



SONOMA VALLEY HEALTH CARE DISTRICT

**BOARD OF DIRECTORS
REGULAR MEETING AGENDA
AUGUST 2, 2018**
REGULAR SESSION 6:00 P.M.
**COMMUNITY MEETING ROOM
177 FIRST STREET WEST, SONOMA**

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Stacey Finn at sfinn@svh.com (707) 935.5004 at least 48 hours prior to the meeting.</p>	RECOMMENDATION	
AGENDA ITEM		
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Rymer</i>	
2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i>	<i>Rymer</i>	
3. CONSENT CALENDAR A. Board Minutes 07.05.18 B. Finance Committee Minutes 04.24.18 C. Quality Committee Minutes 06.27.18 D. Governance Committee Minutes 03.27.18 E. Executed Policies and Procedures F. Medical Staff Credentialing Report <div style="text-align: right;"><i>Pages 3-28</i></div>	<i>Rymer</i>	Action
4. COUNTY SUPERVISOR UPDATE	<i>Gorin</i>	Inform
5. QUARTERLY GROWTH REPORT <i>Pages 29-70</i>	<i>Donaldson</i>	Inform
6. RESOLUTION #340 REFINANCING OF THE LOAN FOR THE SOUTH LOT <div style="text-align: right;"><i>Pages 71-72</i></div>	<i>Boerum</i>	Inform/Action
7. ADMINISTRATIVE REPORT AUGUST 2018 <i>Pages 73-76</i>	<i>Mather</i>	Inform
8. CMO UPDATE	<i>Kidd</i>	Inform
9. FINANCIAL REPORT MONTH END JUNE 30,2018 <div style="text-align: right;"><i>Pages 77-93</i></div>	<i>Jensen</i>	Inform
10. COMMITTEE REPORTS	<i>Board Members</i>	Inform
11. BOARD COMMENTS a. Ad Hoc Committee on the future of SNF	<i>Rymer</i>	Inform/Action

12. ADJOURN	<i>Rymer</i>	
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3.

CONSENT CALENDAR



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

THURSDAY, JULY 5, 2018

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 First Street West, Sonoma, CA

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER The meeting was called to order at 6:02 pm.	<i>Rymer</i>	
2. PUBLIC COMMENT	<i>Rymer</i>	
None		
3. CONSENT CALENDAR: A. Board Minutes 06.07.18 B. Joint Budget Session C. Quality Committee Minutes 05.23.18 D. Governance Committee Minutes 03.27.18 E. Executed Policies and Procedures F. Medical Staff Credentialing Report	<i>Rymer</i>	
		MOTION: by Boerum to approve, 2 nd by Hirsch. All in favor.
4. OUTPATIENT DIAGNOSTIC CENTER PROJECT	<i>Mather</i>	
<p>Kathleen Carroll of Vertran and Associates reviewed the timeline up to the current status and the recommendations moving forward. The priorities assessed were; CT replacement, upgrade Cardiology services with physicians on site, bring the MRI inside the hospital, enhance efficiencies through Centralized Scheduling, and assessment of the West Wing for seismic upgrade.</p> <p>Matt Johnson of Taylor Design reviewed the schematic drawings and output of the schematic report. This included the full remodel of the CT and MRI within the hospital as well as the Imaging reception waiting area. The west wing was scoped out structurally for the upcoming OSHPD requirement "seismic performance category 4D" that must be performed by 2030.</p> <p>Mr. Hohorst requested a number for the probability of failure before it would pass code. This would help assess the parameters of the numerical target we are going to.</p> <p>Mr. Boerum questioned the focus on the year 2030 mandate and our push now for completion.</p> <p>Mr. Johnson explained the time line from decision, design and construction is not a fast moving process, requiring the upgrade decision be made in the next two years.</p>		<p>MOTION: by Nevins to approve the 2018 expenses for Phase I of the Outpatient Diagnostic Center project, 2nd by Hirsch. All in favor.</p> <p>MOTION: by Boerum for approval of the design study for the Cardiology Suite, 2nd by Hirsch. All in favor.</p>

<p>The current recommendations for the Phase 1 remodel is the new CT Scan suite, enlarge the Imaging reception area and the staff hub, move central scheduling into the main hospital lobby and bring Cardiology on site. It is recommended that the west wing seismic upgrade be delayed until further studies can be done because it is cost prohibitive.</p> <p>The other recommendation is to do a study of the east and central wings for decommission, taking them out of OSHPD jurisdiction and putting them into city jurisdiction. The last recommendation is the master plan for the campus past the year 2030.</p> <p>Ms. Mather is requesting the approval of Phase I, CT suite at \$7.1 million dollars, the central and east wing study for \$378,000 and the master plan \$138,000. The Cardiology suite is an estimate at \$170,000 for the design plan.</p> <p>Ms. Nevins asked for input from Mr. Pier regarding cash collection for these projects. Ms. Mather and Mr. Pier confirmed that cash from pledges will be enough to fund this project from 2018- 2020. Ms. Mather also ensured that if there is not cash, SVH will not break ground. Mr. Boerum requested a side by side comparison of sources of money and uses.</p> <p>Ms. Carroll clarifies for Ms. Nevins the Board approval of expenditures for Phase I in 2018 would take the project to full design, development and construction documents that can be submitted to OSHPD. For the central and east wing it is for only the study, and the master plan it is for the study only as well.</p> <p>Mr. Norman Gilroy, community member, suggests the hospital adoption of a long range master plan. He said that he believes the repurposing of the existing buildings is a great plan. He suggests that the alternative plan to the west wing be considered in the current master plan.</p>		
5. SVH FOUNDATION ANNUAL UPDATE	<i>Pier</i>	
<p>Mr. Pier spoke about the structure of the foundation and its members. He reviewed the revenue for the last five years which reflected great improvement. Recent fund raising efforts were for capital needs such as: the Stryker system, women's health equipment, preparation and planning for Outpatient Diagnostic Center capital campaign, construction costs for 3D mammography, continued education for nurses and SVH staff, free mammograms for the uninsured, the IT system upgrade, as well as small equipment needs and pledge collections.</p> <p>The current Foundation focus is on the Outpatient Diagnostic Center capital campaign, major gifts, stewardship, legacy giving and marketing. The ODC campaign timeline was reviewed with the progress of it to date. The Foundation has attained a 46% participation from the SVH staff, 100% participation of the Board and key staff at the SVH. Mr. Boerum said would like to see more participation from the winery industry. Ms. Nevins praised Mr. Pier and Ms. Mather on their can do success with the current capital campaign.</p>		

6. ADMINISTRATIVE REPORT JULY 2018	<i>Mather</i>	Inform
<p>Ms. Mather announced that Dr. Sabrina Kidd will be the new CMO. Dr. Adrienne Green, CMO at UCSF, attended Board Quality and will be assisting with the patient experience and quality sections of the organization dashboard. This will reflect more of the national quality measures and compare us to benchmarks.</p> <p>Sonoma Family Practice is live and Ms. Mather gave praise to Dawn Kuwahara for her role in the implementation of the go live.</p> <p>We will be seeing an increase in our Cardiology services with the addition of four new Cardiologist. Our UCSF alliance is going well and we are moving forward with Tele- Neurology as well as possibly adding a Urology service line. Home Care has not yet been transferred but the expectation is that the nonprofit acquiring Home Care will notify us by the end of August. We will be implementing a change in shift differential and PTO accruals effective July 27th. Our leaders have exceeded the goal for community benefit hours for the year.</p>		
7. FINACIAL REPORT MONTH END MAY 31, 2018	<i>Jensen</i>	Inform
<p>May financials showed an improvement over April with the inpatient volumes close to budget and higher acuity levels that led to higher gross revenue. Outpatient volumes were above budget primarily in outpatient surgeries and special procedures. Emergency volume was at budgeted expectations. The payer mix showed a Medicare volume increase of 2.7% points over budget and Commercial volume dropping by -2.8%. The year to date cash collection was over goal by \$1,663,746. Days of cash on hand were 6.2 days, Accounts Receivable increased from April, from 42.9 days to 46.8 in May. Accounts Payable days were at 40.9. The total operating revenue was unfavorable to budgeted expectations by (\$85,063). After accounting for all income and expenses, the net loss for May was (\$64,533) vs. a budgeted net loss of (\$236,683).</p>		
8. SOUTH LOT LOAN MODIFICATION	<i>Jensen</i>	Inform
<p>Mr. Jensen reported that the acquisition of the South Lot was funded by a private party with terms of the loan through August of 2018, but before it was finalized it was changed to June of 2018. Due to the current financial status of the hospital DeNova Homes, purchaser of the property, was approached to lend the transaction the \$2 million to the original lender. DeNova agreed with the following changes to the purchase and sale agreement: the interest rate will change to 6.5% (from 5%), extend the close of escrow to when the final map is done on the property, and removal of the profit participation terms.</p> <p>Mr. Boerum and Mr. Rymer expressed to concerns about the disclosure to the Board regarding the loan terms changing. (Note: the loan authorization will come back to the board for a vote at the August meeting)</p>		
9. COMMITTEE REPORTS	<i>Hohorst</i>	Inform/Action
<p>A. Governance Committee</p> <p>Mr. Hohorst reviewed the updates to the following policies:</p> <ol style="list-style-type: none"> 1. Community Funding Policy- Ms. Nevins clarified that the understanding was SVH provides no community support, unless under extraordinary circumstances. Ms. Mather 		

<p>concurred, adding that she sends all requests to the Foundation. Mr. Hohorst agrees to edit the policy to reflect this. The policy will return for approval next meeting.</p> <ol style="list-style-type: none"> 2. Ethics Training Policy 3. Residency Requirements Policy for Board Members 4. Proposed JPA By-Law Amendment 5. Medical Staff By-Law Amendment 		<ol style="list-style-type: none"> 2. MOTION: by Boerum to approve, 2nd by Rymer. All in favor. 3. MOTION: by Hohorst to approve, 2nd by Hirsch. All in favor. 4. MOTION: by Boerum to approve, 2nd by Hohorst. All in favor. 5. MOTION: by Hohorst to approve, 2nd by Hirsch. All in favor.
10. BOARD COMMENTS	<i>Rymer</i>	Action
<p>Ms. Mather reviewed the following letters: SVH Support Letter for SOS Funding and SB 538 Opposition letter</p> <p>Mr. Rymer announced the need to create committees to develop the CEO 2018-2019 Objectives and undertake a Performance review for the CEO. The recommendation is for Mr. Rymer and Mr. Hohorst staff both committees. They will work in conjunction with the SVH Human Resources Director on the CEO objectives.</p>		<p>MOTION: by Boerum to approve committee appointments, 2nd Hirsch by. All in favor.</p>
13. ADJOURN	<i>Rymer</i>	



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, APRIL 24, 2018
Schantz Conference Room

Present	Excused	Staff	Public		
Sharon Nevins Joshua Rymer Susan Porth Dr. Subhash Mishra via telephone	John Perez Keith Hughes	Kelly Mather Ken Jensen Sarah Dungan Cynthia Denton	Peter Hohorst		
AGENDA ITEM		DISCUSSION		ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>					
1. CALL TO ORDER/ANNOUNCEMENTS		<i>Nevins</i>			
		Called to order 5:02 pm. Mr. Berezin has resigned from the Committee.			
2. PUBLIC COMMENT SECTION		<i>Nevins</i>			
		None			
3. CONSENT CALENDAR FC Minutes 03.27.18		<i>Nevins</i>		Action	
				MOTION: by Rymer, 2 nd by Porth to approve. All in favor.	
4. CAPITAL SPENDING FY 2018 TO DATE		<i>Jensen</i>		Inform	
		Ms. Dungan reviewed capital spending, which was \$129,000 to date, including several items funded by the Foundation.			
5. MID-YEAR ACCOUNTS RECEIVABLE AUDIT UPDATE		<i>Jensen</i>		Inform	
		Mr. Jensen said the goal is to have reserves reviewed prior to the fiscal year end. He did not believe there were any major adjustments.			Add to the May agenda.

6. FY 2019 BUDGET UPDATE	<i>Jensen</i>	Inform	
	Mr. Jensen said that volumes have not been typical since January. He did not want to issue an unrealistic budget, but may have to do that temporarily. The Committee might also approve a three-month budget for now.		CFO to bring scenarios to the May meeting.
7. ADMINISTRATIVE REPORT	<i>Mather</i>	Inform	
	Ms. Mather reported that a SVH-UCSF meeting would take place on April 25 th . Two CMO candidates were interviewed which did not work out. They will try to fill this with an interim CMO for now. Ideas being discussed include physician strategy, memory care/geriatric strategy, group purchasing, and putting the primary care physicians in one space. Home Care due diligence started last week. Two new podiatrists and one urologist have begun practicing.		
8. FINANCIAL REPORT FOR MONTH ENDING MARCH 31, 2018	<i>Jensen</i>	Inform	
	<p>Mr. Jensen discussed the payer mix with Medicare at 58%. Medi-Cal was also up in March, with commercial at 18%. Cash was \$219,000 under expectations. Accounts receivable were 43 days, with Accounts Payable at 43.5 days. Cash was at 6.7 days.</p> <p>ER revenue was off by \$1.5 million due to lower acuity, and diagnostics were down \$1.1 million. Expenses, salaries and benefits were all better than budget. Operating expenses were \$355,000 better than expected. The operating margin for March was (\$947,000) vs. a budgeted loss of (\$272,000). Net loss after GO bond activity and restricted contributions was (\$395,000). Cash will be tight through May and better in June if IGT funds come in.</p>		
9. ADJOURN	<i>Nevins</i>		
	<i>Meeting adjourned at 5:53 pm</i>		



SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
June 26, 2018, 5:00 PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Peter Hohorst Carol Snyder Howard Eisenstark, MD Michael Mainardi, MD Ingrid Sheets	Kelsey Woodward Cathy Webber	Susan Idell Michael Brown, MD	Janine Clark Danielle Jones Leslie Lovejoy Dr. Adrienne Green Dr. Russell Sawyer

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Meeting called to order at 4:59 pm Introduction of Dr. Green, CMO at UCSF.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 05.23.18 		MOTION: by Mainardi to approve, 2 nd by Sheets. All in favor.
4. PRIME GRANT UPDATE	<i>Lovejoy</i>	Inform
	Ms. Lovejoy reviewed the Prime Grant data from demonstration years 12 and 13. All areas showed improvement. There is the greatest opportunity for improvement in medication reconciliation 30 days post discharge.	
5. SURGERY DEPARTMENT ANNUAL REVIEW 2017	<i>Clark/Sawyer</i>	Inform
	In Ms. Clark's overview of Surgical services she reviewed the pain program and the PI project that was done last year to streamline procedures. There will be an upcoming launch	

AGENDA ITEM	DISCUSSION	ACTION
	<p>of the new electronic health record which will streamline charting. She said today is the start of the 23hr total joint program, which starts with total knee replacements. The goal in this program is to have these patients discharged in 23 hours.</p> <p>Dr. Sawyer spoke about the addition of Dr. Alexandritis to the medical staff and her services. He said that with her expertise the hospital can offer a level of service that no other facility in the area can.</p> <p>Ms. Hirsch asked about what kind of quality programs are in place. Ms. Jones spoke about the QAPI program which identifies specific issues that are addressed accordingly.</p> <p>Mr. Hohorst asked about how often all three OR suites are full during the week. Ms. Clark explained that the rooms and cases are dictated by how many anesthesiologists are working.</p>	
6. Q1 2018 QC DASHBOARD	<i>Jones</i>	Inform
	<p>Ms. Jones reviewed the six core measures data. In the Emergency Department the area of opportunity for improvement continued to be time in the ER.</p> <p>In a discussion about the low result for time frame of CT results, Ms. Jones said that the poor result is due to lack of documentation of physician to physician reports, not the actual fall out of the 45 minutes. Dr. Mainardi requested the average time for results to be presented.</p> <p>Ms. Sheets asked about the pain management of the long bones. Ms. Jones said that is no longer being tracked by CMS.</p> <p>In response to question regarding the Home Health scores, Ms. Jones will investigate their accuracy.</p>	
7. GOOD CATCHES 2017	<i>Jones</i>	Inform
	Ms. Jones reviewed the Good Catch awards. These awards recognize those who identify and report potential safety issues affecting patient care or employee/visitor safety.	
8. Quality Report	<i>Jones</i>	
	<p>Ms. Jones reported that high level disinfection rounding and medication reconciliation were the May priorities.</p> <p>The high level disinfection rounding was focused per CIHQ suggestions on Cardiopulmonary, Central Sterile</p>	

AGENDA ITEM	DISCUSSION	ACTION
	Processing, Surgery and Pharmacy centered on OR cleanliness. Medication reconciliation had a goal of the home medication list completed within 30 minutes of decision to admit, and document what the patient is actually taking. Work flows were identified and a pilot is planned for the ED in July.	
8. POLICIES & PROCEDURES	<i>Jones</i>	Action
	<p>The following policy updates were reviewed: Autopsy Classification of Employees Disability Hours Paid Time Off Parking Guidelines Required Certifications Shift Differential</p> <p>New policies reviewed were: Job Shadow Healthcare Observer Requirements Oral Care - Requested edit to add where Lippincott is found on the intranet.</p>	MOTION: by Eisenstark to approve with stated edits, 2 nd by Mainardi All in favor.
9. UPON ADJOURNMENT OF REGULAR SESSION	<i>Hirsch</i>	
	Regular session adjourned at 6:22 p.m.	
10. CLOSED SESSION a. <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report	<i>Lovejoy</i>	Action
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
		MOTION: by Mainardi to approve credentialing, 2 nd by Eisenstark. All in favor.
12. ADJOURN	<i>Hirsch</i>	
	Meeting adjourned at 6:26 p.m.	



**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 <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hohorst</i>	
Called to order at 8:30 am		
2. PUBLIC COMMENT SECTION	<i>Hohorst</i>	
No public comment		
3. CONSENT CALENDAR <ul style="list-style-type: none"> GC Minutes For 01.23.18 	<i>Hohorst</i>	Action
		MOTION: by Hohorst to approve. All in favor.
4. REVIEW OF GIFT ACCEPTANCE POLICY #P-2013.06.06-3	<i>Hohorst</i>	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	<i>Hohorst</i>	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	<i>Hohorst</i>	
Meeting adjourned at 9:15 am		

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):

Job Shadow Healthcare Observer Requirements HR8610-366

To establish a standardized process and required procedures for having non-employees in the hospital shadowing or observing practitioners (nursing or physicians) for educational or other business-related purposes.

Oral Care PC8610-180

This New Organizational Policy will replace the ICU Departmental policy entitled, Oral Care for the Mechanically Ventilated Patient 6010-10 (to be retired). The new policy addresses oral care for both ventilated and non-ventilated patients using the Beck Modified Oral Assessment Scale.

REVISIONS:

Autopsy MS8610-102

Updated to address changes in terminology. Changed “Death Procedures” to “Post Mortem Procedures”. Changed “rape or crime against nature” to “sexual crime”. Changed “consent” to “authorization”. Changed “Body Release form” to “Record of Death”.

Classification of Employees HR8610-104

Updated definitions of FT and PT employee status to reflect new consolidated status categories. Consolidated the previous six (6) various employment status categories into two (2), identified as full-time and part-time, to improve efficiencies and simplify administration.

Disability Hours HR8610-123

Updating policy to reflect the new employment status structure and the corresponding accrual tables. Employee’s currently accrue Disability Hours based on our 6 various employment statuses. We have condensed our employment status categories to two (2). Organizational change to employment status structure to improve administrative efficiencies.

Paid Time Off HR8610-156

Updated PTO Accrual schedule to reflect changes in employment status (full-time and part-time) as it pertains to PTO accruals and maximums. Updated other language as appropriate. PTO hours accrue based on years of service and employment status. Updated to reflect recent organizational changes in regards to definition of employment status (full-time and part-time) in conjunction with a redesign of the PTO accrual schedule to lower financial liability to the hospital.



Parking Guidelines HR8610-204

Revisions to reflect stronger expectations in regards to where employees should be parking when at work, and where they should not be parking. Changed language from “guidelines” to “policy;” removed language regarding employee registration of their vehicle with HR; identified parking lot where employees are expected to park; identified areas employees are not to be parking; clarified consequences for parking where prohibited; added language about using bicycle racks and not parking bicycle inside the hospital. Number of complaints from surrounding neighbors about employees leaving their cars parked in front of their homes all day/night long, preventing their own family and friends from parking at their home. Also complaints from patients about the parking lots in front of the Emergency Room entrance being full and only finding parking far down the street, which is difficult for someone not feeling well or with physical restrictions.

Required Certifications HR8610-365

Policy was revised to include reimbursement for Per Diem employees that meet identified criteria. Also, condensed the policy in an effort to eliminate redundancy. Per Diem employees were not previously granted reimbursement for required certifications as it was presumed that Per Diem employees at SVH are working FT or PT somewhere else and that organization should pay for their certifications. The reality is that some Per Diem employees do only work for us and are regularly scheduled. Therefore, the decision was made that if these employees work a minimum number of hours per year, they should also qualify for course fee reimbursement for their required certifications.

Shift Differential HR8610-134

Policy was reorganized to provide for easier understanding and clarity. Added examples of when shift differential is earned and added definitions of weekend differential. Policy defining SVH shift differentials, defining shift hours that qualify for differentials, and defining which hours worked by an employee qualify for a differential. Changes were made to provide additional pay for the “less desirable” work hours to ensure staffing 24/7; to ensure consistent pay practices throughout the organization; and to provide clear communication to employees and management alike.

SUBJECT: Job Shadow/Healthcare Observer Requirements

POLICY # HR8610-366

DEPARTMENT: Organizational

PAGE 1 OF 7

EFFECTIVE:

REVIEW/REVISED:

PURPOSE:

Healthcare Observations are intended as a time limited arrangement to allow persons to observe clinical or non-clinical staff for education or other business-related purposes.

POLICY:

The following must be completed before the observation event can be scheduled:

- Review/sign/return the fact sheet entitled HIPAA Training Observers/Vendors – see Attachment A.
- Review/sign/return the Confidentiality and Non-Disclosure Agreement – see Attachment B.
- Obtain a signature and return the Mentor Agreement (“Mentor” is the individual that will be shadowed/observed) – see Attachment C.
- Signed Parental Consent form if you are less than 18 years old – see Attachment D.
- Produce evidence of the following Immunizations:
 - Negative TB test within the last 12 months, or a negative chest x-ray within the last year if TB test was previously positive
 - Documentation of 2 doses of MMR vaccine or documentation of positive antibody titers
 - Documentation of Tdap (tetanus, diphtheria and pertussis) vaccine, unless Td (tetanus and siphtheria toxiods) vaccine has been received within the past 2 years or less
 - Documentation of positive history of chickenpox, or positive antibody titer; if negative history and/or titer, 2 doses of varivax vaccine is required.
 - Documentation of seasonal flu vaccine
 - Hepatis B Vaccine or signed SVH declination.

PROCEDURE/RESPONSIBILITIES:

- Once all requirements are met the observation experience will be scheduled.
- Observers are expected to be respectful of patients, staff, and others they encounter and follow appropriate Code of Conduct.

SUBJECT: Job Shadow/Healthcare Observer Requirements

POLICY # HR8610-366

DEPARTMENT: Organizational

PAGE 2 OF 7

EFFECTIVE:

REVIEW/REVISED:

- Observation experiences are not allowed or will be suspended in the event of type of incident such as a disaster, or if the observer has evidence of any illness such as cough, fever, etc.
- Patients have the right to refuse having an observer in their room; respect this right and remain flexible if a patient is uncomfortable having you observe.
- Observers do not participate in patient care in any manner.
- Dress should be appropriate to the setting and/or as specified when scheduled.
- Observers should not carry cell phones or other electronic personal devices during the experience.
- Observers are not allowed to enter isolation rooms.

REFERENCES:

CIHQ Standard of Care HR-4: Management of Contract / Volunteer Staff; CMS 482.23
CIHQ Standard of Care PR-7: Personal Privacy; CMS 482.13
Sonoma County Public Health Order October 2014
CDC, NHSN Healthcare Personnel Vaccination Module

OWNER:

Director of Human Resources

AUTHORS/REVIEWERS:

Lynn McKissock, Director of Human Resources

APPROVALS:

Policy & Procedure Team: 6/19/18
Board Quality Committee:
The Board of Directors:

SUBJECT: Job Shadow/Healthcare Observer Requirements

POLICY # HR8610-366

DEPARTMENT: Organizational

PAGE 3 OF 7

EFFECTIVE:

REVIEW/REVISED:

Attachment A

HIPAA Training Observers/Vendors

HIPAA is a Federal law 3 Key Areas:

- Privacy of Protected Health Information (PHI)
- Security of electronically stored health care data
- Electronic transaction standards (financial billing standards)

PHI – Protected Health Information

- PHI includes demographic information such as: Name, address, phone, date of birth, Social Security Number and any other information that could identify the individual.
- PHI can be used for treatment, payment and operations only without authorization from the patient.

Mum's The Word

- Keep conversations out of elevators, cafeteria, and individuals not involved in the treatment of the patient.
- Do not view, share, discuss PHI without a need to know, or unless it is for the following: treatment, payment and operations.

Key Patient Rights:

- Notice of Privacy Practice – document outlining ways patient information can be used, shared and disclosed by law.
- Request Restriction – Patient may request a restriction such as “confidential status” no information given out to visitors.
- Access to PHI – Patient may request a copy of their medical record, refer patient to Health Information Management (HIM).
- Amendment to PHI – A patient requests a change in their medical record due to incorrect/inaccurate data. Refer to Privacy Officer.
- Accounting of the uses/disclosures of PHI – A patient may request a listing of disclosures of PHI made by the organization. Exceptions: treatment, payment and operations and applicable laws.
- Right to file a complaint - Privacy complaints are investigated by the Privacy Officer.

SUBJECT: Job Shadow/Healthcare Observer Requirements

POLICY # HR8610-366

DEPARTMENT: Organizational

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EFFECTIVE:

REVIEW/REVISED:

All Patient Rights have corresponding policies; you may request a copy of any policy, or contact the Privacy Officer, Rosemary Pryzmant, x5254 for any questions/concerns.

SVH Expectations:

- We take privacy seriously and our patients expect our Hospital to demonstrate this commitment.
- As a Vendor/Observer we expect compliance with our Confidentiality Agreement. Any inappropriate sharing, copying, and disclosing of PHI will result in the termination of your experience at SVH.

I have reviewed the above information and agree to comply with its contents.

Signed _____ Date _____



SUBJECT: Job Shadow/Healthcare Observer Requirements

POLICY # HR8610-366

DEPARTMENT: Organizational

PAGE 5 OF 7

EFFECTIVE:

REVIEW/REVISED:

Attachment B

**Sonoma Valley Hospital
Confidentiality and Non-Disclosure Agreement**

Organizational information that may include, but is not limited to, financial, patient identifiable and, employee identifiable, from any source or in any form may be considered confidential. Information's confidentiality and integrity are to be preserved and its availability maintained. The value and sensitivity of information is protected by law and by the strict policies of SVH.

The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity to accomplish SVH's organizational mission.

1. I will not access or request any information I have no responsibilities for. In addition, I will not access any other confidential information, including personnel, billing, financial, health or other private information I do not need to perform the duties assigned me by SVH.
2. I will not disclose or communicate any Confidential Information to any person whatsoever, except in connection with the performance of my assigned duties.
3. I will not copy or reproduce, in whole or in part, or permit any other person to copy or reproduce, in whole or in part, any Confidential Information other than in the regular course of SVH business.
4. I will comply with all policies and procedures about the confidentiality of information.
5. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless there is a need to know basis or unless I am otherwise required by law to do so.
6. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of business relationship, unless specifically waived in writing by the authorized party.

I further understand and agree that my failure to fulfill any of the obligations set forth in this Confidentiality Agreement or my violation of any terms of this Agreement may result in my being subjected to: 1) Volunteer opportunities would be terminated for the individual, in accordance with SVH policies and procedures, 2) termination of the individual and/or contract, 3) appropriate legal action and/or 4) other action as deemed appropriate by Hospital Administration.

Name: _____ Date: _____
(Please Print)

Signature: _____ Department: _____

I understand that if I have questions about SVH's HIPAA Compliance Program or other Privacy/Security concerns I should call the Health Information Manager at x5254.



SUBJECT: Job Shadow/Healthcare Observer Requirements

POLICY # HR8610-366

DEPARTMENT: Organizational

PAGE 6 OF 7

EFFECTIVE:

REVIEW/REVISED:

Attachment C

SONOMA VALLEY HOSPITAL MENTOR AGREEMENT

Participant Name: _____
(Please Print)

Name of Mentoring Physician: _____
(Please Print)

I have been in communication with the above person who would like to do an observation experience with me on this date: _____

I agree to act as their mentor while they are in SVH. As such, I assume responsibility for directing this individual in their interactions with patients and staff.

I will be responsible for:

- Obtaining observation consent from patients for this person
- Facilitating this individual's learning objectives
- Encouraging his/her adherence to SVH behavior standards
- Helping him/her maintain patient confidentiality

I realize that SVH has a process for allowing observers, which includes necessary vaccinations, appropriate dress, and prior notification of units where observational activities will take place (among other requirements). I understand that permission for this observation experience will not be granted until these requirements have been satisfied by the individual to be mentored.

Signature of Mentor: _____

Signature of Participant: _____

Date: _____



SUBJECT: Job Shadow/Healthcare Observer Requirements

POLICY # HR8610-366

DEPARTMENT: Organizational

PAGE 7 OF 7

EFFECTIVE:

REVIEW/REVISED:

Attachment D

SONOMA VALLEY HOSPITAL PARENTAL CONSENT FORM

If observer is under 18 years of age, parent/guardian must complete

Permission is granted for my son/daughter:

- ❖ To participate in a job shadowing experience with Sonoma Valley Hospital
- ❖ To be provided emergency medical care if injured while participating in the Job Shadow/Observer experience.

Observer's Name: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

SUBJECT: Oral Care

POLICY #PC8610-180

DEPARTMENT: Organizational

PAGE 1 OF 5

EFFECTIVE:

REVIEW/REVISED:

PURPOSE:

Oral care removes soft plaque deposits and calculus from the teeth, cleans and massages the gums, reduces mouth odor, provides comfort, and reduces the risk of infection. Patients who are intubated and receiving mechanical ventilation require frequent oral care because mechanical ventilation dries the oral mucosa and affects salivary flow, increasing the risk of infection. Colonization of microorganisms in the oropharynx is a factor in the development of ventilator-associated pneumonia (VAP) and non-ventilator associated pneumonia. The microorganisms that develop on the tooth surface because of dental plaque can translocate from the mouth to the lung, which can result in pneumonia. Non-ventilated patients who are dependent and at risk for aspiration should receive similar care to patients requiring mechanical ventilation. In addition to routine oral care, the Institute for Healthcare Improvement has added daily oral care with chlorhexidine to its VAP-prevention bundle because evidence shows that oral care helps prevent VAP when combined with the other bundle elements: elevating the patient's head 30 to 45 degrees, interrupting sedation daily and assessing readiness to wean, and providing peptic ulcer disease and deep vein thrombosis prophylaxis, unless contraindicated. Mechanically ventilated patients are at a high risk for developing ventilator-associated pneumonia (VAP). Three of the risk factors for developing VAP include bacterial colonization of the oropharyngeal area, aspiration of sub-glottal secretions and colonization of dental plaque with respiratory pathogens. The implementation of a comprehensive oral care procedure, including oral suctioning and oral and dental cleansing, may contribute to decreasing a patient's risk of acquiring VAP and non-ventilator associated pneumonia.

POLICY:

Oral care shall be performed in accordance with the guidelines of the oral care table (Table 1) and at the frequency suggested in the modified Beck Oral Assessment Scale (Table 2). Patients with special needs will be referred to Speech Therapy for recommendations e.g., special oral care equipment and/or a special diet to reduce the risk of aspiration.

SUBJECT: Oral Care

POLICY #PC8610-180

DEPARTMENT: Organizational

PAGE 2 OF 5

EFFECTIVE:

REVIEW/REVISED:

Table 1: Oral Care Procedure and Frequency

Patient Type	Tools	Procedure	Frequency
Self Care / No dysfunction/ Minimal Assist	Brush, paste, rinse, moisturizer	Provide tools, brush 1-2 minutes, rinse	Per Beck Scale
Dependent / Aspiration Risk / Non-Ventilated	Suction, toothbrush kit	Package instructions	Per Beck Scale
Dependent/ Ventilated	ICU suction, Toothbrush kit, CHG	Package instructions	Q 4 hours/ CHG e.g, Sage Q Care BID
Dentures	Tools, cleanser, adhesive	Remove dentures and soak, clean gums and mouth, rinse	Per Beck Scale

Table 2: Modified Beck Oral Assessment Scale

TABLE 2: MODIFIED BECK ORAL ASSESSMENT SCALE
Score each area separately using the table below, add the scores to obtain a total score, and then use the total score to guide the frequency of care.
Total score interpretation:
0 to 5: No dysfunction—provide oral care at least every 12 hours.
6 to 10: Mild dysfunction—provide oral care every 8 to 12 hours.

SUBJECT: Oral Care

POLICY #PC8610-180

DEPARTMENT: Organizational

PAGE 3 OF 5

EFFECTIVE:

REVIEW/REVISED:

11 to 15: Moderate dysfunction—provide oral care at least every 8 hours.

16 to 20: Severe dysfunction—provide oral care at least every 4 hours.

Score	Area				
	<i>Lips</i>	<i>Gingiva and oral mucosa</i>	<i>Tongue</i>	<i>Teeth</i>	<i>Saliva</i>
1	Smooth, pink, moist, and intact	Smooth, pink, moist, and intact	Smooth, pink, moist, and intact	Clean, with no debris	Thin, watery, and plentiful
2	Slightly dry	Pale, dry, isolated lesions	Dry, prominent papillae	Minimal debris	Increased amount
3	Dry, swollen, isolated blisters	Swollen and red	Dry, swollen tip and red papillae with lesions	Moderate debris	Scanty and somewhat thicker than normal
4	Swollen, inflamed blisters	Very dry, swollen, and inflamed	Very dry, swollen, engorged coating	Covered with debris	Thick and ropy, viscid, or mucid
Total score					

PROCEDURE:

Refer to the appropriate Lippincott procedure:

1. Oral Care-this procedure refers to non-ventilated patients
2. Oral Care for an Intubated Patient

Documentation

- Nursing admission assessment to trigger “**Oral Care per Protocol**” order – configured to display on the Nursing Action List and includes reference to frequency of care as determined by the Modified Beck Oral Assessment Scale



SUBJECT: Oral Care

POLICY #PC8610-180

DEPARTMENT: Organizational

PAGE 4 OF 5

EFFECTIVE:

REVIEW/REVISED:

- Complete the Modified Beck Oral Assessment Scale tool as part of nursing's shift assessment, located on the Daily Assessment ADL tab
- Document oral care when provided on the Daily Assessment ADL tab
- Use Group Notes to document any unusual conditions, such as bleeding, edema, mouth odor, excessive secretions, and plaque on the tongue. Note the patient's tolerance of the procedure.

-

REFERENCES:

1. American Association of Critical-Care Nurses (AACN). (2010). "AACN practice alert: Oral care for patients at risk for ventilator-associated pneumonia" [Online]. Accessed April 2017 via the Web at <https://www.aacn.org/clinical-resources/practice-alerts/oral-care-for-patients-at-risk-for-ventilator-associated-pneumonia> (Level VII)
2. Kiyoshi-Teo, H., & Blegen, M. (2015). Influences of institutional guidelines on oral hygiene practices in intensive care units. *American Journal of Critical Care*, 24, 309–318. (Level IV)
3. Hillier, B., et al. (2013). Preventing Ventilator-Associated Pneumonia Through Oral Care, Product Selection, and Application Method: A Literature Review. *AACN Advanced Critical Care* 24, 39–59 (Level V)
4. Hua, F., et al. (2016). Oral hygiene care for critically ill patients to prevent ventilator-associated pneumonia. *Cochrane Database of Systematic Reviews*, 2016. Accessed April 2017 via the Web at <http://www.cochrane.org/CD008367/ORAL-oral-hygiene-care-critically-ill-patients-prevent-ventilator-associated-pneumonia>. (Level VII)
5. Institute for Healthcare Improvement. (2012). *How-to-guide: Prevent ventilator-associated pneumonia*. Cambridge, MA: Institute for Healthcare Improvement. (Level VII)

Additional references can be found at Lippincott Procedures

OWNER:

Chief Nursing Officer

AUTHORS/REVIEWERS:

Kathy Mathews, Infection Preventionist



SUBJECT: Oral Care

POLICY #PC8610-180

DEPARTMENT: Organizational

PAGE 5 OF 5

EFFECTIVE:

REVIEW/REVISED:

Andrea O'Donnell, Informatics

APPROVALS:

Policy & Procedure Team: 5/15/18

Medicine Committee: 6/14/18

Medical Executive Committee: 6/21/18

Board Quality Committee: 6/27/18

The Board of Directors:

DRAFT

5.

QUARTERLY GROWTH REPORT

Growth & Strategy Update

FY 2018

Agenda

- **Strategic Change**
- **Emergency Department Analysis**
- **Service Unit Review**
- **Growth Successes & Opportunities**
- **Positioned for FY 19**

Positioned for Change

Why we need strategic initiatives?

- Focused efforts
- Quickly adjust to our size and healthcare landscape
- Explore niche opportunities
- Support our **foundational** Emergency Department

Why change?

■ Multiple variables

- Decrease in inpatient volumes and LOS
- Shift from larger to smaller surgical cases
- Bundled testing
- Caps on visits
- More procedures in Physician offices
- Denials affecting reimbursement
- Physicians reduction of testing
- Managed care guiding patients to less invasive lower cost facilities
- High deductibles causing patient avoidance for needed treatments

CEO Dashboard

Questions

1. Direct Margins by service unit
2. Profitability on Medicare

No **negative** Direct Margins on any Service Unit

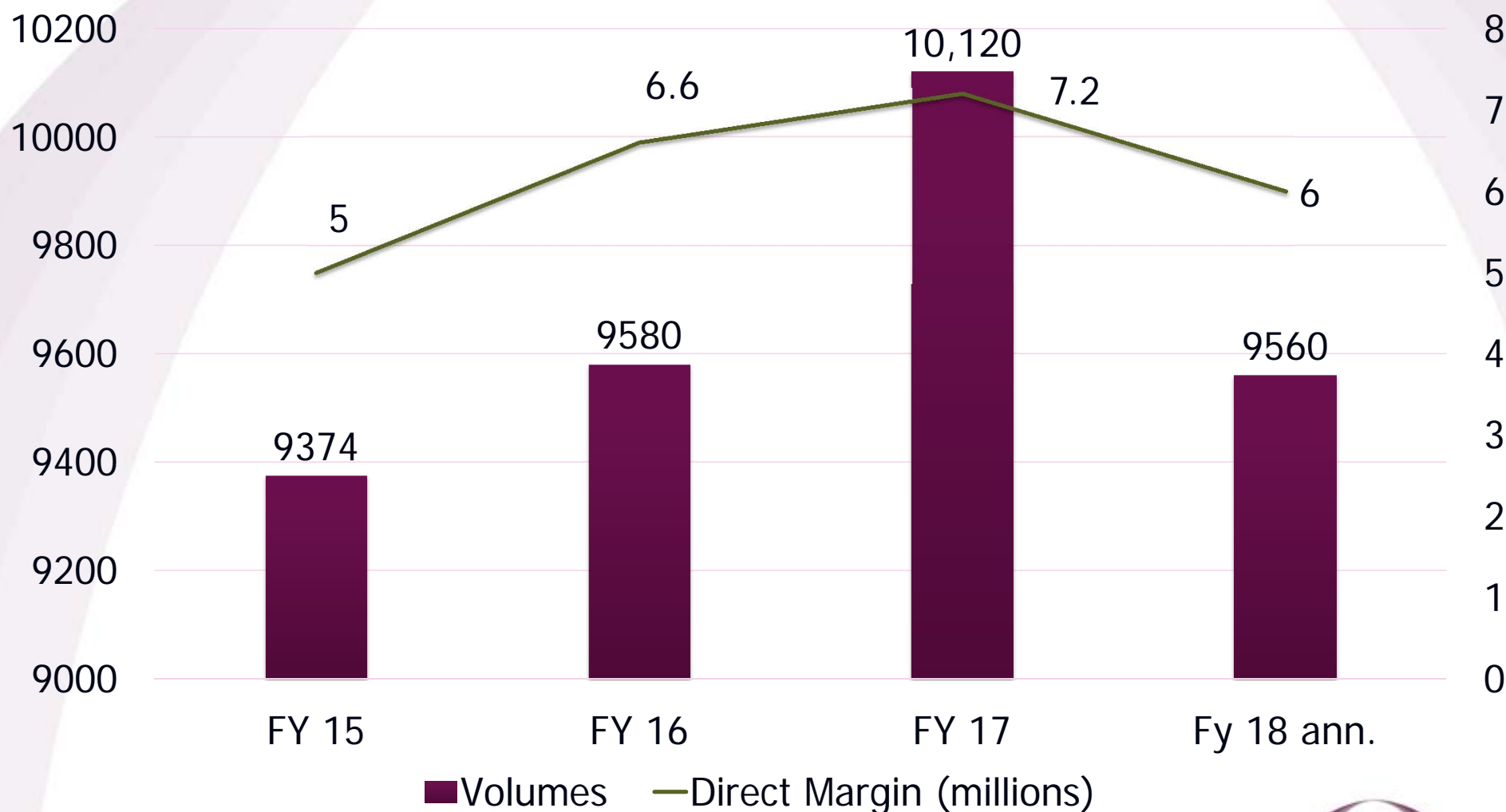
Managing Costs of Care

- True cost of care per visit
- Downstream contribution margins
- Profitability by uniquely built Service Units

Direct Margin Analysis

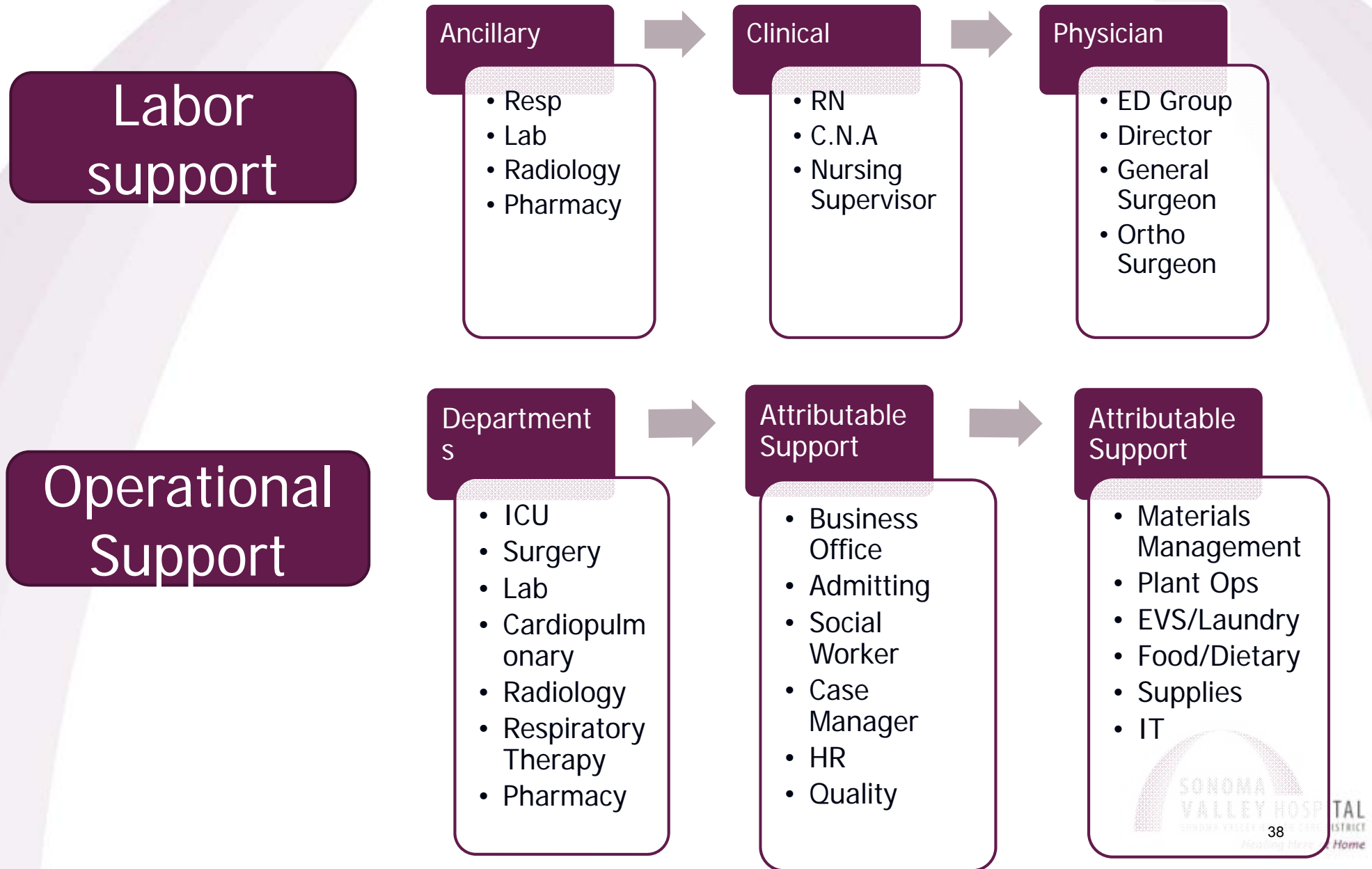
Date	ED	Surgery	SNF	Inpatient	Rehab	Outpt Diag	Occ Health	Specials	OB
FY 18 ann.	\$6.0M	\$1.7M	\$138,000	\$3.5M	\$800,000	\$3.1M	(\$105,000)	\$1.2M	(\$711,000)
FY 17	\$7.2M	\$2.2M	\$889,000	\$5.7M	\$950,000	\$3.7M	(\$67,000)	\$1.1M	(\$302,000)
FY 16	\$6.6	\$2.0	\$748,000	\$4.7M	\$904,000	\$4.4M	(\$55,000)	\$702,000	(\$97,000)
FY 15	\$5.0M	\$1.8M	\$451,000	\$4.3M	\$1.2M	\$4.9M	\$98,000	\$430,000	(\$163,000)

Emergency Department Service Unit



Defined as ED discharged visits

Stand-alone Emergency Department



Stand-alone Emergency

Total cost \$13,600,000

Labor
support

\$6,600,000 Direct Labor
Ancillary Support \$770,000

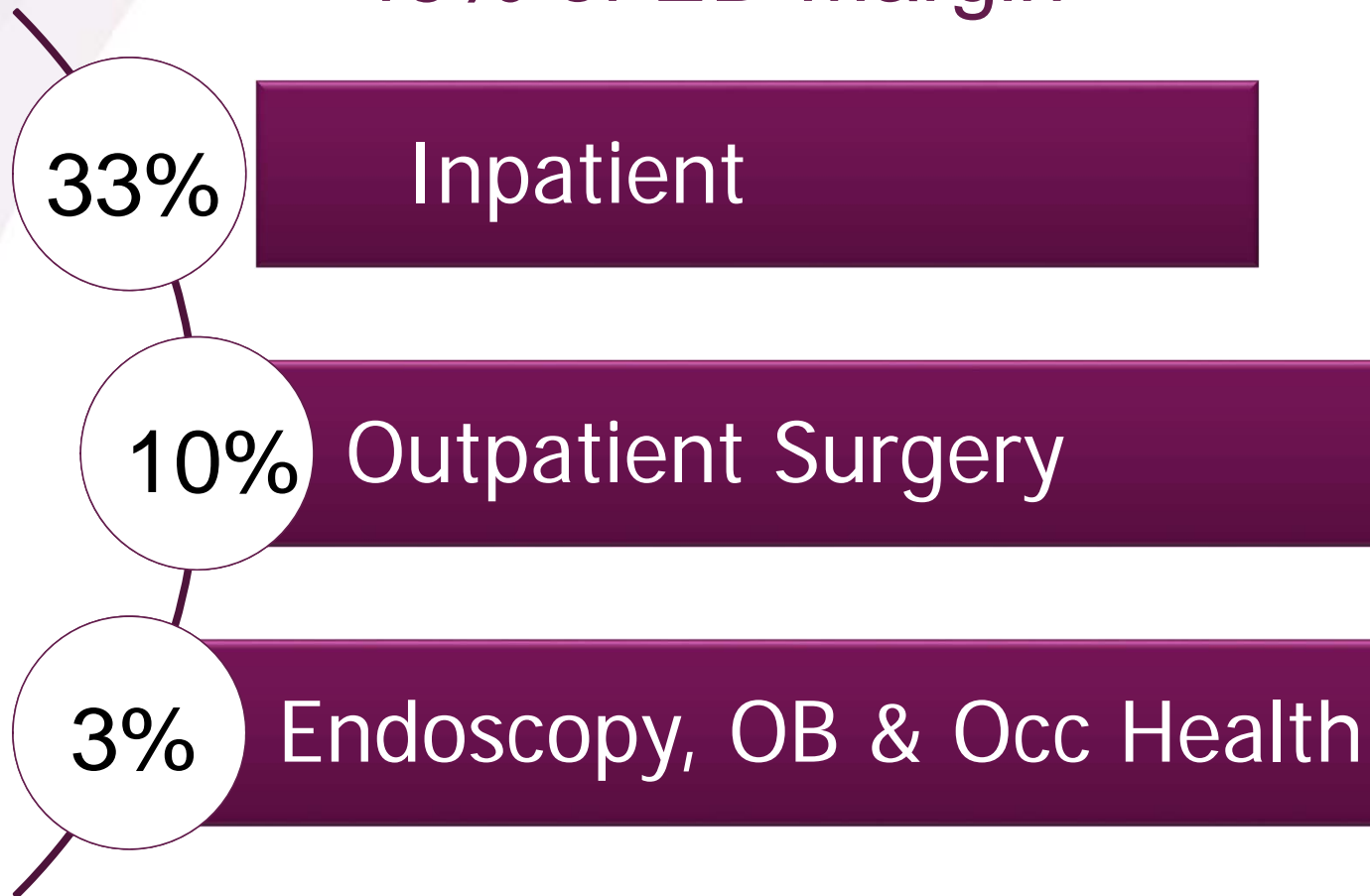
Operational
Support

Departments \$4,400,000
Attributable \$6,200,000

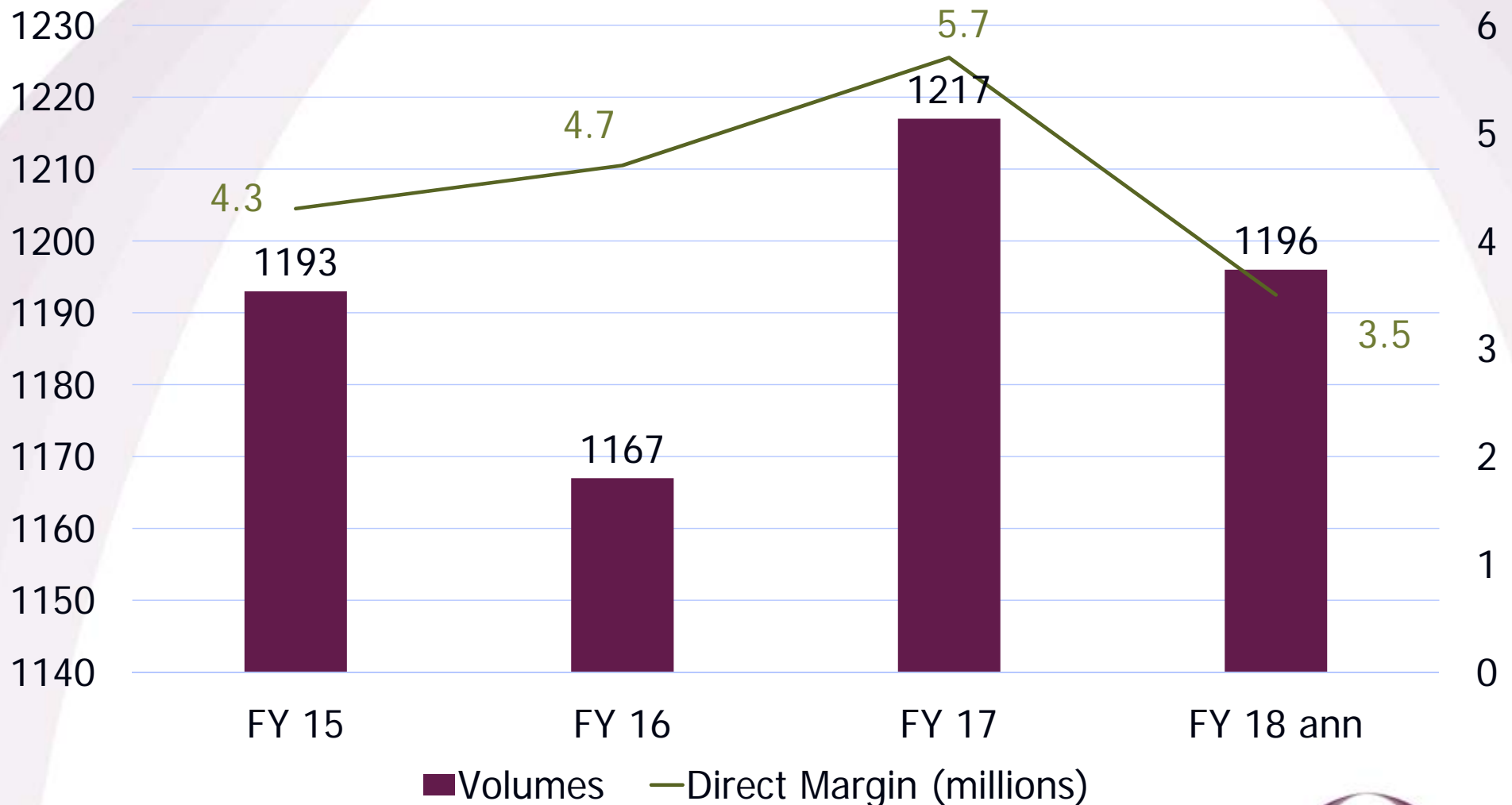
ED Downstream Analysis

\$3.0M contribution

46% of ED Margin



Inpatient Service Unit



Defined as all admissions regardless of origin

Inpatient Service Unit

Analysis: Decline in margin due to Inpatient Surgeries, ED and outside admissions

Solutions:

- Efficient sizing/optimization-consolidation of inpt beds
- Tele-Neuro, Psych, ID-supportive specialties
- Cardiology, Bariatrics, Urology
- Strive towards a 5 star hospital status
- Closely monitor direct margin per visit with emphasis on implants

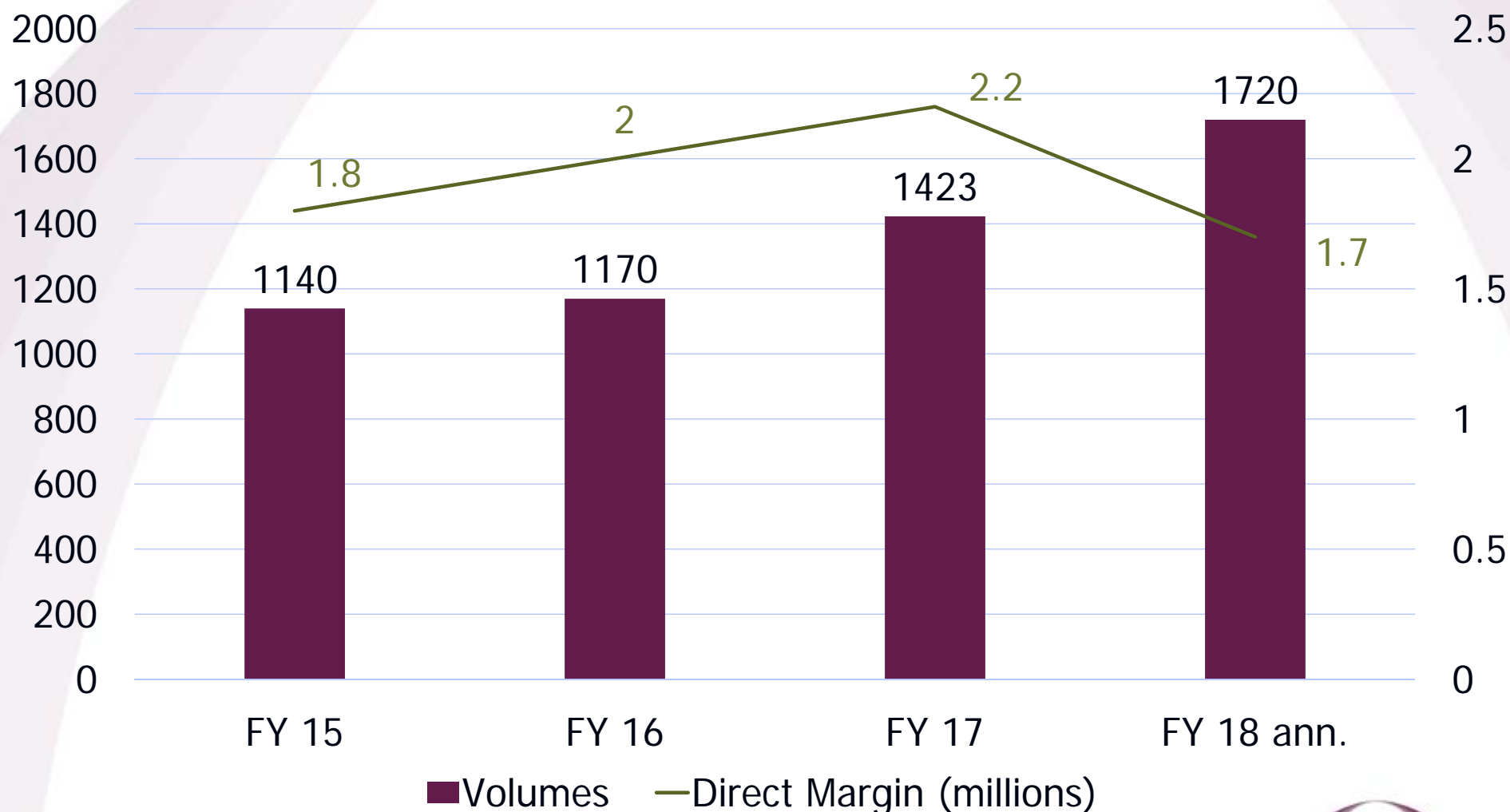
Implant Margin Analysis

Total Knee no complications	Avg reimb	Implant Cost	Direct Margin
Medicare	\$18,500	\$5,899	\$4,500
Commercial	\$33,000	\$5,899	\$14,800
Medi-cal Managed	\$11,500	\$5,899	(\$3,800)

Total Joint Revision	Avg reimb	* Implant Cost	Direct Margin
Medicare	\$24,700	\$13,500	\$2,000
Commercial	\$38,000	\$10,000	\$9,000
Medi-cal Managed	\$11,500	\$5,899	(\$3,800)

Pain Implants	Avg reimb	* Implant Cost	Direct Margin
Medicare Man Care	\$8,000	\$2,100	\$4,700
Medicare	\$37,700	\$23,000	\$12,000

Outpatient Surgery Service Unit



Defined as all outpatient Surgeries
excludes Endoscopy

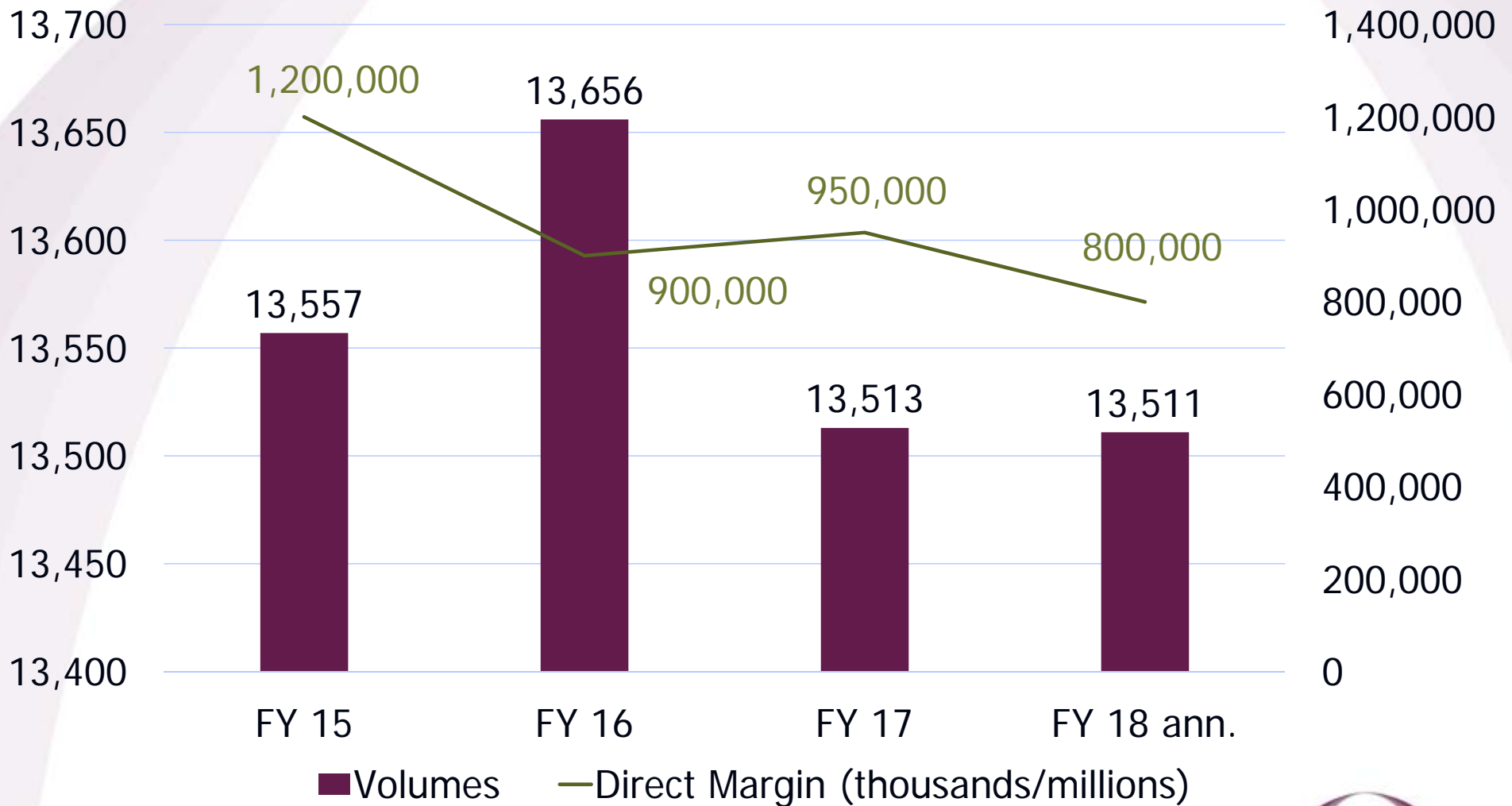
Outpatient Surgery Service Unit

Analysis: Increase in volumes decrease in margin

Solutions:

- Continue to increase small high margin cases to adjust for the loss of larger outpatient cases
- Efficient block scheduling approach and staffing
- Expand current services and develop new service lines

Rehab Service Unit



Defined as all outpatient rehab visits

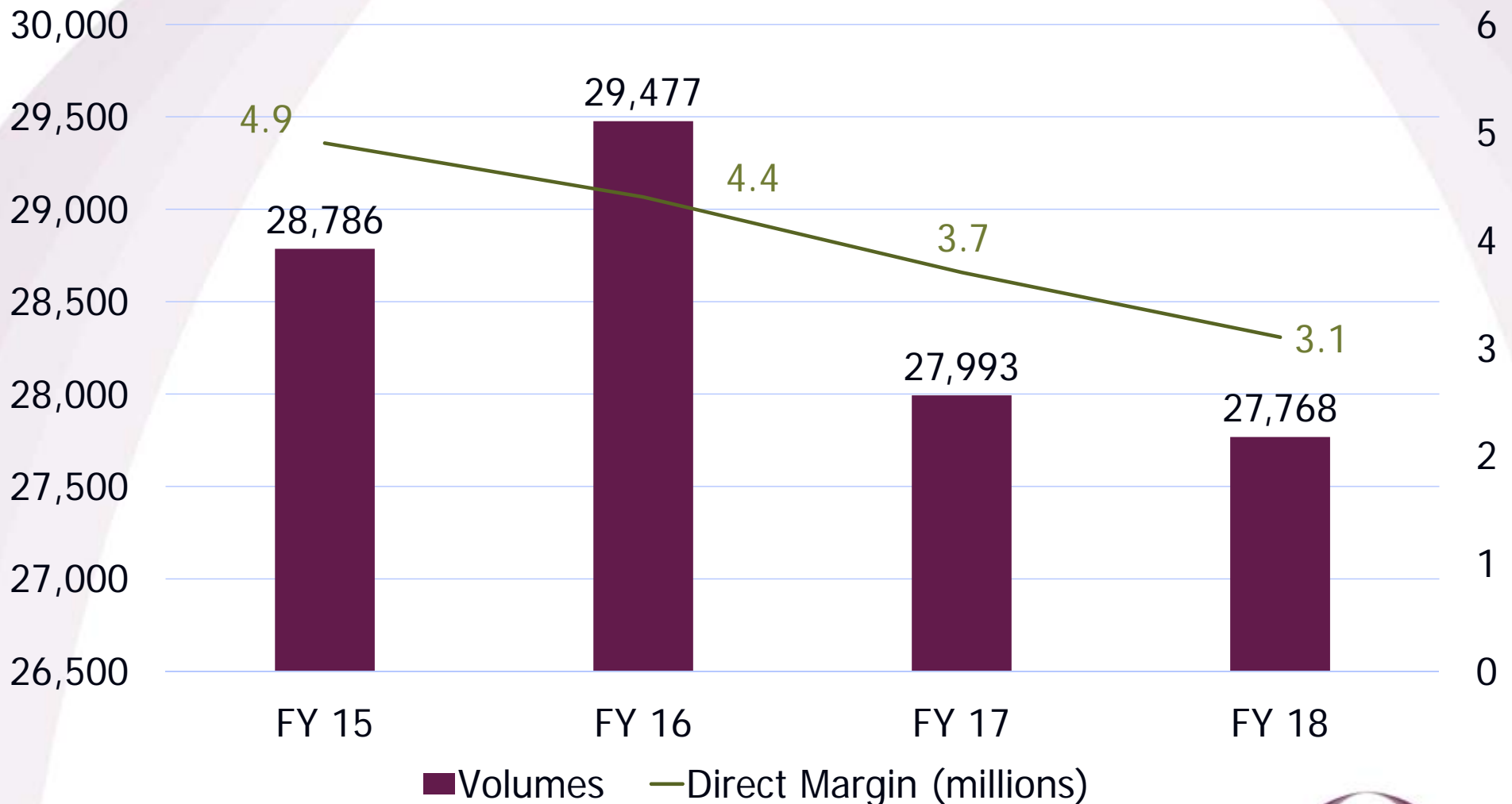
Rehab Service Unit

Analysis: Steep decrease FY 16 to FY 17, stable FY 17 to FY 18 due to capped visits and decreased orthopedic surgeries

Solutions:

- Begin working with UCSF on marketing analysis to determine market leakage in Orthopedics
- Pain Management Service Line to increase rehab visits with Physiatry
- Work with new service lines to draw new populations (Urology and GYN)

Outpatient Diagnostics Service Unit



Defined as all outpatient ancillary testing

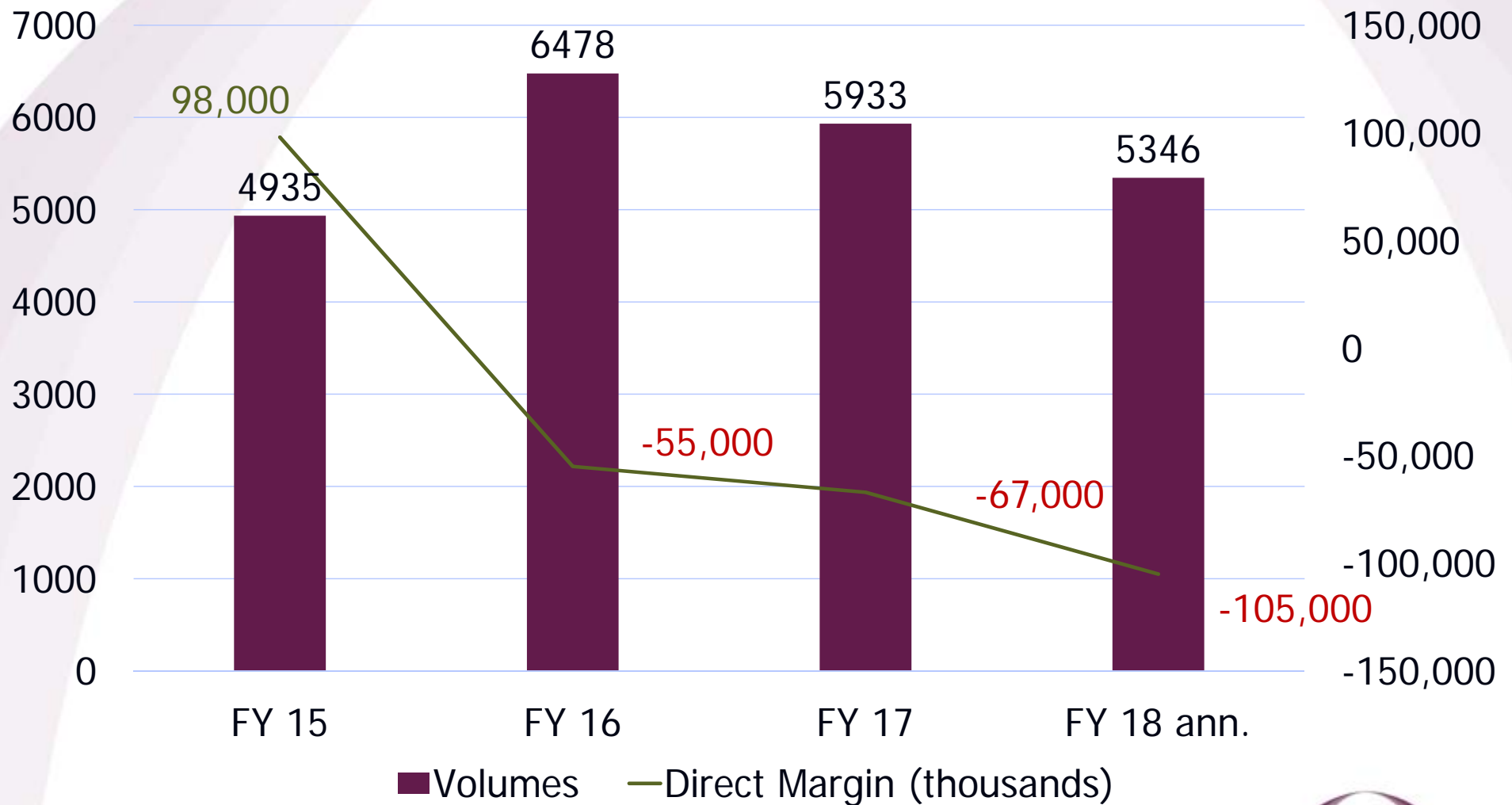
Outpatient Diagnostics Service Unit

Analysis: Lower visits maintained margin due to bundled tests and denials

Solutions:

- Continue to utilize department, staffing and resources efficiently
- Move Pain Management procedures to Radiology
- Growth with new services Urology, Cardiology & Pain Management

Occupational Health Service Unit



Defined as all Occupational Health visits

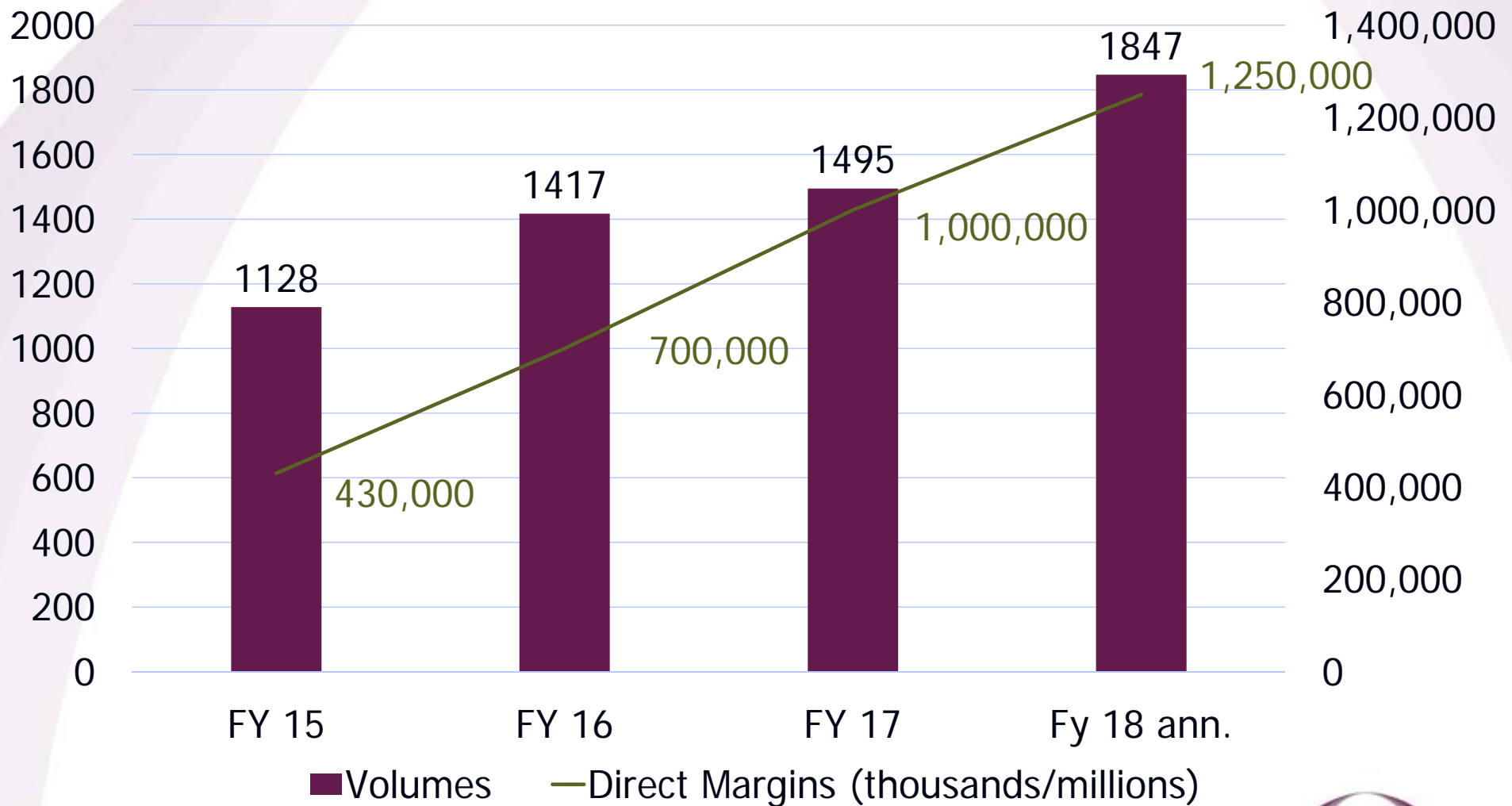
Occupational Health Service Unit

Analysis: Declining margins due to maintained volumes, staffing and decreased worker's comp reimbursement

Solutions:

- EHR implementation for higher efficiency
- Support for local businesses
- Contribution margin July17-April18 **\$250,000**

Special Procedures



Defined as wound care, infusion therapy and endoscopy visits

Special Procedures Service Unit

Analysis: Rapidly growing Endoscopy business has increased volumes **19%** and direct margin **\$250,000**

Solutions:

- Require relocation in hospital due to capacity
- Endoscopy expected to increase 15% over next 3 months adding estimated \$200,000 in margin
- Possible relocation of wound care and infusions

OB/SNF/HH

■ OB Service Unit

	FY15	FY16	FY17	FY18ann.
Direct Margin	(\$163,000)	(\$97,000)	(\$302,000)	(\$717,000)

■ SNF Service Unit

	FY15	FY16	FY17	FY18ann.
Direct Margin	\$451,000	\$748,000	\$889,000	\$138,384

■ Home Health

	FY15	FY16	FY17	FY18ann.
Direct Margin	\$105,000	(\$71,000)	(\$315,000)	TBD?

Focused Initiatives FY 2018

Major Initiatives

- Pain Management service margin
- Continued Bariatric expansion
- Develop Women's Services
- General Surgery & Endoscopy expansion
- Ophthalmology Growth
- Enhance Urology, Vascular & Spine

FY 2018 Strategic Initiatives

Goal: \$1,450,000

Based on focused initiatives

FY 18 new revenue **\$1,600,000**

Pain Management

Increased reimbursement \$288,000

- Volumes continue to increase month over month
- Collaboration in process with SVCHC for FQHC
- Expansion Northern CA and Oregon
- Reviewing new ancillary studies
- Expect increase in spine cases

Bariatrics: Whole Health Weight Loss

Increased reimbursement \$250,000

- Direct to patient marketing
- Regional outreach Northern CA and Oregon
- Targeted marketing to health clinics
- Initiatives beginning d/t UCSF market analysis

A Woman's Place

Margin projection of \$300,000 YR 1

- First 6 months major increase in radiology testing
- New patient clinic volumes continue to rise
- GYN pro forma in process
- Working with UCSF on market leakage

General Surgery/Endoscopy

Increased reimbursement \$590,000

- Projected to increase 15%-25% in next few months d/t outreach and Physician support
- OR Block time increased significantly
- Endo becoming it's own service line and will serve as a feeder to General Surgery

Ophthalmology

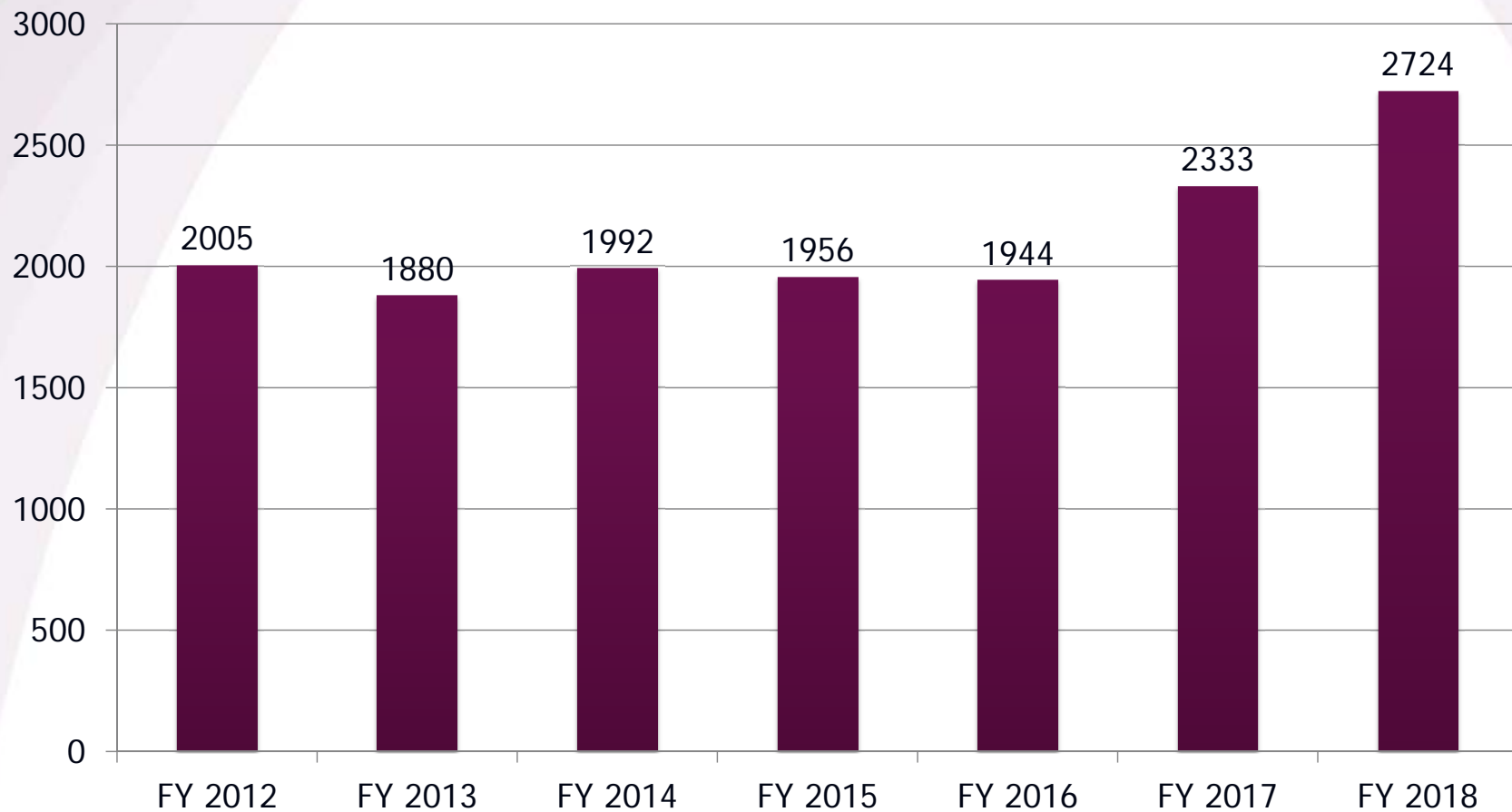
Increased reimbursement \$391,000

- Highest increase in revenue in last 3 mns
- Specialist consistently providing community outreach
- Added OR block time 3x in past 3 months
- Full time clinic in Sonoma
- Margins and volumes expected to increase

Accomplishments

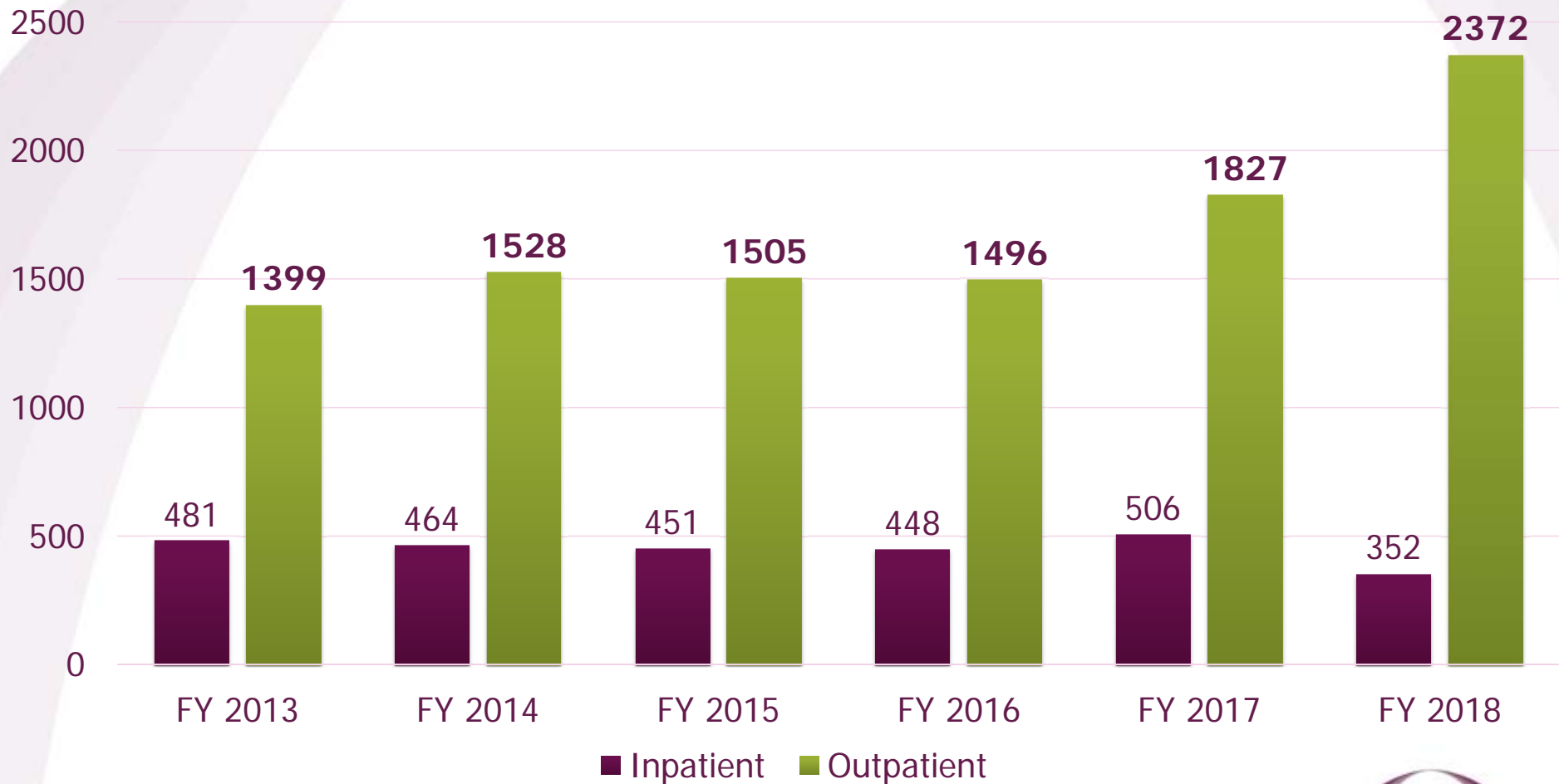
+14%

Surgical Volume



Inpatient vs Outpatient

Inpatient vs Outpatient volumes



Volume Analysis

Service	FY 17 YTD	FY 18 YTD	Increase
Pain Management	489	634	+23% 145 cases
Ophthalmology	169	241	+30% 72 cases
Endoscopy	568	874	+35% 306 cases
Bariatrics	56	65	+14% 9 cases

Analysis

Surgical Service	FY 17	FY 18
Bariatrics	56	65
Pain Management	489	634
Ophthalmology	169	241
Endoscopy	568	874
Other	72	61
OBGyn	131	113
Total Joint Replacements	140	128
General Surgery	218	186
General Orthopedics	473	419
Urology	9	3
Total	2325	2725

Opportunities

■ GYN

- ✓ GYN moving practice to Sonoma

■ Orthopedics

- ✓ Work with UCSF on market leakage

■ General Surgery

- ✓ Increasing Endo as a feeder

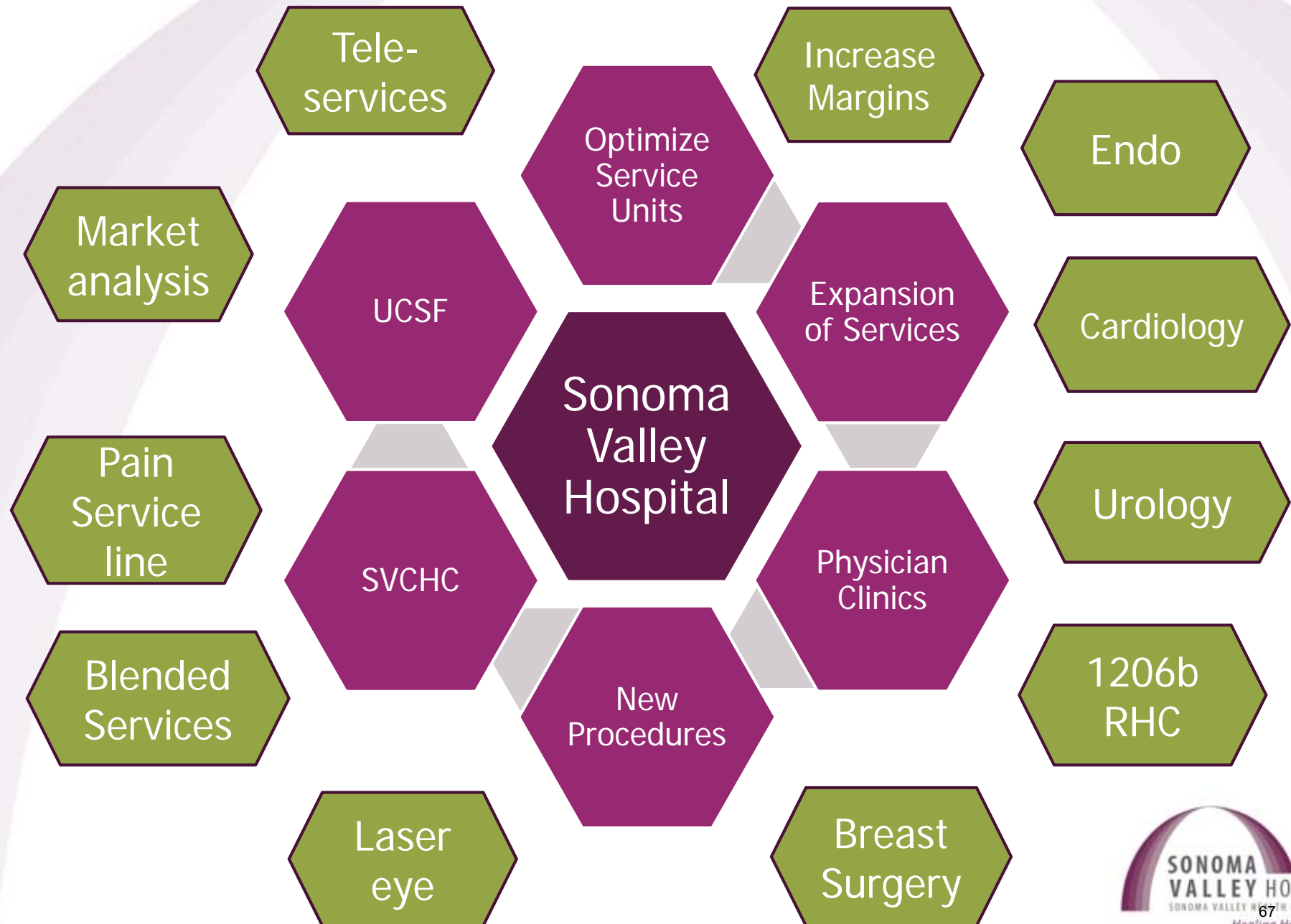
■ Urology

- ✓ 2 new Specialists, Men's Health Service Line

■ Cardiology

- ✓ Dedicated Cardiologist & expansion

Moving into FY 19



Future Dashboard

Service Unit	ER SU	OPSURG SU	SNF SU	INPT SU	REHAB SU	OPDX SU	OCCHLTH SU	SPPROC SU	PHY CLINIC
Visits	7,967	1,433	330	997	11,259	23,140	4,455	1,539	250
Patient-days	844	564	5,430	3,574	270,226	7,355	466,639	8,902	
WRVU									750
Charges									
Total Charges	58,645,822	18,929,871	20,342,178	62,720,762	6,241,712	33,645,814	1,098,625	9,529,219	129,000
Adjustments									
Total Adjustments	46,563,879	13,970,718	16,320,911	49,106,693	4,918,499	29,275,613	718,200	7,426,423	45,150
Revenue									
Reimbursement	11,293,561	4,480,473	3,266,650	12,402,656	2,204,166	5,765,389	357,324	2,321,885	50,000
per FTE	451,322	379,169	89,827	224,494	236,859	389,492	79,256	400,996	5,000
per Hour	261	219	52	130	137	225	46	231	250
per visit	1,418	3,127	9,899	12,440	196	249	80	1,509	100
per pt-day	13,381	7,944	602	3,470	8	784	1	261	
Direct Costs									
Staff									
Total Staff	-4,061,323	-2,112,133	-2,959,842	-7,256,820	-916,488	-1,401,178	-370,931	-827,440	75,000
per FTE	-162,302	-178,743	-81,390	-131,352	-98,485	-94,659	-82,273	-142,901	70,000
per Hour	-94	-103	-47	-76	-57	-55	-47	-82	
per visit	-510	-1,474	-8,969	-7,279	-81	-61	-83	-538	
per pt-day	-4,812	-3,745	-545	-2,030	-3	-191	-1	-93	280

New PHY CLINIC SU still in development #'s are for placeholders only

Future Dashboard

Operational									
Total Operational	-620,279	-774,430	-168,424	-2,072,313	-2,219	-567,030	-61,529	-349,489	150,000
per FTE	-24,788	-65,538	-4,631	-37,510	-238	-38,307	-13,647	-60,358	30,000
per Hour	-14	-38	-3	-22	0	-22	-8	-35	
per visit	-78	-540	-510	-2,079	0	-25	-14	-227	
per pt-day	-735	-1,373	-31	-580	0	-77	0	-39	120
TDCosts									
TDCosts	-4,681,602	-2,886,563	-3,128,266	-9,329,134	-918,707	-1,968,209	-432,460	-1,176,929	250,000
per FTE	-187,090	-244,281	-86,022	-168,862	-98,724	-132,966	-95,921	-203,259	100,000
per Hour	-108	-141	-50	-97	-57	-77	-55	-117	
per visit	-588	-2,014	-9,480	-9,357	-82	-85	-97	-765	
per pt-day	-5,547	-5,118	-576	-2,610	-3	-268	-1	-132	400
Direct Margin									
Direct Margin	5,019,122	1,443,931	109,794	2,948,202	664,449	2,601,263	-87,778	917,984	
per visit	630	1,008	333	2,957	59	112	-20	596	105,000
per pt-day	5,947	2,560	20	825	2	354	0	103	420
%	52	33	3	24	42	57	-25	44	

QUESTIONS

6.

RESOLUTION #340
REFINANCING OF THE
LOAN FOR THE SOUTH LOT

SONOMA VALLEY HEALTH CARE DISTRICT

RESOLUTION No. 340

REFINANCING OF THE LOAN FOR PROPERTY AT 851 AND 853 FOURTH STREET WEST,
SONOMA, CALIFORNIA 95476,
APNs 018-392-001, -045

In 2016 the District authorized a \$2,000,000 loan to exercise an option to purchase vacant land located at 851 and 853 Fourth Street West, Sonoma, California. That loan came due June 30, 2018 and requires replacement through the process of finalizing the sale.

WHEREAS, the District wishes to secure a \$2,000,000 loan to be used for the re-financing of the loan for the land located at 851 and 853 Fourth Street West, Sonoma, California.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Sonoma Valley Health Care District, as follows:

Section 1. Kelly Mather, President and CEO of Sonoma Valley Health Care District dba Sonoma Valley Hospital is hereby authorized to sign all documents necessary to refinance the loan of the property at 851 and 853 Fourth Street West, Sonoma, California.

PASSED AND ADOPTED on this 2nd day of August, 2018, by the following vote:

Joshua Rymer
Jane Hirsch
Peter Hohorst
Sharon Nevins
Bill Boerum

Noes: 0
Absent: 0
Abstain: 0

Joshua Rymer, Board Chair
SONOMA VALLEY HEALTH CARE
DISTRICT

Bill Boerum, Board Secretary
SONOMA VALLEY HEALTH CARE
DISTRICT

7.

ADMINISTRATIVE REPORT AUGUST 2018



To: SVHCD Board of Directors
From: Kelly Mather
Date: 7/25/18
Subject: Administrative Report

Summary

We have shared our vision for reinventing the hospital and are getting very positive feedback from many. Of course, there are always questions and concerns. But, I am very optimistic about our future, if we restructure and face today's reality. After 8 years of keeping all of the services at the hospital open, even when some have losses, we are now forced to make hard decisions. FY 2019 will be a year of great change. With our UCSF affiliation and an innovative Master Facility Plan, SVH will continue to thrive into the future while continuing to meet the critical healthcare needs of our community.

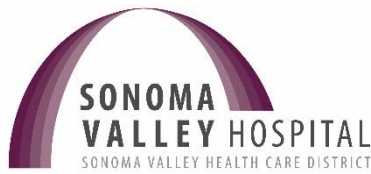
Strategic Update from FY 2019 Strategic Plan:

Strategic Priorities	Update
Highest levels of health care safety, quality and value	<ul style="list-style-type: none"> ➤ With the planned consolidation of Inpatient Services, we will start to move toward being the only 5 Star hospital in the Bay Area. ➤ The new dashboard will be presented at the next board meeting. ➤ Our mid-cycle accreditation survey is due any day now with CIHQ ➤ Our new CMO is off to a great start and is already beginning performance improvement projects. ➤ Our HIE (Health Information Exchange) is not effective and we are looking at options to improve the communication with physicians and ancillary services.
Be the preferred hospital for patients, physicians, employers and health plans	<ul style="list-style-type: none"> ➤ We are moving forward with the design of a Cardiology Center. ➤ We will start the Rural Health Center at Sonoma Family Practice. ➤ We are doing a Master Facility Plan for the campus which will likely include a new Medical Office Building. ➤ After an extensive analysis of Occupational Health, it was decided to maintain this service to keep our employers in the community satisfied. ➤ We are starting the Centralized Scheduling project which should include texting and email reminders for outpatient appointments.
Implement new and enhanced revenue strategies as measured by increased direct margins in each service unit	<ul style="list-style-type: none"> ➤ UCSF collaboration is now focused on Tele-neurology and bring a world renowned Urologist to do cancer screening clinics. ➤ Telemedicine and Cardiology coverage should now increase the patients that can stay in the hospital and improve the Inpatient margin. ➤ We are working with the Health Center on sharing some administrative services and having them run the pain management clinic.
Continue to improve financial stability as measured by margin	<ul style="list-style-type: none"> ➤ We recommended restructuring the hospital effective October 1st. The Home Care transfer should be finalized in August. If we discontinue services that are not highly utilized and are losing money, we should be fine. ➤ Looking at other costs savings with physician expenses.
Lead progress toward being a healthier community as measured by community benefit	<ul style="list-style-type: none"> ➤ We have exceeded the goal for community benefit hours this year. Thanks to all the leaders for going above and beyond in their volunteer efforts! ➤ We also exceeded the goal for attendees at the education events we sponsored or presented this year.

JUNE 2018

			National
Patient Experience	Current Performance	FY 2018 Goal	Benchmark
Would Recommend Hospital	79 th percentile	> 60th percentile	50th percentile
Inpatient Overall Rating	81 th 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	2	< 2.3	2.3
Pressure Ulcers	0	<3.7	3.7
Injuries to Staff	14	< 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	61 st percentile	75th percentile	50th percentile
Wellness Ambassadors	253	250	> 200
Turnover	20.3%	< 10%	< 15%
Financial Stability	YTD Performance	FY 2018 Goal	Benchmark
EBDA	.4%	2.9%	3%
FTE's/AOB	3.82	4.3	5.3
Days Cash on Hand	10.6	20	30
Days in Accounts Receivable	42	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	\$10 million	\$20 million	\$1 million
Strategic Growth	YTD Performance	FY 2018 Goal	Benchmark
Inpatient Discharges	1148/1148	1193	1225
Outpatient Visits	53,253/53,253	57,771	55,566
Emergency Visits	10,629/10,629	11,022	11,019
Surgeries	1849/1849	1,800	1,680
Births	113/113	132	120
Home Health Visits	9350/9350	11,053	11,400
Community Benefit Hours	1348/1348	1200	1200

Note: Colors demonstrate comparison to National



Healing Here at Home

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 2018	Jun 2018
FY YTD Turnover	<10%	.9	3.1	5.3	6.8	9.7	9.7	11.3	12.9	14.2	16.2	17.8	20.3
Leave of Absences	<12	10	10	11	11	11	9	10	15	13	15	12	11
EBDA	>3%	.1	-.9	-1.1	.1	-1.2	-1.4	2.2	-.6	-1.7	-1.8	-1.2	.4
Operating Revenue	>5m	5.0	4.8	4.6	4.6	4.5	4.5	4.9	4.7	4.2	4.4	4.8	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	5.1	4.9
Net Income	>50k	-197	-164	-230	62	-379	-226	125	-174	-395	220	369	543
Days Cash on Hand	>20	16	10	9	12.5	14	17.4	23.5	14.1	6.7	6.8	6.2	10.6
A/R Days	<50	45	43	47	45	48	51	51	47	43	43	47	42
Total FTE's	<320	318	314	316	304	329	307	312	305	302	307	306	298
FTEs/AOB	<4.0	4.23	3.75	4.19	4.04	4.86	3.85	3.68	3.87	4.17	4.06	4.35	3.82
Inpatient Discharges	>90	76	94	87	87	99	96	111	82	106	103	108	99
Outpatient Revenue	>\$13m	14.1	15.5	14.3	11.9	12.9	14.1	14.7	12.5	13.1	14.1	15.2	13.6
Surgeries	>150	162	164	187	120	155	160	141	139	151	144	175	151
Home Health	>950	870	713	789	871	630	798	801	821	684	755	747	871
Births	>11	6	10	5	12	11	10	7	11	8	6	9	16
SNF days	>550	528	500	479	624	468	563	646	494	566	525	423	545
MRI	>120	102	134	128	100	80	105	106	112	122	154	153	148
Cardiology (Echos)	>50	62	93	73	54	80	93	96	65	84	95	84	78
Laboratory	>12	11.9	12.2	11.6	10.8	12.0	11.4	12.9	10.6	12.3	11.5	12.5	13.0
Radiology	>850	881	966	870	757	882	891	1072	829	968	905	968	877
Rehab	>2700	2362	2872	2502	2078	2945	2884	2593	2773	3091	2455	2586	2670
CT	>300	326	390	354	271	272	386	346	288	305	367	394	358
ER	>900	920	894	921	827	816	919	996	811	871	864	934	856
Mammography	>200	223	235	201	191	253	249	190	155	363	202	220	221
Ultrasound	>300	287	326	265	188	236	258	274	221	258	293	311	267
Occupational Health	>600	642	705	552	707	588	416	504	555	734	774	822	625
Wound Care	>200	226	263	287	287	203	277	204	122	182	210	237	225

9.

FINANCIAL REPORT
MONTH END
JUNE 30, 2018



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: July 24, 2018
Subject: Financial Report for the Month Ending June 30, 2018 – Pre Audit Financials

For the month of June the hospital experienced a positive operating margin of \$314,222 compared to the budgeted operating margin of (\$423,979), better than budget by \$738,201. The positive margin was due to receiving higher than budgeted governmental supplemental payments and that the hospital's operating expenses were better than budget by \$364,463. After accounting for all other activity; June's net income was \$859,009 vs. the budgeted loss of (\$11,110) with a monthly EBIDA of 16.7% vs. a budgeted 3.1%.

Gross patient revenue for June was \$22,199,044; (\$647,871) under budget. Inpatient gross revenue was over budget by \$3,555. Inpatient days were over budget by 17 days and inpatient surgeries were under budgeted expectations by (10) cases. Outpatient revenue was under budget by (\$301,359). Outpatient visits were under budgeted expectations by (348) visits, and outpatient surgeries were under budgeted expectations by only (1) case. The Emergency Room gross revenue was under budget by (\$447,699) with ER visits under budgeted expectations by (51) visits. SNF gross charges were over budgeted expectations by \$98,391 and SNF patient days were over budget by 19 days. Home Health was under budget by (\$759) with visits under budget by (59) visits which is due to seeing a reduced number of Kaiser HHA patients.

Gross revenue from surgical implants in June is \$351,646 with \$172,928 from inpatient surgeries and \$178,718 from outpatient surgeries, and total implant costs were (\$123,708). The net, before any revenue deductions, is \$227,938.

Deductions from revenue were favorable to budgeted expectations by \$1,057,329. Of the variance, \$626,751 is from prior period adjustments or IGT payments. Without the IGT variance, the deductions from revenue variance is favorable by \$430,578 which is due to gross revenue being under budgeted expectation.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$373,738.



Operating Expenses of \$4,967,702 were favorable to budget by \$364,463. Salaries and wages and agency fees were under budget by \$178,930. Salaries and wages were under budget by \$273,924 and agency fees were over budget by (\$94,994). Supplies were under budget by \$64,605 primarily due to implants being under budgeted expectations by \$65,527. There was a non-designated IGT matching fee of \$203,909 and the hospital received \$371,114 (net, \$167,205).

For the month of June, the hospital saved \$127,609 attributable to the cost savings plan implemented January 1, 2018. From January 1, 2018 through June, the total savings is \$640,252. See attachment I for details.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for June was \$543,310 vs. a budgeted net loss of (\$174,845). The total net income for June after all activity was \$859,009 vs. a budgeted net loss of (\$11,110).

EBIDA for the month of June was 16.7% vs. the budgeted 3.1%.

Patient Volumes – June

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	99	85	14	87
Newborn Discharges	16	14	2	15
Acute Patient Days	354	337	17	346
SNF Patient Days	545	526	19	458
Home Care Visits	871	930	-59	940
OP Gross Revenue	\$13,677	\$14,413	(\$736)	\$15,454
Surgical Cases	151	162	-11	197

Gross Revenue Overall Payer Mix – June

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	46.2%	45.5%	0.7%	44.4%	45.5%	-1.1%
Medicare Mgd Care	13.7%	9.9%	3.8%	13.3%	10.0%	3.3%
Medi-Cal	17.7%	17.5%	0.2%	17.9%	17.8%	0.1%
Self Pay	1.6%	1.2%	0.4%	1.2%	1.2%	0.0%
Commercial	17.4%	20.6%	-3.2%	19.0%	20.4%	-1.4%
Workers Comp	1.4%	3.2%	-1.8%	2.1%	3.1%	-1.0%
Capitated	2.0%	2.1%	-0.1%	2.1%	2.0%	0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for June:

For the month of June the cash collection goal was \$3,557,907 and the Hospital collected \$3,435,637 or under the goal by (\$122,270). The year-to-date cash collection goal was \$42,154,660 and the Hospital has collected \$43,696,137 or over goal by \$1,541,477. Days of cash on hand are 10.6 days at June 30, 2018. Accounts Receivable decreased from May, from 46.8 days to 41.7 days in June. Accounts Payable increased by \$654,521 from May and Accounts Payable days are at 49.8.

Year End June 30, 2018 (Unaudited):

After accounting for all activity, the Fiscal Year ended with a net loss of (\$132,344) vs. a budgeted net income of \$255,083. EBIDA ended at \$782,008 or 1.4% vs. budgeted at \$2,242,441, or 3.8%. Accounts Payable at year end was \$3,814,340 vs. \$3,525,679 at the end of last fiscal year. Cash at June 30, 2018 was \$1,671,423 vs. \$3,166,281 at June 30, 2017.

At fiscal year-end June 30, 2018 the gross patient revenue is under budget by (\$10,192,593) with the inpatient gross revenue under budget by (\$6,946,967) and the ER gross revenue under budget by (\$3,076,066). The fiscal year-end June 30, 2018 revenue deductions were favorable to budget by \$7,609,684 which is primarily due to the significant negative variance in IP and ER gross revenue.

During fiscal year 2018 the hospital received \$5,286,886 in governmental supplemental program payments which were offset by matching fees of (\$1,695,736) for a net of \$3,591,150.

At fiscal year-end June 30, 2018 expenses are under budget by \$1,252,868. At year-end salaries and wages were under budget by \$1,341,801 due to the cost savings plan implemented in January 2018 and effective staffing in clinical departments during low volume times. Employee benefits were under year-end budget by \$635,445 due to the cost savings plan noted above. Professional fees were over budget by (\$141,660) primarily due to non-budgeted consulting fees offset by lower administration and management salaries.

During fiscal year 2018 the hospital received \$1,039,838 from the Sonoma Valley Hospital Foundation for completion of the 3D Mammography project, A Women's Place, and the outpatient diagnostic center.

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 June, 2018

ATTACHMENT A

June-18

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	10,266,875	10,381,101	-114,226	-1.1%
Medicare Managed Care	3,032,311	2,260,428	771,883	34.1%
Medi-Cal	3,932,227	3,990,222	-57,995	-1.5%
Self Pay	363,147	273,660	89,487	32.7%
Commercial & Other Government	3,861,762	4,719,422	-857,660	-18.2%
Worker's Comp.	302,572	741,719	-439,147	-59.2%
Capitated	440,150	480,363	-40,213	-8.4%
Total	22,199,044	22,846,915	(647,871)	

Actual	Budget	Variance	% Variance
117,867,634	124,916,634	-7,049,000	-5.6%
35,023,482	27,333,733	7,689,749	28.1%
47,332,881	48,995,197	-1,662,316	-3.4%
3,202,577	3,393,154	-190,577	-5.6%
50,245,343	56,227,912	-5,982,569	-10.6%
5,591,980	8,418,809	-2,826,829	-33.6%
5,438,912	5,609,963	-171,051	-3.0%
264,702,809	274,895,402	(10,192,593)	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,444,549	1,424,393	20,156	1.4%
Medicare Managed Care	422,704	290,205	132,499	45.7%
Medi-Cal	598,091	583,159	14,932	2.6%
Self Pay	174,311	123,343	50,968	41.3%
Commercial & Other Government	1,509,967	1,819,189	-309,222	-17.0%
Worker's Comp.	67,141	191,704	-124,563	-65.0%
Capitated	13,513	15,576	-2,063	-13.2%
Prior Period Adj/IGT	940,023	313,272	626,751	200.1%
Total	5,170,299	4,760,841	409,458	8.6%

Actual	Budget	Variance	% Variance
17,793,127	18,584,463	-791,336	-4.3%
5,027,006	3,509,310	1,517,696	43.2%
6,949,727	6,818,971	130,756	1.9%
1,661,907	1,619,144	42,763	2.6%
16,605,130	20,701,722	-4,096,592	-19.8%
1,204,824	2,100,973	-896,149	-42.7%
170,681	188,350	-17,669	-9.4%
5,286,886	3,759,264	1,527,622	40.6%
54,699,288	57,282,197	(2,582,909)	-4.5%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	27.9%	29.9%	-2.0%	-6.7%
Medicare Managed Care	8.2%	6.2%	2.0%	32.3%
Medi-Cal	29.7%	18.8%	10.9%	58.0%
Self Pay	3.4%	2.6%	0.8%	30.8%
Commercial & Other Government	29.2%	38.2%	-9.0%	-23.6%
Worker's Comp.	1.3%	4.0%	-2.7%	-67.5%
Capitated	0.3%	0.3%	0.0%	0.0%
Total	100.0%	100.0%	0.0%	0.0%

Actual	Budget	Variance	% Variance
32.5%	32.4%	0.0%	0.0%
9.2%	6.1%	3.1%	50.8%
22.4%	18.6%	3.8%	20.4%
3.0%	2.8%	0.2%	7.1%
30.4%	36.1%	-5.7%	-15.8%
2.2%	3.7%	-1.5%	-40.5%
0.3%	0.3%	0.0%	0.0%
100.0%	100.0%	-0.1%	-0.1%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	14.1%	13.7%	0.4%	2.9%
Medicare Managed Care	13.9%	12.8%	1.1%	8.6%
Medi-Cal	39.1%	22.5%	16.6%	73.8%
Self Pay	48.0%	45.1%	2.9%	6.4%
Commercial & Other Government	39.1%	38.5%	0.6%	1.6%
Worker's Comp.	22.2%	25.8%	-3.6%	-14.0%
Capitated	3.1%	3.2%	-0.1%	-3.1%

Actual	Budget	Variance	% Variance
15.1%	14.9%	0.2%	1.3%
14.4%	12.8%	1.6%	12.5%
25.9%	21.6%	4.3%	19.9%
51.9%	47.7%	4.2%	8.8%
33.0%	36.8%	-3.8%	-10.3%
21.5%	25.0%	-3.5%	-14.0%
3.1%	3.4%	-0.3%	-8.8%

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

ATTACHMENT B

CURRENT MONTH				YEAR-TO-DATE			YTD
	Actual 06/30/18	Budget 06/30/18	Favorable (Unfavorable) Variance		Actual 06/30/18	Budget 06/30/18	Favorable (Unfavorable) Variance
							Prior Year 06/30/17
				Inpatient Utilization			
				Discharges			
1	88	70	18	Acute	985	1,051	(66)
2	11	15	(4)	ICU	163	189	(26)
3	99	85	14	Total Discharges	1,148	1,240	(92)
4	16	14	2	Newborn	113	173	(60)
5	115	99	16	Total Discharges inc. Newborns	1,261	1,413	(152)
				Patient Days:			
6	253	247	6	Acute	2,969	3,638	(669)
7	101	90	11	ICU	1,030	1,171	(141)
8	354	337	17	Total Patient Days	3,999	4,809	(810)
9	34	29	5	Newborn	202	349	(147)
10	388	366	22	Total Patient Days inc. Newborns	4,201	5,158	(957)
				Average Length of Stay:			
11	2.9	3.5	(0.7)	Acute	3.0	3.5	(0.4)
12	9.2	6.0	3.2	ICU	6.3	6.2	0.1
13	3.6	4.0	(0.4)	Avg. Length of Stay	3.5	3.9	(0.4)
14	2.1	2.1	0.1	Newborn ALOS	1.8	2.0	0.2
				Average Daily Census:			
15	8.4	8.2	0.2	Acute	8.1	10.0	(1.8)
16	3.4	3.0	0.4	ICU	2.8	3.2	(0.4)
17	11.8	11.2	0.6	Avg. Daily Census	11.0	13.2	(2.2)
18	1.1	1.0	0.2	Newborn	0.55	0.96	(0.4)
				Long Term Care:			
19	545	526	19	SNF Patient Days	6,361	6,729	(368)
20	32	23	9	SNF Discharges	360	295	65
21	18.2	17.5	0.6	Average Daily Census	17.4	18.4	(1.0)
				Other Utilization Statistics			
				Emergency Room Statistics			
22	856	907	(51)	Total ER Visits	10,629	11,022	(393)
				Outpatient Statistics:			
23	4,446	4,794	(348)	Total Outpatients Visits	53,253	57,186	(3,933)
24	28	38	(10)	IP Surgeries	334	400	(66)
25	123	124	(1)	OP Surgeries	1,515	1,287	228
26	97	20	77	Special Procedures	859	372	487
27	871	930	(59)	Home Health Visits	9,350	11,074	(1,724)
28	341	293	48	Adjusted Discharges	4,062	3,991	71
29	2,343	2,342	1	Adjusted Patient Days (Inc. SNF)	27,921	30,013	(2,092)
30	78.1	78.1	0.0	Adj. Avg. Daily Census (Inc. SNF)	76.5	82.2	(5.7)
31	1.4474	1.4000	0.047	Case Mix Index -Medicare	1.5047	1.4000	0.105
32	1.5890	1.4000	0.189	Case Mix Index - All payers	1.4851	1.4000	0.085
				Labor Statistics			
33	259	280	20.1	FTE's - Worked	275	285	9.2
34	298	320	21.8	FTE's - Paid	310	326	15.8
35	43.74	44.03	0.29	Average Hourly Rate	42.94	42.83	(0.11)
36	21.7	23.3	1.6	Manhours / Adj. Pat Day	23.1	22.6	(0.5)
37	149.2	186.6	37.4	Manhours / Adj. Discharge	158.6	169.7	11.1
38	13.4%	22.0%	8.6%	Benefits % of Salaries	21.7%	22.0%	0.3%
				Non-Labor Statistics			
39	9.5%	11.6%	2.1%	Supply Expense % Net Revenue	11.6%	10.8%	-0.8%
40	1,470	1,933	463	Supply Exp. / Adj. Discharge	1,598	1,585	(13)
41	15,026	18,744	3,718	Total Expense / Adj. Discharge	15,858	16,449	591
				Other Indicators			
42	10.6			Days Cash - Operating Funds			
43	41.7	50.0	(8.3)	Days in Net AR	45.8	50.0	(4.2)
44	97%			Collections % of Net Revenue	104%		105.6%
45	49.8	55.0	(5.2)	Days in Accounts Payable	49.8	55.0	(5.2)
46	23.7%	21.4%	2.3%	% Net revenue to Gross revenue	21.2%	21.4%	-0.2%
47	21.5%			% Net AR to Gross AR	21.5%		22.5%

Sonoma Valley Health Care District
Balance Sheet
As of June 30, 2018

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 1,671,423	\$ 798,439	\$ 3,166,281
2	Trustee Funds	4,431,932	4,427,002	3,966,031
3	Net Patient Receivables	7,792,665	8,024,134	9,409,871
4	Allow Uncollect Accts	(1,210,340)	(1,140,279)	(1,441,052)
5	Net A/R	6,582,325	6,883,855	7,968,819
6	Other Accts/Notes Rec	6,904,040	(119,068)	7,137,441
7	3rd Party Receivables, Net	1,800,325	2,462,520	1,043,030
8	Inventory	852,689	825,295	832,006
9	Prepaid Expenses	776,242	728,235	848,434
10	Total Current Assets	\$ 23,018,976	\$ 16,006,278	\$ 24,962,042
12	Property, Plant & Equip, Net	\$ 51,965,266	\$ 51,903,277	\$ 53,261,936
13	Specific Funds/ Money Market	671,315	203,535	918,711
14	Other Assets	-	-	-
15	Total Assets	\$ 75,655,557	\$ 68,113,090	\$ 79,142,689
Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	\$ 3,814,340	\$ 3,159,819	\$ 3,525,679
17	Accrued Compensation	4,071,080	4,288,600	4,524,435
18	Interest Payable	528,873	423,097	551,329
19	Accrued Expenses	1,320,048	1,343,607	1,623,579
20	Advances From 3rd Parties	124,882	144,347	510,275
21	Deferred Tax Revenue	6,853,235	567,350	6,808,200
22	Current Maturities-LTD	1,302,516	1,186,364	1,302,516
23	Line of Credit - Union Bank	6,973,734	6,973,734	6,973,734
24	Other Liabilities	2,201,386	2,001,386	1,386
25	Total Current Liabilities	\$ 27,190,094	\$ 20,088,304	\$ 25,821,133
26	Long Term Debt, net current portion	\$ 32,457,139	\$ 32,875,471	\$ 37,180,889
27	Fund Balances:			
28	Unrestricted	\$ 10,945,354	\$ 10,100,898	\$ 12,261,533
29	Restricted	5,062,970	5,048,416	3,879,134
30	Total Fund Balances	\$ 16,008,324	\$ 15,149,315	\$ 16,140,667
31	Total Liabilities & Fund Balances	\$ 75,655,557	\$ 68,113,090	\$ 79,142,689

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

ATTACHMENT D

Month					Year-To- Date					YTD
This Year		Variance			This Year		Variance			
Actual	Budget	\$		%	Actual	Budget	\$		%	Prior Year
Volume Information										
1	99	85	14	16%	Acute Discharges	1,148	1,241	(93)	-7%	1,208
2	545	526	19	4%	SNF Days	6,361	6,729	(368)	-5%	6,553
3	871	907	(36)	-4%	Home Care Visits	9,350	11,051	(1,701)	-15%	11,117
4	13,677	14,413	(737)	-5%	Gross O/P Revenue (000's)	\$ 166,289	\$ 169,114	(2,825)	-2%	\$ 163,815
Financial Results										
Gross Patient Revenue										
5	\$ 6,425,697	\$ 6,422,142	3,555	0%	Inpatient	\$ 74,185,947	\$ 81,132,914	(6,946,967)	-9%	\$ 78,991,841
6	7,960,553	8,261,912	(301,359)	-4%	Outpatient	91,863,215	91,287,715	575,500	1%	86,594,341
7	5,404,551	5,852,250	(447,699)	-8%	Emergency	71,169,484	74,245,550	(3,076,066)	-4%	73,595,308
8	2,089,170	1,990,779	98,391	5%	SNF	24,062,441	24,420,238	(357,797)	-1%	22,997,175
9	319,073	319,832	(759)	0%	Home Care	3,421,722	3,808,985	(387,263)	-10%	3,896,178
10	\$ 22,199,044	\$ 22,846,915	(647,871)	-3%	Total Gross Patient Revenue	\$ 264,702,809	\$ 274,895,402	(10,192,593)	-4%	\$ 266,074,843
Deductions from Revenue										
11	\$ (17,667,831)	\$ (18,276,739)	608,908	3%	Contractual Discounts	\$ (213,195,741)	\$ (219,901,185)	6,705,444	3%	\$ (211,713,516)
12	(300,000)	(100,000)	(200,000)	-200%	Bad Debt	(1,903,000)	(1,200,000)	(703,000)	-59%	(1,890,000)
13	(937)	(22,607)	21,670	96%	Charity Care Provision	(191,666)	(271,284)	79,618	29%	(365,867)
14	940,023	313,272	626,751	*	Prior Period Adj/Government Program Revenue	5,286,886	3,759,264	1,527,622	*	3,358,326
15	\$ (17,028,745)	\$ (18,086,074)	1,057,329	-6%	Total Deductions from Revenue	\$ (210,003,521)	\$ (217,613,205)	7,609,684	-3%	\$ (210,611,057)
16	\$ 5,170,299	\$ 4,760,841	409,458	9%	Net Patient Service Revenue	\$ 54,699,288	\$ 57,282,197	(2,582,909)	-5%	\$ 55,463,786
17	\$ 95,174	\$ 128,518	(33,344)	-26%	Risk contract revenue	\$ 1,358,417	\$ 1,542,249	(183,832)	-12%	\$ 1,553,668
18	\$ 5,265,473	\$ 4,889,359	376,114	8%	Net Hospital Revenue	\$ 56,057,705	\$ 58,824,446	(2,766,741)	-5%	\$ 57,017,454
19	\$ 16,451	\$ 18,827	(2,376)	-13%	Other Op Rev & Electronic Health Records	\$ 186,371	\$ 225,880	(39,509)	-17%	\$ 341,678
20	\$ 5,281,924	\$ 4,908,186	373,738	8%	Total Operating Revenue	\$ 56,244,076	\$ 59,050,326	(2,806,250)	-5%	\$ 57,359,132
Operating Expenses										
21	\$ 2,228,492	\$ 2,407,422	178,930	7%	Salary and Wages and Agency Fees	\$ 27,666,431	\$ 29,008,232	1,341,801	5%	\$ 27,037,472
22	636,189	\$ 896,814	260,625	29%	Employee Benefits	10,170,264	10,805,709	635,445	6%	10,652,685
23	\$ 2,864,681	\$ 3,304,236	439,555	13%	Total People Cost	\$ 37,836,695	\$ 39,813,941	1,977,246	5%	\$ 37,690,157
24	\$ 415,203	\$ 408,475	(6,728)	-2%	Med and Prof Fees (excld Agency)	\$ 5,053,429	\$ 4,911,769	(141,660)	-3%	\$ 4,680,272
25	501,957	566,562	64,605	11%	Supplies	6,490,766	6,326,247	(164,519)	-3%	7,190,489
26	389,292	376,210	(13,082)	-3%	Purchased Services	4,398,278	4,516,306	118,028	3%	3,994,314
27	291,766	282,301	(9,465)	-3%	Depreciation	3,424,202	3,387,733	(36,469)	-1%	3,385,925
28	90,538	101,628	11,090	11%	Utilities	1,189,992	1,219,470	29,478	2%	1,189,500
29	31,819	27,618	(4,201)	-15%	Insurance	381,828	331,372	(50,456)	-15%	354,447
30	45,267	44,671	(596)	-1%	Interest	564,618	533,487	(31,131)	-6%	541,086
31	133,270	134,036	766	1%	Other	1,428,617	1,639,513	210,896	13%	1,661,535
32	203,909	86,428	(117,481)	*	Matching Fees (Government Programs)	1,695,736	1,037,191	(658,545)	-63%	1,032,445
33	\$ 4,967,702	\$ 5,332,165	364,463	7%	Operating expenses	\$ 62,464,161	\$ 63,717,029	1,252,868	2%	\$ 61,720,170
34	\$ 314,222	\$ (423,979)	738,201	174%	Operating Margin	\$ (6,220,085)	\$ (4,666,703)	(1,553,382)	-33%	\$ (4,361,038)

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

ATTACHMENT D

	Month			
	This Year		Variance	
	Actual	Budget	\$	%
35	\$ (25,685)	\$ (12,850)	(12,835)	100%
36	2,780	-	2,780	0%
37	(56,766)	(54,683)	(2,083)	4%
38	308,759	316,667	(7,908)	-2%
39	0	0	-	0%
40	\$ 229,088	\$ 249,134	(20,046)	-8%
41	\$ 543,310	\$ (174,845)	718,155	-411%
42	\$ 3,167	\$ 18,828	(15,661)	-83%
43	\$ 11,387	\$ -	11,387	0%
44	\$ 557,864	\$ (156,017)	713,881	-458%
45	406,921	250,683	156,238	62%
46	(105,776)	(105,776)	-	0%
47	\$ 859,009	\$ (11,110)	870,119	-7832%
	\$ 880,343	\$ 152,127		
	16.7%	3.1%		
	\$ 835,076	\$ 107,456		
	15.8%	2.2%		

Non Operating Rev and Expense
Miscellaneous Revenue/(Expenses)
Donations
Physician Practice Support-Prima
Parcel Tax Assessment Rev
Extraordinary Items
Total Non-Operating Rev/Exp
Net Income / (Loss) prior to Restricted Contributions

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

GO Bond Tax Assessment Rev
GO Bond Interest

Net Income/(Loss) w GO Bond Activity**EBIDA - Not including Restricted Contributions****EBDA - Not including Restricted Contributions**

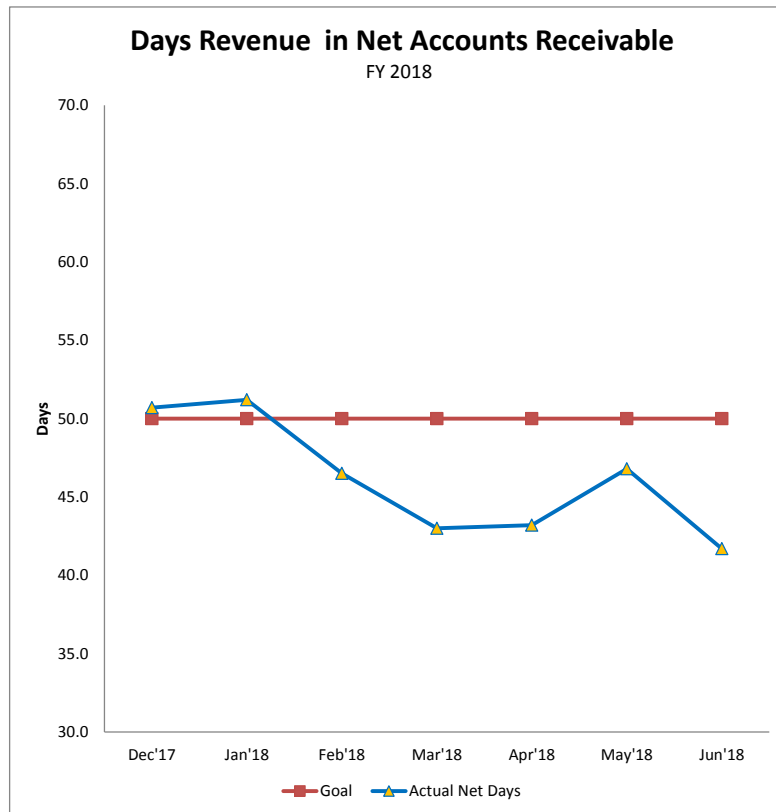
Year-To- Date					YTD
This Year		Variance			
Actual	Budget	\$	%	Prior Year	
\$ (101,082)	\$ (155,884)	54,802	*	\$ (119,792)	
30,326	-	30,326	0%	108,551	
(681,192)	(656,196)	(24,996)	4%	(450,000)	
3,792,096	3,800,004	(7,908)	0%	2,949,529	
(26,875)	0	(26,875)	0%		
\$ 3,013,273	\$ 2,987,924	52,224	1%	\$ 2,488,288	
\$ (3,206,812)	\$ (1,678,779)	(1,501,158)	89%	\$ (1,872,750)	
\$ 143,998	\$ 199,468	(55,470)	-28%	\$ 242,983	
\$ 1,039,838	\$ -	1,039,838	100%	\$ -	
\$ (2,022,976)	\$ (1,479,311)	(543,665)	37%	\$ (1,629,768)	
3,164,434	3,008,196	156,238	5%	3,335,371	
(1,273,802)	(1,273,802)	-	0%	(1,338,835)	
\$ (132,344)	\$ 255,083	(387,427)	-152%	\$ 366,768	
\$ 782,008	\$ 2,242,441			\$ 2,054,261	
1.4%	3.8%			3.6%	
\$ 217,390	\$ 1,708,954				
0.4%	2.9%				

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

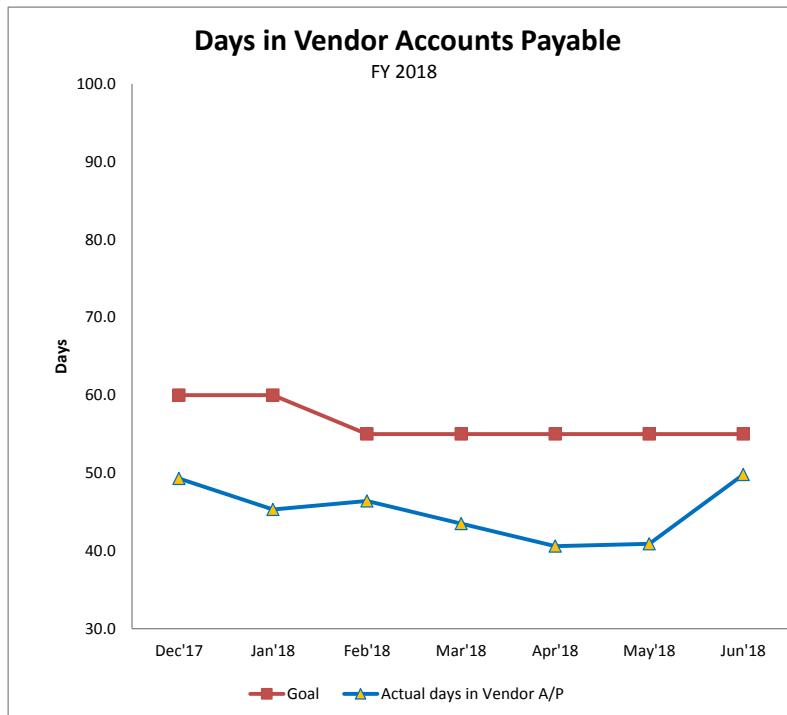
	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	(93)	14	
2 SNF Days	(368)	19	
3 Home Care Visits	(1,701)	(36)	
4 Gross O/P Revenue (000's)	(2,825)	(737)	
Financial Results			
Gross Patient Revenue			
5 Inpatient	(6,946,967)	3,555	Inpatient days are 354 days vs. budgeted expectations of 337 days and inpatient surgeries are 28 vs. budgeted expectations 38.
6 Outpatient	575,500	(301,359)	Outpatient visits are 4,446 vs. budgeted expectations of 4,794 visits and outpatient surgeries are 123 vs. budgeted expectations 124.
7 Emergency	(3,076,066)	(447,699)	ER visits are 856 vs. budgeted visits of 907.
8 SNF	(357,797)	98,391	SNF patient days are 545 vs. budgeted expected days of 526.
9 Home Care	(387,263)	(759)	HHA visits are 871 vs. budgeted expectations of 930.
10 Total Gross Patient Revenue	(10,192,593)	(647,871)	
Deductions from Revenue			
11 Contractual Discounts	6,705,444	608,908	
12 Bad Debt	(703,000)	(200,000)	
13 Charity Care Provision	79,618	21,670	
14 Prior Period Adj/Government Program Revenue	1,527,622	626,751	Received \$168,337 AB915 FY 16-17, \$371,114 non-designated IGT, true-up of accrued IGT's, and accrual of \$62,500 for the prime grant.
15 Total Deductions from Revenue	7,609,684	1,057,329	
16 Net Patient Service Revenue	(2,582,909)	409,458	
17 Risk contract revenue	(183,832)	(33,344)	
18 Net Hospital Revenue	(2,766,741)	376,114	
19 Other Op Rev & Electronic Health Records	(39,509)	(2,376)	
20 Total Operating Revenue	(2,806,250)	373,738	
Operating Expenses			
21 Salary and Wages and Agency Fees	1,341,801	178,930	Salaries and Wages are under budget by \$273,924 and the Agency fees are over budget by (\$94,994).
22 Employee Benefits	635,445	260,625	PTO is over budget by (\$4,124) and employee benefits are under budget by \$264,749 due to the year-end reconciliation of accrual accounts.
23 Total People Cost	1,977,246	439,555	
24 Med and Prof Fees (excl Agency)	(141,660)	(6,728)	
25 Supplies	(164,519)	64,605	Implants are under budget in June - \$65,527
26 Purchased Services	118,028	(13,082)	
27 Depreciation	(36,469)	(9,465)	
28 Utilities	29,478	11,090	
29 Insurance	(50,456)	(4,201)	
30 Interest	(31,131)	(596)	
31 Other	210,896	766	
32 Matching Fees (Government Programs)	(658,545)	(117,481)	Matching fee for non-designated hospital IGT - \$203,909
33 Operating expenses	1,252,868	364,463	
34 Operating Margin	(1,553,382)	738,201	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	54,802	(12,835)	
36 Donations	30,326	2,780	Foundation grants for employee education
37 Physician Practice Support-Prima	(24,996)	(2,083)	
38 Parcel Tax Assessment Rev	(7,908)	(7,908)	
39 Extraordinary Items	(26,875)	-	
40 Total Non-Operating Rev/Exp	52,224	(20,046)	
41 Net Income / (Loss) prior to Restricted Contributions	(1,501,158)	718,155	

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

	YTD	MONTH	
Description	Variance	Variance	
		-	
42 Capital Campaign Contribution	(55,470)	(15,661)	
43 Restricted Foundation Contributions	1,039,838	11,387	
44 Net Income / (Loss) w/ Restricted Contributions	(543,665)	713,881	
45 GO Bond Tax Assessment Rev	156,238	156,238	Year-end reconciliation of GO bond account to actual per county report.
46 GO Bond Interest	-	-	
47 Net Income/(Loss) w GO Bond Activity	(387,427)	870,119	



Days in A/R	Dec'17	Jan'18	Feb'18	Mar'18	Apr'18	May'18	Jun'18
Actual days in A/R	50.7	51.2	46.5	43.0	43.2	46.8	41.7
Goal	50.0	50.0	50.0	50.0	50.0	50.0	50.0



Days in A/P	Dec'17	Jan'18	Feb'18	Mar'18	Apr'18	May'18	Jun'18
Actual days in Vendor A/P	49.3	45.3	46.4	43.5	40.6	40.9	49.8
Goal	60.0	60.0	55.0	55.0	55.0	55.0	55.0

Sonoma Valley Hospital Statistical Analysis FY 2018			ATTACHMENT G												
	ACTUAL	BUDGET	ACTUAL												
	Jun-18	Jun-18	May-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
Statistics															
Acute															
Acute Patient Days	354	337	374	341	335	289	394	386	321	315	325	325	240	346	388
Acute Discharges (w/o Newborns)	99	85	108	103	106	82	111	96	99	87	87	94	76	87	100
SNF Days	545	526	423	525	566	494	646	563	468	624	479	500	528	458	559
HHA Visits	871	930	747	755	684	821	801	798	630	871	789	713	870	940	966
Emergency Room Visits	856	907	934	864	871	811	996	919	816	827	921	894	920	964	1,069
Gross Outpatient Revenue (000's)	\$13,677	\$14,413	\$15,188	\$14,170	\$13,064	\$12,519	\$14,741	\$14,051	\$12,952	\$11,864	\$14,364	\$15,524	\$14,175	\$15,454	\$15,523
Equivalent Patient Days	2,343	2,342	2,178	2,265	2,272	2,212	2,629	2,471	2,030	2,334	2,266	2,591	2,332	2,328	2,654
Births	16	14	9	6	8	11	7	10	11	12	5	10	6	15	7
Surgical Cases - Inpatient	28	38	29	30	34	16	32	24	34	23	33	22	29	36	30
Surgical Cases - Outpatient	123	124	146	114	117	123	109	136	121	97	154	142	133	161	143
Total Surgical Cases	151	162	175	144	151	139	141	160	155	120	187	164	162	197	173
Total Special Procedures	97	20	72	87	75	75	65	59	73	52	75	77	52	66	58
Medicare Case Mix Index	1.45	1.40	1.46	1.48	1.45	1.34	1.50	1.57	1.55	1.49	1.54	1.57	1.65	1.66	1.69
Income Statement															
Net Revenue (000's)	\$5,265	\$4,889	4,817	4,389	4,218	4,590	4,909	4,466	4,474	4,543	4,518	4,775	4,988	5,188	5,330
Operating Expenses (000's)	\$4,968	\$5,332	\$5,134	\$5,053	\$5,179	\$5,270	\$5,357	\$5,122	\$5,332	\$4,872	\$5,206	\$5,380	\$5,592	\$5,250	\$5,678
Net Income (000's)	\$859	(\$11)	\$ 369	\$ 221	\$ (395)	\$ (175)	\$ 125	\$ (226)	\$ (380)	\$ 62	\$ (230)	\$ (165)	\$ (198)	\$ 690	\$ 16
Productivity															
Total Operating Expense Per Equivalent Patient Day	\$2,120	\$2,277	\$2,357	\$2,231	\$2,280	\$2,382	\$2,038	\$2,073	\$2,627	\$2,087	\$2,297	\$2,076	\$2,398	\$2,255	\$2,139
Productive FTEs	259	280	279	281	279	274	276	255	316	246	289	279	271	278	291
Non-Productive FTE's	39	40	27	26	23	31	36	52	13	58	27	35	47	43	28
Total FTEs	298	320	306	307	302	305	312	307	329	304	316	314	318	321	319
FTEs per Adjusted Occupied Bed	3.82	4.10	4.35	4.06	4.17	3.87	3.68	3.85	4.86	4.04	4.19	3.75	4.23	4.14	3.73
Balance Sheet															
Days of Expense In General Operating Cash	10.6		6	7	7	14	24	18	14	12	9	11	16	20	19
Net Days of Revenue in AR	42	50	47	43	43	47	51	51	48	45	47	43	45	45	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	Actual May	Actual 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	4,134,637	4,314,434	49,835,079
2 Capitation Revenue	133,404	128,220	128,530	131,210	128,781	122,912	93,640	106,306	99,290	97,957	92,993	95,174	1,358,417
3 Napa State	39,561	4,166	35,361	26,125	5,181	21,341	30,259	-		14,854	25,117	48,364	250,329
4 Other Operating Revenue	10,971	25,415	37,380	30,930	42,863	35,092	33,639	57,291	45,083	42,239	36,038	58,512	455,452
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	41,208	31,729	455,814
6 Unrestricted Contributions		8,478	150			19,590	835		2,810	1,080	500	11,387	44,830
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	4,330,493	4,559,600	52,399,921
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	4,528,964	4,577,375	60,054,525
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	258,442	106,898	1,380,098
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	269,103	4,134	1,249,697
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	5,056,509	4,688,407	63,059,320
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)	(726,016)	(128,807)	(10,659,399)
Non-Hospital Sources													
12 Restricted Cash/Capital Donations		527,977	(727,205)	(100,755)	382,167	417	551,467	-	227,056	1,213,518	288,784	(565,519)	1,797,907
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)			(28,995)	(104,063)
15 Other:													-
16 IGT (Net)				1,877,696							134,025	1,844,496	3,856,217
17 IGT - AB915							811,535		138,554			330,718	1,280,807
18 PRIME					1,350,000								1,350,000
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	422,809	1,580,700	11,910,277
Non-Hospital Uses of Cash													
19 Matching Fees		509,543	266,212	675,000						716,072		578,909	2,745,736
Sub-Total Non-Hospital Uses of Cash	-	509,543	266,212	675,000	-	-	-	-	-	716,072	-	578,909	2,745,736
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	422,809	1,001,791	9,164,541
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	(303,207)	872,984	
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	798,439	
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	798,439	1,671,423	

Sonoma Valley Hospital
Cash Forecast
FY 2018

ATTACHMENT H

	Actual July - Dec	Actual Jan	Actual Feb	Actual Mar	Actual Apr	Actual May	Actual Jun	TOTAL
Hospital Operating Sources								
1 Patient Payments Collected	24,807,906	4,401,932	3,677,850	4,283,702	4,214,618	4,134,637	4,314,434	49,835,079
2 Capitation Revenue	773,056	93,640	106,306	99,290	97,957	92,993	95,174	1,358,417
3 Napa State	131,735	30,259	-	-	14,854	25,117	48,364	250,329
4 Other Operating Revenue	182,650	33,639	57,291	45,083	42,239	36,038	58,512	455,452
5 Other Non-Operating Revenue	258,651	47,501	9,459	32,528	34,738	41,208	31,729	455,814
6 Unrestricted Contributions	28,218	835	-	2,810	1,080	500	11,387	44,830
7 Line of Credit								-
Sub-Total Hospital Sources	26,182,217	4,607,806	3,850,906	4,463,413	4,405,486	4,330,493	4,559,600	52,399,921
Hospital Uses of Cash								
8 Operating Expenses	30,286,638	4,944,257	4,794,729	5,813,204	5,109,358	4,528,964	4,577,375	60,054,525
10 Add Capital Lease Payments	668,927	45,558	181,715	71,338	47,220	258,442	106,898	1,380,098
11 Additional Liabilities			375,000	-	-	-	-	375,000
12 Capital Expenditures	310,554	546,421		37,792	81,693	269,103	4,134	1,249,697
Total Hospital Uses	31,266,120	5,536,236	5,351,443	5,922,334	5,238,271	5,056,509	4,688,407	63,059,320
Net Hospital Sources/Uses of Cash	(5,083,903)	(928,430)	(1,500,538)	(1,458,921)	(832,785)	(726,016)	(128,807)	(10,659,399)
Non-Hospital Sources								
13 Restricted Cash/Capital Donations	82,601	551,467	-	227,056	1,213,518	288,784	(565,519)	1,797,907
14 Parcel Tax Revenue	2,134,939	532,571	-	-	1,061,899	-	-	3,729,409
15 Payment - South Lot	(50,410)		-	(24,658)	-	-	(28,995)	(104,063)
16 Other:	-		-	-	-	-	-	-
17 IGT	1,877,696		-	-	-	134,025	1,844,496	3,856,217
18 IGT - AB915 (Net)	-	811,535	-	138,554	-	-	330,718	1,280,807
19 PRIME	1,350,000		-	-	-	-	-	1,350,000
Sub-Total Non-Hospital Sources	5,394,826	1,895,573	-	340,952	2,275,417	422,809	1,580,700	11,910,277
Non-Hospital Uses of Cash								
20 Matching Fees	1,450,755				716,072		578,909	2,745,736
Sub-Total Non-Hospital Uses of Cash	1,450,755	-	-	-	716,072	-	578,909	2,745,736
Net Non-Hospital Sources/Uses of Cash	3,944,071	1,895,573	-	340,952	1,559,345	422,809	1,001,791	9,164,541
Net Sources/Uses	(1,139,832)	967,143	(1,500,538)	(1,117,969)	726,560	(303,207)	872,984	
Cash and Equivalents at beginning of period	3,166,281	2,026,449	2,993,592	1,493,055	375,086	1,101,646	798,439	
Cash and Equivalents at end of period	2,026,449	2,993,592	1,493,055	375,086	1,101,646	798,439	1,671,423	

Sonoma Valley Hospital
Schedule of Cash Savings from Cost Reduction Plan
For the months of January Through June 2018

ATTACHMENT I

			Savings							Notes
Department	Department	Job Code	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	
7290	Home Health	Total department	\$ 23,660	\$ 34,779	\$ 14,939	\$ 40,731	\$ 9,218	\$ 45,337	\$ 168,664	Cost reduction, net
7721	Respiratory Therapy	0000 - Management	727	909	257	615	760	694	3,962	Cardiopulmonary Manager
7770	Rehab	0000 - Management	9,431	9,008	6,754	6,152	6,498	7,387	45,230	Consolidation of Rehab managers (New hire in February)
8361/8750	CareTransitions/Quality	0000 - Management	2,872	3,015	3,317	2,632	3,689	3,436	18,961	Chief of Quality
8480	IT	0000 - Management	10,523	10,390	8,719	9,746	9,337	11,157	59,872	IT Manager
8510	Accounting	0000 - Management	8,386	6,828	6,997	7,523	6,905	8,385	45,024	Controller
8610	Administration	0000 - Management	6,120	6,243	6,733	6,427	7,039	6,555	39,117	CFO (.8 to .5)
8710	Medical Staff	0000 - Management	13,807	12,178	13,445	13,012	13,445	13,014	78,901	CMO/CMIO (To be replaced by UCSF CMO)
9550	Community Health	0000 - Management	3,787	3,602	3,787	3,665	3,787	3,665	22,293	Wellness Coordinator
		Gross Salary savings	\$ 79,313	\$ 86,952	\$ 64,948	\$ 90,503	\$ 60,678	\$ 99,630	\$ 482,023	
		Employer portion FICA	6,067	6,652	4,968	6,923	4,642	7,622	36,875	
		Health Benefits	16,511	22,948	26,123	17,685	17,729	20,358	121,354	
		Total Savings	\$ 101,891	\$ 116,552	\$ 96,039	\$ 115,111	\$ 83,049	\$ 127,609	\$ 640,252	