have been lost due to the fire. The cancelled surgeries are being made up this week.		
6. FINANCIAL REPORT FOR MONTH ENDING SEPTEMBER 30, 2017	*Jensen*	Inform	
	Mr. Jensen gave his month end report for September 30, 2017. The payer mix was as expected with budget. Year to date of cash we are 90K over our goal. Day's cash on hand was 9.2 days. AR was at 46 days and AP was at 48 days. Total loss from operations was $647,000 vs a budget of $271,000. Net loss of 230k vs a budgeted net gain of $136,000.		
7. AUDIT UPDATE	*Jensen*	Inform	
	The unmodified opinion by the audit group was that there were no adjustments or management recommendations.		
10. ADJOURN	*Nevins*		
	Meeting adjourned at 5:39pm		

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SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
October 25, 2017, 5:00 PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Michael Mainardi, MD Kelsey Woodward Carol Snyder Howard Eisenstark, MD Susan Idell	Ingrid Sheets Joshua Rymer Cathy Webber Leslie Lovejoy via telephone		Robbie Cohen, MD Mark Kobe Danielle Jones

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
	Meeting called to order at 5:01p.m.	
2. PUBLIC COMMENT	*Hirsch*	
	None	
3. CONSENT CALENDAR	*Hirsch*	Action
• QC Minutes, 09.27.17		**MOTION:** by Eisenstark to approve, 2nd by Idell. All in favor
4. POLICY & PROCEDURES	*Lovejoy*	Action
	Changes to the Injury Due to Medical Device Equipment policy suggested.	**MOTION:** by Eisenstark to approve with stated changes 2nd by Idell. All in favor.
6. QUALITY REPORT SEPTEMBER 2017	*Lovejoy*	Inform
	Prime reporting was submitted in Sept. The funding will be coming in the near future. PI fair was postponed to Nov. 7th and 8th. Ms. Hirsch and Ms. Woodward volunteered to be judges. Due to Ms. Lovejoy's current medical status she will be working remotely. Ms. Jones will be filling in for her on site.	

AGENDA ITEM	DISCUSSION	ACTION
	The score card was reviewed. She gave an overview of the PRIME population definitions. The five dashboard metrics were then reviewed. They include: All Cause Readmission, H-CAHPS, Reconciled Medication List Received by Discharged patients, Timely Transmission of Transition Record, Medication Reconciliation- 30 days.	
8. UPON ADJOURNMENT OF REGULAR SESSION	*Hirsch*	
	Regular session adjourned at 5:38 p.m.	
9. CLOSED SESSION • Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Hirsch/Lovejoy*	Action
10. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
		MOTION: by Idell to approve 2nd by Mainardi. All in favor
11. ADJOURN	*Hirsch*	
	Meeting adjourned at 5:42 p.m.	

SONOMA VALLEY HEALTH CARE DISTRICT
GOVERNANCE COMMITTEE MEETING
MINUTES

TUESDAY, November 28, 2017
8:30AM

BASEMENT CONFERENCE ROOM
347 ANDRIEUX STREET, SONOMA, CA 95476

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to participate in a District meeting, please contact the District Clerk, Stacy Finn at sfinn@svh.com or (707) 935.5004 at least 48 hours prior to the meeting.		
MISSION STATEMENT *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER/ANNOUNCEMENTS	*Hohorst*	
Called to order at 08:30am		
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up.	*Hohorst*	
No public comment		
3. REVIEW OF TWO BOARD POLICIES	*Hohorst*	Inform
Guideline for the Board of Directors Meeting Minutes Policy – Mr. Boerum moved to recommend to the Board the approval of the policy draft. All in favor Board of Directors Media Communications Policy- Mr. Boerum moved to recommend to the Board the approval of the policy draft with the following revision: "Hospital employees shall not make statements to media or through media on behalf of the hospital and/or Board without authorization from the CEO or the Board Chair." All in favor.		
5. ADJOURN	*Hohorst*	
Meeting adjourned at 09:00am.		

SUBJECT: Policies and Procedures	POLICY # GL8610-162
	PAGE 1 OF 8
DEPARTMENT: Organizational	EFFECTIVE: 2/08
REVIEW/REVISED: 3/12, 3/15, 1/17, 9/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Briefly state changes and include reasons for making change(s).

What:

Procedure, draft process, approval routing, have all been updated to reflect the new electronic process. Signature pages have been retired. Authors and job titles have been added as a requirement to all policies. Approval dates by committees has been added.

Why:
The policy and procedure policy has been updated to streamline the approval process and eliminate the need to sign documentation as approvals are now tracked in committee meeting minutes. This new process is all electronic and allows the leaders to track changes and make suggestions in a collaborative manner while allowing SVH the ability to document the reason and leader/author making the changes.

AUTHORS WITH JOB TITLES:
Danielle Jones, Director Quality & Risk Management
Laura Gallmeyer, Quality Coordinator
Stacey Finn, Administrative Coordinator

APPROVALS:
Policy & Procedure Committee: 10/17/17
Board Quality Committee:
Board of Directors:

5.

OUTPATIENT DIAGNOSITC CENTER RFP

The RFP schedule is as follows:

- Release Via Electronic Email of Request for Proposal: Tuesday, November 14, 2017, 5:00PM
- Mandatory Walk-through at Sonoma Valley Hospital: Wednesday, November 15, 2017, 9:00AM
- RFP Questions Due: Monday, November 20, 2017, 5:00PM
- Contract Document Addendum: issued to GC's by December 6, 2017
- Proposal Deadline: Wednesday, December 13, 2017, Noon
- Follow up interviews may be required. Details will be provided if follow up interviews are requested
- Final Selection: notified in Quarter 1 of 2018
- Preconstruction Start: Quarter 1 of 2018

SONOMA VALLEY HOSPITAL
OUTPATIENT DIAGNOSTIC CENTER
REQUEST FOR PROPOSAL
For Design Build Team
November 14, 2017

A. GENERAL DESCRIPTION

The Sonoma Valley Healthcare District ("SVHD") is a publically elected nonprofit entity that operates Sonoma Valley Hospital in Sonoma County. The mission is to maintain, improve and restore the health of everyone in the community. The hospital offers Intensive Care, Acute Medical/Surgical Care, OB, Skilled Nursing, Home Care, Outpatient Services, Outpatient Rehabilitation, Occupational health and wound care. The District will renovate areas within the existing hospital structure. The renovations will include areas containing radiology, nuclear medicine, and other services. The proposed renovations will be phased over several years starting in 2018, be fully design build, and comprised of approximately 10,000 square feet. The anticipated construction cost for these projects is $10,000,000 - $15,000,000. Projects will be allocated based upon available funding from the Sonoma Valley Hospital Foundation.

The SVHD's primary objective in utilizing the Design Build approach for this project is to bring the best available design and construction experience and expertise together to work with Owner as a team, to successfully meet the unique challenges presented by this project. The Owner desires to select a cooperative, highly functional Design Build Team to provide a design build project that fully meets the Hospital's needs of program, budget, on-going operations and design standards. The intention for the unoccupied space is to utilize the existing infrastructure (i.e. partitions, doors/frames, MEP systems, etc.), where code allows.

The program for the Hospital Renovations consists primarily of the following areas:

1. Seismic Study of West Wing and any associated buildings tied with the infrastructure
2. MEP Systems Study
3. CT - room expansion and equipment upgrade
4. Ultrasound – build new room to house upgraded equipment
5. Data Closet – new or renovation of existing space to support the project
6. Breakroom – new or renovation of existing space per code to support the project
7. Outpatient Entrance and Waiting Area, Cardiopulmonary Clinic relocation, Parking Lot, Landscaping, Central Scheduling and Staff Offices/Locker Rooms & Storage
8. Nuclear medicine – renovation of existing space and upgrade equipment
9. MRI – relocate mobile trailer to old ED Ambulance drop off or new modular unit
10. Restrooms and other ancillary renovations as required

A proposed Project Narrative and Existing Building Layout are attached as Exhibit A.

The Design Build Team will operate as a member of the Project Management Team ("PMT") consisting of Owner and its Program Manager (Vertran Associates), and other consultants retained by Owner that will be involved with the Project. The Design Build Team will consist of the Contractor and Design Professionals. Owner has assembled the PMT to allow efficiency of project programming and planning, early commencement of certain elements of construction, reduction in construction costs, and occupancy of each project area as soon as possible.

Preconstruction services for this Project will begin in approximately February 2018 and will carry through the design and bidding of all phases of work for the Project. Preconstruction services and preliminary construction schedules should be developed for the project assuming Sonoma Valley Hospital construction starts in early 2019.

The Project consists of the planning and design for the following phases of construction:

1. Seismic Retrofit of the West Wing and any associated buildings tied with the infrastructure; As Determined by SPC-4D Study; evaluation to run concurrently with MEP study and evaluation of Phases 1-4 Renovations.

2. MEP Systems Evaluation in areas to be renovated and any associated areas; evaluation to run concurrently with seismic study and evaluation of Phases 1-4 Renovations.

3. Phase 1 Renovations: CT and Ultrasound areas, Staff Breakroom, and Data Closet (IDF)

4. Phase 2 Renovations: Outpatient Entrance and Waiting Area, Cardiopulmonary Clinic, Scheduling, Staff Offices, and Staff Bathrooms/Locker Rooms

5. Phase 3 Renovations: Nuclear Medicine

6. Phase 4 Renovations: MRI trailer relocation or new modular unit

7. Work to support project needs and/or OSHPD requirements:
   a. Restroom upgrades and other ancillary renovations based upon project needs and regulating agency requirements.

Design Build Team must assign competent personnel to provide technical consultation during the planning and design stages of the Project who have at least 5 years of recent OSHPD experience in preconstruction, design development, OSHPD permit processes, organizing and directing construction activities, and successfully completing hospital renovation projects of the scope and complexity of these Projects. Qualified design professionals must have similar experience and must be licensed to practice in the State of California. Design Build Team is, in general terms, responsible for design development and OSHPD approval of designs, cost estimates and construction budget control with a view toward constructability, early value engineering, life-cycle costing, construction coordination and scheduling, and preconstruction preparations to commence construction.

B. SCOPE OF SERVICES

1. General

As a member of the PMT, Design Build Team is responsible for and must take the initiative in providing the following services as required or appropriate to each stage of design and development of construction documents, throughout the preconstruction phase of the Project:

1.1 Review and report to Owner and Program Manager the status of in-progress design documents including schematic design documents, design development documents, construction documents, and other plans, applications, schedules, budgets, and bidding documents.

1.2 Advise Owner and Program Manager about site use and improvements and any and all other elements of the Project upon which Design Build Team is qualified to advise, given its knowledge and areas of expertise, including without limitation concept, feasibility, constructability, cost, economies, scheduling, and construction.

1.3 Review and report to Owner and Program Manager the relative construction feasibility of various designs, materials, building systems, and equipment, including medical equipment.

1.4 Assist Owner and Program Manager in investigating and reviewing various alternative approaches to design and construction of the Project, including without limitation phased or "fast track" construction.

1.5 Design Build Team to review and ensure that all City and County ordinances/regulations, OSHPD requirements and any other regulating agency requirements are met.

1.6 Identify impacts due to existing site conditions, existing utilities, and existing building conditions.

1.7 Identify issues needing further development in the design documents, including without limitation the demolition plan, Owner’s phasing plan, and Contractor's and Architect's cost estimates, and recommend alternative solutions whenever design details affect budgets, construction feasibility, or schedules previously proposed or established.

1.8 Investigate and recommend a schedule for the purchase of all materials and equipment, including without limitation long-lead items, and coordinate the schedule with the early preparation of construction documents by the Design Build Team.

1.9 Responsible for and shall review the Construction Documents, including the drawings and specifications of all design disciplines, for the infrastructure coordination of all medical equipment.

1.10 Responsible for the Construction Documents, including the drawings and specifications of all design disciplines (e.g., architectural, civil, structural, mechanical, electrical, plumbing, fire protection, fire alarm) for completeness, quality, coordination and constructability

2. Schedule Development

Preconstruction services for this Project will begin in approximately February 2018 and will carry through the bidding of all phases of work for the Project. Preconstruction services and preliminary construction schedules should be developed for the project assuming the Sonoma Valley Hospital construction starts in early 2019.

2.1 Design Build Team is to develop the preconstruction schedule beginning with completion of schematic design and continuing through the design development and contract document phases.

2.2 The preconstruction schedule will identify the responsibilities among the members of the PMT. Key milestones are to be identified, including without limitation design phases, budget delivery dates, state submission and review dates, release of documents for bidding, and tentative bid dates. Additionally, the preconstruction schedule must identify long lead items that may require procurement during the terms of this Agreement.

2.3 Design Build Team will develop the schedule so that realistic dates can be set and achieved. The preconstruction services schedule is to be distributed to all members of the PMT and regularly monitored during the design/preconstruction services team meetings. The importance of this schedule is to be continually emphasized to all members of the PMT because the key element is ensuring a timely design phase of the Project, allowing for a prompt construction start date.

2.4 Concurrent with submission of each budget estimate (as defined below), Design Build Team will prepare and submit to Owner and Program Manager a precedent-annotated bar chart using "critical path method" or other acceptable scheduling method suitable to Owner and Program Manager for each construction phase of the Project. This schedule is to be updated with each budget estimate and is to reflect any revisions in the budget estimates that affect the construction duration. Activity detail on the schedules must directly correspond to the budget line items.

2.5 Concurrent with the submission of a GMP for any phase of the work as defined below, Design Build Team shall provide pertinent information and assist in the development of a master construction phase schedule associated with the particular phases of work, beginning with General Contractor's mobilization and ending with the project completion/final inspection/occupancy. Once phases of work are identified during preconstruction, each individual phase must be identified from start through completion on the overall schedule. The schedule is to be developed to represent the CSI 16 Division format. It is to have at a minimum the number of activities as required to adequately represent to Owner and Program Manager the complete scope of Work and define the Project's critical path and associated activities.

2.6 During preconstruction and construction, it is the Owner's and Program Manager's intent to utilize Lean Principles to include Pull Scheduling/Planning.

3. Document Review

3.1 Preconstruction services team meetings may be held as often as twice a month through the Development phases and periodically, as required, during the construction drawings phase. Meetings are to be held at Owner's office and documented by the Design Build Team with copies being issued to the PMT in a timely manner.

3.2 Design Build Team shall provide a Request for Information ("RFI") Form and Log for Owner's approval and will be responsible for the issuance and maintenance of each. The log will be continually monitored and updated and addressed at the PMT meetings. Unresolved issues must be identified in each meeting with follow-up responsibilities and response dates being assigned to the appropriate team members, including Design Build Team.

3.3 Design Build Team shall provide continual input addressing constructability, availability of materials and qualified trades for specialized systems, comparative cost/benefit analyses for various building systems, and budget/schedule impact as specific phases of the overall design are developed in order to ensure the development and completion of Contract Documents within the budget and schedule limitations.

3.4 If necessary in order for Design Build Team to provide accurate information, it shall, at no additional cost to Owner, involve the services of outside consultants or subcontractors in the review and budgeting of specialized systems such as, but not limited to, structural, equipment, furnishings, plumbing, mechanical, electrical, nurse call, and life safety.

3.5 Concurrent with each budget estimate, Design Build Team shall provide an itemized summary of all cost, constructability, material availability, and coordination issues identified through the document review process.

3.6 Concurrent with each budget estimate, Design Build Team shall evaluate LEED (Green) options costs with an estimated Return on Investment. SVH is not attempting to achieve any LEED certification for the Project.

4. Design Budget/Estimates

The Budget Estimates described below apply to the seismic and MEPF studies, and the preconstruction and construction phases. The format for budget estimates will be coordinated with the Program Manager and agreed upon before moving forward. Each of the budget estimates below will be coordinated with Program Manager for submittal timelines.

4.1 Budget Estimate No. 1. Design Build Team shall initially submit a comprehensive estimate based on completed schematic drawings for each study and phase within the time allotted on the overall project schedule. This Budget Estimate, and all other estimates, is to be comprehensive and submitted with a complete price breakdown and detailed listing of qualifications and assumptions and anticipated quantities. Estimate to include the baseline preconstruction and construction schedule. PMT will jointly review each Budget Estimate. Final approval and sign-off will be required from the Owner and Program Manager to move to next phase of estimating.

4.2 Budget Estimate No. 2. Design Build Team shall submit a budget estimate based on complete design development ("DD") drawings and specifications within 30 calendar days of completion of DD drawings and specifications for each study and phase. This estimate must be prepared by performing a detailed quantity survey and specification review. This budget estimate is to clarify many of the qualifications and assumptions presented in the Schematic estimate. This budget estimate is to be submitted with a complete price breakdown and detailed listing of qualifications and assumptions. This estimate may be utilized to develop a negotiated GMP contract for the project. Estimate to include updated preconstruction and construction schedule tracked against the baseline schedule from the SD estimate. PMT will jointly review each Budget Estimate. Final approval and sign-off will be required from the Owner and Program Manager to move to next phase of estimating.

4.3 Budget Estimate No. 3. At approximately 90 percent completion of the construction documents, Design Build Team shall submit the final budget estimate for each study and phase within 30 calendar days of completion of the documents. Any significant deviations from the DD estimate relative to quantities, costs, and schedule are to be identified along with a suggested action plan to realign the Project with the DD estimate. This estimate is to be a detailed and comprehensive exercise further narrowing the scope of assumptions and qualifications. Again, this budget estimate is to be submitted with a complete breakdown of all pricing and a summary listing of any outstanding inconsistencies, delays, or problem areas that could affect budget parameters and final delivery into the construction phase of the Project. Estimate to include updated preconstruction and construction schedule tracked against the baseline schedule from the SD estimate. Final approval and sign-off will be required from the Owner and Program Manager.

4.4 Any Budget Estimate may become the basis for the negotiated Design Build contract if Owner desires. Design Build Team shall specify within each budget estimate the fee for overhead and profit. In addition to General Contractor's fee, the estimate is to include a detailed estimate of all general conditions, supervision, equipment, etc., in accordance with the general conditions and Fee matrix included as Exhibit B.

5. Value Engineering / Constructability

Concurrent with the submission of each budget estimate, Design Build Team shall submit a detailed list of value engineering options and the associated estimated costs. The value engineering assumptions must consider not only the affected system and its components but also the collateral system or component that is co-dependent. Design Build Team

shall meet and work with the PMT in the evaluation of the various options as well as others as presented by the team and incorporate selected options into the budget estimates. Design Build Team is responsible for monitoring the design between estimates to keep within the Owner established budget. Design Build Team shall participate as a PMT member in maximizing the Project value for Owner.

6. Equipment Review and Coordination of Direct Owner Contracts

6.1 Design Build Team shall assist Owner and Program Manager in reviewing the budgeting of owner furnished equipment and furnishings, materials and installation costs potentially affecting the construction contract, including direct purchase methodologies available to Owner as a tax-free entity, and shall include these budgets or allowances, to the extent that they are reasonably known, in each budget estimate to ensure that all costs are accounted for.

6.2 If required, Design Build Team will work with Program Manager during the preconstruction phase of the Project to assist Owner in receiving bids and placing purchase orders for long lead equipment.

6.3 Design Build Team to confirm that all required utilities and seismic bracing for medical equipment are included in the construction documents.

7. Cash-Flow Analysis

Concurrent with the submission of each budget estimate and the master construction phase schedule as defined in Part 4 above, Design Build Team shall submit a cash-flow analysis for the overall construction duration of the Project. This analysis must be derived from cost-loading the construction schedule as developed and revised by Design Build Team, showing projected monthly billings for completed work in place. The analysis is to list individual monthly billings, accumulated billings to date, percentage of completion, and forecast to complete.

8. Scope of Bid Packages and Work Categories (for Each Phase of the Project)

"Bid Packages" are defined as those portions of the overall Project scope that are released for competitive bidding at staggered bid dates. Bid Packages identify opportunities for phased construction in order to accelerate the project schedule to deal with Project constraints. The main intent in developing Bid Packages and work categories is to account for every item of work in the Projects and identify the trade or Contractor responsible for performing the work. Additionally, the development of Bid Packages and Work Categories is to overcome scope overlaps or omissions between trades. Design Build Team shall assist the PMT in defining and preparing scope of work for various bid packages and Work categories as required to ensure that the master project schedule is maintained and that all required Work is included. Each Bid Package to have a minimum of three prequalified bidders.

9. Subcontractor/Vendor Solicitation and Prequalification

Design Build Team will aggressively promote and generate interest of local and regional bidders and assist the Program Manager in developing a master list of vendors and subcontractors that are qualified to submit bid proposals for the Project. Owner and Program Manager will have the opportunity to review and approve of all proposed subcontractors.

10. Construction Staging and Site Management Planning

Design Build Team will assist the PMT in developing a proposed site management plan for the purpose of staging construction operations. This plan will include such particulars as primary access roads to and from the construction site, construction parking, on-site entrances, construction personnel entrances and traffic patterns, location of temporary facilities, location of hoists, cranes, and other stationary equipment (if site accessibility is critical and dictates specific placement), and locations of barricades and construction fences.

11. Bidding and Construction Phase

11.1 Work Packaging and Bidding.

11.1.1 Design Build Team shall develop work-packaging recommendations and create package bidding schedule and procedure.

11.1.2 Design Build Team shall develop the bid market, notify potential bidders, publish bid calendar, and publish all required notices in compliance with all federal, state, county, city, and Owner requirements.

11.2 Bidding. Design Build Team will:

11.2.1 Manage, facilitate, and coordinate the bid phase to meet all procurement requirements in accordance with all applicable laws and make recommendations to Owner through Program Manager.

11.2.2 Assemble and distribute contract document work packages for bidding and confirm that all requirements have been made and all scope items covered.

11.2.3 Receive bids and analyze and reconcile and present bid results arrayed against the estimate for each individual work package for Owner's approval. All construction contracts are to be held by the General Contractor.

11.2.4 Receive and log all insurance certificates and other required start-up documents.

11.2.5 Establish and conduct pre-award and preconstruction meetings with Owner's Program Manager in attendance.

11.2.6 Design Build Team shall collect and coordinate site-specific safety plans from each prime subcontractor and set up a procedure to hold all primes accountable for

meeting the safety requirements within their own safety manuals and per Cal-OSHA requirements.

11.2.7 Design Build Team will need to coordinate with hospital's current policies and procedures and implement them as part of the safety plan (engineering, security and infectious control).

C. Uniform Proposal Outline

Proposals should be submitted in the following tabbed sections within the proposal. As stated within **Section B Scope of Services**, the Owner plans to enter into agreements with the Design Build Team in two phases (Phase I – Preconstruction; Phase II – Design Build Contract) for preconstruction and construction services and the Owner reserves the right to not pursue the second and final phase of services.

Tab 1 **Design Build Team** (Preconstruction & Construction)

1.0 Identify the individuals in the firms who will be assigned to the project. Include a proposed organization chart clearly defining lead individuals for each phase, and resumes for all individuals proposed, including any outside sub-consultants. At minimum include the personnel and subcontractor information requested in Exhibit C. Resumes should specifically address significant experience with projects similar in size and scope to the proposed SVH Project. The following format should be utilized for resumes. (Individual resumes must be limited to one (1) page each).

Individual Resumes

1.1 Assigned Individual

1.2 Years of Experience

1.3 Years with Firm

1.4 Project Assignment/Role Description

- Key Responsibilities for this Project
- Level of Involvement in each Phase(s) of this Project

1.5 Located in what office

1.6 Education or Special Training

1.7 Relevant Project Experience (list minimum of three providing details of each). The highlighted projects (must be in OSHPD, occupied hospitals) should reflect the past partnering of the General Contractor and the Architect.

- Project Description
- Project Size and Cost
- Role on Project
- Current Project Status
- Client Contact Information

1.8 Other Project Commitments including percentage of time dedicated to each project:

- Name/Scope of other Projects committed to (note: this must be verifiable)
- Anticipated Project Schedules
- Percentage of Time Dedicated to SVH Project

Tab 2 <u>Project Approach</u>

2.0 Discuss how the Design Build Team would approach the Scopes of Work described within Section B – Scope of Services. Include manpower requirements, resource information used and example deliverables for each listed Phase and Scope.

2.1 *Preconstruction Phase:* Approach to be employed by the Design Build Team during the Schematic Design, Design Development, and 90% Construction Documents including MEPF systems reviews, constructability reviews, value engineering reviews, logistics planning, maintenance and traffic planning, and GMP preparation.

2.2 *Construction Phase*: Approach to be employed by the Design Build Team during the various stages of the Construction Phases including quality control, safety, schedule management, etc.

2.3 *Management of Cost Estimating During Preconstruction and GMP contract development:* Describe your firm's approach to management of estimating, including MEPF, for project costs early in the design phase of the project as well as during GMP development.

2.4 Provide a minimum of two examples of pricing issues that require strategic planning during budgeting and later in buy-out and how you would manage them to the Owner's best advantage.

Tab 3 <u>Fee Proposal (Complete Exhibit B)</u>

3.1 Preconstruction Phase

3.1.1 Provide preconstruction fee compensation input per the format defined within Exhibit B.

3.1.2 Provide additional services compensation input per the format defined within Exhibit B.

3.2 Construction Phase

3.2.1 Design Build Fee percentage during the Construction Phase shall be stated.

3.2.2 Construction General Conditions percentage (of the Construction Cost of Work) during the Construction Phases shall be stated.

3.2.3 Program Estimate for the Seismic Study, MEP Study and Construction Phases 1-4 shall be stated using the template in Exhibit D.

3.2.4 Design Build Team General Conditions itemized monthly rates for the following:

3.2.4.1 Project Superintendent

3.2.4.2 Project Executive

3.2.4.3 Project Manager

3.2.4.4 Project Engineer

3.2.4.5 Superintendent's Transportation

3.2.4.6 Senior Principal / Partner

3.2.4.7 Senior Architect / Designer

3.2.4.8 Architect / Designer

3.2.4.9 Architect Project Manager (CA)

Tab 4 **<u>Agreement Comments</u>**

4.1 Design Build Agreement and Supplemental Conditions: Identify clarification requests and comments for Owner consideration. Only clarification requests and comments included within your proposal will be addressed by the Owner. Any comments identified after your proposal has been received will not be considered by the Owner. Furthermore, any requests to renegotiate comments after your proposal has been received will be grounds for dismissal. ***An addendum containing the Contract Documents will be issued prior to RFP Submission Due Date.***

4.2 Performance/Payment Bond: Include and identify the cost for a Performance and Payment Bond in your proposal.

Tab 5 Proposal Comments

5.1 Assist Owner in evaluating LEED options for Project.

5.2 Describe the types of Best Value ideas that your firm can deliver to Sonoma Valley Hospital based on past experiences.

5.3 Describe your ideas of how Lean Construction principles can be implemented on this project. Please explain the cost structure to utilize Lean.

5.4 Please explain your firm's experience with escalation over the past two years and provide your firm's forecast for escalation for the next three years.

5.5 Provide a high-level construction schedule assuming a construction start in Q1 of 2019, include duration of major activities through OSHPD final approval.

5.6 Provide any other ideas or value that your firm could bring to this project.

D. Submittal Guidelines

A. General Information

The evaluation of proposals will be conducted in the following manner:

1.1. All proposals received will be reviewed in detail and evaluated based upon the information provided.

1.2. The participating firms may be invited to make an additional presentation and associated interview.

1.3. The Owner may conduct site visits to representative projects provided by the Design Build Team in this RFP. This action is at the sole discretion of the Owner.

1.4. The Owner reserves the right to select the firm which they believe is best suited to execute this project and provides the Best Value.

1.4.1.1. Proposals will be evaluated based on the criteria in Tabs 1-4 above.

1.5. The Owner is still contacting references and confirming information provided in the Request for Qualifications (RFQ) for General Contractors. The Owner reserves the right to disqualify any firm from this RFP found to have misrepresentations in their RFQ.

1.6. The Owner reserves the right to reject all proposals received and seek additional proposals at any time. This is at the sole discretion of the Owner. Owner reserves the right to reject any or all proposals and to waive any formality or informality in proposals received whenever such rejection or waiver is in the interest of Owner. All materials submitted shall become the property of Owner. It is understood and agreed by the submitting firms that submittals, interviews, etc., are voluntary and Owner and/or its employees, agents, etc., are not responsible for any compensation and/or other commitments associated with submittals or interviews.

B. <u>Submittal Information</u>

2.1 Calendar of Events

- Release Via Electronic Email of Request for Proposal: Tuesday, November 14, 2017, 5:00PM
- Mandatory Walk-through at Sonoma Valley Hospital: Wednesday, November 15, 2017, 9:00AM
- RFP Questions Due: Monday, November 20, 2017, 5:00PM
- Contract Document Addendum: issued to GC's by December 6, 2017
- Proposal Deadline: Wednesday, December 13, 2017, Noon
- Follow up interviews may be required. Details will be provided if follow up interviews are requested
- Final Selection: notified in Quarter 1 of 2018
- Preconstruction Start: Quarter 1 of 2018

2.2 Copies of Submittals

Four (4) Hard Copies to:
Sonoma Valley Healthcare District
c/o: Kimberly Drummond
347 Andrieux Street
Sonoma, CA 95476

Electronic Copy emailed to kathleen.carroll@vertranassociates.com

2.3 Submittals are limited to 50 8-1/2" x 11" pages single sided.

2.4 All questions on the RFP shall be submitted in writing by email by Thursday, November 16, 2017, 5:00PM, to the person identified below. Responses shall be provided in writing by email by Monday, November 20, 2017, at 12:00PM.

Kathleen Carroll
Program Manager
Vertran Associates
kathleen.carroll@vertranassociates.com

E. Exhibits

A. Project Narrative and Existing Building Layout
B. Preconstruction Services Fee (to be completed and submitted)
C. Preconstruction Services Project Team (to be completed and submitted)
D. Rough Order of Magnitude Template (to be completed and submitted)
E. Design Build Agreement and Supplemental Conditions (to follow via Addendum)

SVH ODC EXHIBIT A

EXISTING BUILDING LAYOUT WITH SQUARE FOOTAGE

ANDRIEUX STREET

Green – 1 hr. Yellow – 2 hr.
Red – Shear/structural
Purple – Suite Not available space
Blue – SF area boundary
Orange – SF potential new CT Suite – 978
Magenta – Vacant space/available potential
Yellow Dash – Main Corridor
Blue Dash – Interior Corridor

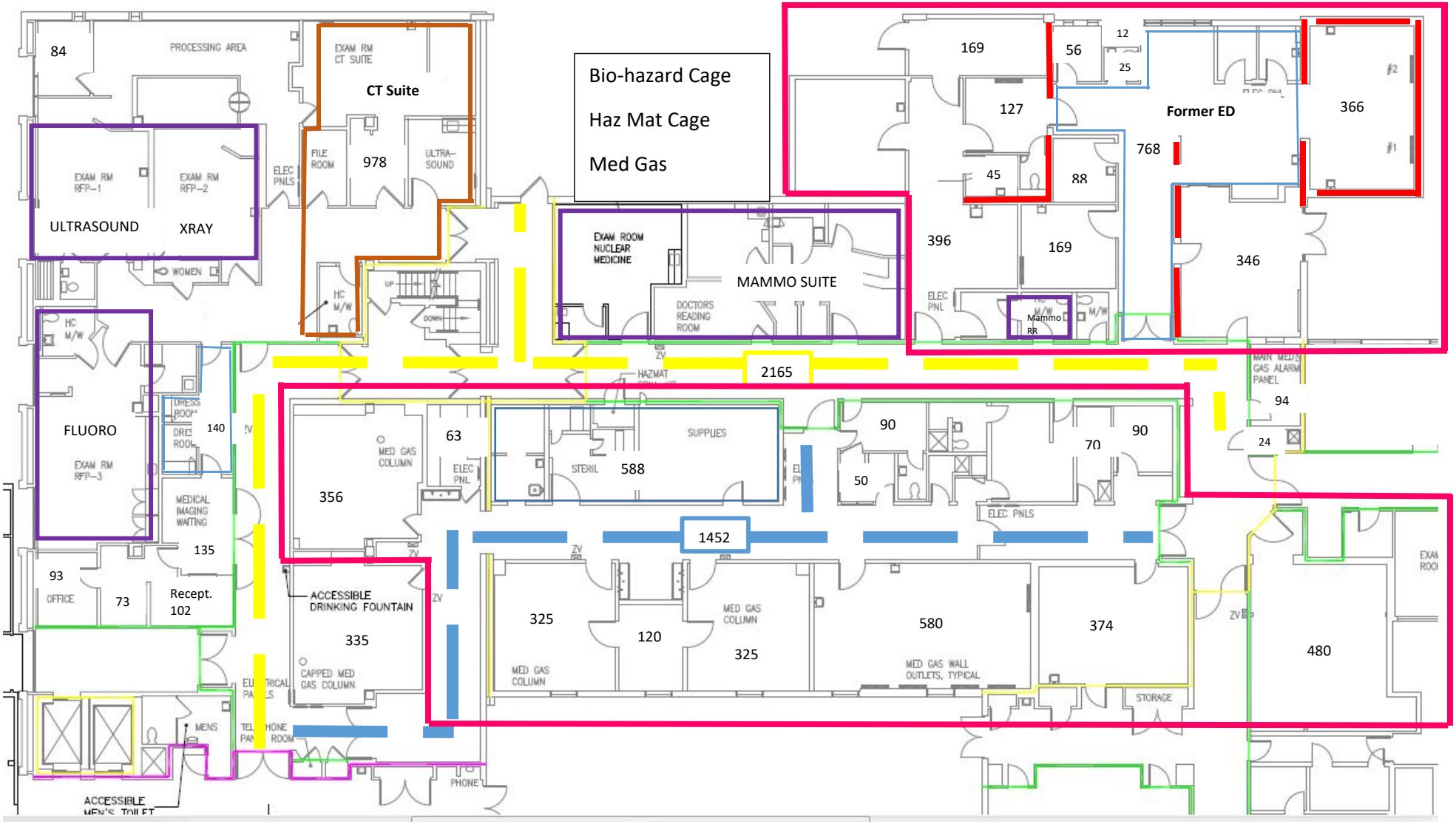
AT&T

Canopy

Bio-hazard Cage

Haz Mat Cage

Med Gas



SONOMA VALLEY HOSPITAL
OUTPATIENT DIAGNOSTIC CENTER
EXHIBIT A
Project Narrative and Existing Building Layout

The Sonoma Valley Hospital Project consists of renovations in the West and Central Wings of the existing hospital structure. The renovations will include a seismic study/upgrades, MEPF systems evaluation and four phases of renovations. The work includes, but is not limited to:

- Phase 1: CT and Ultrasound areas, Staff Breakroom, and Data Closet (IDF);
- Phase 2: Outpatient Entrance and Waiting Area, Cardiopulmonary Clinic, Scheduling Office, Staff Offices, and Staff Bathrooms/Locker Rooms;
- Phase 3: Nuclear Medicine;
- Phase 4: MRI;
- Restroom upgrades and other ancillary renovations based upon project needs and government agency requirements.

Both the West Wing and Central Wing house components of the basic 8 acute care services required to be in seismically complying buildings. The basic 8 services include Nursing Service Space, Surgical Services, Anesthesia Services, Imaging, Lab, Pharmacy, Dietetic, and Support Services. The West Wing currently houses Nursing Service Space (including ICU), Imaging, Lab, Pharmacy, and some Support Services. The Central Wing houses some Support Services components only.

The West Wing and Central Wing are currently in seismic category SPC-2. SPC-2 buildings and must be replaced, retrofitted, or removed from service by 2030. Therefore, a replacement or retrofit may be required during the useful life of any department improvements in the West and/or Central Wings, and the possible impact of the retrofit or replacement on the improvements and egress impacts must be considered in the project planning and budgeting for renovations.

Hospital Renovations
The Hospital Renovations will include the following scopes of work:

1. Seismic Retrofit of the West Wing – As Determined by SPC-4D Study; to be performed by Design Build Team; evaluation to run concurrently with MEP study and evaluation of Phases 1-4 Renovations.

2. MEPF Systems Evaluation in areas to be renovated and any associated areas; to be performed by Design Build Team; evaluation to run concurrently with seismic study and evaluation of Phases 1-4 Renovations.

3. Phase 1 Renovations: CT and Ultrasound areas, Staff Breakroom, and Data Closet (IDF)
   a. Ultrasound – new room to house upgraded equipment (approx. 140 s.f.)
      - Construction of new room or use of existing room to house upgraded equipment and new finishes (consider casework finishes in existing imaging department). MEPF systems to meet requirements of the space. Subsequent demobilization and demolition of existing ultrasound room.
   b. CT - room expansion and equipment upgrade:
      - Temporary CT trailer: will be in place prior to CT room expansion and equipment upgrade. Evaluation of former ED entrance area for location of temporary CT trailer will be required. Evaluation of exterior wall rating, electrical requirements and CT pad requirements expected. Consideration of MRI pad requirements for future relocation of existing MRI

trailer to this area. Dressing rooms and restrooms must be available for patient use during temporary CT location.

- CT room expansion (approx. 978 s.f.): reconfigure existing space with existing areas in the CT room, former ultrasound room, etc. to meet equipment and code requirements. Includes expansion of room, an ADA compliance toilet, new finishes, sink and casework (consider casework finishes in existing imaging department). Reconfiguration of partitions, ceilings and MEPF systems to accommodate use of space. MEPF systems to meet requirements of the space.
- Demolition of existing canopy and engineering shop at former ED entrance/driveway. Relocation of Med Gas, Bio-hazard, Hazmat & Confidential storage areas to a truck accessible loading/unloading area required.

c. Nurse Call System: upgrade nurse call system in the imaging department to tie into newer system in other areas of the facility.
d. Staff Breakroom (approx. 100 s.f.): relocate existing breakroom that is currently adjacent to CT Suite with use of existing unoccupied space.
e. Data Closet (IDF) (approx. 100 s.f.): relocate current data closet to existing unoccupied space. Consider use of existing storage area in unoccupied space. Relocation of existing utilities will be performed in conjunction with Sonoma Valley Hospital IT requirements in coordination with the IT department.

4. Phase 2 Renovations: Outpatient Entrance and Waiting Area, Cardiopulmonary Clinic, Scheduling, Staff Offices, and Staff Bathrooms/Locker Rooms
   a. Outpatient Entrance and Waiting Area
      - Configure former ED entrance into new main outpatient entrance with lobby-quality finishes and new storefront. Include waiting area, reception area, two tiled public single occupancy toilets and drinking fountains. Reconfiguration of partitions, ceilings and MEPF systems to accommodate new use of space. Must tie into existing main corridor for outpatient clinic access. Reconfiguration of partitions, ceilings and MEPF systems to accommodate use of space. MEPF systems to meet requirements of the space.
   b. Cardiopulmonary Department relocation
      - Suite will accommodate three exam rooms for 1) pulmonary function (currently 85 s.f.), 2) exam/stress testing/EKG (currently 145 s.f.), and 3) echocardiogram (currently 195 s.f.). Tech workstation area, storage space, clean utility room and locker space to be included (currently 200 s.f.). Medical gas and nurse call systems to be configured for exam rooms. Reconfiguration of partitions, ceilings and MEPF systems to accommodate use of space. MEPF systems to meet requirements of the space.
      - Nurse Call System: upgrade nurse call system to tie into newer system in other areas of the hospital.
   c. Parking lot asphalt (approx. 3,000 s.f.)
      - Evaluate for minimum parking requirements. Scope may include refurbishment of asphaltic concrete parking and creation of accessible parking per code requirements and an accessible path to the new outpatient entrance.

d. Landscaping (2,000 s.f.)
   - Scope may include reworking of landscaping in the vicinity of the outpatient entrance with an electrified monument and building signage. A Donor Wall will be incorporated into the exterior landscaping (consider design of donor wall at exterior of existing ED entrance).

e. Central Scheduling (s.f. tbd based on design): is currently not housed in the hospital; construction utilizing existing unoccupied space in the hospital or buildout of new open concept space to house approximately 3-4 people in cubicles. Installation of required equipment and MEPF systems required.

f. Staff offices (s.f. tbd based on design): using existing unoccupied space in former ED or elsewhere, or construction of new space to include 3-4 offices.

g. Staff bathrooms / locker rooms (s.f. tbd based on design): utilize existing unoccupied space or construction of new space to accommodate one each gender specific staff bathrooms with multiple stalls and locker rooms.

h. Storage (approx. 1,000 s.f.): utilize existing unoccupied space or construction of new space to accommodate storage needs of various departments.

5. Phase 3 Renovations: Nuclear Medicine
   a. Nuclear medicine (approx. 300 s.f.): renovation of existing space to include new finishes.

6. Phase 4 Renovations: MRI
   a. MRI – options:
      1. relocate existing mobile trailer to old ED ambulance drop off or;
      2. new modular unit to house MRI at old ED ambulance drop off
         - Work may include a covered walkway to transport patients to and from building

7. Work to support project needs and/or OSHPD or other regulating agency requirements:
   a. Restroom upgrades and other ancillary renovations based upon project needs and regulating agency requirements.

Scope Expectations

1. **Unless otherwise noted, the Design Build Team will provide turnkey systems.**
2. MEPF and nurse call systems to meet requirements of all areas.
3. ADA upgrades as required to be in compliance with regulating agencies.
4. All systems to operate continuously.
5. Every phase has an architectural custom signage component that will be in the Design Build Team's scope of work. The Design Build Team will coordinate with the Owner for hospital signage using the Owner's preferred vendor.
6. Restroom flooring and wall finishes will match the tile in the New Wing and Main Lobby.
7. All finishes (other than restroom tile) will be recommended by Design Build Team and agreed upon by Owner.
8. Anticipate corner protection universally. Anticipate wall protection in traffic areas universally.
9. Anticipate all room ceiling fixtures to be LED with occupancy sensor and dimming capability.
10. Each Phase requires relocation of fire sprinkler heads.
11. Every phase has an electrical tracing and metering cost.
12. Every space has a fire rated ceiling membrane separating interior from wood framing.

13. All areas require the addition of visual notification fire alarm devices. Expect full area coverage (smoke detector in each room). Expect to adjust the height of every area fire alarm backbox to the correct height.
14. All areas require current nurse call/code installation infrastructure.
15. All shutdowns and infection control will follow facility policies and procedures. Facility guidelines for infection control and construction expectations will be included in the Contract Documents.
16. All fire alarm/fire sprinkler disruptions trigger fire watch costs.
17. All floor finishes involve moisture vapor sealing.
18. Any roof work must be evaluated for patching and/or reroofing and is to be performed by the DBT.
19. All openings in rated systems require rated construction barricades.
20. All phases require HEPA filtered exhaust to exterior.
21. Every phase includes at minimum three (3) air balances.
22. Consult with the facility for anticipated furniture, fixtures, and equipment costs.
23. Consult with the facility for anticipated medical imaging and diagnostic equipment costs.

Summary

The Design Build Team will integrate lessons learned and experience in the preconstruction and construction of this Project. The schematic level description contained in this narrative is designed to allow informed pricing for the anticipated work based on more than per square foot costs. It should also facilitate planning and allow for the development of informed probable project duration. The narrative is not comprehensive but should communicate finishes and utilities which drive the cost of work. Contingencies should be applied to the construction costs, project soft costs, permit fees, inspection costs, escalation, design fees, and disruption for a complete probable project cost.

SONOMA VALLEY HOSPITAL
OUTPATIENT DIAGNOSTIC CENTER
REQUEST FOR PROPOSAL - EXHIBIT B

Preconstruction Services Fee

A. COMPENSATION

1.	Schedule Development	$_____
2.	Document Review	$_____
3.	Design Budget / Estimates	$_____
4.	Value Engineering / Constructability	$_____
5.	Equipment Review / Coordination of Owner Contracts	$_____
6.	Cash Flow Analysis	$_____
7.	Construction Staging and Site Management Planning	$_____
8.	Bidding and Construction Phase	$_____
	Total:	$_____

Design Build Team is to be paid a lump-sum Fee for performing the Preconstruction Services outlined in Exhibit A of this RFP. The Fee is payable by Owner upon presentation of Design Build Team's invoice and is to be in accordance with the terms of payment in the Contract Documents, based on the following schedule:

Schematic Design Estimate:	$_____
Design Development Estimate/GMP:	$_____
90% Construction Documents Estimate:	$_____
Final Bidding and GMP Reconciliation:	$_____
Total:	$_____

Preconstruction Services Fee

B. HOURLY RATES FOR ADDITIONAL SERVICES

For any Additional Preconstruction Services provided by Design Build Team beyond those described in Exhibit A, Design Build Team will be compensated by multiplying the hourly rates set forth below by the actual number of hours devoted to the performance of Additional Preconstruction Services by the following personnel:

1. Project Executive $_____
2. Senior Project Manager $_____
3. Chief Estimator $_____
4. MEP Estimator $_____
5. Project Manager $_____
6. Senior Principal / Partner $_____
7. Senior Architect / Designer $_____
8. Architect / Designer $_____
9. Other $_____

C. FEE

Please provide the proposed **Design Build Fee(s)** for the Construction of the Renovation Projects on the Sonoma Valley Hospital.

1. The percentage of Fee to be applied to the direct cost of construction for the development of a Guaranteed Maximum Price (GMP) proposal for the construction of the Renovations on the Sonoma Valley Hospital and its associated appurtenances is……XXXXX%.

2. The percentage of Fee to be applied to the direct cost of construction of a Design Build proposal for the construction of the Renovations on the Sonoma Valley Hospital and its associated appurtenances is……XXXXX%.

D. GENERAL CONDITIONS

The Design Build Team will also perform the construction of renovations on the Sonoma Valley Hospital. Please provide the proposed Design Build Team General Conditions.

Assuming construction of the Hospital Renovations begins in early 2019 please provide your schedule and the associated proposed General Conditions items and their respective amounts. Provide General Conditions for a GMP contract.

(Attach List of General Conditions)

E. SITE REQUIREMENTS / REIMBURSABLE EXPENSES

Assuming construction of the Hospital Renovations begins in early 2019 please provide the associated proposed Site Requirements / Reimbursable Expenses and their respective amounts.

(Attach List of Site Requirements)

F. BONDING / SDI

For the possible provision of a contract payment and performance bond – please list the name of the proposed surety and the bond rate (XXXXX%) to be applied to the value of the work.

1. Bonding / SDI Percentage to be Billed (of Subcontract Cost of Work) (XXXX%)

2. Bonding / SDI Percentage to be Refunded if No Claims on Project (XXXX%)

3. Estimated Amount of Subcontracted Work to be Bonded (If not using SDI) (XXXX%)

A. Preconstruction Services Project Team

1. Project Executive: _____
2. Senior Project Manager: _____
3. Estimator: _____
4. Project Manager: _____
5. Project Superintendent _____
6. Senior Principal / Partner _____
7. Senior Architect / Designer _____
8. Architect / Designer _____
9. Other _____: _____

B. Provide structural and MEP engineers that have been successfully utilized in the preparation and execution of Design Build programs for this proposed Design Build Team

C. Provide at least the three (3) contractors that have been successfully utilized in the preparation and execution of Design Build programs for this proposed Design Build Team

1. Demolition
2. Drywall (Framing and Finish)
3. Flooring (Supply and Install)
4. Painting (Supply and Install)
5. Mechanical Systems (Plumbing, HVAC)
6. Fire Protection Piping Systems
7. Electrical Systems
8. Fire Alarm Systems
9. Building Control Systems

SONOMA VALLEY HOSPITAL
OUTPATIENT DIAGNOSTIC CENTER
PROGRAM ESTIMATE TEMPLATE

EXHIBIT D

			PHASE 1	PHASE 2	PHASE 3	PHASE 4
DIVISION	**Seismic Study**	**MEP Study**	**Ultrasound, CT, Breakroom, IDF**	**OT entrance/waiting, Cardiopul**	**Nuclear Med**	**MRI trailer relo**
01000 DIV 1 - GENERAL REQUIREMENTS (months)						
02000 DIV 2 - SITE CONSTRUCTION						
02100 SITE DEMOLITION/ABATEMENT						
02700 BASES, BALLASTS, PAVEMENTS						
02900 LANDSCAPING/IRRIGATION						
03000 DIV 3 - CONCRETE						
03300 CAST-IN-PLACE CONCRETE						
04000 DIVISION 4 - MASONRY						
05000 DIVISION 5 - METALS						
05100 STRUCTURAL METAL FRAMING						
Equipment Anchorage						
06000 DIVISION 6 - WOOD & PLASTICS						
06100 ROUGH CARPENTRY						
06200 FINISH CARPENTRY						
06400 ARCHITECTURAL WOODWORK						
07000 DIVISION 7 - THERMAL & MOISTURE CONTROL						
07500 MEMBRANE ROOFING						
07800 Fire & Smoke Protection						
08000 DIVISION 8 - DOORS AND WINDOWS						
08100 METAL DOORS AND FRAMES						
08400 Entrances & Storefronts						
09000 DIVISION 9 - FINISHES						
09100 METAL SUPPORT ASSEMBLIES						
09200 PLASTER GYPSUM BOARD						
09300 TILE						
09500 CEILINGS						
09600 Flooring						
09900 PAINTS & COATINGS						
10500 Lockers						
10260 Wall & Corner Guards						
SIGNAGE						
13000 DIVISION 13 -PROTECTION						
13090 RADIATION PROTECTION						
14000 DIVISION 14 - CONVEYING SYSTEMS						
14800 SCAFFOLDING						
15000 DIVISION 15 - MECHANICAL						
15300 FIRE PROTECTION						
15400 PLUMBING						
15700 HEATING, VENT AND AIR CONDITIONING EQUIP						
Temp Heating						
16000 DIVISION 16 - ELECTRICAL						
16200 ELECTRICAL POWER						
SWITCH GEAR						
SUB TOTAL BEFORE BOND AND FEES						
GENERAL CONDITIONS AND OVERHEAD FEES						
SUBTOTAL BEFORE BOND						
BOND - x.xx%						
TOTAL BEFORE xx% CONTINGENCY						
xx% CONTINGENCY						
TOTAL						
COST PER SQUARE FOOT						

6.

ADMINISTRATIVE REPORT DECEMBER 2017

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

To: **SVHCD Board of Directors**
From: **Kelly Mather**
Date: **11/30/17**
Subject: **Administrative Report**

Summary
After a concerning first quarter with volumes and the reduced volume in October due to the fires, we are once again reducing expenses. We are reducing overhead and continue to work on strategies to increase admissions and volumes. Surgery volumes are better than expected.

Strategic Update from FY 2018 Strategic Plan:

Strategic Priorities	Update
Highest levels of health care safety, quality and value	➢ We have 4 Stars again! ➢ Performance Improvement was very successful with a lot of great projects. ➢ With our Chief Medical Officer retiring, we are planning to work with UCSF for medical direction and hope to have a Hospitalist serving this function in the future. ➢ We have participated in several debriefs after the fires and found we did well. ➢ Rate My Hospital continues to be a great tool to get feedback for outpatients.
Be the preferred hospital for patients, physicians, employers and health plans	➢ 3D Mammography construction is almost complete. ➢ The campaign for the Outpatient Diagnostic Center is underway with several internal pledges. The RFP has gone out and we are expecting bids by the end of the month. ➢ We are working with several physicians to go into the 1206b clinics which will ensure retention of our very valuable doctors in Sonoma. ➢ We plan to move ahead with salary increases in January but have not decided the percentage yet. ➢ Staff forums were held this month and we talked about the concerns with the health care environment and the future of hospitals.
Implement new and enhanced revenue strategies as measured by increased direct margins in each service unit	➢ We have meetings planned with UCSF this month to talk about collaboration opportunities. ➢ Dr. Alexandridis, the General and Breast surgeon, has already picked up several GI cases and is now seeing patients at the Perkins Street office. ➢ The Women's Place strategy and costs were approved by the Foundation, and we will upgrade the 3rd floor and some sections of OB and start marketing in January. ➢ The "Conversations with a Doctor" with Dr. Saidel was completely full. ➢ There is a new Cardiologist starting this summer with Dr. Price.
Continue to improve financial stability as measured by operating margin	➢ We will have the $3.3 million for the South Lot sale in October 2018. ➢ Several management positions were eliminated and/or reduced to reduce overhead. ➢ Home Care is reducing expenses. ➢ We are looking at potential partners for service lines that do not have a positive margin.
Lead progress toward being a healthier community as measured by community benefit	➢ Wellness University is almost complete with very positive reviews, again. ➢ We are part of the "Whole Person Care" pilot project with Sonoma County Health Services. ➢ We are participating in the "Sustainable Sonoma" initiatives. ➢ We completed "Continuing the Conversation" with Kiwanis this month.

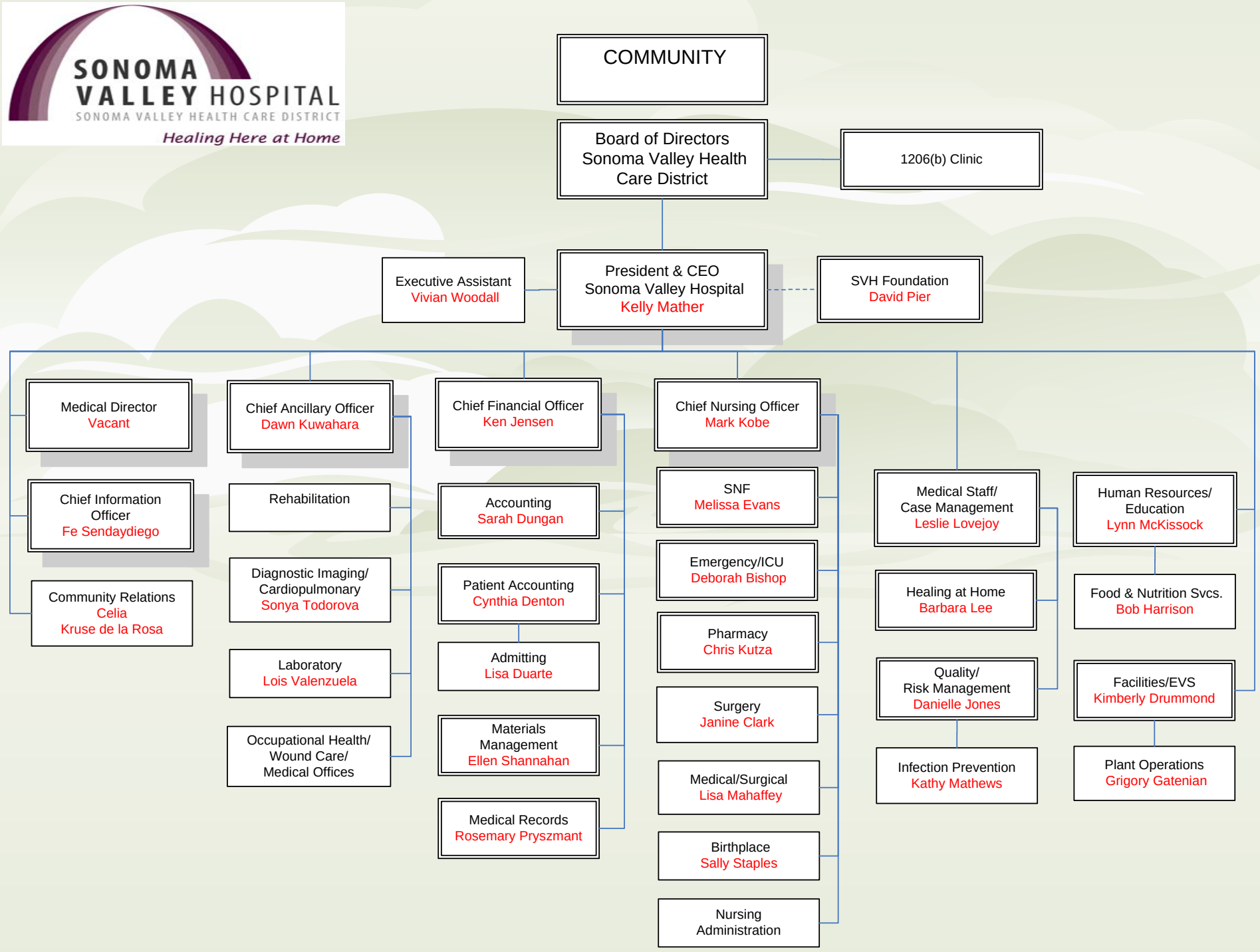
OCTOBER 2017

Patient Experience	Current Performance	FY 2018 Goal	National Benchmark
Would Recommend Hospital	56th percentile	> 60th percentile	50th percentile
Inpatient Overall Rating	64th percentile	>60th percentile	50th percentile
Home Health	91%	> 90%	> 80%
Outpatient Services	4.8	Rate My Hospital	4.5
Emergency	4.6	Rate My Hospital	4.5
Quality & Safety	**YTD Performance**	**FY 2018 Goal**	**Benchmark**
Hospital Acquired Infections	5 of 6 <benchmark	5 of 6 <benchmark	6 of 6 < benchmark
30 Day All- Cause Readmissions	9.70%	< 10 %	< 18.5%
Serious Safety Events	0	0	0
Overall Surgical Site Infection Rate	0.43%	0.50%	n/a
Hand Hygiene	98%	>90%	>80%
Falls	2.5	< 2.3	2.3
Pressure Ulcers	0	<3.7	3.7
Injuries to Staff	2	< 10	17
Adverse Drug Events with Harm	0	0	0
C Section rate	11.3%	<20%	< 20%
Wound Care time to heal	22 days	< 30 days	< 31 days
Repeat Analysis in Radiology	3.25%	< 5%	< 5%
Reportable HIPAA Privacy Events	0	0	0
SNF Star Rating	5	4	3
Hospital Star Rating	4	4	3
Our People	**YTD Performance**	**FY 2018 Goal**	**Benchmark**
Press Ganey Engagement Survey	74th percentile	75th percentile	50th percentile
Wellness Ambassadors	232	250	> 200
Turnover	5.3%	< 10%	< 15%
Financial Stability	**YTD Performance**	**FY 2018 Goal**	**Benchmark**
EBDA	.1%	2.89%	3%
FTE's/AOB	4.04	4.3	5.3
Days Cash on Hand	12.5	20	30
Days in Accounts Receivable	45	49	50
Length of Stay	3.5	3.85	4.03
Cost per Medicare Beneficiary	$18,430	<$20,000	$20,473
Funds raised by SVHF	$1,890,555	$1,483,950	$1 million
Strategic Growth	**YTD Performance**	**FY 2018 Goal**	**Benchmark**
Inpatient Discharges	344/1032	1193	1225
Outpatient Visits	17,334/52,002	57,771	55,566
Emergency Visits	3562/10,686	11,022	11,019
Surgeries	633/1899	1,800	1,680
Births	33/99	132	120
Home Health Visits	3243/9729	11,053	11,400
Community Benefit Hours	602.5/1807	1200	1200

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

ROLLING 12 MONTH RESULTS

MEASUREMENT	Goal FY 2018	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
FY YTD Turnover	<10%	.9	3.1	5.3	6.8	4.2	4.8	5.6	6.3	7.2	7.7	8.4	9
Leave of Absences	<12	10	10	11	11								
EBDA	>3%	.1	-.9	-1.1	.1%	4.4	1.5	2.2	2	3	3	3.1	3.6
Operating Revenue	>5m	5.0	4.8	4.6	4.6	4.5	3.7	4.5	4.3	5.3	4.9	5.3	5.2
Expense Management	<5m	5.1	5.3	5.2	4.8	5.0	4.7	5.0	4.8	5.4	5.3	5.6	5.2
Net Income	>50k	-197	-164	-230	62	-270	-599	-107	307	304	-24	16	180
Days Cash on Hand	>20	16	10	9	12.5	10	25	20	27	16	11	19	20
A/R Days	<50	45	43	47	45	53	51	50	46	44	47	44	45
Total FTE's	<320	318	314	316	304	319	309	316	322	322	313	319	321
FTEs/AOB	<4.0	4.23	3.75	4.19	4.04	4.35	4.03	3.74	3.54	3.93	4.22	3.73	4.14
Inpatient Discharges	>90	76	94	87	87	95	100	119	97	119	89	100	87
Outpatient Revenue	>$13m	14.1	15.5	14.3	11.9	13.1	12.9	13.5	12.2	15.1	13.1	15.5	15.4
Surgeries	>150	162	164	187	120	161	126	148	127	189	171	173	197
Home Health	>950	870	713	789	871	938	919	877	922	849	934	966	940
Births	>11	6	10	5	12	8	9	11	12	12	11	7	15
SNF days	>550	528	500	479	624	446	500	592	607	572	512	559	458
MRI	>120	102	134	128	100	118	130	115	107	137	121	116	109
Cardiology (Echos)	>50	62	93	73	54	51	51	55	69	89	70	70	79
Laboratory	>12	11.9	12.2	11.6	10.8	12.1	12.0	12.5	11.5	13.9	12.1	13.6	11.8
Radiology	>850	881	966	870	757	870	934	1012	981	1159	963	1142	1137
Rehab	>2700	2362	2872	2502	2078	2286	2117	2530	2161	3020	2748	2983	2802
CT	>300	326	390	354	271	306	340	341	323	398	385	407	376
ER	>900	920	894	921	827	850	942	1000	851	941	921	1069	964
Mammography	>200	223	235	201	191	435	399	171	215	246	191	214	219
Ultrasound	>300	287	326	265	188	290	271	253	284	334	213	279	312
Occupational Health	>600	642	705	552	707	636	601	484	568	611	631	607	659
Wound Care	>200	226	263	287	287	199	225	228	238	348	239	203	307



(Double line = Director; single line = Working Manager)

Revised 11.28.17

7.

FINANCIAL REPORT MONTH END OCTOBER 2017

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

To: **SVH Finance Committee**
From: **Ken Jensen, CFO**
Date: **November 28, 2017**
Subject: **Financial Report for the Month Ending October 31, 2017**

The financials for the month of October reflect the lost and/or postponed patient revenue due to the Sonoma County wildfires. During the wildfires the hospital cancelled non-emergency services that included outpatient diagnostic services and surgeries. The hospital also experienced additional or extraordinary costs associated with the wildfires of ($26,875) (Line 39) that consist of labor ($25,499) and supplies ($1,376).

The actual loss of ($318,515) from operations for October was $70,073 favorable to the budgeted loss of ($388,588). After accounting for all other activity; the October net income was $61,788 vs. the budgeted net income of $19,498 with a monthly EBIDA of 5.5% vs. a budgeted 3.9%.

Gross patient revenue for October was $19,873,467, less than budget by ($2,570,182). Inpatient gross revenue was under budget by ($1,397,718). Inpatient days were under budget by (102) days and inpatient surgeries were under budgeted expectations by (16) cases. Outpatient revenue was under budget by ($1,305,413). Outpatient visits were under budgeted expectations by (1,053) visits, and outpatient surgeries were at budgeted expectations at 97 cases. The Emergency Room gross revenue is under budget by ($452,787); with ER visits under budgeted expectations by (25) visits. SNF gross charges were over budgeted expectations by $576,261 and SNF patient days were over budget by 114 days. Home Health was over budget by $9,475 with visits close to budgeted expectations of 871 visits.

Gross revenue from surgical implants in October is $482,735, with $305,532 from inpatient surgeries and $177,203 from outpatient surgeries, and total implant costs were ($125,991). The net, before any revenue deductions, is $356,744.

Deductions from revenue were favorable to budgeted expectations by $2,304,689. The favorable variance is primarily due to the unfavorable variance in gross revenue of ($2,570,182). The hospital also received additional IGT funds above what was previously accrued for in the amount of $496,034.

After accounting for all other operating revenue, the **total operating revenue** was unfavorable to budget by ($271,317).

Operating Expenses of $4,871,642 were favorable to budget by $341,390. Salaries and wages and agency fees are under budget by $240,749. Salaries and wages are under budget by $275,577 and

agency fees are over budget by ($34,828). Employee benefits are under budget by $25,598. Utilities cost are over budget by ($18,934), PG&E is over budget by ($9,764) and telephone costs are over budget by ($8,851) due to a contract renewal with AT&T, we will receive a credit for the over charges. There were no matching fees posted in October.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for October was ($83,119) vs. a budgeted net loss of ($139,826). The total net income for October after all activity was $61,788 vs. a budgeted net income of $19,498.

EBIDA for the month of October was 5.5% vs. the budgeted 3.9%.

Patient Volumes – October

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	87	108	-21	99
Newborn Discharges	10	15	-5	9
Acute Patient Days	315	417	-102	402
SNF Patient Days	624	510	114	512
Home Care Visits	871	904	-33	880
OP Gross Revenue	$11,864	$13,613	($1,749)	$13,347
Surgical Cases	120	135	-15	126

Gross Revenue Overall Payer Mix – October

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	45.0%	45.4%	-0.4%	44.7%	45.5%	-0.8%
Medicare Mgd Care	13.8%	9.9%	3.9%	11.6%	10.0%	1.6%
Medi-Cal	17.1%	17.8%	-0.7%	18.4%	17.9%	0.5%
Self Pay	0.6%	1.2%	-0.6%	1.3%	1.2%	0.1%
Commercial	19.0%	20.5%	-1.5%	19.6%	20.4%	-0.8%
Workers Comp	2.2%	3.1%	-0.9%	2.2%	3.0%	-0.8%
Capitated	2.3%	2.1%	0.2%	2.2%	2.0%	0.2%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for October:

For the month of October the cash collection goal was $3,454,752 and the Hospital collected $3,835,014 or over the goal by $380,262. The year-to-date cash collection goal was $14,635,881 and the Hospital has collected $15,107,069 or over goal by 471,188. Days of cash on hand are 12.5 days at October 31, 2017. The balance in the Money Market account at October 31, 2017 is $1,243,963 and is not included in the calculation of days of cash on hand. Accounts Receivable decreased from September, from 46.5 days to 45.3 days in October. Accounts Payable increased by $2,543 from September and Accounts Payable days are at 48.3.

ATTACHMENTS:

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

Sonoma Valley Hospital
Payer Mix for the month of October 31, 2017

ATTACHMENT A

	October-17				YTD			
Gross Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	8,943,421	10,158,932	-1,215,511	-12.0%	38,496,610	41,612,200	-3,115,590	-7.5%
Medicare Managed Care	2,730,133	2,223,089	507,044	22.8%	9,970,194	9,134,347	835,847	9.2%
Medi-Cal	3,385,140	3,999,581	-614,441	-15.4%	15,800,313	16,351,503	-551,190	-3.4%
Self Pay	133,135	279,913	-146,778	-52.4%	1,077,077	1,139,175	-62,098	-5.5%
Commercial & Other Government	3,785,536	4,621,327	-835,791	-18.1%	16,924,293	18,736,725	-1,812,432	-9.7%
Worker's Comp.	437,932	691,822	-253,890	-36.7%	1,929,647	2,740,349	-810,702	-29.6%
Capitated	458,170	468,985	-10,815	-2.3%	1,888,642	1,871,197	17,445	0.9%
Total	**19,873,467**	**22,443,649**	**(2,570,182)**		**86,086,776**	**91,585,496**	**(5,498,720)**	

Net Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	1,442,301	1,514,630	-72,329	-4.8%	5,898,942	6,336,571	-437,629	-6.9%
Medicare Managed Care	370,662	285,411	85,251	29.9%	1,400,873	1,172,749	228,124	19.5%
Medi-Cal	465,753	534,527	-68,774	-12.9%	2,347,756	2,289,527	58,229	2.5%
Self Pay	73,224	156,052	-82,828	-53.1%	566,037	543,331	22,706	4.2%
Commercial & Other Government	1,401,625	1,729,194	-327,569	-18.9%	5,503,242	6,770,227	-1,266,985	-18.7%
Worker's Comp.	88,291	128,807	-40,516	-31.5%	394,800	658,296	-263,496	-40.0%
Capitated	11,217	15,207	-3,990	-26.2%	62,663	60,661	2,002	3.3%
Prior Period Adj/IGT	558,534	313,272	245,262	78.3%	2,127,696	1,253,088	874,608	69.8%
Total	**4,411,607**	**4,677,100**	**(265,493)**	**-5.7%**	**18,302,009**	**19,084,450**	**(782,441)**	**-4.1%**

Percent of Net Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	32.7%	32.4%	0.3%	0.9%	32.2%	33.3%	-1.2%	-3.6%
Medicare Managed Care	8.4%	6.1%	2.3%	37.7%	7.7%	6.1%	1.6%	26.2%
Medi-Cal	23.1%	18.1%	5.0%	27.6%	24.4%	18.6%	5.8%	31.2%
Self Pay	1.7%	3.3%	-1.6%	-48.5%	3.1%	2.8%	0.3%	10.7%
Commercial & Other Government	31.8%	37.0%	-5.2%	-14.1%	30.1%	35.5%	-5.4%	-15.2%
Worker's Comp.	2.0%	2.8%	-0.8%	-28.6%	2.2%	3.4%	-1.2%	-35.3%
Capitated	0.3%	0.3%	0.0%	0.0%	0.3%	0.3%	0.0%	14.1%
Total	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**-0.1%**	**-0.1%**

Projected Collection Percentage:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	16.1%	14.9%	1.2%	8.1%	15.3%	15.2%	0.1%	0.7%
Medicare Managed Care	13.6%	12.8%	0.8%	6.3%	14.1%	12.8%	1.3%	10.2%
Medi-Cal	30.3%	21.2%	9.1%	42.9%	28.3%	21.7%	6.6%	30.4%
Self Pay	55.0%	55.8%	-0.8%	-1.4%	52.6%	47.7%	4.9%	10.3%
Commercial & Other Government	37.0%	37.4%	-0.4%	-1.1%	32.5%	36.1%	-3.6%	-10.0%
Worker's Comp.	20.2%	18.6%	1.6%	8.6%	20.5%	24.0%	-3.5%	-14.6%
Capitated	2.4%	3.2%	-0.8%	-25.0%	3.3%	3.2%	0.1%	3.1%

SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended October 31, 2017

ATTACHMENT B

	CURRENT MONTH				YEAR-TO-DATE			YTD
	Actual 10/31/17	Budget 10/31/17	Favorable (Unfavorable) Variance		Actual 10/31/17	Budget 10/31/17	Favorable (Unfavorable) Variance	Prior Year 10/31/16
				Inpatient Utilization				
				Discharges				
1	72	92	(20)	Acute	285	357	(72)	352
2	15	16	(1)	ICU	59	64	(5)	50
3	87	108	(21)	Total Discharges	344	421	(77)	402
4	10	15	(5)	Newborn	33	57	(24)	53
5	97	123	(26)	Total Discharges inc. Newborns	377	478	(101)	455
				Patient Days:				
6	231	316	(85)	Acute	863	1,235	(372)	1,236
7	84	101	(17)	ICU	342	394	(52)	396
8	315	417	(102)	Total Patient Days	1,205	1,629	(424)	1,632
9	24	30	(6)	Newborn	54	117	(63)	94
10	339	447	(108)	Total Patient Days inc. Newborns	1,259	1,746	(487)	1,726
				Average Length of Stay:				
11	3.2	3.4	(0.2)	Acute	3.0	3.5	(0.4)	3.5
12	5.6	6.2	(0.6)	ICU	5.8	6.2	(0.4)	7.9
13	3.6	3.9	(0.2)	Avg. Length of Stay	3.5	3.9	(0.4)	4.1
14	2.4	2.0	0.4	Newborn ALOS	1.6	2.0	0.4	1.8
				Average Daily Census:				
15	7.5	10.2	(2.7)	Acute	7.0	10.0	(3.0)	10.0
16	2.7	3.3	(0.5)	ICU	2.8	3.2	(0.4)	3.2
17	10.2	13.5	(3.3)	Avg. Daily Census	9.8	13.2	(3.4)	13.3
18	0.8	1.0	(0.2)	Newborn	0.44	0.95	(0.5)	0.76
				Long Term Care:				
19	624	510	114	SNF Patient Days	2,131	2,307	(176)	2,307
20	33	22	11	SNF Discharges	113	101	12	115
21	20.1	16.5	3.7	Average Daily Census	17.3	18.8	(1.4)	18.8
				Other Utilization Statistics				
				Emergency Room Statistics				
22	827	852	(25)	Total ER Visits	3,562	3,607	(45)	3,607
				Outpatient Statistics:				
23	3,814	4,867	(1,053)	Total Outpatients Visits	17,334	19,257	(1,923)	18,522
24	23	39	(16)	IP Surgeries	107	143	(36)	161
25	97	96	1	OP Surgeries	526	377	149	323
26	52	31	21	Special Procedures	256	131	125	198
27	871	904	(33)	Home Health Visits	3,243	3,741	(498)	3,772
28	298	332	(34)	Adjusted Discharges	1,308	1,326	(18)	1,310
29	2,334	2,359	(26)	Adjusted Patient Days (Inc. SNF)	9,523	9,995	(472)	9,989
30	75.3	76.1	(0.8)	Adj. Avg. Daily Census (Inc. SNF)	77.4	81.3	(3.8)	81.2
31	1.4880	1.4000	0.088	Case Mix Index -Medicare	1.5619	1.4000	0.162	1.7452
32	1.4850	1.4000	0.085	Case Mix Index - All payers	1.4856	1.4000	0.086	1.5863
				Labor Statistics				
33	246	282	35.1	FTE's - Worked	272	287	15.3	282
34	304	322	18.1	FTE's - Paid	313	328	15.1	319
35	39.36	41.38	2.02	Average Hourly Rate	41.70	41.79	0.09	39.76
36	23.0	24.1	1.1	Manhours / Adj. Pat Day	23.0	23.0	(0.0)	22.4
37	180.0	171.4	(8.6)	Manhours / Adj. Discharge	167.7	173.4	5.7	170.8
38	23.8%	22.4%	-1.4%	Benefits % of Salaries	23.1%	22.2%	-0.9%	23.2%
				Non-Labor Statistics				
39	11.4%	10.5%	-0.9%	Supply Expense % Net Revenue	11.4%	10.7%	-0.7%	11.9%
40	1,734	1,516	(218)	Supply Exp. / Adj. Discharge	1,633	1,576	(57)	1,761
41	16,881	16,190	(691)	Total Expense / Adj. Discharge	16,590	16,450	(140)	16,111
				Other Indicators				
42	12.5			Days Cash - Operating Funds				
43	45.3	50.0	(4.7)	Days in Net AR	44.8	50.0	(5.2)	51.3
44	111%			Collections % of Net Revenue	103%			108.6%
45	48.3	55.0	(6.7)	Days in Accounts Payable	48.3	55.0	(6.7)	12.9
46	22.9%	21.4%	1.5%	% Net revenue to Gross revenue	21.9%	21.4%	0.5%	22.2%
47	23.0%			% Net AR to Gross AR	23.0%			26.0%

Sonoma Valley Health Care District

ATTACHMENT C

Balance Sheet

As of October 31, 2017

		Current Month	Prior Month	Prior Year
	Assets			
	Current Assets:			
1	Cash	$ 2,020,693	$ 1,535,825	$ 1,785,152
2	Trustee Funds	2,106,493	2,104,929	1,690,566
3	Net Patient Receivables	8,306,715	8,570,235	8,643,574
4	Allow Uncollect Accts	(1,566,400)	(1,342,952)	(1,060,164)
5	Net A/R	6,740,315	7,227,283	7,583,410
6	Other Accts/Notes Rec	7,228,328	7,114,147	6,967,761
7	3rd Party Receivables, Net	2,217,756	2,798,090	2,451,242
8	Inventory	840,026	838,755	820,192
9	Prepaid Expenses	792,791	857,849	808,704
10	Total Current Assets	$ 21,946,402	$ 22,476,878	$ 22,107,027
12	Property,Plant & Equip, Net	$ 52,477,887	$ 52,641,781	$ 53,442,292
13	Specific Funds/ Money Market	1,243,963	1,143,122	186,368
14	Other Assets	-	-	144,911
15	Total Assets	$ 75,668,252	$ 76,261,781	$ 75,880,598
	Liabilities & Fund Balances			
	Current Liabilities:			
16	Accounts Payable	$ 3,703,111	$ 3,700,568	$ 3,398,692
17	Accrued Compensation	4,046,606	4,045,441	3,883,737
18	Interest Payable	317,328	211,552	330,797
19	Accrued Expenses	1,871,566	1,987,798	1,369,681
20	Advances From 3rd Parties	544,088	437,041	117,071
21	Deferred Tax Revenue	4,538,800	5,106,150	3,975,269
22	Current Maturities-LTD	1,298,638	1,274,224	1,048,921
23	Line of Credit - Union Bank	6,973,734	6,973,734	5,923,734
24	Other Liabilities	1,501,386	1,501,386	2,158,797
25	Total Current Liabilities	$ 24,795,257	$ 25,237,894	$ 22,206,699
26	Long Term Debt, net current portion	$ 35,263,105	$ 35,475,785	$ 37,529,163
27	Fund Balances:			
28	Unrestricted	$ 11,705,739	$ 11,643,951	$ 12,953,705
29	Restricted	3,904,151	3,904,151	3,191,032
30	Total Fund Balances	$ 15,609,890	$ 15,548,102	$ 16,144,736
31	Total Liabilities & Fund Balances	$ 75,668,252	$ 76,261,781	$ 75,880,598

ATTACHMENT D

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended October 31, 2017

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	$	%		Actual	Budget	$	%	Prior Year
					Volume Information					
1	87	108	(21)	-19%	Acute Discharges	344	421	(77)	-18%	402
2	624	510	114	22%	SNF Days	2,131	2,307	(176)	-8%	2,307
3	871	904	(33)	-4%	Home Care Visits	3,243	3,741	(498)	-13%	3,772
4	11,864	13,613	(1,749)	-13%	Gross O/P Revenue (000's)	$ 55,927	$ 55,482	445	1%	$ 52,801
					Financial Results					
					Gross Patient Revenue					
5	$ 5,665,267	$ 7,062,985	(1,397,718)	-20%	Inpatient	$ 21,995,392	$ 27,790,392	(5,795,000)	-21%	$ 26,537,197
6	6,033,698	7,339,111	(1,305,413)	-18%	Outpatient	30,646,368	29,292,782	1,353,586	5%	26,815,131
7	5,530,817	5,983,604	(452,787)	-8%	Emergency	24,171,046	24,965,488	(794,442)	-3%	24,834,815
8	2,323,054	1,746,793	576,261	33%	SNF	8,104,449	8,250,814	(146,365)	-2%	7,885,507
9	320,631	311,156	9,475	3%	Home Care	1,169,521	1,286,020	(116,499)	-9%	1,309,924
10	**$ 19,873,467**	**$ 22,443,649**	**(2,570,182)**	**-11%**	**Total Gross Patient Revenue**	**$ 86,086,776**	**$ 91,585,496**	**(5,498,720)**	**-6%**	**$ 87,382,574**
					Deductions from Revenue					
11	$ (15,869,994)	$ (17,957,214)	2,087,220	12%	Contractual Discounts	$ (69,320,494)	$ (73,263,706)	3,943,212	5%	$ (69,772,250)
12	(150,000)	(100,000)	(50,000)	-50%	Bad Debt	(553,000)	(400,000)	(153,000)	-38%	(500,000)
13	(400)	(22,607)	22,207	98%	Charity Care Provision	(38,969)	(90,428)	51,459	57%	(109,230)
14	558,534	313,272	245,262	78%	Prior Period Adj/Government Program Revenue	2,127,696	1,253,088	874,608	*	1,810,022
15	**$ (15,461,860)**	**$ (17,766,549)**	**2,304,689**	**-13%**	**Total Deductions from Revenue**	**$ (67,784,767)**	**$ (72,501,046)**	**4,716,279**	**-7%**	**$ (68,571,458)**
16	**$ 4,411,607**	**$ 4,677,100**	**(265,493)**	**-6%**	**Net Patient Service Revenue**	**$ 18,302,009**	**$ 19,084,450**	**(782,441)**	**-4%**	**$ 18,811,116**
17	$ 131,210	$ 128,521	2,689	2%	Risk contract revenue	$ 521,364	$ 514,084	7,280	1%	$ 512,301
18	$ 4,542,817	$ 4,805,621	(262,804)	-5%	Net Hospital Revenue	$ 18,823,373	$ 19,598,534	(775,161)	-4%	$ 19,323,417
19	$ 10,310	$ 18,823	(8,513)	**-45%**	Other Op Rev & Electronic Health Records	$ 75,743	$ 75,292	451	1%	$ 106,159
20	**$ 4,553,127**	**$ 4,824,444**	**(271,317)**	**-6%**	**Total Operating Revenue**	**$ 18,899,116**	**$ 19,673,826**	**(774,710)**	**-4%**	**$ 19,429,576**
					Operating Expenses					
21	$ 2,113,332	$ 2,354,081	240,749	10%	Salary and Wages and Agency Fees	$ 9,147,617	$ 9,609,420	461,803	5%	$ 8,893,684
22	862,022	$ 887,620	25,598	3%	Employee Benefits	3,512,952	3,597,759	84,807	2%	3,466,471
23	$ 2,975,354	$ 3,241,701	266,347	8%	Total People Cost	$ 12,660,569	$ 13,207,179	546,610	4%	$ 12,360,155
24	$ 417,278	$ 409,331	(7,947)	-2%	Med and Prof Fees (excld Agency)	$ 1,601,438	$ 1,637,977	36,539	2%	$ 1,551,923
25	517,162	503,237	(13,925)	-3%	Supplies	2,136,807	2,090,905	(45,902)	-2%	2,307,529
26	367,946	376,471	8,525	2%	Purchased Services	1,478,100	1,505,703	27,603	2%	1,195,023
27	285,027	282,312	(2,715)	-1%	Depreciation	1,140,523	1,129,248	(11,275)	-1%	1,111,216
28	120,556	101,622	(18,934)	-19%	Utilities	472,517	406,488	(66,029)	-16%	440,055
29	31,819	27,614	(4,205)	-15%	Insurance	127,276	110,456	(16,820)	-15%	117,168
30	46,277	45,099	(1,178)	-3%	Interest	186,141	182,566	(3,575)	-2%	133,089
31	110,223	139,212	28,989	21%	Other	470,294	556,888	86,594	16%	537,111
32	-	86,433	86,433	*	Matching Fees (Government Programs)	775,755	345,732	(430,023)	*	747,361
33	**$ 4,871,642**	**$ 5,213,032**	**341,390**	**7%**	**Operating expenses**	**$ 21,049,420**	**$ 21,173,142**	**123,722**	**1%**	**$ 20,500,630**
34	**$ (318,515)**	**$ (388,588)**	**70,073**	**18%**	**Operating Margin**	**$ (2,150,304)**	**$ (1,499,316)**	**(650,988)**	**-43%**	**$ (1,071,054)**

ATTACHMENT D

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended October 31, 2017

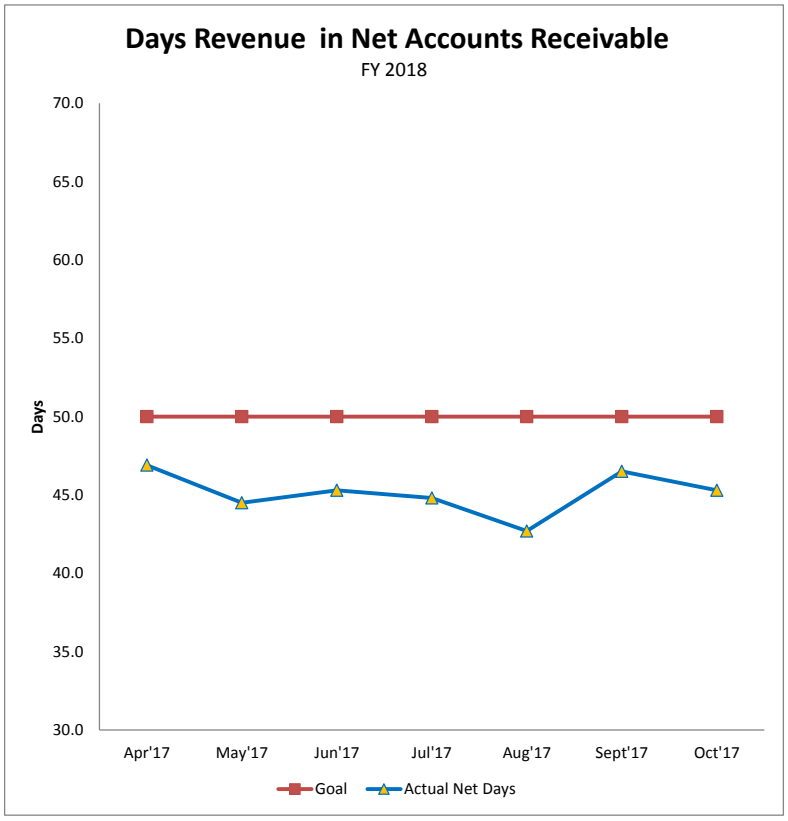
	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	$	%		Actual	Budget	$	%	Prior Year
					Non Operating Rev and Expense					
35	$ 2,370	$ (13,222)	15,592	-118%	Miscellaneous Revenue/(Expenses)	$ (1,835)	$ (52,487)	50,652	*	$ (73,102)
36	-	-	-	0%	Donations	8,478	-	8,478	0%	53,088
37	(56,766)	(54,683)	(2,083)	4%	Physician Practice Support-Prima	(227,064)	(218,732)	(8,332)	4%	(150,000)
38	316,667	316,667	-	0%	Parcel Tax Assessment Rev	1,266,668	1,266,668	-	0%	1,000,378
39	(26,875)	0	(26,875)	0%	Extraordinary Items	(26,875)	0	(26,875)	0%	
40	**$ 235,396**	**$ 248,762**	**13,509**	**-5%**	**Total Non-Operating Rev/Exp**	**$ 1,019,372**	**$ 995,449**	**50,798**	**2%**	**$ 830,364**
41	**$ (83,119)**	**$ (139,826)**	**56,707**	**-41%**	**Net Income / (Loss) prior to Restricted Contributions**	**$ (1,130,932)**	**$ (503,867)**	**(600,190)**	**119%**	**$ (240,690)**
42	$ -	$ 14,417	(14,417)	-100%	Capital Campaign Contribution	$ 12,750	$ 57,668	(44,918)	-78%	$ 60,809
43	$ -	$ -	-	0%	Restricted Foundation Contributions	$ 12,267	$ -	12,267	100%	$ -
44	**$ (83,119)**	**$ (125,409)**	**42,290**	**-34%**	**Net Income / (Loss) w/ Restricted Contributions**	**$ (1,105,915)**	**$ (446,199)**	**(659,716)**	**148%**	**$ (179,881)**
45	250,683	250,683	-	0%	GO Bond Tax Assessment Rev	1,002,732	1,002,732	-	0%	987,636
46	(105,776)	(105,776)	-	0%	GO Bond Interest	(427,594)	(427,594)	-	0%	(456,707)
47	**$ 61,788**	**$ 19,498**	**42,290**	**217%**	**Net Income/(Loss) w GO Bond Activity**	**$ (530,777)**	**$ 128,939**	**(659,716)**	**-512%**	**$ 351,048**
	$ 248,185	$ 187,585			**EBIDA - Not including Restricted Contributions**	$ 195,732	$ 807,947			$ 1,003,615
	5.5%	3.9%				1.0%	4.1%			5.2%
	$ 201,908	$ 142,486			**EBDA - Not including Restricted Contributions**	$ 9,591	$ 625,381			
	4.4%	3.0%				0.1%	3.2%			

Sonoma Valley Health Care District **ATTACHMENT E**
Statement of Revenue and Expenses Variance Analysis
For the Period Ended October 31, 2017

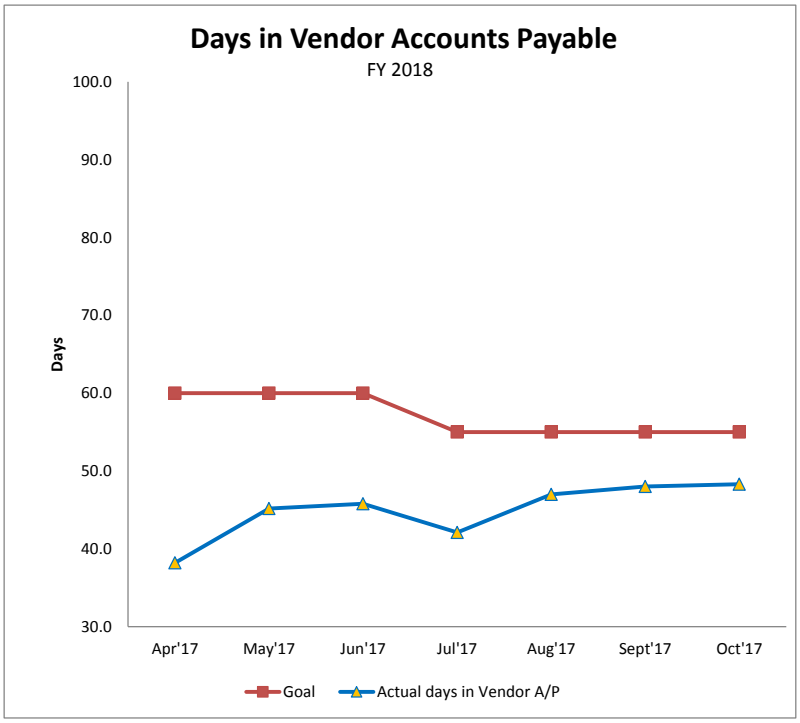
		YTD	MONTH	
	Description	**Variance**	**Variance**	
	Volume Information			
1	Acute Discharges	(77)	(21)	
2	SNF Days	(176)	114	
3	Home Care Visits	(498)	(33)	
4	Gross O/P Revenue (000's)	445	(1,749)	
	Financial Results			
	Gross Patient Revenue			
5	Inpatient	(5,795,000)	(1,397,718)	Inpatient days were below budgeted expectations by (102) days and IP surgeries were below budget by (16) cases.
6	Outpatient	1,353,586	(1,305,413)	Outpatient visits are 3,814 vs. budgeted expectations of 4,867 visits and outpatient surgeries are 97 vs. budgeted expectations 96.
7	Emergency	(794,442)	(452,787)	ER visits are 827 vs. budgeted visits of 852.
8	SNF	(146,365)	576,261	SNF patient days are 624 vs. budgeted expected days of 510.
9	Home Care	(116,499)	9,475	HHA visits are 871 vs. budgeted expectations of 904.
10	**Total Gross Patient Revenue**	**(5,498,720)**	**(2,570,182)**	
	Deductions from Revenue			
11	Contractual Discounts	3,943,212	2,087,220	
12	Bad Debt	(153,000)	(50,000)	
13	Charity Care Provision	51,459	22,207	
14	Prior Period Adj/Government Program Revenue	874,608	245,262	Received Add'l IGT funding over amount accrued of $496,034.
15	**Total Deductions from Revenue**	**4,716,279**	**2,304,689**	
16	**Net Patient Service Revenue**	**(782,441)**	**(265,493)**	
17	Risk contract revenue	7,280	2,689	
18	Net Hospital Revenue	**(775,161)**	**(262,804)**	
19	Other Op Rev & Electronic Health Records	451	(8,513)	
20	**Total Operating Revenue**	**(774,710)**	**(271,317)**	
	Operating Expenses			
21	Salary and Wages and Agency Fees	461,803	240,749	Salaries and Wages are under budget by $275,577 and the Agency fees are over budget by ($34,828).
22	Employee Benefits	84,807	25,598	
23	Total People Cost	**546,610**	**266,347**	
24	Med and Prof Fees (excld Agency)	36,539	(7,947)	
25	Supplies	(45,902)	(13,925)	
26	Purchased Services	27,603	8,525	
27	Depreciation	(11,275)	(2,715)	
28	Utilities	(66,029)	(18,934)	PG&E is over budget by ($9,764) and telephone costs are over budget by ($8,851).
29	Insurance	(16,820)	(4,205)	
30	Interest	(3,575)	(1,178)	
31	Other	86,594	28,989	
32	Matching Fees (Government Programs)	(430,023)	86,433	No matching fees posted in October. The budgeted matching fees are spread evenly over 12 months.
33	**Operating expenses**	**123,722**	**341,390**	
34	**Operating Margin**	**(650,988)**	**70,073**	
	Non Operating Rev and Expense			
35	Miscellaneous Revenue	50,652	15,592	
36	Donations	8,478	-	
37	Physician Practice Support-Prima	(8,332)	(2,083)	
38	Parcel Tax Assessment Rev	-	-	
39	Extraordinary Items	(26,875)	(26,875)	Extraordinary costs related to the wildfires; labor, registry, and supplies.
40	**Total Non-Operating Rev/Exp**	50,798	13,509	
			-	
41	**Net Income / (Loss) prior to Restricted Contributions**	**(600,190)**	**56,707**	

Sonoma Valley Health Care District **ATTACHMENT E**
Statement of Revenue and Expenses Variance Analysis
For the Period Ended October 31, 2017

	Description	YTD Variance	MONTH Variance	
			-	
42	Capital Campaign Contribution	(44,918)	(14,417)	No capital campaign donations received in October
43	Restricted Foundation Contributions	12,267	-	
44	**Net Income / (Loss) w/ Restricted Contributions**	**(659,716)**	**42,290**	
45	GO Bond Tax Assessment Rev	-	-	
46	GO Bond Interest	-	-	
47	**Net Income/(Loss) w GO Bond Activity**	**(659,716)**	**42,290**	



Days in A/R	Apr'17	May'17	Jun'17	Jul'17	Aug'17	Sept'17	Oct'17
Actual days in A/R	46.9	44.5	45.3	44.8	42.7	46.5	45.3
Goal	50.0	50.0	50.0	50.0	50.0	50.0	50.0



Days in A/P	Apr'17	May'17	Jun'17	Jul'17	Aug'17	Sept'17	Oct'17
Actual days in Vendor A/P	38.2	45.2	45.8	42.1	47.0	48.0	48.3
Goal	60.0	60.0	60.0	55.0	55.0	55.0	55.0

Sonoma Valley Hospital
Statistical Analysis
FY 2018

ATTACHMENT G

	ACTUAL	BUDGET	ACTUAL												
	Oct-17	Oct-17	Sep-17	Aug-17	Jul-17	Jun-17	May-17	Apr-17	Mar-17	Feb-17	Jan-17	Dec-16	Nov-16	Oct-16	Sep-16
Statistics															
Acute															
Acute Patient Days	315	417	325	325	240	346	388	368	415	415	465	355	396	402	407
Acute Discharges (w/o Newborns)	87	108	87	94	76	87	100	89	119	97	119	100	95	99	95
SNF Days	624	510	479	500	528	458	559	512	572	607	592	500	446	512	624
HHA Visits	871	904	789	713	870	940	966	934	849	922	877	919	938	880	1,042
Emergency Room Visits	827	852	921	894	920	964	1,069	921	941	851	1,000	942	850	852	897
Gross Outpatient Revenue (000's)	$11,864	$13,613	$14,364	$15,524	$14,175	$15,454	$15,523	$13,168	$15,098	$12,189	$13,500	$12,935	$13,147	$13,347	$13,512
Equivalent Patient Days	2,334	2,359	2,266	2,591	2,332	2,328	2,654	2,227	2,537	2,553	2,618	2,382	2,202	2,380	2,707
Births	12	15	5	10	6	15	7	11	12	12	11	9	8	9	14
Surgical Cases - Inpatient	23	39	33	22	29	36	30	47	40	26	38	28	38	42	37
Surgical Cases - Outpatient	97	96	154	142	133	161	143	124	149	101	110	98	123	84	81
Total Surgical Cases	120	135	187	164	162	197	173	171	189	127	148	126	161	126	118
Total Special Procedures	52	31	75	77	52	66	58	44	36	41	28	40	32	29	49
Medicare Case Mix Index	1.49	1.40	1.54	1.57	1.65	1.66	1.69	1.64	1.45	1.52	1.47	1.59	1.79	1.59	1.97
Income Statement															
Net Revenue (000's)	$4,543	$4,806	4,518	4,775	4,988	5,188	5,330	4,924	5,283	4,266	$4,528	$3,588	$4,452	$4,727	$4,406
Operating Expenses (000's)	$4,872	$5,213	$5,206	$5,380	$5,592	$5,250	$5,678	$5,308	$5,395	$4,803	$5,026	$4,713	$5,047	$4,912	$4,807
Net Income (000's)	$62	$19	$ (230)	$ (165)	$ (198)	$ 690	$ 16	$ (24)	$ 304	$ 308	$ (108)	$ (600)	$ (65)	$ 337	$ (6)
Productivity															
Total Operating Expense Per Equivalent Patient Day	$2,087	$2,209	$2,297	$2,076	$2,398	$2,255	$2,139	$2,383	$2,127	$1,881	$1,920	$1,979	$2,292	$2,064	$1,776
Productive FTEs	246	282	289	279	271	278	291	285	294	294	280	253	289	280	283
Non-Productive FTE's	58	40	27	35	47	43	28	28	28	28	36	56	30	36	36
Total FTEs	304	322	316	314	318	321	319	313	322	322	316	309	319	316	319
FTEs per Adjusted Occupied Bed	4.04	4.23	4.19	3.75	4.23	4.14	3.73	4.22	3.93	3.54	3.74	4.03	4.35	4.11	3.54
Balance Sheet															
Days of Expense In General Operating Cash	12.5		9	11	16	20	19	11	16	27	20	25	10	11	6
Net Days of Revenue in AR	45	50	47	43	45	45	44	47	44	46	50	51	53	50	50

Sonoma Valley Hospital
Cash Forecast
FY 2018

ATTACHMENT H

		Actual July	Actual Aug	Actual Sept	Actual Oct	Forcast Nov	Forcast Dec	Forcast Jan	Forcast Feb	Forcast Mar	Forcast Apr	Forcast May	Forcast Jun	TOTAL
	Hospital Operating Sources													
1	Patient Payments Collected	4,502,585	4,253,229	4,093,599	4,253,616	4,132,257	4,168,703	4,476,616	4,409,693	4,706,455	4,322,606	4,357,338	4,351,807	52,028,505
2	Capitation Revenue	133,404	128,220	128,530	131,210	128,521	128,521	128,521	128,521	128,521	128,521	128,521	128,518	1,549,528
3	Napa State	39,561	4,166	35,361	26,125	20,762	20,762	20,762	20,762	20,762	20,762	20,762	20,762	271,309
4	Other Operating Revenue	10,971	25,415	37,380	30,930	18,823	18,823	18,823	18,823	18,823	18,823	18,823	18,827	255,283
5	Other Non-Operating Revenue	26,914	38,081	68,232	33,898									167,126
6	Unrestricted Contributions		8,478	150										8,628
7	Line of Credit													-
	Sub-Total Hospital Sources	**4,713,435**	**4,457,589**	**4,363,253**	**4,475,779**	**4,300,363**	**4,336,809**	**4,644,722**	**4,577,799**	**4,874,561**	**4,490,712**	**4,525,444**	**4,519,914**	**54,280,380**
	Hospital Uses of Cash													
8	Operating Expenses	5,146,037	5,273,336	5,040,006	4,799,145	5,101,589	5,130,853	5,338,157	5,253,569	5,505,480	5,297,652	5,370,033	5,303,034	62,558,891
9	Less Depreciation					(282,312)	(282,312)	(282,312)	(282,312)	(282,312)	(282,312)	(282,312)	(282,301)	(2,258,485)
10	Add Capital Lease Payments	52,503	186,389	69,999	179,596	101,283	166,323	102,110	102,526	102,944	103,364	103,786	169,180	1,440,003
11	Additional Liabilities					200,000					500,000			700,000
12	Capital Expenditures	15,965	56,034	1,755	88,906									162,660
	Total Hospital Uses	**5,214,505**	**5,515,759**	**5,111,761**	**5,067,647**	**5,120,560**	**5,014,864**	**5,157,955**	**5,073,783**	**5,326,112**	**5,618,704**	**5,191,507**	**5,189,913**	**62,603,070**
	Net Hospital Sources/Uses of Cash	**(501,070)**	**(1,058,171)**	**(748,508)**	**(591,868)**	**(820,197)**	**(678,055)**	**(513,233)**	**(495,984)**	**(451,551)**	**(1,127,992)**	**(666,063)**	**(669,999)**	**(8,322,690)**
	Non-Hospital Sources													
13	Restricted Cash/Capital Donations		527,977	(727,205)	(100,755)	(660,583)	14,417	268,828	18,828	18,828	18,828	18,828	18,828	(583,181)
14	Parcel Tax Revenue	152,275		1,500,000			500,000				1,800,000			3,952,275
15	Payment - South Lot				(25,205)		(25,205)			(24,658)			(24,932)	(100,000)
16	Other:													-
17	IGT				1,877,696					860,000				2,737,696
18	IGT - AB915 (Net)								900,000					900,000
19	PRIME					1,350,000						150,000		1,500,000
	Sub-Total Non-Hospital Sources	**152,275**	**527,977**	**772,795**	**1,751,736**	**689,417**	**489,212**	**268,828**	**918,828**	**854,170**	**1,818,828**	**168,828**	**(6,104)**	**8,406,790**
	Non-Hospital Uses of Cash													
20	Matching Fees		509,543	266,212	675,000						75,000			1,525,755
	Sub-Total Non-Hospital Uses of Cash	-	509,543	266,212	675,000	-	-	-	-	-	75,000	-	-	1,525,755
	Net Non-Hospital Sources/Uses of Cash	**152,275**	**18,434**	**506,583**	**1,076,736**	**689,417**	**489,212**	**268,828**	**918,828**	**854,170**	**1,743,828**	**168,828**	**(6,104)**	**6,881,035**
	Net Sources/Uses	**(348,795)**	**(1,039,737)**	**(241,925)**	**484,868**	**(130,780)**	**(188,843)**	**(244,405)**	**422,844**	**402,619**	**615,836**	**(497,235)**	**(676,103)**	
	Cash and Equivalents at beginning of period	3,166,281	2,817,486	1,777,750	1,535,825	2,020,693	1,889,913	1,701,070	1,456,665	1,879,509	2,282,128	2,897,964	2,400,729	
	Cash and Equivalents at end of period	**2,817,486**	**1,777,750**	**1,535,825**	**2,020,693**	**1,889,913**	**1,701,070**	**1,456,665**	**1,879,509**	**2,282,128**	**2,897,964**	**2,400,729**	**1,724,626**	

8.

COMMITTEE REPORTS GOVERNANCE COMMITTEE POLICIES AND PROCEDURES

SUBJECT: GUIDELINE FOR THE BOARD OF DIRECTORS MEETING MINUTES	POLICY #P-2017.12.07
	PAGE 1 OF 2
DEPARTMENT: BOARD OF DIRECTORS	EFFECTIVE:
APPROVED BY:	REVISED: 3/11,12/17

MINUTES FORMAT AND GUIDELINE:

Minutes shall reflect the agenda topics, order and format.

All changes to the agenda shall be noticed in the minutes

All motions, whether passed or not shall be noticed in the minutes; notice shall include the name of the director making the motion, and the specific action(s) taken. If multiple motions are made, each one shall be noticed separately. A brief summary of the discussion, if any, regarding the motion shall also be noticed.

When members of the public make comments at Board meetings, their comments shall be included in the minutes with their names (when provided). Direct quotes of the speaker shall be used with the exception when multiple speakers make the same comment (or nearly the same) on one topic, only one of the comments of one speaker shall be noticed in the minutes. Detailed summarization of the comments of the remaining speakers, with names, shall be included in that instance.

Consent Calendar – Suggested changes to items on the consent calendar shall be noticed in the minutes with motions accordingly.

All presentations shall be noticed in the minutes and shall include: the speaker's name (s), and the key talking and subject points. Detailed reporting and commentary shall be omitted.

Written reports in the Board packet from Board committees shall be noticed in the minutes. Only limited detail on the presentations supporting these written reports shall be captured.

The Financial and Administrative reports in the Board Packet shall be noticed in the minutes. Commentary on these reports should be limited to capturing factual data. A summary of discussions about these reports shall be noticed in the minutes as needed for clarity. These summaries should be brief unless action is taken by the Board concerning these reports and is pertinent to a vote.

Board comments shall be noticed in the minutes and shall include the name of the director and a detailed summarization of the comments.

The time of the meeting's adjournment shall be noticed in the minutes.

SUBJECT: GUIDELINE FOR THE BOARD OF DIRECTORS MEETING MINUTES	POLICY #P-2017.12.07
	PAGE 2 OF 2
DEPARTMENT: BOARD OF DIRECTORS	EFFECTIVE:
APPROVED BY:	REVISED: 3/11,12/17

In cases where an audio or video recording of a Board meeting is made for whatever purpose by or at the direction of the District Board, these recordings shall be retained until the minutes are approved or for thirty (30) days, whichever is longer. (California Government Code section 54953.5(b)). These recordings are subject to the California Public Records Act.

Media Communications Policy

The purpose of this policy is to clarify and improve procedures for communicating information to the public and stakeholders through the news media about the issues decisions, actions and programs concerning the Sonoma Valley Health Care District (the District) and the Sonoma Valley Hospital (the Hospital). This policy applies to all media-based public communications.

- Local, regional and national news and feature media, both print and electronic
- Industry news media and websites
- SVH/Board website
- Social media (i.e. Facebook, Twitter)

Policy

It is the policy of the District and the Hospital to provide accurate and timely information to the media on a regular basis in order to foster and maintain open communications and to provide transparency for the media and the public. This information shall include, but not be limited to, decisions, policies, operating results, quality ratings, and Hospital programs and service offerings.

The District and Hospital shall be accessible to the media and public and shall respond to inquiries relevant to its mission, policies and decisions in a timely manner, but with the understanding that the District/Hospital may require time to gather information before responding.

In instances where a discussion of an issue is in the public interest, the Chair shall place the issue on the agenda for the next regularly scheduled Board meeting or at a special Board meeting called to discuss the issue.

District and Hospital communications will not disclose patient information in compliance with HIPAA guidelines.

Responsibilities

The District Chief Executive Officer (CEO) shall be responsible for ensuring that all District/Hospital communications are in compliance with the Media Communications Policy.

The Board Chair shall be responsible for identifying and approving all media announcements relating to Board decisions and actions.

Procedures

The CEO shall develop and present to the District Board an annual communications plan encompassing both public information and marketing communications strategies and initiatives.

The CEO shall plan and implement public communications initiatives that enhance media and public understanding of the District and Hospital and the role each plays in serving the health and wellbeing of the community.

The CEO shall coordinate with the Board Chair the dissemination to the media of Board announcements, decisions and initiatives.

The CEO shall ensure that information on the Hospital's website and Facebook page is regularly updated.

The CEO shall maintain a current list of local/regional media and key contacts, with information on deadline requirements, for dissemination of District/Hospital news.

The CEO shall develop and maintain an online media communications program through social media to reach members of the public who cannot be reached through print media.

District Board members contacted by media outlet for comments should confer with the Board Chair prior to responding to ensure accuracy of information.

Hospital employees shall not make statements to media or through media on behalf of the Hospital and/or Board without authorization from the CEO or the Board Chair.

Exceptions to Policy

The CEO will obtain approval from the Board Chair prior to releasing information to the media in matters dealing with issues of community and political sensitivity regarding District and/or Hospital policy or operations.

In the event of an activation of the Hospital's Emergency Operations Plan (EOP,) the sole spokesperson for the District and the Hospital shall be the designated Public Information

Officer. No other Hospital employee or District Board member shall make any comments or communications to any media outlet during the time the EOP is in effect.