



SONOMA VALLEY HEALTH CARE DISTRICT

**BOARD OF DIRECTORS
REGULAR MEETING AGENDA
FEBRUARY 7, 2019**

CLOSED SESSION 5:00 P.M.

REGULAR SESSION 6:00 P.M.

**COMMUNITY MEETING ROOM
177 FIRST STREET WEST**

<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 sfynn@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. CLOSED SESSION <u>Government Code § 37606 & Health and Safety Code § 32106</u> <i>Strategic proprietary information involving hospital affiliated clinic.</i></p>		
<p>2. CALL TO ORDER</p>	<p><i>Rymer</i></p>	
<p>3. REPORT ON CLOSED SESSION</p>	<p><i>Rymer</i></p>	
<p>4. 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>5. CONSENT CALENDAR A. Board Minutes 01.10.19 B. Finance Committee Minutes 12.18.19 C. Quality Committee Minutes 12.19.19 D. Executed Policies and Procedures E. Medical Staff Credentialing Report <i>Pages 3 - 13</i></p>	<p><i>Rymer</i></p>	<p>Action</p>
<p>6. SEISMIC COMPLIANCE CHA <i>Pages 14 - 25</i></p>	<p><i>D. Grellman</i></p>	<p>Inform</p>
<p>7. SNF TASK FORCE UPDATE</p>	<p><i>Hirsch</i></p>	<p>Inform</p>
<p>8. QUALITY TEAM ANNUAL REPORT <i>Pages 26-50</i></p>	<p><i>Jones</i></p>	<p>Inform</p>
<p>9. ADMINISTRATIVE REPORT FEB. 2019 <i>Pages 51-34</i></p>	<p><i>Mather</i></p>	<p>Inform</p>
<p>10. CMO UPDATE <i>Page 54</i></p>	<p><i>Kidd</i></p>	<p>Inform</p>
<p>11. FINANCIAL REPORT MONTH END DEC. 30, 2018 <i>Pages 55-67</i></p>	<p><i>Jensen</i></p>	<p>Inform</p>

12. NEW LINE OF CREDIT TERMS	<i>Rymer</i>	Inform/Action
13. COMMITTEE REPORT <ul style="list-style-type: none"> • Finance Committee Appointment – Peter Hohorst 	<i>Board Nevins</i>	Inform Action
14. BOARD COMMENTS	<i>Rymer</i>	
15. ADJOURN	<i>Rymer</i>	

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, JANUARY 10, 2019

REGULAR SESSION 6:00 P.M.

SONOMA VALLEY HOSPITAL BASEMENT CONFERENCE ROOM

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
CALL TO ORDER The meeting was called to order at 6:04 pm.	<i>Rymer</i>	
1. PUBLIC COMMENT One member of the public of the public introduced herself.	<i>Rymer</i>	
2. 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>Rymer</i>	
Policies: Surge Policy to manage patient Influx EP8610-102 CMS 1135 Waiver for Disaster Conditions EP8610-103 DVT-PE Prophylaxis and Treatment Protocol MM8610-152 Medication Reconciliation MM8610-144 Delegation of Authority EP 8610-104		MOTION: by Boerum to approve, 2 nd by Hirsch. All in favor.
3. SWEARING IN OF NEW BOARD MEMBERS Mr. Boerum swore in Mr. Rymer and Mr. Mainardi	<i>Boerum</i>	
4. ELECTION OF OFFICERS Mr. Rymer made a motion to approve the following Board officer assignments: Chair – Rymer 1st Vice Chair- Hirsch 2 nd Vice Chair – Mainardi Treasurer - Nevins Secretary- Boerum	<i>Rymer</i>	MOTION: by Rymer to approve the, 2 nd by Boerum. All in favor.
5. BOARD COMMITTEE ASSIGNMENTS Mr. Rymer proposed the following committee assignments: Ms. Nevins, Chair of Finance Committee and Mr. Rymer on the committee Ms. Hirsch, Chair of Quality Committee and Mr. Mainardi on the committee Mr. Boerum, Chair of Governance Committee and Mr. Rymer on the committee	<i>Rymer</i>	MOTION: by Rymer 2 nd by Hirsch. All in favor
7. 2019 BOARD WORK PLAN	<i>Rymer</i>	Inform

Review of 2019 Board work plan Suggested minor revisions to verbiage		
8. CANCER SUPPORT SONOMA	<i>Adolfo</i>	Inform
Ms. Terri Adolfo gave an update on the current state of the Cancer Support Sonoma group. She spoke about the development and evolution of the current program and the potential expansion in 2019.		
9. ADMINISTRATIVE REPORT JANUARY 2019	<i>Mather</i>	Inform
Ms. Mather gave her administrative report for January. She gave an update on various programs in process and said that the south lot plan was going to the Planning Commission that night for approval. She also reviewed the quality dashboard.		
9. CMO UPDATE	<i>Kidd</i>	Inform
Ms. Mather gave an overview of the CMO's update in Dr. Kidd's absence.		
10. FINANCIAL REPORT MONTH END NOVEMBER 30, 2018	<i>Jensen</i>	
Mr. Jensen reported that after accounting for all income and expenses, the net loss for November was (\$94,700) vs. a budgeted net loss of (16,818). The cash collection for the month was over the goal by \$13,668. The days of cash on hand was 9.6 days. Accounts Receivable was at 44.5 days and Accounts Payable was at 45.3 days. EBIDA for the month of November was -0.6% vs. the budgeted 2.2%. Mr. Jensen also reported that the fire claim submitted will pay out \$395,000 with a \$100,000 deductible.		
12. COMMITTEE REPORTS	<i>Board</i>	
Ms. Nevins reviewed the 2019 Finance Committee work plan. Ms. Hirsch gave an update on the SNF Task Force. The next meeting is January 29 th . She also reported that a new consultant group has been in to evaluate the current state of SNF. They will be giving a report at the next task force meeting. In addition, the management team at Broadway Villa has expressed interest in a possible collaboration..		
13. BOARD COMMENTS	<i>Board</i>	
None		
14. ADJOURN		
7:00 pm		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, DECEMBER 18, 2018
Schantz Conference Room**

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

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	Called to order 4:59 pm		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	None		
3. CONSENT CALENDAR	<i>Nevins</i>		
	Meeting minutes from 11.27.18 reviewed.	MOTION: by Rymer 2 nd by Perez. All in favor	
4. QUARTERLY STRATEGY REPORT	<i>Mather</i>		
	Ms. Mather reviewed the Quarterly strategy report. This included the four focused priorities: UCSF North Bay Diagnostic Center, Bariatric Institute, Pain Management Service Line, and Women's Services.	Recommendation to have the Strategy report presentation quarterly.	
5. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Mather</i>		

	Ms. Mather reviewed the current state of the funding for the outpatient diagnostic center project.		
6. 2019 FINANCE COMMITTEE WORK PLAN	<i>Nevins</i>		
	The draft of the 2019 work plan was discussed and reviewed. Recommendation to add a Quality report in March, Cynthia Denton present patient accounting in October, and SNF Task Force recommendation report in February. Draft to be presented at the January Board meeting.		
7. ADMINISTRATIVE REPORT DECEMBER 2018	<i>Mather</i>		
	Ms. Mather reported that the five star hospital plan is underway. The new Director of Patient Care Services has started and will assist in the third floor move at the end of January.		
8. FINANCIAL REPORT MONTH END NOVEMBER 30, 2018	<i>Jensen</i>		
	Mr. Jensen reviewed the November payer mix and reported that the Accounts Receivable days were 44.5 and Accounts Payable days were 45.3. EIBDA for the month was -0.6% vs. the budgeted 2.2%. The total net loss for November after all activity was (\$94,700) vs. a budgeted net loss of (\$16,818) He also reported that the fire loss claim is still being negotiated with the insurance company. Mr. Jensen said that he met with the bank regarding the line of credit for the hospital. The net result was we can get another 3 year line of credit.	Have Mr. Kobe present next month to report on salary variances.	
8. ADJOURN	<i>Nevins</i>		
	Meeting adjourned at 5:52 pm		

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**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
December 19, 2018 5:00 PM
MINUTES
Schantz Conference Room**

Members Present	Members Present cont.	Excused	Public/Staff
Michael Brown, MD Cathy Webber Carol Snyder Ingrid Sheets Michael Mainardi, MD Susan Idell		Jane Hirsch Howard Eisenstark, MD	Danielle Jones, RN Mark Kobe, RN

**Italicized names indicate voting member*

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
	Meeting called to order at 5:02pm Dr. Mainardi proposed moving the January meeting to January 30 th . Committee approves of the meeting move	
2. PUBLIC COMMENT	<i>Mainardi</i>	
3. CONSENT CALENDAR	<i>Mainardi</i>	Action
<ul style="list-style-type: none"> • QC Minutes, 11.28.18 		MOTION: by Webber to approve, 2 nd by Snyder. All in favor.
4. 2018 QUALITY COMMITTEE WORK PLAN REVIEW	<i>Jones</i>	Inform
	The 2018 work plan reviewed and discussed. Revisit the CEO Strategic Plan & Financial Stability in 2019. The PI project review was deferred until January 2019. Recommendations for 2019 Quality Committee Workplan – Infection Prevention, QAPI, Med Safety, Contract Evaluations, SNF, UCSF Dr. Kidd, Lab presentation, Wound Care, and Strategic Plan by Ms. Mather.	

AGENDA ITEM	DISCUSSION	ACTION
5. ORTHOPEDIC SERVICES PRESENTATION	<i>Dr. Brown</i>	Inform
	Dr. Brown reviewed the Orthopedic service line and the services that are offered.	
6. POLICIES AND PROCEDURES	<i>Jones</i>	
	<p>I. Surge Policy to Manage Patient Influx EP8610-102</p> <p>II. CMS 1135 Waiver of Disaster Conditions EP8610-103</p> <p>III. Delegation of Authority EP8610-104</p> <p>IV. Alcoholic Beverages Policy PC8610-101</p> <p>V. Alcoholic Beverages in SNF 6580-105</p> <p>VI. Resources Available for managing the Labor and Delivery Patient in the ED 7010-22</p> <p>VII. Thawing of Food 8640-104</p> <p>VIII. Food & Nutrition Disaster Plan 8340-109</p> <p>Mr. Kobe reported that CIHQ has been notified regarding the Stroke Readiness program. The anticipated go live is Feb. 1st.</p>	<p>MOTION: by Idell to approve I - III 2nd by Sheets. All in favor.</p> <p>MOTION: by Idell to approve IV – VIII. 2nd by Sheets. All in favor.</p>
9. CLOSED SESSION	<i>Mainardi</i>	
	Called to order at 6:24 pm	
10. REPORT OF CLOSED SESSION	<i>Mainardi</i>	
	Medical Staff Credentialing reviewed.	MOTION: by Idell to approve credentialing, 2 nd by Webber. All in favor.
11. ADJOURN	<i>Mainardi</i>	
	6:26 pm	



Policy and Procedures – Summary of Changes
Board of Directors, February 7th, 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

REVISIONS:

Alcoholic Beverages Policy PC8610-101

Raised the limit on the number of servings of alcohol given to select patients to three servings at both lunch and dinner. This limit was raised to help prevent patients who admit to regular consumption from experiencing withdrawal symptoms. An MD order will precede the serving of alcohol (wine/beer) to patients.

DEPARTMENTAL

NEW:

Skilled Nursing Facility

Alcoholic Beverages in SNF 6580-105

To distinguish between the guidelines for consuming alcohol on the acute care units of the hospital and the Skilled Nursing Facility.

Emergency Department

Resources Available for Managing the Labor and Delivery Patient in the ED 7010-22

To help guide Emergency Department Physicians and Nurses in early management of the presentation of a laboring mom. With the closure of our Obstetrics Department, ED personnel no longer have the ability to draw upon Labor and Delivery nurses for backup. The first order of business should be immediate consideration for transfer as any delay will only prolong the transfer if appropriate.

REVISIONS:

Nutrition

Thawing of Food 8340-104

Changed title to include all foods, not just meats. Added a purpose as it was not previously included. Added procedure for food thawing storage order as it did not previously specify this. Added process for labeling and when foods expire after thawing per CMS findings. Added references.

Food & Nutrition Disaster Plan 8340-109

Updates made to the policy outline what food will be kept on hand, how therapeutic diets will be followed, and in what order food will be mobilized during an emergency. A reference was added for meal planning guidelines in order to ensure that patient's nutritional needs are met during a natural disaster. How food will be stored and monitored for expiration dates per CMS survey findings was added.



SUBJECT: Alcoholic Beverages in SNF	POLICY: 6580-105
DEPARTMENT: Skilled Nursing Facility	PAGE 1
REVISED:	EFFECTIVE:

PURPOSE:

The purpose of this policy is to establish uniform guidelines concerning the consumption of alcoholic beverages in the Skilled Nursing Facility.

PROCEDURE:

1. A physician’s order must be received before any alcoholic beverage may be administered to a patient through the dietary department.
2. Skilled Nursing patients have the right to consume alcohol in modest amounts.
3. If wine is ordered through the dietary department, 4 oz. of red or 4 oz. of white wine will be sent on the lunch and /or dinner tray or 12 oz. of beer will be provided for lunch and/or dinner.
4. Long term residents have the right to keep wine in their rooms or the beverage of their choice with a physician’s order. Alcoholic beverages must be kept out of the reach of other patients/ residents.
5. Should you have any doubt concerning the administration of the alcoholic beverage to the resident, contact the Director of Nursing Services and or the Medical Director.

REFERENCES;

California Department of Public Health. Residents Rights, (n.d.). Retrieved from cdph.ca.gov.

Long Term Care Ombudsman, “Thinking Outside the Box (of Wine): Alcohol Use In Long Term Care Facilities (n.d.) Resident Rights. Retrieved from ltcombudsman.org

OWNER:

Medical Director SNF

AUTHORS/REVIEWERS:

Melissa Evans, SNF Director of Nursing



SUBJECT: Alcoholic Beverages in SNF

POLICY: 6580-105

DEPARTMENT: Skilled Nursing Facility

PAGE 1

EFFECTIVE:

REVISED:

APPROVALS:

Policy & Procedure Team: 11/20/18

Medicine Committee: 12/13/18

Board Quality Committee: 12/19/18

Medical Executive Committee: 12/20/18

The Board of Directors:

DRAFT



SUBJECT: Resources available for Managing the Labor and Delivery Patient in the ED	POLICY #7010-22
DEPARTMENT: Emergency	PAGE 1 OF 2
REVISED:	EFFECTIVE: 11/18

PURPOSE:

Obstetric emergencies are standard competency for emergency department physicians and are not covered in this policy. The purpose of this policy is to guide emergency department staff in the management and resources available for the care of the pregnant patient with imminent delivery.

POLICY:

In the event of a presentation of laboring mom in the ED, the ED physician shall assess the patient for safe transfer within the EMTALA guidelines to facility with a labor and delivery department.

PROCEDURE:

1. First priority by ED MD is to consider immediate transfer, if appropriate
2. Call the OB/GYN on call for the emergency department for consultation
3. Assess the need to transfer the patient to one of the following organizations that SVH holds valid transfer agreements with:
 - a. Sutter Santa Rosa (Sutter Transfer Center 888 637-2762)
 - b. Petaluma Valley Hospital (St. Joe's Transfer Center 800 200-7764)
 - c. Queen of the Valley Hospital (St. Joe's Transfer Center)
 - d. Santa Rosa Memorial Hospital (St. Joe's Transfer Center)
4. If indicated, call a local pediatrician to assist (no on call agreement)
5. Notify nursing supervisor to assist and locate available L & D competent staff

REFERENCE:

EMTALA- A Guide to Patient Anti-Dumping Laws, 9th Ed. 2018 section 1.10

OWNER:

Chief Nursing Officer

AUTHORS/REVIEWERS:



SUBJECT: Resources available for Managing the Labor and Delivery Patient in the ED

POLICY #7010-22

PAGE 2 OF 2

DEPARTMENT: Emergency

EFFECTIVE: 11/18

REVISED:

Mark Kobe, Chief Nursing Officer

APPROVALS:

Policy & Procedure Team: 11/20/18

Medicine Committee: 12/13/18

Board Quality Committee: 12/19/18

Medical Executive Committee: 12/20/18

The Board of Directors:

DRAFT



Sonoma Valley Hospital Board Meeting

February 7, 2019

Dietmar Grellmann
Senior Vice President, Policy



CHA 2019 Advocacy Priorities

**Our Vision:
An Optimally
Healthy
Society**

Coverage and Access to Health Care

Health Care Affordability

Protect and Expand Funding

Access to Behavioral Health Care

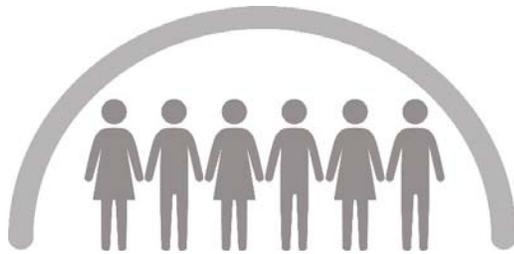
Workforce and Labor Development

Statutory and Regulatory Reform



CHA 2019 Advocacy Priorities

Coverage and Access to Health Care



1

Expand health coverage for Californians

3

Make care more affordable for Californians

2

Protect the Affordable Care Act

We will:

- **Lead** opposition to “public charge” regulations
- **Support** efforts to stabilize the ACA
- **Support** coverage for undocumented individuals in California
- **Support** access to affordable medications
- **Support** expanded premium and cost-sharing supports to lower out-of-pocket costs and improve affordability
- **Support** an individual mandate to help achieve universal coverage
- **Support** hospitals’ ability to provide services to homeless individuals



CHA 2019 Advocacy Priorities

Health Care Affordability



1

Create a framework for a discussion about affordability

3

Examine cost drivers for hospitals

2

Increase understanding about provider and care integration

We will:

- **Lead** examination of new payment models that encourage lower costs, higher quality and greater efficiency
- **Support** new approaches to simplify, standardize and digitize data sharing including secure, real-time patient information across all providers and payers
- **Lead** discussions to re-examine the 2030 seismic standard to ensure safety and protect access while balancing health care costs
- **Oppose** a single-payer system, commercial rate regulation and separate property taxes for commercial property (split roll)
- **Lead** efforts to create an independent entity that calculates the cost of new state mandates imposed on hospitals



CHA 2019 Advocacy Priorities

Protect and Expand Funding



Ensure adequate state and federal funding for hospitals

We will:

- **Prevent** Medicare & Medicaid payment cuts, including proposed site-neutral, DSH cuts
- **Protect** 340B drug discount program for hospitals
- **Support** solutions to renew funding in the Medi-Cal 1115 Waiver for public hospitals
- **Lead** efforts to revise the calculation of available Proposition 55 tax revenues to provide new funds for Medi-Cal programs



CHA 2019 Advocacy Priorities

Access to Behavioral Health Care



1

Raise awareness, reduce stigma to ensure patients get the care they need

2

Advance improvement in the delivery systems for patients with behavioral health needs

We will:

- **Lead and Support** the work of the Behavioral Health Action coalition
- **Lead** the effort to create a new leadership position within the Newsom Administration to oversee behavioral health care delivery
- **Lead** the effort to improve state and federal funding of Public Guardians and other mental health programs
- **Support** the effort to eliminate barriers in the use of alternate destinations for patients needing urgent mental health care



CHA 2019 Advocacy Priorities

Workforce and Labor Development



1

Develop a strong workforce of trained professionals

3

Maintain an appropriate balance of workforce protections and employer responsibilities

2

Improve physician training opportunities

We will:

- **Support** efforts to ensure nurse practitioners and other professionals can practice to the top of their training
- **Support** efforts to increase GME funding and the number of physicians trained in California
- **Support** resolution of the *Dynamex* decision, which significantly limits the use of independent contractors
- **Prevent** enactment of federal and state nurse staff ratio legislation and penalties
- **Support** legislation to strengthen penalties against individuals who harm health care workers while on the job



CHA 2019 Advocacy Priorities

Statutory and Regulatory Reform



1

Ease costly regulatory burdens that make hospitals less efficient

2

Prevent statutory changes that create unnecessary barriers to quality, efficient care

We will:

- **Lead** effort to improve recovery for hospitals affected by wildfires
- **Lead** effort to ensure optimal implementation of the new CDPH licensing timelines
- **Prevent** efforts to increase regulatory burdens for hospitals that engage in direct contracting with large employers
- **Support** efforts to clarify Stark Law and anti-kickback statutes to facilitate care coordination
- **Support** efforts to protect not-for-profit hospital tax-exempt status

SEISMIC COMPLIANCE



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*



Seismic Compliance – Status Report

Deadline 2020 (will not collapse)

- An estimated 95% of buildings in compliance
- Most of remaining will make the deadline
- A few of remaining will be removed from service
- CHA legislation to allow 30 month deadline for projects underway but may fall short of deadline



Seismic Compliance – Status Report

Deadline 2030 (will continue to operate post-earthquake)

- Established in 1994 legislation
- Has become more expensive and difficult than expected
- CHA developing advocacy strategy:
 - RAND conducting new study on cost of compliance, cost of financing, and cost of operational disruption.
 - Expected completion March 2019.
 - CHA to introduce legislation in 2019 after evaluating study.
- **What options should CHA consider for amending 2030 requirements?**

QUESTIONS?



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

Dietmar Grellmann
Senior Vice President, Policy
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SUBJECT: Quality Committee Charter

PAGE 1 of 5

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED: 12/5//18

Purpose:

Consistent with the Mission of the District, the Board with the assistance of its Quality Committee (QC), serves as the steward for overall quality improvement for the District. The QC shall constitute a committee of the District Board of Directors. The Board shall refer all matters brought to it by any party regarding the quality of patient care, patient safety, and patient satisfaction to the QC for review, assessment, and recommended Board action. The QC makes recommendations and reports to the Board. It has no authority to make decisions or take actions on behalf of the District unless the Board specifically delegates such authority. The QC shall assist the Board in its responsibility to ensure that the Hospital provides high-quality patient care, patient safety, and patient satisfaction. To this end the QC shall:

1. Formulate policy to convey Board expectations and directives for Board action;
2. Make recommendations to the Board among alternative courses of action, including but not limited to physician credentialing, and oversight activities;
3. Provide oversight, monitoring and assessment of key organizational processes, outcomes, and external reports.

Policy:

SCOPE AND APPLICABILITY

This is a SVHCD Board Policy and it specifically applies to the Board, the Quality Committee, the Medical Staff, and the CEO of SVH.

RESPONSIBILITY

Physician Credentialing

1. The QC shall ensure that recommendations from the Medical Executive Committee and Medical Staff are in accordance with the standards and requirements of the Medical Staff Bylaws, Rules, and Regulations with regard to: completed applications for initial medical staff and allied health staff appointment; initial staff category assignment, initial department/divisional affiliation; membership prerogatives and initial clinical privileges; completed applications for reappointment of medical staff, staff category; clinical privileges; establishment of categories of allied health professionals permitted to practice at the hospital; the appointment and reappointment of allied health professionals; and privileges granted to allied health professionals.
2. The QC shall, in closed session, on a case by case basis, fully, rigorously, and carefully review the recommendations of the Medical Staff regarding the appointment, reappointment, and privilege delineation of physicians and submit recommendations to the Board for review and action.

Develop Policies

1. The QC shall submit recommendations for action to the Board on draft policies developed by the QC and those developed by the Hospital regarding quality patient care, patient safety, and patient satisfaction.



SUBJECT: Quality Committee Charter

PAGE 2 of 5

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED: 12/5//18

Oversight

Annual Quality Improvement Plan

1. The QC shall review and analyze findings and recommendations from the Hospital's prior year Annual Quality Improvement Plan, including but not limited to a comparison of the plan to actual accomplishments, administrative review, and evaluation activities conducted, findings and actions taken, system or process failures and actions taken to improve safety, both proactively and in response to actual occurrences.
2. The QC shall review the Hospital's Annual Quality Improvement Plan for continuously improving quality, patient safety, and patient satisfaction and submit the analysis with recommendations establishing priorities to the Board for discussion and action. The Hospital's plans should include, but not be limited to, assessing the effectiveness and results of the quality review using metrics and benchmarks, utilization review, performance improvement, implementing and improving electronic medical/health records, professional education, risk management programs, and patient care related activities and policies of the Hospital and/or Medical Staff, as applicable.

Medical Staff Bylaws

1. The QC shall review the Medical Staff's fulfillment of its responsibilities in accordance with the Medical Staff Bylaws, applicable law and regulation, and accreditation standards and make recommendations to the Board.

Quantitative Quality Measures

1. The QC shall assess and recommend quantitative measures to be used by our Board in assessing the quality of the Medical Staff's and Hospital's services and submit them to the Board for deliberation and action. The recommendations shall include descriptions that show how the organization measures and reports the improvement of patient care, as well as management accountability.
2. The QC shall review all reports by and Hospital responses to accreditation organizations, e.g., Fire Marshals, Environmental Health, State Department of Health Services (DHS), and other external organizations conducting management, programmatic, physical plant audits/assessments/reviews that are directly or indirectly related to the quality of health care delivery in the Hospital (quality patient care, patient safety, and patient satisfaction). Track all uncompleted/open items until remedied/closed by the Hospital, and make recommendations and report to the Board for its action as appropriate.
3. The QC shall ensure there is an effective, supportive, and confidential process for anyone (the Medical Staff, other health care professionals; Hospital administration; leaders and staff; patients, and their families and friends; and the public) to bring issues to the QC directly or via the Hospital—as a group, personally or anonymously—in order to promote the reporting of quality and patient safety problems and medical errors, and to protect those who ask questions and report problems.
4. The QC shall review and assess the process for identifying, reporting, and analyzing



SUBJECT: Quality Committee Charter

PAGE 3 of 5

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED: 12/5//18

“adverse patient events” and medical errors. The QC shall develop a process for the QC to address these quality deficiencies, in the most transparent manner possible, without unnecessarily increasing the District’s liability exposure.

5. The QC shall review the assessment of patient needs/satisfaction, and submit this assessment with recommendations to the Board for review and possible action. This may include, but is not limited to CMS Value Based Purchasing information; patient satisfaction surveys; reports and comparisons to other hospitals, state and national standards; and patient and/or family compliments and complaints.
6. The QC in collaboration with and after consultation with the Director of Human Resources, reviews systems that could adversely affect quality of care.

Hospital Policies

1. The QC shall assure that the Hospital's administrative policies and procedures, including the policies and procedures relative to quality, patient safety and patient satisfaction, are reviewed and approved by the appropriate Hospital leaders, submitted to the Board for action, and are consistent with the District and Hospital Mission, Vision and Values, Board policy, accreditation standards, and prevailing standards of care and evidence-based practices.

Other

1. Perform other duties related to high-quality patient care, patient safety, and patient satisfaction as assigned by the Board.

Annual QC Work Plan

The QC shall develop an Annual QC Work Plan comprised of the required annual activities and additional activities selected by the QC. The Annual QC Work Plan shall be reviewed and acted on by the Board after considering the Hospital's work plan to support the QC.

Required Annual Calendar Activities:

1. The QC shall review the adequacy of financial and human resources currently allocated for maintaining high-quality care, patient safety, and patient satisfaction, in advance of the annual budget process and provide an assessment to the Board and CEO with recommendations for action.
2. The QC Work Plan shall be submitted to the Board for its review and action no later than December.
3. The QC shall report on the status of its prior year’s work plan accomplishments by December.
4. The QC reviews and assesses all Board policies regarding quality specifically including the QC Charter, and makes recommendations to the Board for action in December.



SUBJECT: Quality Committee Charter

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EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED: 12/5//18

5. The QC reviews and assesses the Annual Department Reports including but not limited to: Infection Prevention, Contract Evaluations, Skilled Nursing, QAPI, Risk Management and Pharmacy.

QC Membership and Staff

The QC shall have at least seven and no more than nine voting members. All public members are appointed pursuant to Board policy.

1. The voting members of the QC are as follows:

- Two Board members, one of whom shall be the QC chair, the other the vice-chair. Substitutions for one or both Board members may be made by the Board chair for any QC meeting.
- One designated position from the Medical Staff leadership, i.e., the Chief or the Vice Chief. Substitutions may be made by the Medical Staff Chief for one Medical Staff member for any QC meeting.
- .At least four and no more than six members of the public.
- In the event of a tie the board chair shall decide the final vote.

2. Members of the public must be stakeholders of the District. Stakeholders have been defined by the District Board for the purposes of committee membership as:

- Living some or all of the time in the District, OR
- Maintaining a place of Business in the District, OR
- Being an accredited member of the Hospital's staff

4. Staff to the QC include the Hospital's Chief Medical Officer (CMO), Chief Nursing Officer (CNO), and the Director of Quality and Resource Management who shall be the lead staff in support of the QC Chair for meetings, documents, and activities. These individuals who staff the QC are not voting members. Staff is expected to attend the QC meetings. The CEO may attend all QC and subcommittee meetings and shall be a resource at the QC meetings upon request of the QC Chair.



SUBJECT: Quality Committee Charter

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Frequency of QC Meetings

The QC shall meet monthly, unless there is a need for additional meetings.

Public Participation

All QC meetings shall be announced and conducted pursuant to the Brown Act. Physician Credentialing and Privileges are discussed and action is taken in QC Closed Session without the general public.

The general public, patients and their families and friends, Medical Staff, and Hospital staff are always welcome to attend and provide input. Other Board members may attend but may not comment as it may be a Brown Act violation.

Narrowly focused and short term ad hoc subcommittees may meet to address specific issues that will be brought to the QC for review and referral to the Board for its deliberation and action. Subcommittee meetings are not subject to the Brown Act.

POLICY HISTORY

December 1, 2011-Board Policy regarding the QC was first adopted.

FREQUENCY OF REVIEW/REVISION

This shall occur every two years or more often if required. If revisions are needed they will be taken to the Board for action.

2019 Quality Committee Work Plan

January 1/30	February 2/27	March 3/27	April 4/24
<ul style="list-style-type: none"> ▪ Review and Approval of 2019 Work Plan ▪ CNO quarterly patient care dashboard report ▪ Good Catch ▪ HQI Quality Dashboard ▪ Quality and Resource Management Report ▪ Policies and Procedures 	<ul style="list-style-type: none"> ▪ Annual Infection Control Report* Kathy Mathews ▪ Performance Improvement Projects/Fair ▪ Quality and Resource Management Report ▪ Policies and Procedures 	<ul style="list-style-type: none"> ▪ Strategic Plan and Financial stability-Kelly Mather ▪ Quality and Resource Management Report ▪ Policies and Procedures 	<ul style="list-style-type: none"> ▪ Lab Department Report-Lois Valenzuela ▪ CNO quarterly patient care dashboard report ▪ Good Catch ▪ Quality and Resource Management Report ▪ Policies and Procedures
May 5/22	June 6/26	July 7/24	August 8/28
<ul style="list-style-type: none"> ▪ Skilled Nursing Report* Melissa Evans ▪ PRIME Grant ▪ Quality and Resource Management Report ▪ Policies and Procedures 	<ul style="list-style-type: none"> ▪ Annual review of QA/PI Program* ▪ Emergency Department Report-Dr. Schmidt ▪ Quality and Resource Management Report ▪ Policies and Procedures 	<ul style="list-style-type: none"> ▪ CIHQ Stroke Ready Hospital Certification-Mark Kobe & Dr. Schmidt ▪ CNO quarterly patient care dashboard report ▪ Good Catch ▪ Quality and Resource Management Report ▪ Policies and Procedures 	<ul style="list-style-type: none"> ▪ Annual Risk Management Report* ▪ Quality and Resource Management Report ▪ Policies and Procedures
September 9/25	October 10/24	November 11/28	December 12/19
<ul style="list-style-type: none"> ▪ 2018 Contract Evaluation Report* ▪ Good Catch ▪ Quality and Resource Management Report ▪ Policies and Procedures 	<ul style="list-style-type: none"> ▪ UCSF-Dr. Kidd ▪ CNO quarterly patient care dashboard report ▪ Medication Safety Report & Department Report* Chris Kutza ▪ Quality and Resource Management Report ▪ Policies and Procedures 	<ul style="list-style-type: none"> ▪ Annual Culture of Safety AHRQ Report ▪ PRIME Grant ▪ Quality and Resource Management Report ▪ Policies and Procedures 	<ul style="list-style-type: none"> ▪ Evaluation of the Quality Committee Work Plan ▪ Quality and Resource Management Report ▪ Policies and Procedures

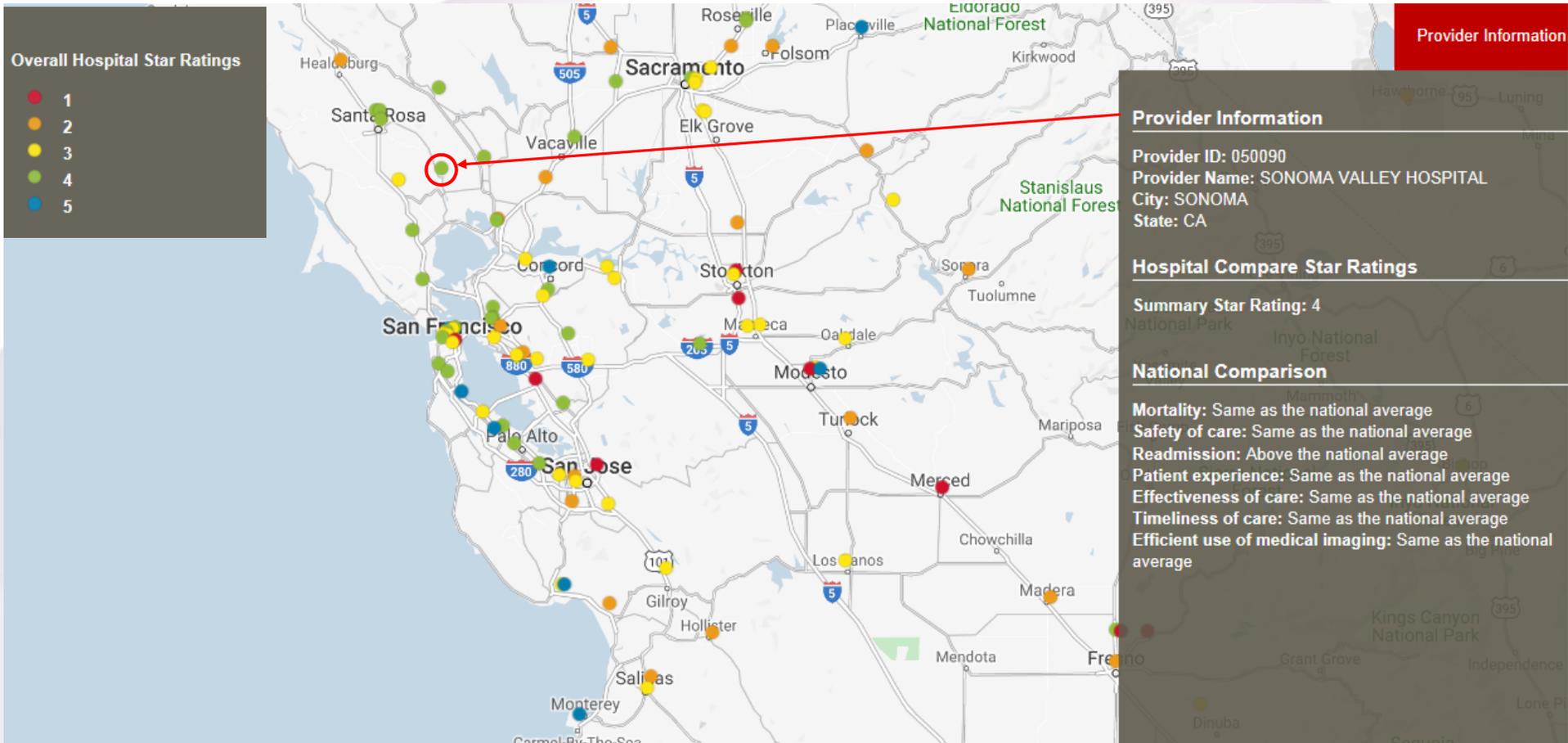
*Required

Quality Department Annual Governing Board Review

February 2019

5 star hospital

- CMS developed and implemented the Hospital Compare Overall Hospital Quality Star Rating in response to consumer feedback because they found Hospital Compare difficult to interpret and understand
- The 5 Star Rating is based on seven measure groups
 - Mortality
 - Readmission
 - Safety of Care
 - Patient Experience
 - Efficient Use of Medical Imaging
 - Timeliness of Care and Effectiveness of Care



SVH is currently rated as a 4 STAR hospital.
 The closest 5 Star hospitals are John Muir and CPMC

Mortality 22%

- Goal: Identification of Palliative Care opportunities
 - Identification and placement of patients at the accurate initial level of care
 - Recognition of the deterioration of patient's condition and reacting appropriately
 - End of Life Care
 - Document an accurate reflection of severity of illness, risk of mortality and co-morbidities

Readmission 22%

- Goal: Identify patients who are at high risk of being readmitted so that further readmissions can be avoided
 - Enhance the discharge process
 - Continue the PRIME grant initiatives
 - Introduce collaborative use of predictive readmission tool
 - For example: LACE Tool
 - Physician documentation to reflect accurate severity of illness, risk of mortality and co-morbidities

PRIME

Caring For Our Community
Envision 2021 (and beyond)

Quality Health Care
 Committed To The Highest Levels Of Quality And Safety
 Medication Reconciliation is a pivotal process piece to the safety and wellbeing of our patients. A comprehensive, reliable process of reconciling medications at every point of care (ED, Acute, Skilled Nursing, Home) in collaboration with local pharmacies and primary care providers will contribute to fewer medication errors and may result in fewer readmissions to the hospital or visits to the Emergency Department.

Reliable Transition Record
 Ensure the accuracy and timely transfer of critical health information
 All patients, regardless of payer, will receive on discharge a clearly understandable Transition Record emphasizing next steps that the patient can take with them to their primary care provider. The Transition Record will be sent to the patient's primary care provider prior to the first appointment.

Community Case Manager
 Supporting our community on their healing journey
 Community Case Management will follow all "at risk" patients via phone encounters, or home visits to ensure patients understand their discharge instructions, have obtained their medications and have followed up with their primary care provider.

Physician Partnership
 Meeting Medical Needs Here At Home
 We are proud of the strong partnership we have with our primary care providers and community health clinics. We look forward to forging stronger ties to outlying providers as well as the clinics beyond the Sonoma Valley who also provide vital care to our community members.

PCP
 All patient who visit our Emergency Department will be screened for "at risk" Criteria. The Community Case Management and/or Social Services team will work with the patient to link them with providers to ensure healthcare or social needs are addressed.

Home Care
 With the support of physicians, leadership, and the board of trustees, we have charged the mission: our care coordination coordinators beyond discharge from the hospital, our skilled nursing facility, and the emergency department. This supports our mission to improve the health of the community!

Patients and their families may opt for a Community Health Coach to assist in this process.

PPDF Team Leads
 Leslie Lovejoy, RN, PhD
 Cindy Newman, MCDM
 Jessy Schabert, RN, BSN, CCM, OCN
 Email: quality@uvh.com

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

The Care Transitions Record Project was implemented in response to the increasing pressure to reduce readmissions and to take more accountability in maintaining and improving the health of our community, this project, funded by a grant from the Centers for Medicare and Medicaid and administered by the California State Department of Health Services, challenges the hospital to improve the transition of care for both patients and providers. This project will continue to be an organizational focus for 2019.

PRIME

Department of Health Care Services all cause readmission

Reduced from 19% to 11%

Patient receives reconciled Medication list at time of discharge

Improved from 23% to 89%

Hospital Record sent to Primary Physician with in 24 hours of discharge

Improved from 0% to 18%

SVCHC patients with a reconciled medication list with in 30 days of discharge

Improved from 1% to 24%

Patient Experience 22%

- Goal: Continue to focus on Patient Experience to increase satisfaction for inpatients and outpatient surgery through CAHPS measurements
 - Increase survey response rate
 - Boost front line staff understanding of Patient Experience and HCAHPS
 - Restore Key drivers to support patient experience
 - AIDET
 - Hourly rounding
 - Nurse leader rounding
 - Discharge phone calls
 - Medication education

Effectiveness of Care 4%

- Core measures related to sepsis, stroke and colonoscopy surveillance
- Goal: To enhance best practice care for sepsis, stroke and colonoscopy surveillance
 - Partner with Medical Staff and IS to error proof documentation systems to ensure required criteria is captured every time for stroke and sepsis
 - Attain CIHQ Stroke Ready Certification
 - Provide MD and RN education/training on opportunities for improvement

Culture of Safety

- **AHRQ Hospital Survey on Patient Safety**
 - Goal of this survey is to assess the patient safety culture at Sonoma Valley Hospital with an emphasis on high reliability error and event reporting.
 - Pilot program participation in collaboration with AHRQ. SVH is on the leading edge of comprehensive review of employee perception of patient safety as it related to the electronic health record.

Culture of Safety

89%

- of employees surveyed reported Overall Perceptions of Patient Safety to be **excellent** or **very good**

97%

- reported that their supervisor, manager, or clinical leader **seriously considers staff suggestions for improving patient safety**

Good Catch

- One indicator of the effectiveness of any risk management program is the willingness of frontline staff to report unusual occurrences and concerns through the notification system
- A Good Catch is the recognition of an event that could have been harmful to a patient, employee or visitor, but was prevented
- Near misses occur at a much higher rate than actual errors in healthcare. Proactive reporting of near misses can prevent more serious errors.

Hey, Good Catch!

A Culture of Safety

One of the core values of Sonoma Valley Hospital is to enhance a culture of safety for our patients, staff and visitors. We want everyone to understand that there is "no blame" for errors. It is not only okay to report a near miss/"Good Catch," we are encouraging it. It is a way for us to review potential risks to our patients.



Response to a Good Catch

The Safety Committee will review all "Good Catch" reports. The response will be based on an evaluation of each patient care report. In all cases, the review and response will include a discussion with all staff involved in the patient care event to find out:

- What happened?
- Why did it happen?
- What helped identify it as a "Good Catch"/near miss?
- What can we do to prevent it from happening again?

What You Receive for a Good Catch:

- A "Good Catch" award letter
- A "Good Catch" lapel pin
- Special recognition within our Hospital
- A copy of the award certificate in your permanent record in Human Resources.
- Our sincere thanks for your dedication to patient safety!
- An opportunity to effect change, since we will review all "Good Catches" and look for ways to prevent them from occurring in the future.



eNotification Reporting System
Unreported Event, Good Catch, Grievance, Compliment

We'd like your feedback and comments!

Contact Danielle Jones-Director of Quality & Risk Management
707-935-5495 or email djones@svh.com

Quality is a state of mind

"Good Catch" Award Recipients

We thank the following individuals for entering their "Good Catches"



Thanks to a "Good Catch" by: Madeline Boucher, RN, Med Surg preventing drug interaction. We will update Paragon Alerts to show the interaction warning at time of processing.



Thanks to a "Good Catch" by: Elise Alexander-Stone, Speech Therapy An outpatient showed signs and symptoms of a possible stroke onset. Patient was escorted to ED



Thanks to a "Good Catch" by: Jae Ann Jeys, RT, Cardiopulmonary reported an issue for RTs prevented from accessing patient information. We were able to change a server setting that affected all RTs. This prevented possible medication errors.



Thanks to a "Good Catch" by: Diane Tran, RN, Surgical Services, prevented possible patient harm by performing pre-op diagnostics just prior to a scheduled surgical procedure. New information presented, surgery delayed, patient admitted to ICU for appropriate follow up treatment.



Thanks to a "Good Catch" by: Julia Okuba RN, Med Surg reported a medication dispensing error.



"Good Catch" Quiz

1. The definition of a "Good Catch" is the recognition of an event that could have been harmful to a patient but was prevented.

True or False?

2. A health care provider walks into a patient's room without washing her hands, which is not following National Patient Safety Goals. How do you think the patient should respond?

- A. Say nothing
- B. Ask the healthcare provider to wash her hands before she begins her exam
- C. None of the above

3. There will be a response to all "Good Catches" by staff from Quality Dept.

True or False?

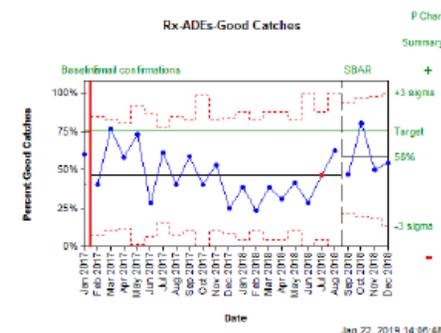
Answers to all questions are below

1-True, 2-B, 3-True



eNotification Reporting System
Unreported Event, Good Catch, Grievance, Compliment

Adverse Drug Events: Medication Good Catch all prevented patient harm!



CIHQ Stroke Ready hospital certification

- Recognizes hospitals that meet standards to support better outcomes for stroke care. To be eligible, hospitals must meet a variety of standards, including
 - Dedicated stroke-focused program
 - Staffing by qualified medical professionals trained in stroke care
 - A qualified practitioner assesses a suspected stroke patient within 15 minutes of arrival
 - Diagnostic imaging and laboratory testing is done quickly to facilitate the administration of IV thrombolytics in eligible patients
 - Telemedicine is available within 20 minutes of it being deemed necessary
 - Transfer protocols are in place with a Primary Stroke Center or Comprehensive Stroke Center for the continuation of stroke care

100 Day Workout

- Is designed to promote rapid, sustainable gains in performance
 - How SVH embraces change
 - Allows us to track savings along with improvement
 - Identifies high leverage drivers
 - Promotes techniques and strategies for improving performance
 - Rapid testing of performance improvement concepts
- 2018, SVH completed 21 projects
 - Medical Director Roles and Responsibilities
 - Verigene Bloodstream Infection Testing
 - Activity-based staff productivity accounting
 - Total Joint Program
 - Information Service Contract Review

Quality Accomplishments

- The Quality Department provided monthly education to leadership on the topics of CIHQ standards interpretation and compliance
- Program Beta completed an onsite Emergency Department Risk Assessment
- The department held drop-in Quality/ Risk Management Clinics every two weeks to provide coaching and provided weekly drop in sessions for leaders to become proficient in e-notification reporting and management
- The Patient Relations committee reviewed grievances and complaints every month

Quality Accomplishments

- Created a paperless approval system, added committee approval dates and authors/reviewers sections to each policy for easy reference, and converted Intranet files to PDF requiring authors to check-out editable files for greater version control.
- Designed standardized and robust performance metrics for all patient care contracted services, improved evaluation process by moving from annual reporting to quarterly reporting, and established a new Policy & Procedure specifically for Patient Care Contracted Services.

Quality Accomplishments

- Completed mid-cycle Center for Improvement in Healthcare Quality survey for Acute re-accreditation
- The Skilled Nursing Facility successfully completed California Department of Public Health and Life Safety surveys to achieve deemed status of approval
- The Quality Department provided Anthem Blue Cross with hospital data this year for their Q-HIP program
- Partnership HealthPlan of California FY 2017/18 Hospital Quality Improvement Program 100% compliance
- We also provided healthcare associated infection data to the National Healthcare Safety Network and the Centers for Disease Control for surveillance and benchmarking purposes

Quality Accomplishments

- We successfully reported quarterly data to our Patient Safety Organization
- Information systems and Quality were able to successfully send Electronic Quality Measures to CMS. This data had to be mapped to portions of the electronic record so that the data could be pulled right from the record rather than manually abstracted.
- Implemented Emergency Department Information Exchange a care management technology that allows participants to better manage their complex patients through a Community Health Information Exchange
- Began California Immunization Registry (CAIR2) is a secure, confidential, statewide computerized immunization information system for California residents



To: SVHCD Board of Directors
From: Kelly Mather
Date: 1/30/19
Subject: Administrative Report

Summary

We have begun the FY 2020 strategic plan and will be connecting it with the UCSF plan going forward. We are doing a great deal more interviews of stakeholders, visiting other hospitals for best practices and gathering data to inform the strategies. The new plan is part of “re-inventing the hospital for the future.”

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 plan and move to the 3rd floor is set for March 7th. Respiratory Therapy will be joining the Patient Care Services team at that time. ➤ We are still awaiting the “Stroke Ready” accreditation survey in early 2019. UCSF is overseeing this program. ➤ The CIHQ findings from the survey have been addressed. Most of them were around enhancing our emergency preparedness program.
Be the preferred hospital for patients, physicians, employers and health plans	<ul style="list-style-type: none"> ➤ The Patient Access Center team visited Tahoe Forest Hospital this month. This is a strategy to improve patient loyalty and physician satisfaction. Our goal is to answer the phones quickly and provide centralized scheduling for patients. ➤ We have a new Occupational Health Medical Director. ➤ We are investing in several new I.T. solutions for our radiologists to enhance the quality and connection for imaging.
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 project is going well. We should be submitting the plans for phase 1 in early February. Expected processing time with OSHPD is approximately 6 months. ➤ More and more regulations and restrictions are causing a decrease in some volumes. The UCSF use of our Diagnostic Center will increase volumes. ➤ The new shoulder surgeon, Dr. Roache, starts this month.
Continue to improve financial stability as measured by EBDA	<ul style="list-style-type: none"> ➤ We have reduced the traveler and registry use in nursing which will decrease expenses going forward. ➤ I am doing operating reviews with each of the departments from the first 6 months of the fiscal year. There are some expense reduction opportunities. ➤ The SNF task force met to review the 2nd quarter financials. We will be holding a meeting to update the public on February 28th. Two proposals have been received and are being considered for the future. ➤ The South Lot plan has been in front of the planning commission three times and will go again on January 31st. This plans offers market, affordable and accessory dwelling units addressing the need for housing in Sonoma.
Lead progress toward becoming a Healthier community	<ul style="list-style-type: none"> ➤ I’ve been on the speaking circuit lately discussing the UCSF affiliation and the Outpatient Diagnostic Center. ➤ We are promoting Heart Health month in February through the “Let’s Talk about Women’s Health” series.

DECEMBER 2018

			National
Patient Experience	Current Performance	FY 2019 Goal	Benchmark
Would Recommend Hospital	71 st	> 60th percentile	50th percentile
Inpatient Overall Rating	51 st	>60th percentile	50th percentile
Outpatient Services	4.9	Rate My Hospital	4.5
Emergency	4.6	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	0	<1.5%	N/A
MRSA Bacteremia	0	<.13	<.13
C. Diff	1	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	9.50%	< 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	4	< 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	Performance	FY 2019 Goal	Benchmark
Staff Satisfaction Survey	61 st percentile	75th percentile	50th percentile
Turnover	8.2%/16.3%	< 10%	< 15%
Financial Stability	YTD Performance	FY 2019 Goal	Benchmark
EBDA	-1.2%	1%	3%
FTE's/AOB	4.92	4.3	5.3
Days Cash on Hand	14.8	20	30
Days in Accounts Receivable	44	49	50
Length of Stay	3.8	3.85	4.03
Funds raised by SVHF	\$15.5 million	\$20 million	\$1 million
Strategic Growth	YTD Performance	FY 2019 Goal	Benchmark
Inpatient Discharges	538/1075	1000	1000
Outpatient Visits	26,512/53,024	53,000	51,924
Emergency Visits	4979/9957	10,000	11,040
Surgeries + Special Procedures	1492/2982	2500	2,568
Community Benefit Hours	613/1226	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 2018	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	8.2	11.3	12.9	14.2	16.2	17.8	20.3
Leave of Absences	<12	13	11	8	10	9	8	10	15	13	15	12	11
EBDA	>1%	0	1.7	1.6	-8.9	-1.7	-2	2.2	-6	-1.7	-1.8	-1.2	.4
Operating Revenue	>4.5m	4.5	4.9	4.6	4.4	4.3	4.0	4.9	4.7	4.2	4.4	4.8	5.2
Expense Management	<5.0m	5.1	5.3	5.0	5.3	4.8	4.7	5.3	5.2	5.1	5.0	5.1	4.9
Net Income	>50k	214	32	208	-273	-95	-207	125	-174	-395	220	369	543
Days Cash on Hand	>20	19.1	10	13	13	9.6	14.8	23.5	14.1	6.7	6.8	6.2	10.6
A/R Days	<50	41	43	48	44	45	44	51	47	43	43	47	42
Total FTE's	<300	310	309	314	298	288	281	312	305	302	307	306	298
FTEs/AOB	<4.5	3.62	3.29	4.38	4.18	4.84	4.92	3.68	3.87	4.17	4.06	4.35	3.82
Inpatient Discharges	>90	81	85	90	92	93	97	111	82	106	103	108	99
Outpatient Revenue	>\$14m	14.8	16.8	13.9	15.8	13.5	13.6	14.7	12.5	13.1	14.1	15.2	13.6
Surgeries	>150	150	165	182	175	161	149	141	139	151	144	175	151
ER	>900	901	810	814	842	772	840	996	811	871	864	934	856
Births	>11	8	14	13	9	n/a	n/a	7	11	8	6	9	16
SNF days	>350	664	628	457	405	326	291	646	494	566	525	423	545
MRI	>120	99	145	92	119	98	118	106	112	122	154	153	148
Cardiology (Echos)	>85	88	135	97	124	112	106	96	65	84	95	84	78
Laboratory	>12	12.4	13.4	11.7	13.7	12.6	11.8	12.9	10.6	12.3	11.5	12.5	13.0
Radiology	>900	894	951	929	1112	884	906	1072	829	968	905	968	877
Rehab	>2700	2414	2860	1788	2688	2131	2380	2593	2773	3091	2455	2586	2670
CT	>350	359	387	331	392	331	367	346	288	305	367	394	358
Mammography	>200	280	243	221	269	219	246	190	155	363	202	220	221
Ultrasound	>250	181	280	246	333	233	252	274	221	258	293	311	267
Occupational Health	>600	570	639	489	833	561	452	504	555	734	774	822	625
Wound Care	>200	290	256	198	293	266	288	204	122	182	210	237	225



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Date: 02/07/19
Subject: CMO Report

1. What is going well:
 - a. Dr. Thomas Sprinkle will be taking the position of Occupational Health Medical Director
 - b. Dr. Roache is starting an orthopedic practice focusing on shoulders through a time share arrangement.
 - c. We are at or above magnet organizations nationwide in the ED with our Rate My Hospital scores.
2. Follow up previous agenda items:
 - a. Third floor renovations underway with move planned for March 7.
 - b. Stroke Ready Process – Awaiting verification visit. Credentialing for UCSF neurologists for final approval tonight.
3. Opportunities for growth / improvement / on-going projects:
 - a. We are still in need of an ED Nurse Manager.
 - b. Per local EMS data, transports to SVH were down 4% in 2018 from 2017, yet Kaiser transports to SVH ED are unchanged.
 - c. Hospitalist program / schedule being reviewed
4. Quality:
 - a. No new quality concerns on this month's dashboard.
 - b. Code Blue Overhead Paging Policy has been updated and approved.



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: January 22, 2018
Subject: Financial Report for the Month Ending December 31, 2018

December's actual loss of (\$634,973) from operations was (\$196,412) unfavorable to the budgeted loss of (\$438,561). After accounting for all other activity; the December net loss was (\$207,597) vs. the budgeted net income of \$47,974 with a monthly EBIDA of -0.5% vs. a budgeted 3.6%.

Gross patient revenue for December was \$21,691,084; (\$393,768) under budget. Inpatient gross revenue was over budget by \$1,321,316. Inpatient days were over budget by 52 days and inpatient surgeries were over budgeted expectations by 6 cases. Outpatient revenue was under budget by (\$178,931). Outpatient visits were under budgeted expectations by (142) visits, and outpatient surgeries were under budgeted expectations by (9) cases and special procedures were over budgeted expectations by 15 cases. The Emergency Room gross revenue was under budget by (\$826,818) with ER visits under budgeted expectations by (79). SNF gross charges were under budgeted expectations by (\$709,335) and SNF patient days were under budget by (272) 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 \$71,187. Of the variance, \$39,767 is from the prior period adjustments or IGT payments. Without the IGT variance, the deductions from revenue variance is favorable by \$31,420 which is due to gross revenue being under budgeted expectations. The variance was also impacted by a shift in payer mix in December with Medicare volume increasing by 3.8 percentage points over budget and Commercial volume dropping by 0.7 percentage points.

After accounting for all other operating revenue, the **total operating revenue** was unfavorable to budgeted expectations by (\$342,412).

Operating Expenses of \$4,725,849 were favorable to budget by \$146,000. Salaries and wages and agency fees were under budget by \$51,310 with the salaries and wages being under budget by \$105,273 and agency fees over by (\$53,963). The overage in agency fees were primarily in physical and occupational therapy (\$29,373) to support SNF patients and in outpatient physical therapy (\$27,013). Supplies were over budget (\$75,784) due to higher than budgeted inpatient volume in surgery (\$45,220) and pharmacy (\$30,488). Purchased Services are over budget by (\$22,991) in SFP Clinic (\$7,560) due to unbudgeted voicemail support maintenance and new wiring for the phones, in Clinical Lab (\$5,274) due to higher than average outside lab costs, and in Public Relations (\$9,013) due to unbudgeted costs to update signage to include UCSF logo (UCSF contributed 50%) . Utilities are over



budget due to PG&E - Gas (\$8,234) and AT&T (\$10,387), the AT&T contract is being renegotiated and the hospital will receive a credit. There was no matching fee in the December.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for December is (\$369,926) vs. a budgeted net loss of (\$181,646). The total net loss for December after all activity was (\$207,597) vs. a budgeted net income of \$47,974

EBIDA for the month of December was -0.5% vs. the budgeted 3.6%.

Patient Volumes – December

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	97	92	5	96
Newborn Discharges	0	0	0	10
Acute Patient Days	370	318	52	386
SNF Patient Days	291	563	-272	563
Home Care Visits	0	0	0	798
OP Gross Revenue	\$13,583	\$14,589	(\$1,006)	\$14,051
Surgical Cases	149	152	-3	160

Gross Revenue Overall Payer Mix – December

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	46.2%	42.3%	3.9%	41.9%	42.9%	-0.8%
Medicare Mgd Care	13.0%	13.1%	-0.1%	15.1%	12.8%	2.3%
Medi-Cal	15.3%	18.0%	-2.7%	17.2%	17.9%	-0.7%
Self-Pay	1.1%	1.4%	-0.3%	1.2%	1.4%	-0.2%
Commercial	20.1%	20.8%	-0.7%	20.5%	20.6%	-0.1%
Workers Comp	1.7%	2.4%	-0.7%	2.0%	2.4%	-0.4%
Capitated	2.6%	2.0%	0.6%	2.1%	2.0%	0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for December:

For the month of December the cash collection goal was \$3,691,806 and the Hospital collected \$3,733,400 or over the goal by \$41,594. The year-to-date cash collection goal was \$22,723,007 and the Hospital has collected \$22,320,709 or under goal by (\$402,298). Days of cash on hand are 14.8 days at December 31, 2018, this calculation includes the cash in the Money Market account. Accounts Receivable decreased from November, from 44.5 days to 43.5 days in December. Accounts Payable increased by \$381,221 from November and Accounts Payable days are at 50.4.

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 December 31, 2018**

ATTACHMENT A

December-18

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	9,996,978	9,325,165	671,813	7.2%
Medicare Managed Care	2,821,570	2,882,529	-60,959	-2.1%
Medi-Cal	3,327,368	3,979,004	-651,636	-16.4%
Self Pay	232,005	311,083	-79,078	-25.4%
Commercial & Other Government	4,365,647	4,614,203	-248,556	-5.4%
Worker's Comp.	376,311	524,365	-148,054	-28.2%
Capitated	571,205	448,503	122,702	27.4%
Total	21,691,084	22,084,852	(393,768)	

Actual	Budget	Variance	% Variance
57,947,298	56,498,814	1,448,484	2.6%
20,811,267	16,817,409	3,993,858	23.7%
23,716,642	23,543,902	172,740	0.7%
1,703,217	1,789,629	-86,412	-4.8%
28,280,010	27,226,209	1,053,801	3.9%
2,753,713	3,177,796	-424,083	-13.3%
2,908,396	2,653,222	255,174	9.6%
138,120,543	131,706,981	6,413,562	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,363,580	1,305,523	58,057	4.4%
Medicare Managed Care	376,115	370,074	6,041	1.6%
Medi-Cal	401,524	541,729	-140,205	-25.9%
Self Pay	121,107	140,211	-19,104	-13.6%
Commercial & Other Government	1,251,570	1,463,159	-211,589	-14.5%
Worker's Comp.	76,015	135,527	-59,512	-43.9%
Capitated	18,507	14,543	3,964	27.3%
Prior Period Adj/IGT	392,322	352,555	39,767	11.3%
Total	4,000,740	4,323,321	(322,581)	-7.5%

Actual	Budget	Variance	% Variance
8,146,407	8,002,909	143,498	1.8%
2,812,461	2,242,927	569,534	25.4%
3,363,195	3,133,458	229,737	7.3%
880,156	847,887	32,269	3.8%
9,177,478	9,636,124	-458,646	-4.8%
529,481	771,483	-242,002	-31.4%
77,395	83,928	-6,533	-7.8%
1,192,711	2,115,330	-922,619	-43.6%
26,179,284	26,834,046	(654,762)	-2.4%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	34.1%	30.3%	3.8%	12.5%
Medicare Managed Care	9.4%	8.6%	0.8%	9.3%
Medi-Cal	19.8%	20.7%	-0.9%	-4.3%
Self Pay	3.0%	3.2%	-0.2%	-6.3%
Commercial & Other Government	31.3%	33.8%	-2.5%	-7.4%
Worker's Comp.	1.9%	3.1%	-1.2%	-38.7%
Capitated	0.5%	0.3%	0.2%	66.7%
Total	100.0%	100.0%	0.0%	0.0%

Actual	Budget	Variance	% Variance
31.1%	29.7%	1.3%	4.4%
10.7%	8.4%	2.3%	27.4%
17.4%	19.6%	-2.2%	-11.2%
3.4%	3.2%	0.2%	6.3%
35.1%	35.9%	-0.8%	-2.2%
2.0%	2.9%	-0.9%	-31.0%
0.3%	0.3%	0.0%	0.0%
100.0%	100.0%	-0.1%	-0.1%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	13.6%	14.0%	-0.4%	-2.9%
Medicare Managed Care	13.3%	12.8%	0.5%	3.9%
Medi-Cal	23.9%	22.5%	1.4%	6.2%
Self Pay	52.2%	45.1%	7.1%	15.7%
Commercial & Other Government	28.7%	31.7%	-3.0%	-9.5%
Worker's Comp.	20.2%	25.8%	-5.6%	-21.7%
Capitated	3.2%	3.2%	0.0%	0.0%

Actual	Budget	Variance	% Variance
14.1%	14.2%	-0.1%	-0.7%
13.5%	13.3%	0.2%	1.5%
19.2%	22.3%	-3.1%	-13.9%
51.7%	47.4%	4.3%	9.1%
32.5%	35.4%	-2.9%	-8.2%
19.2%	24.3%	-5.1%	-21.0%
2.7%	3.2%	-0.5%	-15.6%

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 12/31/18</u>	<u>Budget 12/31/18</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 12/31/18</u>	<u>Budget 12/31/18</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 12/31/17</u>
Inpatient Utilization								
Discharges								
1	85	82	3	Acute	476	471	5	451
2	12	10	2	ICU	62	68	(6)	88
3	97	92	5	Total Discharges	538	539	(1)	539
4	-	-	-	Newborn	46	24	22	56
5	97	92	5	Total Discharges inc. Newborns	584	563	21	595
Patient Days:								
6	286	247	39	Acute	1,621	1,424	197	1,428
7	84	71	13	ICU	447	484	(37)	484
8	370	318	52	Total Patient Days	2,068	1,908	160	1,912
9	-	-	-	Newborn	102	45	57	99
10	370	318	52	Total Patient Days inc. Newborns	2,170	1,953	217	2,011
Average Length of Stay:								
11	3.4	3.0	0.4	Acute	3.4	3.0	0.4	3.2
12	7.0	7.1	(0.1)	ICU	7.2	7.1	0.1	5.5
13	3.8	3.5	0.4	Avg. Length of Stay	3.8	3.5	0.3	3.5
14	0.0	0.0	-	Newborn ALOS	2.2	1.9	(0.3)	1.8
Average Daily Census:								
15	9.2	8.0	1.3	Acute	8.8	7.7	1.1	7.8
16	2.7	2.3	0.4	ICU	2.4	2.6	(0.2)	2.6
17	11.9	10.3	1.7	Avg. Daily Census	11.2	10.4	0.9	10.4
18	0.0	0.0	-	Newborn	0.55	0.24	0.3	0.54
Long Term Care:								
19	291	563	(272)	SNF Patient Days	2,771	3,150	(379)	3,162
20	20	-	20	SNF Discharges	146	143	3	166
21	9.4	18.2	(8.8)	Average Daily Census	15.1	17.1	(2.1)	17.2
Other Utilization Statistics								
Emergency Room Statistics								
22	840	919	(79)	Total ER Visits	4,979	5,449	(470)	5,297
Outpatient Statistics:								
23	4,173	4,315	(142)	Total Outpatients Visits	26,512	26,613	(101)	26,297
24	26	20	6	IP Surgeries	173	151	22	165
25	123	132	(9)	OP Surgeries	813	815	(2)	783
26	58	43	15	Special Procedures	506	383	123	388
27	-	-	-	Home Health Visits	2,027	3,837	(1,810)	4,671
28	313	271	42	Adjusted Discharges	1,902	1,944	(43)	1,950
29	1,768	2,594	(826)	Adjusted Patient Days (Inc. SNF)	13,497	14,439	(942)	14,024
30	57.0	83.7	(26.7)	Adj. Avg. Daily Census (Inc. SNF)	73.4	78.5	(5.1)	76.2
31	1.5680	1.4000	0.168	Case Mix Index -Medicare	1.4711	1.4000	0.071	1.5616
32	1.5351	1.4000	0.135	Case Mix Index - All payers	1.4954	1.4000	0.095	1.4958
Labor Statistics								
33	234	270	35.8	FTE's - Worked	267	271	3.6	276
34	281	306	25.4	FTE's - Paid	300	307	7.5	315
35	39.99	37.62	(2.37)	Average Hourly Rate	43.04	40.44	(2.60)	42.27
36	28.0	20.8	(7.2)	Manhours / Adj. Pat Day	23.3	22.3	(1.0)	23.5
37	158.3	199.5	41.1	Manhours / Adj. Discharge	165.2	165.6	0.4	169.2
38	21.4%	24.0%	2.6%	Benefits % of Salaries	22.1%	23.5%	1.4%	22.6%
Non-Labor Statistics								
39	14.7%	11.9%	-2.8%	Supply Expense % Net Revenue	13.1%	11.8%	-1.2%	11.9%
40	1,921	1,939	18	Supply Exp. / Adj. Discharge	1,837	1,675	(162)	1,692
41	15,599	18,566	2,967	Total Expense / Adj. Discharge	16,469	16,260	(209)	16,656
Other Indicators								
42	14.8			Days Cash - Operating Funds				
43	43.5	50.0	(6.5)	Days in Net AR	44.0	50.0	(6.0)	46.3
44	101%			Collections % of Net Revenue	98%			101.8%
45	50.4	55.0	(4.6)	Days in Accounts Payable	50.4	55.0	(4.6)	46.0
46	18.9%	20.0%	-1.1%	% Net revenue to Gross revenue	19.4%	20.9%	-1.5%	21.4%
47	20.6%			% Net AR to Gross AR	20.6%			22.9%

Sonoma Valley Health Care District
Balance Sheet
As of December 31, 2018

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,759,371	\$ 1,171,537	\$ 2,026,449
2 Trustee Funds	2,494,550	2,490,205	2,109,656
3 Net Patient Receivables	7,268,220	7,706,932	8,615,759
4 Allow Uncollect Accts	(1,296,826)	(1,280,158)	(1,287,179)
5 Net A/R	5,971,394	6,426,774	7,328,580
6 Other Accts/Notes Rec	4,984,404	6,501,899	5,238,473
7 3rd Party Receivables, Net	1,653,728	1,800,485	1,081,279
8 Inventory	846,833	841,747	833,528
9 Prepaid Expenses	784,861	775,866	775,572
10 Total Current Assets	<u>\$ 18,495,141</u>	<u>\$ 20,008,513</u>	<u>\$ 19,393,537</u>
12 Property, Plant & Equip, Net	\$ 51,425,809	\$ 51,706,430	\$ 52,080,214
13 Specific Funds/ Money Market	545,174	345,128	919,250
14 Other Assets	-	-	-
15 Total Assets	<u><u>\$ 70,466,124</u></u>	<u><u>\$ 72,060,071</u></u>	<u><u>\$ 72,393,001</u></u>
Liabilities & Fund Balances			
Current Liabilities:			
16 Accounts Payable	\$ 4,116,857	\$ 3,735,636	\$ 3,811,805
17 Accrued Compensation	3,870,474	3,822,397	4,477,610
18 Interest Payable	503,827	403,059	528,880
19 Accrued Expenses	1,523,113	1,334,097	1,489,726
20 Advances From 3rd Parties	105,388	105,388	320,549
21 Deferred Tax Revenue	3,426,617	3,997,720	3,404,100
22 Current Maturities-LTD	905,408	957,080	1,285,002
23 Line of Credit - Union Bank	6,973,734	6,973,734	6,973,734
24 Other Liabilities	201,386	1,701,386	1,386
25 Total Current Liabilities	<u>\$ 21,626,804</u>	<u>\$ 23,030,497</u>	<u>\$ 22,292,792</u>
26 Long Term Debt, net current portion	\$ 32,965,664	\$ 32,948,320	\$ 35,096,302
Fund Balances:			
28 Unrestricted	\$ 9,795,496	\$ 10,011,755	\$ 11,026,005
29 Restricted	6,078,160	6,069,499	3,977,902
30 Total Fund Balances	<u>\$ 15,873,656</u>	<u>\$ 16,081,254</u>	<u>\$ 15,003,907</u>
31 Total Liabilities & Fund Balances	<u><u>\$ 70,466,124</u></u>	<u><u>\$ 72,060,071</u></u>	<u><u>\$ 72,393,001</u></u>

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

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	97	92	5	5%	Acute Discharges	538	539	(1)	0%	539	
2	291	563	(272)	-48%	SNF Days	2,771	3,150	(379)	-12%	3,162	
3	-	-	-	0%	Home Care Visits	2,027	3,837	(1,810)	-47%	4,671	
4	13,583	14,589	(1,006)	-7%	Gross O/P Revenue (000's)	\$ 88,433	\$ 85,499	2,933	3%	\$ 82,930	
Financial Results											
Gross Patient Revenue											
5	\$ 6,885,521	\$ 5,564,205	1,321,316	24%	Inpatient	\$ 38,416,767	\$ 34,696,418	3,720,349	11%	\$ 35,323,131	
6	7,611,105	7,790,036	(178,931)	-2%	Outpatient	50,505,575	46,607,665	3,897,910	8%	45,451,949	
7	5,971,827	6,798,645	(826,818)	-12%	Emergency	37,204,175	37,856,816	(652,641)	-2%	35,853,168	
8	1,222,631	1,931,966	(709,335)	-37%	SNF	11,231,579	11,439,929	(208,350)	-2%	11,772,337	
9	-	-	-	0%	Home Care	762,447	1,106,153	(343,706)	-31%	1,697,391	
10	\$ 21,691,084	\$ 22,084,852	(393,768)	-2%	Total Gross Patient Revenue	\$ 138,120,543	\$ 131,706,981	6,413,562	5%	\$ 130,097,976	
Deductions from Revenue											
11	\$ (17,902,666)	\$ (17,989,356)	86,690	0%	Contractual Discounts	\$ (112,086,325)	\$ (106,239,885)	(5,846,440)	-6%	\$ (104,622,529)	
12	(150,000)	(100,000)	(50,000)	-50%	Bad Debt	(885,000)	(600,000)	(285,000)	-48%	(753,000)	
13	(30,000)	(24,730)	(5,270)	-21%	Charity Care Provision	(162,645)	(148,380)	(14,265)	-10%	(89,609)	
14	392,322	352,555	39,767	11%	Prior Period Adj/Government Program Revenue	1,192,711	2,115,330	(922,619)	*	2,356,943	
15	\$ (17,690,344)	\$ (17,761,531)	71,187	0%	Total Deductions from Revenue	\$ (111,941,259)	\$ (104,872,935)	(7,068,324)	7%	\$ (103,108,195)	
Net Patient Service Revenue											
16	\$ 4,000,740	\$ 4,323,321	(322,581)	-7%	Risk contract revenue	\$ 569,433	\$ 665,391	(95,958)	-14%	\$ 773,057	
17	\$ 96,559	\$ 95,999	560	1%	Net Hospital Revenue	\$ 26,748,717	\$ 27,499,437	(750,720)	-3%	\$ 27,762,838	
18	\$ 4,097,299	\$ 4,419,320	(322,021)	-7%	Other Op Rev & Electronic Health Records	\$ 76,521	\$ 83,808	(7,287)	-9%	\$ 100,379	
19	\$ (6,423)	\$ 13,968	(20,391)	*	Total Operating Revenue	\$ 26,825,238	\$ 27,583,245	(758,007)	-3%	\$ 27,863,217	
20	\$ 4,090,876	\$ 4,433,288	(342,412)	-8%	Operating Expenses						
Operating Expenses											
21	\$ 1,981,626	\$ 2,032,936	51,310	3%	Salary and Wages and Agency Fees	\$ 13,520,557	\$ 13,021,539	(499,018)	-4%	\$ 13,945,282	
22	702,848	790,455	87,607	11%	Employee Benefits	4,612,663	5,019,589	406,926	8%	5,250,140	
23	\$ 2,684,474	\$ 2,823,391	138,917	5%	Total People Cost	\$ 18,133,220	\$ 18,041,128	(92,092)	-1%	\$ 19,195,422	
24	\$ 477,409	\$ 502,249	24,840	5%	Med and Prof Fees (excl Agency)	\$ 2,889,473	\$ 3,018,648	129,175	4%	\$ 2,468,822	
25	601,095	525,311	(75,784)	-14%	Supplies	3,492,654	3,256,161	(236,493)	-7%	3,299,378	
26	390,708	367,717	(22,991)	-6%	Purchased Services	2,313,704	2,218,013	(95,691)	-4%	2,194,410	
27	289,704	290,727	1,023	0%	Depreciation	1,749,770	1,727,946	(21,824)	-1%	1,710,077	
28	101,092	82,131	(18,961)	-23%	Utilities	651,814	662,986	11,172	2%	654,986	
29	35,320	35,320	-	0%	Insurance	211,920	206,247	(5,673)	-3%	190,914	
30	59,348	49,768	(9,580)	-19%	Interest	307,054	298,374	(8,680)	-3%	288,331	
31	86,699	106,832	20,133	19%	Other	629,763	707,727	77,964	11%	725,081	
32	-	88,403	88,403	*	Matching Fees (Government Programs)	0	530,417	530,417	100%	775,755	
33	\$ 4,725,849	\$ 4,871,849	146,000	3%	Operating expenses	\$ 30,379,372	\$ 30,667,647	288,275	1%	\$ 31,503,176	
34	\$ (634,973)	\$ (438,561)	(196,412)	-45%	Operating Margin	\$ (3,554,134)	\$ (3,084,402)	(469,732)	-15%	\$ (3,639,959)	

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

ATTACHMENT D

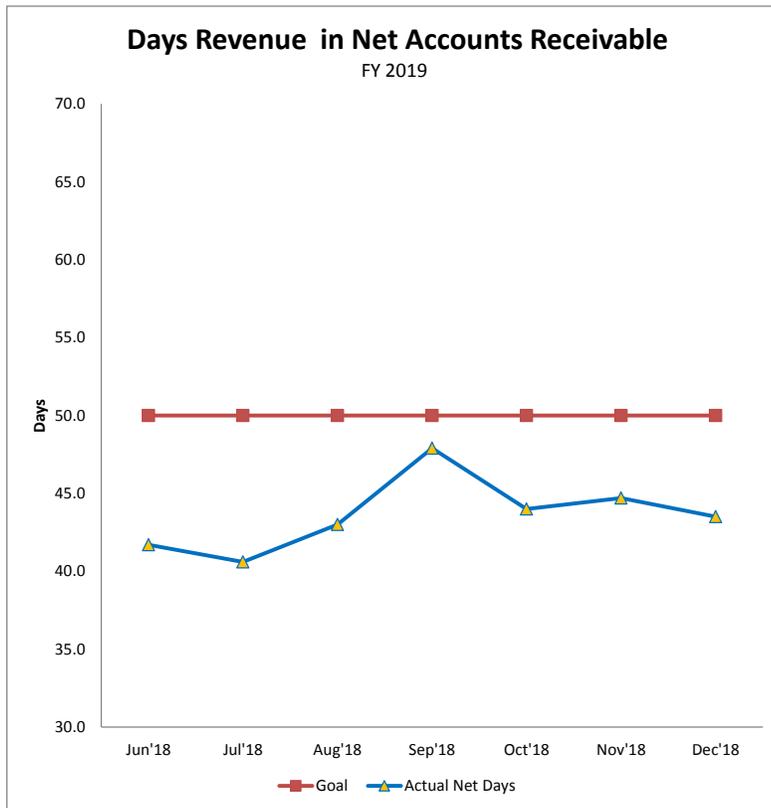
	Month					Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
35	\$ 3,063	\$ (5,658)	8,721	-154%						\$ 14,737	
36	-	2,672	(2,672)	-100%						22,321	
37	(54,683)	(56,766)	2,083	-4%						(340,596)	
38	316,667	316,667	-	0%						1,900,002	
39	0	0	-	0%							
40	\$ 265,047	\$ 256,915	8,132	3%						\$ 1,596,464	
41	\$ (369,926)	\$ (181,646)	(188,280)	104%	Net Income / (Loss) prior to Restricted Contributions	\$ (2,071,080)	\$ (1,542,318)	(528,762)	34%	\$ (2,043,495)	
42	\$ 83	\$ 20,949	(20,866)	-100%						\$ 86,501	
43	\$ 8,578	\$ 55,003	(46,425)	0%						\$ -	
44	\$ (361,265)	\$ (105,694)	(255,571)	242%	Net Income / (Loss) w/ Restricted Contributions	\$ (884,176)	\$ (1,086,606)	202,430	-19%	\$ (1,956,994)	
45	254,436	254,436	-	0%						1,504,098	
46	(100,768)	(100,768)	-	0%						(639,146)	
47	\$ (207,597)	\$ 47,974	(255,571)	-533%	Net Income/(Loss) w GO Bond Activity	\$ 32,824	\$ (169,606)	202,430	-119%	\$ (1,092,042)	
	\$ (20,874)	\$ 158,849			EBIDA - Not including Restricted Contributions	\$ (14,256)	\$ 484,002			\$ (45,087)	
	-0.5%	3.6%				-0.1%	1.8%			-0.2%	
	\$ (80,222)	\$ 109,081			EBDA - Not including Restricted Contributions	\$ (321,310)	\$ 185,628				
	-2.0%	2.5%				-1.2%	0.7%				

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

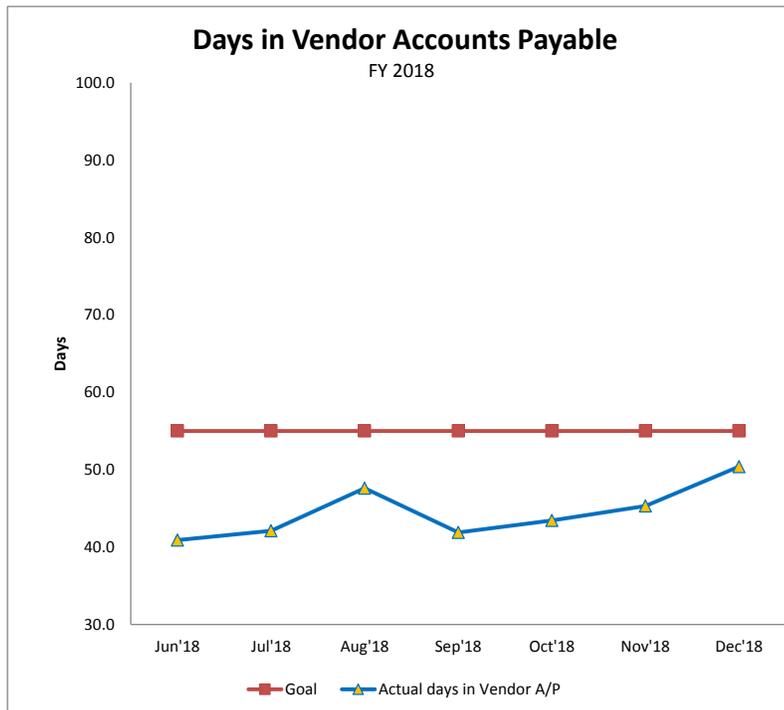
	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	(1)	5	
2 SNF Days	(379)	(272)	
3 Home Care Visits	(1,810)	-	
4 Gross O/P Revenue (000's)	2,933	(1,006)	
Financial Results			
Gross Patient Revenue			
5 Inpatient	3,720,349	1,321,316	Inpatient days are 370 days vs. budgeted expectations of 318 days and inpatient surgeries are 26 vs. budgeted expectations 20.
6 Outpatient	3,897,910	(178,931)	Outpatient visits are 4,173 vs. budgeted expectations of 4,315 visits and outpatient surgeries are 123 vs. budgeted expectations 132.
7 Emergency	(652,641)	(826,818)	ER visits are 840 vs. budgeted visits of 919.
8 SNF	(208,350)	(709,335)	SNF patient days are 291 vs. budgeted expected days of 563.
9 Home Care	(343,706)	-	
10 Total Gross Patient Revenue	6,413,562	(393,768)	
Deductions from Revenue			
11 Contractual Discounts	(5,846,440)	86,690	
12 Bad Debt	(285,000)	(50,000)	
13 Charity Care Provision	(14,265)	(5,270)	
14 Prior Period Adj/Government Program Revenue	(922,619)	39,767	Accrual of \$62,500 for the prime grant and \$329,822 of additional expected funding from FY 2018 AB 915.
15 Total Deductions from Revenue	(7,068,324)	71,187	
16 Net Patient Service Revenue	(654,762)	(322,581)	
17 Risk contract revenue	(95,958)	560	
18 Net Hospital Revenue	(750,720)	(322,021)	
19 Other Op Rev & Electronic Health Records	(7,287)	(20,391)	
20 Total Operating Revenue	(758,007)	(342,412)	
Operating Expenses			
21 Salary and Wages and Agency Fees	(499,018)	51,310	Salaries and Wages are under budget by \$105,273 and the Agency fees are over budget by (\$53,963).
22 Employee Benefits	406,926	87,607	
23 Total People Cost	(92,092)	138,917	
24 Med and Prof Fees (excl Agency)	129,175	24,840	
25 Supplies	(236,493)	(75,784)	Supplies are over budget due to higher than budgeted inpatient volume in surgery (\$45,220) and Pharmacy (\$30,448).
26 Purchased Services	(95,691)	(22,991)	Purchased Services are over budget in SFP Clinic (\$7,560) due to unbudgeted voicemail support maintenance and new wiring for the phones, in Clinical Lab (\$5,274) due to higher than average outside lab costs, and in Public Relations (\$9,013) due to unbudgeted costs to update signage to include UCSF logo (UCSF contributed 50%) .
27 Depreciation	(21,824)	1,023	
28 Utilities	11,172	(18,961)	Utilities are over budget due to PG&E - Gas (\$8,234) and AT&T (\$10,387) - the AT&T contract is being renegotiated and the hospital will receive a credit.
29 Insurance	(5,673)	-	
30 Interest	(8,680)	(9,580)	
31 Other	77,964	20,133	
32 Matching Fees (Government Programs)	530,417	88,403	No matching fee in December.
33 Operating expenses	288,275	146,000	
34 Operating Margin	(469,732)	(196,412)	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	(60,037)	8,721	
36 Donations	(8,658)	(2,672)	
37 Physician Practice Support-Prima	10,415	2,083	
38 Parcel Tax Assessment Rev	(750)	-	
39 Extraordinary Items	-	-	
40 Total Non-Operating Rev/Exp	(59,030)	8,132	

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

	YTD	MONTH
Description	Variance	Variance
		-
41 Net Income / (Loss) prior to Restricted Contributions	(528,762)	(188,280)
		-
42 Capital Campaign Contribution	(95,247)	(20,866)
43 Restricted Foundation Contributions	826,439	(46,425)
44 Net Income / (Loss) w/ Restricted Contributions	202,430	(255,571)
45 GO Bond Tax Assessment Rev	-	-
46 GO Bond Interest	-	-
47 Net Income/(Loss) w GO Bond Activity	202,430	(255,571)



Days in A/R	Jun'18	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18
Actual days in A/R	41.7	40.6	43.0	47.9	44.0	44.7	43.5
Goal	50.0	50.0	50.0	50.0	50.0	50.0	50.0



Days in A/P	Jun'18	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18
Actual days in Vendor A/P	40.9	42.1	47.6	41.9	43.5	45.3	50.4
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												
	Dec-18	Dec-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
Statistics															
Acute															
Acute Patient Days	370	318	315	394	337	361	291	354	374	341	335	289	394	386	321
Acute Discharges (w/o Newborns)	97	92	93	92	90	85	81	99	108	103	106	82	111	96	99
SNF Days	291	563	326	405	457	628	664	545	423	525	566	494	646	563	468
HHA Visits	0	0	0	0	682	585	760	871	747	755	684	821	801	798	630
Emergency Room Visits	840	919	772	842	814	810	901	856	934	864	871	811	996	919	816
Gross Outpatient Revenue (000's)	\$13,583	\$14,589	\$13,530	\$15,824	\$13,946	\$16,762	\$14,801	\$13,677	\$15,188	\$14,170	\$13,064	\$12,519	\$14,741	\$14,051	\$12,952
Equivalent Patient Days	1,768	2,594	1,782	2,207	2,175	2,911	2,654	2,343	2,178	2,265	2,272	2,212	2,629	2,471	2,030
Births	0	0	0	9	13	14	8	16	9	6	8	11	7	10	11
Surgical Cases - Inpatient	26	20	33	34	31	26	23	28	29	30	34	16	32	24	34
Surgical Cases - Outpatient	123	132	128	141	151	139	127	123	146	114	117	123	109	136	121
Total Surgical Cases	149	152	161	175	182	165	150	151	175	144	151	139	141	160	155
Total Special Procedures	58	43	55	92	99	124	78	97	72	87	75	75	65	59	73
Medicare Case Mix Index	1.57	1.40	1.45	1.44	1.73	1.33	1.32	1.45	1.46	1.48	1.45	1.34	1.50	1.57	1.55
Income Statement															
Net Revenue (000's)	\$4,097	\$4,419	\$4,249	\$4,282	\$4,548	\$4,924	\$4,557	\$5,265	\$4,817	\$4,389	\$4,218	\$4,590	\$4,909	\$4,466	\$4,474
Operating Expenses (000's)	\$4,726	\$4,872	\$4,860	\$5,321	\$5,045	\$5,314	\$5,114	\$4,968	\$5,134	\$5,053	\$5,179	\$5,270	\$5,357	\$5,122	\$5,332
Net Income (000's)	(\$208)	\$48	(\$95)	(\$120)	\$209	\$32	\$214	\$859	\$369	\$221	(\$395)	(\$175)	\$125	(\$226)	(\$380)
Productivity															
Total Operating Expense Per Equivalent Patient Day	\$2,673	\$2,059	\$2,727	\$2,411	\$2,319	\$1,826	\$1,927	\$2,120	\$2,357	\$2,231	\$2,280	\$2,382	\$2,038	\$2,073	\$2,627
Productive FTEs	234	270	266	278	278	278	270	259	279	281	279	274	276	255	316
Non-Productive FTEs	47	36	22	20	36	31	40	39	27	26	23	31	36	52	13
Total FTEs	281	306	288	298	314	309	310	298	306	307	302	305	312	307	329
FTEs per Adjusted Occupied Bed	4.92	3.66	4.84	4.18	4.38	3.29	3.62	3.82	4.35	4.06	4.17	3.87	3.68	3.85	4.86
Balance Sheet															
Days of Expense In General Operating Cash	14.8		10	13	13	10	19	11	6	7	7	14	24	18	14
Net Days of Revenue in AR	44	50	45	44	48	43	41	42	47	43	43	47	51	51	48

Sonoma Valley Hospital
Cash Forecast
FY 2019

ATTACHMENT H

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual 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	4,244,883	3,755,938	3,717,124	4,187,658	3,746,851	4,236,718	4,080,522	49,471,975
2 Capitation Revenue	94,582	92,314	96,054	92,135	97,789	98,199	62,561	95,999	95,999	95,999	95,999	95,999	1,113,629
3 Napa State	12,295	4,713	-	24,798	8,185	-	11,962	11,962	11,962	11,962	11,962	11,961	121,762
4 Other Operating Revenue	40,299	47,536	18,852	63,629	24,975	48,665	13,968	13,968	13,968	13,968	13,968	13,973	327,769
5 Other Non-Operating Revenue	45,944	12,250	51,133	42,712	14,067	91,000	26,673	26,673	26,673	26,673	26,673	26,673	417,144
6 Unrestricted Contributions	403		415	4,175	2,381	1,159	2,672	2,672	2,672	2,672	2,672	2,672	24,565
7 Line of Credit													-
Sub-Total Hospital Sources	4,565,580	4,445,271	4,129,690	4,824,633	4,428,742	4,483,906	3,873,774	3,868,398	4,338,932	3,898,125	4,387,992	4,231,800	51,476,844
Hospital Uses of Cash													
8 Operating Expenses	4,897,828	5,636,984	5,473,847	4,825,598	4,505,452	4,768,421	4,754,651	4,521,804	4,757,866	4,853,772	4,616,406	4,501,692	58,114,321
9 Add Capital Lease Payments	44,847	193,141	46,104	46,021	195,820	34,330							560,263
10 Additional Liabilities/LOC													-
11 Capital Expenditures	331,168		286,200	408,421	110,420	11,238	75,952	75,952	75,952	75,952	75,952	75,952	1,603,159
Total Hospital Uses	5,273,843	5,830,125	5,806,151	5,280,040	4,811,692	4,813,989	4,830,603	4,597,756	4,833,818	4,929,724	4,692,358	4,577,644	60,277,743
Net Hospital Sources/Uses of Cash	(708,263)	(1,384,854)	(1,676,461)	(455,407)	(382,950)	(330,083)	(956,829)	(729,358)	(494,886)	(1,031,599)	(304,366)	(345,844)	(8,800,899)
Non-Hospital Sources													
12 Restricted Cash/Money Market	(809,886)	524,043			612,500	(200,000)		550,000	(550,000)				126,657
13 Restricted Capital Donations	357,448	8,688	286,283	409,088	116,736	5,800	75,952	75,952	75,952	75,952	75,952	75,952	1,639,755
14 Parcel Tax Revenue	207,015		1,500,000			512,117				1,900,000			4,119,132
15 Other Payments - South Lot/LOC							(250,000)						(250,000)
16 Other:													-
17 IGT (Net)									1,400,000	300,000			1,700,000
18 IGT - AB915	20,681		384,837		40,615		1,029,000		200,000				1,675,133
19 PRIME	750,000					600,000							1,350,000
Sub-Total Non-Hospital Sources	525,258	532,731	2,171,120	409,088	769,851	917,917	854,952	625,952	1,125,952	2,275,952	75,952	75,952	10,360,677
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	917,917	854,952	(74,048)	1,125,952	2,275,952	75,952	75,952	9,360,677
Net Sources/Uses	(183,005)	(852,123)	494,659	(46,319)	86,901	587,834	(101,877)	(803,406)	631,066	1,244,353	(228,414)	(269,892)	
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	1,759,371	1,657,494	854,088	1,485,154	2,729,507	2,501,093	
Cash and Equivalents at end of period	1,488,418	636,295	1,130,954	1,084,636	1,171,537	1,759,371	1,657,494	854,088	1,485,154	2,729,507	2,501,093	2,231,201	