SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS
REGULAR MEETING AGENDA
OCTOBER 4, 2018

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 FIRST STREET WEST, SONOMA

In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Stacey Finn at sfinn@svh.com (707) 935.5004 at least 48 hours prior to the meeting.	**RECOMMENDATION**	
AGENDA ITEM		
MISSION STATEMENT *The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER	*Rymer*	
2. PUBLIC COMMENT *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.*	*Rymer*	
3. CONSENT CALENDAR A. Board Minutes 09.06.18 B. Finance Committee Minutes 08.28.18 C. Quality Committee Minutes 08.22.18 D. Governance Committee Minutes 08.21.18 E. Executed Policies and Procedures F. Medical Staff Credentialing Report *Pages 3-18*	*Rymer*	Action
4. IT ANNUAL REPORT *Pages 19- 32*	*Sendaydiego*	Inform
5. MEDICAL TOURISM *Pages 33-35*	*Boerum*	Inform
6. SNF TASK FORCE UPDATE	*Hirsch*	Inform
7. ADMINISTRATIVE REPORT OCTOBER 2018 *Pages 36-39*	*Mather*	Inform
8. CMO UPDATE	*Kidd*	Inform
9. FINANCIAL REPORT MONTH END AUGUST 31,2018 *Pages 40-53*	*Jensen*	Inform
10. COMMITTEE REPORTS **Governance Committee:** *a.* Community Funding Policy *b.* Board Member and Chair Legal Duties, Roles and Responsibilities and Limits on Power and Authority Policy *Pages 54-62*	*Rymer* *Hohorst*	Inform/Action

11. BOARD COMMENTS *a.* Opposition letter SB 1288 *b.* Letter regarding AB 2798 *Pages 63-67*	*Board Members*	Inform/Action
12. ADJOURN	*Rymer*	Inform

Note: To view this meeting you may visit http://sonomatv.org/ or YouTube.com.

3.

CONSENT CALENDAR

SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS' MEETING
MINUTES
THURSDAY, SEPTEMBER 6, 2018
REGULAR SESSION 6:00 P.M.
COMMUNITY MEETING ROOM
177 First Street West, Sonoma, CA

	RECOMMENDATION	
MISSION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*		
1. CALL TO ORDER The meeting was called to order at 6:00pm.	*Rymer*	
2. PUBLIC COMMENT	*Rymer*	
Members of the public spoke about the excellent care they have received in the Birth Center as well the SNF and the importance of keeping both service lines open for the community.		
3. CONSENT CALENDAR: A. Board Minutes 8.2.18 & 8.15.18 B. Finance Committee Minutes 6.26.18 & 7.18.18 C. Quality Committee Minutes 7.25.18 D. Governance Committee Minutes 6.26.18 E. Executed Policies and Procedures F. Medical Staff Credentialing Report	*Rymer*	
Policies: Standby Time HR8610-136 Call In Pay HR8610-138 Pediatric Patient Surgery, Care of the PC7420-111		**MOTION**: by Hirsch to approve, 2nd by Nevins. All in favor.
4. CHIEF OF STAFF ANNUAL REPORT	*Sebastian*	
Dr. Sebastian spoke about the general feelings of the Medical Staff on the hospital restructuring. He also reported that the Medical Staff office is efficiently being managed, and he thanked Ms. Lovejoy for this improvement. He spoke about the positive additions of the CMO, and the Cardiology physician Dr. Rainow.		
5. VINTAGE HOUSE	*Essert*	
Priscilla Essert, Executive Director of Vintage House gave an overview of who and what Vintage House is, what programs they offer and what a great partnership they have with SVH.		

6. HOME CARE TRANSFER AGREEMENT & OTHER AGREEMENTS	*Mather*	Inform/Action
Ms. Mather announced that Hospice by the Bay's Board had approved the transfer of Home Care the night before. Ms. Mather reviewed the six areas within the transfer agreement. She requested the Board approve her signing the six parts of the agreement on their behalf.		**MOTION:** by Nevins to authorize Ms. Mather to sign the six parts within the transfer agreement for the transfer of Home Care, 2nd by Hirsch. All in favor.
7. SOURCES & USES FOR MAJOR CAPITAL EXPENDITURES	*Mather*	Inform
Ms. Mather reviewed the income and cost projections for the Outpatient Diagnostic Center.		
8. RESOLUTION #341 SETTING THE GO BOND RATE	*Jensen*	Inform/Action
Mr. Jensen spoke on the recommendation to set the GO bond rate at $30.70 per $100,000 of the assessed value of the secured property in the district.		**MOTION**: by Nevins 2nd by Hirsch. All in favor
9. RESOLUTION #342 AUTHORIZING THE ISSUANCE OF A TAX & REVENUE ANTICIPATION NOTE	*Jensen*	
Mr. Jensen spoke about the recommendation to take an advance on the Parcel Tax in September rather than December.		**MOTION**: by Nevins. 2nd by Hirsch. All in favor.
10. ADMINISTRATIVE REPORT SEPTEMBER 2018	*Mather*	Inform
Ms. Mather reviewed her September administrative report.		
11. CMO UPDATE	*Kidd*	
Dr. Kidd spoke about her current projects that include Medical Director meetings, contract reviews, and telemedicine expansion. She recognized the efficiency of the management of the 1206b clinics, and their success, by the hospital administration. She spoke about developing a transfer tool in the Emergency Dept to standardize protocols and, hopefully, reduce the number of patients who need to be transferred. She is also working with IT to develop evidence based order sets and documentation.		
12. FY19 THREE MONTH BUDGET (OCT-DEC)	*Jensen*	Inform/Action
Mr. Jensen reviewed the three month budget for October through December 2018. A recommendation was made for the Finance Committee to discuss what will happen if SNF does not close in November.		**MOTION**: by Nevins 2nd by Hirsch. Boerum opposed, all others in favor.
13. FINANCIAL REPORT MONTH END JULY 31, 2018	*Jensen*	Inform
Mr. Jensen reviewed the July financials.		
14. LEGAL COUNSEL CHANGE	*Mather*	Inform/Action

This item was an emergency addition to the originally posted agenda. Ms. Mather reported that our legal counsel Archer Norris will no longer be in business. Our current counsel Colin Coffee is moving to another firm. Ms. Mather requested that the Board approve continuing the business relationship with him at the new firm.		**MOTION**: by Boerum 2nd by Hirsch to add this emergency item to the agenda. All in favor **MOTION**: by Boerum, 2nd by Hirsch. All in favor.
15. COMMITTEE REPORTS	*Board Members*	
None		
16. BOARD COMMENTS	*Rymer*	
Ms. Nevins suggested having an agenda item at the next Board meeting to describe the process that the Administration and Board went through in preparation for developing the recommendation to close OB. Mr. Boerum spoke about his graduation commencement speaker at Cornell University.		
17. ADJOURN	*Rymer*	
8:11 pm		

SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, AUGUST 28, 2018
Schantz Conference Room

Present	Excused	Staff	Public
Sharon Nevins Dr. Subhash Mishra John Perez Susan Porth via phone Joshua Rymer	Keith Hughes	Kelly Mather Sarah Dungan	Doug Ghislen

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT *The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.*			
1. CALL TO ORDER/ANNOUNCEMENTS	*Nevins*		
	Called to order 5:01pm		
2. PUBLIC COMMENT SECTION	*Nevins*		
	None		
3. CONSENT CALENDAR	Nevins		
		MOTION: by Rymer 2nd by Perez. All in favor	
4. FY2019 BUDGET	Dungan		
	Ms. Dungan presented the budget for October through December 2018. Based on the rolling 12 month average and includes the revenue increase of 6%. Recommended adjustments were: Remove Healing at Home from the narrative, adjust revenues and expenses on page one of two and add a note of the operating margin for the six months.	**MOTION**: by Rymer to approve with recommended changes 2nd by Perez. All in favor	

5. PROJECTION OF CASH NEEDS FOR CAPTIAL EXPENDITURES	Nevins		
	Ms. Nevins presented the draft of the projection of cash needs for the outpatient diagnostic capital expenditures. Committee recommended to highlight the amounts that the Board has approved. Add DRAFT to document.		
6. ADMINISTRATIVE REPORT AUGUST 2018	Mather		
	Ms. Mather spoke about the new signage noting our affiliation with UCSF will be going up. She reviewed current open positions as well as the reconfiguring of the third floor. She talked about the upcoming physician location changes. She said that SVH will now be providing HR services to the Health Center, which will bring in revenue. The Home Care transfer is moving forward. The new dashboard that aligns us with UCSF will be presented next month.		
7. FINANCIAL REPORT MONTH END JULY 30, 2018			
	Ms. Dungan reported that after accounting for all other activity: the July net income was $213,878 vs. the budgeted net loss of ($32,147) with a monthly EIBDA of 1% vs. a budgeted 1.6%. The total net income for July after all activity was $213,878 vs. a budgeted net loss of $32,147. Days of cash on hand was 19.1. Accounts Receivable decreased from June from 41.7 days to 40.6 days in July. Accounts Payable days was at 42.1 days.		
8. ADJOURN	*Nevins*		
	Meeting adjourned at 5:58 pm		

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SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
August 22, 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*	Cathy Webber Kelsey Woodward	*Susan Idell* Michael Brown, MD	Danielle Jones Mark Kobe Chris Kutza

**Italisized names indicate voting member*

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
	Meeting called to order at 459 pm Ms. Hirsch announced this will be Ms. Woodward's last meeting due to relocation.	
2. PUBLIC COMMENT	*Hirsch*	
3. CONSENT CALENDAR	*Hirsch*	Action
• QC Minutes, 07.25.18		**MOTION:** by Eisenstark to approve, 2nd by Mainardi. All in favor.
4. PAIN MANAGEMENT PROGRAM	*Yang*	Inform
	Dr. Yang and Dr. Hau gave an overview of their pain management practice. The care they provide is comprehensive and includes interventional pain modalities. This includes both chronic and acute pain conditions. Varying interventional modalities have supported a decrease in their opioid prescribing.	
5. 2018 PHARMACY ANNUAL REPORT	*Kutza*	Inform
	Mr. Kutza reviewed the 2018 annual report. One of the major changes from last year was that SVH is no longer part of the 340b program. He reviewed the quality metrics for 2017-2018.	

AGENDA ITEM	DISCUSSION	ACTION
	Past and future plans include: The use of Statit, CPOE order set optimizations, Pyxis stock optimization, antimicrobial stewardship, medication safety, and medication reconciliation.	
6. QUALITY COMMITTEE CHARTER	*Jones*	
	Ms. Jones reviewed the revisions to the charter. Request by the committee for the redline version to be brought back to the next meeting for review and approval.	
6. INFECTION PREVENTION Q2 DATA	*Jones*	Inform
	Ms. Jones gave the Infection Prevention Q2 data review. There is an opportunity in improvement in C. difficile infections.	
7. POLICIES AND PROCEDURES	*Jones*	Inform/Action
	Policies: Aminoglycoside Protocol MM8610-111 Controlled Substance Management MM8610-102 Dispensing of Medication MM8610-148 Automatic Stop Orders MM8610-138 Look Alike Sound Alike MM8610-101 Ordering and Prescribing Medications MM8610-133 Healing at Home Administrative and Clinical policies	**MOTION:** by Mainardi to approve 2nd by Eisenstark. All in favor
8. REPORT OF CLOSED SESSION	6:10-6:20 pm	Action
	Adverse Drug Event reviewed. Credentialing report was reviewed and approved.	**MOTION:** by Mainardi to approve, 2nd by Eisenstark. All in favor.
9. ADJOURN	*Hirsch*	
	Meeting adjourned at 6:33 pm	

SONOMA VALLEY HEALTH CARE DISTRICT
GOVERNANCE COMMITTEE MEETING
AGENDA
TUESDAY, AUGUST 21, 2018
8:30 AM

ADMINISTRATIVE CONFERENCE ROOM
347 ANDRIEUX STREET, SONOMA, CA 95476

AGENDA ITEM	RECOMMENDATION	
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MISSION STATEMENT *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER/ANNOUNCEMENTS	*Hohorst*	
2. PUBLIC COMMENT SECTION *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up.*	*Hohorst*	
No public present		
3. CONSENT CALENDAR: • GC Minutes for 06.26.18	*Hohorst*	Action
		MOTION by Hohorst to approve. All in favor.
5. COMMUNITY FUNDING POLICY #2018.08.22	*Hohorst*	Inform/Action
		MOTION: by Boerum to approve. All in favor.
6. ADJOURN	*Hohorst*	
09:00AM		

Policy and Procedures – Summary of Changes
The Board of Directors Meeting, October 4th, 2018

Review and Approval Requirements

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

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

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

ORGANIZATIONAL

REVISIONS:

Aminoglycoside Protocol MM8610-111
Removed text referencing "Kinetidex" software. Delete attachment "Aminoglycoside Protocol Order Sheet" and instead placed it on the intranet as a printable form for use in downtime. Kinetidex is no longer an available software. Paper order form no longer used.

Controlled Substance Management MM8610-102
Added verbiage describing quarterly C-II inventory reconciliation as required by California state regulation CCR 1715.65 and updated references to add this new regulation to ensure compliance with applicable state law.

Dispensing of Medication MM8610-148
Added verbiage to clarify when a pharmacist must supervise medication preparation by non-pharmacy personnel. Prior verbiage was too ambiguous and may have led to confusion.

REVIEWED/NO CHANGES:

Automatic Stop Orders MM8610-138
Look Alike Sound Alike MM8610-101
Ordering and Prescribing Medications MM8610-133

DEPARTMENTAL

REVIEW & REVISIONS:

Healing at Home Departmental Policies

Summary Sheet 2018 Healing at Home Administrative Policies is attached
Summary Sheet 2018 Healing at Home Clinical Policies is attached

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

Policy Submission Summary Sheet

Title of Document: **Healing at Home Clinical Policies**

New Document or Revision written by: **Barbara Lee, RN**

Type:	**Regulatory:**
X Revision **X New Policy**	❑ **CIHQ** **X CDPH** **X CMS** ❑ **Other:**
Organizational: **X Clinical** **X Non-Clinical**	**X Departmental** ❑ **Interdepartmental** (list departments effected)

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

Chapter 1 Leadership

7290-100 Administrative Structure/Leadership Relationships – Reviewed; no changes
7290-120 Leadership Compliance – Reviewed; no changes
7290-130 Organizational Planning-Mission and Ethics – Reviewed; no changes
Attachment 1B- Mission & Vision Statements – Reviewed; no changes
7290-141 Organizational Planning and Management – Reviewed; no changes
7290-142 Organizational Planning-Organizational Chart – Reviewed; no changes
7290-143 Organizational Planning-Service Area – Reviewed; no changes
7290-144 Organizational Planning-Scope of Service – Reviewed; no changes
Addendum E- Services Provided Directly and By Arrangement – Reviewed; no changes
7290-145 Organizational Planning- Contracted Personnel – Reviewed; no changes
7290-150 Professional Advisory Group – Reviewed; no changes
7290-160 Organization Culture and System Performance – Reviewed; no changes
7290-170 Patient Safety Program – Reviewed; no changes

Chapter 2 Human Resources Management

Personnel Policies

7290-211 Personnel Policies – Reviewed with HR Director, deleted this policy, not necessary.
7290-212 Employee Grievance Procedure – Reviewed with HR Director, deleted this policy: redundant to SVH Policy HR8610-186.
7290-213 Receiving of Gifts/Gratuities – Reviewed with HR Director, deleted this policy: redundant to SVH Policy HR8610-143
7290-214 Flexing for Increase/Decrease in Census – Reviewed and updated to current practice and standards.
7290-215 Employee's Phone Numbers – Reviewed and updated to current practice and standards.
7290-216 Dress and Conduct Code – Reviewed; references added to SVH Policies: Dress Code and Code of Conduct

Job Descriptions

7290-220 Job Descriptions – Reviewed; updated with reference to Medicare CoP 484.115 and SVH Policy HR 8610-108

Employee

7290-231 Selection Process – Reviewed; updated with reference to Medicare CoP 484.115 and SVH Policy HR 8610-102
7290-232 Orientation – Reviewed; updated with reference to SVH Policy 8610-112
7290-233 Performance Evaluation – Reviewed; updated with annual joint supervisory visits and time frames.
7290-234 Employee Termination – Reviewed with HR Director, deleted this policy: redundant to SVH Policy HR8610-184: Termination of Service
7290-235 Personnel Files – Reviewed; updated and referenced to SVH Policy HR8610-198 Personnel Records

7290-236 Paid Time Off – Reviewed; updated with reference to SVH Policy PTO

Competency Program

7290-240 Competency – Reviewed, updated to 2018 Medicare CoPs, simplified language, removed redundancies, included HHA in-service requirements.

Supervision

7290-251 Supervision – Reviewed; revised to 2018 Medicare CoPs, simplified language, removed redundancies, and incorporated 7290-252

7290-252 Home Health Aide Supervision – incorporated into 7290-251, deleted this policy

Continuing Education

7290-261 Continuing Education/In-services/Training – Reviewed; streamlined language and removed redundancies.

Addendums/Exhibits

Addendum A Nursing Practice Act – Reviewed; no changes

Chapter 3 Records Management

7290-310 Contents of the Medical Record – Reviewed; added Face to Face and Discharge Summary and made minor word changes. Added section on Physician Orders in reference to signing.

7290-311 Standardized Formats – Reviewed; added reference to Medicare regulation regarding Clinical Records.

7290-312 Patient Billing Information – Reviewed; added references to regulations, OASIS submission and collaboration to obtain and track insurance authorizations.

7290-320 Entries into the Clinical Record – Reviewed; updated Mistaken Entries section to reflect computerized documentation, reorganized Medications section to include medication reconciliation and comprehensive medication profile.

7290-330 Agency Discharge/Transfer Documentation – Reviewed; renamed to Agency Discharge/Transfer, clarified time frame to business days.

7290-350 Facsimile (Fax) Entries/Transmissions – Reviewed; updated with reference to SVH Policy 8700-133

7290-361 Review of Clinical Records – Reviewed; minor wording changes.

7290-362 Quarterly Clinical Record Review– Reviewed; updated to QAPI and new Medicare Conditions of Participation regarding Organization and Administration of Services.

7290-370 Retention of Records – Reviewed; changed retention time frame in accordance with SVH Medical Records Policy. Deleted use of microfilming or miniaturizing records. Added reference to SVH Policy 8700-157 Records Retention.

7290-380 Protection of Records – Reviewed; updated with new references and added Retrieval of clinical records.

7290-390 Data Collection and Transmission – Reviewed; no changes

Addendum :

Addendum A: Patient Care Documentation-Definitions and Requirements- reviewed, minor word changes

Attachments

A. Unacceptable Abbreviations – Reviewed; no changes
B. In-House Presentation Folder – Reviewed; updated Privacy Notices and reorganized list.
C. Records Retention Policy, (SVH Policy 8700-157, revised 5/2015) – Reviewed
D. Facsimile Transmission of Patient Information (SVH Policy 8700-133, revised 5/2015) – Reviewed
E. Clinical Record Review Tool – Reviewed; updated to 2015 revision
F. Home Care Business Continuity Plan – Reviewed; no changes
G. Mobile Device User Agreement – Reviewed; updated #3, 6, and 10.

Chapter 4 Records Surveillance, Prevention and Control of Infection

7290-410 Exposure/Infection Control Program – Reviewed; updated to 2018 Medicare CoP 484.70, added references.

7290-411 Monitoring Staff Compliance – Reviewed; updated to 2018 Medicare CoP 484.70, added reference.

7290-412 Equipment Cleaning Protocol – Reviewed; no changes.

7290-420 Reporting and Tracking Exposure – Reviewed; updated to 2018 Medicare CoP 484.70, added references.

7290-430 Evaluation of Exposure/Infection Control Procedures – Reviewed; updated to 2018 Medicare CoP 484.70, added references

Chapter 5 Management of the Environment of Care

7290-510 In-Office Environmental Safety Program – Reviewed; updated references.
7290-520 Patient Environmental Safety Program – Reviewed; simplified language, removed redundancies.
7290-521 Fire and Long Term Oxygen Use in the Home – Reviewed; simplified language and removed redundancies.
7290-530 Reporting and Documenting an Incident – Reviewed; simplified language
7290-540 Management of Supplies and Equipment – Reviewed; no changes
7290-550 Emergency Management – Reviewed; updated to 2018 Medicare CoP 484.102
Prioritized Emergencies Identified Through Hazard Vulnerability Analysis – Updated to 2017 HVA

Chapter 6 Performance Improvement
7290-610 Quality Management Plan – Rewritten to QAPI to meet new Medicare Conditions of Participation.

Chapter 7 Rights, Responsibilities, and Ethics
7290-710 Patient Rights and Responsibilities – Reviewed; updated to Medicare CoPs effective 2018, added reference.
7290-720 Advance Directives – Reviewed; added #2 under "Patients who Lack Decision Making Capacity" to update to new Medicare CoPs.
7290-730 Communications – Reviewed; added #3 and 4 in Procedure to conform with new Medicare CoPs, added reference.
7290-740 Ethics – Reviewed; updated to Medicare CoPs effective 2018, added reference.
7290-750 Confidentiality – Reviewed; updated to Medicare CoPs effective 2018, added reference.
7290-760 Grievance Process – Reviewed; updated to Medicare CoPs effective 2018, added reference.
7290-770 Experimental Treatment – Reviewed; added #2 in Procedure
7290-780 Financial Responsibility – Reviewed; added second bullet point under Policy to update to 2018 Medicare CoPs, added reference.
7290-790 Pain Management – Reviewed; simplified language
7290-791 Informed Consent – Reviewed; no changes
Addendums
Addendum A- Patient Bill of Rights and Responsibilities – Reviewed; no changes
Addendum B- Patient Treatment Agreement Form #323 – Reviewed; no changes
Attachments
Mission Statement/after Hours/Complaints 7-A – Reviewed; no changes
Pain Scale Assessment Tool 7-B – Reviewed; no changes

Chapter 8 Patient Assessment
7290-810 Initial Assessment – Reviewed; updated to Medicare CoPs effective 2018, added reference.
7290-811 OASIS Assessments – Reviewed; updated language to conform to Medicare CoPs effective 2018.
7290-820 Significant Change in Condition – Reviewed; no changes
7290-821 Reassessment – Reviewed; updated language to conform to Medicare CoPs effective 2018.
7290-830 Functional Assessment – Reviewed; updated to Medicare CoPs effective 2018, added reference.
7290-840 Maternal/Infant Assessment – Reviewed; removed CMS reference, simplified language.
7290-850 Children and Adolescent Assessments – Reviewed; simplified language and removed redundancies.
7290-860 Nutritional Assessment – Removed this policy; not necessary, included in comprehensive assessment.
7290-870 Assessment and Reporting of Abuse – Reviewed; updated to Medicare CoPs effective 2018
Attachment
SVH Policy: PR8610-140 Abuse Reporting – Reviewed; no changes

Chapter 9 Continuum of Care
7290-910 Admission – Reviewed; updated to 2018 Medicare CoPs including patient rights and complaint process,
7290-920 General Transfer Referral – Reviewed; updated to 2018 Medicare CoPs 484.50, Patient Rights, added reference
7290-921 Transfer of Out of Service Area – Reviewed; added purpose and policy sections
7290-922 Withdrawing from a Case – Reviewed; updated to 2018 Medicare CoPs, 484.50, Patient Rights
7290-923 Discharge/Referral – Reviewed; no changes
7290-930 Coordination of Services – Reviewed; Changed Patient Care Coordinator to Clinical Manager; updated to 2018

Medicare CoPs, added reference.
7290-931 Case Management – Reviewed; updated to 2018 Medicare CoPs, added reference.
7290-932 Therapy Service Considerations-PT, ST, OT – Reviewed; added licensure requirements for PT, ST, OT; added reference; deleted Medicare Part B Outpatient.
7290-933 Special Services Considerations-MSW – Reviewed; updated to 2018 Medicare CoPs, added reference
7290-934 Communication- Coordination of Services – Reviewed; no changes
7290-935 60 Day Summary- Reviewed; Changed name from "Coordination of Services/Communication/Progress Summary" and simplified language-removed reference to Case Conference documentation.
7290-940 Coordination of Medical Supplies – Reviewed; minor wording changes.
7290-941 Coordination of Medical Supplies-DME – Reviewed; changed "discipline" to "clinician".
7290-942 Coordination of Medical Supplies-PPE – Reviewed; minor wording changes.
7290-950 After Hours Care of Patient – Reviewed; Changed Patient Care Coordinator to Clinical Manager
7290-951 After Hours Care of the IV Patient – Reviewed; Changed Patient Care Coordinator to Clinical Manager

Chapter 10 Care, Treatment, and Service
7290-1010 Physician-Verification of Physician Licensure – Reviewed; removed UPIN, specified California license, added PECOS
7290-1011 Physician Responsibilities – Reviewed; removed reference to Face to Face for Medicare only.
7290-1020 Treatment Consent – Reviewed; added reference
7290-1021 Patient Identifier – Reviewed; minor format changes
7290-1030 Plan of Care – Reviewed; updated to 2018 Medicare CoPs and reference added
7290-1031 Revision to the Plan of Care (485) – Reviewed; updated to 2018 Medicare CoPs and reference added
7290-1032 Recertification – DELETED THIS POLICY; REDUNDANT TO REASSESSMENT POLICY IN CHAPTER 8
7290-1040 Specific Patient Population: Nutritional Needs – Reviewed; minor formatting changes
7290-1050 Frequency of Review/Revision – DELETED THIS POLICY, REDUNDANT TO REASSESSMENT POLICY IN CHAPTER 8
7290-1060 Clinical Laboratory Services – Reviewed; minor changes in wording, removed references to specific places to chart quality controls.
7290-1061 Critical Results and Values – DELETED THIS POLICY, NOT REQUIRED
7290-1070 Medication and Infusion Therapy – Reviewed; minor wording changes
7290-1071 Drug Regimen Review – Reviewed; added reference to 2018 Medicare CoPs
7290-1080 Patient Education – Reviewed; simplified language

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

Policy Submission Summary Sheet

Title of Document: **Healing at Home Clinical Policies**

New Document or Revision written by: **Barbara Lee, RN**

Type:	**Regulatory:**
X Revision **X New Policy**	❑ **CIHQ** **X CDPH** **X CMS** ❑ **Other:**
Organizational: **X Clinical** **X Non-Clinical**	**X Departmental** ❑ **Interdepartmental** (list departments effected)

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

PC7290-107 Indwelling Urinary Catheter Irrigation- Reviewed; no changes
IC7290-101 Bag Technique and Personal Protective Equipment- Reviewed, combined 2 policies (Bag and PPE and Clean Vs Dirty Section of Employee Vehicle
PR7290-121 Reporting of Abuse, Neglect, and Suspicious Injuries- Reviewed, validated against law and regulation, updated with current Key Definitions
IC7290-102 Equipment Cleaning Protocol-Field Staff- Reviewed; updated with changes to specific cleaning products in table.
IC7290-103 Equipment Cleaning Protocol-Office- Reviewed; updated by referring to cleaning product instructions for contact time.
IC7290-104 Infection Control Precautions to Prevent Transmission of MDROs in the Home- new policy created by updating former Guidelines
IC7290-105 Storage of Medical Supplies in the Home- Reviewed, no changes
PR7290-108 Do Not Resuscitate- Reviewed, updated to current law and forms, combined 3 old policies: "Do Not Resuscitate", "Full Code in the Event of an Arrest in the Home", and "Death of a Patient at Home".
IC7290-106 Infectious Waste and Sharps Disposal- Reviewed and updated to current regulation
MM7290-109 Drug Regimen Review- Reviewed and added to Clinical Policies from Administrative Policies
MM7290-110 Medication Administration- Reviewed, updated and added from Administrative Policies, Replaces old clinical policies: "Medication Administration, Oral Medication" "Anaphylactic Reaction to IM/SQ Medication", "Adverse Drug Reactions", and "Anticoagulant Therapy in the Home"
LB7290-111 Venipuncture- Reviewed, updated according to Lippincott and SVH P&P
LB7290-112 Occult Blood Testing of Feces- Reviewed, updated references
LB7290-113 Wound Culture – Reviewed, updated according to Lippincott
PC7290-114 Ankle-Brachial Index- Reviewed, updated according to Lippincott
PC7290-115 Wound Management and Wound Management Chart- New policy consolidating separate policies for wound dressing products
PC7290-116 Urinary Catheter Insertion and Removal: Female and Male- Reviewed, updated, and consolidated the following policies: Catheter Insertion – Indwelling, Male and Female; Catheter Removal; Suprapubic Catheter Care, Suprapubic Catheter: Removal and Replacement.
PC7290- 117 Clean Technique in Wound Care- Reviewed and updated.
CE7290-118 In-Office Environmental Safety Program-Reviewed and updated
CE7290-119 Patient Environmental Safety Program- Reviewed and updated
PC7290-120 Urinary Catheter Insertion and Removal: Female and Male: Reviewed, revised and updated to current best practice.
PC7290-122 Blood Draw from Central VAD- Revised and updated to current best practice
PC7290-123 Central Venous Tunneled Catheter Management (Hickman, Broviac, and Groshong catheters) Updated to current best practice and consolidated three old policies into one.

PC7290-124 Implanted Port Access and Management- Revised and updated to current best practice.
PC7290-125 Peripherally Inserted Central Catheter (PICC) Care and Management- Revised to current best practice. Consolidated old polices.
Vascular Access Device Adult Quick Access Guidelines- Revised hospital guidelines to current best practice in home health setting

4.
IT ANNUAL REPORT
HIE & CYBER SECURITY

Information Services Annual Update

Fe Sendaydiego, CIO

September 2018

HIE Update

- Redwood MedNet since 2012
  - http://www.redwoodmednet.org/
- Delivers lab results and imaging reports
- Sonoma, Marin, Napa, Mendocino & Lake Counties
  - Prima Medical - largest
  - SVCHC
  - Quest Lab, bi-directional
  - Individual Providers

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Redwood MedNet

- New data center -> Sonic
  - Entire project target completion – Sept 2019
- SVH new connection
  - Will start testing – Nov 2018
  - Targe Completion – Jan 2019 or earlier

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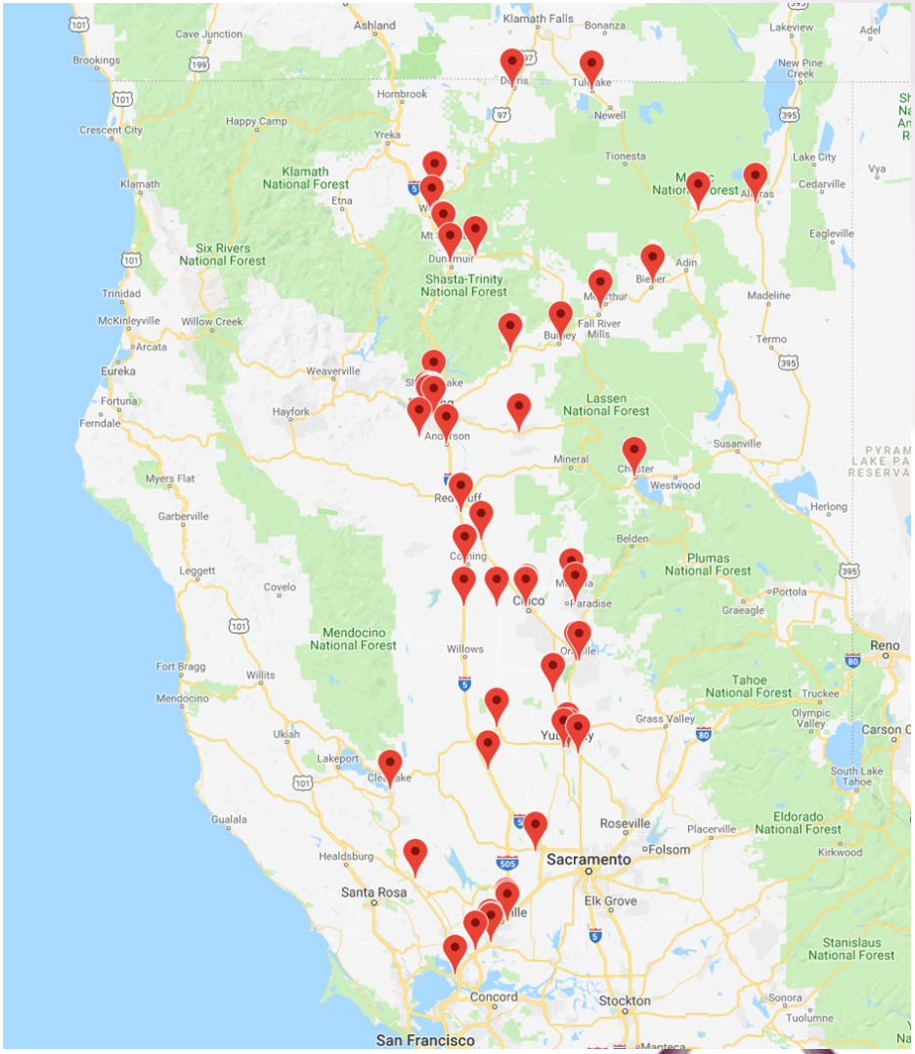
HIE Update

- Other Northern California Community HIE
  - Connect Healthcare http://connecthealthcare.org/
  - SacValley MedShare https://www.sacvalleyms.org/

SacValley MedShare

- 16 Counties
- Across 37,799 square miles
- Sacramento Valley to the Oregon & Nevada borders



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Other Interoperability

- Direct Message, for referrals
  - UCSF
  - MGH
  - Others
- Clinical Document Architecture (CDA)
- UCSF MD Link

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Cyber Security Update

- 2017 Initiatives
  - Migrate EHR systems to remote hosting
  - Incident Management Retainer (SecureWorks)
  - Migrated our hosted email --> Office 365

Cyber Security Update

- 2018 Initiatives
  - Incident Response Tabletop Exercise
  - BioMed Security Risk Assessment
  - On premise system security

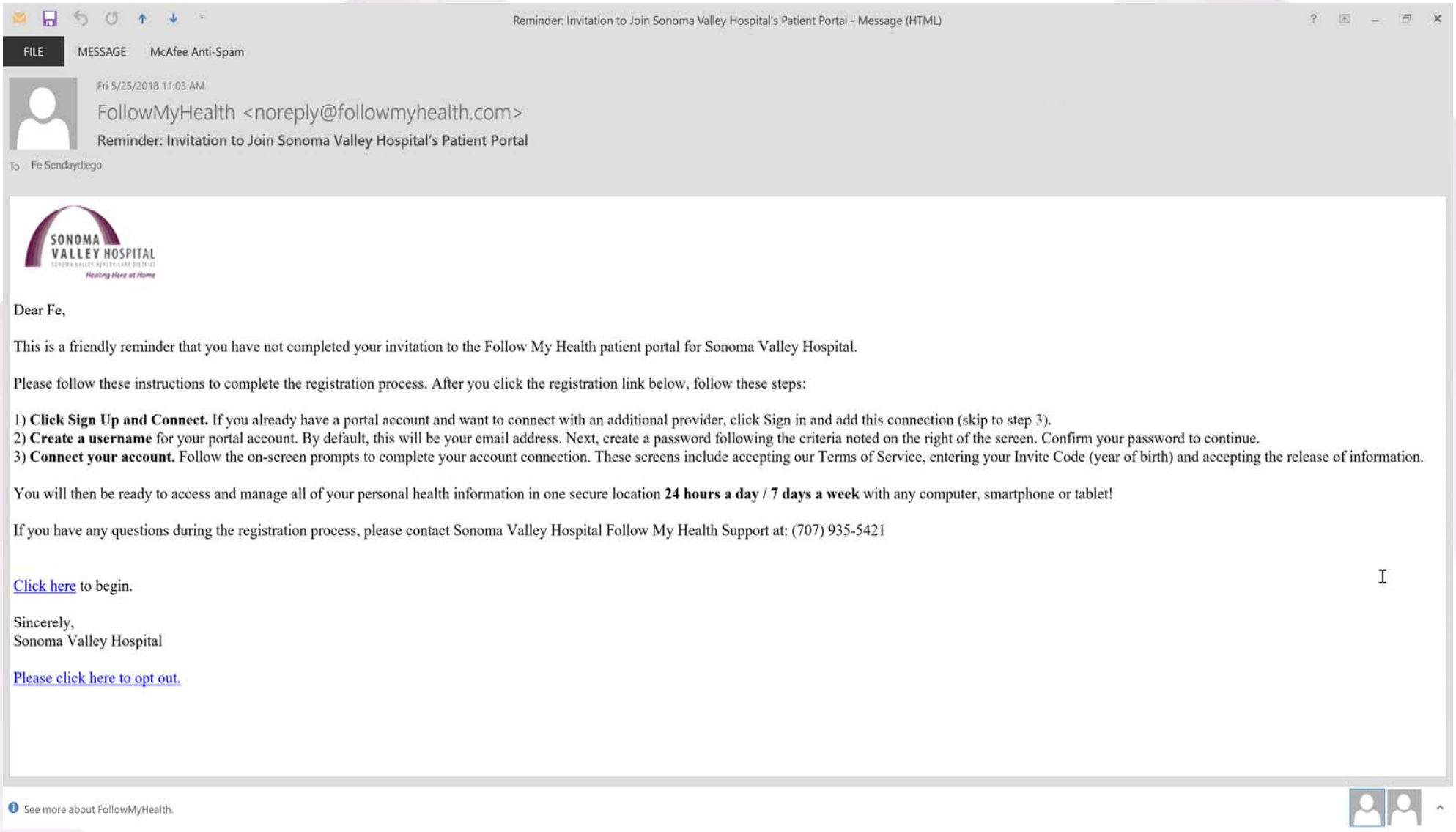
Cyber Security Awareness

- BEWARE!
  - Phone Scams
  - Email Scams
- Always go back to the *source*

SVH does not ask for your sensitive information over the phone or via email.

Cyber Security Awareness

- Authorized communications
  - FollowMyHealth email
  - RateMyHospital text survey
  - Sonoma Valley Specialty Clinic automated calls from Athena



Reminder: Invitation to Join Sonoma Valley Hospital's Patient Portal - Message (HTML)

FILE MESSAGE McAfee Anti-Spam

Fri 5/25/2018 11:03 AM

FollowMyHealth <noreply@followmyhealth.com>

Reminder: Invitation to Join Sonoma Valley Hospital's Patient Portal

To Fe Sendaydiego

SONOMA VALLEY HOSPITAL
Healing Here at Home

Dear Fe,

This is a friendly reminder that you have not completed your invitation to the Follow My Health patient portal for Sonoma Valley Hospital.

Please follow these instructions to complete the registration process. After you click the registration link below, follow these steps:

1) **Click Sign Up and Connect.** If you already have a portal account and want to connect with an additional provider, click Sign in and add this connection (skip to step 3).
2) **Create a username** for your portal account. By default, this will be your email address. Next, create a password following the criteria noted on the right of the screen. Confirm your password to continue.
3) **Connect your account.** Follow the on-screen prompts to complete your account connection. These screens include accepting our Terms of Service, entering your Invite Code (year of birth) and accepting the release of information.

You will then be ready to access and manage all of your personal health information in one secure location **24 hours a day / 7 days a week** with any computer, smartphone or tablet!

If you have any questions during the registration process, please contact Sonoma Valley Hospital Follow My Health Support at: (707) 935-5421

Click here to begin.

Sincerely,
Sonoma Valley Hospital

Please click here to opt out.

See more about FollowMyHealth.

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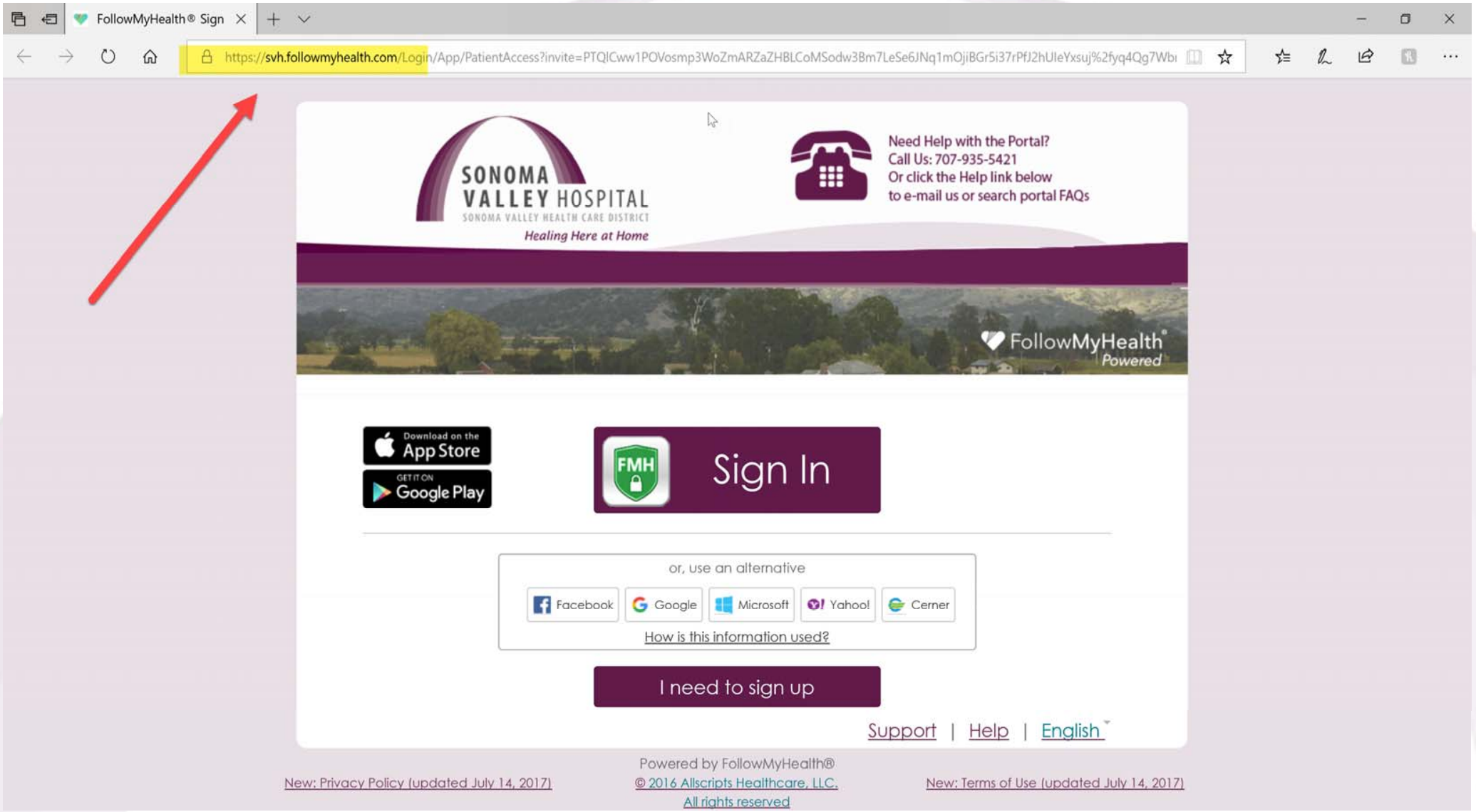

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QUESTIONS

5.

MEDICAL TOURISM

October 4, 2018

Subject: Medical Tourism Agenda Item

Prepared by: Bill Boerum, District Board Secretary

To: District Board Members and CEO Kelly Mather

The District Board and Hospital Administration have struggled to maintain the financial viability of the Hospital in order to continue to provide medical and healthcare services to the community. There are a number of complex factors which present on-going challenges to these efforts. Among these factors is an increased proportion of government-reimbursed revenues – with their inherent administrative disciplines and lack of cost coverage - now reaching about 76%.

At least from my point of view, a potential solution to the Hospital's challenges in addition to the Administration's good faith efforts at cost control and financial management, is identifying and developing reliable streams of revenues with positive financial margins. Such revenues could come from patients outside the district whether from the Bay Area or farther away. One of these revenue streams may be what has become known as medical tourism, or within my purpose, destination hospital.

Sonoma Valley as well as Sonoma County increasingly has become known as a tourism destination for wine, history, and amenities including restaurants, hotels, and countryside. It may be possible to leverage this notoriety with the Hospital's need for an influx of patients and an increase in procedures.

In thinking about the potential for medical tourism, I contacted: a district hospital which is engaged in this (Tahoe Forest) as a result of unique circumstances; a hospital consultant I have used who coincidentally happens to have consulted (not on medical tourism) with UCSF Health; and the Medical Tourism Association, an international organization. My comments at the meeting introducing the item will provide further information on each.

I'm asking consideration of a concept, not composing a vision or a solution.

Conceptual Considerations for Medical Tourism and/or Destination Hospital

Medical Tourism Strategy & Marketing

Presentation (phone call) by Renee-Marie Stephano, President – Medical Tourism Association speaking on Medical Travel Excellence for U.S. Healthcare Providers. Comments will include: Increase patient volume by integrating the entire medical travel process into a “medical travel care continuum” that results in better outcomes, satisfaction and patient experience, and how to create an online brand that exemplifies what the organization is in real life.

District Healthcare Practitioner

We will never be able to find a hospital with a practice profile, challenges, and an opportunity setting identical to our own. Harry Weis, CEO of the Tahoe Forest Health System in Truckee in my acquaintance through ACHD, was good enough to provide insights about their unique situation. We do share some basic attributes.

> We happen to be blessed for which we are very humbled to be named the number 1 ski town in America. We have population fluctuations on certain weeks or weekends that where our population grows by 70K to 100K beyond the year-round population. So, this is really unique vs most rural areas.
>
> The big focus for any rural area is developing great access to healthcare today, tomorrow or this week. This type of access coupled with great customer service that regularly exceeds the customer’s expectations are critical. Tracking and proving that your customer satisfaction scores are improving year over year is critical.
>
> Further, every rural hospital generally needs at least one center of excellence or superb service line. We happen to have at 2+. We have a great full-service cancer program and a great orthopedics program.
>
> If you aren’t a critical access hospital and can fully meet the criteria to do so, that should be looked at right away.
>
> Further, most rural hospitals at some early point may need to affiliate with a quality larger health system in the region as remaining free-standing is likely to happen for only a few in CA.
>
> I think sitting down with a large number of local business folks, the largest employer to the smaller employers and talking to county and town government is really critical to learn what input and needs they have that they would support and possibly have a strong community advisory board of carefully chose individuals who are looking out for the needs of the majority of residents in the region.

6.

ADMINISTRATIVE REPORT OCTOBER 2018

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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To:	**SVHCD Board of Directors**
From:	**Kelly Mather**
Date:	**9/26/18**
Subject:	**Administrative Report**

Summary

FY 2019 started off much better than last year. While we still have major concerns about cash on hand, the volumes have stabilized and increased in outpatient services. The OB closure is moving forward with an effective date of 10/31/18. The Emergency staff are taking refresher courses to be prepared for not having OB expertise in house. The Home Care transfer is official and will be effective 10/1/18. The new model for the SNF will also begin the first of October and will be tried for a couple of months to see if the changes will lead to the department covering the costs by the end of December. The FY 2019 budget for a full year will be taken to the board in November.

Strategic Update from FY 2019 Strategic Plan:

Strategic Priorities	Update
Highest levels of health care safety, quality and value	➢ With the planned consolidation of Inpatient Services, we are implementing a plan to become one of the only 5 Star hospitals in the Bay Area. ➢ Our mid-cycle accreditation survey is still due any day now with CIHQ. ➢ We hope to have Stroke Certification in early 2019. UCSF has agreed to help oversee this program. ➢ It is open enrollment time and we are educating our community members about the options that use Sonoma Valley Hospital at the same price as Kaiser such as Western Health Advantage.
Be the preferred hospital for patients, physicians, employers and health plans	➢ With the 3 Cardiologists, our volumes are increasing. ➢ Dr. Brown moved to the hospital and this improves access to radiology. ➢ We are starting the Rural Health Center at Sonoma Family Practice. ➢ A new Urologist starts this month and plans to keep patients in Sonoma. ➢ 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	➢ We hope to have the Pain Management Specialty Clinic with the health center up by the end of the year. ➢ The business plan for a Cancer Screening Clinic with Dr. Peter Caroll is underway. ➢ The bariatrics mailing was successful again. Referrals are increasing. ➢ Marketing, direct mail and advertisements for physicians continue to bring in patients from outside of the community.
Continue to improve financial stability as measured by margin	➢ The timeshare clinic on First Street now has the Cardiology Associates of Marin and increased rental revenue. ➢ The OB closure and the Home Care transfer will improve the bottom line by over $1 million per year. ➢ We are doing a Master Facility Plan for the campus which addresses the future of the East, Central and West Wing. None will be in compliance for 2030. ➢ The SNF staffing reduction should reduce expenses by at least $200k per year.
Lead progress toward becoming a Healthier community	➢ With heightened focus on Emergency Preparedness, the hospital is actively participating in community conferences and educational sessions. ➢ The physician talks this fall were well attended and appreciated.

AUGUST 2018

Patient Experience	Current Performance	FY 2019 Goal	National Benchmark
Would Recommend Hospital	77th	> 60th percentile	50th percentile
Inpatient Overall Rating	66th	>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 2019 Goal**	**Benchmark**
CLABSI	0	<1	<.51
CAUTI	0	<1	<1.04
SSI – Colin Surgery	0	<1	N/A
SSI – Total Joint	0	<1.5%	N/A
MRSA Bacteremia	0	<.13	<.13
C. Diff	9.9	3.5	7.4/10,000 pt days
PSI – 90 Composite	.046	<1	<1
Heart Failure Mortality Rate	12.5%	TBD	17.3%
Pneumonia Mortality Rate	18.1%	TBD	23.6%
Stroke Mortality Rate	14.7%	TBD	19.7%
Sepsis Mortality Rate	10.2%	<18%	25%
30 Day All- Cause Readmissions	9.30%	< 10 %	< 18.5%
Serious Safety Events	0	0	0
Falls	2	< 2.3	2.3
Pressure Ulcers	0	<3.7	3.7
Injuries to Staff	1	< 10	17
Adverse Drug Events with Harm	0	0	0
Reportable HIPAA Privacy Events	0	0	0
SNF Star Rating	4	4	3
Hospital Star Rating	4	4	3
Our People	**YTD Performance**	**FY 2019 Goal**	**Benchmark**
Press Ganey Engagement Survey	61st percentile	75th percentile	50th percentile
Turnover	3.3%	< 10%	< 15%
Financial Stability	**YTD Performance**	**FY 2019 Goal**	**Benchmark**
EBDA	1.7%	1%	3%
FTE's/AOB	3.29	4.3	5.3
Days Cash on Hand	10	20	30
Days in Accounts Receivable	43	49	50
Length of Stay	3.9	3.85	4.03
Funds raised by SVHF	>$10 million	$20 million	$1 million
Strategic Growth	**YTD Performance**	**FY 2019 Goal**	**Benchmark**
Inpatient Discharges	166/996	1000	1000
Outpatient Visits	9194/55,164	53,000	51,924
Emergency Visits	1711/10,266	10,000	11,040
Surgeries + Special Procedures	517/3102	2500	2,568
Community Benefit Hours	333/1998	1200	1200

Note: Colors demonstrate comparison to National Benchmark

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2019	Jul 2018	Aug 2018	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018
FY YTD Turnover	<10%	1.6	3.3	5.3	6.8	9.7	9.7	11.3	12.9	14.2	16.2	17.8	20.3
Leave of Absences	<12	13	11	11	11	11	9	10	15	13	15	12	11
EBDA	>1%	0	1.7	-1.1	.1	-1.2	-1.4	2.2	-.6	-1.7	-1.8	-1.2	.4
Operating Revenue	>5m	4.5	4.9	4.6	4.6	4.5	4.5	4.9	4.7	4.2	4.4	4.8	5.2
Expense Management	<5.3m	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	214	32	-230	62	-379	-226	125	-174	-395	220	369	543
Days Cash on Hand	>20	19.1	10	9	12.5	14	17.4	23.5	14.1	6.7	6.8	6.2	10.6
A/R Days	<50	41	43	47	45	48	51	51	47	43	43	47	42
Total FTE's	<320	310	309	316	304	329	307	312	305	302	307	306	298
FTEs/AOB	<4.0	3.62	3.29	4.19	4.04	4.86	3.85	3.68	3.87	4.17	4.06	4.35	3.82
Inpatient Discharges	>90	81	85	87	87	99	96	111	82	106	103	108	99
Outpatient Revenue	>$13m	14.8	**16.8**	14.3	11.9	12.9	14.1	14.7	12.5	13.1	14.1	15.2	13.6
Surgeries	>150	150	**165**	187	120	155	160	141	139	151	144	175	151
ER	>900	901	810	921	827	816	919	996	811	871	864	934	856
Home Health	>700	760	585	789	871	630	798	801	821	684	755	747	871
Births	>11	8	14	5	12	11	10	7	11	8	6	9	16
SNF days	>550	664	**628**	479	624	468	563	646	494	566	525	423	545
MRI	>120	99	**145**	128	100	80	105	106	112	122	154	153	148
Cardiology (Echos)	>50	88	**135**	73	54	80	93	96	65	84	95	84	78
Laboratory	>12	12.4	13.4	11.6	10.8	12.0	11.4	12.9	10.6	12.3	11.5	12.5	13.0
Radiology	>850	894	951	870	757	882	891	1072	829	968	905	968	877
Rehab	>2700	2414	2860	2502	2078	2945	2884	2593	2773	3091	2455	2586	2670
CT	>350	359	387	354	271	272	386	346	288	305	367	394	358
Mammography	>200	280	243	201	191	253	249	190	155	**363**	202	220	221
Ultrasound	>250	181	280	265	188	236	258	274	221	258	293	311	267
Occupational Health	>600	570	639	552	707	588	416	504	555	734	774	822	625
Wound Care	>200	290	256	287	287	203	277	204	122	182	210	237	225

8.

FINANCIALS MONTH END AUGUST 31, 2018

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

To: **SVH Finance Committee**
From: **Ken Jensen, CFO**
Date: **September 25, 2018**
Subject: **Financial Report for the Month Ending August 31, 2018**

August's actual loss of ($379,107) from operations was $65,987 favorable to the budgeted loss of ($445,094). After accounting for all other activity; the August net income was $32,110 vs. the budgeted net income of $41,441 with a monthly EBIDA of 4.3% vs. a budgeted 3.1%.

Gross patient revenue for August was $25,387,535; $2,879,081 over budget. Inpatient gross revenue was over budget by $613,942. Inpatient days were over budget by 44 days and inpatient surgeries were over budgeted expectations by 5 cases. Outpatient revenue was over budget by $1,722,967. Outpatient visits were under budgeted expectations by (112) visits, and outpatient surgeries were under budgeted expectations by (3) cases and special procedures were over budgeted expectations by 47 cases. The Emergency Room gross revenue was over budget by $151,504 with ER visits under budgeted expectations by (84) visits but visits had an overall higher acuity. SNF gross charges were over budgeted expectations by $422,663 and SNF patient days were over budget by 128 days. Home Health was under budget by ($31,995) with visits under budget by (139) visits.

Gross revenue from surgical implants in August is $812,533 with $384,254 from inpatient surgeries and $428,279 from outpatient surgeries, and total implant costs were ($232,255). The net, before any revenue deductions, is $580,278.

Deductions from revenue were unfavorable to budgeted expectations by ($2,689,908). Of the variance, ($290,055) is from the prior period adjustments or IGT payments. Without the IGT variance, the deductions from revenue variance is unfavorable by ($2,399,853) which is due to gross revenue being over budgeted expectations.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by $153,370.

Operating Expenses of $5,314,493 were unfavorable to budget by ($87,383). Salaries and wages and agency fees were over budget by ($97,119) with the overage in salaries and wages being ($36,505) and agency fees over by ($60,614). Physician and contracted labor were under budget by $32,915 with physician's costs being under budget by $20,884 and contracted labor under budget by $12,031. Supplies were over budget by ($145,148) due to implants ($111,988) from a higher than average outpatient surgeries with implants and pharmaceuticals ($56,563) due from special procedures (infusions) volume being over budgeted expectations. Purchased services

were over budget by ($23,330) due to additional service cost invoices for the hospital's outsourced bio medical repairs and maintenance covering February 2018 to April 2018. There was no matching fee in the August.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for August was ($130,246) vs. a budgeted net loss of ($188,179). The total net income for August after all activity was $32,110 vs. a budgeted net income of $41,441.

EBIDA for the month of August was 4.3% vs. the budgeted 3.1%.

Patient Volumes – August

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	85	91	-6	94
Newborn Discharges	11	10	1	10
Acute Patient Days	361	317	44	325
SNF Patient Days	628	500	128	500
Home Care Visits	585	724	-139	713
OP Gross Revenue	$16,762	$14,910	$1,852	$15,524
Surgical Cases	165	163	2	164

Gross Revenue Overall Payer Mix – August

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	42.1%	43.3%	-1.2%	39.9%	43.1%	-3.2%
Medicare Mgd Care	13.9%	12.7%	1.2%	15.8%	12.7%	3.1%
Medi-Cal	18.6%	17.7%	0.9%	18.2%	17.8%	0.4%
Self Pay	0.9%	1.3%	-0.4%	1.0%	1.3%	-0.3%
Commercial	20.2%	20.6%	-0.4%	20.7%	20.7%	0.0%
Workers Comp	2.1%	2.3%	-0.2%	1.9%	2.4%	-0.5%
Capitated	2.2%	2.1%	0.1%	2.5%	2.0%	0.5%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for August:

For the month of August the cash collection goal was $3,587,336 and the Hospital collected $3,796,894 or over the goal by $209,558. The year-to-date cash collection goal was $7,557,111 and the Hospital has collected $7,620,736 or over goal by $63,625. Days of cash on hand are 10.0 days at August 31, 2018, this calculation includes the cash in the Money Market account. Accounts Receivable increased from July, from 40.6 days to 43.0 days in August. Accounts Payable increased by $506,595 from July and Accounts Payable days are at 47.6.

ATTACHMENTS:

-Attachment A is the Payer Mix Analysis which includes the projected collection percentage by payer.

-Attachment B is the Operating Indicators Report

-Attachment C is the Balance Sheet

-Attachment D (two pages) is the Statement of Revenue and Expense. The first page breaks out the hospital operations and page two includes all other activity.

-Attachment E is the Variance Analysis. The line number tie to the Statement of Revenue and Expense line numbers and explains any significant variances.

-Attachment F are the graphs for Revenue and Accounts Payable.

-Attachment G is the Statistical Analysis

-Attachment H is the Cash Forecast

Sonoma Valley Hospital
Payer Mix for the month of August 31, 2018

ATTACHMENT A

	August-18				YTD			
Gross Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	10,679,250	9,751,435	927,815	9.5%	19,364,307	19,189,029	175,278	0.9%
Medicare Managed Care	3,536,856	2,845,213	691,643	24.3%	7,639,772	5,641,660	1,998,112	35.4%
Medi-Cal	4,721,892	3,985,955	735,937	18.5%	8,843,788	7,947,104	896,684	11.3%
Self Pay	234,930	294,794	-59,864	-20.3%	494,216	595,629	-101,413	-17.0%
Commercial & Other Government	5,131,523	4,643,745	487,778	10.5%	10,071,718	9,252,847	818,871	8.8%
Worker's Comp.	528,401	525,701	2,700	0.5%	926,100	1,087,089	-160,989	-14.8%
Capitated	554,684	461,611	93,073	20.2%	1,189,115	907,272	281,843	31.1%
Total	**25,387,536**	**22,508,454**	**2,879,082**		**48,529,016**	**44,620,630**	**3,908,386**	

Net Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	1,550,242	1,465,201	85,041	5.8%	2,834,046	2,834,095	-49	0.0%
Medicare Managed Care	561,671	365,283	196,388	53.8%	1,156,232	808,127	348,105	43.1%
Medi-Cal	746,479	492,676	253,803	51.5%	1,372,498	1,010,002	362,496	35.9%
Self Pay	103,416	132,869	-29,453	-22.2%	225,280	309,730	-84,450	-27.3%
Commercial & Other Government	1,692,505	1,682,826	9,679	0.6%	3,370,117	3,309,258	60,859	1.8%
Worker's Comp.	103,461	135,872	-32,411	-23.9%	183,398	256,121	-72,723	-28.4%
Capitated	11,149	14,968	-3,819	-25.5%	27,517	27,314	203	0.7%
Prior Period Adj/IGT	62,500	352,555	-290,055	-82.3%	125,000	705,110	-580,110	-82.3%
Total	**4,831,423**	**4,642,250**	**189,173**	**4.1%**	**9,294,088**	**9,259,757**	**34,331**	**0.4%**

Percent of Net Revenue:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	32.3%	31.5%	0.8%	2.5%	30.5%	30.7%	-0.3%	-1.0%
Medicare Managed Care	11.6%	7.9%	3.7%	46.8%	12.4%	8.7%	3.7%	42.5%
Medi-Cal	16.7%	18.2%	-1.5%	-8.2%	16.1%	18.5%	-2.4%	-13.0%
Self Pay	2.1%	2.9%	-0.8%	-27.6%	2.4%	3.3%	-0.9%	-27.3%
Commercial & Other Government	35.0%	36.3%	-1.3%	-3.6%	36.3%	35.7%	0.6%	1.7%
Worker's Comp.	2.1%	2.9%	-0.8%	-27.6%	2.0%	2.8%	-0.8%	-28.6%
Capitated	0.2%	0.3%	-0.1%	-33.3%	0.3%	0.3%	0.0%	0.0%
Total	**100.0%**	**100.0%**	**0.0%**	**0.0%**	**100.0%**	**100.0%**	**-0.1%**	**-0.1%**

Projected Collection Percentage:	**Actual**	**Budget**	**Variance**	**% Variance**	**Actual**	**Budget**	**Variance**	**% Variance**
Medicare	14.5%	15.0%	-0.5%	-3.3%	14.6%	14.8%	-0.2%	-1.4%
Medicare Managed Care	15.9%	12.8%	3.1%	24.2%	15.1%	14.3%	0.8%	5.6%
Medi-Cal	17.1%	21.2%	-4.1%	-19.3%	16.9%	21.6%	-4.7%	-21.8%
Self Pay	44.0%	45.1%	-1.1%	-2.4%	45.6%	52.0%	-6.4%	-12.3%
Commercial & Other Government	33.0%	36.2%	-3.2%	-8.8%	33.5%	35.8%	-2.3%	-6.4%
Worker's Comp.	19.6%	25.8%	-6.2%	-24.0%	19.8%	23.6%	-3.8%	-16.1%
Capitated	2.0%	3.2%	-1.2%	-37.5%	2.3%	3.0%	-0.7%	-23.3%

SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended August 31, 2018

ATTACHMENT B

	CURRENT MONTH				YEAR-TO-DATE			YTD
	Actual 08/31/18	Budget 08/31/18	Favorable (Unfavorable) Variance		Actual 08/31/18	Budget 08/31/18	Favorable (Unfavorable) Variance	Prior Year 08/31/17
				Inpatient Utilization				
				Discharges				
1	80	79	1	Acute	151	161	(10)	139
2	5	12	(7)	ICU	15	23	(8)	31
3	85	91	(6)	Total Discharges	166	184	(18)	170
4	11	10	1	Newborn	19	16	3	17
5	96	101	(5)	Total Discharges inc. Newborns	185	200	(15)	187
				Patient Days:				
6	281	244	37	Acute	489	497	(8)	401
7	80	73	7	ICU	163	144	19	164
8	361	317	44	Total Patient Days	652	641	11	565
9	33	18	15	Newborn	46	29	17	22
10	394	335	59	Total Patient Days inc. Newborns	698	670	28	587
				Average Length of Stay:				
11	3.5	3.1	0.4	Acute	3.2	3.1	0.2	2.9
12	16.0	6.1	9.9	ICU	10.9	6.3	4.6	5.3
13	4.2	3.5	0.8	Avg. Length of Stay	3.9	3.5	0.4	3.3
14	3.0	1.8	1.2	Newborn ALOS	2.4	1.8	(0.6)	1.3
				Average Daily Census:				
15	9.1	7.9	1.2	Acute	7.9	8.0	(0.1)	6.5
16	2.6	2.4	0.2	ICU	2.6	2.3	0.3	2.6
17	11.6	10.2	1.4	Avg. Daily Census	10.5	10.3	0.2	9.1
18	1.1	0.6	0.5	Newborn	0.74	0.47	0.3	0.35
				Long Term Care:				
19	628	500	128	SNF Patient Days	1,292	1,028	264	1,028
20	32	28	4	SNF Discharges	63	58	5	49
21	20.3	16.1	4.1	Average Daily Census	20.8	16.6	4.3	16.6
				Other Utilization Statistics				
				Emergency Room Statistics				
22	810	894	(84)	Total ER Visits	1,711	1,814	(103)	1,814
				Outpatient Statistics:				
23	4,693	4,805	(112)	Total Outpatients Visits	9,194	9,193	1	9,229
24	26	21	5	IP Surgeries	49	51	(2)	51
25	139	142	(3)	OP Surgeries	266	275	(9)	275
26	124	77	47	Special Procedures	202	129	73	129
27	585	724	(139)	Home Health Visits	1,345	1,527	(182)	1,583
28	344	353	(8)	Adjusted Discharges	656	700	(44)	677
29	2,911	2,423	489	Adjusted Patient Days (Inc. SNF)	5,566	4,827	739	4,923
30	93.9	78.1	15.8	Adj. Avg. Daily Census (Inc. SNF)	89.8	77.9	11.9	79.4
31	1.3263	1.4000	(0.074)	Case Mix Index -Medicare	1.3232	1.4000	(0.077)	1.6106
32	1.4618	1.4000	0.062	Case Mix Index - All payers	1.4619	1.4000	0.062	1.4891
				Labor Statistics				
33	278	276	(2.0)	FTE's - Worked	274	274	0.1	275
34	309	312	3.6	FTE's - Paid	309	310	1.2	316
35	43.49	41.22	(2.26)	Average Hourly Rate	42.77	41.17	(1.61)	41.64
36	18.7	22.8	4.0	Manhours / Adj. Pat Day	19.6	22.7	3.1	22.7
37	158.3	156.3	(2.0)	Manhours / Adj. Discharge	166.5	156.6	(9.9)	164.7
38	21.5%	23.1%	1.7%	Benefits % of Salaries	22.3%	23.2%	1.0%	23.1%
				Non-Labor Statistics				
39	13.3%	10.7%	-2.6%	Supply Expense % Net Revenue	13.1%	11.6%	-1.5%	10.9%
40	1,901	1,444	(457)	Supply Exp. / Adj. Discharge	1,896	1,581	(315)	1,578
41	15,882	15,260	(622)	Total Expense / Adj. Discharge	16,389	15,454	(935)	16,682
				Other Indicators				
42	10.0			Days Cash - Operating Funds				
43	43.0	50.0	(7.0)	Days in Net AR	41.8	50.0	(8.2)	43.8
44	106%			Collections % of Net Revenue	101%			96.9%
45	47.6	55.0	(7.4)	Days in Accounts Payable	47.6	55.0	(7.4)	25.9
46	19.4%	21.2%	-1.8%	% Net revenue to Gross revenue	19.5%	21.3%	-1.8%	22.2%
47	20.8%			% Net AR to Gross AR	20.8%			22.6%

Sonoma Valley Health Care District

ATTACHMENT C

Balance Sheet

As of August 31, 2018

		Current Month	Prior Month	Prior Year
	Assets			
	Current Assets:			
1	Cash	$ 636,295	$ 1,488,418	$ 1,777,750
2	Trustee Funds	3,945,791	4,437,878	2,101,958
3	Net Patient Receivables	8,143,167	7,795,112	8,350,040
4	Allow Uncollect Accts	(1,255,318)	(1,310,228)	(1,403,714)
5	Net A/R	6,887,849	6,484,884	6,946,326
6	Other Accts/Notes Rec	6,875,990	6,733,100	7,216,072
7	3rd Party Receivables, Net	1,048,765	1,174,889	2,405,550
8	Inventory	848,499	851,198	828,383
9	Prepaid Expenses	899,891	933,855	911,504
10	Total Current Assets	$ 21,143,080	$ 22,104,222	$ 22,187,543
12	Property,Plant & Equip, Net	$ 51,664,079	$ 51,953,983	$ 52,804,941
13	Specific Funds/ Money Market	957,422	1,481,343	409,292
14	Other Assets	-	-	-
15	Total Assets	$ 73,764,581	$ 75,539,548	$ 75,401,776
	Liabilities & Fund Balances			
	Current Liabilities:			
16	Accounts Payable	$ 3,888,203	$ 3,360,608	$ 3,542,245
17	Accrued Compensation	3,461,612	4,224,271	4,157,868
18	Interest Payable	520,732	634,649	105,776
19	Accrued Expenses	1,502,382	1,545,520	1,907,463
20	Advances From 3rd Parties	110,058	110,058	441,664
21	Deferred Tax Revenue	5,711,029	6,282,132	5,673,500
22	Current Maturities-LTD	1,113,197	1,133,596	1,269,309
23	Line of Credit - Union Bank	6,973,734	6,973,734	6,973,734
24	Other Liabilities	201,386	201,386	1,386
25	Total Current Liabilities	$ 23,482,333	$ 24,465,954	$ 24,072,945
26	Long Term Debt, net current portion	$ 34,195,429	$ 34,847,171	$ 35,550,700
27	Fund Balances:			
28	Unrestricted	$ 10,829,427	$ 10,806,005	$ 11,880,563
29	Restricted	5,257,392	5,420,418	3,897,568
30	Total Fund Balances	$ 16,086,819	$ 16,226,423	$ 15,778,131
31	Total Liabilities & Fund Balances	$ 73,764,581	$ 75,539,548	$ 75,401,776

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended August 31, 2018

ATTACHMENT D

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	$	%		Actual	Budget	$	%	Prior Year
					Volume Information					
1	85	91	(6)	-7%	Acute Discharges	166	184	(18)	-10%	170
2	628	500	128	26%	SNF Days	1,292	1,028	264	26%	1,028
3	585	724	(139)	-19%	Home Care Visits	1,345	1,527	(182)	-12%	1,583
4	16,762	14,910	1,852	12%	Gross O/P Revenue (000's)	$ 31,563	$ 29,180	2,382	8%	$ 29,700
					Financial Results					
					Gross Patient Revenue					
5	$ 6,212,142	$ 5,598,200	613,942	11%	Inpatient	$ 11,926,748	$ 11,557,578	369,170	3%	$ 10,278,392
6	10,305,657	8,582,690	1,722,967	20%	Outpatient	17,943,146	16,242,587	1,700,559	10%	16,569,658
7	6,233,934	6,082,430	151,504	2%	Emergency	13,139,370	12,420,778	718,592	6%	12,611,556
8	2,411,211	1,988,548	422,663	21%	SNF	5,013,770	3,859,339	1,154,431	30%	3,935,168
9	224,591	256,586	(31,995)	-12%	Home Care	505,982	540,348	(34,366)	-6%	554,415
10	**$ 25,387,535**	**$ 22,508,454**	**2,879,081**	**13%**	**Total Gross Patient Revenue**	**$ 48,529,016**	**$ 44,620,630**	**3,908,386**	**9%**	**$ 43,949,189**
					Deductions from Revenue					
11	$ (20,478,469)	$ (18,094,029)	(2,384,440)	-13%	Contractual Discounts	$ (39,105,803)	$ (35,816,523)	(3,289,280)	-9%	$ (35,664,167)
12	(100,000)	(100,000)	-	0%	Bad Debt	(200,000)	(200,000)	-	0%	(253,000)
13	(40,143)	(24,730)	(15,413)	-62%	Charity Care Provision	(54,125)	(49,460)	(4,665)	-9%	(37,569)
14	62,500	352,555	(290,055)	-82%	Prior Period Adj/Government Program Revenue	125,000	705,110	(580,110)	*	1,506,662
15	**$ (20,556,112)**	**$ (17,866,204)**	**(2,689,908)**	**15%**	**Total Deductions from Revenue**	**$ (39,234,928)**	**$ (35,360,873)**	**(3,874,055)**	**11%**	**$ (34,448,074)**
16	**$ 4,831,423**	**$ 4,642,250**	**189,173**	**4%**	**Net Patient Service Revenue**	**$ 9,294,088**	**$ 9,259,757**	**34,331**	**0%**	**$ 9,501,115**
17	$ 92,314	$ 125,798	(33,484)	-27%	Risk contract revenue	$ 186,896	$ 251,596	(64,700)	-26%	$ 261,624
18	$ 4,923,737	$ 4,768,048	155,689	3%	Net Hospital Revenue	$ 9,480,984	$ 9,511,353	(30,369)	0%	$ 9,762,739
19	$ 11,649	$ 13,968	(2,319)	**-17%**	Other Op Rev & Electronic Health Records	$ 26,567	$ 27,936	(1,369)	-5%	$ 24,508
20	**$ 4,935,386**	**$ 4,782,016**	**153,370**	**3%**	**Total Operating Revenue**	**$ 9,507,551**	**$ 9,539,289**	**(31,738)**	**0%**	**$ 9,787,247**
					Operating Expenses					
21	$ 2,370,682	$ 2,273,563	(97,119)	-4%	Salary and Wages and Agency Fees	$ 4,670,676	$ 4,513,292	(157,384)	-3%	$ 4,647,745
22	821,798	$ 863,685	41,887	5%	Employee Benefits	1,677,979	1,720,317	42,338	2%	1,791,259
23	$ 3,192,480	$ 3,137,248	(55,232)	-2%	Total People Cost	$ 6,348,655	$ 6,233,609	(115,046)	-2%	$ 6,439,004
24	$ 470,826	$ 503,741	32,915	7%	Med and Prof Fees (excld Agency)	$ 932,529	$ 1,007,482	74,953	7%	$ 770,689
25	654,762	509,614	(145,148)	-28%	Supplies	1,243,315	1,106,582	(136,733)	-12%	1,068,742
26	395,728	372,398	(23,330)	-6%	Purchased Services	744,992	743,201	(1,791)	0%	734,193
27	293,238	285,255	(7,983)	-3%	Depreciation	584,112	570,510	(13,602)	-2%	570,278
28	117,993	120,931	2,938	2%	Utilities	223,012	240,562	17,550	7%	231,456
29	35,320	33,429	(1,891)	-6%	Insurance	70,640	66,858	(3,782)	-6%	63,638
30	48,429	49,872	1,443	3%	Interest	97,766	99,745	1,979	2%	94,087
31	105,717	126,219	20,502	16%	Other	183,534	252,703	69,169	27%	224,148
32	-	88,403	88,403	*	Matching Fees (Government Programs)	0	176,805	176,805	100%	775,755
33	**$ 5,314,493**	**$ 5,227,110**	**(87,383)**	**-2%**	**Operating expenses**	**$ 10,428,555**	**$ 10,498,057**	**69,502**	**1%**	**$ 10,971,990**
34	**$ (379,107)**	**$ (445,094)**	**65,987**	**15%**	**Operating Margin**	**$ (921,004)**	**$ (958,768)**	**37,764**	**4%**	**$ (1,184,743)**

Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended August 31, 2018

ATTACHMENT D

	Month					Year-To- Date				YTD
	This Year		Variance			This Year		Variance		
	Actual	Budget	$	%		Actual	Budget	$	%	Prior Year
					Non Operating Rev and Expense					
35	$ (13,123)	$ (5,658)	(7,465)	132%	Miscellaneous Revenue/(Expenses)	$ (23,760)	$ (11,316)	(12,444)	*	$ (9,831)
36	-	2,672	(2,672)	-100%	Donations	403	5,344	(4,941)	92%	8,478
37	(54,683)	(56,766)	2,083	-4%	Physician Practice Support-Prima	(111,449)	(113,532)	2,083	-2%	(113,532)
38	316,667	316,667	-	0%	Parcel Tax Assessment Rev	633,334	633,334	-	0%	633,334
39	0	0	-	0%	Extraordinary Items	0	0	-	0%	
40	**$ 248,861**	**$ 256,915**	**(8,054)**	**-3%**	**Total Non-Operating Rev/Exp**	**$ 498,528**	**$ 513,830**	**(15,302)**	**-3%**	**$ 518,449**
41	**$ (130,246)**	**$ (188,179)**	**57,933**	**-31%**	**Net Income / (Loss) prior to Restricted Contributions**	**$ (422,476)**	**$ (444,938)**	**22,462**	**-5%**	**$ (666,294)**
42	$ 3,250	$ 20,949	(17,699)	-84%	Capital Campaign Contribution	$ 29,530	$ 41,898	(12,368)	-30%	$ 6,167
43	$ 5,438	$ 55,003	(49,565)	0%	Restricted Foundation Contributions	$ 336,606	$ 110,006	226,600	100%	$ -
44	**$ (121,558)**	**$ (112,227)**	**(9,331)**	**8%**	**Net Income / (Loss) w/ Restricted Contributions**	**$ (56,340)**	**$ (293,034)**	**236,694**	**-81%**	**$ (660,127)**
45	254,436	254,436	-	0%	GO Bond Tax Assessment Rev	508,872	508,872	-	0%	501,366
46	(100,768)	(100,768)	-	0%	GO Bond Interest	(206,544)	(206,544)	-	0%	(216,042)
47	**$ 32,110**	**$ 41,441**	**(9,331)**	**-23%**	**Net Income/(Loss) w GO Bond Activity**	**$ 245,988**	**$ 9,294**	**236,694**	**2547%**	**$ (374,803)**
	$ 211,421	$ 146,948			**EBIDA - Not including Restricted Contributions**	$ 259,402	$ 225,317			$ (1,929)
	4.3%	3.1%				2.7%	2.4%			0.0%
	$ 162,992	$ 97,076			**EBDA - Not including Restricted Contributions**	$ 161,636	$ 125,572			
	3.3%	2.0%				1.7%	1.3%			

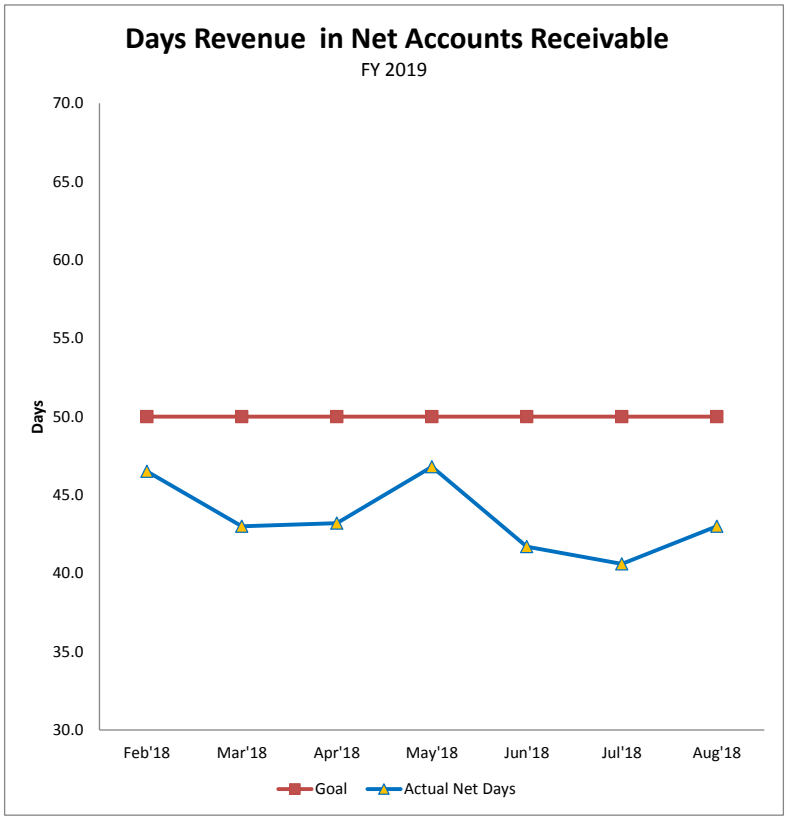
Sonoma Valley Health Care District **ATTACHMENT E**
Statement of Revenue and Expenses Variance Analysis
For the Period Ended July 31, 2018

	Description	YTD Variance	MONTH Variance	
	Volume Information			
1	Acute Discharges	(18)	(6)	
2	SNF Days	264	128	
3	Home Care Visits	(182)	(139)	
4	Gross O/P Revenue (000's)	2,382	1,852	
	Financial Results			
	Gross Patient Revenue			
5	Inpatient	369,170	613,942	Inpatient days are 361 days vs. budgeted expectations of 317 days and inpatient surgeries are 26 vs. budgeted expectations 21.
6	Outpatient	1,700,559	1,722,967	Outpatient visits are 4,693 vs. budgeted expectations of 4,805 visits and outpatient surgeries are 139 vs. budgeted expectations 142.
7	Emergency	718,592	151,504	ER visits are 810 vs. budgeted visits of 894.
8	SNF	1,154,431	422,663	SNF patient days are 628 vs. budgeted expected days of 500.
9	Home Care	(34,366)	(31,995)	HHA visits are 585 vs. budgeted expectations of 724.
10	**Total Gross Patient Revenue**	**3,908,386**	**2,879,081**	
	Deductions from Revenue			
11	Contractual Discounts	(3,289,280)	(2,384,440)	
12	Bad Debt	-	-	
13	Charity Care Provision	(4,665)	(15,413)	
14	Prior Period Adj/Government Program Revenue	(580,110)	(290,055)	Accrual of $62,500 for the prime grant - No IGT's in the month of August.
15	**Total Deductions from Revenue**	**(3,874,055)**	**(2,689,908)**	
16	**Net Patient Service Revenue**	**34,331**	**189,173**	
17	Risk contract revenue	(64,700)	(33,484)	
18	Net Hospital Revenue	**(30,369)**	**155,689**	
19	Other Op Rev & Electronic Health Records	(1,369)	(2,319)	
20	**Total Operating Revenue**	**(31,738)**	**153,370**	
	Operating Expenses			
21	Salary and Wages and Agency Fees	(157,384)	(97,119)	Salaries and Wages are over budget by ($36,505) and the Agency fees are over budget by ($60,614).
22	Employee Benefits	42,338	41,887	
23	Total People Cost	**(115,046)**	**(55,232)**	
24	Med and Prof Fees (excld Agency)	74,953	32,915	Physician fees under budget by $20,884 and contracted labor under budget by $12,031.
25	Supplies	(136,733)	(145,148)	Supplies were over budget by ($145,148) due to implants ($111,988) and pharmaceuticals ($56,563).
26	Purchased Services	(1,791)	(23,330)	Purchased services were over budget by ($23,330) due to prior periods service cost invoices for the hospital's outsourced bio medical repairs and maintenance.
27	Depreciation	(13,602)	(7,983)	
28	Utilities	17,550	2,938	
29	Insurance	(3,782)	(1,891)	
30	Interest	1,979	1,443	
31	Other	69,169	20,502	
32	Matching Fees (Government Programs)	176,805	88,403	No matching fee in August
33	**Operating expenses**	**69,502**	**(87,383)**	
34	**Operating Margin**	**37,764**	**65,987**	
	Non Operating Rev and Expense			
35	Miscellaneous Revenue	(12,444)	(7,465)	
36	Donations	(4,941)	(2,672)	Foundation grants for employee education
37	Physician Practice Support-Prima	2,083	2,083	
38	Parcel Tax Assessment Rev	-	-	
39	Extraordinary Items	-	-	
40	**Total Non-Operating Rev/Exp**	(15,302)	(8,054)	
			-	
41	**Net Income / (Loss) prior to Restricted Contributions**	**22,462**	**57,933**	

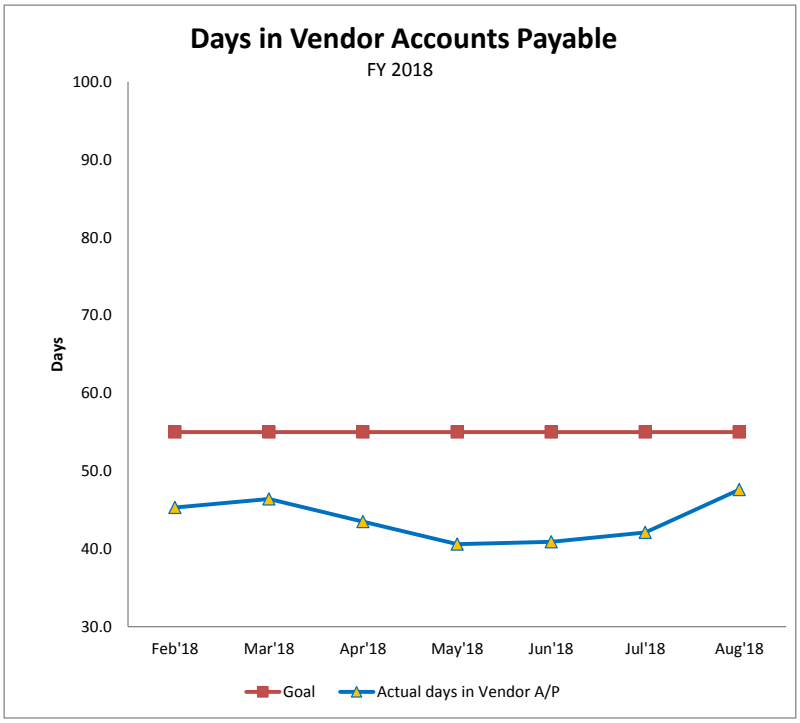
Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended July 31, 2018

ATTACHMENT E

	Description	YTD Variance	MONTH Variance	
			-	
42	Capital Campaign Contribution	(12,368)	(17,699)	
43	Restricted Foundation Contributions	226,600	(49,565)	
44	**Net Income / (Loss) w/ Restricted Contributions**	**236,694**	**(9,331)**	
45	GO Bond Tax Assessment Rev	-	-	
46	GO Bond Interest	-	-	
47	**Net Income/(Loss) w GO Bond Activity**	**236,694**	**(9,331)**	



Days in A/R	Feb'18	Mar'18	Apr'18	May'18	Jun'18	Jul'18	Aug'18
Actual days in A/R	46.5	43.0	43.2	46.8	41.7	40.6	43.0
Goal	50.0	50.0	50.0	50.0	50.0	50.0	50.0



Days in A/P	Feb'18	Mar'18	Apr'18	May'18	Jun'18	Jul'18	Aug'18
Actual days in Vendor A/P	45.3	46.4	43.5	40.6	40.9	42.1	47.6
Goal	55.0	55.0	55.0	55.0	55.0	55.0	55.0

Sonoma Valley Hospital
Statistical Analysis
FY 2019

ATTACHMENT G

	ACTUAL	BUDGET	ACTUAL												
	Aug-18	Aug-18	Jul-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
Statistics															
Acute															
Acute Patient Days	361	317	291	354	374	341	335	289	394	386	321	315	325	325	240
Acute Discharges (w/o Newborns)	85	91	81	99	108	103	106	82	111	96	99	87	87	94	76
SNF Days	628	500	664	545	423	525	566	494	646	563	468	624	479	500	528
HHA Visits	585	724	760	871	747	755	684	821	801	798	630	871	789	713	870
Emergency Room Visits	810	894	901	856	934	864	871	811	996	919	816	827	921	894	920
Gross Outpatient Revenue (000's)	$16,762	$14,910	$14,801	$13,677	$15,188	$14,170	$13,064	$12,519	$14,741	$14,051	$12,952	$11,864	$14,364	$15,524	$14,175
Equivalent Patient Days	2,911	2,423	2,654	2,343	2,178	2,265	2,272	2,212	2,629	2,471	2,030	2,334	2,266	2,591	2,332
Births	14	9	8	16	9	6	8	11	7	10	11	12	5	10	6
Surgical Cases - Inpatient	26	21	23	28	29	30	34	16	32	24	34	23	33	22	29
Surgical Cases - Outpatient	139	142	127	123	146	114	117	123	109	136	121	97	154	142	133
Total Surgical Cases	165	163	150	151	175	144	151	139	141	160	155	120	187	164	162
Total Special Procedures	124	77	78	97	72	87	75	75	65	59	73	52	75	77	52
Medicare Case Mix Index	1.33	1.40	1.32	1.45	1.46	1.48	1.45	1.34	1.50	1.57	1.55	1.49	1.54	1.57	1.65
Income Statement															
Net Revenue (000's)	$4,924	$4,768	4,557	5,265	4,817	4,389	4,218	4,590	4,909	4,466	4,474	4,543	4,518	4,775	4,988
Operating Expenses (000's)	$5,314	$5,227	$5,114	$4,968	$5,134	$5,053	$5,179	$5,270	$5,357	$5,122	$5,332	$4,872	$5,206	$5,380	$5,592
Net Income (000's)	$32	$41	$ 214	$ 859	$ 369	$ 221	$ (395)	$ (175)	$ 125	$ (226)	$ (380)	$ 62	$ (230)	$ (165)	$ (198)
Productivity															
Total Operating Expense Per Equivalent Patient Day	$1,826	$2,158	$1,927	$2,120	$2,357	$2,231	$2,280	$2,382	$2,038	$2,073	$2,627	$2,087	$2,297	$2,076	$2,398
Productive FTEs	278	276	270	259	279	281	279	274	276	255	316	246	289	279	271
Non-Productive FTE's	31	36	40	39	27	26	23	31	36	52	13	58	27	35	47
Total FTEs	309	312	310	298	306	307	302	305	312	307	329	304	316	314	318
FTEs per Adjusted Occupied Bed	3.29	3.99	3.62	3.82	4.35	4.06	4.17	3.87	3.68	3.85	4.86	4.04	4.19	3.75	4.23
Balance Sheet															
Days of Expense In General Operating Cash	10.0		19	11	6	7	7	14	24	18	14	12	9	11	16
Net Days of Revenue in AR	43	50	41	42	47	43	43	47	51	51	48	45	47	43	45

Sonoma Valley Hospital
Cash Forecast
FY 2019

ATTACHMENT H

		Actual July	Actual Aug	Forecast Sept	Forecast Oct	Forecast Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
	Hospital Operating Sources													
1	Patient Payments Collected	4,372,057	4,288,459	4,267,043	4,120,252	4,122,901	4,156,895							25,327,607
2	Capitation Revenue	94,582	92,314	125,798	95,999	95,999	95,999							600,691
3	Napa State	12,295	4,713	11,962	11,962	11,962	11,962							64,856
4	Other Operating Revenue	40,299	47,536	13,968	13,968	13,968	13,968							143,707
5	Other Non-Operating Revenue	45,944	12,250	26,673	26,673	26,673	26,673							164,886
6	Unrestricted Contributions	403		2,672	2,672	2,672	2,672							11,091
7	Line of Credit													-
	Sub-Total Hospital Sources	**4,565,580**	**4,445,271**	**4,448,116**	**4,271,526**	**4,274,175**	**4,308,169**	**-**	**-**	**-**	**-**	**-**	**-**	**26,312,837**
	Hospital Uses of Cash													
8	Operating Expenses	4,897,828	5,636,984	4,893,793	4,927,985	4,789,141	4,868,310							30,014,041
9	Add Capital Lease Payments	44,847	193,141											237,988
10	Additional Liabilities													-
11	Capital Expenditures	331,168		286,200	75,952	75,952	75,952							845,224
	Total Hospital Uses	**5,273,843**	**5,830,125**	**5,179,993**	**5,003,937**	**4,865,093**	**4,944,262**	**-**	**-**	**-**	**-**	**-**	**-**	**31,097,253**
	Net Hospital Sources/Uses of Cash	**(708,263)**	**(1,384,854)**	**(731,877)**	**(732,411)**	**(590,918)**	**(636,093)**	**-**	**-**	**-**	**-**	**-**	**-**	**(4,784,416)**
	Non-Hospital Sources													
12	Restricted Cash/Money Market	(809,886)	524,043	(250,000)	154,000									(381,843)
13	Restricted Capital Donations	357,448	8,688	286,200	75,952	75,952	75,952							
14	Parcel Tax Revenue	207,015		1,500,000			400,000							2,107,015
15	Payment - South Lot													-
16	Other:													-
17	IGT (Net)													-
18	IGT - AB915	20,681		384,837										405,518
19	PRIME	750,000												750,000
	Sub-Total Non-Hospital Sources	**525,258**	**532,731**	**1,921,037**	**229,952**	**75,952**	**475,952**	**-**	**-**	**-**	**-**	**-**	**-**	**2,880,690**
	Non-Hospital Uses of Cash													
20	Matching Fees													-
	Sub-Total Non-Hospital Uses of Cash	-	-	-	-	-	-	-	-	-	-	-	-	-
	Net Non-Hospital Sources/Uses of Cash	**525,258**	**532,731**	**1,921,037**	**229,952**	**75,952**	**475,952**	**-**	**-**	**-**	**-**	**-**	**-**	**2,880,690**
	Net Sources/Uses	**(183,005)**	**(852,123)**	**1,189,160**	**(502,459)**	**(514,966)**	**(160,141)**	**-**	**-**	**-**	**-**	**-**	**-**	
	Cash and Equivalents at beginning of period	**1,671,423**	1,488,418	636,295	1,825,455	1,322,996	808,030	647,889	647,889	647,889	647,889	647,889	647,889	
	Cash and Equivalents at end of period	**1,488,418**	**636,295**	**1,825,455**	**1,322,996**	**808,030**	**647,889**	**647,889**	**647,889**	**647,889**	**647,889**	**647,889**	**647,889**	

9.

COMMITTEE REPORTS

Meeting Date: **October 4, 2018**

Prepared by: Peter Hohorst

Agenda Item Title: **Community Funding Policy**

Recommendations:
That the Board approve the restated Community Funding Policy
Background:

At its February 6, 2014 Board meeting the Board approved a Community Funding Policy.
At the July 5, 2018 the Board reviewed a revised Community Funding Policy and directed the Governance Committee to change it to state that the Policy of the District would be to deny requests for community funding in consideration of legislative restrictions on "gifts" of public funds and in consideration of the limited financial resources of the District.
The revised policy includes this provision.

Consequences of Negative Action/Alternative Actions:
The old policy will continue to be used.

Attachment:

Community Funding Policy 10-4-18

Community Funding Policy #P-2018.08.21-2

Purpose

The purpose of this Community Funding Policy ("Policy") is to ensure that all funds and other resources of Sonoma Valley Health Care District (the District) are expended in furtherance of valid public purposes in full accordance with applicable laws and the rules in this Policy.

This Policy sets forth standards for potential expenditures of the District's resources in the areas of community benefit support and community benefit marketing.

Policy

It is the general policy of the District to deny requests for community benefit or community marketing support.

The District reached this decision by considering that the District must:

- Ensure compliance with State law prohibitions on unlawful expenditures or gifts of public funds, including as specifically addressed in Sections 5 and 6 of Article XVI of the California Constitution, Government Code Section 8314, Code of Civil Procedure Section 526a and Penal Code Sections 424, et seq.
- Expend District resources only in furtherance of the District's statutory purposes and in the exercise of powers set forth or implied in SVHCD's enabling legislation (California Health and Safety Code Sections 32000, et seq.)
- Expend District resources only in the furtherance of its mission and vision related to improving the healthcare in the District.

In addition to denying requests for community benefit or community marketing support the District shall not provide Community funding:

- In support of or opposition to campaigns for or against political candidates or ballot measures.
- In support of any religious sect, church, creed, or sectarian purpose, or to support or sustain any school, college, university, hospital, or other institution controlled by any religious creed, church, or sectarian denomination.
- In support of endowment funds of any organization.

Definitions

"Community Funding" means District resources – including tax revenue or other funds, materials or in-kind support – given to or spent to support any individual, organization, or entity for the purpose of benefitting the healthcare of the District. Community.

Procedures

The Chief Executive Officer (CEO) of the District shall be responsible for carrying out the duties and responsibilities assigned in this Policy.

Meeting Date: October 4, 2018

Prepared by: Peter Hohorst

Agenda Item Title: Board Member and Board Chairperson Legal Duties, Roles and Responsibilities And Limits on Power and Authority #P-2018-10-4-2

Recommendations:
That the Board approve the revised Policy

Background:
The Board approved the existing Board Member and Board Chairperson Legal Duties, Roles and Responsibilities And Limits on Power and Authority Policy in August, 2013.
The Governance Committee recommends two changes to the Policy.

On the second page, the last sentence under Agendas and under Meeting Management is the same.
"Move issues of interest to the public to the top of the meeting agenda"
We agreed to delete this sentence under Meeting Management.

On the last page under Board Member Responsibilities, Performance, we added an item 9.
"Refrain from using "Reply All" when responding to non-informational, policy related emails in order to avoid unintentional violations of the Brown Act."

We also agreed to recommend that a discussion of the policy's requirements would be a good item for discussion at the fall Board retreat.

Consequences of Negative Action/Alternative Actions:
The existing policy will continue to be used

Attachment:
Board Member and Board Chairperson Legal Duties, Roles and Responsibilities And Limits on Power and Authority #P-2018-10-4-2

Sonoma Valley Health Care District
Board Member and Board Chairperson
Legal Duties, Roles and Responsibilities
And
Limits on Power and Authority #P-2018.10.04

Board Responsibilities

Legal Duties
The Board has three legal duties:

A duty of obedience to the charitable purpose of the organization, a duty that should be demonstrable in all the Board's decisions.

A duty of loyalty, to act based on best interests of the organization and the wider community it serves, not the narrow interests of an individual or stakeholder group

A duty of care, to be diligent in carrying out the work of the Board by preparing for meetings, attending faithfully, participating in discussions, asking questions, making sound and independent business judgments, and seeking independent opinions when necessary.

Roles
The role of the Board is to govern, not manage, the organization. Board work involves three main roles with respect to five primary responsibilities:

Policy Formulation
Specify and convey Board expectations, directives and constraints
Approve and periodically review major policies affecting the District, Hospital and the operation of the Board.

Decision Making
Choose among alternatives regarding matters requiring Board attention and input.

Oversight
Monitor and assess key organizational process and outcomes.

Responsibilities
The Board has five primary responsibilities:

Strategic Direction
Formulate the District's ends, its vision, and key goals, and ensure that management strategies are aligned;
Review and approve the District's Mission, Vision, Values and Annual Strategic Plan and updates;
Review and approve major transactions and significant new programs and services; and
Monitor organizational performance against goals.

Executive Performance
Ensure high levels of executive performance;
Select, support, advise, and set policy for the CEO; and

Establish and approve annual performance expectations and criteria, evaluate, and determine annual compensation including benefits and bonus, and determine retention or termination of the CEO.

Quality

Ensure the Hospital provides high quality patient care and patient experiences;
Review recommendations from the Medical Staff and approve the credentialing of physicians and other medical professionals; and
Establish quality goals, review the Hospital's means and methods of measuring quality patient care and patient experiences and the results, and take corrective action when necessary.

Finances

Ensure the District's financial health;
Establish the financial goals, develop the financial indicators, monitor financial performance, and take corrective action when necessary;
Approve the annual budget in alignment with the Strategic Plan and key financial objectives; and
Ensure the necessary financial controls are in place.

Board Effectiveness and Efficiency

Ensure the Board is effective and efficient, focused on its roles and responsibilities.

Board Chairperson Responsibilities

Leadership

Guide and direct the governance process, centering the work of the Board on its legal duties, roles, and responsibilities, and forward facing issues.

Annual Work Plan and Board Calendar

Establish an annual Board work plan and a Board calendar for the calendar year. The Board calendar shall include all Regular and Special Board meetings, Hospital and Foundation events usually attended by the Board members, and all other annual activities.

Agendas

Establish agendas for Board meetings, in collaboration with the CEO. Focus the discussion/action portion of the agendas on forward facing issues dealing via policy formulation, decision making and oversight. Place all non-action items, other than the consent calendar, at the end of the agenda. Move issues of interest to the public to the top of the meeting agenda.

Meeting Management

Preside over Board meetings in a manner that encourages participation and information sharing while moving the Board toward timely closure and prudent decision-making. Focus the discussion on forward facing issues dealing via policy formulation, decision making and oversight. Facilitate while not dominating discussions to lead to Board action. Start meetings on time. Attend each meeting in its entirety. ~~Move issues of interest to the public to the top of the meeting agenda~~.

Committee Direction

Work with committee chairpersons to align the work of Board committees annual work plans with the Board's annual work plan, District's Strategic Plan, including its vision and goals.

CEO Relationship

Serve as the Board's central point of official communication with the CEO. Develop a positive, collaborative relationship with the CEO, including acting as a sounding board for the CEO on emerging issues and alternative courses of action; and
stay up-to-date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee.

CEO Performance Appraisal

Lead the processes of CEO goal-setting, performance evaluation and compensation review, consistent with Board policy.

Board Conduct

Set a high standard for Board conduct by modeling, articulating and upholding rules of conduct set out in board bylaws and policies. Intervene when necessary in instances involving breaches of conflict-of-interest, confidentiality and other Board policies.

Board Learning and Development

Lead the development of the Board's knowledge and capabilities by playing a central role in orientation of new Board members, mentoring and ensuring continuing education for the entire Board.

Succession Planning

Participate in the recruitment of new Board and Board committee members.

Self-evaluation

Provide for an effective, objective Board self-evaluation process and supports implementation of recommendations for improvement; and
Seek feedback on his or her performance as Chairperson.

Board Member Responsibilities

Citizenship

1. Attend 90 percent of Regularly Scheduled Board meetings each calendar year
2. Attend 70 percent of Special Board meetings each calendar year
3. Attend 80 percent of Regularly Scheduled meetings of Board committees on which they serve
4. Attend the annual Board retreat(s) and Board training conference(s)
5. Shall make every effort to attend SVH activities and functions.
6. Fulfill their fiduciary duty of loyalty, putting the interests of the District ahead of their own
7. Maintain confidentiality regarding all matters that demand it, including but not limited to Closed Sessions
8. Do nothing that would discredit the organization

Performance

1. Arrive at Board and committee meetings on time and do not leave early
2. Serve as a member of at least one Board committee
3. Carefully review Board and committee agenda packages and come to the Board and committee meetings prepared
4. Actively participate (by sharing ideas, opinions, observations, perspectives, expertise and experience) in Board and committee meeting deliberations and discussions

5. Listen to and respect the opinions and perspectives of the other members and do not dominate the discussion
6. Be willing to express a dissenting opinion and vote no when the need arises
7. Fully support the Board's policies and decisions once they have been implemented
8. Serve as advocates of the organization in their dealing with other organizations, groups, and individuals
~~8.~~9. Refrain from using "Reply All" when responding to non-informational, policy related emails in order to avoid unintentional violations of the Brown Act.

Limits on Power and Authority

The Board acts only collectively, never individually. Individual Board members have absolutely no power: Board authority derives from the Board as a whole. The Board Chair, Board Officers, and Board Committee Chairs, have limited individual powers only as specifically established in the District Bylaws, Board Policy, Board Resolutions or other specific Board action.

When the Board Chair and/or members have reason to believe, in settings other than Board meetings, that others may believe they are speaking on behalf of or representing the Board, when in fact they are not, they should advise that person or group that they are in fact speaking as an individual and are not representing the Board. While the Board Chair and/or members cannot control how others perceive them or their comments, this point is important, and Board members should error on the side of caution.

10.

BOARD COMMENTS

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

August 27, 2018

Assemblymember Marc Levine
State Capitol, Room 5135
Sacramento, CA 95814

Hand Delivered

SUBJECT: SB 1288 (Leyva) – Oppose, as amended August 24

Dear Assemblymember Levine:

I am writing today on behalf of Sonoma Valley Hospital to voice our concerns about SB 1288 (Leyva), as amended on August 24, 2018. This bill would single out one type of licensing violation for enhanced administrative penalties, separate from the current California Department of Public Health (CDPH) regulation that thoroughly considers patient safety and the complexity of the health care environment. **Although recent amendments reduced the financial penalties for second and subsequent violations, we remain opposed to the bill's strict liability provisions.**

Our hospital works diligently to meet staffing ratios. However, SB 1288 does not allow CDPH to fully consider the dynamic hospital environment in instances when a hospital is temporarily out of compliance. The recent amendments take into account two situations where ratio compliance may be a challenge. However, there are a myriad of reasons — including family emergency or a patient-related issue — a nurse may have to unexpectedly step away from a patient. We plan for these events in a variety of ways but, despite our best efforts, an additional nurse may not instantly be available.

SB 1288 creates unreasonable and arbitrary financial penalties for staffing ratio violations, regardless of whether the violation caused any harm — or risk of harm — to patients or was out of the hospital's control. Current law requires CDPH to consider a variety of factors that may have contributed to a hospital's noncompliance with nurse staffing ratios before determining whether a financial penalty is appropriate and, if so, how much that penalty should be. Under SB 1288, hospitals would be fined for even the most minimal violations of staffing ratio requirements in which there was no risk of harm to patients. The fines would automatically increase regardless of the circumstances or risk of patient harm.

A hospital is a dynamic environment in which patient and staff needs change rapidly and, sometimes, in unpredictable ways. While all hospitals do their very best to staff in accordance with nurse ratio requirements, it is not always possible to be in technical compliance every second of the day. For example, if a nurse walks down the hall to use the restroom, leaves early unexpectedly to care for a family member or calls in sick an hour before his or her shift is scheduled to begin, the hospital may have to briefly adjust staffing levels until a replacement nurse arrives.

SB 1288 would establish duplicative and arbitrary penalty amounts for staffing ratio citations, thus eliminating CDPH's ability to consider all relevant information when making this determination.

For these reasons, Sonoma Valley Hospital respectfully asks for a "**NO**" vote on SB 1288.

Sincerely,

Kelly Mather
President and Chief Executive Officer

cc: The Honorable Connie Leyva

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

September 11, 2018

The Honorable Edmund "Jerry" G. Brown, Jr.
Governor of California
State Capitol
Sacramento, CA 95814
Hand Delivered

SUBJECT: AB 2798 (Maienschein) — REQUEST FOR SIGNATURE

Dear Governor Brown:

I am writing today on behalf of Sonoma Valley Hospital to respectfully request your signature on AB 2798 (Maienschein). This bill would require the California Department of Public Health (CDPH) to review and approve or deny a hospital application within 100 days of receipt, which is CDPH's stated goal for processing applications. If CDPH does not meet its time frames for processing applications to expand services, the application would be deemed approved for up to 18 months, giving CDPH time to complete its work. AB 2798 would also require CDPH to develop an assistance unit to help hospitals with the application process and to fully automate the application process.

Delays in processing and approving applications mean that patients lack access to critical, and potentially lifesaving, services. Backlog in CDPH's Centralized Applications Unit (CAU) has reached the point of endangering the health of California citizens. Hospitals have waited eight to 10 months for their application to reach an analyst, followed by four to five months for approval. One hospital waited more than six months to expand its existing cardiac catheterization laboratory. During the wait, its two additional beds remained empty while 9-1-1 ambulances had to find another hospital with an open cardiac catheterization bed, thus delaying time-sensitive treatment for those patients. Nearly every region in the State has a hospital that has experienced delays in application approval. These delays are occurring as CDPH has raised fees 103 percent in four years.

CDPH metrics (available at www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/Centralized-Applications-Unit-ADA-Compliant-Format.aspx) on CAU workload during the third quarter of fiscal year 2017-18 show that 242 applications were submitted and 222 were completed — demonstrating that CDPH cannot keep pace with the applications it receives. In addition, there

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were 446 open applications at the end of that quarter, and the average age of an open application is 161 days (5.3 months).

This measure will hold the CDPH CAU accountable for processing applications within a reasonable time frame and will ensure the public has access to needed medical services. Without the passage of AB 2798, hospitals will continue to experience long delays in the application process.

Sincerely,

Kelly Mather
President and Chief Executive Officer

cc: The Honorable Brian Maienschein