



SONOMA VALLEY HEALTH CARE DISTRICT

**BOARD OF DIRECTORS
REGULAR MEETING AGENDA
JANUARY 10, 2019**

REGULAR SESSION 6:00 P.M.

**SONOMA VALLEY HOSPITAL
BASEMENT CONFERENCE ROOM**

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Stacey Finn at sfinn@svh.com (707) 935.5004 at least 48 hours prior to the meeting.</p>	<p>RECOMMENDATION</p>	
<p>AGENDA ITEM</p>		
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>		
<p>1. CALL TO ORDER</p>	<p><i>Rymer</i></p>	
<p>2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i></p>	<p><i>Rymer</i></p>	
<p>3. CONSENT CALENDAR A. Board Minutes 12.06.18 B. Finance Committee Minutes 11.27.18 C. Quality Committee Minutes 11.28.18 D. Executed Policies and Procedures E. Medical Staff Credentialing Report <i>Pages 2- 15</i></p>	<p><i>Rymer</i></p>	<p>Action</p>
<p>4. SWEARING IN OF NEW BOARD MEMBERS</p>	<p><i>Boerum</i></p>	<p>Action</p>
<p>5. ELECTION OF OFFICERS</p>	<p><i>Rymer</i></p>	<p>Inform/Action</p>
<p>6. BOARD COMMITTEE ASSIGNMENTS</p>	<p><i>Rymer</i></p>	<p>Inform/Action</p>
<p>7. 2019 BOARD WORK PLAN <i>Pages 16 - 17</i></p>	<p><i>Rymer</i></p>	<p>Inform/Action</p>
<p>8. CANCER SUPPORT SONOMA</p>	<p><i>Adolfo</i></p>	<p>Inform</p>
<p>9. ADMINISTRATIVE REPORT JANUARY 2019 <i>Pages 18-20</i></p>	<p><i>Mather</i></p>	<p>Inform</p>
<p>10. CMO UPDATE <i>Page 21</i></p>	<p><i>Mather</i></p>	<p>Inform</p>
<p>11. FINANCIAL REPORT MONTH END NOV.2018 <i>Pages 22 -34</i></p>	<p><i>Jensen</i></p>	<p>Inform</p>
<p>12. COMMITTEE REPORT • Finance Committee Work Plan 2019 <i>Page 35</i></p>	<p><i>Board Nevins</i></p>	<p>Inform</p>
<p>13. BOARD COMMENTS</p>	<p><i>Rymer</i></p>	<p>Inform</p>
<p>14. ADJOURN</p>	<p><i>Rymer</i></p>	

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



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

THURSDAY, DECEMBER 6, 2018

CLOSED SESSION 5:00 P.M.

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 First Street West, Sonoma, CA

	RECOMMENDATION	
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i></p>		
<p>1. CALL TO ORDER The meeting was called to order at 6:03 pm.</p>	<i>Rymer</i>	
<p>2. REPORT ON CLOSED SESSION</p> <p>Mr. Rymer reported that two topics were reviewed and discussed in the closed session. The first was the review and approval of Ms. Mather's incentive compensation goals for 2019. The second was the rejection of a claim from a patient.</p>	<i>Rymer</i>	
<p>3. PUBLIC COMMENT</p> <p>None</p>	<i>Rymer</i>	
<p>4. CONSENT CALENDAR:</p> <ul style="list-style-type: none"> A. Board Minutes 11.01.18 B. Finance Committee Minutes 10.23.18 C. Quality Committee Minutes 10.24.18 D. Executed Policies and Procedures E. Medical Staff Credentialing Report 	<i>Rymer</i>	
<p>Policies:</p> <p>Employment Conditions HR8610-102 Leaves- Bereavement HR 8610-172F Leaves- Child related School Activity & Child Care HR8610-172H Leaves- Medical & Family Care (FMLA & CFRA) HR 8610-172A Leaves – Pregnancy –Related Disability Leave HR8610-172B Patient Grievance and Complaint Policy PR8610-158 Compounding Drug Products MM8610-137 Compounding Policies, Annual review of MM8610-160 IV Compounding Outside of the Pharmacy MM8610-118 Sterile Compounding MM8610-117 Preparation of Methotrexate IIM Doses Using ChemoClave System Procedure 8390-05 QAPI Procedures-IV Room 8390-02 Sterile Compounding Procedures 8390-03</p>		<p>MOTION: by Hohorst to approve, 2nd by Nevins. All in favor.</p>
<p>5. SOUTH LOT UPDATE</p>	<i>Sanson</i>	

Mr. Sanson from DeNova Homes gave an update on the development proposal of the south lot. He reported that they will go before the city planning council December 13 th .		
6. AUDIT APPROAL	<i>Jensen</i>	
Mr. Jensen reported that the audit firm had reviewed and approved the hospitals financial reports and that, for the third year in a row there was no management letter.		MOTION: by Hohorst to approve the audit, 2 nd by Nevins. All in favor.
7. STRATEGY UPDATE	<i>Donaldson</i>	
Ms. Donaldson reviewed the FY19 strategic plan. This included four focused areas- UCSF Diagnostic Center, Bariatric Institute, Pain Management, and Women's Health Services. She also reported on the secondary growth tasks as well as trended financial reports. Mr. Rymer requested a presentation on the 1206b clinics at a future Finance Committee meeting.		
8. ADMINISTRATIVE REPORT DECEMBER 2018	<i>Mather</i>	Inform
Ms. Mather reported that the plan for SVH to earn Five Stars from CMS is making progress. She also reported that fifteen million dollars has been raised for the outpatient diagnostic center.		
9. CMO UPDATE	<i>Kidd</i>	Inform
Dr. Kidd reported on upcoming leadership additions which include a new patient care services director, a new ED Medical Director and a new ED nursing director. She also reported that the ICC was open for nine days in response to the air quality during the fires. She said the third floor renovations are underway and the target move date is the end of January.		
10. FINANCIAL REPORT MONTH END OCTOBER 31, 2018	<i>Jensen</i>	
Mr. Jensen reported the October days of cash on hand was 12.8, the Accounts Receivable days was 44 and the Accounts Payable days was 43.5. Accounting for all of activity the total net loss for October was (\$119,795) vs. a budgeted net loss of (\$226,538). EBIDA was -7.7% vs. the budgeted -2.5%		
11. RESOLUTION #343 HONORING PETER HOHORST		
Mr. Rymer read a board resolution honoring both the contributions and character of fellow board member Peter Hohorst who is leaving the board.		MOTION: by Boerum to approve resolution 343, 2 nd by Hirsch. All in favor
12. COMMITTEE REPORTS	<i>Board</i>	
Ms. Hirsch gave an update on the SNF Task Force. She said after the recommended changes to staffing and patient admission criteria there was a direct margin of eight thousand dollars for October. The next Task Force meeting is December 18 th . An additional public meeting to review the findings of the Task Force and get input will be held during the first quarter of 2019. The Task Force expects to make its recommendations to the board during that same period.		

13. BOARD COMMENTS	<i>Board</i>	
None		
14. ADJOURN		
7:20 pm		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, NOVEMBER 27, 2018
Schantz Conference Room**

Present	Excused	Staff	Public
*Dr. Subhash Mishra via telephone *John Perez Joshua Rymer *Keith Hughes Peter Hohorst	Sharon Nevins *Susan Porth	Kelly Mather Ken Jensen	David Good

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hohorst</i>		
	Called to order 5:03 pm		
2. PUBLIC COMMENT SECTION	<i>Hohorst</i>		
	None		
3. CONSENT CALENDAR	<i>Hohorst</i>		
		MOTION: by Rymer 2 nd by Hughes. All in favor	
4. THIRD FLOOR UPGRADE FOR INPATIENT SERVICES	<i>Mather</i>		
	Ms. Mather reviewed the third floor plan for inpatient services. The plan will consolidate all inpatient beds to the third floor. She also reviewed the costs of the project (IT and nurses station upgrade) that will be covered by the Foundation.	MOTION: by Rymer to recommend the third floor upgrade to the Board for approval. 2 nd by Perez. All in favor	
5. 1st QUARTER CAPITAL SPENDING REVIEW	<i>Dungan</i>		

	Ms. Dungan reviewed the first quarter capital spending.		
6. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Mather</i>		
	Ms. Mather gave an update on the cash funding for the outpatient diagnostic center. She reported that there is currently funding through permitting.		
7. ADMINISTRATIVE REPORT NOVEMBER 2018	<i>Mather</i>		
	Ms. Mather reported on the positive article regarding the UCSF collaboration. The accreditation survey occurred and went very well. The hospital will be stroke ready in January. Outpatient volumes were up overall.		
8. FINANCIAL REPORT MONTH END OCTOBER 31, 2018	<i>Jensen</i>		
	<p>Mr. Jensen reported that the days of cash on hand was 12.8, Accounts Receivable was at 44 days and Accounts Payable was at 43.5 days. The October net loss was (\$119,795) vs. the budgeted net loss of (\$226,538) with a monthly EBIDA of -7.7% vs. the budgeted -2.5%.</p> <p>Mr. Jensen also reported that he met with the forensic accounts regarding the loss of revenue during the fires. The claim that was submitted was for \$535,000 and the accountants are recommending an interim payment of \$395,000. The insurance company will have to agree to that amount.</p>		
8. ADJOURN	<i>Hohorst</i>		
	Meeting adjourned at 5:40 pm		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
November 28, 2018 5:00 PM
MINUTES
Schantz Conference Room**

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Peter Hohorst Carol Snyder <i>Howard Eisenstark, MD</i> <i>Michael Mainardi, MD</i>	Cathy Webber Michael Brown, MD Ingrid Sheets Dr. Brown	<i>Susan Idell</i>	Danielle Jones, RN Mark Kobe, RN Leslie Lovejoy, DPRN

**Italized names indicate voting member*

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Meeting called to order at 5:03 pm	
2. PUBLIC COMMENT	<i>Hirsch</i>	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 10.24.18 		MOTION: by Mainardi to approve, 2 nd by Eisenstark. All in favor.
4. PRIME GRANT UPDATE	<i>Lovejoy</i>	Inform
	Ms. Lovejoy reviewed the five indicators of the Prime grant. All of the benchmarks were met, but the achievement goal was not met for the Care Transition metric.	
5. INFECTION PREVENTION REPORT	<i>Jones</i>	Inform
	Ms. Jones reviewed the infection prevention report for the third quarter in Ms. Matthews absence. She reported there were no c. diff cases in the third quarter. She also spoke about four deep organ space infections, and two GI case infections.	
6. GOOD CATCH REPORT	<i>Jones</i>	
	Ms. Jones reviewed the good catch report.	

AGENDA ITEM	DISCUSSION	ACTION
7. BOARD QUALITY CHARTER	<i>Hirsch/Jones</i>	Inform/Action
	Ms. Hirsch recommended an edit be made to the amount of voting members to reflect that every member of the committee be a voting member (8). With the committee Chair person being the tie breaking vote. The committee discussed further changes and clarifications.	MOTION: by Mainardi to approve changes. 2 nd by Eisenstark. All in favor
8. POLICIES AND PROCEDURES	<i>Jones</i>	
	<u>New</u> Surge Policy to Manage Patient Influx EP8610-102 CMS 1135 Waiver for Disaster Conditions EP8610-103 Delegation of Authority EP8610-104 (edit page numbers) <u>Revisions</u> DVT-PE Prophylaxis and Treatment Protocol MM8610-152 Medication Reconciliation MM8610-144	MOTION: by Eisenstark to approve, 2 nd Mainardi by . All in favor.
9. CLOSED SESSION	<i>Hirsch</i>	
	Called to order at 6:10 pm	
10. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
	Medical Staff credentialing was reviewed as well as the plan of correction from the Pharmacy and SNF surveys.	MOTION: by Eisenstark to approve credentialing, 2 nd by Mainardi. All in favor.
11. ADJOURN	<i>Hirsch</i>	
	6:25pm	



Policy and Procedures – Summary of Changes
Board of Directors, January 10th, 2019

Review and Approval Requirements

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

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

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

ORGANIZATIONAL

NEW:

Surge Policy to Manage Patient Influx EP8610-102

The former surge policy was imbedded in the Emergency Operations Plan and new CMS regulation requires it to be a separate policy.

CMS 1135 Waiver for Disaster Conditions EP8610-103

This policy is required to be in compliance with CIHQ Disaster Management regulations.

Delegation of Authority EP8610-104

This policy is required to be in compliance with CIHQ Disaster Management regulations.

REVISIONS:

DVT-PE Prophylaxis and Treatment Protocol MM8610-152

Removed fondaparinux from the protocol and used only heparin and enoxaparin. Fondaparinux will be used after discussing with the physician only for patients who cannot receive alternatives. Clarified frequency of platelet check to be day 2, 7, and 14. Changes were made to simplify the protocol and reduce expenses.

Medication Reconciliation MM8610-144

Changed language from physician to provider. Updated purpose to reflect all departments involved in the medication reconciliation process. Added an inclusive list of role responsibility. Included expectation that a complete home medication list must be obtained by RN for all patients. Defined goal for timeframe re: obtain list of medications to 30 minutes with in decision to admit. Changes were made to define the formal process in which healthcare providers partner with patients and their families to ensure accurate and complete medication information transfer at interfaces of care. This includes admission and discharge from a hospital or changes in care setting, service, or level of care.



SUBJECT: Surge Policy to Manage Patient Influx	POLICY #EP8610-102
DEPARTMENT: Organizational	PAGE 1 OF 2
REVISED:	EFFECTIVE:

PURPOSE:

To provide guidelines and identify a process to manage a disaster involving an influx of patients that cannot be managed effectively with routine procedures or resources within the hospital environment.

POLICY:

Sonoma Valley Hospital will provide a guide for prompt mobilization and coordination of personnel and facilities in time of disaster involving an influx of patients that cannot be managed effectively with routine procedures or resources within the hospital. Hospital systems are assumed to be overwhelmed and efforts to coordinate with community agencies will be enacted (EMS, SVFA, MOHAC, local police).

PROCEDURE:

1. Plan initiation:

Notification- Call received by hospital of anticipated influx of patients via EMS radio and/or notification from Sonoma County Department of Public Health Medical Health Operational Area Coordinator (MHOAC). ED MD on duty will assess anticipated number of patients and severity of illness/injury and determine departments' ability to function or determine if volume is beyond departments' normal capacity to safely care for patients.

2. Activation:

Disaster Code will be initiated and Incident Command Center established.

3. Stages of Surge :

- a. Stage One: can be handled by ED and appropriate ancillary departments. If majority of patients are urgent or emergent, may elevate to stage two.
- b. Stage Two: additional staffing is anticipated to handle the influx of patients. Department call lists are activated
- c. Stage Three: Influx of patients is greater than expected and overwhelming available resources can safely handle.



SUBJECT: Surge Policy to Manage Patient Influx	POLICY #EP8610-102
DEPARTMENT: Organizational	PAGE 2 OF 2
REVISED:	EFFECTIVE:

- 4. Alternate Care Sites:
 - A. Initiate plan to erect auxiliary tent structure in suitable location (Old ED parking lot, Main entrance parking lot).
 - B. Contact Hospitalist and SNFist to discharge or transfer any appropriate patients.
 - C. Contact Redcomm and update hospital status and need for potential transportation
 - D. Begin contact with facilities SVH has transfer agreements (St. Joes Transfer Center, Sutter transfer Center).
 - E. See Emergency Operations Plan for listing of Alternate Care Sites (Attachment A of EOP)

- 5. Rapidly reduce routine hospital patient activity
 - A. Cancel elective procedures and surgeries
 - B. Discharge all appropriate patients
 - C. Transfer appropriate SNF patients to local Alternate Care Sites
 - D. Consider utilization of Home Health agencies
 - E. Follow further instruction and guidance from Incident Command Center

REFERENCE:
CIHQ 42 CFR 482.15 Emergency Preparedness Policies and Procedures

OWNER:
Emergency Management Committee

AUTHORS/REVIEWERS:
Mark Kobe, Chief Nursing Officer
Dawn Kuwahara, Chief Ancillary Services Officer
Gregory Gatenian, Engineering Manager
Celia Kruse de la Rosa, Marketing & Public Relations Coordinator

APPROVALS:
Policy & Procedure Team: 11/20/18
Board Quality Committee: 11/28/18
The Board of Directors:



SUBJECT: 1135 Waivers

POLICY #EP8610-103

DEPARTMENT: Organizational

PAGE 1 OF 4

EFFECTIVE:

REVISED:

PURPOSE:

To provide guidelines and identify a process to access and acquire Federal waiver for CMS Conditions of Participation in times of disaster response.

POLICY:

Under Section 319 of the PHS Act, the HHS Secretary may declare a public health emergency if — after consulting with public health officials as necessary — he or she determines that a disease or disorder presents an emergency or an emergency otherwise exists, such in cases of significant infectious disease outbreaks or bioterrorist attacks.

Declaring a public health emergency allows the Secretary to take certain actions in response, and can be necessary to authorize a variety of discretionary response actions under the statutes HHS administers.

When the President declares a major disaster or emergency under the Stafford Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, Section 1135 of the Social Security Act authorizes the Secretary to waive or modify certain federal laws, including:

- Conditions of participation or other certification requirements under Medicare, Medicaid and the Children’s Health Program (CHIP)
- Preapproval requirements under Medicare, Medicaid and CHIP
- State licenses for physicians and other health care professionals, for purposes of Medicare, Medicaid and CHIP reimbursement only. The state determines whether a non-federal provider is authorized to provide services in the state without state licensure.
- Emergency Medical Treatment and Labor Act (EMTALA) requirements for redirecting individuals to another location, if the transfer arises out of emergency circumstances. This waiver is effective only if actions under the waiver do not discriminate based on a patient’s source of payment or ability to pay.
- Stark self-referral sanctions
- Performance deadlines and timetables
- Limitations on payment for health care items and services furnished to Medicare Advantage enrollees by non-network providers



SUBJECT: 1135 Waivers	POLICY #EP8610-103
DEPARTMENT: Organizational	PAGE 1 OF 4
REVISED:	EFFECTIVE:

In addition to this authority, referred to as the 1135 waiver authority, Section 1812(f) of the Social Security Act authorizes the Secretary to provide for skilled-nursing facility coverage in the absence of a qualifying hospital stay, as long as this action does not increase overall program payments and does not alter the facility’s “acute care nature” (that is, its orientation toward relatively short-term and intensive care).

Duration of a Section 1135 Waiver

Waivers under Section 1135 of the Social Security Act typically end with the termination of the emergency period or 60 days from the date the waiver or modification is first published, unless the Secretary extends the waiver by notice for additional periods of up to 60 days.

For public health emergencies that do not involve a pandemic disease, EMTALA and Health Insurance Portability and Accountability Act of 1996 requirements are limited to a 72-hour period beginning upon implementation of a hospital disaster protocol. Waiver of EMTALA requirements for emergencies that involve a pandemic disease last until the pandemic-related public health emergency is terminated. The 1135 waiver authority applies only to federal requirements for licensure or conditions of participation, not state.

Implementation of 1135 Waiver Authority

Once an 1135 waiver has been authorized, health care providers can submit requests to operate under that authority to the state survey agency or Centers for Medicare & Medicaid Services (CMS) regional office. These requests generally include a justification for the waiver and expected duration of the modification requested. Providers and suppliers have been asked to keep careful records of beneficiaries to whom they provide services to ensure that proper payment is made. The state survey agency and regional office review the provider’s request and make appropriate decisions, usually on a case-by-case basis. Providers are expected to return to compliance with any waived requirements prior to the end of the emergency period.

Federally certified or approved providers must operate under normal rules and regulations, unless they have sought and have been granted modifications for specific requirements under the 1135 waiver authority.

1135 Waiver Request Format

Though there is no specific form or format required to request a waiver, impacted providers should provide the California Department of Public Health (CDPH) with certain information, including:

- Provider name/type
- Full address (including county/city/town/state)



SUBJECT: 1135 Waivers	POLICY #EP8610-103
DEPARTMENT: Organizational	PAGE 1 OF 4
REVISED:	EFFECTIVE:

- CMS Certification Number (Medicare provider number)
- Contact information for follow-up questions, should the regional office need additional clarification
- A brief summary of why the waiver is needed that clearly states the issue's scope and impact. For example: Critical access hospital is sole community provider without reasonable transfer options at this point during the specified emergent event (e.g. flooding, tornado, fires, or flu outbreak). Facility needs a waiver to exceed its bed limit by X number of beds for Y days/weeks (be specific).
- The type of relief or regulatory requirement waiver sought

Providers should send this information to the San Francisco Regional Office at rosfoso@cms.hhs.gov and copy CDPH. This will ensure the waiver request does not conflict with any state requirements and that all concerns are addressed in a timely fashion.

For more information on the 1135 waiver process, visit the CMS website.

REFERENCE:
CIHQ 42 CFR 482.15 Emergency Preparedness Policies and Procedures

OWNER:
Emergency Management Committee

AUTHORS/REVIEWERS:
Mark Kobe, Chief Nursing Officer
Dawn Kuwahara, Chief Ancillary Services Officer
Gregory Gatenian, Engineering Manager
Celia Kruse de la Rosa, Marketing & Public Relations Coordinator

APPROVALS:
Policy & Procedure Team: 11/20/18
Board Quality Committee: 11/28/18
The Board of Directors:



SUBJECT: Delegation of Authority	POLICY #EP8610-104
DEPARTMENT: Organizational	PAGE 1 OF 4
REVISED:	EFFECTIVE:

PURPOSE:

To provide guidelines to the organization to identify which staff would assume specific roles in another’s absence through succession planning, delegations of authority and who is authorized to act in the absence of the administrator or person legally responsible for the operations of the organization.

POLICY:

The emergency preparedness plan addresses the continuity of operations, including delegations of authority and succession plan when indicated.

1. In the event that the Administrator of SVH (Chief Executive Officer, CEO) is unavailable in an emergency situation, authority is delegated to the Chief Nursing Officer (CNO).
2. In the event that the CEO becomes deceased, the Chief Financial Officer (CFO) is delegated authority for the organization. Clinical operations would be delegated to the CNO.
3. In the event the CNO is unavailable or deceased, the Director of Patient Care Services is delegated authority for clinical operations.

REFERENCES:

CIHQ 42 CFR 482.15 Emergency Preparedness Policies and Procedures

OWNER:

Emergency Management Committee

AUTHORS/REVIEWERS:

Mark Kobe, Chief Nursing Officer
Dawn Kuwahara, Chief Ancillary Services Officer
Gregory Gatenian, Engineering Manager
Celia Kruse de la Rosa, Marketing & Public Relations Coordinator

APPROVALS:

Policy & Procedure Team: 11/20/18
Board Quality Committee: 11/28/18
The Board of Directors:

Sonoma Valley District Board Calendar - 2019

January	February	March	April	May	June
<ul style="list-style-type: none"> • Board Member Committee Assignments 	<ul style="list-style-type: none"> • Special meeting SNF Task Force • Finance Committee Quarterly Report • Quality Team Annual Report 	<ul style="list-style-type: none"> • Review FY 2020 Budget Assumptions • Human Resources Annual Report • Quarterly Strategy Report 	<ul style="list-style-type: none"> • Recommend FY 2020 Strategic Plan • Chief of Staff Report • Quality Committee Quarterly Report • Nursing Annual Report 	<ul style="list-style-type: none"> • Approve 2020 Three Year Rolling Strategic Plan • Finance Committee Quarterly Report 	<ul style="list-style-type: none"> • Information Services Annual Report • Quarterly Strategy Report • Approve FY 2020 Budget
July	August	September	October	November	December
<ul style="list-style-type: none"> • Approve Capital Spending Plan • Ancillary Services Annual Report • Quality Committee Quarterly Report 	<ul style="list-style-type: none"> • Finance Committee Report • SVHF Annual Update 	<ul style="list-style-type: none"> • Chief of Staff Report • Quarterly Strategy Report • Marketing/PR Update 	<ul style="list-style-type: none"> • Approve CEO Performance Evaluation/Compensation/Annual Incentive Goals • Quality Committee Quarterly Report 	<ul style="list-style-type: none"> • Approve FY 2019 Audit • SVHCD Annual Report to the Community • Quarterly Finance Report 	<ul style="list-style-type: none"> • Elect District Officers • Quarterly Strategy Report

Speakers, Education Opportunities, Briefings

2018 Guest Speakers

- Sonoma Community Health Center CEO – Cheryl Johnson (*March Board meeting*)
- Sonoma Valley Fire & Rescue – Steve Akre (*April Board meeting*)
- City of Sonoma Manager – Cathy Capriola & Bret Sackett (*May Board meeting*)
- Hospice by the Bay – Kitty Whitaker (*June Board meeting*)
- County Supervisor – Susan Gorin (*August Board meeting*)
- Vintage House Executive Director – Priscilla Essert (*September Board meeting*)

Suggestions for 2019 Guest Speakers

- 1206B and Rural Health Center – TBD
- Sonoma County Health Services – Barbie Robinson
- Hospital Council of Northern & Central California – T Abraham
- Medical Board of CA – Cannabis Task Force – Kristina Lawson
- Update on UCSF Affiliation – Shelby DeCosta
- Sustainable Sonoma – TBD
- Update on Healing at Home – Kitty Whitaker
- Cancer Support – TBD
- New physician techniques - Dr. Alexandridis
- Sonoma Community Health Center – Cheryl Johnson, CEO
- Canopy Health – Joel Crist

Updated 03.12.18



To: SVHCD Board of Directors
From: Kelly Mather
Date: 1/3/19
Subject: Administrative Report

Summary

2018 was an interesting year with significant change. The UCSF affiliation was very positive for all. We have identified our strengths and what our community needs and re-invented our hospital around what we do best and services that are highly regarded and utilized. The team managed through the changes with grace and it is truly an honor working with everyone at SVH. Healing at Home is doing well as part of Hospice by the Bay.

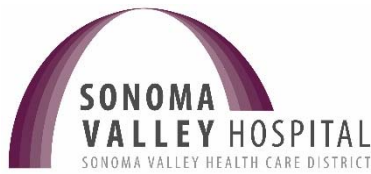
Strategic Update from FY 2019 Strategic Plan:

Strategic Priorities	Update
Highest levels of health care safety, quality and value	<ul style="list-style-type: none"> ➤ The 5 Star hospital vision is now a reality. We have a new leader for Inpatient services and the move to the 3rd floor will happen in early spring. The new patient unit is being refurbished and we plan to upgrade the rooms overtime, as well. ➤ We will have our “Stroke Ready” accreditation survey in early 2019. UCSF is overseeing this program. ➤ We have a new Medical Director of Emergency Services and he is excellent.
Be the preferred hospital for patients, physicians, employers and health plans	<ul style="list-style-type: none"> ➤ The Patient Access Center team is underway and we should pilot this change in imaging within the year. This will increase patient and physician satisfaction and efficiency will be much improved. ➤ Dr. Pathi, Urology/GYN, is seeing patients in Sonoma now. ➤ Dr. Roache, Shoulder Surgeon, is starting in March. ➤ Kaiser admitted 14 patients in December during their strike and said our care was excellent.
Implement new and enhanced revenue strategies as measured by increased direct margins in each service unit	<ul style="list-style-type: none"> ➤ The Outpatient Diagnostic Center is projected to increase revenue by over \$1 million per year and should break ground next summer. ➤ The Pain Management physicians are starting to work together on a referral network and the SV Community Health Center is partnering with us. ➤ We are promoting Bariatrics with Partnership Health Plan to health centers throughout the North Bay.
Continue to improve financial stability as measured by EBDA	<ul style="list-style-type: none"> ➤ We paid off a few more leases in 2018 and continue to decrease our debt. ➤ Prima is now an affiliate of UCSF and therefore the subsidy that is needed has decreased which reduces expenses. ➤ The SNF task force will review the 2nd quarter results with the new changes in January. We also have two expert groups looking at alternatives for the future. ➤ The South Lot sale should be complete in June. They are hoping for planning commission approved on January 10th.
Lead progress toward becoming a Healthier community	<ul style="list-style-type: none"> ➤ The PRIME grant project continues to decrease re-admissions and improve patient health. ➤ We are promoting Heart Health month in February through the “Let’s Talk about Women’s Health” series.

NOVEMBER 2018

			National Benchmark
Patient Experience	Current Performance	FY 2019 Goal	
Would Recommend Hospital	95 th	> 60th percentile	50th percentile
Inpatient Overall Rating	59 th	>60th percentile	50th percentile
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 – Colon Surgery	0	<1	N/A
SSI – Total Joint	2	<1.5%	N/A
MRSA Bacteremia	0	<.13	<.13
C. Diff	0	3.5	7.4/10,000 pt days
PSI – 90 Composite	1	<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	2	< 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
Staff Satisfaction Survey	61 st percentile	75th percentile	50th percentile
Turnover	16.5%	< 10%	< 15%
Financial Stability	YTD Performance	FY 2019 Goal	Benchmark
EBDA	-1.1%	1%	3%
FTE's/AOB	4.84	4.3	5.3
Days Cash on Hand	9.6	20	30
Days in Accounts Receivable	45	49	50
Length of Stay	3.9	3.85	4.03
Funds raised by SVHF	\$15 million	\$20 million	\$1 million
Strategic Growth	YTD Performance	FY 2019 Goal	Benchmark
Inpatient Discharges	441/1058	1000	1000
Outpatient Visits	22,339/53,613	53,000	51,924
Emergency Visits	4139/9934	10,000	11,040
Surgeries + Special Procedures	1285/3084	2500	2,568
Community Benefit Hours	525/1260	1200	1200

Note: Colors demonstrate comparison to National Benchmark



Healing Here at Home

TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2019	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018
FY YTD Turnover	<10%	1.6	3.3	3.6	5.8	6.9	9.7	11.3	12.9	14.2	16.2	17.8	20.3
Leave of Absences	<12	13	11	8	10	9	9	10	15	13	15	12	11
EBDA	>1%	0	1.7	1.6	-8.9	-1.7	-1.4	2.2	-6	-1.7	-1.8	-1.2	.4
Operating Revenue	>5m	4.5	4.9	4.6	4.4	4.3	4.5	4.9	4.7	4.2	4.4	4.8	5.2
Expense Management	<5.3m	5.1	5.3	5.0	5.3	4.8	5.1	5.3	5.2	5.1	5.0	5.1	4.9
Net Income	>50k	214	32	208	-273	-95	-226	125	-174	-395	220	369	543
Days Cash on Hand	>20	19.1	10	13	13	9.6	17.4	23.5	14.1	6.7	6.8	6.2	10.6
A/R Days	<50	41	43	48	44	45	51	51	47	43	43	47	42
Total FTE's	<320	310	309	314	298	288	307	312	305	302	307	306	298
FTEs/AOB	<4.5	3.62	3.29	4.38	4.18	4.84	3.85	3.68	3.87	4.17	4.06	4.35	3.82
Inpatient Discharges	>90	81	85	90	92	93	96	111	82	106	103	108	99
Outpatient Revenue	>\$14m	14.8	16.8	13.9	15.8	13.5	14.1	14.7	12.5	13.1	14.1	15.2	13.6
Surgeries	>150	150	165	182	175	161	160	141	139	151	144	175	151
ER	>900	901	810	814	842	772	919	996	811	871	864	934	856
Births	>11	8	14	13	9	n/a	10	7	11	8	6	9	16
SNF days	>550	664	628	457	405	326	563	646	494	566	525	423	545
MRI	>120	99	145	92	119	98	105	106	112	122	154	153	148
Cardiology (Echos)	>50	88	135	97	124	112	93	96	65	84	95	84	78
Laboratory	>12	12.4	13.4	11.7	13.7	12.6	11.4	12.9	10.6	12.3	11.5	12.5	13.0
Radiology	>900	894	951	929	1112	884	891	1072	829	968	905	968	877
Rehab	>2700	2414	2860	1788	2688	2131	2884	2593	2773	3091	2455	2586	2670
CT	>350	359	387	331	392	331	386	346	288	305	367	394	358
Mammography	>200	280	243	221	269	219	249	190	155	363	202	220	221
Ultrasound	>250	181	280	246	333	233	258	274	221	258	293	311	267
Occupational Health	>600	570	639	489	833	561	416	504	555	734	774	822	625
Wound Care	>200	290	256	198	293	266	277	204	122	182	210	237	225

SVH CMO Board Report

1/10/2019

1. What is going well:
 - a. New Director of Patient Care Services started 12/17/2018 (Jessica Winkler).
 - b. New ED Medical Director – Dr. Schmidt has started and is doing a great job.
 - i. Combining RN / MD Staff meetings beginning 2/2019.
 - c. New Home Medication Reconciliation Protocol underway in ED.
 - i. 81% compliance in first 2 weeks. (This is huge improvement).
 - d. Voluntary call pool and ER transfer tool for consultants completed
 - e. ICU is fully staffed with RNs (last traveler finishes 1/23/19).
 - f. Signing up medical staff for MD Link – access to UCSF medical records, referrals, e-consults.
2. Follow up previous agenda items:
 - a. Third floor renovations underway with move planned for late January.
 - b. Stroke Ready Process – Contract with UCSF complete for Medical Director piece. We have requested verification. Likely to happen first quarter 2019.
3. Opportunities for growth / improvement / on-going projects:
 - a. Ending contract for Touro medical students rotating through our ED as we did not feel we are able to provide them with an adequate broad educational experience and there were significant logistical concerns with this arrangement as well.
 - b. We are still in need of an ED Nurse Manager.
 - c. SNF Task Force – consultants on site week of 1/9/2019, anticipate analysis of pilot project (Oct-Dec) with financials will be available soon, on-going evaluation of all potential options.
4. Quality Follow Up:
 - a. No changes on this month's dashboard – details of previously reported areas of interest are below.
 - i. SSI Total Joint
 1. •2 met NHSN criteria for Organ/Space Peri-prosthetic SSI (12.5%)-this is what is populated on the dashboard and publically reported. An investigation was conducted and findings reported to the Surgery Committee and Quality Management and we have returned back to baseline. The orthopedic cluster was 22 days long.
 - ii. Patient Safety Indicator (PSI) 90 Composite
 1. Fall while inpatient post elective hip replacement sustaining a secondary hip fracture and requiring a second surgery and SNF stay. Conducted Sorry Works with patient's daughter and sister on 10/10/18.



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: December 18, 2018
Subject: Financial Report for the Month Ending November 30, 2018

November's actual loss of (\$600,013) from operations was (\$96,363) unfavorable to the budgeted loss of (\$503,650). After accounting for all other activity; the November net loss was (\$94,700) vs. the budgeted net loss of (\$16,818) with a monthly EBIDA of -0.6% vs. a budgeted 2.2%.

Gross patient revenue for November was \$21,134,559; (\$172,136) under budget. Inpatient gross revenue was over budget by \$370,451. Inpatient days were over budget by 20 days and inpatient surgeries were over budgeted expectations by 2 cases. Outpatient revenue was over budget by \$265,659. Outpatient visits were over budgeted expectations by 51 visits, and outpatient surgeries were over budgeted expectations by 1 case and special procedures were under budgeted expectations by (20) cases. The Emergency Room gross revenue was under budget by (\$460,217) with ER visits under budgeted expectations by (130). SNF gross charges were under budgeted expectations by (\$348,029) and SNF patient days were under budget by (202) days, the unfavorable variance is due to the current restructuring model which has a cap of 15 patients per day.

Deductions from revenue were favorable to budgeted expectations by \$123,419. Of the variance, (\$190,938) is from the prior period adjustments or IGT payments. Without the IGT variance, the deductions from revenue variance is favorable by \$314,357 which is due to gross revenue being under budgeted expectations.

After accounting for all other operating revenue, the **total operating revenue** was unfavorable to budgeted expectations by (\$50,400).

Operating Expenses of \$4,859,719 were unfavorable to budget by (\$45,963). Salaries and wages and agency fees were over budget by (\$176,057) with the salaries and wages being over budget by (\$113,589) and agency fees over by (\$62,468). The overage in salaries were primarily in nursing costs in the ICU (\$48,161), Med-Surg (\$58,438), Surgery/Recovery (\$21,167), and in Radiology (\$18,133). In November the hospital does the annual skills labs for nursing which adds educational hours. The nursing costs were offset by a positive variance in SNF of \$51,340. The overage in agency fees were primarily in physical and occupational therapy (\$45,046) to support SNF patients and in the ER (\$30,436). The savings in Employee benefits of \$72,975 offsets the salaries, wages, and agency fees for an overall unfavorable variance of (\$103,082) for employee costs. Purchased Services were over budget by (\$44,698) due to an increased cost for Telepharmacy services in Pharmacy (\$12,728) and in Plant

Operations (\$12,091) due to an increase in repairs and maintenance, and in Employee Health Services (\$15,387) due to annual TB tests (this cost is budgeted over 12-months). There was no matching fee in the November.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for November is (\$365,104) vs. a budgeted net loss of (\$246,438). The hospital received SVHF donations of \$116,736 for the outpatient diagnostic center and other capital items. The total net loss for November after all activity was (\$94,700) vs. a budgeted net loss of (\$16,818).

EBIDA for the month of November was -0.6% vs. the budgeted 2.2%.

Patient Volumes – November

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	93	85	8	99
Newborn Discharges	0	0	0	11
Acute Patient Days	315	295	20	321
SNF Patient Days	326	528	-202	468
Home Care Visits	0	709	-709	630
OP Gross Revenue	\$13,530	\$13,725	(\$195)	\$12,952
Surgical Cases	161	158	3	155

Gross Revenue Overall Payer Mix – November

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	47.5%	42.8%	4.7%	41.2%	43.2%	-2.0%
Medicare Mgd Care	13.2%	12.7%	0.5%	15.5%	12.7%	2.8%
Medi-Cal	14.9%	17.8%	-2.9%	17.5%	17.8%	-0.3%
Self-Pay	1.4%	1.4%	0.0%	1.3%	1.3%	0.0%
Commercial	19.1%	20.8%	-1.7%	20.5%	20.6%	-0.1%
Workers Comp	1.9%	2.5%	-0.6%	2.0%	2.4%	-0.4%
Capitated	2.0%	2.0%	0.0%	2.0%	2.0%	0.0%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for November:

For the month of November the cash collection goal was \$3,688,151 and the Hospital collected \$3,701,819 or over the goal by \$13,668. The year-to-date cash collection goal was \$19,031,201 and the Hospital has collected \$18,587,309 or under goal by (\$443,892). Days of cash on hand are 9.6 days at November 30, 2018, this calculation includes the cash in the Money Market account. Accounts Receivable increased from October, from 44.0 days to 44.5 days in November. Accounts Payable increased by \$139,682 from October and Accounts Payable days are at 45.3.

ATTACHMENTS:

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



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

ATTACHMENT A

November-18

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	10,033,077	9,075,421	957,656	10.6%
Medicare Managed Care	2,798,284	2,735,866	62,418	2.3%
Medi-Cal	3,145,049	3,829,058	-684,009	-17.9%
Self Pay	295,994	294,185	1,809	0.6%
Commercial & Other Government	4,031,828	4,404,946	-373,118	-8.5%
Worker's Comp.	397,712	534,116	-136,404	-25.5%
Capitated	432,615	433,103	-488	-0.1%
Total	21,134,559	21,306,695	(172,136)	

	Actual	Budget	Variance	% Variance
Medicare	47,950,320	47,173,649	776,671	1.6%
Medicare Managed Care	17,989,697	13,934,880	4,054,817	29.1%
Medi-Cal	20,389,274	19,564,898	824,376	4.2%
Self Pay	1,471,212	1,478,546	-7,334	-0.5%
Commercial & Other Government	23,914,363	22,612,006	1,302,357	5.8%
Worker's Comp.	2,377,402	2,653,431	-276,029	-10.4%
Capitated	2,337,191	2,204,719	132,472	6.0%
Total	116,429,459	109,622,129	6,807,330	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,447,690	1,216,004	231,686	19.1%
Medicare Managed Care	353,144	351,244	1,900	0.5%
Medi-Cal	440,621	521,315	-80,694	-15.5%
Self Pay	212,826	132,594	80,232	60.5%
Commercial & Other Government	1,438,963	1,499,336	-60,373	-4.0%
Worker's Comp.	81,809	113,047	-31,238	-27.6%
Capitated	14,752	14,044	708	5.0%
Prior Period Adj/IGT	161,617	352,555	-190,938	-54.2%
Total	4,151,422	4,200,139	(48,717)	-1.2%

	Actual	Budget	Variance	% Variance
Medicare	6,782,827	6,697,386	85,441	1.3%
Medicare Managed Care	2,436,346	1,872,853	563,493	30.1%
Medi-Cal	2,961,671	2,591,729	369,942	14.3%
Self Pay	759,049	707,676	51,373	7.3%
Commercial & Other Government	7,925,908	8,172,965	-247,057	-3.0%
Worker's Comp.	453,466	635,956	-182,490	-28.7%
Capitated	58,888	69,385	-10,497	-15.1%
Prior Period Adj/IGT	800,389	1,762,775	-962,386	-54.6%
Total	22,178,544	22,510,725	(332,181)	-1.5%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	34.8%	29.0%	5.8%	20.0%
Medicare Managed Care	8.5%	8.4%	0.1%	1.2%
Medi-Cal	14.5%	20.8%	-6.3%	-30.3%
Self Pay	5.1%	3.2%	1.9%	59.4%
Commercial & Other Government	34.7%	35.6%	-0.9%	-2.5%
Worker's Comp.	2.0%	2.7%	-0.7%	-25.9%
Capitated	0.4%	0.3%	0.1%	33.3%
Total	100.0%	100.0%	0.0%	0.0%

	Actual	Budget	Variance	% Variance
Medicare	30.6%	29.9%	0.6%	2.0%
Medicare Managed Care	11.0%	8.3%	2.7%	32.5%
Medi-Cal	17.0%	19.3%	-2.3%	-11.9%
Self Pay	3.4%	3.1%	0.3%	9.7%
Commercial & Other Government	35.7%	36.3%	-0.6%	-1.7%
Worker's Comp.	2.0%	2.8%	-0.8%	-28.6%
Capitated	0.3%	0.3%	0.0%	0.0%
Total	100.0%	100.0%	-0.1%	-0.1%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	14.4%	13.4%	1.0%	7.5%
Medicare Managed Care	12.6%	12.8%	-0.2%	-1.6%
Medi-Cal	19.1%	22.8%	-3.7%	-16.2%
Self Pay	71.9%	45.1%	26.8%	59.4%
Commercial & Other Government	35.7%	34.0%	1.7%	5.0%
Worker's Comp.	20.6%	21.2%	-0.6%	-2.8%
Capitated	3.4%	3.2%	0.2%	6.3%

	Actual	Budget	Variance	% Variance
Medicare	14.1%	14.2%	-0.1%	-0.7%
Medicare Managed Care	13.5%	13.4%	0.1%	0.7%
Medi-Cal	18.5%	22.3%	-3.8%	-17.0%
Self Pay	51.6%	47.9%	3.7%	7.7%
Commercial & Other Government	33.1%	36.1%	-3.0%	-8.3%
Worker's Comp.	19.1%	24.0%	-4.9%	-20.4%
Capitated	2.5%	3.1%	-0.6%	-19.4%

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 11/30/18</u>	<u>Budget 11/30/18</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 11/30/18</u>	<u>Budget 11/30/18</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 11/30/17</u>
Inpatient Utilization								
Discharges								
1	79	75	4	Acute	391	389	2	365
2	14	10	4	ICU	50	58	(8)	78
3	93	85	8	Total Discharges	441	447	(6)	443
4	-	-	-	Newborn	46	24	22	46
5	93	85	8	Total Discharges inc. Newborns	487	471	16	489
Patient Days:								
6	241	224	17	Acute	1,335	1,177	158	1,113
7	74	71	3	ICU	363	413	(50)	413
8	315	295	20	Total Patient Days	1,698	1,590	108	1,526
9	-	-	-	Newborn	102	45	57	78
10	315	295	20	Total Patient Days inc. Newborns	1,800	1,635	165	1,604
Average Length of Stay:								
11	3.1	3.0	0.1	Acute	3.4	3.0	0.4	3.0
12	5.3	7.1	(1.8)	ICU	7.3	7.1	0.1	5.3
13	3.4	3.5	(0.1)	Avg. Length of Stay	3.9	3.6	0.3	3.4
14	0.0	0.0	-	Newborn ALOS	2.2	1.9	(0.3)	1.7
Average Daily Census:								
15	8.0	7.5	0.6	Acute	8.7	7.7	1.0	7.3
16	2.5	2.4	0.1	ICU	2.4	2.7	(0.3)	2.7
17	10.5	9.8	0.7	Avg. Daily Census	11.1	10.4	0.7	10.0
18	0.0	0.0	-	Newborn	0.67	0.29	0.4	0.51
Long Term Care:								
19	326	528	(202)	SNF Patient Days	2,480	2,587	(107)	2,599
20	22	30	(8)	SNF Discharges	126	143	(17)	139
21	10.9	17.6	(6.7)	Average Daily Census	16.2	16.9	(0.7)	17.0
Other Utilization Statistics								
Emergency Room Statistics								
22	772	902	(130)	Total ER Visits	4,139	4,530	(391)	4,378
Outpatient Statistics:								
23	4,519	4,468	51	Total Outpatients Visits	22,339	22,298	41	21,982
24	33	31	2	IP Surgeries	147	131	16	141
25	128	127	1	OP Surgeries	690	683	7	647
26	55	75	(20)	Special Procedures	448	340	108	329
27	-	709	(709)	Home Health Visits	2,027	3,837	(1,810)	3,873
28	320	327	(7)	Adjusted Discharges	1,589	1,677	(89)	1,630
29	1,782	2,338	(557)	Adjusted Patient Days (Inc. SNF)	11,729	11,871	(142)	11,553
30	59.4	77.9	(18.6)	Adj. Avg. Daily Census (Inc. SNF)	76.7	77.6	(0.9)	75.5
31	1.4465	1.4000	0.047	Case Mix Index -Medicare	1.4518	1.4000	0.052	1.5591
32	1.5346	1.4000	0.135	Case Mix Index - All payers	1.4875	1.4000	0.087	1.4878
Labor Statistics								
33	266	268	2.5	FTE's - Worked	274	271	(2.8)	280
34	288	303	15.8	FTE's - Paid	303	307	3.9	316
35	43.33	40.28	(3.05)	Average Hourly Rate	43.62	41.52	(2.10)	42.17
36	27.6	22.2	(5.4)	Manhours / Adj. Pat Day	22.6	22.6	0.0	23.9
37	153.8	158.8	5.0	Manhours / Adj. Discharge	166.5	159.7	(6.8)	169.1
38	22.2%	23.6%	1.4%	Benefits % of Salaries	22.2%	23.2%	1.0%	22.6%
Non-Labor Statistics								
39	13.0%	12.1%	-0.9%	Supply Expense % Net Revenue	12.9%	11.8%	-1.1%	11.9%
40	1,656	1,660	4	Supply Exp. / Adj. Discharge	1,820	1,629	(191)	1,695
41	15,691	15,759	68	Total Expense / Adj. Discharge	16,641	15,958	(683)	16,687
Other Indicators								
42	9.6			Days Cash - Operating Funds				
43	44.5	50.0	(5.5)	Days in Net AR	44.0	50.0	(6.0)	45.4
44	100%			Collections % of Net Revenue	98%			100.6%
45	45.3	55.0	(9.7)	Days in Accounts Payable	45.3	55.0	(9.7)	45.4
46	19.2%	20.8%	-1.5%	% Net revenue to Gross revenue	19.3%	21.2%	-1.9%	21.7%
47	21.1%			% Net AR to Gross AR	21.1%			22.8%

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

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,171,537	\$ 1,084,636	\$ 2,342,550
2 Trustee Funds	2,490,205	2,486,350	2,108,022
3 Net Patient Receivables	7,706,932	8,011,008	8,385,741
4 Allow Uncollect Accts	(1,280,158)	(1,440,864)	(1,272,722)
5 Net A/R	6,426,774	6,570,144	7,113,019
6 Other Accts/Notes Rec	6,501,899	6,697,879	7,161,663
7 3rd Party Receivables, Net	1,800,485	1,310,452	981,487
8 Inventory	841,747	854,994	847,066
9 Prepaid Expenses	775,866	843,358	758,654
10 Total Current Assets	<u>\$ 20,008,513</u>	<u>\$ 19,847,813</u>	<u>\$ 21,312,461</u>
12 Property, Plant & Equip, Net	\$ 51,706,430	\$ 51,843,894	\$ 52,276,451
13 Specific Funds/ Money Market	345,128	957,582	919,177
14 Other Assets	-	-	-
15 Total Assets	<u><u>\$ 72,060,071</u></u>	<u><u>\$ 72,649,289</u></u>	<u><u>\$ 74,508,089</u></u>
Liabilities & Fund Balances			
Current Liabilities:			
16 Accounts Payable	\$ 3,735,636	\$ 3,595,954	\$ 3,294,590
17 Accrued Compensation	3,826,563	3,705,025	4,373,415
18 Interest Payable	403,059	302,291	423,103
19 Accrued Expenses	1,334,097	1,358,402	1,783,535
20 Advances From 3rd Parties	105,388	105,388	504,690
21 Deferred Tax Revenue	3,997,720	4,568,823	3,971,450
22 Current Maturities-LTD	957,080	1,009,180	1,291,404
23 Line of Credit - Union Bank	6,973,734	6,973,734	6,973,734
24 Other Liabilities	1,701,386	1,701,386	1,501,386
25 Total Current Liabilities	<u>\$ 23,034,663</u>	<u>\$ 23,320,183</u>	<u>\$ 24,117,307</u>
26 Long Term Debt, net current portion	\$ 32,948,323	\$ 33,157,321	\$ 35,160,401
Fund Balances:			
28 Unrestricted	\$ 10,011,755	\$ 10,223,191	\$ 11,269,063
29 Restricted	6,065,330	5,948,594	3,961,318
30 Total Fund Balances	<u>\$ 16,077,085</u>	<u>\$ 16,171,785</u>	<u>\$ 15,230,381</u>
31 Total Liabilities & Fund Balances	<u><u>\$ 72,060,071</u></u>	<u><u>\$ 72,649,289</u></u>	<u><u>\$ 74,508,089</u></u>

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

ATTACHMENT D

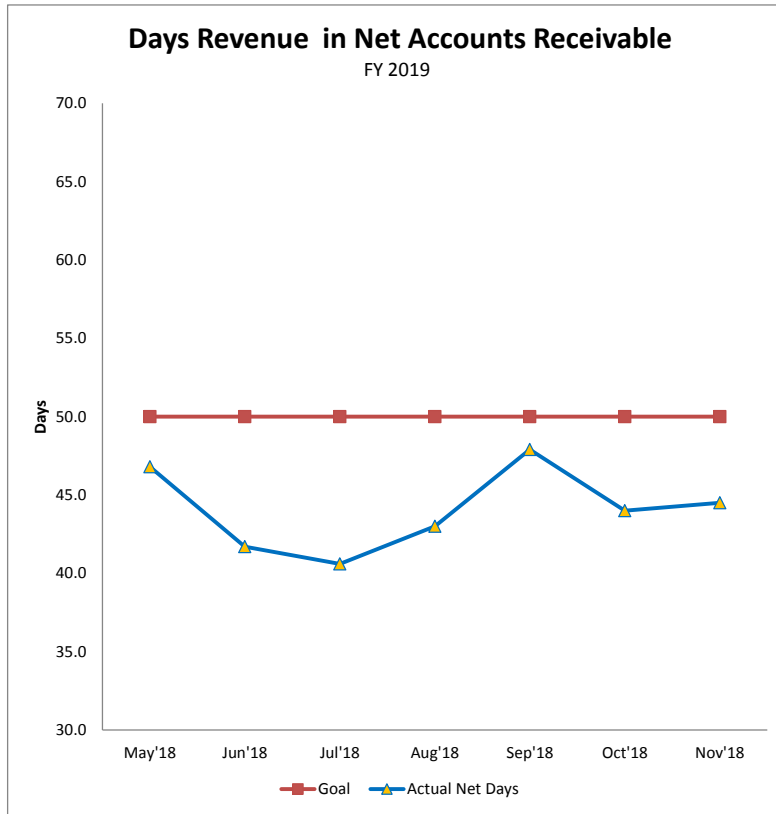
	Month				Volume Information	Year-To-Date				YTD					
	This Year		Variance			This Year		Variance			Prior Year				
	Actual		\$	%		Actual	Budget	\$	%						
1	93	85	8	9%	Acute Discharges	441	447	(6)	-1%	443					
2	326	528	(202)	-38%	SNF Days	2,480	2,587	(107)	-4%	2,599					
3	-	709	(709)	-100%	Home Care Visits	2,027	3,837	(1,810)	-47%	3,873					
4	13,530	13,725	(195)	-1%	Gross O/P Revenue (000's)	\$ 74,855	\$ 70,922	3,932	6%	\$ 68,879					
Financial Results															
Gross Patient Revenue															
5	\$ 6,208,651	\$ 5,838,200	370,451	6%	Inpatient	\$ 31,531,246	\$ 29,132,213	2,399,033	8%	\$ 28,554,693					
6	7,787,824	7,522,165	265,659	4%	Outpatient	42,894,470	38,817,629	4,076,841	11%	37,908,079					
7	5,742,518	6,202,735	(460,217)	-7%	Emergency	31,232,348	31,058,171	174,177	1%	29,628,299					
8	1,395,566	1,743,595	(348,029)	-20%	SNF	10,008,948	9,507,963	500,985	5%	9,777,952					
9	-	-	-	#DIV/0!	Home Care	762,447	1,106,153	(343,706)	-31%	1,404,573					
10	\$ 21,134,559	\$ 21,306,695	(172,136)	-1%	Total Gross Patient Revenue	\$ 116,429,459	\$ 109,622,129	6,807,330	6%	\$ 107,273,596					
Deductions from Revenue															
11	\$ (16,945,034)	\$ (17,334,381)	389,347	2%	Contractual Discounts	\$ (94,183,659)	\$ (88,250,529)	(5,933,130)	-7%	\$ (86,221,034)					
12	(175,000)	(100,000)	(75,000)	-75%	Bad Debt	(735,000)	(500,000)	(235,000)	-47%	(653,000)					
13	(24,720)	(24,730)	10	0%	Charity Care Provision	(132,645)	(123,650)	(8,995)	-7%	(47,269)					
14	161,617	352,555	(190,938)	-54%	Prior Period Adj/Government Program Revenue	800,389	1,762,775	(962,386)	*	2,294,443					
15	\$ (16,983,137)	\$ (17,106,556)	123,419	-1%	Total Deductions from Revenue	\$ (94,250,915)	\$ (87,111,404)	(7,139,511)	8%	\$ (84,626,860)					
Net Patient Service Revenue															
16	\$ 4,151,422	\$ 4,200,139	(48,717)	-1%	Risk contract revenue	\$ 472,874	\$ 569,392	(96,518)	-17%	\$ 650,145					
17	\$ 97,789	\$ 95,999	1,790	2%	Net Hospital Revenue	\$ 22,651,418	\$ 23,080,117	(428,699)	-2%	\$ 23,296,881					
18	\$ 4,249,211	\$ 4,296,138	(46,927)	-1%	Other Op Rev & Electronic Health Records	\$ 82,944	\$ 69,840	13,104	19%	\$ 87,537					
19	\$ 10,495	\$ 13,968	(3,473)	-25%	Total Operating Revenue	\$ 22,734,362	\$ 23,149,957	(415,595)	-2%	\$ 23,384,418					
20	\$ 4,259,706	\$ 4,310,106	(50,400)	-1%	Operating Expenses										
Salary and Wages and Agency Fees															
21	\$ 2,130,606	\$ 1,954,549	(176,057)	-9%	Salary and Wages and Agency Fees	\$ 11,538,931	\$ 10,988,603	(550,328)	-5%	\$ 11,624,205					
22	701,721	774,696	(72,975)	9%	Employee Benefits	3,909,815	4,229,134	(319,319)	8%	4,348,464					
23	\$ 2,832,327	\$ 2,729,245	(103,082)	-4%	Total People Cost	\$ 15,448,746	\$ 15,217,737	(231,009)	-2%	\$ 15,972,669					
24	\$ 464,003	\$ 501,842	37,839	8%	Med and Prof Fees (excl Agency)	\$ 2,412,064	\$ 2,516,399	104,335	4%	\$ 2,052,849					
25	529,285	540,362	11,077	2%	Supplies	2,891,559	2,730,850	(160,709)	-6%	2,763,184					
26	412,098	367,400	(44,698)	-12%	Purchased Services	1,922,996	1,850,296	(72,700)	-4%	1,826,092					
27	290,768	290,727	(41)	0%	Depreciation	1,460,066	1,437,219	(22,847)	-2%	1,425,559					
28	108,747	104,131	(4,616)	-4%	Utilities	550,722	580,855	30,133	5%	573,094					
29	35,320	35,320	-	0%	Insurance	176,600	170,927	(5,673)	-3%	159,095					
30	50,225	49,494	(731)	-1%	Interest	247,706	248,606	900	0%	233,989					
31	136,946	106,832	(30,114)	-28%	Other	543,063	600,895	57,832	10%	599,255					
32	-	88,403	88,403	*	Matching Fees (Government Programs)	0	442,014	442,014	100%	775,755					
33	\$ 4,859,719	\$ 4,813,756	(45,963)	-1%	Operating expenses	\$ 25,653,522	\$ 25,795,798	142,276	1%	\$ 26,381,541					
34	\$ (600,013)	\$ (503,650)	(96,363)	-19%	Operating Margin	\$ (2,919,160)	\$ (2,645,841)	(273,319)	-10%	\$ (2,997,123)					

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

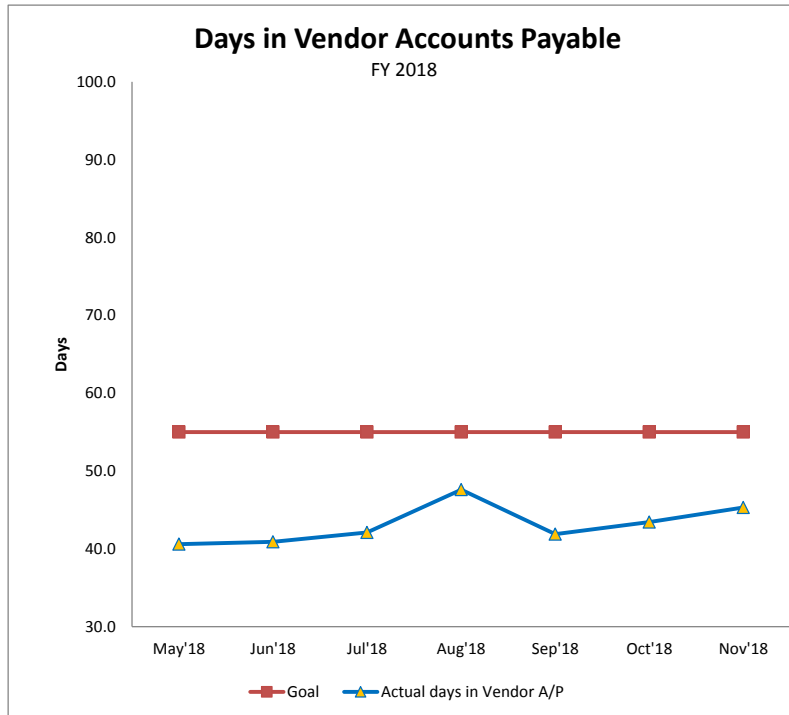
	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	(6)	8	
2 SNF Days	(107)	(202)	
3 Home Care Visits	(1,810)	(709)	
4 Gross O/P Revenue (000's)	3,932	(195)	
Financial Results			
Gross Patient Revenue			
5 Inpatient	2,399,033	370,451	Inpatient days are 315 days vs. budgeted expectations of 295 days and inpatient surgeries are 33 vs. budgeted expectations 31.
6 Outpatient	4,076,841	265,659	Outpatient visits are 4,519 vs. budgeted expectations of 4,468 visits and outpatient surgeries are 128 vs. budgeted expectations 127.
7 Emergency	174,177	(460,217)	ER visits are 772 vs. budgeted visits of 902.
8 SNF	500,985	(348,029)	SNF patient days are 326 vs. budgeted expected days of 528.
9 Home Care	(343,706)	-	
10 Total Gross Patient Revenue	6,807,330	(172,136)	
Deductions from Revenue			
11 Contractual Discounts	(5,933,130)	389,347	
12 Bad Debt	(235,000)	(75,000)	
13 Charity Care Provision	(8,995)	10	
14 Prior Period Adj/Government Program Revenue	(962,386)	(190,938)	Accrual of \$62,500 for the prime grant, Partnership 17/18 QIP payment \$40,615, and adjustment to due to CMS for FY 18 cost report of \$58,502.
15 Total Deductions from Revenue	(7,139,511)	123,419	
16 Net Patient Service Revenue	(332,181)	(48,717)	
17 Risk contract revenue	(96,518)	1,790	
18 Net Hospital Revenue	(428,699)	(46,927)	
19 Other Op Rev & Electronic Health Records	13,104	(3,473)	
20 Total Operating Revenue	(415,595)	(50,400)	
Operating Expenses			
21 Salary and Wages and Agency Fees	(550,328)	(176,057)	Salaries and Wages are over budget by (113,589) and the Agency fees are over budget by (\$62,468).
22 Employee Benefits	319,319	72,975	
23 Total People Cost	(231,009)	(103,082)	
24 Med and Prof Fees (excl Agency)	104,335	37,839	
25 Supplies	(160,709)	11,077	
26 Purchased Services	(72,700)	(44,698)	Purchased Services are over budget in Pharmacy (\$12,728) due to an increase cost in November for the tele-pharmacists, in Plant Operations (\$12,091) due to additional R&M and services and in Employee health services (\$15,387) due to employee TB tests (this cost is budgeted over 12-months).
27 Depreciation	(22,847)	(41)	
28 Utilities	30,133	(4,616)	
29 Insurance	(5,673)	-	
30 Interest	900	(731)	
31 Other	57,832	(30,114)	
32 Matching Fees (Government Programs)	442,014	88,403	No matching fee in November.
33 Operating expenses	142,276	(45,963)	
34 Operating Margin	(273,319)	(96,363)	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	(68,758)	(23,345)	
36 Donations	(5,986)	(291)	Foundation donations for various employees continuing education
37 Physician Practice Support-Prima	8,332	2,083	
38 Parcel Tax Assessment Rev	(750)	(750)	
39 Extraordinary Items	-	-	
40 Total Non-Operating Rev/Exp	(67,162)	(22,303)	
		-	

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

	YTD	MONTH	
Description	Variance	Variance	
41 Net Income / (Loss) prior to Restricted Contributions	(340,481)	(118,666)	
		-	
42 Capital Campaign Contribution	(74,381)	(20,532)	
43 Restricted Foundation Contributions	872,864	61,316	Foundation donations for the ODC.
44 Net Income / (Loss) w/ Restricted Contributions	458,002	(77,882)	
45 GO Bond Tax Assessment Rev	-	-	
46 GO Bond Interest	-	-	
47 Net Income/(Loss) w GO Bond Activity	458,002	(77,882)	



Days in A/R	May'18	Jun'18	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18
Actual days in A/R	46.8	41.7	40.6	43.0	47.9	44.0	44.5
Goal	50.0	50.0	50.0	50.0	50.0	50.0	50.0



Days in A/P	May'18	Jun'18	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18
Actual days in Vendor A/P	40.6	40.9	42.1	47.6	41.9	43.5	45.3
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												
	Nov-18	Nov-18	Oct-18	Sep-18	Aug-18	Jul-18	Jun-18	May-18	Apr-18	Mar-18	Feb-18	Jan-18	Dec-17	Nov-17	Oct-17
Statistics															
Acute															
Acute Patient Days	315	295	394	337	361	291	354	374	341	335	289	394	386	321	315
Acute Discharges (w/o Newborns)	93	85	92	90	85	81	99	108	103	106	82	111	96	99	87
SNF Days	326	528	405	457	628	664	545	423	525	566	494	646	563	468	624
HHA Visits	0	709	0	682	585	760	871	747	755	684	821	801	798	630	871
Emergency Room Visits	772	902	842	814	810	901	856	934	864	871	811	996	919	816	827
Gross Outpatient Revenue (000's)	\$13,530	\$13,725	\$15,824	\$13,946	\$16,762	\$14,801	\$13,677	\$15,188	\$14,170	\$13,064	\$12,519	\$14,741	\$14,051	\$12,952	\$11,864
Equivalent Patient Days	1,782	2,338	2,207	2,175	2,911	2,654	2,343	2,178	2,265	2,272	2,212	2,629	2,471	2,030	2,334
Births	0	0	9	13	14	8	16	9	6	8	11	7	10	11	12
Surgical Cases - Inpatient	33	31	34	31	26	23	28	29	30	34	16	32	24	34	23
Surgical Cases - Outpatient	128	127	141	151	139	127	123	146	114	117	123	109	136	121	97
Total Surgical Cases	161	158	175	182	165	150	151	175	144	151	139	141	160	155	120
Total Special Procedures	55	75	92	99	124	78	97	72	87	75	75	65	59	73	52
Medicare Case Mix Index	1.45	1.40	1.44	1.73	1.33	1.32	1.45	1.46	1.48	1.45	1.34	1.50	1.57	1.55	1.49
Income Statement															
Net Revenue (000's)	\$4,249	\$4,296	\$4,282	\$4,548	\$4,924	\$4,557	\$5,265	\$4,817	\$4,389	\$4,218	\$4,590	\$4,909	\$4,466	\$4,474	\$4,543
Operating Expenses (000's)	\$4,860	\$4,814	\$5,321	\$5,045	\$5,314	\$5,114	\$4,968	\$5,134	\$5,053	\$5,179	\$5,270	\$5,357	\$5,122	\$5,332	\$4,872
Net Income (000's)	(\$95)	(\$17)	(\$120)	\$209	\$32	\$214	\$859	\$369	\$221	(\$395)	(\$175)	\$125	(\$226)	(\$380)	\$62
Productivity															
Total Operating Expense Per Equivalent Patient Day	\$2,727	\$2,059	\$2,411	\$2,319	\$1,826	\$1,927	\$2,120	\$2,357	\$2,231	\$2,280	\$2,382	\$2,038	\$2,073	\$2,627	\$2,087
Productive FTEs	266	268	278	278	278	270	259	279	281	279	274	276	255	316	246
Non-Productive FTEs	22	35	20	36	31	40	39	27	26	23	31	36	52	13	58
Total FTEs	288	303	298	314	309	310	298	306	307	302	305	312	307	329	304
FTEs per Adjusted Occupied Bed	4.84	3.89	4.18	4.38	3.29	3.62	3.82	4.35	4.06	4.17	3.87	3.68	3.85	4.86	4.04
Balance Sheet															
Days of Expense In General Operating Cash	9.6		13	13	10	19	11	6	7	7	14	24	18	14	12
Net Days of Revenue in AR	45	50	44	48	43	41	42	47	43	43	47	51	51	48	45

Sonoma Valley Hospital
Cash Forecast
FY 2019

ATTACHMENT H

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual 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	3,963,236	4,597,184	4,281,345	4,206,895	3,974,938	3,617,124	4,087,658	3,846,851	4,136,718	3,880,522	49,252,987
2 Capitation Revenue	94,582	92,314	96,054	92,135	97,789	95,999	95,999	95,999	95,999	95,999	95,999	95,999	1,144,867
3 Napa State	12,295	4,713	-	24,798	8,185	11,962	11,962	11,962	11,962	11,962	11,962	11,961	133,724
4 Other Operating Revenue	40,299	47,536	18,852	63,629	24,975	13,968	13,968	13,968	13,968	13,968	13,968	13,973	293,072
5 Other Non-Operating Revenue	45,944	12,250	51,133	42,712	14,067	26,673	26,673	26,673	26,673	26,673	26,673	26,673	352,817
6 Unrestricted Contributions	403		415	4,175	2,381	2,672	2,672	2,672	2,672	2,672	2,672	2,672	26,078
7 Line of Credit													-
Sub-Total Hospital Sources	4,565,580	4,445,271	4,129,690	4,824,633	4,428,742	4,358,169	4,126,212	3,768,398	4,238,932	3,998,125	4,287,992	4,031,800	51,203,545
Hospital Uses of Cash													
8 Operating Expenses	4,897,828	5,636,984	5,473,847	4,825,598	4,505,452	4,708,310	4,754,651	4,511,804	4,857,866	4,653,772	4,906,406	4,801,692	58,534,210
9 Add Capital Lease Payments	44,847	193,141	46,104	46,021	195,820								525,933
10 Additional Liabilities													-
11 Capital Expenditures	331,168		286,200	408,421	110,420	75,952	75,952	75,952	75,952	75,952	75,952	75,952	1,667,873
Total Hospital Uses	5,273,843	5,830,125	5,806,151	5,280,040	4,811,692	4,784,262	4,830,603	4,587,756	4,933,818	4,729,724	4,982,358	4,877,644	60,728,016
Net Hospital Sources/Uses of Cash	(708,263)	(1,384,854)	(1,676,461)	(455,407)	(382,950)	(426,093)	(704,391)	(819,358)	(694,886)	(731,599)	(694,366)	(845,844)	(9,524,471)
Non-Hospital Sources													
12 Restricted Cash/Money Market	(809,886)	524,043			612,500	(400,000)		550,000	(550,000)				(73,343)
13 Restricted Capital Donations	357,448	8,688	286,283	409,088	116,736	75,952	75,952	75,952	75,952	75,952	75,952	75,952	1,709,907
14 Parcel Tax Revenue	207,015		1,500,000			400,000				1,900,000			4,007,015
15 Payment - South Lot													-
16 Other:													-
17 IGT (Net)									1,400,000				1,400,000
18 IGT - AB915	20,681		384,837		40,615			900,000					1,346,133
19 PRIME	750,000					600,000						375,000	1,725,000
Sub-Total Non-Hospital Sources	525,258	532,731	2,171,120	409,088	769,851	675,952	75,952	1,525,952	925,952	1,975,952	75,952	450,952	10,114,712
Non-Hospital Uses of Cash													
20 Matching Fees					300,000			700,000					1,000,000
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	300,000	-	-	700,000	-	-	-	-	1,000,000
Net Non-Hospital Sources/Uses of Cash	525,258	532,731	2,171,120	409,088	469,851	675,952	75,952	825,952	925,952	1,975,952	75,952	450,952	9,114,712
Net Sources/Uses	(183,005)	(852,123)	494,659	(46,319)	86,901	249,859	(628,439)	6,594	231,066	1,244,353	(618,414)	(394,892)	
Cash and Equivalents at beginning of period	<u>1,671,423</u>	1,488,418	636,295	1,130,954	1,084,636	1,171,537	1,421,396	792,957	799,551	1,030,617	2,274,970	1,656,556	
Cash and Equivalents at end of period	1,488,418	636,295	1,130,954	1,084,636	1,171,537	1,421,396	792,957	799,551	1,030,617	2,274,970	1,656,556	1,261,664	

2019 Finance Committee Work Plan

January	February	March	April
<ul style="list-style-type: none"> • December Financials • Review 2019 Finance Calendar • Line of Credit review • Review 2nd Quarter FY 2019 capital spending 	<ul style="list-style-type: none"> • January Financials • Review FY 2020 Budget Assumptions • Review current year budget and adjustment plan • SNF Task Force recommendation 	<ul style="list-style-type: none"> • February Financials • FY 2020 Budget Update • Engage Auditor's mid-year review • Quality Report 	<ul style="list-style-type: none"> • March Financials • FY 2020 Budget Update • Review 3rd Quarter FY 2019 capital spending
May	June	July	August
<ul style="list-style-type: none"> • April Financials • Review and recommend FY 2020 budget proposal 	<ul style="list-style-type: none"> • May Financials • Review capital spending plan for FY 2020 	<ul style="list-style-type: none"> • June Financials • Review pre audited FY 2019 Financials • Review 4th Quarter FY 2019 capital spending 	<ul style="list-style-type: none"> • July Financials • FY 2019 audit update • Risk Assessment update
September	October	November	December
<ul style="list-style-type: none"> • August Financials • FY 2019 audit update • Review current insurance policies 	<ul style="list-style-type: none"> • September Financials • Review preliminary audit results • Review 1st Quarter FY 2020 capital spending • Patient Accounting presentation - Cynthia Denton 	<ul style="list-style-type: none"> • October Financials 	<ul style="list-style-type: none"> • November Financials • 2020 Finance Committee work plan