SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS
REGULAR MEETING AGENDA
JUNE 7, 2018

CLOSED SESSION 4:30 P.M.

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 FIRST STREET WEST, SONOMA

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact Interim District Clerk Vivian Woodall at (707) 935.5005 at least 48 hours prior to the meeting.	**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	*Rymer*	
2. PUBLIC COMMENT ON CLOSED SESSION	*Rymer*	
3. CLOSED SESSION A. Calif. Govt. Code §37606 & Calif. Health and Safety Code §32106 – Report Involving Trade Secrets/Business Strategies: Discussion concerning restructure scenarios B. Calif. Govt. Code §54956.95 – Potential Liability Claim: Claimant: Unspecified; Agency claimed against: Sonoma Valley Health Care District	*Rymer*	Action
4. REPORT ON CLOSED SESSION	*Rymer*	Inform
5. PUBLIC COMMENT *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.*	*Rymer*	
6. CONSENT CALENDAR A. Board Minutes 04.26.18 *Pages 4 – 5* B. Board Minutes 05.03.18 *Pages 6 – 8* C. Board Minutes 05.16.18 *Pages 9 – 10* D. Quality Committee Minutes 04.25.18 *Pages 11 – 12* E. Governance Committee Minutes 03.27.18 *Page 13* F. Executed Policies and Procedures *Pages 14 – 33* G. Medical Staff Credentialing Report	*Rymer*	Action
7. HOSPICE BY THE BAY PRESENTATION	*Whitaker*	Inform
8. ANNUAL MARKETING/PUBLIC RELATIONS UPDATE *Pages 35 – 61*	*Kenney*	Inform

9. ADMINISTRATIVE REPORT JUNE 2018 *Pages 63 – 65*	*Mather*	Inform
10. FINANCIAL REPORT MONTH ENDED APRIL 30, 2018 *Pages 67 – 81*	*Jensen*	Inform
11. FY 2019 THREE-MONTH OPERATING BUDGET *Pages 83 – 88*	*Jensen*	Action
12. BOARD COMMENTS A. AB 3087 Oppose Letter *Pages 90 – 91* B. SB 1152 Oppose Letter *Pages 92 – 93*	*Board Members*	Inform
13. ADJOURN *The next Regular Board meeting is July 5, 2018.*	*Rymer*	

6.

CONSENT CALENDAR

BOARD OF DIRECTORS' MEETING
MINUTES
THURSDAY, APRIL 26, 2018
SPECIAL SESSION 5:00 P.M.

BASEMENT CONFERENCE ROOM
SONOMA VALLEY HOSPITAL
347 Andrieux Street, 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 5:00 pm	*Rymer*	
2. PUBLIC COMMENT	*Rymer*	
None		
3. PRESENTATION OF FY 2019 ROLLING THREE-YEAR STRATEGIC PLAN	*Mather*	Inform
Ms. Mather took the Board through the most important changes made to this year's plan, including: The vision had been updated this year. There are still five strategies although a couple of them were enhanced. A conversation about payments, overhead costs, and how many hospitals are becoming obsolete was added to the Environmental Assessment. SVH's niche is discussed in the Competitive Position section. Kaiser has a 46% market share. A physician group discussion is included, although SVH has high physician loyalty. Highlighted areas in the Situation Analysis have not changed; however, the discussion has changed a bit. UCSF has offered to help with a market share study. The Woman's Place was launched. 3D mammo went live in March with increased volumes. A discussion on UCSF is included, and Canopy Health has gained market share. Service line efficiencies are being analyzed and physician clinics are being added. SVH has two leases that will be fully paid off at the end of this year, and the South Lot will (hopefully) have been sold. Charity care was about the same as last year. Strategic Tactics include becoming a highly reliable organization. A lot of items have been added about working with UCSF. SVH plans to expand telemedicine with neurology and psychology. Gastroenterology continues to be a concern. The Hospital plans for the 1206b Clinic to achieve designation as a Rural Health Center. There is a lot to do with financial stability this year. SVH also plans to work on opioid dependency.		
4. PUBLIC COMMENT		Inform
Becky Jacobs, surgery clinical RN coordinator at SVH, has also		

worked at several other hospitals. How I see us in the community is that we are not a destination hospital for acute care. We can stabilize and send patients out, but you can't specialize in everything when you're small. We definitely need to keep the ER open. With UCSF coming on board, we have a lot of community members who go there. I have also been a nurse advocate for many senior friends. It would be great to be able to have UCSF testing done here. There are also a lot of patients who don't need the acute care in the city but need 24 hour care and perhaps we could do that. I think every RN in the hospital should be ACLS trained, not just BLS. Ms. Mather responded that SVH is open to taking Skilled Nursing patients, but many are not qualifying. **Patricia Brooks** asked how many of the ER visits (in the Situation Analysis) were non-emergency visits. Mr. Kobe said level 4 and 5 cases are considered non-emergent and they are 25% of the total. In the Strategic Tactics, Ms. Brooks asked about urgent care. Ms. Mather said the study we did showed that urgent care providers would duplicate care in the ER and there weren't enough patients to justify it. Ms. Brooks mentioned referring patients to physicians who are having trouble finding a doctor now. Ms. Mather said a RN practitioner will be added to the physician clinic (Dr. Mishra's office); we may also need to look at another internist or geriatric physician or a second RN practitioner. Ms. Brooks asked ahout pain management and bariatrics. Ms. Mather said a protocol is being created for pain patients, and there is a new pain physician at the Health Center who does opioid addiction. Drs. Perryman and Lee have left Prima and started their own practice but will still use SVH. Ms. Brooks wondered why medical cannabis was specifically included since an Integrative Health Network already exists. A lengthy discussion ensued and Ms. Mather said she would separate the two strategies. Finally, Ms. Brooks suggested that critical travel time applied to OB as well as emergency services in the Competitive Position section.		
5. BOARD COMMENTS	*Board Members*	Inform
Mr. Boerum thought the Strategic Plan was excellent, even better than last year. His suggestions for minor wording changes were provided to Ms. Mather. Mr. Rymer expressed concern that the plan didn't communicate to the community some of the financial challenges facing the hospital and the large changes being contemplated by the hospital to address these. A brief discussion was held and a couple of additional wording changes were provided to Ms. Mather.		
6. ADJOURN	*Rymer*	
The meeting was adjourned at 6:07 pm		

BOARD OF DIRECTORS' MEETING
MINUTES
THURSDAY, MAY 3, 2018
REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 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 6:00 pm.	*Rymer*	
2. PUBLIC COMMENT	*Rymer*	
None		
3. CONSENT CALENDAR: A. Board Minutes 04.05.18 B. Finance Committee Minutes 03.27.18 C. Quality Committee Minutes 03.28.18 D. Executed Policies and Procedures E. Medical Staff Credentialing Report	*Rymer*	**MOTION**: by Hirsch to approve, 2nd by Nevins. All in favor.
4. CITY OF SONOMA PRESENTATION	*Capriola, Sackett*	Inform
Chief Sackett gave a presentation on the October fires and the role of the Sonoma Emergency Operations Center. There have been significant discussions about the notification process. Redcom now has authority to send out notifications rather than Santa Rosa. An after action report has been prepared and a multi-year work plan is being developed. Ms. Capriola commented that the governance structure in Sonoma (which is not in place elsewhere) helped a great deal with emergency management. Ms. Nevins asked if the community could provide help for those in their own homes who do not have friends or family available. Ms. Capriola said communities who do this type of response well do it often as part of their culture, and Sonoma is heading in that direction. Ms. Capriola continued the presentation with a discussion of updates made to the City website. There is a new meetings portal, key initiatives and development projects have been added, as well as a variety of ways to keep in touch. The City also plans to update its general plan. Ms. Hirsch asked about code enforcement. Ms. Capriola said the part-time enforcement position will be evaluated. The City is good at abatement, but does not have the capability for administrative enforcement in the moment, which will be added.		

5. HUMAN RESOURCES ANNUAL REPORT	*McKissock*	Inform
Ms. McKissock reviewed accomplishments, including the Workplace Violence Prevention Program which took a year to put in place. She then reviewed the employee satisfaction survey for 2017. The engagement score was slightly lower than last year, but still higher than the national average. She reviewed highest performing items (such as adequate staffing, reasonable stress, sufficient time to provide the best care) and lowest performing items (which indicated concern with job security). Turnover has increased, especially in nursing. SVH is exploring ideas for a retention program, as well as reviewing the selection process. Goals and initiatives for 2018 include cost savings, staff retention, clear and effective policies/procedures, and performance management (evaluations).		
6. GROWTH & BUSINESS DEVELOPMENT QUARTERLY REPORT	*Donaldson*	Inform
Ms. Donaldson reviewed major initiatives for FY2018 and accomplishments to date, including increased reimbursement in pain management, bariatrics, general surgery/endoscopy, and ophthalmology. A Woman's Place was launched with breast and gynecological surgeries. She reviewed trends for all surgeries and for inpatient vs. outpatient, where outpatient surgeries have increased dramatically. The goal is to grow outpatient surgeries to close the gap with the loss of inpatient surgeries. (Mr. Rymer asked for an analysis of what the dollar gap is that needs to be made up.) There are now three OB/GYN specialists in Sonoma, a new general surgeon starting and general surgery cases expected to increase, and a urologist starting in summer 2018. She reviewed the changing environment, such as the expected move for total joint replacements to outpatient. Due diligence is being performed on potential new initiatives such as plastic surgery, chemotherapy, and a sleep lab.		
7. FY 2019 ROLLING THREE-YEAR STRATEGIC PLAN	*Mather*	Action
Ms. Mather said some wording changes were made following the April 26th input session and asked for approval of the final Strategic Plan.		**MOTION:** by Boerum, 2nd by Hirsch. All in favor.
8. RESOLUTION NO. 339 ORDERING AN ELECTION FOR OPEN BOARD POSITIONS AND REQUESTING CONSOLIDATION WITH THE NOVEMBER 6, 2018, GENERAL DISTRICT ELECTION	*Rymer*	Action
		MOTION: by Boerum, 2nd by Rymer. Vote by roll call, passed with 5 ayes.
9. ADMINISTRATIVE REPORT MAY 2018	*Mather*	Inform
Ms. Mather reported that UCSF's Dr. Green has agreed to fill the Medical Director role until a permanent CMO is hired. Staff forums will be held in May and Hospital management will communicate the		

changes taking place to staff. Dr. Lane's practice has closed and patients have been picked up by other physicians, although there has been some delay to get them in. Things are moving forward on the South Lot and the City has been cooperative. Celebration of Women is sold out for May 10th.		
10. FINANCIAL REPORT MONTH ENDED MARCH 31, 2018	*Jensen*	Inform
Mr. Jensen said with the volume fluctuations, there was not enough good data for a reliable budget and management would start the fiscal year with a three-month budget. He reviewed the payer mix. Cash was $219,000 under goal for March. Days of cash were 6.7 (with three payrolls in March), Accounts Receivable were 43 days and Accounts Payable were 43.5 days. ER revenue was down 23% or $1.5 million, and resulting outpatient diagnostic revenue was down as well. Total operating revenue was down $1 million, and the net loss after GO bond activity and restricted contributions was ($395,000).		
11. BOARD COMMENTS A. AB 2798 Support Letter B. AB 1795 Support Letter C. AB 3087 Oppose Letter	*Board Members*	Inform
Ms. Mather indicated the first letter supported requiring the State Health Department to be more responsive; the second supported behavioral health; and the third opposed creation of a commission to set commercial payments. Ms. Hirsch mentioned Dr. Steve Pantilat's recent talk at Vintage House about palliative care. She also mentioned a new documentary called "End Game" about end of life care was filmed at UCSF. The movie will soon be available on Netflix. Ms. Nevins, on behalf of the Finance Committee and the Board, thanked Steve Berezin for his years of service.		
12. ADJOURN	*Rymer*	
Meeting adjourned at 7:59 pm		

BOARD OF DIRECTORS' MEETING
MINUTES
THURSDAY, MAY 16, 2018
SPECIAL SESSION 5:00 P.M.

SCHANTZ CONFERENCE ROOM
SONOMA VALLEY HOSPITAL
347 Andrieux Street, 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 4:58 pm	*Rymer*	
2. PUBLIC COMMENT	*Rymer*	
None		
3. STUDY SESSION – OUTPATIENT DIAGNOSTIC CENTER PROJECT	*Mather*	Inform
Ms. Kathleen Carroll (Vertran Assoc.) introduced Mr. Kevin Coss (Vertran Assoc.), Mr. Matt Johnson (Taylor Design), Mr. Mike Firenze (Dome Construction), and Ms. Karva Sykes (Taylor Design). Ms. Dawn Kuwahara reviewed the mission, vision, and priorities of the project. The CT will be upgraded from 64 slice to 128 slice and is expected to increase volumes 15-20%. The MRI will be upgraded from 1.5T to 3T [Tesla, a unit of measurement quantifying the strength of the magnetic field] and moved into the hospital, making this one of the only 3T units in the North Bay. Ms. Carroll reviewed the scope of work and Mr. Coss reviewed the history of the project. Mr. Johnson discussed the design process, observations, interviews and insights derived, and the first floor plan. Patients currently have to check in multiple times and walk long distances between services, and the current layout makes staff work harder than they should. Aesthetics enhance the healing experience for patients, and a functional environment helps staff do their best work. The ER also needs quick, direct access to the CT. Phase 1 would include constructing new CT space and remodeling old CT space in the west wing; Phase 2 would include the MRI and work space; Phase 3 would include the new outpatient entry and reception area. The existing central wing (part of Phase 2) has different options: Option 1 - to remain OSHPD 1 designated space which would need a seismic upgrade by 2030; Option 2 - to decommission most of the central wing (except the south corridor). Decommissioning would essentially make this portion a commercial building vs. a premium OSHPD building (with OSHPD construction is slower, there is more oversight, higher costs, and the building would be much stronger so it can function after an earthquake). Administrative services would be located in the decommissioned area. Unforeseen conditions can be costly, and there are no original plans for the central wing. Option 3		

would be a raze/decommission option providing room for an OSHPD-3 designated two-story building for a medical office building. In this scenario some services would have to temporarily be moved out of the hospital. The first floor would be outpatient services, and the second floor could be shell space for future development. This would set the stage for the next 50 years since no other property would have to be acquired. Ms. Mather anticipated asking the Board in July for funding to study Options 2 and 3 and to move forward with west wing construction. It would take two to three months to study decommissioning and determine the cost. Then the decommissioning could be done concurrently with new construction. It is not cost effective to build a new one-story building vs. the two-story building in Option 3. Mr. Boerum asked about equipment and costs. Ms. Mather said the next step will be to determine costs for Phase 1 plus equipment, and funding to only study Phases 2 and 3. She added that the CT is old and must be replaced; if it goes down before a new one can be installed, the hospital will have to divert patients.		
4. ADJOURN	*Rymer*	
The meeting was adjourned at 6:30 pm		

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SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
APRIL 25, 2018, 5:00 PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Peter Hohorst Carol Snyder Susan Idell Ingrid Sheets	Kelsey Woodward Cathy Webber Howard Eisenstark, MD Michael Mainardi, MD		Mark Kobe Danielle Jones Dave Pier

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
	Meeting called to order at 5:02 pm	
2. PUBLIC COMMENT	*Hirsch*	
	None	
3. CONSENT CALENDAR	*Hirsch*	Action
• QC Minutes, 03.28.18	The spelling of Remicade would be corrected in the March minutes.	**MOTION:** by Idell to approve pending correction, 2nd by Mainardi. All in favor.
4. SVH FOUNDATION PRESENTATION	*Pier*	Inform
	Mr. Pier gave an overview of the Foundation with its primary role to raise money for the hospital. It is a separate 501c3 organization which reports to the Foundation Board Chair with a dotted line to the SVH CEO. He also reviewed the largest capital campaign in the Valley for the new ER/Surgery wing. Mr. Pier works with the hospital on funding priorities. Recent accomplishments have included quite a few capital equipment needs. The current focus is on the next capital campaign for the Outpatient Diagnostic Center and upgrading imaging equipment.	

AGENDA ITEM	DISCUSSION	ACTION
5. POLICIES & PROCEDURES	*Jones*	Action
	Ms. Jones reviewed each of the policies. Mr. Kobe reviewed the Hospital Evacuation During Disaster general policy. Revisions were discussed.	**MOTION:** by Eisenstark to approve, 2nd by Mainardi. All in favor.
6. QUALITY REPORT	*Jones*	Inform
	Ms. Jones has been reviewing department quality improvement plans during the past month, especially for processes that are high risk, new, high volume, or low volume. Also, a medication reconciliation team is reviewing procedures and plans to pilot a new program.	
7. UPON ADJOURNMENT OF REGULAR SESSION	*Hirsch*	
	Regular session adjourned at 6:17 p.m.	
8. CLOSED SESSION a. Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report b. Calif. Health & Safety Code § 32155 Root Cause Analysis c. Calif. Health & Safety Code § 32155 California Dept. of Public Health Deficiencies	*Jones*	Action
9. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
		MOTION: by Eisenstark to approve credentialing, 2nd by Idell. All in favor.
10. ADJOURN	*Hirsch*	
	Meeting adjourned at 6:18 p.m.	

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

SONOMA VALLEY HEALTH CARE DISTRICT
GOVERNANCE COMMITTEE MEETING
MINUTES
TUESDAY, March 27, 2018
8:30 AM

ADMINISTRATION CONFERENCE ROOM
347 ANDRIEUX STREET, SONOMA, CA 95476

	RECOMMENDATION	
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 8:30 am		
2. PUBLIC COMMENT SECTION	*Hohorst*	
No public comment		
3. CONSENT CALENDAR • GC Minutes For 01.23.18	*Hohorst*	Action
		MOTION: by Hohorst to approve. All in favor.
4. REVIEW OF GIFT ACCEPTANCE POLICY #P-2013.06.06-3	*Hohorst*	Inform/Action
The Board's Gift Acceptance Policy was compared with the Foundation's Gift Acceptance Policy. Both were identical. No changes were recommended.		**MOTION:** by Boerum to forward the existing policy to the Board for re-approval. All in favor.
5. REVIEW OF GIFT, TICKET, AND HONORARIA POLICY #P-2014.02.06-2	*Hohorst*	Inform/Action
The Gift, Ticket and Honoraria Policy was reviewed. A change in the maximum value of a gift that can be accepted was increased from $440 to $470 as now allowed by the Political Reform Act (at Government Code Section 89503) and the Fair Political Practices Commission (FPPC) Regulations. No other changes were recommended.		**MOTION:** by Boerum to forward the revised policy to the Board for approval. All in favor.
6. ADJOURN	*Hohorst*	
Meeting adjourned at 9:15 am		

Policy and Procedures – Summary of Changes
The Board of Directors Meeting, June 7th, 2018

Review and Approval Requirements

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

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

We recommend their acceptance by the Sonoma Valley Health Care District Board.

ORGANIZATIONAL

NEW (Full Policies are attached)**:**

Hospital Evacuation during Disaster EP8610-101

This policy was created in response to the recent fire storm disaster event. A less formal evacuation policy was embedded in the EOP and was 'pulled' from that document and created as an important stand-alone policy. Evacuation of a facility is a complex process and a complicated decision making process that deserves its own guidelines.

Intravenous Insulin Infusion for Obstetrical Use 6171-193

This policy outlines the process for intravenous insulin for obstetrical use as Diabetic ketoacidosis (DKA) or inability to maintain glycemic control, may have antepartum indications for use of IV insulin infusion. In active labor, insulin infusions are used to maintain euglycemia to prevent neonatal hypoglycemia. It was written to have specific guidelines in place for obstetrical patients during labor, delivery and post-partum phase who have Diabetes Mellitus and Gestational Diabetes Mellitus that will require an IV insulin drip.

Precipitous Delivery in A Woman's Place 6171-194

A precipitous delivery occurs when labor progresses rapidly and the infant is born within 3 hours of labor. This policy promotes a safe environment for the mother and infant when a delivery is imminent and the Obstetrician is not available in the hospital for the delivery. It covers the procedure for an ED physician to respond to A Woman's Place to deliver infants in this scenario.

REVISIONS:

Lipid Rescue for Local Anesthetic Toxicity MM8610-104

Upon review, contents of the Lipid Rescue Kit needed to include a filter and primary tubing. The policy has been updated to ensure that all of the main supplies needed during an emergency are present in the kit.

DEPARTMENTAL

Environmental Services Departmental Policies

Change Submission Summary Document is attached

PURPOSE:

To provide safety, guidance and direction to SVH staff and patients in the event of a disaster necessitating evacuation of existing patients.

Evacuation of a healthcare facility may be necessary following an emergency such as a facility fire or damage from a natural disaster such as an earthquake, wildfire or flooding. The decision to evacuate a healthcare facility will be based on the ability of the facility to meet the medical needs of the patients. Immediate threats to life, such as internal fires or unstable structures, will require emergent evacuation, while other situations may allow for a planned and phased evacuation.

POLICY:

An appropriate and available official must retain or be delegated the authority to order partial or full evacuation of the hospital. This authority may generally rest with the CEO, the Administrator On-Call (AOC), and/or the Incident Commander in an activation of the hospital Emergency Operations Plan (EOP). Safe evacuation from the organization's facility includes consideration of care and treatment needs of evacuees, staff responsibilities; transportation identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.

When potential or actual evacuation is first contemplated, the hospital should alert the local emergency medical services agency (LEMSA), Emergency Operations Center (EOC), and/or Medical Health Operational Area Coordinator (MHOAC) in accordance with the protocols established for emergency notification in the area. The LEMSA or EOC may assist the hospital with identifying and coordinating placement and transport of patients and other support while the hospital is preparing and staging for evacuation of patients in accordance with local plans and protocols. See Rainbow guide located in Command Center for contact numbers.

Because attending physicians may not be available for all patients involved in an immediate evacuation, it is anticipated that hospital-based physicians (for example, emergency, hospitalists, medical director) will coordinate with the sending and receiving hospitals. Medical record summaries should accompany each patient and the patients attending physician should be notified of the location of the patient. For SNF patients, send 48 hours of meds with them.

PROCEDURE:

In most emergencies, a full evacuation of the hospital will not be required. Evacuation is generally considered as a last resort due to the complex needs and unstable nature of many hospital patients. An evacuation should only be ordered when it is absolutely necessary. For example, evacuation would be necessary when there is an imminent or potential unmitigated hazard that threatens patient and staff safety.

Once the decision has been made, the entire hospital shall be notified of the evacuation. Overhead pages, emails, text messages, phone trees, notification of news outlets, and other means of contacting employees and staff can be used.

When an evacuation is to occur, there are several additional key decisions that must be made quickly and communicated both internally to hospital employees and among external partner agencies:

1. Level and Type of Evacuation
2. Evacuation Time Frames (Immediacy of Evacuation)
3. Patient Prioritization During Evacuation
4. Building Evacuation Plans by Floors/Units
5. Assembly Point and Discharge Site Locations
6. Labor Pool Activation
7. Patient Tracking
8. Patient Destination Team Activation

1. Level and Type of Evacuation

The scope of any evacuation can change over time depending on the nature and course of the event. Below is the full list of options for evacuation in order of increasing scope and severity:

a. <u>Shelter-in-place:</u>
This level of evacuation requires cessation of all routine activities in preparation for an impending threat, such as an out of control fire storm. Specific preparations should be made to mitigate against the anticipated threat. In general during a no-notice event, patients, visitors and staff remain where they are until they receive further instructions. In most cases, the safest place for the patient is in his/her room. Closing doors/windows provides initial protection from fire, smoke, and other hazards. During a shelter-in-place response, preparations should also be taken to enable immediate evacuation of patients should the situation change and evacuation become necessary. For an event with

notice, such as impending wild fire spread, numerous activities should be undertaken to mitigate risk and prepare to support patient care in a resource-constrained environment. These activities include rapidly discharging patients, increasing on-site staffing levels and securing extra food, linen, and supplies.

b. Horizontal Evacuation:
This level of evacuation involves moving patients who are in immediate danger away from the threat. Patients remain on the same floor of the hospital as the area that they are evacuating. Horizontal evacuation typically involves moving patients to an area of refuge in an adjacent smoke/fire zone or in some cases, at the opposite side of the building. Most evacuations of a single department or patient care unit can be done horizontally, which is the fastest option and has the simplest re-entry process. Evacuation of an entire building may even be accomplished horizontally if a floor of the evacuated building connects to another building such as the West Wing to the New Wing.

c. Vertical Evacuation:
This level of evacuation refers to the complete evacuation of a specific floor in a building. In general, patients and staff evacuate vertically towards ground level whenever possible. Moving patients and staff to lower levels helps to prepare for total or full evacuation of the hospital should the situation worsen. For most localized incidents, vertically evacuated patients and staff are sent to an area of refuge elsewhere in the hospital. During the vertical evacuation of one floor, other floors may be ordered to shelter-in-place or prepare only for their own evacuation.

d. Total or Full Evacuation:
This level of evacuation is used only as a last resort and involves a complete evacuation of the facility. There are many different ways that a total or full evacuation can be planned for and managed.

2. Evacuation Time Frames (Immediacy of Evacuation)

The time frame for evacuation may be different depending on the nature of the threat and how much time can be taken to prepare for moving patients. The chart below contains specific orders that may be used: Example Evacuation Orders	
Immediate/Emergent:	No time for preparation – evacuate immediately

Rapid/Urgent:	Limited time for preparation (1-2 hours) – everyone out in 4-6 hours
Gradual/Planned:	Extended time for preparation – phased evacuation to occur over many hours or even days
Prepare Only:	Do not move patients, but begin preparation for evacuation

3. Patient Prioritization During Evacuation

- **Fully ambulatory patients** can be escorted down the stairs by staff members, assuring their footing and balance.
- **Partially ambulatory and non-ambulatory patients** will be evacuated using the evacuation tools and equipment available in all stairwells (Evacuation chairs, sleds, etc).
- **Post-partum patients**, if able, should be allowed to carry their **newborns** with them as they evacuate down the stairs. If more than one baby is to be evacuated, the "fire vest" can be used by the nursing staff to assist in the evacuation of the babies if needed.
- **Laboring mothers** will be evacuated at the discretion of the physician and/or nursing staff.
- **Patients in the ICU and/or patients on a ventilator** will be evacuated at the discretion of the physician, Chief Medical Officer or Chief Nursing Officer. The appropriate team members (nursing, respiratory therapy, transport) will be gathered to evacuate as necessary.
- **Patients undergoing surgical procedures and anesthetized patients** will be evacuated at the discretion of the surgeon or physician.

4. Building Evacuation Plans by Floors/Units

In the event of an evacuation, elevators should not be used. Evacuation Plan signs are posted throughout the hospital. Floors/units will evacuate the building as follows:

- **Skilled Nursing Facility (SNF)** will evacuate via the 3rd Street West Door. If access to that door is blocked, evacuation can occur through the courtyard immediately outside the SNF Activity Room. Patients will be transported along Bettencourt Street to the front of the hospital
- **Café** personnel will exit the building through the door immediately adjacent to their department and exit to 3rd Street West.
- **Cardiopulmonary Department, Quality, and Medical Records** will exit to the old ED parking lot through the door immediately outside the Cardiopulmonary Department.
- **Risk Management, Speech Therapy, Administration, Foundation, Engineering and Occupational Health** will evacuate the building through the door to Bettencourt Street immediately outside the Foundation Office.

- **West Wing** will evacuate using the North and South stairwells. Safest and closest exit stairwell on North or South end of the floor. Med Surg may also go to New Wing and exit if other stairwells are inaccessible.

    - **2 North** will use the North stairwell to 1st Floor and out of the building through Main Lobby or safest exit?
    - **2 South** will use the South stairwell to 1st Floor and out of the building
    - **ICU** (3rd Floor) will use the North stairwell to the lobby and out of the building
    - **Birth Center** (3rd Floor) will use the South stairwell to the lobby and out of the building
    - **Medical Imaging, Admitting, Laboratory, Nursing Administration and Human Resources** will evacuate the building through the lobby and out of the building
    - **Environmental Services, Information Systems and Pharmacy** (Basement level) will use the North stairwell to the first floor to the lobby and out of the building
    - **Materials Management** (Basement level) will use the South stairwell to the first floor to the lobby and out of the building

- Central Core departments (**Emergency Department, PBX)** will use the 4th Street exit or Andrieux Street exit and direct themselves to the front of the hospital.
- **Surgery, Surgical Care Unit, and Central Sterile will use the North stairwell** to Andrieux Street and direct themselves to the front of the hospital.
- In the case of ALL patient evacuation, the front parking lot immediately outside of the hospital lobby will be used for staging the evacuation of patients. The Emergency Department should only be used for staging if the front of the hospital is not accessible. The ED will be tasked with patient care and should not be the first choice for evacuation staging.
- Off Site Departments (**1st St. West, 462 WNS, Hwy 12 – PT/Finance**) Off-site locations may need to close their location in the event of a city-wide emergency or an event impacting their specific location. If it is a fire at their location, Hospital Command Center (HCC) may not be open.
- **Home Care** will evacuate their building if necessary through the front door of the building. The senior most staff member on duty will account for personnel and patients and report to the Hospital Command Center (HCC). The Home Care staff keeps a list of patients needing assistance in evacuation and can present that information to authorities if needed. These patients are not able to evacuate themselves and rely on the Home Care staff for their safety.

5. **Assembly Point(s) and Discharge Site Locations**
   The Incident Command Center shall identify several locations surrounding the hospital that could be used as either an Assembly Point or a Discharge Site.

   a. Assembly Point:
   The place, or set of places, where patient care units gather (outside the main clinical buildings of the hospital) to receive basic care and await transfer, or re-entry back into the hospital. Internal locations should be considered if circumstances outside the hospital prohibit safe transport. ***The Assembly Point(s) should not be a comprehensive field hospital. The Assembly Point(s) should be designed as a holding area with only essential care resources needed to support patient care while patients await transportation assets to leave the hospital grounds.***

   b. Discharge Site:
   The place where patients who are being discharged home wait for family or friends to pick them up. Ideally, the Discharge Site is located at some distance away from the Assembly Point to minimize traffic congestion and competition for roadways. It is important to consider proximity and size when determining suitable Assembly Point and Discharge Sites. An Assembly Point that is close to the hospital can aid in the effort to relocate fragile patients during an evacuation; however, a short distance between the Assembly Point and the hospital may also be of concern for any event involving an explosive device, chemical hazards, or other potentially expansive threat that is acting upon the hospital. Ideally, both the Assembly Point and Discharge Site will permit sheltering indoors. It is also important to remember economies of scale when choosing assembly points and discharge sites. It is much more difficult for clinical support services, including Pharmacy and others, to support patient care in multiple locations. ***Several nearby sites should be identified, in the event of an emergency, these sites should be contacted immediately.***

6. **Labor Pool Activation**
   Evacuation is an enormously labor-intensive process. Using the hospital Emergency Operations Plan (EOP), the Labor Pool should be activated immediately to identify and assign staff to support the evacuation. The Labor Pool may need to call in staff from home for any evacuation, but is much more likely to need to do so if an evacuation happens on the evening shift, the night shift, during a weekend or holiday. At a minimum, the Labor Pool should be put on standby if staff may need to be called into the hospital to support operations. Standby lists should include both clinical and general staff.

7. **Patient Tracking**
   During an evacuation, a functional internal patient tracking system (even if simple and

paper-based) is crucial to provide clinicians, families, and leaders with situational awareness of the appropriate location and status of all patients throughout the event. A system that reports selected “check-in” and “check-out” data for patients at various touch-points in the process is ideal. Those touch-points include:

Check In Points	Check Out Points
Inpatient Census	Leaving the Patient Care Unit
Arriving at the assembly point	Leaving the assembly point
Arriving at the discharge point	Leaving the discharge point
Arriving at the staging point	Leaving the staging point
Arriving at the receiving facility	

8. **Patient Destination Team Activation**
   The Admitting Department may be tasked with the responsibility for the Patient Tracking function. Their role may include the following responsibilities:
   - Checking-in patients to both the Assembly Point and the Discharge Site
   - Discharging patients from both the Assembly Point and the Discharge Site
   - Updating patient location information in electronic information systems and/or using manual paper logs as backup
   - Providing routine patient tracking reports for the hospital EOC
   - Participating in the Patient Destination process
   - Providing reports with contact information for Social Service staff working in the phone bank
   - Notifying receiving hospitals when patients are en route
   - Contacting receiving facilities to confirm patient arrivals
   - Obtaining location and contact information data from the receiving hospitals for sending to clinicians and patient families

Public Information
Only the Public Information Officer (PIO) can talk to the media. The PIO function will be responsible for communicating information regarding transported patients to family members.

REFERENCE:
CIHQ 42 CFR 482.15 EP # 1-10 July 2017
California Hospital Association Hospital Preparedness Program, www.calhospitalprepare.org

OWNER:
Chief Executive Officer

AUTHORS/REVIEWERS:
Mark Kobe, Chief Nursing Officer
Kimberly Drummond, Facilities Director

APPROVALS:
Policy & Procedure Team: 4/17/18
Board Quality Committee: 4/25/18
The Board of Directors:

PURPOSE:

This policy outlines the process for intravenous insulin for obstetrical use as Diabetic ketoacidosis (DKA) or inability to maintain glycemic control, may have antepartum indications for use of IV insulin infusion. In active labor, insulin infusions are used to maintain euglycemia to prevent neonatal hypoglycemia. It was written to have specific guidelines in place for obstetrical patients during labor, delivery and post-partum phase who have Diabetes Mellitus and Gestational Diabetes Mellitus that will require an IV insulin drip.

POLICY:

It is the policy of Sonoma Valley Hospital that a continuous intravenous regular insulin infusion may be administered by the registered nurse per provider order after the patient's blood glucose, type of insulin, concentration; dosage and route have been verified with another registered nurse.

The pharmacodynamics of IV Regular insulin are as follows (Govoni & Hayes, 1985):

1. Onset of Action: begins in 7 to 10 minutes
2. Peaks: in 25 minutes to 45 minutes
3. Duration: 1 to 2 hours

PROCEDURE:

Critical Point:

1. Diabetic ketoacidosis (DKA) or inability to maintain glycemic control may have antepartum indications to use IV insulin infusion. In active labor, insulin infusions are used to maintain euglycemia to prevent neonatal hypoglycemia.

2. In order to avoid an inadvertent bolus of insulin, consider using a dedicated line for insulin. Only Regular Insulin should be administered intravenously.

3. Other medications should be mixed in a non-glucose containing solution whenever possible.

4. The standard insulin infusion is 100 units Regular Insulin (u100) in 100 mL 0.9% NaCl (concentration 1 unit=1mL) which is prepared by Pharmacy.

5. The regular insulin solution is stable for up to 24 hours at room temperature. The IV insulin bag along with IV tubing must be changed every 24 hours. Record the date and time with your initials on the insulin solution label when a fresh bag of insulin solution is started.

6. Regular insulin may be absorbed by the IV bag and the plastic tubing and filters. To reduce the amount of insulin absorption by the container, **flush 20-30 mL** of the solution through the IV tubing prior to connecting the administration set to the patient each time the tubing is changed.

7. Maintenance IV fluids must be infused using an infusion device to insure accuracy of volume delivered. Consult the order for which type(s) are needed. Label insulin tubing at every injection port with insulin label located in labor rooms and the medication room.

    a. The goal of blood glucose control in labor is to keep BG between 70-110 mg/dL, with or without insulin treatment. NOTE: Hourly BG levels should only be measured with a hospital glucometer. Patient may use her own lancet if desired.

8. For labor or NPO patients, mainline IV solutions of LR and D5LR on infusion pump tubing should be set up. When to infuse each is dependent on provider orders but generally, LR infuses when BG > 130mg/dL and D5LR infuses when BG < 130mg/dL. An order may be obtained to maintain mainline IV solution as either LR/D5LR based on patient condition, not blood sugars. Patients in active labor are usually NPO or taking non-caloric fluids when on an insulin drip.

9. For antepartum or early labor patients that are still eating and on an insulin drip, usual mainline IV fluids is LR at 30 mL/hr and SQ insulin coverage is ordered for meal coverage.

    a. If the patient is eating, SQ insulin coverage should be given for meals in accordance with pre-labor dosing.

Step-By-Step Procedure:

1. Gather equipment:

    a. Infusion pump with at least 2 channels
    b. 3 sets of IV pump tubing
    c. 1 L LR and 1 L D5LR
    d. Standard insulin solution prepared by pharmacy (100 units regular insulin in 100mL NS)
    e. Blood glucose meter & strips
    f. Insulin labels

2. Start mainline IV with 1L LR using a 16 or 18 gauge angiocath at a rate per provider order. Label IV lines with insulin label. Start second peripheral IV line, use appropriate labels on IV lines as they go into the pump and into the IV ports.

3. Follow the Intrapartum IV insulin infusion algorithm order in MAR. Suggested IV fluid orders for NPO/active labor patients: If maternal BG is < 130 mg/dl infuse D5LR at 100-125 mL/hr using an infusion pump. If BG is > 130 mg/dl initiate LR at 100-125 mL/hr using an infusion device.

4. Monitor BG levels every 30 minutes x 2 then check BG every hour for the duration of the infusion. Maintain BG levels between 70-110mg/dL for active labor patients or identified goal for others using the insulin infusion algorithm as ordered by the provider.

5. Check infusion site, infusion rate and amount infused every hour. Document infusion rate (dose in units) in the MAR and on the I&O Flowsheet in in the labor and delivery record and in Paragon in the I&O tab

6. Monitor patient for any signs or symptoms of hypoglycemia (i.e., sweating, weakness, hunger, trembling, palpitations, tachycardia, and headache, numbness of tongue or mouth, blurred vision, irritability, hallucinations, confusion). If patient has any of these symptoms, check blood glucose level and notify provider.

7. Treating hypoglycemia for the patient who is NPO or on non-glucose containing fluids:

    a. **BG < 50mg/dl and patient is unconscious:** Stop insulin infusion and notify rapid response team (including the attending Provider) STAT. Give D50 IV 25 mLs IV push. Increase Dextrose infusion to 200 ml/hr until BG > 70mg/dl. Check BG every 15 minutes until BG > 70 X 2. Restart insulin infusion per modified algorithm, which may require modification.
    b. **BG < 50mg/dl and patient is conscious:** Stop insulin infusion and notify MD. Increase Dextrose infusion to 200 ml/hour until BG > 70 mg/dl. Check BG every 15 minutes until BG > 70 X 2. Restart insulin infusion per modified algorithm, which may require modification.
    c. **BG < 70mg/dl but > 50mg/dl (conscious patient):** Stop insulin infusion and Notify MD. Continue D5 ½ NS or D5LR at 125 ml/hour. Check BG every 15 minutes until > 70 X 2. Restart insulin infusion per modified algorithm.

8. **Hyperglycemia**: >190 mg/dL notify MD for modification order. If target BG not achieved within four hours, MD should consider modification of the algorithm.

9. Maintain strict I & O; Urinalysis per provider order to check for ketones. Notify provider if ketones are moderate to large. (Consider checking ketones every eight hours.)

10. Hyperglycemia > 190 mg/dL notify MD for medication order. If target BG not achieved within four hours, MD should consider modification of the algorithm.

11. The insulin infusion is continued while the patient is in labor and/or during cesarean section.

APPENDICES:
Appendix A: IV Insulin Infusion Algorithm

REFERENCES:
UCSF Medical Center Administrative Policy, 6.09.09, Medication Management: Administration of Medication

The Birth Center at UCSF Benioff Children's Hospital Policy BC.09, Diabetes Management in Pregnancy

Inturrisi, M., Lintner, N.C., & Soren, K. (2013). Diabetic ketoacidosis and continuous insulin infusion management in pregnancy. In Troiano, N.H., Harvey, C.J., & Chez, B.F.(Eds.)

High-Risk and Critical Care Obstetrics, 3rd Ed. Philadelphia: AWHONN/Lippincott. Moore, T. R. (2004). Diabetes in pregnancy. In R. K. Creasy, R. Resnick, & J. D. Iams (Eds.). Maternal-Fetal Medicine, 5th Ed. Philadelphia: Saunders.

Palmer, D., & Inturrisi, M. (June 1992). Insulin Infusion Therapy in the Intrapartum Period. Journal of Perinatal & Neonatal Nursing.

OWNER:
A Woman's Place Manager

AUTHORS/REVIEWERS:
Sally Staples, A Woman's Place Manager
Paul Amara, MD, A Woman's Place Medical Director
Rebecca Hengehold, Registered Nurse
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Surgery Committee: 3/8/18
Medical Executive Committee: 3/15/18
Policy & Procedure Team: 3/20/18
Medicine Committee: 4/12/18
Board Quality Committee: 4/25/18
The Board of Directors:

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

Appendix A
IV Insulin Infusion Algorithm

	Type 1	GDM	Type 2
Blood glucose (mg/dl)	Insulin (units/hour)	Insulin (units/hour)	Insulin (units/hour)
< 70	No insulin	No insulin	No insulin
71-90	0.5	No insulin	No insulin
91-110	1.0	No insulin	1.0
111-130	1.5	1.0	2.0
131-150	2.0	2.0	3.0
151-170	2.5	3.0	4.0
171-190	3.0	4.0	5.0
>190	Call MD, check urine ketones	Call MD, check urine ketones	Call MD, check urine ketones

PURPOSE:

To promote a safe environment for the mother and infant when a delivery is imminent and the Obstetrician is not available in the hospital for the delivery.

POLICY:

If the Obstetrician is not present for an immediate delivery, the RN will call the Emergency Department Physician to be on standby for the delivery.

PROCEDURE:

1. If a patient appears to be having a precipitous delivery, the RN will stay with the patient and call the Nursing Supervisor or another RN for back-up. The RN will have the Nursing Supervisor or 2nd RN call the Obstetrician to come for the delivery. At this time, the Emergency Department Physician will also be called to be in the room for standby.

2. The RN will encourage the patient to breathe through contractions.

3. If the patient is delivering the infant before the Obstetrician arrives, the Emergency Department Physician will perform the delivery with assistance from the RN.

4. If the Emergency Department Physician is unavailable, the RN will perform the delivery with assistance from the 2nd RN.

5. Call Pediatrician if clinically indicated or per OB RN's clinical judgment.

REFERENCES:
Lippincott Procedures. (2018, February 16). Emergency Delivery.

OWNER:
A Woman's Place Manager

AUTHORS/REVIEWERS:
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Paul Amara, MD, A Woman's Place Medical Director
Christina Sullivan, MD, Pediatrician

Ali Foster, RN

APPROVALS:
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Surgery Committee: 3/8/18
Medical Executive Committee: 3/15/18
Policy & Procedure Team: 3/20/18
Medicine Committee: 4/12/18
Board Quality Committee: 4/25/18
The Board of Directors:

Change Submission Summary Document

Title of Document: Updates to Environmental Services Department Policies – Partial
New Policy or Revisions Written By: Kimberly Drummond, Director of Environmental Services

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8440-01: Age-Specific Competencies, Provision for – Change title to AIDET-Patient Relations Protocols
Age-specific competency no longer required. Changed content to reflect Hospital expectations for patient interactions. Very similar content.

8440-16: Cath Lab Cleaning – retire – SVH no longer operates a cath lab

8440-19: Cleaning Supplies and Chemicals – Updated with current chemicals, matrix for uses, dilution color for Ecolab dispensed chemicals and dwell times.

8440-35: Floor Care Procedures – Rewrite and combine several floor cleaning policies. The following policies shall be retired as a result.
8440-10: Bonnet Carpet Cleaning - retire
8440-13: Carpet Care – retire
8440-14: Carpet Cleaning Pro Extraction – retire
8440-15: Carpet Vacuuming – retire
8440-33: Finish Removal – retire
8440-34: Floor Care – retire
8440-95: Wet Floor Safety – retire

8440-36: Gift Shop Cleaning – retire – SVH no longer operates a gift shop

8440-41: Isolation Room Cleaning After Patient Discharge/Transfer
Change title to Patient Room Cleaning – Discharge/Transfer ISOLATION precautions. Changed titles for all patient room cleaning policies to be grouped together in binder for easier retrieval/review. Complete rewrite. Includes room clean pathway and steps. Includes summary of all Isolation precaution details.

8440-59: Patient Bathroom Cleaning – retire. Standards are reflected in each patient room cleaning policy.

8440-61: Patient Room Cleaning-C Difficile Patients
Change title to Patient Room Cleaning – Occupied ISOLATION precautions. Changed titles for all patient room cleaning policies to be grouped together in binder for easier retrieval/review. This policy now encompasses All precautions. Complete rewrite/format. Includes room clean pathway and steps. Includes summary of all Isolation precaution details.

8440-62: Patient Occupied Room Cleaning
Change title to Patient Room Cleaning-Occupied Room. Rewrite and formatted same as all Patient Room Cleaning policies. This policy is for regular room cleaning.

8440-69: Quality Control Criteria
Change title to Quality Control Criteria and Assessment Standards – Rewrite documenting new assessment standards using disinfection detection marker and black light for Quality assessments and training. Outlines Hospital Clean Standards. Includes Patient Room Cleaning Form that is used during training and assessment with black light. This policy combines 3 policies. The following policies shall be retired as a result:
8440-02: Assessment, Care Unit Environmental
8440-20: Cleanliness, Standards for – retire
8440-68: Q-clean Feedback tool – retire

8440-71: Room Cleaning After Discharge Patient
Change title to Patient Room Cleaning-Discharge/Transfer. Rewrite and formatted same as all Patient Room Cleaning policies. This policy is for regular discharge/transfer room cleaning.

8440-73: Scope of Service EVS Department – Minor update of Department scope and references.

8440-101: Furniture, Fixture, Equipment Specific Cleaning – NEW policy. Specific steps for cleaning all items per policy title. Combines content of individual policies into one comprehensive policy for easier retrieval. The following policies shall be retired as a result:
8440-05: Bed Cleaning – retire
8440-08: Blinds Cleaning – retire
8440-17: Chair and Couch Cleaning – retire
8440-27: Dusting – retire
8440-49: Mirror Cleaning – retire
8440-52: Night Stand Cleaning – retire
8440-58: Over Bed Table Cleaning – retire
8440-64: Pictures and Wallhangings Cleaning – retire
8440-65: Portable Commode Cleaning after Discharge/Transfer - retire
8440-66: Portable Commode Cleaning Occupied Unit – retire
8440-70: Refrigerator Cleaning – retire
8440-75: Shower Cleaning – retire
8440-76: Sink Cleaning – retire
8440-77: Sink (stainless steel) Cleaning – retire
8440-84: Telephone Cleaning – retire
8440-85: Toilet and Hopper Toilet Cleaning – retire
8440-87: Tub Room Cleaning – retire
8440-88: Urinal Cleaning – retire
8440-89: Vent Cleaning – retire
8440-91: Walls, Windows and Ceiling Cleaning – retire
8440-92: Washer and Dryer Cleaning Procedure – retire

8440-94: Water Fountain Cleaning – retire
8440-96: Wheelchair, Gurney and Geri Chair Cleaning – retire
8440-97: Window Cleaning - retire

Policy & Procedures Committee: 4/17/18
Board Quality Committee: 4/25/18
The Board of Directors:

8.

ANNUAL MARKETING/ PUBLIC RELATIONS UPDATE

Marketing & Community Outreach Report

Sonoma Valley Health Care District
Board of Directors

June 7, 2018

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
AN AFFILIATE OF UCSF HEALTH

Agenda

- Overview
- Marketing
  - FY18 Highlights
  - New and Expanded Initiatives
- Community Outreach
  - Community Events, Partnerships
  - Website and Social Media
  - Community Benefit

Goals

- **Growth** Increase use of SVH services in Sonoma Valley and the North Bay
- **Engagement** Strengthen connection with community through education, partnerships, communications and outreach
- **Reputation** Show why SVH is a trusted community resource

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

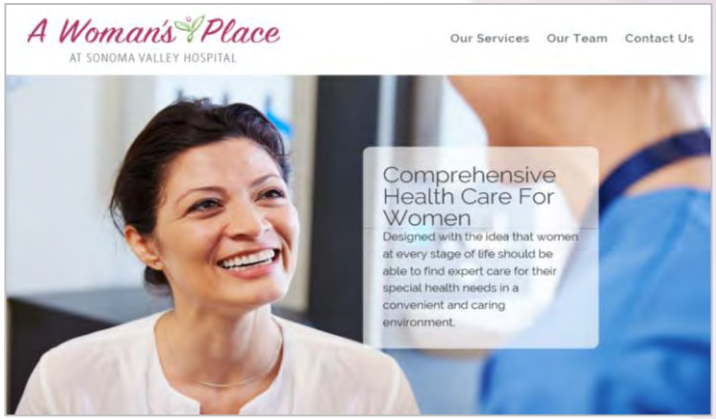
FY 2018 Marketing Priorities

- **Introduce expanded Women's** Health Services
- Expand bariatrics initiative (regionally and to men)
- Test digital advertising
- **Launch "Conversation With A Doctor" series**
- Continue to expand services regionally
- Introduce new physicians

A Woman's Place Launch

February & March 2018

Brochures in English & Spanish



Dedicated Website
715 visits

Facebook Page
5,150 social media impressions

SONOMA VALLEY HOSPITAL
Healing Here at Home

GirlTalk Events

Four Events
132 Attendees
2 GirlTalk
2 Vintage House

Dr. Amara
With Angela Marian
Dr. Alexandridis
Dr. Levy-Gantt
2 events (GT and Vintage House)

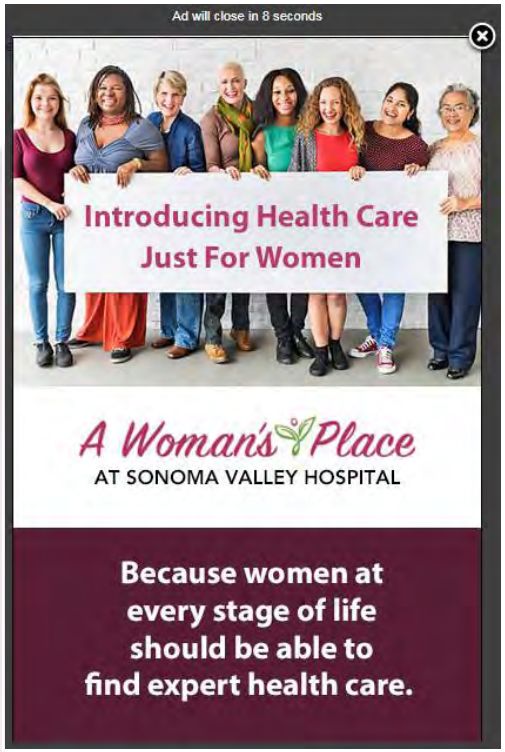
Dr. Alexandridis – 35 new patients
Dr. Levy-Gantt – 20 new patients

SONOMA VALLEY HOSPITAL
Healing Here at Home

Advertising

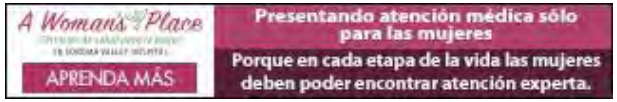
February & March 2018

Site Placement: SonomaNews.com
Creative Size: Desktop Interstitial
Flight Date: 2/12/2018 - 2/18/2018
Visit Rate: .76%



Site Placement: SMI Run of Network
Creative Size: 300 x 250
Flight Date: 3/5/2018 - 3/31/2018
Visit Rate: .23%

Site Placement: LaPrensaSonoma.com Package
Creative Size: 300 x 250 & 320 x 50
Flight Date: 2/9/2018 - 3/1/2018
Visit Rate: .16%

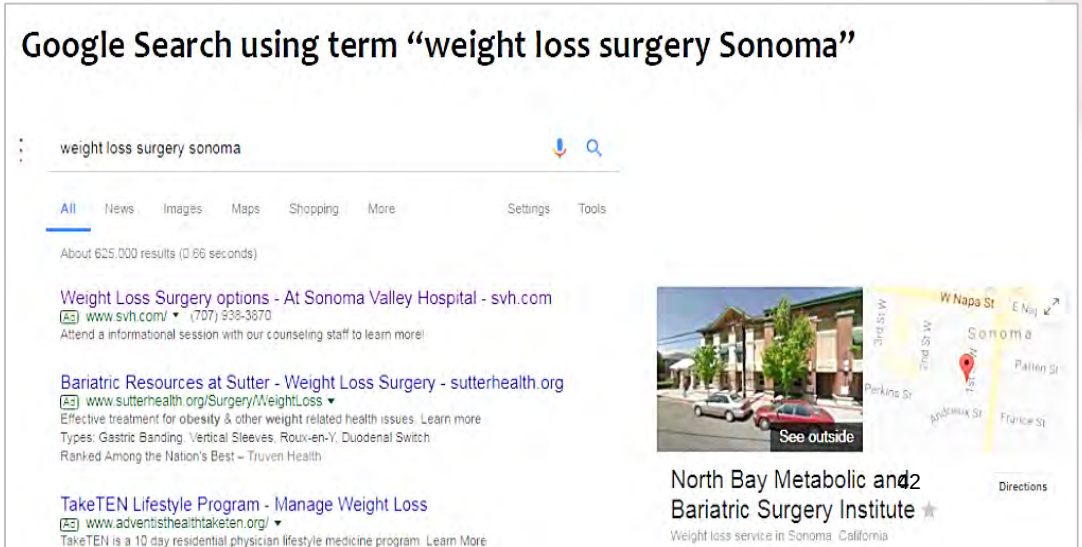


776,000 Digital Ad Impressions
28% Spanish
70% Geo-targeted

48,460 Print Ad Impressions
IT and Sonoma Sun

Bariatrics/Surgery

- Digital Advertising (Sept '17 – Feb '18)
  - Sonoma, No Marin, Napa, SW Solano Counties
  - Women 25-55
  - Facebook and Google AdWords
  - Ads link to landing page offering information on weight loss surgery; sign up

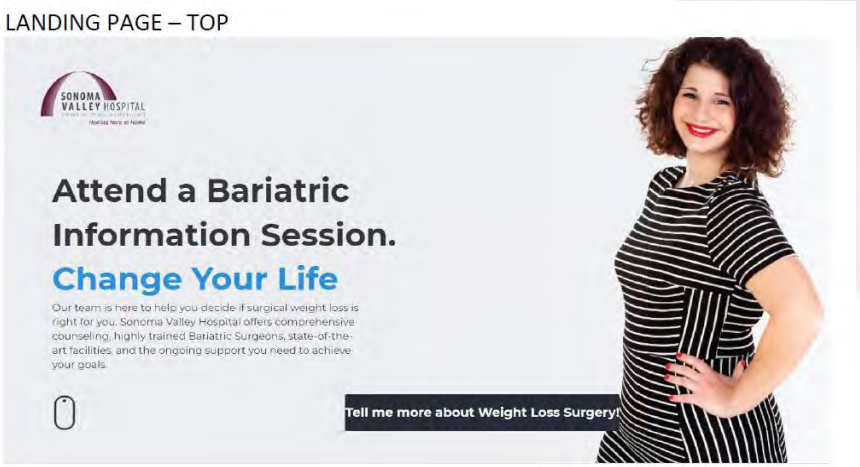


Results

Sept '17 – Feb '18

- 3,672 impressions
- 399 click-throughs
- 1% sign-up rate
- Increased attendance at info sessions
  - *Survey of info session attendees showed that most consider decision for 2+ years*

LANDING PAGE – TOP



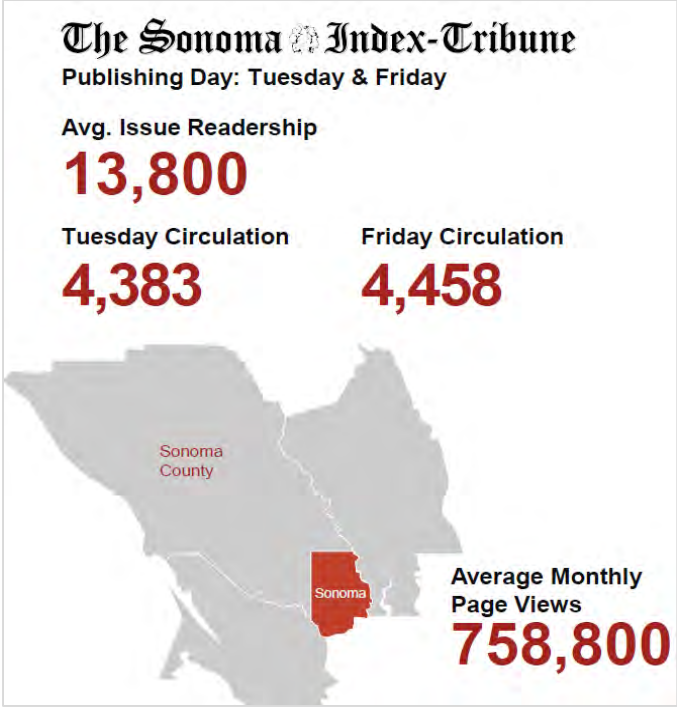
Bariatrics/Orbera

Orbera launch (May)

- Google AdWords advertising
- Sonoma Media digital ads
  (2 weeks, regional,
  100,000 impressions)

Advertising Lessons

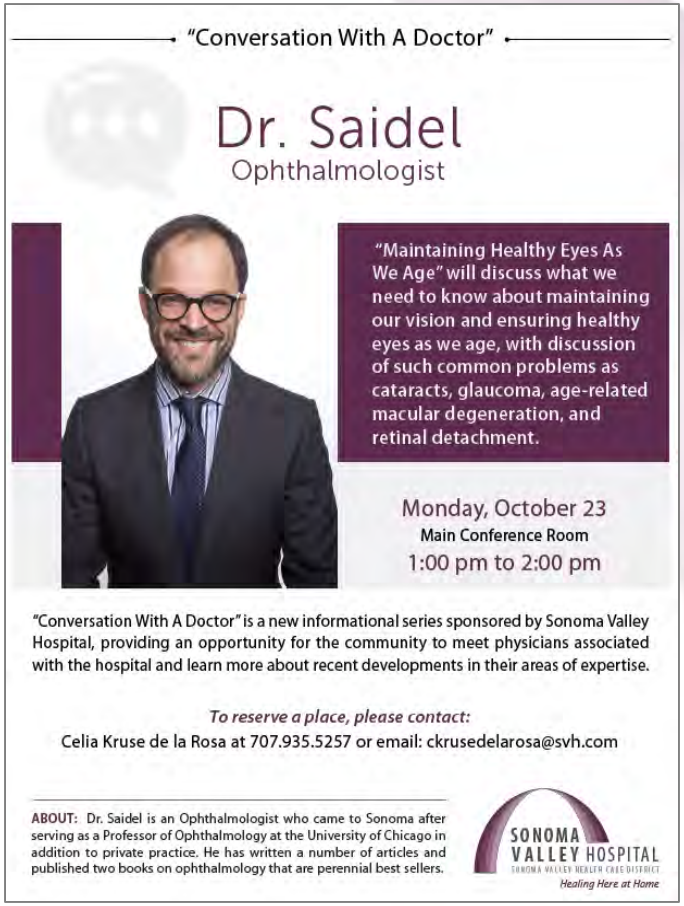
- Digital Advertising
  - Impactful, flexible
  - Ability to geo-target
  - Broader reach demographically
  - Highly cost-effective
  - Google AdWords worked better than Facebook
- Print Advertising
  - Greater impact in some cases
  - Skews to older demographic



SONOMA VALLEY HOSPITAL
Healing Here at Home

Conversation With A Doctor

- Launched Fall 2017
- Introduce new physicians, specialists to community
- Strong response (114)
  - Dr. Saidel, Ophthalmology
  - Dr. Lee, Pain Management
  - Dr. Pettit, ENT
  - Dr. Keeffe, Cardiology



SONOMA VALLEY HOSPITAL
Healing Here at Home

Also this year…

- Introduced ConforMIS Knee

- Expanded PCP direct mail program

Colorectal Referrals

Feb: 78	+49%*
Mar: 88	+54%*
Apr: 119	+66%*

* Increase over January

SONOMA VALLEY HOSPITAL
Healing Here at Home

Services Growth/Results

- Support business development initiatives generating projected $1.6M incremental FY growth

Increasing volumes in:

- Bariatric surgeries
- **Women's Health services**
- General surgery/endoscopy
- Ophthalmology
- Pain Management

FY 2019 Marketing Priorities

- **Expand Women's Health Services**
- Continue Bariatrics initiatives
- Launch Pain Management service line
- Continue digital advertising for key service lines
- Continue GirlTalk and Conversation With A Doctor
- Update SVH website
- Conduct community perception survey

Community Outreach

- **Reinforce Hospital's** mission at community level
- Develop partnerships enabling collaboration to improve community health

Community Communications

Strong presence through media and events

- UCSF affiliation
- Major KSVY presence
- News releases, articles
- CEO & Board Chair blogs
- Community presence:
  IT's "Best of Sonoma" awards
  School & community health fairs
  Health screenings


Hospital's GirlTalk looks at breast cancer

Talk will be held on Feb. 23


The Sonoma Index-Tribune

OUR 138TH YEAR SERVING SONOMA VALLEY

Sonoma Hospital to affiliate with UCSF

Will share medical director, other resources under new partnership


Hospital GirlTalk series: breast cancer

Posted on February 20, 2018 by Sonoma Valley Sun

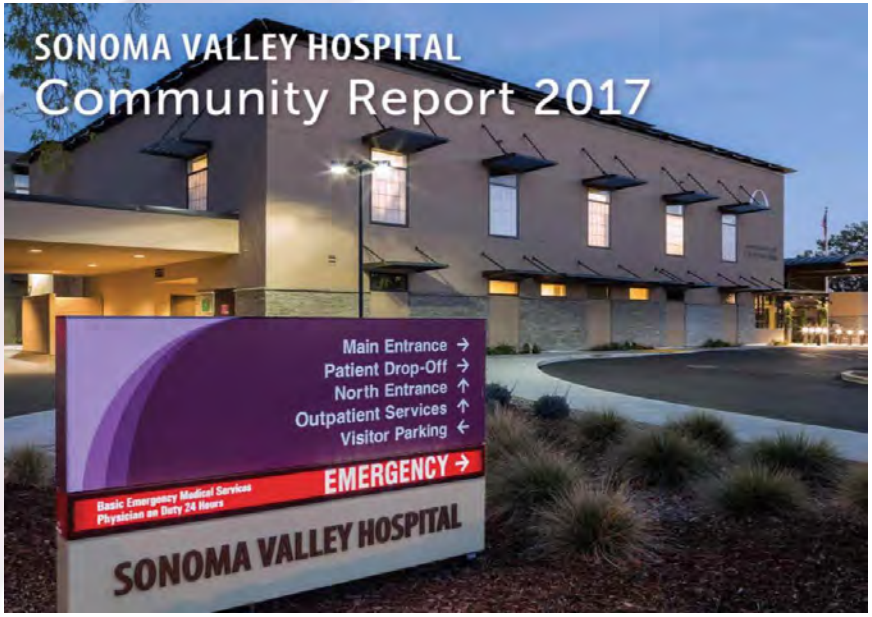
Breast cancer is the topic of the next session of Sonoma Valley Hospital's GirlTalk series.

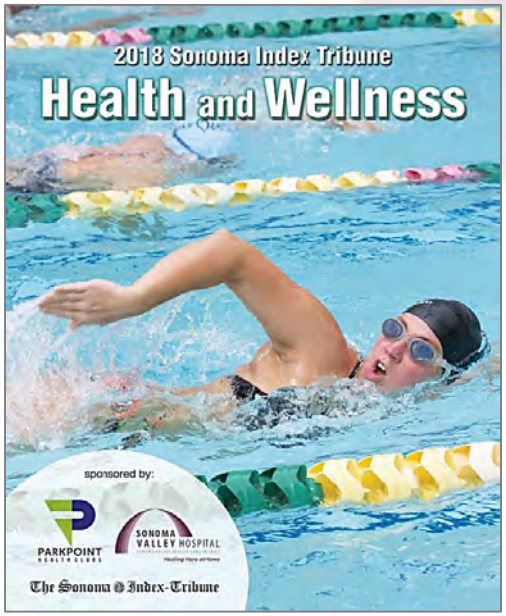
The Feb. 23 talk, "Breast Cancer: Past, Present and Future," will discuss how diagnosis and treatment have evolved in recent years as new therapies have become available.

Discussion will be led by Dr. Alexis Alexandridis, a board-certified surgeon and specialist in breast health and breast cancer surgery, who will review historical perspectives on breast cancer that inform current therapies, with a discussion of risk factors, current screening practices, risk reduction recommendations, and new therapies that are available.

GirlTalk will be held at Ramekins, 450 W. Spain St., in Sonoma, from 6 to 7:30 p.m. Friday, Feb. 23.

Hospital unveils 'A Woman's Place'





Annual Report (Dec)

Health & Wellness Supplement (May)

Each distributed to 7,000 SV homes

SONOMA VALLEY HOSPITAL
Healing Here at Home

Latino Community Outreach

Strong partnership with La Luz and Community Health Center

- Education, events
- Hospital wayfinding
- CHC Latino Advisory Committee

SVH Foundation Support

- Celebration of Women
- Project Pink
- Patient Testimonials
- Foundation Website

Introduce new 3D Mammography

Parcel Tax Vote Follow Up

June-**November '17**

- Thank community
- Address issues raised
- Increase communication with community
  - Share compensation study
  - Reassert transparency/open meetings
  - Launch Board Chair blog
  - Visit 5 community organizations

Website & Social Media

SVH Website YTD*

42,377/July - April
56k Annualized (-13%)
Average 156/day
82% New visitors

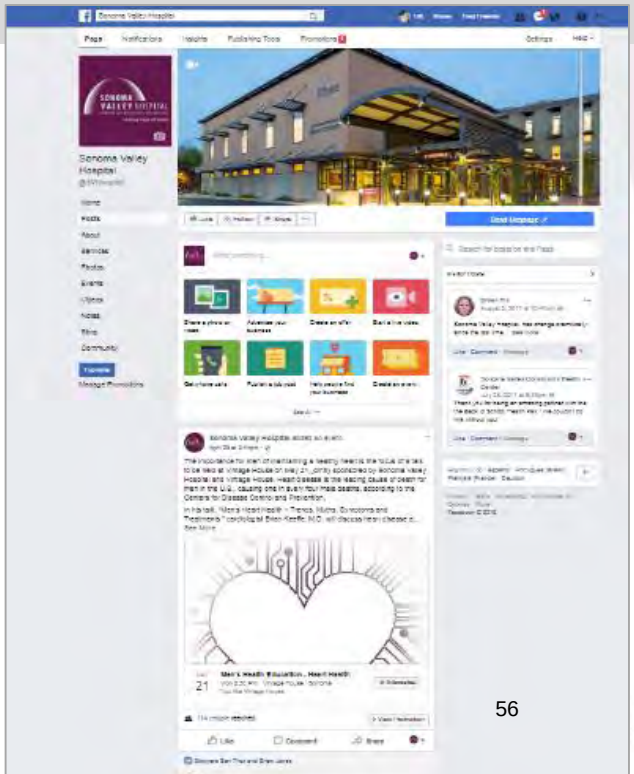
*July 2017 – April 2018

SVH Facebook Page*

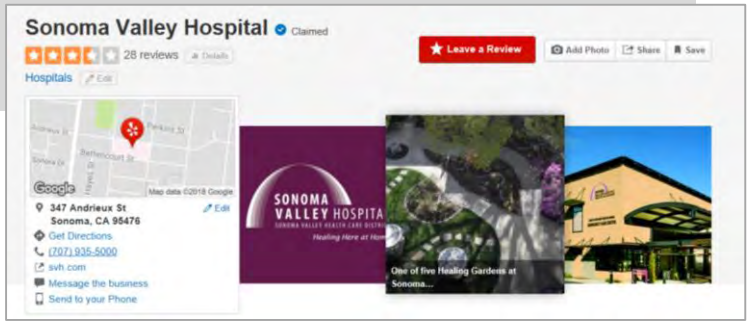
1,192 'Likes' (+9% YTD)

Twitter*

783 Followers (+10% YTD)



Yelp Monitoring



Social Media Critical In Emergencies

Fires reinforced importance of active social media presence

- Multi-Platforms
  - Twitter, FB, Instagram
- Regular Postings - Bilingual
  - 7:30 am, 1:00 pm
    5:30 pm, 10:30 pm
- Social Listening – identify concerns
- Hashtaging #SonomaFire
- Sharing/Stories
- Community Resources

6,628 Reach

3,499 Reach

Community Partnerships

- Vintage House
- School District
- Community Health Center
- La Luz
- Seven Flags
- FAHA
- Elder Resource Alliance
- Hospice by the Bay
- Redwood Empire Food Bank
- My Care, My Plan

Screening at Back To School Health Fair

Engaging Our Community

- Community Benefit Hours
  - Goal: 1,200 Hours Annually
  - Results YTD: 1,062 Hours (10 mos)
- Events Attendance
  - Goal: Draw 1,900 community participants
  - Results YTD: 2,035 participants (10 mos)



Internal Communications

- Employee Newsletter
- Internal distribution of news releases
- Posting system for news and events throughout Hospital

Sonoma Valley Hospital Employee Newsletter
SUMMER 2017

Insider

YOU ARE "C.R.E.A.T.I.N.G" AN EXCEPTIONAL PLACE TO HEAL

SnapShot: Dave Pier, SVH Foundation "Happy Fourth" July 2017

What's Coming Up!

Friday, August 11
Backpack Drive
(for Back to School Health Fair)
Check with your Department's Leader to learn how your group can participate by donating a backpack filled with grade appropriate school supplies. For more information contact Ext – 5257

Saturday, August 12
Annual Back To School Health Fair
10:00 am - 2:00 pm
Sonoma Charter School
Collaboration with SVCHC and La Luz Center. Event is for all school aged children and youth attending schools in Sonoma Valley and their families. Volunteers are needed, contact Celia Kruse de la Rosa Ext – 5257.

Friday, September 15
Mindful Meditation and Movement Workshop Series begins
10:30 am—12:00 pm
SVH Basement Conference Room
Class meets every Friday for six weeks. Led by Patricia Brooks, PhD.
For more information: 707.935.2900, or by email at pbrooksphd@gmail.com

Wednesday, Sept. 20
Wellness University
(Final Session for 2017)
Six biweekly classes held in the Hospital's Basement Conference Room from 8:00 am till 10:00 am. Participants learn about the **Five Keys To Wellness** and their application to daily life. Staff is encouraged to attend. Speak with your Department Leader to schedule or for more information, or contact Vivian Woodall, Ext – 5005.

Welcome New SVH Team Members!

Birthplace – Osmaira Marquez Cortes, RN • Cardiopulmonary – Wesam Alduleme, Respiratory Therapist • **Emergency – Imran Awan, RN, Monique Martell, RN • Environmental Services – Sir Ganzen Anore,** Housekeeper; **Marlon King,** Housekeeper • **Laboratory – Maria Berzak,** Laboratory Assistant, • **Med/Surg – Anthony Salas,** Unit Assistant/Telemetry Technician • **Medical Imaging – Jorey Reitman,** Radiological Technologist; **Sonya Todorova,** Medical Imaging Manager • **Nutritional Services – Sylvia Rosas,** Cook; **Katia Voicehowsky,**RD, Outpatient Dietitian • **Outpatient Physical Therapy – Susan Barnes,** Office Coordinator • **Quality & Resource Management – Danielle Jones,** Quality & Risk Management Director • **Skilled Nursing Facility – Orlando Alma,** CNA • **Surgery – Robert Megerle,** RN

Congratulations! - On The Move - Promotions/Transfers

Nursing Administration – Sally Staples, RN, Nursing Manager

Employee Spotlight: Sonya Todorova, Manager, Medical Imaging

Raised in Bulgaria, **Sonya Todorova** came to the US by means of the Netherlands to Springfield, Missouri. Eventually she moved to Chapel Hills, North Carolina to become the Manager for the 3D Labs at the University of North Carolina. Later Sonya was recruited by Stanford Medical Center and came west. *(Continued on Page Two)*

Healthy Tip:
Enjoy the Outside!

With summer in full-swing, take advantage of the extra sunlight hours to get outside and get some exercise during the workday or afterhours. An easy brisk 20-minute walk breathing fresh air can do wonders for your stress-level. And making it a regular practice can help to minimize weight gain and improve blood flow.

Wellness Keys: Balance, Breathing, Positive Choices
Healing Levels: Physical, Mental, Spiritual, Emotional

Thank you

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

9.

ADMINISTRATIVE REPORT JUNE 2018

To:	**SVHCD Board of Directors**
From:	**Kelly Mather**
Date:	**5/31/18**
Subject:	**Administrative Report**

Summary
This month we had staff forums and discussed the future of SVH and how we are going to restructure the hospital around the needs of the community and the shift from inpatient care. The message was about ensuring our future and the staff response was generally positive.

Strategic Update from FY 2018 Strategic Plan:

Strategic Priorities	Update
Highest levels of health care safety, quality and value	➢ Rate My Hospital scores are excellent and this tool is helping us address any concerns immediately. ➢ SVH culture of embracing change using "100 day workouts." We are completing 11 improvement projects in June. ➢ The first quarter quality data shows we are above the national average.
Be the preferred hospital for patients, physicians, employers and health plans	➢ As a result of the staff satisfaction results, we were excited to share that overall satisfaction as an employee was only 2% unfavorable with 81% of staff responding to the survey. We discussed the one new issue of job security at the forums and most said it was due to the healthcare environment and not knowing the future of the hospital. ➢ A nurse practitioner is starting at Sonoma Family Practice in June. ➢ We hired a Practice Administrator to work on an overall physician strategy which will include the plan for the Rural Health Center and aligning with UCSF. ➢ We are talking about a Medical Office Building to bring all of the physicians together.
Implement new and enhanced revenue strategies as measured by increased direct margins in each service unit	➢ The UCSF collaboration is going well and we have some great ideas around physician strategies. ➢ The FY 2019 – 2021 Rolling Strategic Plan has been approved. ➢ The Woman's Place service line is on track with the goals. ➢ We had a study session with the Board on the ideas for the new Outpatient Diagnostic Center.
Continue to improve financial stability as measured by operating margin	➢ As we respond to the lower inpatient census, we need to restructure the hospital for the future and will do it this summer. Our primary focus will always be having Emergency care in the Valley. ➢ We will have a $1.3 million pick up from the South Lot sale in Fall 2018. ➢ We are working with a highly successful Home Care organization on a transfer of this service but they have asked for a few more months to make the decision. ➢ Recommending changes in our some of the pay practices and PTO accruals.
Lead progress toward being a healthier community as measured by community benefit	➢ Celebration of Woman was a huge success! ➢ The physicians and staff are stepping up and helping with the ODC campaign. ➢ We are working with UCSF on telemedicine for Stroke and Neurology and also have Psychiatry coming on telemedicine this summer.

APRIL 2018

Patient Experience	Current Performance	FY 2018 Goal	National Benchmark
Would Recommend Hospital	98th percentile	> 60th percentile	50th percentile
Inpatient Overall Rating	99th percentile	>60th percentile	50th percentile
Home Health	92%	> 90%	> 80%
Outpatient Services	4.8	Rate My Hospital	4.5
Emergency	4.5	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	1.6	< 2.3	2.3
Pressure Ulcers	0	<3.7	3.7
Injuries to Staff	7	< 10	17
Adverse Drug Events with Harm	1	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	4	4	3
Hospital Star Rating	4	4	3
Our People	**YTD Performance**	**FY 2018 Goal**	**Benchmark**
Press Ganey Engagement Survey	61st percentile	75th percentile	50th percentile
Wellness Ambassadors	253	250	> 200
Turnover	14.2%	< 10%	< 15%
Financial Stability	**YTD Performance**	**FY 2018 Goal**	**Benchmark**
EBDA	-1.8%	2.9%	3%
FTE's/AOB	4.06	4.3	5.3
Days Cash on Hand	6.8	20	30
Days in Accounts Receivable	43	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	$8 million	$20 million	$1 million
Strategic Growth	**YTD Performance**	**FY 2018 Goal**	**Benchmark**
Inpatient Discharges	941/1130	1193	1225
Outpatient Visits	43,997/52,796	57,771	55,566
Emergency Visits	8,839/10,606	11,022	11,019
Surgeries	1523/1827	1,800	1,680
Births	88/105	132	120
Home Health Visits	7,732/9278	11,053	11,400
Community Benefit Hours	1124/1348	1200	1200

Note: Colors demonstrate comparison to National Benchmark

TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2018	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2017	Jun 2017
FY YTD Turnover	<10%	.9	3.1	5.3	6.8	9.7	9.7	11.3	12.9	14.2	16.2	8.4	9
Leave of Absences	<12	10	10	11	11	11	9	10	15	13	15		
EBDA	>3%	.1	-.9	-1.1	.1	-1.2	-1.4	2.2	-.6	-1.7	-1.8	3.1	3.6
Operating Revenue	>5m	5.0	4.8	4.6	4.6	4.5	4.5	4.9	4.7	4.2	4.4	5.3	5.2
Expense Management	<5m	5.1	5.3	5.2	4.8	5.3	5.1	5.3	5.2	5.1	5.0	5.6	5.2
Net Income	>50k	-197	-164	-230	62	-379	-226	125	-174	-395	220	16	180
Days Cash on Hand	>20	16	10	9	12.5	14	17.4	23.5	14.1	6.7	6.8	19	20
A/R Days	<50	45	43	47	45	48	51	51	47	43	43	44	45
Total FTE's	<320	318	314	316	304	329	307	312	305	302	307	319	321
FTEs/AOB	<4.0	4.23	3.75	4.19	4.04	4.86	3.85	3.68	3.87	4.17	4.06	3.73	4.14
Inpatient Discharges	>90	76	94	87	87	99	96	111	82	106	103	100	87
Outpatient Revenue	>$13m	14.1	15.5	14.3	11.9	12.9	14.1	14.7	12.5	13.1	14.1	15.5	15.4
Surgeries	>150	162	164	187	120	155	160	141	139	151	144	173	197
Home Health	>950	870	713	789	871	630	798	801	821	684	755	966	940
Births	>11	6	10	5	12	11	10	7	11	8	6	7	15
SNF days	>550	528	500	479	624	468	563	646	494	566	525	559	458
MRI	>120	102	134	128	100	80	105	106	112	122	154	116	109
Cardiology (Echos)	>50	62	93	73	54	80	93	96	65	84	95	70	79
Laboratory	>12	11.9	12.2	11.6	10.8	12.0	11.4	12.9	10.6	12.3	11.5	13.6	11.8
Radiology	>850	881	966	870	757	882	891	1072	829	968	905	1142	1137
Rehab	>2700	2362	2872	2502	2078	2945	2884	2593	2773	3091	2455	2983	2802
CT	>300	326	390	354	271	272	386	346	288	305	367	407	376
ER	>900	920	894	921	827	816	919	996	811	871	864	1069	964
Mammography	>200	223	235	201	191	253	249	190	155	**363**	202	214	219
Ultrasound	>300	287	326	265	188	236	258	274	221	258	293	279	312
Occupational Health	>600	642	705	552	707	588	416	504	555	734	774	607	659
Wound Care	>200	226	263	287	287	203	277	204	122	182	210	203	307

10.

FINANCIAL REPORT
MONTH ENDED
APRIL 30, 2018

(Due to cancellation of the May Finance Committee meeting, the financial report for April 2018 has not been reviewed by Committee.)

To: **SVH Finance Committee**
From: **Ken Jensen, CFO**
Date: **May 22, 2018**
Subject: **Financial Report for the Month Ending April 30, 2018**

For the month of April volumes were consistent with the previous month in both inpatient and outpatient services but continue to be under budgeted expectations. The month of April did experience higher acuity levels leading to higher gross revenues.

The actual loss of ($651,470) from operations in April was ($203,674) unfavorable to the budgeted loss of ($447,796). After accounting for all other activity; April's net income was $220,974 vs. the budgeted loss of ($34,898) with a monthly EBIDA of -1.7% vs. a budgeted 2.6%.

Gross patient revenue for April was $22,990,695, $284,405 over budget. Inpatient gross revenue was over budget by $89,926. Inpatient days were under budget by (46) days and inpatient surgeries were under budgeted expectations by (6) cases, but there was an overall higher acuity than budgeted. Outpatient revenue was over budget by $553,729. Outpatient visits were under budgeted expectations by (623) visits, and outpatient surgeries were over budgeted expectations by 1 case. The Emergency Room gross revenue was under budget by ($231,283) with ER visits under budgeted expectations by (48) visits. SNF gross charges were under budgeted expectations by ($77,164) and SNF patient days were under budget by (53) days. Home Health was under budget by ($50,803) with visits under budget by (201) visits which is due to seeing a reduced number of Kaiser HHA patients.

Gross revenue from surgical implants in April is $762,411 with $521,016 from inpatient surgeries and $241,395 from outpatient surgeries, and total implant costs were ($206,117). The net, before any revenue deductions, is $556,294.

Deductions from revenue were unfavorable to budgeted expectations by ($725,101). Of the variance, ($250,772) is from the budgeted prior period adjustments or IGT payments. Without the budgeted IGT variance, the deductions from revenue variance are unfavorable by ($474,329) which is due to a Balance Sheet adjustment to Net Accounts Receivables.

The variance was also impacted by a continued negative shift in payer mix with Medicare volume increasing by 5.0% points over budget and Commercial volume dropping by -0.6% points.

After accounting for all other operating revenue, the **total operating revenue** was unfavorable to budgeted expectations by ($477,816).

Operating Expenses of $5,052,638 were favorable to budget by $274,142. Salaries and wages and agency fees were under budget by $161,016. Salaries and wages were under budget by $171,504 and agency fees were over budget by ($10,488). Professional fees were over budget by ($79,520) due to physician recruitment and signing bonus fees ($40,000) and non-budgeted consulting fees offset by lower administration and management salaries ($17,680). Supplies are over budget in surgery primarily with the cost of implants ($32,086). Purchased services were under budget in April due to budgeted services not used and there was no governmental matching fee in the month of April.

For the month of April, the hospital saved $115,111 attributable to the cost savings plan implemented January 1, 2018. From January 1, 2018, through April, the total savings is $422,670. See attachment I for details.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for April was ($400,962) vs. a budgeted net loss of ($198,633). The Hospital received $477,029 in restricted donations from the Foundation for the 3D mammography and OP Diagnostic Center projects. The total net income for April after all activity was $220,974 vs. a budgeted net loss of ($34,898).

EBIDA for the month of April was -1.7% vs. the budgeted 2.6%.

Patient Volumes – April

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	**103**	**101**	**2**	**89**
Newborn Discharges	**6**	**14**	**-8**	**11**
Acute Patient Days	**341**	**387**	**-46**	**368**
SNF Patient Days	**525**	**578**	**-53**	**512**
Home Care Visits	**755**	**956**	**-201**	**934**
OP Gross Revenue	**$14,170**	**$13,924**	**$246**	**$13,168**
Surgical Cases	**144**	**149**	**-5**	**171**

Gross Revenue Overall Payer Mix – April

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	**46.1%**	**45.7%**	**0.4%**	**44.6%**	**45.6%**	**-1.0%**
Medicare Mgd Care	**14.6%**	**10.0%**	**4.6%**	**13.0%**	**10.0%**	**3.0%**
Medi-Cal	**15.5%**	**17.8%**	**-2.3%**	**17.9%**	**17.9%**	**0.0%**
Self Pay	**1.3%**	**1.2%**	**0.1%**	**1.1%**	**1.2%**	**-0.1%**
Commercial	**19.6%**	**20.2%**	**-0.6%**	**19.2%**	**20.3%**	**-1.1%**
Workers Comp	**1.7%**	**3.1%**	**-1.4%**	**2.1%**	**3.0%**	**-0.9%**
Capitated	**1.2%**	**2.0%**	**-0.8%**	**2.1%**	**2.0%**	**0.1%**
Total	**100.0%**	**100.0%**		**100.0%**	**100.0%**	

Cash Activity for April:

For the month of April the cash collection goal was $2,672,909 and the Hospital collected $3,826,323 or over the goal by $1,153,414. The year-to-date cash collection goal was $35,498,078 and the Hospital has collected $36,665,533 or over goal by $1,167,455. Days of cash on hand are 6.8 days at April 30, 2018. Accounts Receivable decreased from March, from 43.0 days to 42.9 days in April. Accounts Payable decreased by $220,145 from March and Accounts Payable days are at 40.6.

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
-Attachment I is the Cash Savings from cost reduction plan implemented 1/1/2018

Sonoma Valley Hospital
Payer Mix for the month of April 30, 2018

ATTACHMENT A

Gross Revenue:	April-18 Actual	Budget	Variance	% Variance	YTD Actual	Budget	Variance	% Variance
Medicare	10,570,653	10,378,450	192,203	1.9%	97,366,005	104,268,232	-6,902,227	-6.6%
Medicare Managed Care	3,356,629	2,257,693	1,098,936	48.7%	28,419,794	22,788,868	5,630,926	24.7%
Medi-Cal	3,548,911	4,034,634	-485,723	-12.0%	39,034,105	40,922,501	-1,888,396	-4.6%
Self Pay	299,916	278,061	21,855	7.9%	2,448,066	2,829,959	-381,893	-13.5%
Commercial & Other Government	4,550,077	4,602,799	-52,722	-1.1%	42,087,392	46,758,866	-4,671,474	-10.0%
Worker's Comp.	381,230	693,867	-312,637	-45.1%	4,670,781	6,952,038	-2,281,257	-32.8%
Capitated	283,279	460,786	-177,507	-38.5%	4,516,684	4,654,476	-137,792	-3.0%
Total	**22,990,695**	**22,706,290**	**284,405**		**218,542,827**	**229,174,940**	**(10,632,113)**	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,659,664	1,548,978	110,686	7.1%	14,825,360	15,653,485	-828,125	-5.3%
Medicare Managed Care	448,781	289,854	158,927	54.8%	4,128,593	2,925,817	1,202,776	41.1%
Medi-Cal	435,451	549,649	-114,198	-20.8%	5,576,242	5,639,171	-62,929	-1.1%
Self Pay	167,953	125,327	42,626	34.0%	1,264,519	1,365,302	-100,783	-7.4%
Commercial & Other Government	1,424,932	1,710,283	-285,351	-16.7%	13,723,279	17,159,248	-3,435,969	-20.0%
Worker's Comp.	80,020	179,336	-99,316	-55.4%	994,471	1,721,873	-727,402	-42.2%
Capitated	11,643	14,941	-3,298	-22.1%	141,983	157,368	-15,385	-9.8%
Prior Period Adj/IGT	62,500	313,272	-250,772	-80.0%	4,150,338	3,132,720	1,017,618	32.5%
Total	**4,290,944**	**4,731,640**	**(440,696)**	**-9.3%**	**44,804,785**	**47,754,984**	**(2,950,199)**	**-6.2%**

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	38.7%	32.7%	6.0%	18.3%	33.2%	32.8%	0.3%	0.9%
Medicare Managed Care	10.5%	6.1%	4.4%	72.1%	9.2%	6.1%	3.1%	50.8%
Medi-Cal	11.6%	18.2%	-6.6%	-36.3%	21.7%	18.4%	3.3%	17.9%
Self Pay	3.8%	2.8%	1.0%	35.7%	2.8%	2.9%	-0.1%	-3.4%
Commercial & Other Government	33.2%	36.1%	-2.9%	-8.0%	30.6%	35.9%	-5.3%	-14.8%
Worker's Comp.	1.9%	3.8%	-1.9%	-50.0%	2.2%	3.6%	-1.4%	-38.9%
Capitated	0.3%	0.3%	0.0%	0.0%	0.3%	0.3%	0.0%	0.0%
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	15.7%	14.9%	0.8%	5.4%	15.2%	15.0%	0.2%	1.3%
Medicare Managed Care	13.4%	12.8%	0.6%	4.7%	14.5%	12.8%	1.7%	13.3%
Medi-Cal	14.0%	21.4%	-7.4%	-34.6%	24.9%	21.4%	3.5%	16.4%
Self Pay	56.0%	45.1%	10.9%	24.2%	51.7%	48.2%	3.5%	7.3%
Commercial & Other Government	31.3%	37.2%	-5.9%	-15.9%	32.6%	36.7%	-4.1%	-11.2%
Worker's Comp.	21.0%	25.8%	-4.8%	-18.6%	21.3%	24.8%	-3.5%	-14.1%
Capitated	4.1%	3.2%	0.9%	28.1%	3.1%	3.4%	-0.3%	-8.8%

SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended April 30, 2018

ATTACHMENT B

	CURRENT MONTH				YEAR-TO-DATE			YTD
	Actual 04/30/18	Budget 04/30/18	Favorable (Unfavorable) Variance		Actual 04/30/18	Budget 04/30/18	Favorable (Unfavorable) Variance	Prior Year 04/30/17
				Inpatient Utilization				
				Discharges				
1	95	87	8	Acute	801	897	(96)	910
2	8	14	(6)	ICU	140	160	(20)	111
3	103	101	2	Total Discharges	941	1,057	(116)	1,021
4	6	14	(8)	Newborn	88	142	(54)	116
5	109	115	(6)	Total Discharges inc. Newborns	1,029	1,199	(170)	1,137
				Patient Days:				
6	260	300	(40)	Acute	2,434	3,099	(665)	3,064
7	81	87	(6)	ICU	837	989	(152)	982
8	341	387	(46)	Total Patient Days	3,271	4,088	(817)	4,046
9	13	29	(16)	Newborn	152	291	(139)	219
10	354	416	(62)	Total Patient Days inc. Newborns	3,423	4,379	(956)	4,265
				Average Length of Stay:				
11	2.7	3.5	(0.7)	Acute	3.0	3.5	(0.4)	3.4
12	10.1	6.2	4.0	ICU	6.0	6.2	(0.2)	8.8
13	3.3	3.8	(0.5)	Avg. Length of Stay	3.5	3.9	(0.4)	4.0
14	2.2	2.0	0.1	Newborn ALOS	1.7	2.0	0.3	1.9
				Average Daily Census:				
15	8.7	10.0	(1.3)	Acute	8.0	10.2	(2.2)	10.1
16	2.7	2.9	(0.2)	ICU	2.8	3.3	(0.5)	3.2
17	11.4	12.9	(1.5)	Avg. Daily Census	10.8	13.4	(2.7)	13.3
18	0.4	1.0	(0.5)	Newborn	0.50	0.96	(0.5)	0.72
				Long Term Care:				
19	525	578	(53)	SNF Patient Days	5,393	5,674	(281)	5,536
20	39	25	14	SNF Discharges	304	249	55	293
21	17.5	19.3	(1.8)	Average Daily Census	17.7	18.7	(0.9)	18.2
				Other Utilization Statistics				
				Emergency Room Statistics				
22	864	912	(48)	Total ER Visits	8,839	9,175	(336)	9,112
				Outpatient Statistics:				
23	4,374	4,997	(623)	Total Outpatients Visits	43,997	47,618	(3,621)	45,746
24	30	36	(6)	IP Surgeries	277	328	(51)	378
25	114	113	1	OP Surgeries	1,246	1,043	203	1,028
26	87	45	42	Special Procedures	690	326	364	419
27	755	956	(201)	Home Health Visits	7,732	9,249	(1,517)	9,211
28	371	326	45	Adjusted Discharges	3,360	3,360	(0)	3,367
29	2,265	2,499	(234)	Adjusted Patient Days (Inc. SNF)	23,401	25,115	(1,715)	24,521
30	75.5	83.3	(7.8)	Adj. Avg. Daily Census (Inc. SNF)	77.0	82.6	(5.6)	80.7
31	1.4819	1.4000	0.082	Case Mix Index -Medicare	1.5145	1.4000	0.115	1.6439
32	1.5128	1.4000	0.113	Case Mix Index - All payers	1.4794	1.4000	0.079	1.5618
				Labor Statistics				
33	281	284	3.1	FTE's - Worked	277	285	8.3	282
34	307	325	18.2	FTE's - Paid	311	326	14.6	318
35	43.40	43.87	0.47	Average Hourly Rate	42.74	42.74	(0.00)	40.64
36	23.2	22.2	(0.9)	Manhours / Adj. Pat Day	23.1	22.5	(0.6)	22.5
37	141.3	170.3	29.0	Manhours / Adj. Discharge	160.5	168.1	7.5	163.5
38	22.5%	21.8%	-0.7%	Benefits % of Salaries	22.5%	22.1%	-0.4%	23.1%
				Non-Labor Statistics				
39	12.4%	10.8%	-1.6%	Supply Expense % Net Revenue	11.8%	10.6%	-1.2%	12.5%
40	1,461	1,606	145	Supply Exp. / Adj. Discharge	1,619	1,546	(74)	1,723
41	14,045	16,818	2,773	Total Expense / Adj. Discharge	16,068	16,247	179	15,527
				Other Indicators				
42	6.8			Days Cash - Operating Funds				
43	42.9	50.0	(7.1)	Days in Net AR	46.1	50.0	(3.9)	49.6
44	143%			Collections % of Net Revenue	103%			107.1%
45	40.6	55.0	(14.4)	Days in Accounts Payable	40.6	55.0	(14.4)	24.3
46	19.1%	21.4%	-2.3%	% Net revenue to Gross revenue	21.1%	21.4%	-0.4%	21.3%
47	21.3%			% Net AR to Gross AR	21.3%			23.3%

Sonoma Valley Health Care District

ATTACHMENT C

Balance Sheet

As of April 30, 2018

		Current Month	Prior Month	Prior Year
	Assets			
	Current Assets:			
1	Cash	$ 1,101,646	$ 375,086	$ 1,740,420
2	Trustee Funds	3,628,488	3,625,045	2,700,895
3	Net Patient Receivables	7,523,327	7,760,498	8,908,441
4	Allow Uncollect Accts	(1,091,983)	(1,199,386)	(1,277,292)
5	Net A/R	6,431,344	6,561,112	7,631,149
6	Other Accts/Notes Rec	819,250	1,838,996	2,436,706
7	3rd Party Receivables, Net	2,333,644	1,488,696	1,088,987
8	Inventory	818,935	829,196	816,225
9	Prepaid Expenses	924,013	845,340	838,596
10	Total Current Assets	$ 16,057,320	$ 15,563,471	$ 17,252,978
12	Property,Plant & Equip, Net	$ 51,903,384	$ 52,062,188	$ 53,480,478
13	Specific Funds/ Money Market	203,518	919,563	698,847
14	Other Assets	-	-	-
15	Total Assets	$ 68,164,222	$ 68,545,222	$ 71,432,303
	Liabilities & Fund Balances			
	Current Liabilities:			
16	Accounts Payable	$ 3,137,322	$ 3,357,467	$ 2,859,973
17	Accrued Compensation	3,963,962	3,832,217	3,989,727
18	Interest Payable	317,320	211,545	330,797
19	Accrued Expenses	1,408,467	1,427,213	1,426,019
20	Advances From 3rd Parties	126,897	112,930	126,800
21	Deferred Tax Revenue	1,134,700	1,702,050	993,817
22	Current Maturities-LTD	1,206,336	1,226,184	1,291,901
23	Line of Credit - Union Bank	-	6,973,734	6,973,734
24	Other Liabilities	6,975,120	1,386	1,386
25	Total Current Liabilities	$ 18,270,124	$ 18,844,727	$ 17,994,154
26	Long Term Debt, net current portion	$ 35,113,941	$ 35,141,312	$ 37,477,881
27	Fund Balances:			
28	Unrestricted	$ 10,020,524	$ 10,276,579	$ 12,157,774
29	Restricted	4,759,632	4,282,604	3,802,495
30	Total Fund Balances	$ 14,780,157	$ 14,559,183	$ 15,960,268
31	Total Liabilities & Fund Balances	$ 68,164,222	$ 68,545,222	$ 71,432,303

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended April 30, 2018

ATTACHMENT D

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	$	%		Actual	Budget	$	%	Prior Year
					Volume Information					
1	103	101	2	2%	Acute Discharges	941	1,057	(116)	-11%	1,021
2	525	578	(53)	-9%	SNF Days	5,393	5,674	(281)	-5%	5,536
3	755	956	(201)	-21%	Home Care Visits	7,732	9,249	(1,517)	-16%	9,211
4	14,170	13,924	245	2%	Gross O/P Revenue (000's)	$ 137,423	$ 140,011	(2,588)	-2%	$ 132,837
					Financial Results					
					Gross Patient Revenue					
5	$ 6,683,893	$ 6,593,967	89,926	1%	Inpatient	$ 60,605,786	$ 68,469,099	(7,863,313)	-11%	$ 65,939,999
6	8,135,436	7,581,707	553,729	7%	Outpatient	75,716,950	74,982,737	734,213	1%	69,629,521
7	5,803,465	6,034,748	(231,283)	-4%	Emergency	59,030,335	62,034,167	(3,003,832)	-5%	60,210,705
8	2,090,189	2,167,353	(77,164)	-4%	SNF	20,360,006	20,507,936	(147,930)	-1%	19,283,627
9	277,712	328,515	(50,803)	-15%	Home Care	2,829,750	3,181,001	(351,251)	-11%	3,225,955
10	**$ 22,990,695**	**$ 22,706,290**	**284,405**	**1%**	**Total Gross Patient Revenue**	**$ 218,542,827**	**$ 229,174,940**	**(10,632,113)**	**-5%**	**$ 218,289,807**
					Deductions from Revenue					
11	$ (18,613,751)	$ (18,165,315)	(448,436)	-2%	Contractual Discounts	$ (176,264,925)	$ (183,326,606)	7,061,681	4%	$ (173,803,894)
12	(100,000)	(100,000)	-	0%	Bad Debt	(1,453,000)	(1,000,000)	(453,000)	-45%	(1,315,000)
13	(48,500)	(22,607)	(25,893)	-115%	Charity Care Provision	(170,455)	(226,070)	55,615	25%	(323,293)
14	62,500	313,272	(250,772)	-80%	Prior Period Adj/Government Program Revenue	4,150,338	3,132,720	1,017,618	*	2,352,167
15	**$ (18,699,751)**	**$ (17,974,650)**	**(725,101)**	**4%**	**Total Deductions from Revenue**	**$ (173,738,042)**	**$ (181,419,956)**	**7,681,914**	**-4%**	**$ (173,090,020)**
16	**$ 4,290,944**	**$ 4,731,640**	**(440,696)**	**-9%**	**Net Patient Service Revenue**	**$ 44,804,785**	**$ 47,754,984**	**(2,950,199)**	**-6%**	**$ 45,199,787**
17	$ 97,957	$ 128,521	(30,564)	-24%	Risk contract revenue	$ 1,170,250	$ 1,285,210	(114,960)	-9%	$ 1,299,232
18	$ 4,388,901	$ 4,860,161	(471,260)	-10%	Net Hospital Revenue	$ 45,975,035	$ 49,040,194	(3,065,159)	-6%	$ 46,499,019
19	$ 12,267	$ 18,823	(6,556)	**-35%**	Other Op Rev & Electronic Health Records	$ 158,464	$ 188,230	(29,766)	-16%	$ 305,835
20	**$ 4,401,168**	**$ 4,878,984**	**(477,816)**	**-10%**	**Total Operating Revenue**	**$ 46,133,499**	**$ 49,228,424**	**(3,094,925)**	**-6%**	**$ 46,804,854**
					Operating Expenses					
21	$ 2,277,228	$ 2,438,244	161,016	7%	Salary and Wages and Agency Fees	$ 23,054,374	$ 24,133,165	1,078,791	4%	$ 22,372,407
22	851,405	$ 904,517	53,112	6%	Employee Benefits	8,664,339	9,003,177	338,838	4%	8,835,776
23	$ 3,128,633	$ 3,342,761	214,128	6%	Total People Cost	$ 31,718,713	$ 33,136,342	1,417,629	4%	$ 31,208,183
24	$ 488,851	$ 409,331	(79,520)	-19%	Med and Prof Fees (excld Agency)	$ 4,251,992	$ 4,093,963	(158,029)	-4%	$ 3,898,404
25	542,480	523,889	(18,591)	-4%	Supplies	5,441,841	5,193,782	(248,059)	-5%	5,803,059
26	331,633	376,290	44,657	12%	Purchased Services	3,624,106	3,763,625	139,519	4%	3,174,558
27	280,017	282,312	2,295	1%	Depreciation	2,853,585	2,823,120	(30,465)	-1%	2,815,945
28	88,027	101,622	13,595	13%	Utilities	1,003,569	1,016,220	12,651	1%	970,771
29	31,819	27,614	(4,205)	-15%	Insurance	318,190	276,140	(42,050)	-15%	295,863
30	45,780	42,333	(3,447)	-8%	Interest	469,772	446,631	(23,141)	-5%	436,504
31	115,398	134,195	18,797	14%	Other	1,188,713	1,371,550	182,837	13%	1,366,787
32	-	86,433	86,433	*	Matching Fees (Government Programs)	1,491,827	864,330	(627,497)	-73%	822,361
33	**$ 5,052,638**	**$ 5,326,780**	**274,142**	**5%**	**Operating expenses**	**$ 52,362,308**	**$ 52,985,703**	**623,395**	**1%**	**$ 50,792,435**
34	**$ (651,470)**	**$ (447,796)**	**(203,674)**	**-45%**	**Operating Margin**	**$ (6,228,809)**	**$ (3,757,279)**	**(2,471,530)**	**-66%**	**$ (3,987,581)**
					Non Operating Rev and Expense					
35	$ (10,473)	$ (12,821)	2,348	-18%	Miscellaneous Revenue/(Expenses)	$ (55,961)	$ (129,812)	73,851	*	$ (93,192)

ATTACHMENT D

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended April 30, 2018

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	$	%		Actual	Budget	$	%	Prior Year
36	1,080	-	1,080	0%	Donations	27,046	-	27,046	0%	98,916
37	(56,766)	(54,683)	(2,083)	4%	Physician Practice Support-Prima	(567,660)	(546,830)	(20,830)	4%	(375,000)
38	316,667	316,667	-	0%	Parcel Tax Assessment Rev	3,166,670	3,166,670	-	0%	2,500,378
39	0	0	-	0%	Extraordinary Items	(26,875)	0	(26,875)	0%	
40	**$ 250,508**	**$ 249,163**	**1,345**	**1%**	**Total Non-Operating Rev/Exp**	**$ 2,543,220**	**$ 2,490,028**	**80,067**	**2%**	**$ 2,131,102**
41	**$ (400,962)**	**$ (198,633)**	**(202,329)**	**102%**	**Net Income / (Loss) prior to Restricted Contributions**	**$ (3,685,589)**	**$ (1,267,251)**	**(2,391,463)**	**189%**	**$ (1,856,479)**
42	$ -	$ 18,828	(18,828)	-100%	Capital Campaign Contribution	$ 140,664	$ 161,812	(21,148)	-13%	$ 204,733
43	$ 477,029	$ -	477,029	0%	Restricted Foundation Contributions	$ 739,834	$ -	739,834	100%	$ -
44	**$ 76,067**	**$ (179,805)**	**255,872**	**-142%**	**Net Income / (Loss) w/ Restricted Contributions**	**$ (2,805,091)**	**$ (1,105,439)**	**(1,699,652)**	**154%**	**$ (1,651,747)**
45	250,683	250,683	-	0%	GO Bond Tax Assessment Rev	2,506,830	2,506,830	-	0%	2,469,090
46	(105,776)	(105,776)	-	0%	GO Bond Interest	(1,062,250)	(1,062,250)	-	0%	(1,118,303)
47	**$ 220,974**	**$ (34,898)**	**255,872**	**-733%**	**Net Income/(Loss) w GO Bond Activity**	**$ (1,360,511)**	**$ 339,141**	**(1,699,652)**	**-501%**	**$ (300,960)**
	$ (75,165)	$ 126,012			**EBIDA - Not including Restricted Contributions**	$ (362,232)	$ 2,002,500			$ 1,395,970
	-1.7%	2.6%				-0.8%	4.1%			3.0%
	$ (120,945)	$ 83,679			**EBDA - Not including Restricted Contributions**	$ (832,004)	$ 1,555,869			
	-2.7%	1.7%				-1.8%	3.2%			

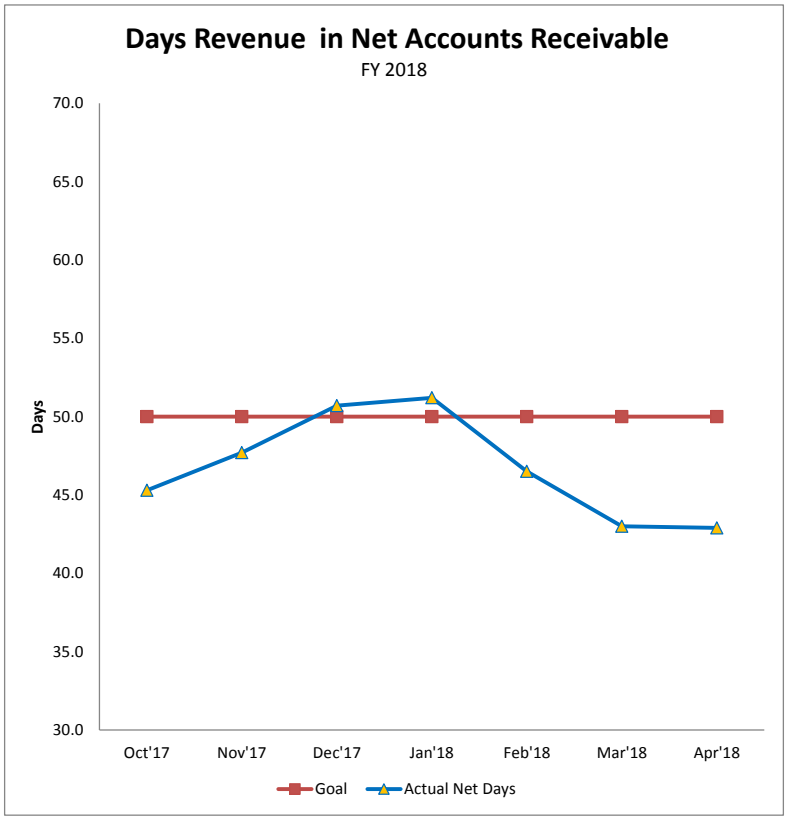
Sonoma Valley Health Care District **ATTACHMENT E**
Statement of Revenue and Expenses Variance Analysis
For the Period Ended April 30, 2018

		YTD	MONTH	
	Description	**Variance**	**Variance**	
	Volume Information			
1	Acute Discharges	(116)	2	
2	SNF Days	(281)	(53)	
3	Home Care Visits	(1,517)	(201)	
4	Gross O/P Revenue (000's)	(2,588)	245	
	Financial Results			
	Gross Patient Revenue			
5	Inpatient	(7,863,313)	89,926	Inpatient days are 341 days vs. budgeted expectations of 387 days and inpatient surgeries are 30 vs. budgeted expectations 36.
6	Outpatient	734,213	553,729	Outpatient visits are 4,374 vs. budgeted expectations of 4,997 visits and outpatient surgeries are 114 vs. budgeted expectations 113.
7	Emergency	(3,003,832)	(231,283)	ER visits are 864 vs. budgeted visits of 912.
8	SNF	(147,930)	(77,164)	SNF patient days are 525 vs. budgeted expected days of 578.
9	Home Care	(351,251)	(50,803)	HHA visits are 755 vs. budgeted expectations of 956.
10	**Total Gross Patient Revenue**	**(10,632,113)**	**284,405**	
	Deductions from Revenue			
11	Contractual Discounts	7,061,681	(448,436)	
12	Bad Debt	(453,000)	-	
13	Charity Care Provision	55,615	(25,893)	
14	Prior Period Adj/Government Program Revenue	1,017,618	(250,772)	Accrued $62,500 for the prime grant.
15	**Total Deductions from Revenue**	**7,681,914**	**(725,101)**	
16	**Net Patient Service Revenue**	**(2,950,199)**	**(440,696)**	
17	Risk contract revenue	(114,960)	(30,564)	
18	Net Hospital Revenue	**(3,065,159)**	**(471,260)**	
19	Other Op Rev & Electronic Health Records	(29,766)	(6,556)	
20	**Total Operating Revenue**	**(3,094,925)**	**(477,816)**	
	Operating Expenses			
21	Salary and Wages and Agency Fees	1,078,791	161,016	Salaries and Wages are under budget by $171,504 and the Agency fees are over budget by ($10,488).
22	Employee Benefits	338,838	53,112	PTO is under budget by $26,244 and employee benefits are under budget by $26,868.
23	Total People Cost	**1,417,629**	**214,128**	
24	Med and Prof Fees (excld Agency)	(158,029)	(79,520)	Chief Revenue Officer was moved from employee to consultant ($17,680) and dietary consultant ($13,600) .
25	Supplies	(248,059)	(18,591)	Supplies are over budget due to surgery implants ($32,086).
26	Purchased Services	139,519	44,657	Budgeted purchased services not used during April.
27	Depreciation	(30,465)	2,295	
28	Utilities	12,651	13,595	
29	Insurance	(42,050)	(4,205)	
30	Interest	(23,141)	(3,447)	
31	Other	182,837	18,797	
32	Matching Fees (Government Programs)	(627,497)	86,433	No matching fee in April
33	**Operating expenses**	**623,395**	**274,142**	
34	**Operating Margin**	**(2,471,530)**	**(203,674)**	
	Non Operating Rev and Expense			
35	Miscellaneous Revenue	73,851	2,348	
36	Donations	27,046	1,080	Foundation grants for employee education
37	Physician Practice Support-Prima	(20,830)	(2,083)	
38	Parcel Tax Assessment Rev	-	-	
39	Extraordinary Items	(26,875)	-	
40	**Total Non-Operating Rev/Exp**	80,067	1,345	
			-	
41	**Net Income / (Loss) prior to Restricted Contributions**	**(2,391,463)**	**(202,329)**	

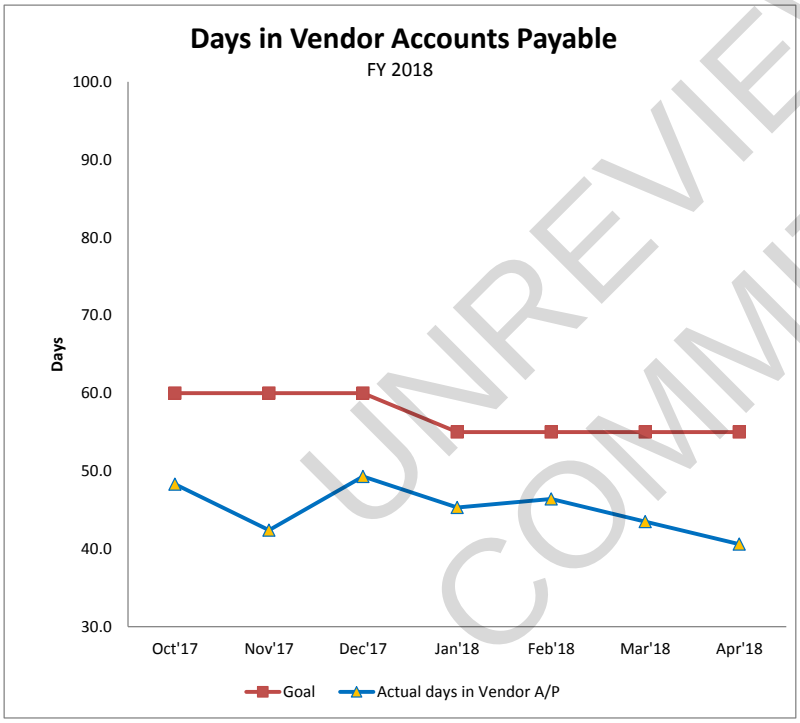
Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended April 30, 2018

ATTACHMENT E

	Description	YTD Variance	MONTH Variance	
			-	
42	Capital Campaign Contribution	(21,148)	(18,828)	
43	Restricted Foundation Contributions	739,834	477,029	Foundation donations 3D Mammography ($449,442), A Women's Place ($17,587), and OP Diagnositic Center ($10,000)
44	**Net Income / (Loss) w/ Restricted Contributions**	**(1,699,652)**	**255,872**	
45	GO Bond Tax Assessment Rev	-	-	
46	GO Bond Interest	-	-	
47	**Net Income/(Loss) w GO Bond Activity**	**(1,699,652)**	**255,872**	



Days in A/R	Oct'17	Nov'17	Dec'17	Jan'18	Feb'18	Mar'18	Apr'18
Actual days in A/R	45.3	47.7	50.7	51.2	46.5	43.0	42.9
Goal	50.0	50.0	50.0	50.0	50.0	50.0	50.0



Days in A/P	Oct'17	Nov'17	Dec'17	Jan'18	Feb'18	Mar'18	Apr'18
Actual days in Vendor A/P	48.3	42.4	49.3	45.3	46.4	43.5	40.6
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												
	Apr-18	Apr-18	Mar-18	Feb-18	Jan-18	Dec-17	Nov-17	Oct-17	Sep-17	Aug-17	Jul-17	Jun-17	May-17	Apr-17	Mar-17
Statistics															
Acute															
Acute Patient Days	341	387	335	289	394	386	321	315	325	325	240	346	388	368	415
Acute Discharges (w/o Newborns)	103	101	106	82	111	96	99	87	87	94	76	87	100	89	119
SNF Days	525	578	566	494	646	563	468	624	479	500	528	458	559	512	572
HHA Visits	755	956	684	821	801	798	630	871	789	713	870	940	966	934	849
Emergency Room Visits	864	912	871	811	996	919	816	827	921	894	920	964	1,069	921	941
Gross Outpatient Revenue (000's)	$14,170	$13,924	$13,064	$12,519	$14,741	$14,051	$12,952	$11,864	$14,364	$15,524	$14,175	$15,454	$15,523	$13,168	$15,098
Equivalent Patient Days	2,265	2,499	2,272	2,212	2,629	2,471	2,030	2,334	2,266	2,591	2,332	2,328	2,654	2,227	2,537
Births	6	14	8	11	7	10	11	12	5	10	6	15	7	11	12
Surgical Cases - Inpatient	30	36	34	16	32	24	34	23	33	22	29	36	30	47	40
Surgical Cases - Outpatient	114	113	117	123	109	136	121	97	154	142	133	161	143	124	149
Total Surgical Cases	144	149	151	139	141	160	155	120	187	164	162	197	173	171	189
Total Special Procedures	87	45	75	75	65	59	73	52	75	77	52	66	58	44	36
Medicare Case Mix Index	1.48	1.40	1.45	1.34	1.50	1.57	1.55	1.49	1.54	1.57	1.65	1.66	1.69	1.64	1.45
Income Statement															
Net Revenue (000's)	$4,389	$4,860	4,218	4,590	4,909	4,466	4,474	4,543	4,518	4,775	4,988	5,188	5,330	4,924	5,283
Operating Expenses (000's)	$5,053	$5,327	$5,179	$5,270	$5,357	$5,122	$5,332	$4,872	$5,206	$5,380	$5,592	$5,250	$5,678	$5,308	$5,395
Net Income (000's)	$221	($35)	$ (395)	$ (175)	$ 125	$ (226)	$ (380)	$ 62	$ (230)	$ (165)	$ (198)	$ 690	$ 16	$ (24)	$ 304
Productivity															
Total Operating Expense Per Equivalent Patient Day	$2,231	$2,132	$2,280	$2,382	$2,038	$2,073	$2,627	$2,087	$2,297	$2,076	$2,398	$2,255	$2,139	$2,383	$2,127
Productive FTEs	281	284	279	274	276	255	316	246	289	279	271	278	291	285	294
Non-Productive FTE's	26	41	23	31	36	52	13	58	27	35	47	43	28	28	28
Total FTEs	307	325	302	305	312	307	329	304	316	314	318	321	319	313	322
FTEs per Adjusted Occupied Bed	4.06	3.90	4.17	3.87	3.68	3.85	4.86	4.04	4.19	3.75	4.23	4.14	3.73	4.22	3.93
Balance Sheet															
Days of Expense In General Operating Cash	6.8		7	14	24	18	14	12	9	11	16	20	19	11	16
Net Days of Revenue in AR	43	50	43	47	51	51	48	45	47	43	45	45	44	47	44

Sonoma Valley Hospital
Cash Forecast
FY 2018

ATTACHMENT H

		Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual Feb	Actual Mar	Actual Apr	Forecast May	Forecast Jun	TOTAL
	Hospital Operating Sources													
1	Patient Payments Collected	4,502,585	4,253,229	4,093,599	4,253,616	3,890,115	3,814,761	4,401,932	3,677,850	4,283,702	4,214,618	4,357,338	4,451,807	50,195,153
2	Capitation Revenue	133,404	128,220	128,530	131,210	128,781	122,912	93,640	106,306	99,290	97,957	99,290	99,290	1,368,830
3	Napa State	39,561	4,166	35,361	26,125	5,181	21,341	30,259	-		14,854	20,762	20,762	218,372
4	Other Operating Revenue	10,971	25,415	37,380	30,930	42,863	35,092	33,639	57,291	45,083	42,239	18,823	18,827	398,552
5	Other Non-Operating Revenue	26,914	38,081	68,232	33,898	48,014	43,511	47,501	9,459	32,528	34,738			382,877
6	Unrestricted Contributions		8,478	150			19,590	835		2,810	1,080			32,943
7	Line of Credit													-
	Sub-Total Hospital Sources	**4,713,435**	**4,457,589**	**4,363,253**	**4,475,779**	**4,114,954**	**4,057,207**	**4,607,806**	**3,850,906**	**4,463,413**	**4,405,486**	**4,496,213**	**4,590,686**	**52,596,727**
	Hospital Uses of Cash													
8	Operating Expenses	5,146,037	5,273,336	5,040,006	4,799,145	5,326,497	4,701,617	4,944,257	4,794,729	5,813,204	5,109,358	4,837,721	4,770,733	60,556,640
9	Add Capital Lease Payments	52,503	186,389	69,999	179,596	109,938	70,502	45,558	181,715	71,338	47,220	103,786	169,180	1,287,724
10	Additional Liabilities								375,000					375,000
11	Capital Expenditures	15,965	56,034	1,755	88,906	88,829	59,065	546,421		37,792	81,693			976,460
	Total Hospital Uses	**5,214,505**	**5,515,759**	**5,111,761**	**5,067,647**	**5,525,264**	**4,831,184**	**5,536,236**	**5,351,443**	**5,922,334**	**5,238,271**	**4,941,507**	**4,939,913**	**63,195,824**
	Net Hospital Sources/Uses of Cash	**(501,070)**	**(1,058,171)**	**(748,508)**	**(591,868)**	**(1,410,310)**	**(773,977)**	**(928,430)**	**(1,500,538)**	**(1,458,921)**	**(832,785)**	**(445,294)**	**(349,227)**	**(10,599,097)**
	Non-Hospital Sources													
12	Restricted Cash/Capital Donations		527,977	(727,205)	(100,755)	382,167	417	551,467	-	227,056	1,213,518	(697,244)	18,828	1,396,226
13	Parcel Tax Revenue	152,275		1,500,000			482,664	532,571			1,061,899			3,729,409
14	Payment - South Lot				(25,205)		(25,205)			(24,658)			(24,932)	(100,000)
15	Other:													-
16	IGT (Net)				1,877,696							1,242,582		3,120,278
17	IGT - AB915							811,535		138,554		296,768		1,246,857
18	PRIME					1,350,000							150,000	1,500,000
	Sub-Total Non-Hospital Sources	**152,275**	**527,977**	**772,795**	**1,751,736**	**1,732,167**	**457,876**	**1,895,573**	**-**	**340,952**	**2,275,417**	**842,106**	**143,896**	**10,892,770**
	Non-Hospital Uses of Cash													
19	Matching Fees		509,543	266,212	675,000						716,072	75,000		2,241,827
	Sub-Total Non-Hospital Uses of Cash	-	509,543	266,212	675,000	-	-	-	-	-	716,072	75,000	-	2,241,827
	Net Non-Hospital Sources/Uses of Cash	**152,275**	**18,434**	**506,583**	**1,076,736**	**1,732,167**	**457,876**	**1,895,573**	**-**	**340,952**	**1,559,345**	**767,106**	**143,896**	**8,650,943**
	Net Sources/Uses	**(348,795)**	**(1,039,737)**	**(241,925)**	**484,868**	**321,857**	**(316,101)**	**967,143**	**(1,500,538)**	**(1,117,969)**	**726,560**	**321,812**	**(205,331)**	
	Cash and Equivalents at beginning of period	3,166,281	2,817,486	1,777,750	1,535,825	2,020,693	2,342,550	2,026,449	2,993,592	1,493,055	375,086	1,101,646	1,423,458	
	Cash and Equivalents at end of period	**2,817,486**	**1,777,750**	**1,535,825**	**2,020,693**	**2,342,550**	**2,026,449**	**2,993,592**	**1,493,055**	**375,086**	**1,101,646**	**1,423,458**	**1,218,127**	

Sonoma Valley Hospital
Cash Forecast
FY 2018

ATTACHMENT H

		Actual July - Dec	Actual Jan	Actual Feb	Actual Mar	Actual Apr	Forecast May	Forecast Jun	TOTAL
	Hospital Operating Sources								
1	Patient Payments Collected	24,807,906	4,401,932	3,677,850	4,283,702	4,214,618	4,357,338	4,451,807	50,195,153
2	Capitation Revenue	773,056	93,640	106,306	99,290	97,957	99,290	99,290	1,368,830
3	Napa State	131,735	30,259	-	-	14,854	20,762	20,762	218,372
4	Other Operating Revenue	182,650	33,639	57,291	45,083	42,239	18,823	18,827	398,552
5	Other Non-Operating Revenue	258,651	47,501	9,459	32,528	34,738	-	-	382,877
6	Unrestricted Contributions	28,218	835	-	2,810	1,080	-	-	32,943
7	Line of Credit								-
	Sub-Total Hospital Sources	**26,182,217**	**4,607,806**	**3,850,906**	**4,463,413**	**4,405,486**	**4,496,213**	**4,590,686**	**52,596,727**
	Hospital Uses of Cash								
8	Operating Expenses	30,286,638	4,944,257	4,794,729	5,813,204	5,109,358	4,837,721	4,770,733	60,556,640
10	Add Capital Lease Payments	668,927	45,558	181,715	71,338	47,220	103,786	169,180	1,287,724
11	Additional Liabilities			375,000	-	-	-	-	375,000
12	Capital Expenditures	310,554	546,421		37,792	81,693	-	-	976,460
	Total Hospital Uses	**31,266,120**	**5,536,236**	**5,351,443**	**5,922,334**	**5,238,271**	**4,941,507**	**4,939,913**	**63,195,824**
	Net Hospital Sources/Uses of Cash	**(5,083,903)**	**(928,430)**	**(1,500,538)**	**(1,458,921)**	**(832,785)**	**(445,294)**	**(349,227)**	**(10,599,097)**
	Non-Hospital Sources								
13	Restricted Cash/Capital Donations	82,601	551,467	-	227,056	1,213,518	(697,244)	18,828	1,396,226
14	Parcel Tax Revenue	2,134,939	532,571	-	-	1,061,899	-	-	3,729,409
15	Payment - South Lot	(50,410)		-	(24,658)	-	-	(24,932)	(100,000)
16	Other:	-		-	-	-	-	-	-
17	IGT	1,877,696		-	-	-	1,242,582	-	3,120,278
18	IGT - AB915 (Net)	-	811,535	-	138,554	-	296,768	-	1,246,857
19	PRIME	1,350,000			-	-	-	150,000	1,500,000
	Sub-Total Non-Hospital Sources	**5,394,826**	**1,895,573**	**-**	**340,952**	**2,275,417**	**842,106**	**143,896**	**10,892,770**
	Non-Hospital Uses of Cash								
20	Matching Fees	1,450,755				716,072	75,000	-	2,241,827
	Sub-Total Non-Hospital Uses of Cash	1,450,755	-	-	-	716,072	75,000	-	2,241,827
	Net Non-Hospital Sources/Uses of Cash	**3,944,071**	**1,895,573**	**-**	**340,952**	**1,559,345**	**767,106**	**143,896**	**8,650,943**
	Net Sources/Uses	**(1,139,832)**	**967,143**	**(1,500,538)**	**(1,117,969)**	**726,560**	**321,812**	**(205,331)**	
	Cash and Equivalents at beginning of period	3,166,281	2,026,449	2,993,592	1,493,055	375,086	1,101,646	1,423,458	
	Cash and Equivalents at end of period	**2,026,449**	**2,993,592**	**1,493,055**	**375,086**	**1,101,646**	**1,423,458**	**1,218,127**	

0.267082793

Sonoma Valley Hospital

ATTACHMENT I

Schedule of Cash Savings from Cost Reduction Plan

For the months of January Through April 2018

			Savings					
Department	**Department**	**Job Code**	**Jan-18**	**Feb-18**	**Mar-18**	**Apr-18**	**Total**	**Notes**
7290	Home Health	Total department	$ 23,660	$ 34,779	$ 14,939	$ 40,731	$ 114,109	Cost reduction, net
7721	Respiratory Therapy	0000 - Management	727	909	257	615	2,508	Cardiopulmanary Manager
7770	Rehab	0000 - Management	9,431	9,008	6,754	6,152	31,345	Consolidation of Rehab managers (New hire in February)
8361/8750	CareTransitions/Quality	0000 - Management	2,872	3,015	3,317	2,632	11,836	Chief of Quality
8480	IT	0000 - Management	10,523	10,390	8,719	9,746	39,378	IT Manager
8510	Accounting	0000 - Management	8,386	6,828	6,997	7,523	29,734	Controller
8610	Administration	0000 - Management	6,120	6,243	6,733	6,427	25,523	CFO (.8 to .5)
8710	Medical Staff	0000 - Management	13,807	12,178	13,445	13,012	52,442	CMO/CMIO (To be replaced by UCSF CMO)
9550	Community Health	0000 - Management	3,787	3,602	3,787	3,665	14,841	Wellness Coordinator
		Gross Salary savings	**$ 79,313**	**$ 86,952**	**$ 64,948**	**$ 90,503**	**$ 321,716**	
		Employer portion FICA	**6,067**	**6,652**	**4,968**	**6,923**	**17,688**	
		Health Benefits	**16,511**	**22,948**	**26,123**	**17,685**	**83,267**	
		Total Savings	**$ 101,891**	**$ 116,552**	**$ 96,039**	**$ 115,111**	**$ 422,670**	

11.

FY 2019 THREE-MONTH OPERATING BUDGET

To: **Sonoma Valley Health Care District Board Members**
From: **Sonoma Valley Hospital Administration**
Date: **June 5, 2018**
Subject: **Proposed FY 2019 Budget for the 3-Months of July, August, and September 2018**

During FY 2018 the hospital's inpatient volume continued to drop from previous fiscal years prompting the hospital's administration to review the current operating structure. To give the administration team time to adequately formulate a new hospital structure we are presenting the first three months of the FY 2019 budget with the remaining nine months of the budget to be presented at a later date.

The FY 2019 three-month budget for July, August, and September 2018 began with the base budget derived from July, August, and September of 2017 and was adjusted for current volumes and the current cost savings plan that was set forth in January 2018. The three-month budget also takes into account additional cost savings that will be initiated as of July 1, 2018 (see attachment B), and is projected to have a three-month savings of $252,788.

The budgeted operating loss for the three months ending September 30, 2018, is ($1,429,117) with a net income of $25,776 and an EBIDA of 2.4%. The three-month budget assumes the same payer mix as July to September of FY 2018 and is consistent with the current payer mix (see attachment C). The three-month budget assumes cash at September 30, 2018, will be $1,417,392 (see attachment D).

ATTACHMENTS:
-Attachment A – FY 2019 Three-Month Budget for July, August, & September 2018
-Attachment B – FY 2019 Budget Preliminary Cost Savings for July, August, & September 2018
-Attachment C – FY 2019 Budget Payer Mix for July, August, & September 2018
-Attachment D – FY 2019 Budget – Cash Flow for July, August, & September 2018

Sonoma Valley Health Care District **Schedule A**
Statement of Revenue and Expenses
Comparative Results
FY 2019 Budget - 3 Months
July 2018, August 2018, and September 2018

	July 31, 2018	August 31, 2018	September 30, 2018	FY 2019 Budget - 3 Months
Volume Information				
Acute Discharges	93	91	91	275
Patient Days	324	317	316	957
SNF Days	528	500	479	1,507
Emergency Room Visits	920	894	921	2,735
Surgeries - Inpatient	30	21	29	81
Surgeries - Outpatient	133	142	154	429
Special Procedures	52	77	75	204
Home Care Visits	803	724	801	2,328
Gross O/P Revenue (000's)	$ 14,282	$ 14,922	$ 14,072	$ 43,276
Financial Results				
Gross Patient Revenue				
Inpatient	$ 5,959,378	$ 5,598,200	$ 6,010,199	$ 17,567,777
Outpatient	7,659,897	8,582,690	7,720,462	23,963,049
Emergency	6,338,348	6,082,430	6,068,637	18,489,415
SNF	1,870,791	1,988,548	1,789,202	5,648,541
Home Care	283,762	256,586	283,075	823,423
Total Gross Patient Revenue	**$ 22,112,176**	**$ 22,508,454**	**$ 21,871,575**	**$ 66,492,205**
Deductions from Revenue				
Contractual Discounts	$ (17,722,494)	$ (18,094,029)	$ (17,533,340)	$ (53,349,863)
Bad Debt	(100,000)	(100,000)	(100,000)	(300,000)
Charity Care Provision	(24,730)	(24,730)	(24,730)	(74,190)
Prior Period Adj/Government Program Revenue	352,555	352,555	352,555	1,057,665
Total Deductions from Revenue	**$ (17,494,669)**	**$ (17,866,204)**	**$ (17,305,515)**	**$ (52,666,388)**
Net Patient Service Revenue	**$ 4,617,507**	**$ 4,642,250**	**$ 4,566,060**	**$ 13,825,817**
Risk contract revenue	$ 125,798	$ 125,798	$ 125,798	$ 377,394
Net Hospital Revenue	$ 4,743,305	$ 4,768,048	$ 4,691,858	$ 14,203,211
Other Op Rev & Electronic Health Records	$ 13,968	$ 13,968	$ 13,968	$ 41,904
Total Operating Revenue	**$ 4,757,273**	**$ 4,782,016**	**$ 4,705,826**	**$ 14,245,115**
Operating Expenses				
Salary and Wages and Agency Fees	$ 2,239,729	$ 2,273,563	$ 2,196,490	$ 6,709,782
Employee Benefits	856,632	863,685	851,075	2,571,392
Total People Cost	$ 3,096,361	$ 3,137,248	$ 3,047,565	$ 9,281,174
Med and Prof Fees (excld Agency)	$ 503,741	$ 503,741	$ 503,334	$ 1,510,816
Supplies	596,968	509,614	550,697	1,657,279
Purchased Services	370,803	372,398	370,487	1,113,688
Depreciation	285,255	285,255	285,255	855,765
Utilities	119,631	120,931	120,931	361,493
Insurance	33,429	33,429	33,429	100,287
Interest	49,872	49,872	49,598	149,342
Other	126,483	126,219	126,477	379,179
Matching Fees (Government Programs)	88,403	88,403	88,403	265,209
Operating expenses	**$ 5,270,946**	**$ 5,227,110**	**$ 5,176,176**	**$ 15,674,232**
Operating Margin	**$ (513,673)**	**$ (445,094)**	**$ (470,350)**	**$ (1,429,117)**
Non Operating Rev and Expense				
Miscellaneous Revenue/(Expenses)	$ (5,133)	$ (5,133)	$ (4,836)	$ (15,102)
Donations	2,672	2,672	2,672	8,016
Physician Practice Support-Prima	(56,766)	(56,766)	(56,766)	(170,298)
Parcel Tax Assessment Rev	316,667	316,667	316,667	950,001
Total Non-Operating Rev/Exp	**$ 257,440**	**$ 257,440**	**$ 257,737**	**$ 772,617**
Net Income / (Loss) prior to Restricted Contributions	**$ (256,233)**	**$ (187,654)**	**$ (212,613)**	**$ (656,500)**

Sonoma Valley Health Care District **Schedule A**
Statement of Revenue and Expenses
Comparative Results
FY 2019 Budget - 3 Months
July 2018, August 2018, and September 2018

	July 31, 2018	August 31, 2018	September 30, 2018	FY 2019 Budget - 3 Months
Capital Campaign Contribution	$ 20,949	$ 20,949	$ 20,949	$ 62,847
Restricted Foundation Contributions	$ 55,003	$ 55,003	$ 55,003	$ 165,009
Net Income / (Loss) w/ Restricted Contributions	**$ (180,281)**	**$ (111,702)**	**$ (136,661)**	**$ (428,644)**
GO Bond Tax Assessment Rev	253,911	253,911	253,911	761,733
GO Bond Interest	(105,777)	(100,768)	(100,768)	(307,313)
Net Income/(Loss) w GO Bond Activity	**$ (32,147)**	**$ 41,441**	**$ 16,482**	**$ 25,776**
EBIDA - Not including Restricted Contributions	$ 78,894	$ 147,473	$ 122,240	$ 348,607
	1.7%	3.1%	2.6%	2.4%
EBDA - Not including Restricted Contributions	$ 29,022	$ 97,601	$ 72,642	$ 199,265
	0.6%	2.0%	1.5%	1.4%

Sonoma Valley Health Care District **Schedule B**
FY 2019 Budget - 3 Months
Schedule of Preliminary Cost Savings
July 2018, August 2018, and September 2018

	July 31, 2018	August 31, 2018	September 30, 2018	FY 2019 Budget - 3 Months
Peliminary Cost Savings:				
1. Partnership Healthcare - Increase in Contract	$ 54,167	$ 54,167	$ 54,167	$ 162,501
2. Bariatric surgeries - Additional 8 cases annually				
Direct Margin - $144,000 annually = $12,000/Monthly	12,000	12,000	12,000	36,000
3. Reduction in Pharmacy Tech - 1.0	5,727	5,987	5,467	17,181
4. Reduction in Dietary - 5% of total department	5,596	5,596	5,416	16,608
5. Reduction in Administration - Salaries & Contracted labor	5,701	5,879	5,522	17,102
6. Reduction in Finance Overhead Departments - Salaries	1,132	1,183	1,080	3,396
Total Preliminary Cost Savings	84,323	84,813	83,652	252,788

Sonoma Valley Health Care District **Schedule C**
Payer Mix - FY 2019 Budget - 3 Months
July 2018, August 2018, and September 2018

	FY 2019 Budget - 3 Months	Fiscal YTD at 4/30/2018	Variance
Medicare	43.1%	44.6%	1.5%
Medicare Managed Care	12.6%	13.0%	0.4%
Medi-Cal	17.8%	17.9%	0.1%
Self Pay	1.3%	1.1%	-0.2%
Commercial	20.8%	19.2%	-1.6%
Worker's Comp.	2.4%	2.1%	-0.3%
Capitated	2.0%	2.1%	0.1%
	100.0%	100.0%	

Sonoma Valley Health Care District — Schedule D
Cash Forecast - FY 2019 Budget - 3 Months

		FY 2019 Budget - 3 Months			
		July	Aug	Sept	TOTAL
	Hospital Operating Sources				
1	Patient Payments Collected	4,318,490	4,343,233	4,267,043	12,928,766
2	Capitation Revenue	125,798	125,798	125,798	377,394
3	Napa State	11,962	11,962	11,962	35,886
4	Other Operating Revenue	13,968	13,968	13,968	41,904
5	Other Non-Operating Revenue	26,673	26,673	26,673	80,019
6	Unrestricted Contributions	2,672	2,672	2,672	8,016
7	Line of Credit				-
	Sub-Total Hospital Sources	**4,499,563**	**4,524,306**	**4,448,116**	**13,471,985**
	Hospital Uses of Cash				
8	Operating Expenses	4,988,860	4,945,024	4,893,793	14,827,677
10	Add Capital Lease Payments				-
11	Additional Liabilities				-
12	Capital Expenditures	75,952	75,952	75,952	227,856
	Total Hospital Uses	**5,064,812**	**5,020,976**	**4,969,745**	**15,055,533**
	Net Hospital Sources/Uses of Cash	**(565,249)**	**(496,670)**	**(521,629)**	**(1,583,548)**
	Non-Hospital Sources				
13	Restricted Cash/Capital Donations	75,952	75,952	75,952	227,856
14	Parcel Tax Revenue	316,667	316,667	316,667	950,001
15	Payment - South Lot				-
16	Other:				-
17	IGT	290,055	290,055	290,055	870,165
18	IGT - AB915 (Net)				-
19	PRIME				-
	Sub-Total Non-Hospital Sources	**682,674**	**682,674**	**682,674**	**2,048,022**
	Non-Hospital Uses of Cash				
20	Matching Fees	88,403	88,403	88,403	265,209
	Sub-Total Non-Hospital Uses of Cash	88,403	88,403	88,403	265,209
	Net Non-Hospital Sources/Uses of Cash	**594,271**	**594,271**	**594,271**	**1,782,813**
	Net Sources/Uses	**29,022**	**97,601**	**72,642**	
	Cash and Equivalents at beginning of period	1,218,127	1,247,149	1,344,750	
	Cash and Equivalents at end of period	**1,247,149**	**1,344,750**	**1,417,392**	

12.

BOARD COMMENTS

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

May 16, 2018

The Honorable Lorena Gonzalez Fletcher
Chair, Assembly Appropriations Committee
State Capitol, Room 2114
Sacramento, CA 95814

SUBJECT: AB 3087 (Kalra) – OPPOSE

Dear Assemblymember Gonzalez Fletcher:

I am writing today on behalf of Sonoma Valley Hospital, which represents nearly 450 employees, to voice our opposition to AB 3087 (Kalra). The bill would create the California Health Care Cost, Quality and Equity Commission, whose primary role would be to set commercial payments to hospitals, doctors and other health care providers.

Establishing a rate-setting process that will unilaterally determine the payment rates to hospitals, doctors and other providers without understanding the underlying drivers of health care costs is a simplistic and dangerous solution to a complex problem. California hospitals face the highest labor costs in the country — nearly 60 cents of every dollar spent by California hospitals goes to employee wages and benefits. Further, AB 3087 would not solve the fundamental problems of the health care payment system. Because the legislation would not apply to Medicare or Medi-Cal, hospitals and other providers will continue to be underpaid by these government programs.

AB 3087 will result in massive cuts in hospital services, substantial loss of jobs, and large numbers of hospital closures. Sonoma Valley Hospital is a small, relatively rural provider serving a community of around 40,000 residents. The payer mix is 55% Medicare and 15% Medi-Cal. The hospital is subsidized to some extent by a parcel tax which barely covers the unreimbursed costs of the government programs. The hospital has the only emergency room in the community. Any further restriction on reimbursement would substantially affect financial survival. The bill also adds significant costs to the health care system, as its new rate-setting commission would require a large staff to carry out the base rate-setting function and appeals process. The new state agency will have to collect and analyze data for over 400 hospitals and thousands of doctors, dentists and other health care providers.

California hospitals work hard to reduce costs and have long been leaders in innovative approaches to delivery system reforms, care coordination and clinical efficiencies. Because of our state's long history with managed health care and other operational and clinical efficiencies, hospital costs in the Golden State are already significantly lower than the rest of the nation. Today, these costs represent roughly 33 percent of all health care expenditures, down from more than 40 percent almost four decades ago. According to 2016 data from the American Hospital Association, the average hospital cost per 1,000 Californians is $2,285, compared to the U.S. average of $2,537.

Please vote "NO" when the bill is heard in committee.

Sincerely,

Kelly Mather
President and Chief Executive Officer

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

May 17, 2018

Senator Bill Dodd
State Capitol, Room 5064
Sacramento, CA 95814-4900

SUBJECT: SB 1152 (Hernandez) — Oppose Unless Amended

Dear Senator Dodd:

I am writing today on behalf of Sonoma Valley Hospital (SVH) to voice our concerns on key provisions of Senate Bill 1152 (Hernandez, D-Azusa). The bill would require hospitals to develop a specific homeless patient discharge planning policy as part of their discharge protocols, but there is no "one size fits all" process for discharging a homeless patient.

We are committed to ensuring that every person who comes to our emergency department receives safe, medically appropriate care, regardless of life circumstances. We see homeless people every day. Our staff do everything possible to coordinate and facilitate the patient's discharge to community-based services, often dedicating additional time and resources due to the complexities of the patient's situation and the general lack of available services in the community.

Specifically, I have concerns with these key provisions of the bill:

- SB 1152 prohibits hospitals from discharging a homeless patient at night or during hours when the receiving social services or other agency is closed and unavailable to receive the patient. Many social services agencies have limited operating hours — often closing in the late afternoon — essentially requiring hospitals to 'shelter' these patients and ultimately reducing emergency room availability. Our Emergency Department is often full and cannot shelter patients for long periods of time. That said, if we have a homeless patient we would never discharge them without connection to social services or another agency that could receive the patient.
- SB 1152 prohibits hospitals from discharging a patient with a behavioral health issue unless treatment is provided. SVH does not specialize in behavioral health, and while we do all that we can for our patients, we do not have available the qualified personnel and the complexity of treatment needed. Our hospital collaborates with county and other community-based organizations for patients needing referral. If we have a behavioral health patient we would never discharge them without connection to a behavioral health agency that could receive the patient.
- SB 1152 proposes modifications to the hospital's community benefit plan to include the needs of the homeless population. SVH participates in the Sonoma County Health Needs Assessment,

and together with County Health Services, we have started the Nightingale services in Sonoma County as a result of the homeless healthcare needs.

Sonoma Valley Hospital does everything we can, as all hospitals do, to help acutely ill homeless patients get the services they need. Further regulations would increase hospital costs and disrupt the vital emergency care.

California hospitals alone cannot solve the numerous and complex challenges of the homeless individuals we treat. That effort will require focused and coordinated work in partnership with civic leaders, elected officials, the business community, and nonprofit and social services organizations. We remain committed to creating strong partnerships with homeless advocates, community providers, nonprofit groups, local governments, faith-based organizations and others dedicated to addressing the needs of the homeless.

Please vote "NO" on SB 1152 unless we can negotiate with the sponsors to remove and amend certain provisions of the bill.

Sincerely,

Kelly Mather
President and Chief Executive Officer