



SONOMA VALLEY HEALTH CARE DISTRICT

**BOARD OF DIRECTORS
REGULAR MEETING AGENDA
MARCH 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>	RECOMMENDATION	
AGENDA ITEM		
<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> Discussion will concern SNF management proposal</p>	<i>Rymer</i>	
2. CALL TO ORDER	<i>Rymer</i>	
3. REPORT ON CLOSED SESSION	<i>Rymer</i>	
<p>3. 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>	<i>Rymer</i>	
<p>4. CONSENT CALENDAR A. Board Minutes 02.07.19 B. Finance Committee Minutes 01.26.19 C. Quality Committee Minutes – 01.30.19, Charter & Work plan D. Executed Policies and Procedures E. Medical Staff Credentialing Report <i>Pages 3-39</i></p>	<i>Rymer</i>	Action
<p>5. HUMAN RESOURCES ANNUAL REPORT <i>Pages 40-61</i></p>	<i>L. McKissock</i>	Inform
6. HEALING AT HOME UPDATE	<i>W. Ranzau</i>	Inform
<p>7. QUARTERLY STRATEGY REPORT <i>Pages 62-82</i></p>	<i>M. Donaldson</i>	Inform
<p>8. FISCAL YEAR 2020 BUDGET ASSUMPTIONS <i>Pages 83-84</i></p>	<i>Jensen</i>	Inform
<p>9. ADMINISTRATIVE REPORT <i>Pages 85-87</i></p>	<i>Mather</i>	Inform
<p>10. CMO UPDATE <i>Page 88</i></p>	<i>Kidd</i>	Inform
<p>11. FINANCIAL REPORT MONTH END 01.31.19 <i>Pages 89-102</i></p>	<i>Jensen</i>	Inform

12. COMMITTEE REPORT <ul style="list-style-type: none"> • Appointment of JPA member • SNF Task Force Update 	<i>Board</i> <i>Hirsch</i>	Inform Action
13. BOARD COMMENTS	<i>Rymer</i>	
14. 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, FEBRUARY 7, 2019

CLOSED SESSION 5:00 P.M.

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 FIRST ST EAST SONOMA, CA

	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 None	<i>Rymer</i>	
2. REPORT ON CLOSED SESSION Discussion regarding competitive issues. No decision was made.	<i>Rymer</i>	
3. CONSENT CALENDAR: A. Board Minutes 01.10.19 B. Finance Committee Minutes 12.18.18 C. Quality Committee Minutes 12.19.18 D. Executed Policies and Procedures E. Medical Staff Credentialing Report	<i>Rymer</i>	
Policies: Alcoholic Beverages Policy PC8610-101 Alcoholic Beverages in SNF 6580-105 Resources Available for Managing the Labor and Delivery Patient in the ED 7010-22 Thawing of Food 8340-104 Food & Nutrition Disaster Plan 8340-109		MOTION: by Mainardi to approve, 2 nd by Hirsch. All in favor.
4. SEISMIC COMPLIANCE PRESENTATION BY CHA Mr. Grellmann gave an introductory statement regarding how the recent election of the majority Democratic house in Washington and the sweep of Democratic candidates in California for statewide office will impact healthcare policy in California and the potential changes that may occur. He reviewed the CHA 2019 Advocacy Priorities which included: coverage and access to health care, health care affordability, Protect and expand funding, access to behavioral health care, workforce and labor development, and statutory and regulatory reform. He gave a status report on the seismic compliance deadline of 2020 and the further work that may be required for 2030.	<i>D. Grellmann</i>	

5. SNF TASK FORCE UPDATE	<i>Hirsch</i>	
<p>Ms. Hirsch gave an update on the SNF Task Force. She provided background on what the task force has been reviewing and the admission and staffing changes that have been made. She said that two outside management companies have submitted proposals that are currently being reviewed.</p> <p>Community member Richard Conley asked about the timeline of the evaluation and decision. Ms. Hirsch responded that at the next Board meeting the next steps would be outlined.</p>		
6. QUALITY TEAM ANNUAL REPORT	<i>Hirsch/Jones</i>	
<p>Ms. Hirsch thanked the Quality Committee members for their commitment and hard work. She presented the revised committee charter and work plan.</p> <p>Ms. Jones gave a report on the recent work of Quality Committee and Department. This included work to become a 5 star hospital, culture of safety, stroke readiness certification, and other Quality department accomplishments.</p>		
7. ADMINISTRATIVE REPORT FEBRUARY 2019	<i>Mather</i>	
<p>Ms. Mather reported that the move of all inpatients on the third floor is on track to happen on March 7th. There is an active plan to create a patient access center. The Outpatient Diagnostic Center campaign is going well.</p> <p>The Tentative Map for the South Lot plan has been approved. The expectation is that the Final Map will be approved by the summer and that will trigger the close of escrow.</p> <p>Ms. Mather is currently doing operating reviews with all leaders to review expenses.</p>		
8. CMO UPDATE	<i>Kidd</i>	
<p>Dr. Kidd reported that Rate My Hospital scores are at or above magnet organizations of the same size. Stroke readiness Certification is awaiting the verification visit. She also said that there continues to be progress with changes to the Hospitalist program.</p>		
9. FINANCIAL REPORT MONTH END DEC. 30, 2018	<i>Dungan</i>	Inform
<p>Ms. Dungan reported that the payer mix was 46.2% Medicare, Managed Medicare was 13%, Medi-Cal was 15.3%, and commercial was 20.1%. The days of cash on hand was 14.8 days, Accounts Receivable was at 43.5 days, and Accounts Payable was at 50.4 days. After accounting for all income and expenses, the net loss for December was (\$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 was -0.5% vs. the budgeted 3.6%</p>		
10. NEW LINE OF CREDIT TERMS	<i>Mather</i>	Inform/Action
<p>Ms. Mather reported that the terms for the renewal of the Line of Credit have been reviewed by Mr. Jensen and Ms. Dugan.</p> <p>Ms. Nevins reported that the only change was the schedule for the pay down of the credit amount. She presented a motion that the Board will approved the terms subject to the Finance committees approval.</p>		MOTION: by Rymer to delay the approval of the terms for the Renewal of the Line of Credit to the March

<p>Mr. Boerum requested a term sheet and the financial statements that were submitted to Union Bank for the extension of the line of credit. Mr. Rymer and Ms. Nevins spoke to Mr. Boerum's concerns regarding the terms.</p>		<p>Board Meeting if Union Bank will agree to that timing. If the Bank will not agree to a delay in getting final approval, the Board, by this motion, approves the terms of the Line of Credit, subject to approval by the Finance committee. 2nd by Hirsch. Four members in favor, Mr. Boerum dissented</p>
<p>11. COMMITTEE REPORTS</p>	<p><i>Board</i></p>	
<p>Ms. Nevins presented a recommended appointment to the Finance Committee, Peter Hohorst</p>		<p>MOTION: by Rymer to approve, 2nd by Hirsch. All in favor.</p>
<p>12. BOARD COMMENTS</p>	<p><i>Board</i></p>	
<p>Mr. Boerum reported the JPA Board decided to only have one meeting annually. The next one will be March 12th. There are no projects proposed or underway. He said that there may be a dissolution of the committee. He thanked Mr. Hohorst for his service to the JPA.</p>		
<p>13. ADJOURN</p>	<p><i>Rymer</i></p>	
<p>Adjourned 8:05 pm</p>		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, JANUARY 22, 2019
Schantz Conference Room**

Present	Excused	Staff	Public
*John Perez Joshua Rymer via telephone Sharon Nevins via telephone *Susan Porth Peter Hohorst *Keith Hughes via telephone *Dr. Subhash Mishra via telephone		Ken Jensen, CFO Dawn Kuwahara, CAO Mark Kobe, CNO	Art Grandy

AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	Called to order 5:00pm		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	None		
3. CONSENT CALENDAR	<i>Nevins</i>		
	Minutes from the 01.22.19 meeting were reviewed.	MOTION: by Rymer 2 nd by Porth. All in favor	
4. OPERATING REVIEW SUMMARY	<i>Kobe</i>		
	Mr. Kobe presented an operating review for nursing from July 2018 to January 2019. Variance's that were reviewed were due to orientation, registry staff, and travelers. The trends are showing improvement, with an expectation to resolve in March.		

5. REVIEW OF FISCAL YEAR 2020 BUDGET ASSUMPTIONS	<i>Jensen</i>		
	Mr. Jensen presented the 2020 budget assumptions.		
6. ADMINISTRATIVE REPORT	<i>Mather</i>		
	Ms. Mather was not in attendance. Committee reviewed the administrative reports.	.	
7. FINANCIAL REPORT MONTH END JANUARY 31, 2019	<i>Jensen</i>		
	<p>Mr. Jensen gave the financial report for month end January 31, 2019.</p> <p>The days of cash on hand was 13. Accounts Receivable was at 43 days, and Accounts Payable was at 49 days. EBDA was 9.7% vs. the budgeted 2.3%.</p> <p>After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for January was \$245,587 vs. a budgeted net loss of (\$185,091). After all activity the total net income was \$806, 657 vs. a budgeted net income of \$44,529.</p>	Add a variance and comparison of last year on EBDA	
8. ADJOURN	<i>Nevins</i>		
	5:51 pm		

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**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
January 30, 2019 5:00 PM
MINUTES
Schantz Conference Room**

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

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS		
	Called to order at 5:00 pm	
2. PUBLIC COMMENT		
3. CONSENT CALENDAR		Action
<ul style="list-style-type: none"> QC Minutes, 12.19.18 		MOTION: by Webber to approve, 2 nd by Snyder. All in favor.
4. 2019 WORK PLAN APPROVAL	<i>Jones</i>	Inform/Action
	Ms. Jones presented the revised work plan for 2019.	MOTION: by Eisenstark to approve, 2 nd by Webber. All in favor.
5. CNO QUARTERLY PATIENT CARE DASHBOARD	<i>Kobe</i>	
	Mr. Kobe reviewed the 4 th quarter patient care dashboard. There continues to be opportunities for improvement with medication scanning. Mr. Kobe reported that he has started a 100 day work out to research and improve the medication scanning process.	Add medication errors and the break down of depts to the dashboard.

AGENDA ITEM	DISCUSSION	ACTION
6. GOOD CATCHES	<i>Jones</i>	
	Ms. Jones reviewed the good catches via the newly created Quality Newsletter.	Recommendation to revise the “no blame: sentence.
7. HQI QUALITY DASHBOARD	<i>Jones</i>	
	Ms. Jones reviewed the HQI dashboard. The dashboard showed SVH’s performance in comparison with national and state benchmarks.	
8. QUALITY AND RESOURCE MANAGEMENT REPORT	<i>Jones</i>	
	Ms. Jones reviewed the Quality and Resource management report. This included the plan to bring SVH to a 5 star rating.	
9. POLICIES AND PROCEDURES	<i>Jones</i>	
	<p>New</p> <ul style="list-style-type: none"> a. Contract Administration – Patient Care CL8610-139 (have this reviewed by legal and Kelly and Ken. To come back next month) b. Leaves – Military Related HR8610-172L c. Tracking of On-duty Staff During a Disaster EP8610-104 d. Homeless Discharge Planning DC8610-108 (minor revisions) e. Paging Codes Overhead EP8610-105 (revision of wording in purpose) <p>Revisions</p> <ul style="list-style-type: none"> f. Contract Administration – Non-Patient Care GL8610-138 g. Formulary Management MM8610-122 h. Leave of Absence Policies HR8610-173 i. Leaves- Emergency Responder HR8610-172I j. Leaves –Jury and Witness Duty HR8610-172D k. Leaves – Organ and Bone Marrow Donor HR8610-172K 	MOTION: by Eisenstark to approve b. through q with stated revisions. 2 nd by Mainardi. All in favor

AGENDA ITEM	DISCUSSION	ACTION
	l. Leaves – Personal & Non-FMLACFRA Medical HR8610-172E m. Leaves – Victim of Crime Related to Domestic Violence, Sexual Assault or Stalking HR8610-172G n. Leaves – Voting Time Off HR8610-172J o. Required Certifications HR8610-365 p. Workplace Violence Prevention Program HR8610-371 Retire q. Leaves – Occupational Injury and Illness Disability Leave HR8610-172C	
10. CLOSED SESSION	<i>Hirsch</i>	
	Called to order at 6:04pm	
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
	Medical Staff Credentialing reviewed.	MOTION: by Mainardi to approve credentialing, 2 nd by Eisenstark. All in favor.
12. ADJOURN	<i>Hirsch</i>	
	6:07pm	



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

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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

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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

PAGE 4 of 5

EFFECTIVE: 12/1/11

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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

PAGE 5 of 5

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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



Policy and Procedures – Summary of Changes

The Board of Directors, March 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

NEW:

Leaves - Military Related HR8610-172L

Federal and state law requires employers with 25 or more employees to provide job-protected leave, under FMLA/CFRA, when an employee needs to care for an injured service member or for a “qualifying exigency.” Additionally, employers must accommodate leave for calls to active duty and provide re-employment rights. As a public employer, we are also required to provide pay for the first 30 days of active duty leave, which can be coordinated with military pay.

Tracking of On-duty Staff during a Disaster EP8610-104

This new policy has been created to provide guidance to staff on how to ensure SVH is accounting for all on-duty staff in the event of a disaster; how this information is shared with the Incident Command Center/Labor Pool; and how continued updates as to employee status, location, and contact information of said staff will be maintained throughout the incident. This policy also satisfies a specific requirement identified by our accrediting agency, CIHQ.

Homeless Discharge Planning DC8610-108

Brings the hospital into compliance with CA SB 1152 which requires hospitals to provide discharge planning to the homeless and to create a log of homeless patients that present to the hospital.

Paging Codes Overhead EP8610-105

Current protocol for overhead paging varies dependent upon the particular code. Paging is currently done overhead continuously until someone calls the PBX operator to ‘secure’ the code. This unnecessary step potentially pulls a responding code member away from the code scene to ‘secure it’. Also, the continuous overhead paging of the code causes much anxiety to staff who wonder if they should come and help because it seems no one is responding. Likewise, our patients and visitors are expressing the same concerns. The overhead paging needs to be consistent across all codes and short, limited and without the need to call back and ‘secure’ the code.

REVISIONS:

Contract Administration - Non-Patient Care GL8610-138

Revised to cover contracting with only non-patient care services. In 2016, SVH decentralized management of



contracted services. These revisions along with the addition of a new policy “Contract Administration, Patient Care Services GL8610-139” cover the new system for contract management.

Formulary Management MM8610-122

Added verbiage defining how generics and biosimilar agents are managed in terms of use on the formulary. Now that there are more bio-similars on the market, they need to be addressed formally in our policy to more rapidly incorporate their use without necessarily going through the process that a new drug would need to go through in order to be added to formulary. Adding section on generics to be complete.

Leave of Absence Policies HR8610-172

Minor language edits, updated reference to applicable laws. Scheduled review: updated to reflect recent changes in corresponding leave policies.

Leaves - Emergency Responder HR8610-172I

Updated language to provide clarity as to the purpose of this type of leave specifically for the purposes of emergency response. Removed language in reference to military-related leave, as that is covered under new policy Military-Related Leave, policy #HR8610-172L. Scheduled review and opportunity for improved clarity.

Leaves - Jury and Witness Duty HR8610-172D

Significant changes to the language in an effort to: 1) provide improved clarity of the policy, employee rights and responsibilities; 2) to focus on leaves taken specifically for jury and witness duty purposes, separating out victim-related leaves as those are covered in a different policy (172G). Added clearer explanation of how employees are paid during this type of leave, as it is different for Non-Exempt versus Exempt. Scheduled review, which highlighted opportunities for improvement.

Leaves - Organ and Bone Marrow Donor HR8610-172K

Removed reference to compliance with FMLA/CFRA as this type of leave does not run concurrently with FMLA/CFRA nor is governed under the same law; removed the reference to employer size (not necessary); revised language explaining eligibility; removed Benefits and Reinstatement sections and incorporated them into the new Procedures section instead. Updated references. Scheduled review: policy had become outdated in its language and legal references.

Leaves - Personal & Non-FMLACFRA Medical HR8610-172E

Significant re-write of this policy to include provisions regarding the need to take a medical leave of absence, when not covered by FMLA/CFRA; procedures and restrictions for leave; and how these leaves coordinate with other SVH policies; added restriction that these types of leave are not to be utilized for work elsewhere. Scheduled review: Needed clearer provisions around taking a personal leave of absence and, due to practicality, needed to add guidelines around taking a leave that is medical necessary, even if not covered under FMLA/CFRA.

Leaves - Victim of Crime Related to Domestic Violence, Sexual Assault or Stalking HR8610-172G

Primarily a rewrite in terms of language and formatting; removed the length of leave limit, as it's determined by the situation; added the provisions of reasonable accommodations to ensure the safety of the employee while at work. Regular, scheduled review.

Leaves - Voting Time Off HR8610-172J

No substantive changes – wordsmithing and formatting only. Updated reference. Scheduled review.



Required Certifications HR8610-365

Removed reference to closed/transferred units, updated position and department names, as appropriate, revised the reimbursement process removing the requirement to submit a Reimbursement Form, which is redundant to the Check Request form, and included direction to document time spent in class in Kronos or the department's exception log.

Workplace Violence Prevention Program HR8610-371

Updated procedures for reporting a WVP incident. WVP Taskforce met to discuss and review our internal reporting procedures and how well our process matches the expectations from Cal-OSHA. As a result, the initial incident reporting form was revised and the policy updated to reflect corresponding procedures.

RETIRE:

Leaves - Occupational Injury and Illness Disability Leave HR8610-172C

Content combined with Work Related Injury & Illness policy, #174



SUBJECT: Leaves: Military Related	POLICY #HR8610-172L
DEPARTMENT: Human Resources	PAGE 1 OF 8
REVISED:	EFFECTIVE:

POLICY:

Sonoma Valley Hospital (SVH) is committed to protecting the job rights of employees absent on military-related leave. In accordance with federal and state law, it is the policy of SVH that no employee or prospective employee will be subjected to any form of discrimination on the basis of that person's membership in, or obligation to perform service for, any of the Uniformed Services of the United States.

Employees taking part in a variety of military duties are eligible for benefits under this policy. Additionally, the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (FMLA/CFRA) provide eligible employees the opportunity to take unpaid, job-protected leave for certain service-related medical and non-medical needs of family members.

Eligibility & Types of Leave Covered

Active Military Service, Training, and Other Military-related Events

Employees taking part in a variety of military duties are eligible for benefits under this policy. Such military duties include leaves of absence taken by members of the uniformed services, including Reservists, National Guard members for training, periods of active military service, and funeral honors duty, as well as time spent being examined to determine fitness to perform such service. Subject to certain exceptions under the applicable laws, these benefits are generally limited to five years of leave of absence.

Additionally, SVH will provide up to thirty (30) calendar days of pay for all full-time and part-time employees who are ordered to military duty and who have been employed with the hospital for at least one year from the day on which the leave begins, as long as the ordered duty does not exceed one-hundred and eighty (180) calendar days, including time spent going to and returning from duty. Pay for a leave of absence may not exceed thirty (30) days in any one fiscal year. Periods of military leave of absence to perform inactive duty training are not eligible for paid military leave.

The amount of this paid leave shall be equal to the employee's normal biweekly gross pay (not including overtime pay) as of the first date the employee is absent from work due to being ordered to active military duty, offset by the amount of gross military pay for such duty including all military allowances paid to the employee. In the event the military pay, including allowances, equals or exceeds the employee's normal SVH pay for the pay period, the employee is not entitled to SVH pay for that pay period, but may choose to use accrued paid time off (PTO), or take leave without pay.



SUBJECT: Leaves: Military Related	POLICY #HR8610-172L
DEPARTMENT: Human Resources	PAGE 2 OF 8
REVISED:	EFFECTIVE:

Upon an employee's prompt application for reemployment (as defined below), an employee will be reinstated to employment in the following manner depending upon the employee's period of military service:

- 1) Less than ninety-one (91) days of military service - (i) in a position that the employee would have attained if employment had not been interrupted by military service; or (ii) if found not qualified for such position after reasonable efforts by the hospital, in the position in which the employee had been employed prior to military service.
- 2) More than ninety (90) days and less than 5 years of military service - (i) in a position that the employee would have attained if employment had not been interrupted by military service or a position of like seniority, status and pay, the duties of which the employee is qualified to perform; or (ii) if proved not qualified after reasonable efforts by the hospital, in the position the employee left, or a position of like seniority, status and pay, the duties of which the employee is qualified to perform.
- 3) Employee with a service-connected disability - if after reasonable accommodation efforts by the hospital, an employee with a service-connected disability is not qualified for employment in the position he or she would have attained or in the position that he or she left, the employee will be employed in (i) any other position of similar seniority, status and pay for which the employee is qualified or could become qualified with reasonable efforts by the hospital; or (ii) if no such position exists, in the nearest approximation consistent with the circumstances of the employee's situation.

❖ **General Benefits Upon Reemployment**

Employees reemployed following active military leave will receive seniority and other benefits determined by seniority that the employee had at the beginning of the active military leave, plus any additional seniority and benefits the employee would have attained, with reasonable certainty, had the individual remained continuously employed. Additionally, upon reemployment, a covered employee will not be discharged, except for cause, for up to one year following reemployment.

Qualifying Exigency

"Qualifying exigencies" include activities such as short-notice deployment, military events, arranging alternative childcare/school facility, making financial and legal arrangements related to the deployment, temporary rest and recuperation, counseling, and post-deployment debriefings.



SUBJECT: Leaves: Military Related	POLICY #HR8610-172L
DEPARTMENT: Human Resources	PAGE 3 OF 8
REVISED:	EFFECTIVE:

To be eligible for this type of leave, employees must have worked for SVH for at least twelve (12) months in the preceding seven (7) years, and have worked at least 1,250 hours in the twelve (12) months preceding the date the leave would commence.

Eligible employees may take unpaid qualifying exigency leave to tend to certain "exigencies" arising out of the duty under a call or order to active duty of a "covered military member" (i.e. the employee's spouse, son, daughter or parent). Up to twelve (12) weeks of qualifying exigency leave is available in any twelve (12) month period, as measured by the same method that governs measurement of other forms of FMLA/CFRA leave (see policy #HR8610-172A), with the exception of military caregiver leave, described below. The maximum amount of qualifying exigency leave an employee may use to bond with a military member on short-term, temporary rest and recuperation during deployment is fifteen (15) days.

Persons who can be ordered to active duty include active and retired members of the Armed Forces, certain members of the retired Reserve and various other Reserve members, including the Ready Reserve, the Selected Reserve, the Individual Ready Reserve, the National Guard, state military, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve.

Military Caregiver Leave

To be eligible for this type of leave, employees must have worked for SVH for at least twelve (12) months in the preceding seven (7) years, and have worked at least 1,250 hours in the twelve (12) months preceding the date the leave would commence. Additionally, to be eligible for military caregiver leave, an employee must be a spouse, domestic partner, son, daughter, parent or next of kin (see Definitions below) of the covered service member.

Unpaid military caregiver leave is designed to allow eligible employees to care for certain family members who have sustained serious injuries or illnesses in the line of duty while on active duty. The family member must be a "covered service member" (see Definitions below). Military caregiver leave is not available to care for service members on the permanent disability retired list. Serious injury or illness specifically includes, but is not limited to, aggravation of a preexisting condition while in the line of duty (see Definitions below).

An eligible employee may take up to twenty-six (26) workweeks of military caregiver leave to care for a covered service member in a single 12-month period. The "single 12-month period" begins on the first day leave is taken to care for a covered service member and ends twelve (12) months thereafter, regardless of the method used to determine leave availability for other FMLA/CFRA-qualifying reasons. If employees do not exhaust their twenty-six (26) workweeks of military caregiver leave during this "single twelve (12) month period," the remainder is forfeited.



SUBJECT: Leaves: Military Related	POLICY #HR8610-172L
DEPARTMENT: Human Resources	PAGE 4 OF 8
REVISED:	EFFECTIVE:

Military caregiver leave applies on a per-injury basis for each service member. Consequently, an eligible employee may take separate periods of caregiver leave for each and every covered service member, and/or for each and every serious injury or illness of the same covered service member. A total of no more than twenty-six (26) workweeks of military caregiver leave, however, may be taken within any single 12-month period.

Within the "single twelve (12) month period" described above, an eligible employee may take a combined total of twenty-six (26) weeks of FMLA/CFRA leave, including up to twelve (12) weeks of leave for any other FMLA/CFRA-qualifying reason (i.e., birth or adoption of a child, serious health condition of the employee or close family member, or a qualifying exigency). For example, during the "single 12-month period," an eligible employee may take up to sixteen (16) weeks of FMLA/CFRA leave to care for a covered service member when combined with up to ten (10) weeks of FMLA/CFRA leave to care for a newborn child.

When a husband and wife/registered domestic partner are both employed by the hospital their combined leave to care for a covered service member, or in combination with other family or medical qualifying leave, may not exceed twenty-six (26) work-weeks in a single twelve month period.

Definitions

"Serious injury or illness" for current service members and veterans is distinct from the definition of "serious health condition" detailed in SVH policy "Leaves: Medical & Family Care (FMLA/CFRA)," #HR8610-172A. For purposes of this policy, the term "serious injury or illness" means an injury or illness incurred by the service member in the line of duty while on active duty in the Armed Forces that may render the service member medically unfit to perform the duties of the service member's office, grade, rank or rating, or one that existed before the beginning of active duty and was aggravated by service in the line of duty while on active duty.

"Next of kin" means the nearest blood relative of the service member, other than the service member's spouse, domestic partner, parent, son or daughter, in the following order of priority: blood relatives who have been granted legal custody of the service member by court decree or statutory provisions; brothers and sisters; grandparents; aunts and uncles; and first cousins; unless the service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave.

"Covered Service Member" which means: (1) a current member or veteran of the Armed Forces, National Guard or Reserves, (2) who is undergoing medical treatment, recuperation or therapy or, in the case of a veteran, who was a current member of the Armed Forces, National Guard or Reserves who was discharged or released under conditions other than dishonorable at any time within five years prior to the treatment that an eligible employee requests; is otherwise in



SUBJECT: Leaves: Military Related	POLICY #HR8610-172L
DEPARTMENT: Human Resources	PAGE 5 OF 8
REVISED:	EFFECTIVE:

outpatient status; or is otherwise on the temporary disability retired list, (3) for a serious injury or illness that may render current member medically unfit to perform the duties of the member's office, grade, rank or rating.

Intermittent and Reduced Schedule Leave

Eligible employees needing to take FMLA/CFRA leave (i.e., Military Caregiver or Qualifying Exigency) may take leave in a single block of time, intermittently (in separate blocks of time) or by reducing the normal work schedule when medically necessary. Employees who require intermittent or reduced-schedule leave must try to schedule their leave so that it will not unduly disrupt hospital operations. Intermittent leave is permitted at the same intervals as provided in "Leaves: Medical & Family Care (FMLA/CFRA)," policy #HR8610-172A.

Use of Accrued Paid Time Off

Employees may choose to use accrued paid time off (PTO) concurrently with some or all of the leave taken under this policy. To substitute paid leave for FMLA/CFRA leave, eligible employees must comply with the hospital's normal procedures for the applicable leave policy (Leaves: Medical & Family Care (FMLA/CFRA), #HR8610-172A). Employees on temporary or extended military leave may, at their option, use any or all accrued PTO during their absence.

Maintenance of Health Insurance Benefits

If employees and/or their families participate in the hospital's sponsored group health insurance plan, SVH will maintain coverage during FMLA/CFRA leave on the same terms as if employees had continued to work. If applicable, employees must make arrangements to pay their share of health plan premiums while on leave. In some instances, SVH may recover premiums it paid to maintain health coverage or other benefits for employees and/or their families. Use of FMLA/CFRA leave will not result in the loss of any employment benefit that accrued prior to the start of leave under this policy. Employees should consult the applicable plan document for information regarding eligibility, coverage and benefits.

Job Restoration/Reemployment

Upon returning from FMLA/CFRA leave (i.e., Military Caregiver or Qualifying Exigency), employees will typically be restored to their original position or to an equivalent position with equivalent pay, benefits and other employment terms and conditions. If an employee fails to return to work as scheduled after FMLA/CFRA leave or if an employee exceeds the authorized FMLA/CFRA entitlement, the employee will be subject to the hospital's other applicable leave of absence, accommodation and attendance policies. This may result in termination if the employee has no other SVH-provided leave available to her or him that applies to the continued absence. Likewise, following the conclusion of the FMLA/CFRA leave, the hospital's obligation to maintain the employee's group health plan benefits ends (subject to any applicable COBRA rights).



SUBJECT: Leaves: Military Related	POLICY #HR8610-172L
DEPARTMENT: Human Resources	PAGE 6 OF 8
REVISED:	EFFECTIVE:

Employees returning from a leave of absence related to active military service and/or military-related events must submit an application for reemployment, as outlined below.

PROCEDURE:

When seeking leave under this policy, employees must notify their direct supervisor, and provide Human Resources with the following:

- 1) A minimum of thirty (30) days' advance notice of the need to take leave if the need for leave is foreseeable; or notice as soon as practicable in the case of unforeseeable leave and in compliance with the hospital's normal call-in procedures, absent unusual circumstances. Unless military necessity prevents it, or is otherwise impossible or unreasonable, notice of the need for leave for active service or other military-related events should be given as far in advance as is reasonable under the circumstances.
- 2) When requesting military caregiver leave, medical certification supporting the need for leave due to a serious injury or illness condition affecting the requesting employee's immediate family member within fifteen (15) calendar days of the hospital's request for the certification (additional time may be permitted in some circumstances).
- 3) When requesting qualifying exigency or active military service leave, appropriate supporting documentation in the form of a copy of the covered military member's active duty orders or other military documentation indicating the appropriate military status and the dates of active duty status, along with a statement setting forth the nature and details of the specific exigency, if applicable, the amount of leave needed and the employee's relationship to the military member.
- 4) Periodic reports as deemed appropriate during the leave regarding the employee's status and intent to return to work.

Failure to comply with the foregoing requirements may result in delay or denial of leave, or disciplinary action, up to and including termination. Leave under this policy will be governed by, and handled in accordance with, the FMLA/CFRA and other applicable laws and regulations, and nothing within this policy should be construed to be inconsistent with those regulations.

To the extent required by law, SVH will inform employees whether they are eligible for leave under the FMLA/CFRA. Should employees be eligible for FMLA/CFRA leave, SVH will provide eligible employees with a notice that specifies any additional information required as well their rights and responsibilities. SVH will also inform employees if leave will be designated as FMLA/CFRA-protected and, to the extent possible, note the amount of leave counted against



SUBJECT: Leaves: Military Related

POLICY #HR8610-172L

DEPARTMENT: Human Resources

PAGE 7 OF 8

EFFECTIVE:

REVISED:

employees' leave entitlement. If employees are not eligible for FMLA/CFRA leave, SVH will provide a reason for the ineligibility.

Reemployment after Completion of Active Military Service

Upon an employee's application for reemployment, the employee must provide Human Resources with military discharge documentation to establish the timeliness of the application for reemployment, the duration of the military service, and the honorable discharge from the military service.

Application for Reemployment

An employee who has engaged in military service must, in order to be entitled to the reemployment rights set forth above, submit an application for reemployment according to the following schedule:

- 1) If service is less than thirty-one (31) days (or for the purpose of taking an examination to determine fitness for service) - the employee must contact their direct supervisor requesting reemployment on the first calendar day following completion of service and the expiration of eight (8) hours after a time for safe transportation back to the employee's residence, to discuss placement on the work schedule.
- 2) If service is for thirty-one (31) days or more but less than one-hundred and eighty-one (181) days - the employee must submit an application for reemployment with Human Resources no later than fourteen (14) days following the completion of service.
- 3) If service is over one-hundred and eighty-one (181) days - the employee must submit an application for reemployment with Human Resources no later than ninety (90) days following the completion of service.
- 4) If the employee is hospitalized or convalescing from a service-connected injury - the employee must submit an application for reemployment with Human Resources no later than two years following completion of service.

Exceptions to Reemployment

In addition to the employee's failure to apply for reemployment in a timely manner, an employee is not entitled to reinstatement as described above if any of the following conditions exist:

- 1) The hospital's circumstances have changed so as to make reemployment impossible or unreasonable.
- 2) Reemployment would pose an undue hardship upon the hospital.



SUBJECT: Leaves: Military Related	POLICY #HR8610-172L
DEPARTMENT: Human Resources	PAGE 8 OF 8
REVISED:	EFFECTIVE:

- 3) The employee's employment prior to the military service was merely for a brief, non-recurrent period and there was no reasonable expectation that the employment would have continued indefinitely or for a significant period.
- 4) The employee did not receive an honorable discharge from military service.

This policy is intended to comply with all applicable federal and/or state law. In the event of any inconsistency between this policy and applicable federal or state law, the federal or state law will prevail.

REFERENCES:

Uniformed Services Employment and Reemployment Rights Act (USERRA)
CA Mil. and Vet. Code Sec. 394, Sec. 395
Society for Human Resource Management (SHRM)

OWNER:

Director of Human Resources

AUTHORS/REVIEWERS:

Lynn McKissock, Director of Human Resources

APPROVALS:

Policy & Procedure Team: 1/15/19
Board Quality Committee: 1/30/19
The Board of Directors:



SUBJECT: Tracking of On-Duty Staff During a Disaster

POLICY #EP8610-104

DEPARTMENT: Organizational

PAGE 1 OF 2

EFFECTIVE:

REVISED:

PURPOSE:

To provide guidance and direction for immediate and ongoing location tracking of all on-duty staff in the event of a disaster and in the event of Hospital evacuation.

POLICY:

Sonoma Valley Hospital (SVH) requires immediate identification, documentation and ongoing updates as to the location and contact information for every on-duty employee in the event of a disaster. If on-duty staff are evacuated or relocated as a result of the disaster, SVH will document the specific name and location of the receiving facility or other location. This documentation/information is to be kept readily available, accurate, and shareable among officials, as requested.

PROCEDURE:

In the event Disaster Code Activate is announced overhead, all departments/employees are responsible for the following:

- 1) In accordance with the Department Response Guidelines, immediately submit the Disaster Response Department/Unit Assessment (DRDA) form, which includes the identification of total on-duty staff in that department/unit, to the Incident Command Center (ICC).
- 2) All patient-care staff are to be identified on the DRDA form, including full name and contact information (i.e. cell phone number); ICC is to provide a copy to Labor Pool.
- 3) All staff not directly involved in patient care are required to personally report to the Labor Pool for identification and recording of contact information and location.
- 4) If computer access is available, a report from the time and attendance system will be run by Human Resources to identify all staff currently clocked in and will submit to the Labor Pool for cross reference.
- 5) Labor Pool is responsible for logging all reported staff, including current location and direct contact information. Labor Pool will cross reference this log with the time and attendance report to ensure full accountability of all on-duty staff at the onset of the disaster.
- 6) Before an employee leaves the hospital premises (either at shift change or due to evacuation) the employee must report to the Labor Pool and provide the specific name and location as to their destination.



SUBJECT: Tracking of On-Duty Staff During a Disaster

POLICY #EP8610-104

DEPARTMENT: Organizational

PAGE 2 OF 2

EFFECTIVE:

REVISED:

- 7) Employees involved in direct patient care and unable to personally report to the Labor Pool due to evacuation will have their specific location information reported to the Labor Pool by the Nursing Supervisor on duty.
- 8) Any employee arriving to work during a disaster must first report to the Labor Pool to provide their name, location and contact information before reporting to their department/unit.

REFERENCES:

CIHQ/CFR 482.15(b)(1)

OWNER:

Director of Human Resources

AUTHORS/REVIEWERS:

Lynn McKissock, Director of Human Resources

APPROVALS:

Policy & Procedure Team: 12/18/18

Board Quality Committee: 1/30/19

The Board of Directors:

DRAFT



SUBJECT: Discharge Planning for Homeless Patients	POLICY #DC8610-108
DEPARTMENT: Organizational	PAGE 1 OF 8
REVIEWED/REVISED:	EFFECTIVE: 1/2019

PURPOSE:

Patients seeking treatment in the Emergency Department or admitted to the hospital have a right to discharge planning services. This policy has a twofold purpose. First, to help prepare the homeless patient for return to the community by connecting them with available resources, treatment, shelter, and other supportive services. Second, to codify processes necessary to assure the following:

- Screening of all patients to determine if the patient is homeless;
- Evaluation of the post-discharge needs of homeless patients identified as the result of screening processes;
- Development of a discharge plan for the homeless patient that includes all elements as outlined in CA State SB 1152; and
- Implementation and maintenance of a homeless patient log.

POLICY:

Housing status will not be used to discriminate against a patient or prevent medically necessary care or hospital admission. All information about discharge will be provided in a culturally competent manner. The hospital will not “cause the transfer” of a homeless patient to another county for purpose of receiving supportive services from any agency or provider unless the hospital has received prior authorization from that entity to accept the specific patient.

Scope & Applicability:

This policy applies to any patient discharged from an inpatient unit, emergency department or outpatient ambulatory surgery.

Definition:

The following criteria define homelessness.

- The patient has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
- The patient lives in a public or private place that is not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings e.g. car, makeshift cardboard covering etc.; or

SUBJECT: Discharge Planning for Homeless Patients

POLICY #DC8610-108

DEPARTMENT: Organizational

PAGE 2 OF 8

EFFECTIVE: 1/2019

REVIEWED/REVISED:

- The patient does not have a fixed and regular nighttime residence.

PROCEDURE:

I. Initial Screening of Patients:

1. All patients are screened for homeless status at the time of admission to outpatient (ED or SCU) or inpatient services by registration clerk. If the patient refuses to state whether they are homeless, this will be documented on the Face Sheet in the Homeless status field.
2. The registration clerk enters the homeless status on the Face Sheet in the correct field.
3. Upon request, Information Systems runs a report that will be used as the required "Homeless Log" and provides it to the Case Management Social Worker.

II. Discharge Planning Process Responsibilities:

Each homeless patient will receive an individual discharge plan which will be guided by the best interests of the patient, their mental and physical condition, and their preferences for placement.

1. Admitting provides the Case Management Social Worker a copy of the Face Sheet for all patients identified as homeless.
2. Ambulatory Surgery will complete a Social Work referral if they identify a person as homeless by sending a copy of the Face Sheet to the Case Management Department.
3. The Social Worker/Community Case Manager complete the Discharge Planning Worksheet (Attachment A) and ensure that the document is placed in the electronic record during normal department business hours (M-F 0800-1600).
4. Nursing reviews the Face Sheet and alerts the Nursing Supervisor when the Social Worker/ Community Case Manager are not available; completes the Discharge Planning Checklist; and ensures that it is placed in the electronic record.

III. Required Discharge Planning Elements:

Each homeless patient will be offered the following services prior to discharge.

1. The patient will be offered a physical exam and the physician will determine the patient's stability for discharge.



SUBJECT: Discharge Planning for Homeless Patients

POLICY #DC8610-108

DEPARTMENT: Organizational

PAGE 3 OF 8

EFFECTIVE: 1/2019

REVIEWED/REVISED:

2. The patient will be given referrals for any needed follow-up care, both medical and behavioral as determined by the physician. Referrals will include:
 - a. Provider name, address and phone number for follow up medical appointments;
 - b. Behavioral health providers names, addresses and phone number for follow up appointments, if applicable;
 - c. A list of county behavioral health agencies, health care and social service agencies in the region, other healthcare providers, and nonprofit social services providers; and
 - d. A list of local homeless shelters and their hours of operation, admission procedures/requirements, population served, general scope of medical and behavioral services offered, and contact information for the intake coordinator.
3. Referrals to the above agencies will be made through the Social Worker/Community Case Manager during regular business hours and by the Nursing Supervisor after hours and on weekends. A comprehensive list entitled: Sonoma County Homeless Resource Guide is located in the Nursing Supervisor's office, Case Management and in the Emergency Department.
4. The patient will be offered a meal or "to-go" meal during their admission, treatment or at time of discharge. Nursing will coordinate this with Nutritional Services and the Nursing Supervisor.
5. The patient will be offered vaccinations appropriate to their presenting medical condition and screening for infectious disease as identified by the Sonoma County Department of Health if applicable and as determined by the treating physician.
6. The patient will be provided discharge medications as determined by the treating physician. The physician should notify the Case Management Department of the need for providing medication through the hospital's Charity Medication Policy and Procedure.
7. If the patient's clothing is not weather-appropriate, nursing will contact either the Social Worker or Nursing Supervisor who will access the clothing closet to obtain weather-appropriate clothing.
8. The patient will be offered transportation through the taxi voucher system to their chosen destination if that destination is within 30 miles or 30 minutes. Nursing will contact the Nursing Supervisor to arrange for the voucher.
9. Admitting will screen for and assist in enrollment in any affordable health insurance coverage for which they are eligible.



SUBJECT: Discharge Planning for Homeless Patients

POLICY #DC8610-108

DEPARTMENT: Organizational

PAGE 4 OF 8

EFFECTIVE: 1/2019

REVIEWED/REVISED:

IV. Post Discharge Destination Documentation:

A post-discharge destination will be identified for each patient which may be one of the following.

1. A social services agency, nonprofit social services provider, or governmental services provider has agreed to accept the patient. The Social Worker/Community Case Manager or Nursing Supervisor will document the name of the person at the receiving agency or shelter who accept the patient. The hospital will provide the agency with the discharge summary, discharge instructions and any recommendations for follow-up to the accepting agency via fax transmission.
2. The homeless patient's "residence" which is defined as "the location identified to the hospital by the patient as their principal dwelling place."
3. An alternative destination, as indicated by the homeless patient.

V. Training and Updates:

1. The Case Management will review, add and update all referral information on an annual basis.
2. Initial competency will involve a review of this policy and related policies, the Homeless Discharge Planning Worksheet, and review of the Sonoma County Homeless Resource Guide. Training on updates will occur as appropriate.
3. Documentation of Homeless Discharge Planning Training will be maintained in Case Management, Social Work, Nursing Supervision, Surgical Services, Admitting/Patient Registration, and Nutritional Services Human Resources Files as competency validation.

REFERENCES:

Title 22, Code of Federal Regulations, Section 482.43
CIHQ Discharge Planning
CA SB 1152

RELATED POLICIES:

DC8610-102 Discharge Medication Charity Program
DC8610-104 Discharge Planning



SUBJECT: Discharge Planning for Homeless Patients

POLICY #DC8610-108

DEPARTMENT: Organizational

PAGE 5 OF 8

EFFECTIVE: 1/2019

REVIEWED/REVISED:

APPENDICES:

Appendix A: Homeless Patient Discharge Planning Worksheet

OWNER:

Director, Case Management

AUTHORS/REVIEWERS:

Leslie Lovejoy, Director, Case Management
Mark Kobe, Chief Nursing Officer
Lisa Duarte, Admitting Manager
Anna Harleman, Food and Nutrition Services Manager
Jennifer Medina, Social Worker

APPROVALS:

Medicine Committee: 1/10/2019
Policy & Procedure Team: 1/15/19
Medical Executive Committee: 1/17/19
Board Quality Committee: 1/30/19
The Board of Directors:

DRAFT



SUBJECT: Discharge Planning for Homeless Patients

POLICY #DC8610-108

DEPARTMENT: Organizational

PAGE 6 OF 8

EFFECTIVE: 1/2019

REVIEWED/REVISED:

Appendix A

Homeless Patient Discharge Planning Worksheet

INSTRUCTIONS: This form is to be completed at the time of discharge for any patient meeting the definition of homeless. Its purpose is to return the person back into the community by connecting him/her to available community services, resources, treatment and shelter. All sections must be completed prior to discharge.

A. Discharge/Release Options:

- Discussed placement options and provided patient with a list of social service agencies, non-profit social services providers and government agencies that offer options to homeless patients.
- Contact made with the following agency who agrees to receive patient:
Agency Name: _____ Phone #: _____
- Patient refuses information and release options for discharge.

B. Discharge/Release Destination

- Location the patient identifies as her/his principal dwelling place: _____.
- Any other destination the patient chooses: _____.
- Patient declines to state where he/she will go after discharge.

C. Transportation:

- SVH offered and provided transportation to the patient's chosen destination. Mode of Transportation was: _____
- The patient refused hospital's offer of transportation. SVH did not offer transportation because the chosen destination was farther than 30 miles or 30 minutes of travel time.

D. Meals:

- Meal offered and provided. Meal offered but patient refused it.
- Meal medically contraindicated. Document the reason in the medical record.

E. Clothing: assess the clothing the patient owns. Remove patient wristband and don't allow patient to leave in hospital gown. Provide patient with garments as needed from clothing closet.

- Patient's clothing is adequate for the weather.
- Patient's clothing is inadequate, weather appropriate clothing was offered and provided to the patient.
- Patient's clothing is inadequate, but patient refused the offer and provision of weather appropriate clothing.



SUBJECT: Discharge Planning for Homeless Patients	POLICY #DC8610-108
DEPARTMENT: Organizational	PAGE 7 OF 8
REVIEWED/REVISED:	EFFECTIVE: 1/2019

F. Medications:

- Physician did not prescribe medication for patient.
- SVH does not have an onsite pharmacy licensed and staffed to dispense outpatient medications so patient was given written prescriptions.
- SVH provided 30-day supply of critical medications through the hospital's charity medication Program. Pharmacy Name: _____ Phone #: _____

G. Infectious Diseases: ensure that documentation, including informed refusal, is present in the medical record.

- The patient was screened for infectious disease(s) common to Sonoma County as determined by the Sonoma County Health Department.
- The patient was offered above screening, but the patient refused screening.
- The patient was referred for screening at: _____.
- Sonoma County Public Health Department has not identified infectious diseases common to the region in which this hospital is located.

H. Vaccinations: ensure that documentation, including informed refusal, is present in the medical record.

- The patient was offered and given vaccination(s) appropriate to his/her presenting medical condition. The patient refused the offered vaccination(s).
- There are no vaccination(s) appropriate for the patient's presenting medical condition.

I. Follow-up Care:

- Follow up care and medical needs were communicated to the patient by: _____ MD/RN
- Follow up medical care is not medically necessary.
- The patient was referred to the following source for follow-up medical care: _____

J. Follow-up Behavioral Health Care:

- Patient was given a medical screening exam and evaluation, and physician has determined that follow-up behavioral health care is not needed.
- Patient was given a medical screening exam and evaluation, the physician has determined that follow-up behavioral health care is needed. The patient was referred to:
Name of professional, clinic or facility: _____
Address: _____ Phone# _____
- If Applicable, a good faith effort was made to contact:



SUBJECT: Discharge Planning for Homeless Patients	POLICY #DC8610-108
DEPARTMENT: Organizational	PAGE 8 OF 8
REVIEWED/REVISED:	EFFECTIVE: 1/2019

- The patient's health plan and enter name of plan and date/time of contact: _____;
- The patient's primary provider: _____; or
- Another appropriate provider: _____.

- K. Insurance Coverage: the patient was screened for eligibility for Medi-Cal, etc.
- Patient has insurance currently Patient not eligible for any affordable coverage
 - Patient declined enrollment assistance Patient was helped to enroll in _____

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SUBJECT: Hospital Paging Protocol for Emergency Codes	POLICY #EP8610-105
DEPARTMENT: Organizational	PAGE 1 OF 2
REVIEWED/REVISED:	EFFECTIVE:

PURPOSE:

To provide a consistent approach to overhead paging of all emergencies by PBX. A consistent unified approach maximizes alerts to the proper team to the precise location of the emergency within the facility.

POLICY:

Please refer to the following policies for specific actions related to the specific emergency:

1. Code Management for Patient Emergency: Code Blue QS8610-106
2. Code Stroke Paging NS8610-124
3. Code Neonate PC8610-174
4. Infant/Pediatric Security-Code Pink & Purple CE8610-148
5. Emergency Operations Plan EM8610-100
6. Hazardous Material Spill Response Policy EVHAZ8610-109
7. Fire Drill Procedure CE8610-136
8. Bomb and Telephone Threat Policy EC-SEC8610-110
9. Aggressive Behavior Management-Code Grey EC-SEC8610-102
10. Hostage/Active Shooter: Code Silver CE8610-147

All announcements for all codes will be the same. At the outset of the emergency, staff should call 5555 and report the Code and location. Operator will then announce the code and location on the overhead paging system **TWICE IN SUCCESSION, PAUSE 5 SECONDS AND REPEAT THE ANNOUNCEMENT X 1.**

PLEASE NOTE: THERE IS NO FURTHER NEED BY STAFF TO 'CLEAR OR SECURE' THE EMERGENCY.

Please note: if there is no response to the code announcement within a reasonable time period, staff should dial 5555 and ask for the code to be re-announced.

REFERENCES:

CIHQ 42CFR 482.41 CE-4 Providing a Secure Environment

OWNER:

President & CEO



SUBJECT: Hospital Paging Protocol for Emergency Codes

POLICY #EP8610-105

DEPARTMENT: Organizational

PAGE 2 OF 2

EFFECTIVE:

REVIEWED/REVISED:

AUTHORS/REVIEWERS:

Mark Kobe, Chief Nursing Officer

APPROVALS:

Policy & Procedure Team: 1/15/19

Board Quality Committee: 1/30/19

The Board of Directors:

DRAFT



Human Resources Department

Annual Report 2018

Prepared by: Lynn McKissock, Director of Human Resources

Introduction

2018 has been the year of change with a focus on reducing overhead expenses balanced with maintaining programs that are important and meaningful to employees. Three projects in particular that we completed this year include the redesign of our Paid Time Off (PTO) program, revision of our shift differential pay practices, and our Leave of Absence policy and procedures. All together, we expect these programs to show us a reduction in our future liability in benefit expense as well as a savings in salary expenses.

Another area of focus this year has been in our recruitment and retention efforts. We implemented improvements to our recruitment, selection and onboarding processes designed to realize efficiencies in our hiring process. We also identified the need to improve recruitment efforts for the hard-to-fill positions and developed a new Signing & Retention Bonus program to help not only attract qualified candidates but to also encourage retention. Along those same lines, we have continued to track our overall turnover (which unfortunately has gone up) and continue with our Exit Interview process and data analysis.

Finally, to continue our focus on ensuring that SVH is truly the best place to work and provides the best working environment possible, we continue updating and improving our HR Policies as our communication tool to share with employees the behavioral expectations of everyone required to maintain a truly respectful, professional, supportive, safe, and transparent place of work.

Of course, all of this in between our ongoing projects including recruitment (101 new employees, 47 clinical students, and 39 volunteers), performance management, benefits administration, compensation management, leaves administration, training & education, employee relations management, and wellness program administration.

2018 Dashboard#

Performance Indicator	2018	2017	2016
Employee Engagement Organizational Score (CY)	Postponed	4.19 61 st Percentile	4.24 74 th Percentile
Employee Engagement Survey Participation Rate (CY)	Postponed	81%	90%
Turnover (CY)	19%	13.6%	10.3%
Salary Costs / % of Net Revenue (FY)	\$26,340,903 / 47.05%	\$26,169,737 / 47.54%	\$25,970,061 / 44.4%
Benefit Costs / % of Net Revenue (FY)	\$10,200,053 / 18.22%	\$10,770,495 / 19.56%	\$9,711,167 / 16.6%
Registry/Traveler Costs (FY)	\$1,339,193	\$860,071	\$993,822
Leave of Absences (CY)	62	70	74
Number of Injuries (CY)	9	12	6
Number of Open WC Claims (CY)	10	10	11
Workers' Comp Costs (CY)	\$347,342	\$156,921	\$139,888
Legal costs for Employee Issues (FY)	\$7,473	\$39,772	\$36,657
Wellness Program Participation (CY)	147/235 – 63%	216/322 – 67%	182/263 – 69%

Employee Engagement Survey

We decided to take a year off from utilizing Press Ganey as our employee engagement survey administrator and instead, will create an abbreviated version that we can manage in-house. We do believe that conducting an employee survey and responding to the results at the organization and department level is very important and has demonstrated value in many improvement efforts within the workplace; however, we believe we can accomplish more with less. Less expense to administer in-house and less time commitment for the employee to respond. We will share the results at the department level and encourage follow-up actions, as usual. We expect to have those results by the end of May, 2019.

Turnover

It's quite evident that our turnover rate has grown year-over-year, which is very concerning. Turnover is not only costly to an organization, it's also quite disruptive to operations and continuity in patient care. So, to better understand what is happening at SVH and why we are seeing this increase, I started researching.

In an article published by the Society of Human Resource Management (SHRM) in December of 2018, "more U.S. workers are quitting their jobs than at any time since the numbers have been recorded" with healthcare ranking as one of the top three industries experiencing the highest turnover. According to an article in Forbes, "the US Bureau of Labor Statistics reported that 2.4% of employed American workers had voluntarily quit their job by end of July 2018. The last time the voluntary quit rate was this high was April 2001." This same article also cited that according to the 2018 Jobvite Job Seeker Insights survey, lack of growth was cited as the top reason for "job hopping" by younger workers. Along those same lines, according to research conducted by the Advisory Board, "the (health care) industry has reached a point now where more than a quarter of all turnover is due to employees leaving in their first year. Many of these staff are millennials..."

This begs the question, is this what we are seeing at SVH? Of the 87 voluntary resignations in 2018: 15 accepted another job; 18 moved out of the area; 8 retired; 13 no longer available (per diems); 2 quit before starting; and 31 did not specify a reason. Interestingly enough, the largest volume of turnover we experienced in 2018 was in the 2nd Quarter (April, May, June). Additionally, 34% of all voluntary resignations were after less than one year of employment, of which, 50% were millennials. Indeed, it seems that we are experiencing the same turnover timing and demographics that has been observed nationally and industry-wide. So, what do we do about this?

We need to dig deeper into the more specific reasons behind an employee's resignation - to learn about their workplace experience and what factors can we influence to encourage retention. This is why Human Resources continued our Exit Interview initiative this past year, giving every employee who voluntarily resigned their position with the hospital an Exit Interview Survey.

The survey is comprised of nine (9) questions ranging from their satisfaction with pay, treatment of their supervisor, to their work-life balance, asking them to rate each one on a scale of Excellent (5) to Poor (1). Of the 32 responses submitted in 2018, the two questions that received the highest ratings

were: “How well did members of your department work together?” (81% favorable) and “How equitably and fairly were you treated by your Supervisor?” (78% favorable). Other favorable responses include: “How well do you think SVH does at providing a safe work environment?” (72% favorable), “How consistently did your supervisor provide feedback to you for the work you did?” (69% favorable), “How well did your supervisor handle problems when they were presented?” (66% favorable), and “SVH created a work-life balance during your employment?” (59% favorable). Additionally, in response to “How well were you paid for the work that you did at SVH?” 38% responded “Fair” with 44% responding “Excellent” or “Good.” These responses provide evidence that our leaders are doing a good job ensuring that employees are being treated respectfully and fairly, that they are concerned with their overall well-being, and that SVH is doing a good job to ensure equitable and fair pay. The one area that stands out as needing improvement is the category of stress with 59% rating their stress levels as “high” to “extreme.”

While we may not be able to influence a reduction in turnover with regards to employees seeking growth/promotion opportunities or greater pay, we will always have a focus on providing the best workplace we can, by providing support, communication, education, and safety and improve our efforts to help employees manage their stress. Tracking and understanding turnover is an ongoing, cyclical process and Human Resources will continue to track, evaluate, and seek feedback while at the same time providing support and information resources to Leaders in their efforts for continuous improvement.

Compensation & Benefits

As evidenced in the dashboard above, we have slightly reduced the steady increase we experience year-over-year with cost of salaries (.075% increase in 2017 from previous year and .065% increase in 2018 over previous year). This would be largely contributable to the fact that we provided a 2% - 2.5% annual increase to all salaries this year, as opposed to a 3% increase provided in previous years. Additionally, we experienced about a 6% decrease in overall headcount.

We were able to successfully manage cost of benefits this year as well and actually experienced a decrease in hospital costs. While we’re not down to the level we were three years ago, we were able to diminish the steady increase in cost of benefits year-over-year by making some relatively minor changes in our benefit plans.

Cost of salaries and benefits remains a large portion of this hospital’s overhead expense and will always be given top priority in attention and efforts to ensure we are managing this expense well, while maintaining our ability to attract and retain top talent.

Worker’s Compensation

We are happy to see a reduction in the number of new injuries this year with no increase to the number of open claims. Unfortunately, we did see a significant increase in our claims expense. This increase is attributable to three significant claims that were all brought to settlement this year (approximately 71% of our total cost of claims). Additionally, we have changed our process in tracking our actual cost of claims for FY 2019 and now aim to capture expenses that the hospital writes off for services provided by us (i.e., physical therapy, emergency room treatment, etc.). This decision was

made to ensure we understand the true cost of all our employee injuries. Investigation and corrective action plans remain a top focus with this program, as well as coordinating a return to work program – a proven and effective way to keep employees engaged in their workplace while providing them modified work to accommodate any restrictions they may have until they are fully healed.

Education

Our Education Coordinator, Bonnie Bernhardt, continues to demonstrate a high level of value and contribution to this hospital and our staff – in fact, she was voted the Nurse of the Year by the nursing staff for 2018! Bonnie is passionate and committed to ensuring that staff are well prepared and skilled to deliver quality patient care. Her projects and initiatives this year included:

New Hire Skills Assessment: Required of every nursing and clinical new hire, prior to working on the unit, to assess current skill level and knowledge on topics that are considered high-risk to patient safety. Bonnie meets with each new hire on a one-to-one basis and provides remedial instruction when deemed appropriate. In 2018 topics were expanded to include Moderate Sedation skills (with a written competency test), Implanted Port care, and use of the Veinlite, for a total of nineteen (19) skill topics.

Skills Lab: An annual event committed to improving and maintaining the skill level of our staff for those low frequency/high-risk skills. In order to ensure that these high-risk skills meet our high level of standard, the competency verification process includes a hands-on return demonstration.

This year we implemented a new schedule to create improved availability and coordination with various work schedules. We also divided up the topics into Part 1 and Part 2 to reduce the amount of time required to complete all topics required for the year. Skills Lab Part 1 topics included new patient restraints, glucometer, picking-up blood from the Lab, 8 ECG rhythm review, Veinlite, and Acuity Scoring for ICU and Med/Surg. Skills Lab Part 2 topics included Paragon Upgrade training, Safe Patient Handling equipment, Arterial Line and Central Line Waveforms, Capnography Monitoring, Implanted Ports, Constavac Reinfusion, Pleuravac Chest Tube drainage system, IV compounding outside of the Pharmacy, Vertical Evacuation chairs and Malignant Hyperthermia.

Workplace Violence Prevention Training: Cal-OSHA has required healthcare facilities to provide education on the recognition and prevention of workplace violence. This required training was completed by all staff. Training included review of an online workplace violence training module and SVH Workplace Violence Prevention Plan. ED staff and members of the Code Gray team participated in live classroom training which included verbal and hands-on techniques to manage individuals displaying aggressive behavior. Additionally the Workplace Violence Prevention competencies were reviewed by all staff which included Managing a Threat or Assault with a Weapon, Managing a Threat or Assault without a Weapon and Recognizing and Managing those at Risk for Threatening or Violent Behavior throughout the Assault Cycle. These competencies include staff roles and responsibilities and were modified for those working in the hospital or off-site locations.

Advance Health Care Directives (AHCD): Hospital and community workshops continued to be conducted with the goal of having staff and community members complete AHCD to ensure their wishes are honored during their end of life process.

Additional educational opportunities provided to staff included documentation classes, bariatric post-operative care, malignant hyperthermia drill in surgical services, stroke education for stroke readiness, memory enhancement, dementia prevention, C-Diff testing protocol, moderate sedation review and competency test for surgical services, dysphagia, living well with serious illness, prevention of burnout and suicide risk assessment/prevention.

Our education goals are to continue driving and supporting safe and high-quality patient care. Skills Lab Part 2 continues into 2019 as well as new online annual education assignments for all staff, not only satisfying regulatory requirements, but state and federal requirements as well. We are fortunate to have Bonnie as our Education Coordinator who accomplishes so much within her compressed work schedule!

Wellness Program

As you can see in the dashboard above, our participation rates in the SVH Wellness Program continue to slowly decline. This could be due to a number of reasons ranging from lack of promotion to lack of individual motivation. However, those that do participate enthusiastically voice their appreciation for the program for reasons ranging from health information they would not otherwise have to the monetary value experienced in reducing their own expenditures for health insurance. The good news is that we are actively working to improve this program to spark new engagement and promote wellness in a manner that is meaningful to our employees. Not only will we be able to enjoy a new platform provided by our wellness program vendor, Simply Well, but we will begin offering in-person wellness activities (hikes, picnics with games, etc.) that will entice employees to enjoy physical movement and the vastly beautiful outdoors we have right here in Sonoma!

Goals/Initiatives for 2019

Looking forward, Human Resources will be designing a new Performance Appraisal system with a focus on improving the feedback process. The goal is to design a program that captures a more rounded and holistic picture of employee performance and behavior and that encourages forward-thinking conversations in terms of problem solving, innovation, and personal development goals. The desired outcome is to have a program that proves to be a meaningful process that both employees and supervisors will value. Similarly, HR will also be designing a new Performance Correction Plan program to help facilitate those ad-hoc conversations with employees, when needed. Finally, HR will be focused on completing the updates to all HR policies and the publication of a new and improved Employee Handbook. We are looking forward to these exciting and important projects!

Sonoma Valley Hospital

Human Resources Department Annual Report - 2018

New Projects/Programs in 2018

- Paid Time Off (PTO) Program
- Shift Differential & Leave of Absence Practices
- Recruitment, Selection and Onboarding Procedures
- Policy Updates

Ongoing Projects/Programs in 2018

- 101 New Hires / 47 Clinical Students / 39 Volunteers
- Performance Management, Benefits Administration, Compensation Management, Leaves Administration, Training & Education, Employee Relations Management, Wellness Program Administration
- Annual Health Screening Clinic & Skills Lab
- Regulatory Reporting (ACA)
- Employee Service & Excellence Awards 2018

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Turnover

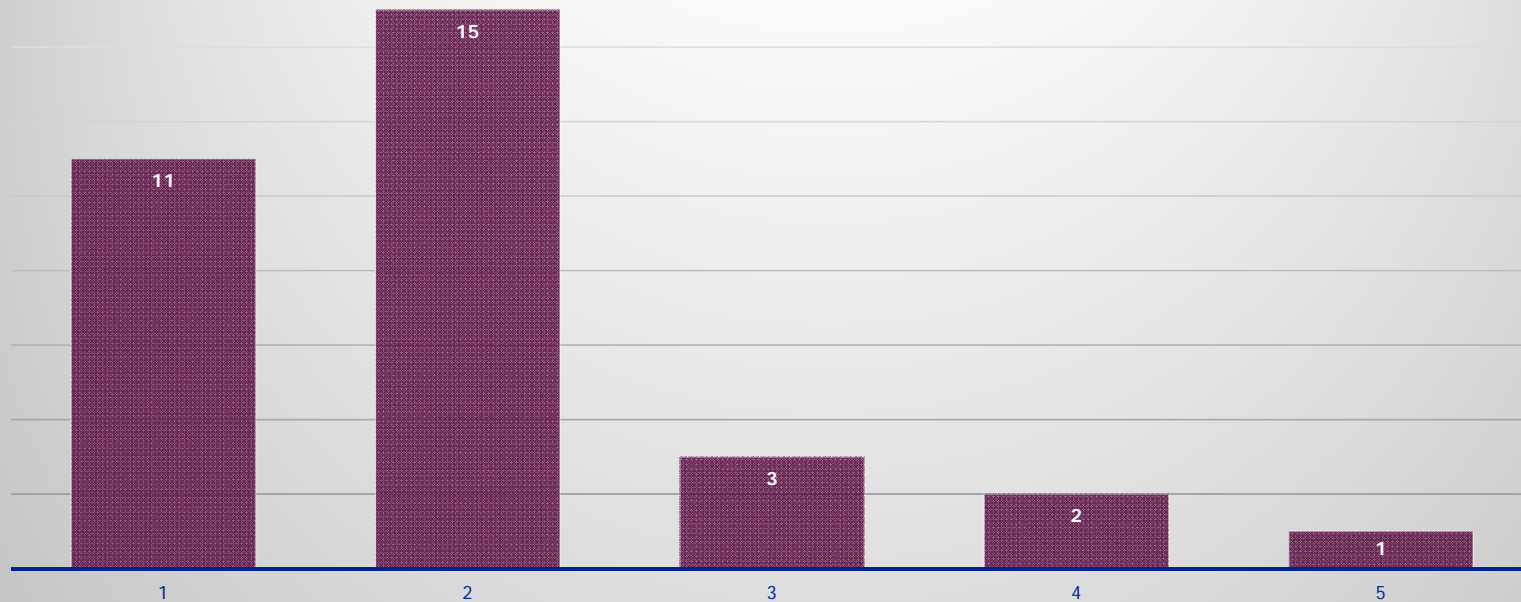
- “More U.S. workers are quitting their jobs than at any time since the numbers have been recorded.”
- “The last time the voluntary quit rate was this high was April 2001.”
- “The (health care) industry has reached a point now where more than a quarter of all turnover is due to employees leaving in their first year. Many of these staff are millennials...”

Turnover (Cont'd)

- The SVH Turnover Rate for 2018: 19%
 - About 40% higher than 2017
- Largest turnover was in 2nd Quarter (April, May, June)
- A total of 87 voluntary resignations in 2018
 - 34% after less than one year of employment
 - of which, 50% were millennials

Exit Interviews

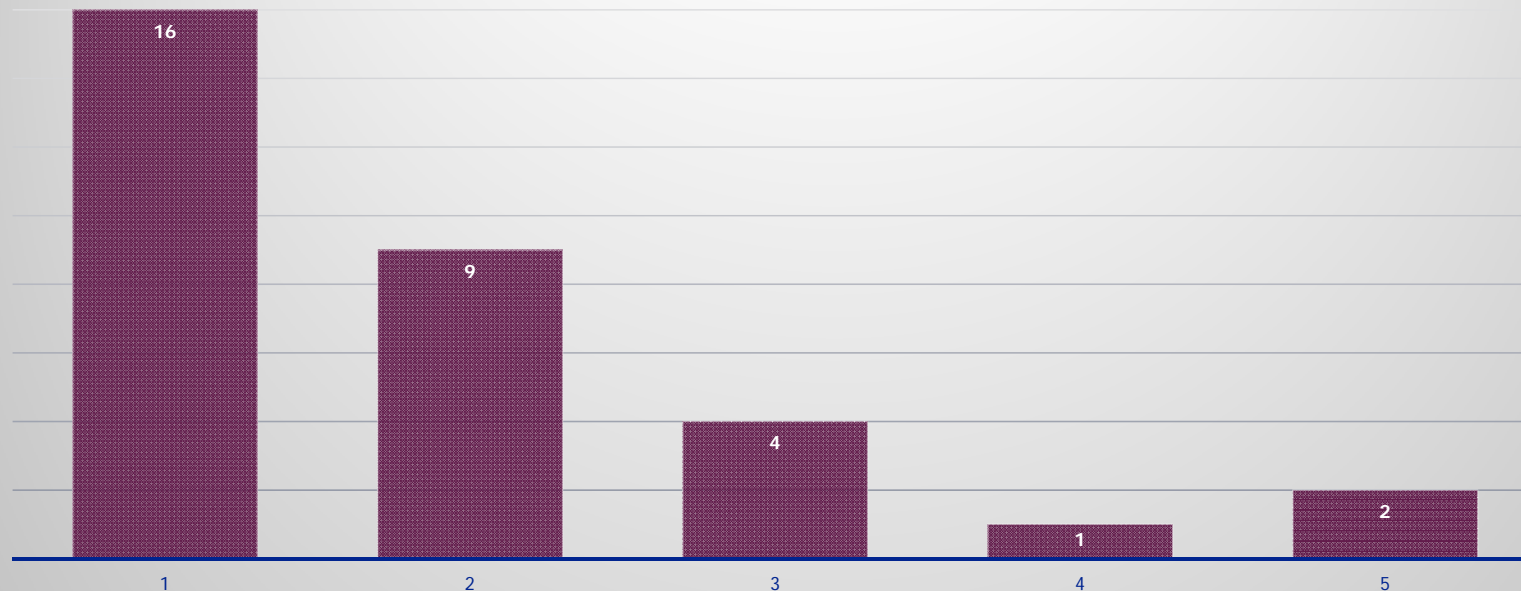
How well did members of your department work together?



Responses on a scale of 1 to 5 - 1 = Excellent, 3 = Fair, 5 = Poor

Exit Interviews (Cont'd)

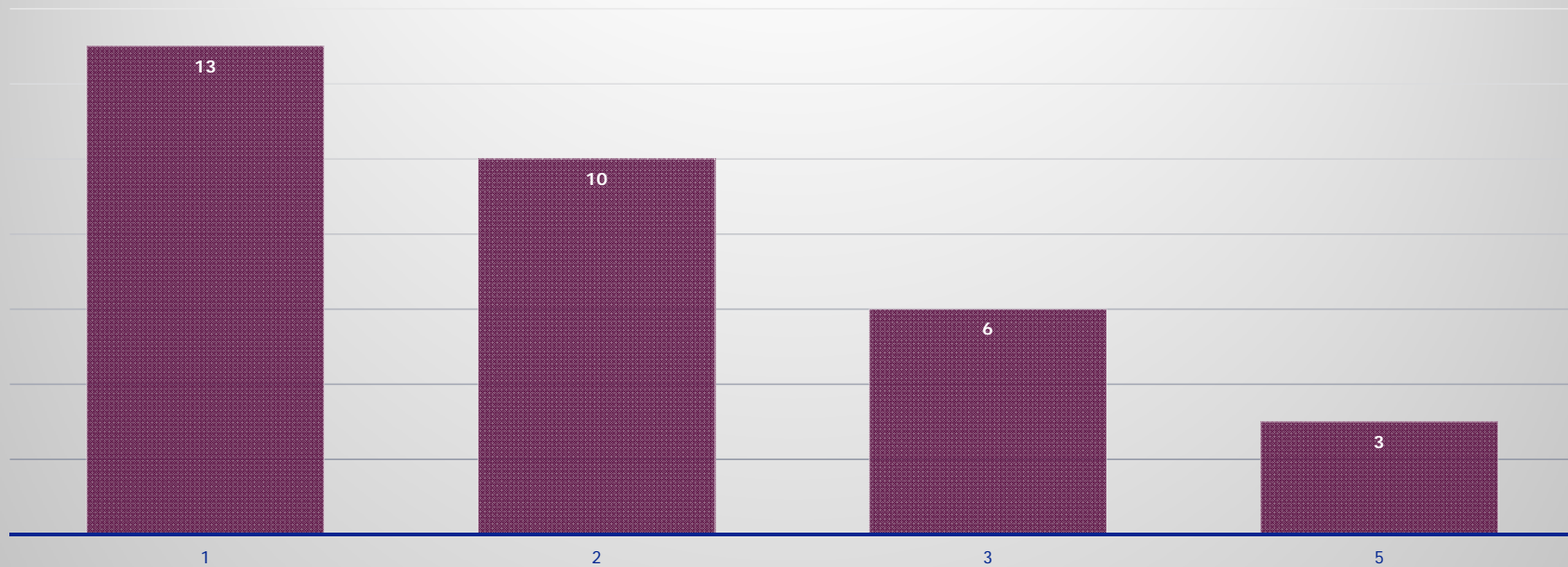
How equitably and fairly were you treated by your supervisor?



Responses on a scale of 1 to 5 - 1 = Excellent, 3 = Fair, 5 = Poor

Exit Interviews (Cont'd)

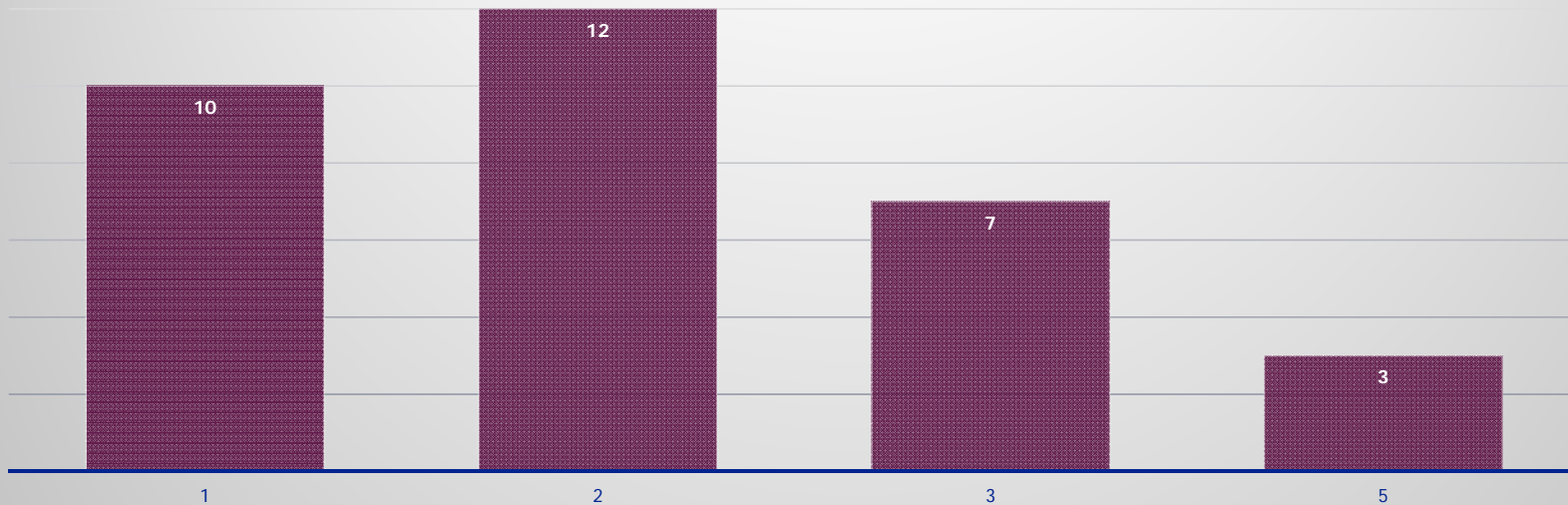
How well do you think SVH does at providing a safe work environment?



Responses on a scale of 1 to 5 - 1 = Excellent, 3 = Fair, 5 = Poor

Exit Interviews (Cont'd)

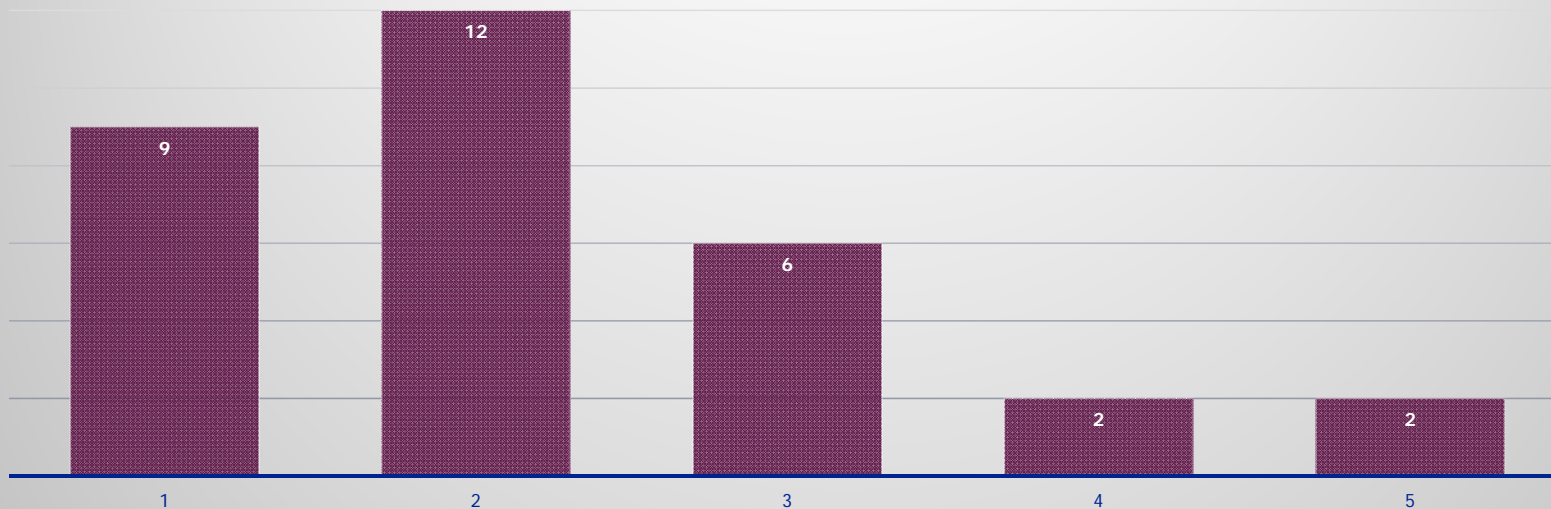
How consistently did your supervisor provide feedback to you for the work that you did?



Responses on a scale of 1 to 5 - 1 = Excellent, 3 = Fair, 5 = Poor

Exit Interviews (Cont'd)

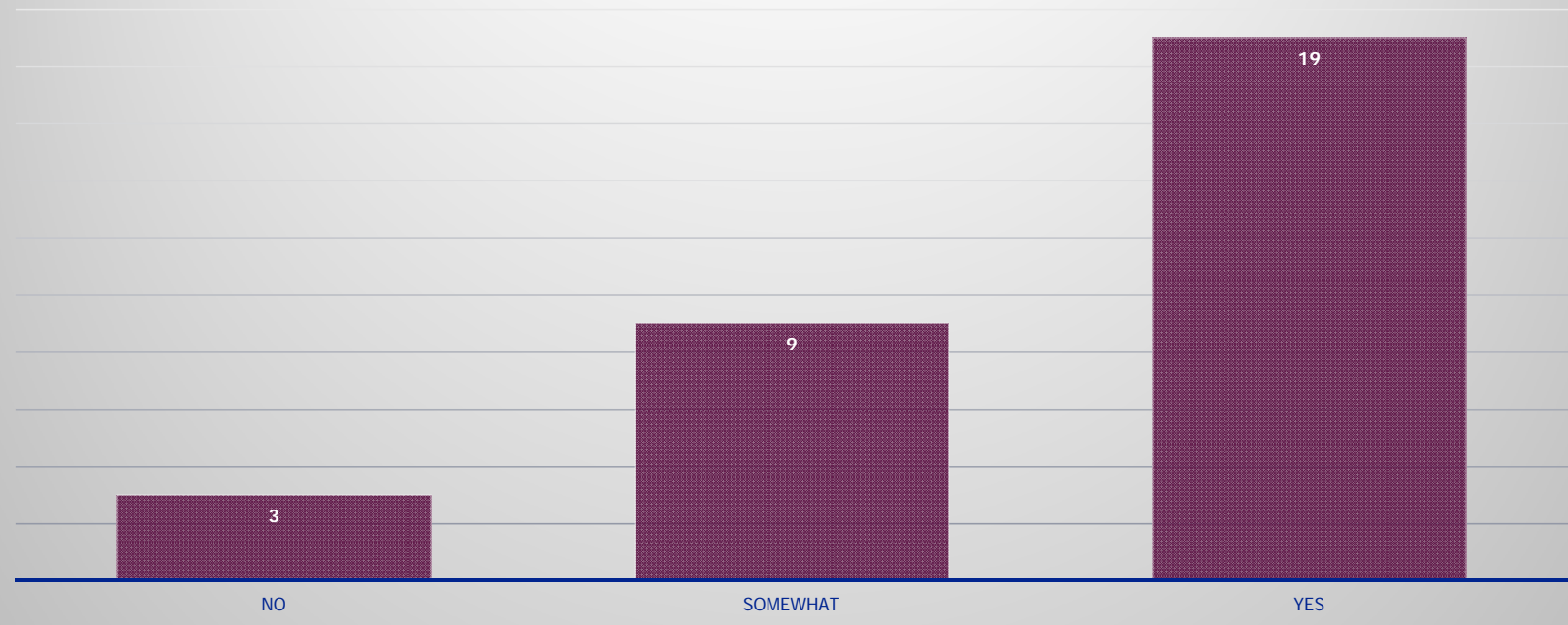
How well did your supervisor handle problems when they were presented?



Responses on a scale of 1 to 5 - 1 = Excellent, 3 = Fair, 5 = Poor

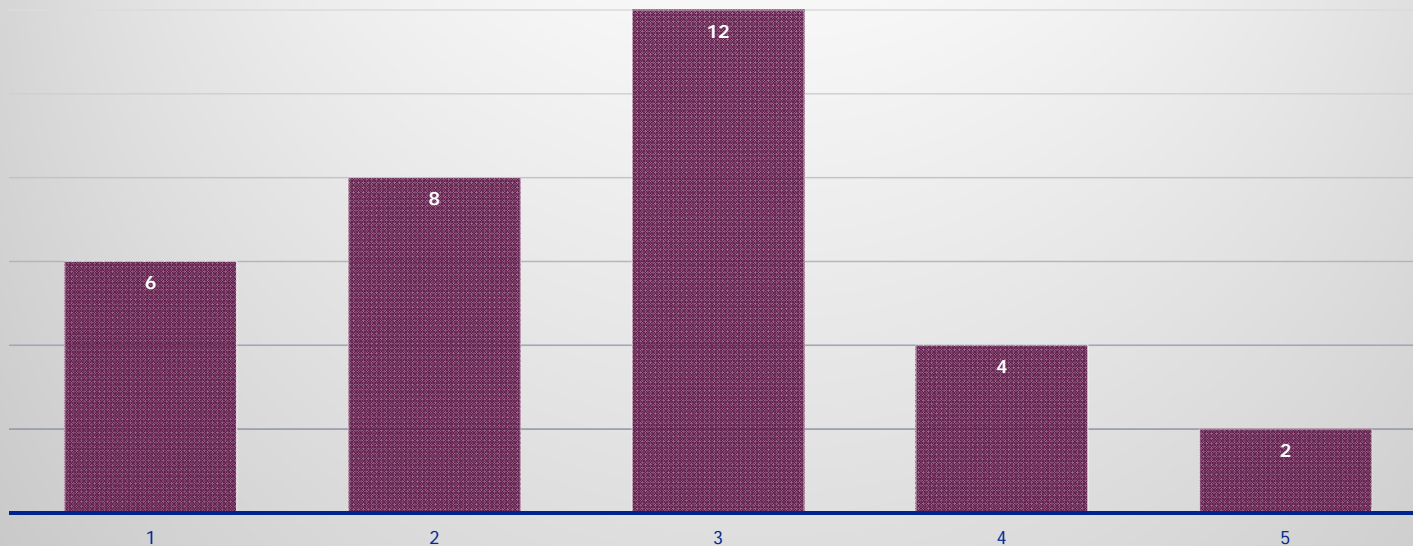
Exit Interviews (Cont'd)

Do you feel that SVH created a work-life balance for you during your employment?



Exit Interviews (Cont'd)

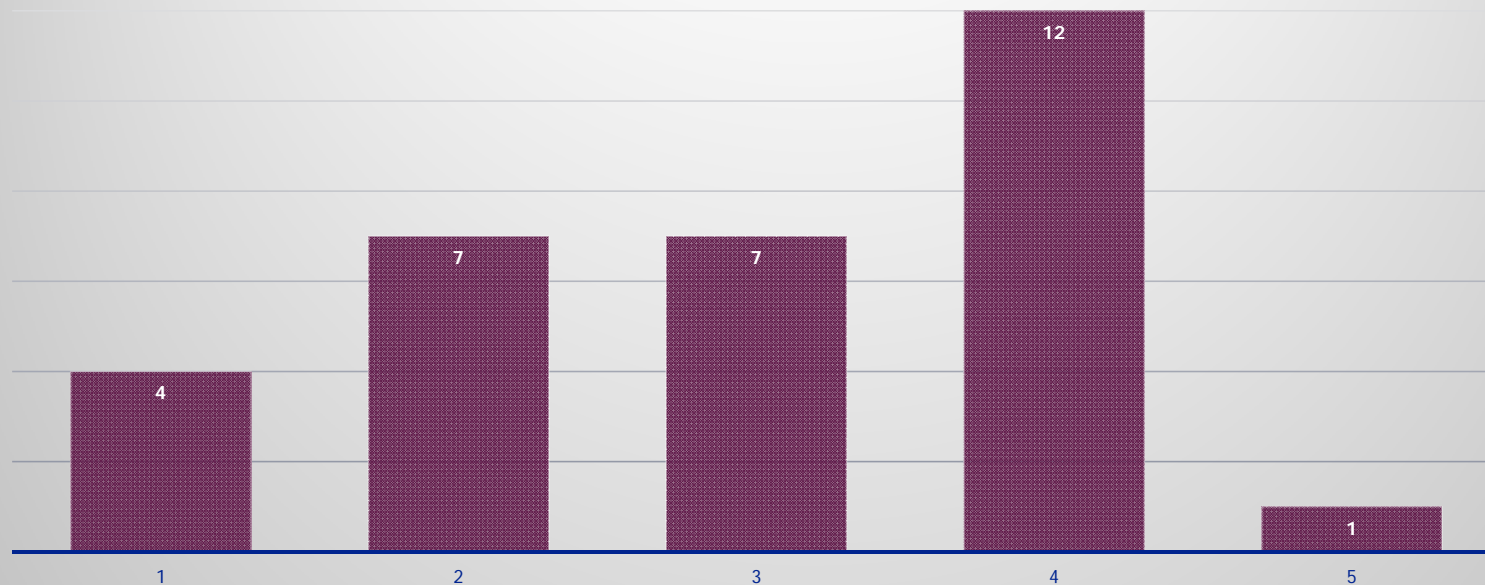
How well were you paid for the work that you did at SVH?



Responses on a scale of 1 to 5 - 1 = Excellent, 3 = Fair, 5 = Poor

Exit Interviews (Cont'd)

How would you rate your stress level at work?



Responses on a scale of 1 to 5 - 1 = None, 3 = Fair, 5 = Extreme

Education

- New Hire Skills Assessment
- Skills Lab (hands-on return demonstrations)
- Workplace Violence Prevention Training & Written Competencies
- Advance Health Care Directive Education for Staff and Community

Goals/Initiatives 2019

- Employee Engagement Survey
- Performance Appraisal Program
- Performance Correction Plans
- Policies & Procedures/Employee Handbook



QUESTIONS?



To: SVHCD Board of Directors
From: Michelle Donaldson
Date: 3/7/2019
Subject: Quarterly Strategic Report

Summary

Sonoma Valley Hospital must maintain flexibility to respond to changing opportunities and resources, and we have adjusted our priorities from the previous quarterly report. The “North Bay Diagnostics: Urology” initiative continues to move forward but, as with many affiliations, we must adapt to the multiple resources needed to complete the project. Our updated priority list consists of Bariatrics, Pain Management, Women’s Services and Cardiology. Initiatives for each have been identified based on our organizational strategic plan, an analysis of market opportunities and community needs.

We continue to have detailed weekly and high level monthly meetings to confirm we are moving in the right direction and initiatives are both appropriate for our goals and in line with the organizational movement.

The chart below contains a summary of accomplishments from December 2018-February 2019

Bariatric Institute	<ul style="list-style-type: none"> • Partnership presentation to regional referral teams scheduled • Lunch and learn coordinated with SVCHC • Employer Direct contract completed and Alaska patient being scheduled • Self-pay costs confirmed and patients completed • MBSA QIP application in process
Pain Management Service Line	<ul style="list-style-type: none"> • SVCHC accepted all agreements for FQHC • Pain management volumes/referrals continue to increase month over month • Marketing materials ready to launch • Connection with potential spine surgeon • New cash pay enzyme procedure patients scheduled
Women’s Health Services	<ul style="list-style-type: none"> • Consistently performing 1-2 breast surgeries per month • New OBGYN open clinic in Sonoma • UroGYN off maternity leave and close to clinic capacity, scheduling first surgery cases
Cardiology	<ul style="list-style-type: none"> • Quarterly meeting scheduled with Cardiology Associates of Marin • Regional outreach in process • Local Cardiologist office up to 25 patients per clinic day • Conversations with a Doctor with Rainow a big success

Other on-going strategies	<ul style="list-style-type: none"> • Shoulder surgeon started first clinic in Sonoma almost at capacity • New general orthopedic and hand surgeon from Kaiser starting privileges and on-boarding • Lipogem logistics completed and patients being scheduled • New vascular surgeon started in timeshare • Laser cataract logistics completed and will be ready to schedule patients March 1st • New Urologist continuing to grow clinic volume and perform procedures
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Volumes and Trending

On a weekly basis procedure volume is trended and distributed to the Administrative team for review.

	FYTD 18	FYTD 19	Over/Under
Surgery Volumes			
General	145	120	-25
Bariatric	40	44	4
Breast	0	10	10
OBGyn	76	61	-15
Ophthalmology	148	193	45
Orthopedics	259	270	11
Total Joint Replacements	81	65	-16
Pain Management	415	462	47
Podiatry	19	10	-9
Spine	4	7	3
Urology	3	6	3
Vascular	4	4	0
ENT	3	4	1
Endoscopy	542	606	64
Cardiology	2	6	4
Total	1741	1868	127

*July 1st 2018-Feb 22nd 2019

In areas such as Ophthalmology, Pain Management and Endoscopy we are up significantly over last year. We are expecting these areas to continue to increase over the next 4 months of the fiscal year from marketing support and new procedures. General Surgery has not met volumes from FY 18 due to the loss of a General Surgeon but the gap is closing monthly as those referrals are shifting to our current General Surgeons. Total joint replacement surgeries are also lower than last year based on the loss of our CDCR patient population. Some of this loss in volume was deliberate due to the negative margin in some revision cases. Podiatry is down due to the loss of one of our Podiatrists in Sonoma and we are actively trying to find a replacement.

Monitoring volumes is an important trend to have for the ability to focus on areas of growth or concern but volumes do not always equal positive margins as we see with our orthopedic revisions. We also monitoring margins monthly which indicate the true picture in addition to volume trends.

Below is our rolling monthly high level report that is distributed to the appropriate leadership. Meetings are set after each distribution to focus on the cause of decreased margins in specific areas of interest.

Date	ED	Surgery	SNF	Inpatient	Rehab	Outpt Diag	Occ Health	Specials
Nov 17- Oct 18	\$6.8M	\$1.7M	\$2,000	\$3.3M	\$981,000	\$4.0M	(\$46,000)	\$1.2M
Oct 17- Sept 18	\$7.0M	\$1.6M	\$51,000	\$3.5M	\$1.0M	\$4.0M	(\$58,000)	\$1.2M
Sept 17- Aug 18	\$7.1M	\$1.7M	\$68,000	\$3.7M	\$1.0M	\$4.0M	(\$57,000)	\$1.2M
Aug 17- July 18	\$7.3	\$1.8	\$87,000	\$3.9M	\$1.2M	\$4.2M	(\$60,000)	\$1.2M

Emergency Department-We are noticing a steep downward trend in direct margin over the last 4 reports. A deep analysis is currently being completed and will be shared with the Strategic Planning Committee this month. At this time we are focusing on Kaiser volume and revenue as well as year over year patient volume by zip code.

Outpatient Surgery-Outpatient surgery remains stable as volumes continue to grow. As seen in the volume report above much of the growth is coming from smaller procedures.

SNF-Margin continues to show decline as expected. As a note this report does not have attributable costs allocated, therefore total margins be less than what is showed here.

Inpatient-Margins are decreasing in our inpatient service unit as well. Even though volumes are stable reimbursement has declined and staffing costs are up slightly.

Rehab-This service unit is managing costs of staff very well for the slight increase in patient visits over the last 2 rolling dashboards. The margin has declined due to the reimbursement has decreased approximately \$10 per visit.

Outpatient Diagnostics, Occupational Health and Special Procedures (wound care, infusions, endoscopy)-These last 3 service units are stable or in the case of Occupational Health, improving slightly. Through the monthly reports we continue to closely monitor these for negative trending.

Growth & Strategy Quarterly Report FY 2019

Agenda

- **Quarterly Priority Update**
- **Strategic Initiatives**
- **Trended Results**
- **Operating Efficiency Projects**

Focused Priorities

Organizational Alignment

- Bariatric Institute
- Pain Management Service Line
- Women's Services
- Cardiology Service Line

Bariatric Institute

Goal: Comprehensive Institute focused on Partnership population

- Creation of Clinically Integrated Network
- Include Primary Care Physician

Project Plan

- ✓ Lunch & learn presentation with local referral teams
- ✓ Presentation to regional referral team at Partnership corporate office
- ✓ Distribution of new referral order set for ease of scheduling

Bariatrics FY 19 Year to Date

FY 18	Volume	FY 19
40		44

↓

FY 18	Reimbursement	FY 19
\$900,000		\$990,000

↓

FY 18	Direct Margin	FY 19
\$720,000		\$792,000

FY 19 and FY 18 YTD July 2018-Feb 2019

Pain Management Service Line

Goal: Holistic focus on Acute and Chronic Pain Management needs in our community

- New collaboration with SVCHC
- 1st SVCHC/FQHC Physician partnership

Project Plan

- ✓ Begin working with potential Spine surgeon
- ✓ Marketing plan accepted by SVCHC and moving forward

Pain Management FY 19 Year to Date

FY 18	Volume	FY 19
415		462

↓

FY 18	Reimbursement	FY 19
\$581,000		\$650,000

↓

FY 18	Direct Margin	FY 19
\$170,000		\$200,000

FY 19 and FY 18 YTD July 2018-Feb 2019

Women's Health Services

Goal: Offer comprehensive health services for women in our community

- Added Breast Surgeon, 2 GYNs
- Increased Breast surgery, referrals and medical imaging

Project Plan

- ✓ Breast surgeon expansion continues referral monitoring and consistent communication
- ✓ Outreach and marketing of UroGYN
- ✓ Continue efforts on Women's Health in Let's Talk and Conversations with a Doctor series

Women's Health Services

Women's Services	Volume Change	Reimbursement	Direct Margin
Breast Surgeries	9	\$32,300	\$20,000
GYN Surgeries/mn	-9	(\$36,900)	(\$18,000)
Breast U/S/mn	24	\$9,240	\$7,200
GYN U/S/mn	185	\$71,000	\$55,500
Pelvic Rehab	13	\$2,200	\$1,300
Mammo	188	\$28,200	\$11,000
Total		\$106,265	\$77,000

*Based on baseline=previous 6 months volumes prior to marketing launch
Aug 2017-January 2018

Expansion of Cardiology Service Line

Goal: Grow market share locally and expand service line regionally

Initiatives:

- Outreach focused in underserved areas and Latino communities
- Expansion of ancillary services i.e. high margin testing

Project Plan

- ✓ Speaking engagements in community
- ✓ Focused postcard mailing regionally
- ✓ Targeting local Physicians for referrals

Cardiology Service Line

	Volume Change	Increased Reimbursement	Direct Margin
EKG	58	\$8,700	\$6,100
Ultrasound	72	\$30,000	\$21,600
Cardioversion	5	\$15,000	\$10,000
Pacemakers	4	\$52,000	\$15,000
ECHO	196	\$75,500	\$59,000
Total		\$181,200	\$112,000

*Volume growth from July-January YOY

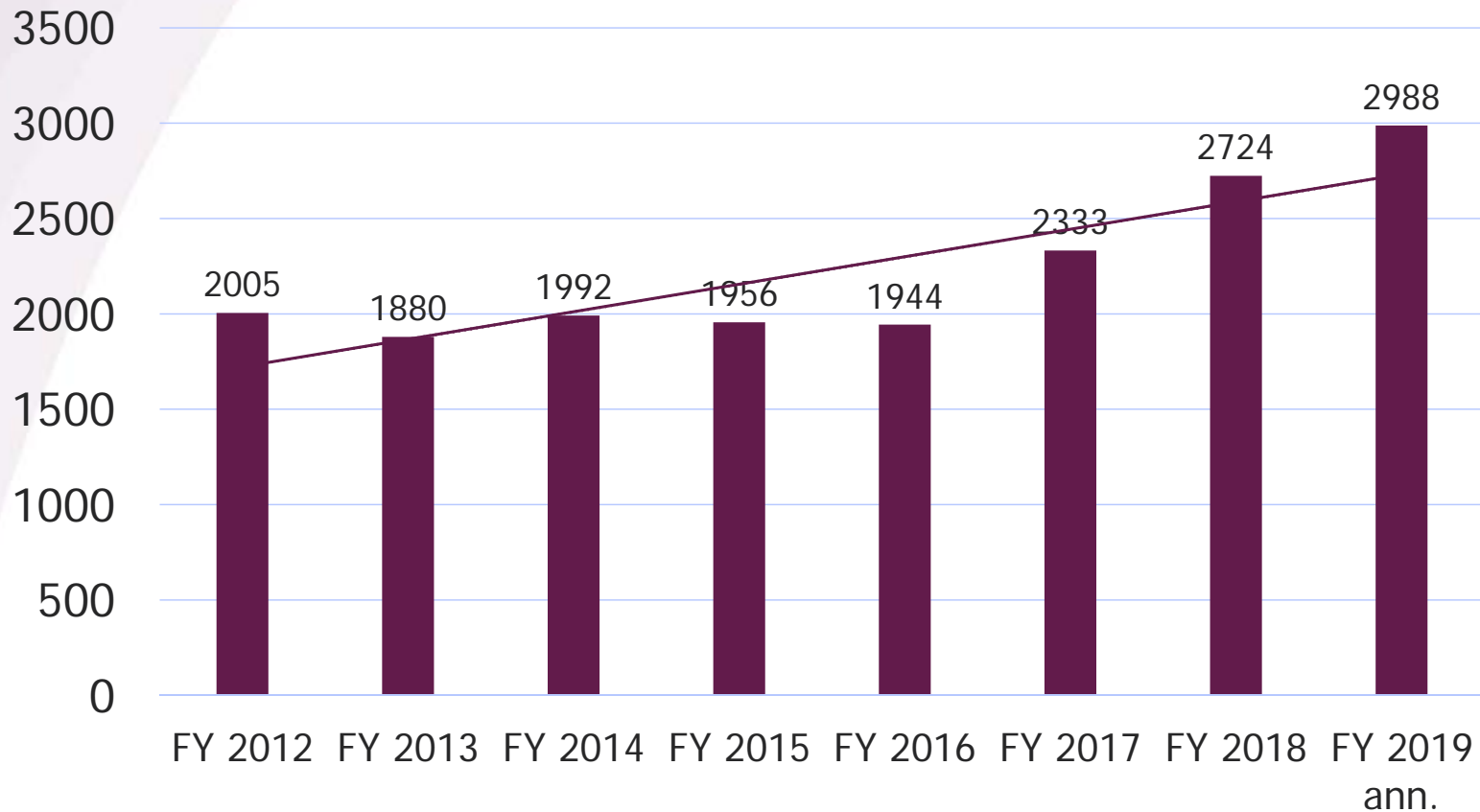
Ongoing Growth

- Orthopedics:
 - New shoulder Surgeon started this month
 - New general & hand Surgeon on-boarding
- Endoscopy
 - Continues to expand, moving to 2nd floor for efficiency and space
- Ophthalmology
 - Beginning new laser cataract procedures this month

Accomplishments

+9%

Surgical Volume



Includes Inpatient, Outpatient and Endoscopy

Analysis

Surgical Service	FY 18 July 2017-Feb 2018	FY 19 July 2018-Feb 2019
Pain Management	415	462
General Orthopedics	259	270
Ophthalmology	148	193
Endoscopy	542	606
Other (Breast, Urology, ENT, Podiatry, Spine)	35	37
Bariatrics	40	44
OBGyn	76	61
Total Joint Replacements	81	65
General Surgery	145	120
Total	1,741	1,858

Trending Results

July 2018- Feb 2019	Increase reimbursement	Increase direct margin
Bariatrics	\$90,000	\$72,000
General Surgery	(\$113,000)	(\$75,000)
Pain	\$70,000	\$30,000
Endoscopy	\$130,000	\$96,000
Ophthalmology	\$180,000	\$112,500
Orthopedics	\$71,500	\$40,000
Total Joints	(\$310,000)	(\$192,000)
Other	\$32,500	\$22,800
Total	\$151,000	\$106,300

Direct Margin Analysis

Date	ED	Surgery	SNF	Inpatient	Rehab	Outpt Diag	Occ Health	Specials
Nov 17- Oct 18	\$6.8M	\$1.7M	\$2,000	\$3.3M	\$981,000	\$4.0M	(\$46,000)	\$1.2M
Oct 17- Sept 18	\$7.0M	\$1.6M	\$51,000	\$3.5M	\$1.0M	\$4.0M	(\$58,000)	\$1.2M
Sept 17- Aug 18	\$7.1M	\$1.7M	\$68,000	\$3.7M	\$1.0M	\$4.0M	(\$57,000)	\$1.2M
Aug 17- July 18	\$7.3	\$1.8	\$87,000	\$3.9M	\$1.2M	\$4.2M	(\$60,000)	\$1.2M

Optimization Projects

- Activity based staff accounting
- Medication therapy analysis
- Outpatient rehab analysis
- Ancillary testing
 - Emergency Department
 - Day of discharge
 - Laboratory margins

QUESTIONS



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: February 26, 2019
Subject: Fiscal Year 2020 Budget Assumptions

The following assumptions will be applied to the actual experience from February 2018 through January 2019. Other adjustments will be made as necessary to reflect current trends in healthcare going forward.

VOLUME

- Based upon the 12 months ending January 2019 and adjusted for any program changes from FY 2019 and current volume trends.

GROSS REVENUE

- Gross price increase of 6% - this is allowed by most SVH contracts.
- SNF Budget will be based on final Task Force Report and management's final decision.

CONTRACTUAL ALLOWANCES

- Assume current collection rates and adjust allowance for 6% price increase.
- Payer Mix will be based upon the 12-month ending January 2019.
- Intergovernmental and supplemental payments will be based upon input from the District Hospital Leadership Group (will be conservative).

WAGES AND BENEFITS

- July 2019 salaries will reflect a 2.5% increase projected for April 1, 2019
- 2.5% increase for salaries for 6-months beginning January 2020 through June 2020
- Employee benefits will be based upon actual experience and estimates from the providers

PHYSICIAN FEES & PROFESSIONAL FEES

- Based upon current costs or final contract arrangements.

SUPPLIES/FOOD

- There will be no inflation assumed for supplies as we will be using a 12 month period ending January 2019 which accounts for inflation

PURCHASED SERVICES

- Assume actual 12 months ending January 2019.
- Purchased services to be reviewed by department and adjusted as needed.

DEPRECIATION

- Current, plus any adjustments for any new equipment

INSURANCE

- Will confirm with insurance agent

INTEREST

- Current, will adjust for expiring leases/loans.

ADMINISTRATIVE COST ADJUSTMENTS:

- Department reductions based on Administration operating reviews of the first 6-months of FY 2019 will be reviewed by department.





To: SVHCD Board of Directors
From: Kelly Mather
Date: 2/28/19
Subject: Administrative Report

Summary

Changes continue this fiscal year as we reinvent our hospital. The new FY 2020 strategic plan should be ready to present in May.

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. UCSF is overseeing this program and they started the Tele-neurology service this week. ➤ We completed the AHRQ Safety survey and look forward to the results to help ensure we continue to have a “culture of safety.” ➤ The Staff Satisfaction survey will go out in April.
Be the preferred hospital for patients, physicians, employers and health plans	<ul style="list-style-type: none"> ➤ The Patient Access Center plans to start the new service with Medical Imaging in May. This will include upgrading our phone system. ➤ We are meeting with several physicians and stakeholders to get their input on our strategies this month. ➤ Several new I.T. solutions for radiology are underway, this was long overdue.
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 are submitting Project 1 (CT/Imaging/Hospitality) to OSHPD now. We will bring Project 2 (Cardiology/North Entrance/Lab) to the board in May. We are still raising funds for Project 3 (MRI.) ➤ The new Vascular Surgeon, Dr. Desai, starts this month. ➤ The SVCHC Pain Specialty Clinic should go live in April.
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. We continue to work to decrease turnover. ➤ We are shrinking the hospital expenses to less than \$4.5 million per month going forward. ➤ The SNF task force has completed their work. We are in negotiations with a management company that will keep the SNF open. So, it is positive for all. ➤ The South Lot housing project is moving forward. This plans offers market, affordable and accessory dwelling units addressing the need for housing in Sonoma. Selling a portion of this lot will pay down our line of credit.
Lead progress toward becoming a Healthier community	<ul style="list-style-type: none"> ➤ Conversations with a Doctor was a big hit in February with Dr. Rainow. ➤ Dr. Garrett (Cardiologist) is leading the “Let’s Talk about Women’s Health” on March 1st. ➤ Fundraising for the Outpatient Diagnostic Center continues and we are at \$16 million raised.

JANUARY 2019

			National Benchmark
Patient Experience	Current Performance	FY 2019 Goal	
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	8	< 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	8.7%/14.9%	< 10%	< 15%
Financial Stability	YTD Performance	FY 2019 Goal	Benchmark
EBDA	.7%	1%	3%
FTE's/AOB	4.44	4.3	5.3
Days Cash on Hand	13	20	30
Days in Accounts Receivable	43	49	50
Length of Stay	3.8	3.85	4.03
Funds raised by SVHF	\$16 million	\$20 million	\$1 million
Strategic Growth	YTD Performance	FY 2019 Goal	Benchmark
Inpatient Discharges	621/1066	1000	1000
Outpatient Visits	31,238/53,550	53,000	51,924
Emergency Visits	5768/9888	10,000	11,040
Surgeries + Special Procedures	1700/2914	2500	2,568
Community Benefit Hours	695/1191	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 2019	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	8.7	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	.7	-.6	-1.7	-1.8	-1.2	.4
Operating Revenue	>4.5m	4.5	4.9	4.6	4.4	4.3	4.0	5.5	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	5.5	5.2	5.1	5.0	5.1	4.9
Net Income	>50k	214	32	208	-273	-95	-207	806	-174	-395	220	369	543
Days Cash on Hand	>20	19.1	10	13	13	9.6	14.8	13	14.1	6.7	6.8	6.2	10.6
A/R Days	<50	41	43	48	44	45	44	43	47	43	43	47	42
Total FTE's	<300	310	309	314	298	288	281	280	305	302	307	306	298
FTEs/AOB	<4.5	3.62	3.29	4.38	4.18	4.84	4.92	4.44	3.87	4.17	4.06	4.35	3.82
Inpatient Discharges	>90	81	85	90	92	93	97	83	82	106	103	108	99
Outpatient Revenue	>\$14m	14.8	16.8	13.9	15.8	13.5	13.6	14.8	12.5	13.1	14.1	15.2	13.6
Surgeries	>150	150	165	182	175	161	149	157	139	151	144	175	151
ER	>900	901	810	814	842	772	840	789	811	871	864	934	856
Births	>11	8	14	13	9	n/a	n/a	n/a	11	8	6	9	16
SNF days	>350	664	628	457	405	326	291	345	494	566	525	423	545
MRI	>120	99	145	92	119	98	118	105	112	122	154	153	148
Cardiology (Echos)	>85	88	135	97	124	112	106	85	65	84	95	84	78
Laboratory	>12.5	12.4	13.4	11.7	13.7	12.6	11.8	12.7	10.6	12.3	11.5	12.5	13.0
Radiology	>900	894	951	929	1112	884	906	987	829	968	905	968	877
Rehab	>2700	2414	2860	1788	2688	2131	2380	2964	2773	3091	2455	2586	2670
CT	>350	359	387	331	392	331	367	348	288	305	367	394	358
Mammography	>200	280	243	221	269	219	246	180	155	363	202	220	221
Ultrasound	>250	181	280	246	333	233	252	240	221	258	293	311	267
Occupational Health	>600	570	639	489	833	561	452	574	555	734	774	822	625
Wound Care	>250	290	256	198	293	266	288	230	122	182	210	237	225



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Date: 03/07/2019
Subject: CMO Report

1. What is going well:
 - a. Move to 3rd floor today
 - b. Quarterly Medical Staff Meeting was held February 20
 - c. Began tele-neurology / stroke consults with UCSF March 1.
2. Follow up previous agenda items:
 - a. Stroke Ready Process – Continue to await verification visit.
3. Opportunities for growth / improvement:
 - a. Utilization Review of observation v inpatient status – review in process
 - b. Changes to hospitalist program to stabilize staffing and increase quality of service.
4. Quality:
 - a. No new quality concerns on this month's dashboard.
 - b. On-going projects
 - i. Numerous 100 day workouts including:
 1. ED use of ancillary testing
 2. Peer Review Process



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: February 26, 2019
Subject: Financial Report for the Month Ending January 31, 2019

January's actual gain of \$4,726 from operations was \$441,486 favorable to the budgeted loss of (\$436,760). For the month of January the hospital accrued for the FY 17/18 HQAF Intergovernmental Transfer (IGT) supplement funding with net proceeds of \$813,737. After accounting for all other activity; the January net income was \$806,657 vs. the budgeted net income of \$44,529 with a monthly EBDA of 9.7% vs. a budgeted 2.3%.

Gross patient revenue for January was \$21,936,608; (\$1,584,944) under budget. Inpatient gross revenue was under budget by (\$1,104,860). Inpatient days were under budget by (66) days and inpatient surgeries were under budgeted expectations by (12) cases. Outpatient revenue was over budget by \$1,082,206. Outpatient visits were over budgeted expectations by 366 visits, and outpatient surgeries were over budgeted expectations by 16 cases and special procedures were under budgeted expectations by (11) cases. The Emergency Room gross revenue was under budget by (\$1,165,578) with ER visits under budgeted expectations by (187). SNF gross charges were under budgeted expectations by (\$396,712) and SNF patient days were under budget by (120) days and had an average daily census of 11.1 patients.

Deductions from revenue were favorable to budgeted expectations by \$2,613,295. Of the variance, \$1,373,143 is from the prior period adjustments or IGT payments. Without the prior period adjustments and IGT variance, the deductions from revenue variance is favorable by \$1,240,152 which is due to gross revenue being under budgeted expectations.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$989,744.

Operating Expenses of \$5,509,440 were unfavorable to budget by (\$548,258). Of the variance, (\$552,645) is attributable to the IGT matching fee. Without the matching fee, total operating expenses would be favorable to budget by \$4,387. Salaries and wages and agency fees were over budget by (\$20,381) with the salaries and wages being over budget by (\$3,974) and agency fees over by (\$16,407). The unfavorable variance in Salaries and Agency fees were offset by a favorable variance in Employee Benefits of \$34,278 due to being under budget in PTO and employee health insurance with the total employee costs being favorable to budget by \$13,897. Supplies were over budget (\$10,070) due to higher than budgeted cost of implants in surgery (\$33,601) and was offset by other departments that were under their supply budget. Purchased Services are over budget by (\$15,308) due to

budgeted costs in Patient Financial Services and in IT posting to January but budgeted over 12-months. Utilities are over budget by (\$13,190) due to phone services (\$10,077), the AT&T contract is being renegotiated and the hospital will receive a credit.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for January is \$245,587 vs. a budgeted net loss of (\$185,091). The hospital received donations from the Sonoma Valley Hospital Foundation for the Outpatient Diagnostic Center (\$342,777), the Acute Care 3rd floor move (\$48,576), and for an ABL Analyzer for the Laboratory (\$16,049). After all activity the total net income for January was \$806,657 vs. a budgeted net income of \$44,529.

EBDA for the month of January was 9.7% vs. the budgeted 2.3%.

Patient Volumes – January

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	83	100	-17	111
Newborn Discharges	0	0	0	7
Acute Patient Days	290	356	-66	394
SNF Patient Days	345	465	-120	646
Home Care Visits	0	0	0	801
OP Gross Revenue	\$14,826	\$14,909	(\$83)	\$14,741
Surgical Cases	157	153	4	141

Gross Revenue Overall Payer Mix – January

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	40.1%	42.6%	-2.5%	41.7%	43.0%	-1.3%
Medicare Mgd Care	13.8%	12.8%	1.0%	14.9%	12.7%	2.2%
Medi-Cal	19.6%	18.2%	1.4%	17.5%	17.9%	-0.4%
Self-Pay	1.1%	1.4%	-0.3%	1.2%	1.4%	-0.2%
Commercial	22.4%	20.7%	1.7%	20.7%	20.6%	0.1%
Workers Comp	2.7%	2.3%	0.4%	2.1%	2.4%	-0.3%
Capitated	0.3%	2.0%	-1.7%	1.9%	2.0%	-0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for January:

For the month of January the cash collection goal was \$3,704,351 and the Hospital collected \$3,701,054 or under the goal by (\$3,297). The year-to-date cash collection goal was \$26,427,358 and the Hospital has collected \$26,021,763 or under goal by (\$405,595). Days of cash on hand are 13.0 days at January 31, 2019, this calculation includes the cash in the Money Market account. Accounts Receivable decreased from December, from 43.5 days to 43.0 days in January. Accounts Payable increased by \$112,982 from December and Accounts Payable days are at 49.3.

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 January 31, 2019

ATTACHMENT A

January-19

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	8,783,261	10,005,463	-1,222,202	-12.2%
Medicare Managed Care	3,015,626	3,005,716	9,910	0.3%
Medi-Cal	4,293,692	4,271,479	22,213	0.5%
Self Pay	241,301	327,652	-86,351	-26.4%
Commercial & Other Government	4,933,421	4,897,328	36,093	0.7%
Worker's Comp.	592,881	552,117	40,764	7.4%
Capitated	76,426	461,797	-385,371	-83.5%
Total	21,936,608	23,521,552	(1,584,944)	

	Actual	Budget	Variance	% Variance
	66,730,559	66,504,277	226,282	0.3%
	23,826,893	19,823,125	4,003,768	20.2%
	28,010,334	27,815,381	194,953	0.7%
	1,944,518	2,117,281	-172,763	-8.2%
	33,213,431	32,123,537	1,089,894	3.4%
	3,346,594	3,729,913	-383,319	-10.3%
	2,984,822	3,115,019	-130,197	-4.2%
Total	160,057,151	155,228,533	4,828,618	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,137,905	1,400,764	-262,859	-18.8%
Medicare Managed Care	387,810	385,889	1,921	0.5%
Medi-Cal	567,197	581,549	-14,352	-2.5%
Self Pay	130,109	147,679	-17,570	-11.9%
Commercial & Other Government	1,477,560	1,388,346	89,214	6.4%
Worker's Comp.	13,325	142,699	-129,374	-90.7%
Capitated	3,202	14,974	-11,772	-78.6%
Prior Period Adj/IGT	1,725,698	352,555	1,373,143	389.5%
Total	5,442,806	4,414,455	1,028,351	23.3%

	Actual	Budget	Variance	% Variance
	9,284,312	9,403,673	-119,361	-1.3%
	3,200,271	2,628,816	571,455	21.7%
	3,930,392	3,715,007	215,385	5.8%
	1,010,265	995,566	14,699	1.5%
	10,655,038	11,024,470	-369,432	-3.4%
	542,806	914,182	-371,376	-40.6%
	80,597	98,902	-18,305	-18.5%
	2,918,409	2,467,885	450,524	18.3%
Total	31,622,090	31,248,501	373,589	1.2%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	20.9%	31.8%	-10.9%	-34.3%
Medicare Managed Care	7.1%	8.7%	-1.6%	-18.4%
Medi-Cal	42.1%	21.2%	20.9%	98.6%
Self Pay	2.4%	3.3%	-0.9%	-27.3%
Commercial & Other Government	27.2%	31.5%	-4.3%	-13.7%
Worker's Comp.	0.2%	3.2%	-3.0%	-93.8%
Capitated	0.1%	0.3%	-0.2%	-66.7%
Total	100.0%	100.0%	0.0%	0.0%

	Actual	Budget	Variance	% Variance
	29.3%	30.1%	-0.9%	-3.0%
	10.1%	8.4%	1.7%	20.2%
	21.7%	19.8%	1.9%	9.6%
	3.2%	3.2%	0.0%	0.0%
	33.7%	35.3%	-1.6%	-4.5%
	1.7%	2.9%	-1.2%	-41.4%
	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	13.0%	14.0%	-1.0%	-7.1%
Medicare Managed Care	12.9%	12.8%	0.1%	0.8%
Medi-Cal	53.4%	21.9%	31.5%	143.8%
Self Pay	53.9%	45.1%	8.8%	19.5%
Commercial & Other Government	30.0%	28.3%	1.7%	6.0%
Worker's Comp.	2.2%	25.8%	-23.6%	-91.5%
Capitated	4.2%	3.2%	1.0%	31.3%

	Actual	Budget	Variance	% Variance
	13.9%	14.1%	-0.2%	-1.4%
	13.4%	13.3%	0.1%	0.8%
	24.5%	22.2%	2.3%	10.4%
	52.0%	47.0%	5.0%	10.6%
	32.1%	34.3%	-2.2%	-6.4%
	16.2%	24.5%	-8.3%	-33.9%
	2.7%	3.2%	-0.5%	-15.6%

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended January 31, 2019**

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 01/31/19</u>	<u>Budget 01/31/19</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 01/31/19</u>	<u>Budget 01/31/19</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 01/31/18</u>
				Inpatient Utilization				
				Discharges				
1	65	86	(21)	Acute	541	557	(16)	542
2	18	14	4	ICU	80	82	(2)	108
3	83	100	(17)	Total Discharges	621	639	(18)	650
4	-	-	-	Newborn	46	24	22	63
5	83	100	(17)	Total Discharges inc. Newborns	667	663	4	713
				Patient Days:				
6	199	258	(59)	Acute	1,820	1,682	138	1,711
7	91	98	(7)	ICU	538	582	(44)	595
8	290	356	(66)	Total Patient Days	2,358	2,264	94	2,306
9	-	-	-	Newborn	102	45	57	109
10	290	356	(66)	Total Patient Days inc. Newborns	2,460	2,309	151	2,415
				Average Length of Stay:				
11	3.1	3.0	0.1	Acute	3.4	3.0	0.3	3.2
12	5.1	7.0	(1.9)	ICU	6.7	7.1	(0.4)	5.5
13	3.5	3.6	(0.1)	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)	1.7
				Average Daily Census:				
15	6.4	8.3	(1.9)	Acute	8.5	7.8	0.6	8.0
16	2.9	3.2	(0.2)	ICU	2.5	2.7	(0.2)	2.8
17	9.4	11.5	(2.1)	Avg. Daily Census	11.0	10.5	0.4	10.7
18	0.0	0.0	-	Newborn	0.47	0.21	0.3	0.51
				Long Term Care:				
19	345	465	(120)	SNF Patient Days	3,116	3,615	(499)	3,808
20	17	24	(7)	SNF Discharges	163	193	(30)	205
21	11.1	15.0	(3.9)	Average Daily Census	14.5	16.8	(2.3)	17.7
				Other Utilization Statistics				
				Emergency Room Statistics				
22	789	976	(187)	Total ER Visits	5,768	6,425	(657)	6,293
				Outpatient Statistics:				
23	4,726	4,360	366	Total Outpatients Visits	31,238	30,973	265	30,914
24	20	32	(12)	IP Surgeries	193	183	10	197
25	137	121	16	OP Surgeries	950	936	14	892
26	51	62	(11)	Special Procedures	557	445	112	453
27	-	-	-	Home Health Visits	2,027	3,837	(1,810)	5,472
28	308	338	(30)	Adjusted Discharges	2,210	2,360	(149)	2,329
29	1,958	2,241	(283)	Adjusted Patient Days (Inc. SNF)	15,455	16,680	(1,225)	16,653
30	63.2	72.3	(9.1)	Adj. Avg. Daily Census (Inc. SNF)	71.9	77.6	(5.7)	77.5
31	1.5800	1.4000	0.180	Case Mix Index -Medicare	1.4867	1.4000	0.087	1.5533
32	1.6290	1.4000	0.229	Case Mix Index - All payers	1.5145	1.4000	0.115	1.4962
				Labor Statistics				
33	249	248	(0.7)	FTE's - Worked	265	268	3.0	276
34	280	280	0.3	FTE's - Paid	297	303	6.4	314
35	42.39	41.94	(0.45)	Average Hourly Rate	42.95	40.64	(2.31)	42.41
36	25.3	22.1	(3.2)	Manhours / Adj. Pat Day	23.5	22.3	(1.3)	23.1
37	160.5	146.4	(14.1)	Manhours / Adj. Discharge	164.5	157.5	(7.1)	165.3
38	23.1%	23.6%	0.5%	Benefits % of Salaries	22.2%	23.5%	1.3%	22.5%
				Non-Labor Statistics				
39	10.4%	12.5%	2.1%	Supply Expense % Net Revenue	12.6%	11.9%	-0.7%	12.0%
40	1,860	1,665	(195)	Supply Exp. / Adj. Discharge	1,840	1,619	(221)	1,688
41	18,370	15,123	(3,248)	Total Expense / Adj. Discharge	16,734	15,569	(1,165)	16,315
				Other Indicators				
42	13.0			Days Cash - Operating Funds				
43	43.0	50.0	(7.0)	Days in Net AR	43.8	50.0	(6.2)	47.0
44	100%			Collections % of Net Revenue	98%			102.7%
45	49.3	55.0	(5.7)	Days in Accounts Payable	49.3	55.0	(5.7)	46.0
46	25.1%	19.2%	5.9%	% Net revenue to Gross revenue	20.2%	20.6%	-0.5%	21.2%
47	19.8%			% Net AR to Gross AR	19.8%			21.6%

Sonoma Valley Health Care District
Balance Sheet
As of January 31, 2019

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,497,167	\$ 1,759,371	\$ 2,993,592
2 Trustee Funds	4,159,115	2,494,550	3,718,674
3 Net Patient Receivables	7,005,213	7,268,220	8,921,743
4 Allow Uncollect Accts	(1,325,274)	(1,296,826)	(1,290,889)
5 Net A/R	5,679,939	5,971,394	7,630,854
6 Other Accts/Notes Rec	2,912,282	4,984,404	2,282,090
7 3rd Party Receivables, Net	1,816,212	1,653,728	542,175
8 Inventory	841,518	846,833	839,552
9 Prepaid Expenses	803,356	784,861	917,891
10 Total Current Assets	<u>\$ 17,709,589</u>	<u>\$ 18,495,141</u>	<u>\$ 18,924,828</u>
12 Property, Plant & Equip, Net	\$ 51,582,709	\$ 51,425,809	\$ 52,456,786
13 Specific Funds/ Money Market	545,220	545,174	819,334
14 Other Assets	-	-	-
15 Total Assets	<u><u>\$ 69,837,518</u></u>	<u><u>\$ 70,466,124</u></u>	<u><u>\$ 72,200,948</u></u>
Liabilities & Fund Balances			
Current Liabilities:			
16 Accounts Payable	\$ 4,003,875	\$ 4,116,857	\$ 3,528,042
17 Accrued Compensation	3,388,222	3,870,474	4,693,869
18 Interest Payable	604,594	503,827	634,656
19 Accrued Expenses	1,424,734	1,523,113	1,489,000
20 Advances From 3rd Parties	105,388	105,388	483,787
21 Deferred Tax Revenue	2,855,513	3,426,617	2,836,750
22 Current Maturities-LTD	852,842	905,408	1,265,517
23 Line of Credit - Union Bank	6,723,734	6,973,734	6,973,734
24 Other Liabilities	201,386	201,386	1,386
25 Total Current Liabilities	<u>\$ 20,160,288</u>	<u>\$ 21,626,804</u>	<u>\$ 21,906,741</u>
26 Long Term Debt, net current portion	\$ 32,996,918	\$ 32,965,664	\$ 35,164,827
Fund Balances:			
28 Unrestricted	\$ 10,194,750	\$ 9,795,496	\$ 10,992,380
29 Restricted	6,485,562	6,078,160	4,137,000
30 Total Fund Balances	<u>\$ 16,680,312</u>	<u>\$ 15,873,656</u>	<u>\$ 15,129,380</u>
31 Total Liabilities & Fund Balances	<u><u>\$ 69,837,518</u></u>	<u><u>\$ 70,466,124</u></u>	<u><u>\$ 72,200,948</u></u>

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended January 31, 2019**

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	83	100	(17)	-17%	Acute Discharges	621	639	(18)	-3%	650	
2	345	465	(120)	-26%	SNF Days	3,116	3,615	(499)	-14%	3,808	
3	-	-	-	0%	Home Care Visits	2,027	3,837	(1,810)	-47%	5,472	
4	14,826	14,909	(83)	-1%	Gross O/P Revenue (000's)	\$ 103,250	\$ 100,396	2,853	3%	\$ 97,671	
Financial Results											
Gross Patient Revenue											
5	\$ 5,685,000	\$ 6,789,860	(1,104,860)	-16%	Inpatient	\$ 44,101,767	\$ 41,486,278	2,615,489	6%	\$ 42,495,669	
6	8,727,697	7,645,491	1,082,206	14%	Outpatient	59,233,272	54,253,156	4,980,116	9%	53,131,322	
7	6,097,901	7,263,479	(1,165,578)	-16%	Emergency	43,302,076	45,120,295	(1,818,219)	-4%	42,624,065	
8	1,426,010	1,822,722	(396,712)	-22%	SNF	12,657,589	13,262,651	(605,062)	-5%	14,247,661	
9	-	-	-	0%	Home Care	762,447	1,106,153	(343,706)	-31%	1,994,389	
10	\$ 21,936,608	\$ 23,521,552	(1,584,944)	-7%	Total Gross Patient Revenue	\$ 160,057,151	\$ 155,228,533	4,828,618	3%	\$ 154,493,106	
Deductions from Revenue											
11	\$ (18,024,000)	\$ (19,334,922)	1,310,922	7%	Contractual Discounts	\$ (130,110,325)	\$ (125,574,807)	(4,535,518)	-4%	\$ (124,038,963)	
12	(150,000)	(100,000)	(50,000)	-50%	Bad Debt	(1,035,000)	(700,000)	(335,000)	-48%	(953,000)	
13	(45,500)	(24,730)	(20,770)	-84%	Charity Care Provision	(208,145)	(173,110)	(35,035)	-20%	(115,747)	
14	1,725,698	352,555	1,373,143	*	Prior Period Adj/Government Program Revenue	2,918,409	2,467,885	450,524	*	2,419,443	
15	\$ (16,493,802)	\$ (19,107,097)	2,613,295	-14%	Total Deductions from Revenue	\$ (128,435,061)	\$ (123,980,032)	(4,455,029)	4%	\$ (122,688,267)	
Net Patient Service Revenue											
16	\$ 5,442,806	\$ 4,414,455	1,028,351	23%	Risk contract revenue	\$ 631,994	\$ 761,390	(129,396)	-17%	\$ 866,697	
17	\$ 62,561	\$ 95,999	(33,438)	-35%	Net Hospital Revenue	\$ 32,254,084	\$ 32,009,891	244,193	1%	\$ 32,671,536	
18	\$ 5,505,367	\$ 4,510,454	994,913	22%	Other Op Rev & Electronic Health Records	\$ 85,320	\$ 97,776	(12,456)	-13%	\$ 116,097	
19	\$ 8,799	\$ 13,968	(5,169)	-37%	Total Operating Revenue	\$ 32,339,404	\$ 32,107,667	231,737	1%	\$ 32,787,633	
20	\$ 5,514,166	\$ 4,524,422	989,744	22%	Operating Expenses						
21	\$ 2,098,062	\$ 2,077,681	(20,381)	-1%	Salary and Wages and Agency Fees	\$ 15,618,619	\$ 15,099,220	(519,399)	-3%	\$ 16,329,282	
22	745,604	779,882	34,278	4%	Employee Benefits	5,358,267	5,799,471	441,204	8%	6,168,507	
23	\$ 2,843,666	\$ 2,857,563	13,897	0%	Total People Cost	\$ 20,976,886	\$ 20,898,691	(78,195)	0%	\$ 22,497,789	
24	\$ 474,542	\$ 498,249	23,707	5%	Med and Prof Fees (excl Agency)	\$ 3,364,015	\$ 3,516,897	152,882	4%	\$ 2,886,031	
25	573,571	563,501	(10,070)	-2%	Supplies	4,066,225	3,819,662	(246,563)	-6%	3,931,050	
26	391,359	376,051	(15,308)	-4%	Purchased Services	2,705,063	2,594,064	(110,999)	-4%	2,639,138	
27	288,708	290,874	2,166	1%	Depreciation	2,038,478	2,018,820	(19,658)	-1%	1,996,225	
28	100,621	87,431	(13,190)	-15%	Utilities	752,435	750,417	(2,018)	0%	737,281	
29	35,320	35,320	-	0%	Insurance	247,240	241,567	(5,673)	-2%	222,733	
30	53,199	56,966	3,767	7%	Interest	360,253	355,340	(4,913)	-1%	335,175	
31	107,406	106,824	(582)	-1%	Other	737,170	814,551	77,381	9%	839,470	
32	641,048	88,403	(552,645)	*	Matching Fees (Government Programs)	641,048	618,820	(22,228)	-4%	775,755	
33	\$ 5,509,440	\$ 4,961,182	(548,258)	-11%	Operating expenses	\$ 35,888,813	\$ 35,628,829	(259,984)	-1%	\$ 36,860,647	
34	\$ 4,726	\$ (436,760)	441,486	101%	Operating Margin	\$ (3,549,409)	\$ (3,521,162)	(28,247)	-1%	\$ (4,073,014)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended January 31, 2019**

ATTACHMENT D

	Month				Year-To- Date				YTD
	This Year		Variance		This Year		Variance		Prior Year
	Actual		\$	%	Actual	Budget	\$	%	
35	\$ (21,123)	\$ (10,904)	(10,219)	94%	\$ (114,514)	\$ (44,258)	(70,256)	*	\$ 8,524
36	-	2,672	(2,672)	-100%	7,374	18,704	(11,330)	61%	23,156
37	(54,683)	(56,766)	2,083	-4%	(384,864)	(397,362)	12,498	-3%	(397,362)
38	316,667	316,667	-	0%	2,215,919	2,216,669	(750)	0%	2,216,669
39	0	0	-	0%	0	0	-	0%	
40	\$ 240,861	\$ 251,669	(10,808)	-4%	\$ 1,723,915	\$ 1,793,753	(69,838)	-4%	\$ 1,850,987
41	\$ 245,587	\$ (185,091)	430,678	-233%	\$ (1,825,494)	\$ (1,727,409)	(98,085)	6%	\$ (2,222,027)
42	\$ -	\$ 20,949	(20,949)	-100%	\$ 30,447	\$ 146,643	(116,196)	-79%	\$ 108,081
43	\$ 407,402	\$ 55,003	352,399	0%	\$ 1,563,859	\$ 385,021	1,178,838	100%	\$ -
44	\$ 652,989	\$ (109,139)	762,128	-698%	\$ (231,188)	\$ (1,195,745)	964,557	-81%	\$ (2,113,946)
45	254,436	254,436	-	0%	1,781,052	1,781,052	-	0%	1,754,781
46	(100,768)	(100,768)	-	0%	(710,384)	(710,384)	-	0%	(744,922)
47	\$ 806,657	\$ 44,529	762,128	1712%	\$ 839,480	\$ (125,077)	964,557	-771%	\$ (1,104,087)
	\$ 534,295	\$ 105,783			\$ 212,984	\$ 291,411			
	9.7%	2.3%			0.7%	0.9%			

Non Operating Rev and Expense
Miscellaneous Revenue/(Expenses)
Donations
Physician Practice Support-Prima
Parcel Tax Assessment Rev
Extraordinary Items
Total Non-Operating Rev/Exp

Net Income / (Loss) prior to Restricted Contributions

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

GO Bond Tax Assessment Rev
GO Bond Interest
Net Income/(Loss) w GO Bond Activity

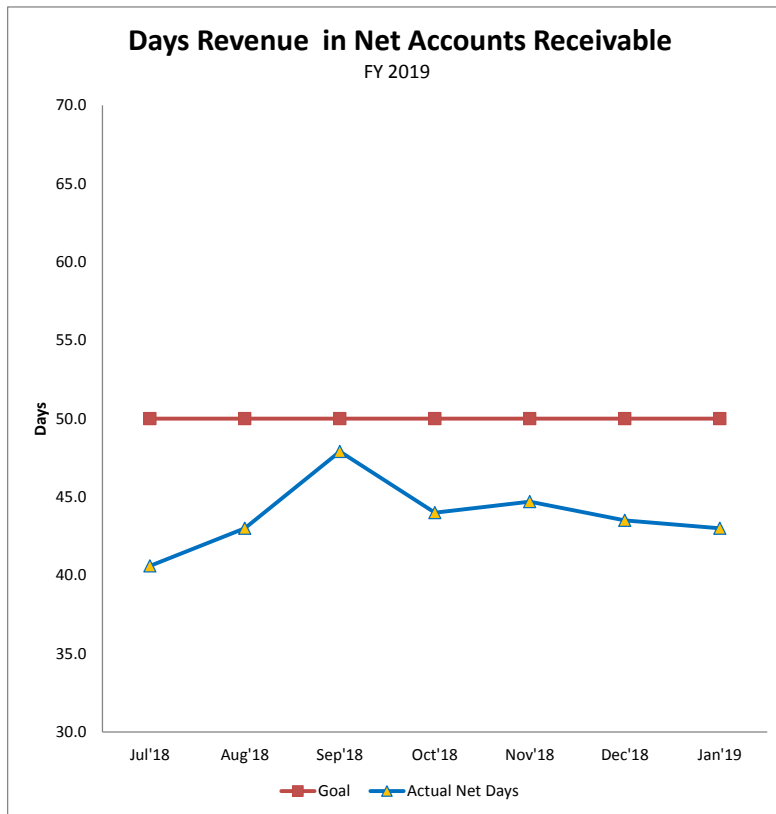
EBDA - Not including Restricted Contributions

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended January 31, 2019

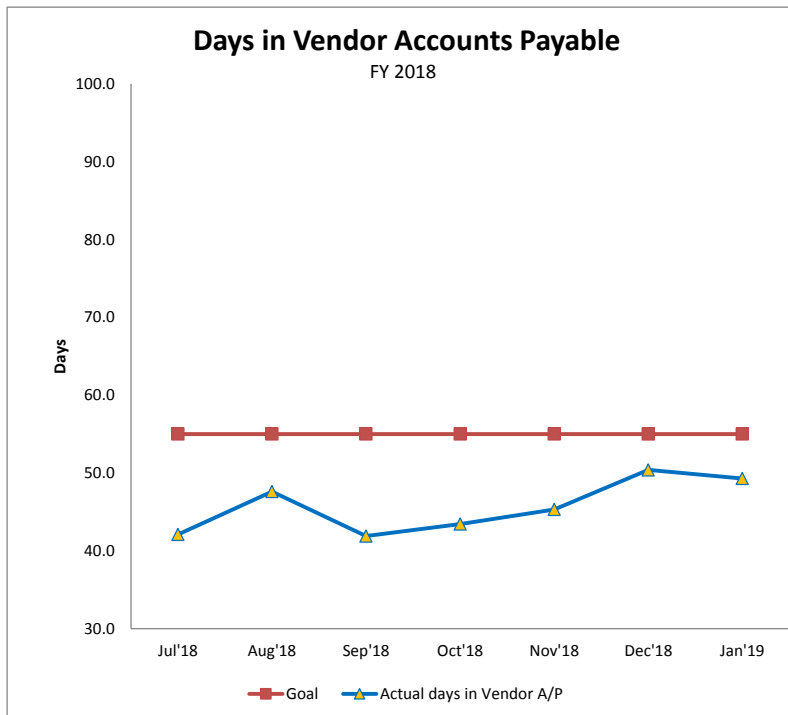
	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	(18)	(17)	
2 SNF Days	(499)	(120)	
3 Home Care Visits	(1,810)	-	
4 Gross O/P Revenue (000's)	2,853	(83)	
Financial Results			
Gross Patient Revenue			
5 Inpatient	2,615,489	(1,104,860)	Inpatient days are 290 days vs. budgeted expectations of 356 days and inpatient surgeries are 20 vs. budgeted expectations 32.
6 Outpatient	4,980,116	1,082,206	Outpatient visits are 4,726 vs. budgeted expectations of 4,360 visits and outpatient surgeries are 137 vs. budgeted expectations 121.
7 Emergency	(1,818,219)	(1,165,578)	ER visits are 789 vs. budgeted visits of 976.
8 SNF	(605,062)	(396,712)	SNF patient days are 345 vs. budgeted expected days of 465.
9 Home Care	(343,706)	-	
10 Total Gross Patient Revenue	4,828,618	(1,584,944)	
Deductions from Revenue			
11 Contractual Discounts	(4,535,518)	1,310,922	
12 Bad Debt	(335,000)	(50,000)	
13 Charity Care Provision	(35,035)	(20,770)	
14 Prior Period Adj/Government Program Revenue	450,524	1,373,143	Accrual of 17/18 ACA of \$163,797, 17/18 HQAF IGT of \$1,454,785, and Prime Grant of \$62,500 and received ACA SNF settlements of \$44,616.
15 Total Deductions from Revenue	(4,455,029)	2,613,295	
16 Net Patient Service Revenue	373,589	1,028,351	
17 Risk contract revenue	(129,396)	(33,438)	
18 Net Hospital Revenue	244,193	994,913	
19 Other Op Rev & Electronic Health Records	(12,456)	(5,169)	
20 Total Operating Revenue	231,737	989,744	
Operating Expenses			
21 Salary and Wages and Agency Fees	(519,399)	(20,381)	Salaries and Wages are over budget by (\$3,974) and Agency fees are over budget by (\$16,407).
22 Employee Benefits	441,204	34,278	
23 Total People Cost	(78,195)	13,897	
24 Med and Prof Fees (excl Agency)	152,882	23,707	
25 Supplies	(246,563)	(10,070)	Supplies are over budget due to higher than budgeted implant costs (\$33,601).
26 Purchased Services	(110,999)	(15,308)	Purchased Services are over budget due to budgeted costs posting in January but are budgeted over a 12-month period.
27 Depreciation	(19,658)	2,166	
28 Utilities	(2,018)	(13,190)	Utilities are over budget due AT&T (\$10,077) - the AT&T contract is being renegotiated and the hospital will receive a credit.
29 Insurance	(5,673)	-	
30 Interest	(4,913)	3,767	
31 Other	77,381	(582)	
32 Matching Fees (Government Programs)	(22,228)	(552,645)	Matching fee of \$641,048 accrued.
33 Operating expenses	(259,984)	(548,258)	
34 Operating Margin	(28,247)	441,486	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	(70,256)	(10,219)	
36 Donations	(11,330)	(2,672)	
37 Physician Practice Support-Prima	12,498	2,083	
38 Parcel Tax Assessment Rev	(750)	-	
39 Extraordinary Items	-	-	
40 Total Non-Operating Rev/Exp	(69,838)	(10,808)	
41 Net Income / (Loss) prior to Restricted Contributions	(98,085)	430,678	

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended January 31, 2019

	YTD	MONTH	
Description	Variance	Variance	
		-	
42 Capital Campaign Contribution	(116,196)	(20,949)	
43 Restricted Foundation Contributions	1,178,838	352,399	The hospital received Foundation donations for the ODC (\$342,777), the Acute care 3rd floor move (\$48,576), and ABL Analyzer (\$16,049).
44 Net Income / (Loss) w/ Restricted Contributions	964,557	762,128	
45 GO Bond Tax Assessment Rev	-	-	
46 GO Bond Interest	-	-	
47 Net Income/(Loss) w GO Bond Activity	964,557	762,128	



Days in A/R	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18	Jan'19
Actual days in A/R	40.6	43.0	47.9	44.0	44.7	43.5	43.0
Goal	50.0	50.0	50.0	50.0	50.0	50.0	50.0



Days in A/P	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18	Jan'19
Actual days in Vendor A/P	42.1	47.6	41.9	43.5	45.3	50.4	49.3
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												
	Jan-19	Jan-19	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
Statistics															
Acute															
Acute Patient Days	290	356	370	315	394	337	361	291	354	374	341	335	289	394	386
Acute Discharges (w/o Newborns)	83	100	97	93	92	90	85	81	99	108	103	106	82	111	96
SNF Days	345	465	291	326	405	457	628	664	545	423	525	566	494	646	563
HHA Visits	0	0	0	0	0	682	585	760	871	747	755	684	821	801	798
Emergency Room Visits	789	976	840	772	842	814	810	901	856	934	864	871	811	996	919
Gross Outpatient Revenue (000's)	\$14,826	\$14,909	\$13,583	\$13,530	\$15,824	\$13,946	\$16,762	\$14,801	\$13,677	\$15,188	\$14,170	\$13,064	\$12,519	\$14,741	\$14,051
Equivalent Patient Days	1,958	2,241	1,768	1,782	2,207	2,175	2,911	2,654	2,343	2,178	2,265	2,272	2,212	2,629	2,471
Births	0	0	0	0	9	13	14	8	16	9	6	8	11	7	10
Surgical Cases - Inpatient	20	32	26	33	34	31	26	23	28	29	30	34	16	32	24
Surgical Cases - Outpatient	137	121	123	128	141	151	139	127	123	146	114	117	123	109	136
Total Surgical Cases	157	153	149	161	175	182	165	150	151	175	144	151	139	141	160
Total Special Procedures	51	62	58	55	92	99	124	78	97	72	87	75	75	65	59
Medicare Case Mix Index	1.58	1.40	1.57	1.45	1.44	1.73	1.33	1.32	1.45	1.46	1.48	1.45	1.34	1.50	1.57
Income Statement															
Net Revenue (000's)	\$5,505	\$4,510	\$4,097	\$4,249	\$4,282	\$4,548	\$4,924	\$4,557	\$5,265	\$4,817	\$4,389	\$4,218	\$4,590	\$4,909	\$4,466
Operating Expenses (000's)	\$5,509	\$4,961	\$4,726	\$4,860	\$5,321	\$5,045	\$5,314	\$5,114	\$4,968	\$5,134	\$5,053	\$5,179	\$5,270	\$5,357	\$5,122
Net Income (000's)	\$807	\$45	(\$208)	(\$95)	(\$120)	\$209	\$32	\$214	\$859	\$369	\$221	(\$395)	(\$175)	\$125	(\$226)
Productivity															
Total Operating Expense Per Equivalent Patient Day	\$2,814	\$2,214	\$2,673	\$2,727	\$2,411	\$2,319	\$1,826	\$1,927	\$2,120	\$2,357	\$2,231	\$2,280	\$2,382	\$2,038	\$2,073
Productive FTEs	249	248	234	266	278	278	278	270	259	279	281	279	274	276	255
Non-Productive FTEs	31	32	47	22	20	36	31	40	39	27	26	23	31	36	52
Total FTEs	280	280	281	288	298	314	309	310	298	306	307	302	305	312	307
FTEs per Adjusted Occupied Bed	4.44	3.88	4.92	4.84	4.18	4.38	3.29	3.62	3.82	4.35	4.06	4.17	3.87	3.68	3.85
Balance Sheet															
Days of Expense In General Operating Cash	13.0		15	10	13	13	10	19	11	6	7	7	14	24	18
Net Days of Revenue in AR	43	50	44	45	44	48	43	41	42	47	43	43	47	51	51

Sonoma Valley Hospital
Cash Forecast
FY 2019

ATTACHMENT H

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual 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	4,197,482	3,717,124	4,187,658	3,746,851	4,236,718	4,080,522	49,913,519
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	11,961	109,800
4 Other Operating Revenue	40,299	47,536	18,852	63,629	24,975	48,665	35,012	13,968	13,968	13,968	13,968	13,973	348,813
5 Other Non-Operating Revenue	45,944	12,250	51,133	42,712	14,067	91,000	51,984	26,673	26,673	26,673	26,673	26,673	442,455
6 Unrestricted Contributions	403		415	4,175	2,381	1,159		2,672	2,672	2,672	2,672	2,672	21,893
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	4,347,039	3,868,398	4,338,932	3,898,125	4,387,992	4,231,800	51,950,109
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	5,387,017	4,521,804	4,757,866	4,853,772	4,616,406	4,501,692	58,746,687
9 Add Capital Lease Payments	44,847	193,141	46,104	46,021	195,820	34,330	21,314						581,577
10 Additional Liabilities/LOC													-
11 Capital Expenditures	331,168		286,200	408,421	110,420	11,238	407,402	75,952	75,952	75,952	75,952	75,952	1,934,609
Total Hospital Uses	5,273,843	5,830,125	5,806,151	5,280,040	4,811,692	4,813,989	5,815,733	4,597,756	4,833,818	4,929,724	4,692,358	4,577,644	61,262,873
Net Hospital Sources/Uses of Cash	(708,263)	(1,384,854)	(1,676,461)	(455,407)	(382,950)	(330,083)	(1,468,694)	(729,358)	(494,886)	(1,031,599)	(304,366)	(345,844)	(9,312,764)
Non-Hospital Sources													
12 Restricted Cash/Money Market	(809,886)	524,043			612,500	(200,000)		(100,000)	645,000	(200,000)	(645,000)		(173,343)
13 Restricted Capital Donations	357,448	8,688	286,283	409,088	116,736	5,800	407,402	75,952	75,952	75,952	75,952	75,952	1,971,205
14 Parcel Tax Revenue	207,015		1,500,000			512,117				1,900,000			4,119,132
15 Other Payments - South Lot/LOC/Fire Claim							(250,000)	274,000					24,000
16 Other:													-
17 IGT											1,454,785	1,200,000	2,654,785
18 IGT - AB915	20,681		384,837		40,615		1,049,088			381,379			1,876,600
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	1,206,490	249,952	720,952	2,157,331	885,737	1,275,952	11,822,379
Non-Hospital Uses of Cash													
20 Matching Fees					300,000				641,048	600,000			1,541,048
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	300,000	-	-	-	641,048	600,000	-	-	1,541,048
Net Non-Hospital Sources/Uses of Cash	525,258	532,731	2,171,120	409,088	469,851	917,917	1,206,490	249,952	79,904	1,557,331	885,737	1,275,952	10,281,331
Net Sources/Uses	(183,005)	(852,123)	494,659	(46,319)	86,901	587,834	(262,204)	(479,406)	(414,982)	525,732	581,371	930,108	
Cash and Equivalents at beginning of period	1,671,423	1,488,418	636,295	1,130,954	1,084,636	1,171,537	1,759,371	1,497,167	1,017,761	602,779	1,128,511	1,709,882	
Cash and Equivalents at end of period	1,488,418	636,295	1,130,954	1,084,636	1,171,537	1,759,371	1,497,167	1,017,761	602,779	1,128,511	1,709,882	2,639,990	

Sonoma Valley Hospital
Cash Forecast
FY 2019

ATTACHMENT H

	Actual July - Dec	Actual Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources								
1 Patient Payments Collected	25,747,164	4,197,482	3,717,124	4,187,658	3,746,851	4,236,718	4,080,522	49,913,519
2 Capitation Revenue	571,073	62,561	95,999	95,999	95,999	95,999	95,999	1,113,629
3 Napa State	49,991		11,962	11,962	11,962	11,962	11,961	109,800
4 Other Operating Revenue	243,956	35,012	13,968	13,968	13,968	13,968	13,973	348,813
5 Other Non-Operating Revenue	257,106	51,984	26,673	26,673	26,673	26,673	26,673	442,455
6 Unrestricted Contributions	8,533		2,672	2,672	2,672	2,672	2,672	21,893
7 Line of Credit								-
Sub-Total Hospital Sources	26,877,823	4,347,039	3,868,398	4,338,932	3,898,125	4,387,992	4,231,800	51,950,109
Hospital Uses of Cash								
8 Operating Expenses	30,108,130	5,387,017	4,521,804	4,757,866	4,853,772	4,616,406	4,501,692	58,746,687
9 Add Capital Lease Payments	560,263	21,314	-	-	-	-	-	581,577
10 Additional Liabilities/LOC			-	-	-	-	-	-
11 Capital Expenditures	1,147,447	407,402	75,952	75,952	75,952	75,952	75,952	1,934,609
Total Hospital Uses	31,815,840	5,815,733	4,597,756	4,833,818	4,929,724	4,692,358	4,577,644	61,262,873
Net Hospital Sources/Uses of Cash	(4,938,017)	(1,468,694)	(729,358)	(494,886)	(1,031,599)	(304,366)	(345,844)	(9,312,764)
Non-Hospital Sources								
12 Restricted Cash/Money Market	126,657		(100,000)	645,000	(200,000)	(645,000)	-	(173,343)
13 Restricted Capital Donations	1,184,043	407,402	75,952	75,952	75,952	75,952	75,952	1,971,205
14 Parcel Tax Revenue	2,219,132		-	-	1,900,000	-	-	4,119,132
15 Other Payments - South Lot/LOC/Fire Claim		(250,000)	274,000	-	-	-	-	24,000
16 Other:			-	-	-	-	-	-
17 IGT			-	-	-	1,454,785	1,200,000	2,654,785
18 IGT - AB915	446,133	1,049,088	-	-	381,379	-	-	1,876,600
19 PRIME	1,350,000		-	-	-	-	-	1,350,000
Sub-Total Non-Hospital Sources	5,325,965	1,206,490	249,952	720,952	2,157,331	885,737	1,275,952	11,822,379
Non-Hospital Uses of Cash								
20 Matching Fees	300,000	-	-	641,048	600,000	-	-	1,541,048
Sub-Total Non-Hospital Uses of Cash	300,000	-	-	641,048	600,000	-	-	1,541,048
Net Non-Hospital Sources/Uses of Cash	5,025,965	1,206,490	249,952	79,904	1,557,331	885,737	1,275,952	10,281,331
Net Sources/Uses	87,948	(262,204)	(479,406)	(414,982)	525,732	581,371	930,108	
Cash and Equivalents at beginning of period	1,671,423	1,759,371	1,497,167	1,017,761	602,779	1,128,511	1,709,882	
Cash and Equivalents at end of period	1,759,371	1,497,167	1,017,761	602,779	1,128,511	1,709,882	2,639,990	