



SONOMA VALLEY HEALTH CARE DISTRICT

**BOARD OF DIRECTORS
REGULAR MEETING AGENDA
APRIL 4, 2019**

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. CALL TO ORDER</p>	Rymer	
<p>2. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i></p>	Rymer	
<p>3. CONSENT CALENDAR A. Board Minutes 03.07.19, 03.22.19 B. Finance Committee Minutes 02.13.19, 02.26.19, 03.20.19 C. Quality Committee Minutes 02.27.19 D. Executed Policies and Procedures E. Medical Staff Credentialing Report <i>Pages 2-21</i></p>	Rymer	Action
<p>4. SONOMA COMMUNITY HEALTH CENTER UPDATE</p>	C. Johnson	Inform
<p>5. CHIEF OF STAFF ANNUAL REPORT <i>Page 22</i></p>	Dr. Sebastian	Inform
<p>6. NURSING ANNUAL REPORT <i>Page 23-41</i></p>	M. Kobe	Inform
<p>7. ADMINISTRATIVE REPORT MARCH <i>Page 42-43</i></p>	Mather	Inform
<p>8. CMO UPDATE <i>Page 44</i></p>	Kidd	Inform
<p>9. FINANCIAL REPORT MONTH END 02.28.19 <i>Pages 45 - 58</i></p>	Jensen	Inform
<p>10. COMMITTEE REPORT <ul style="list-style-type: none"> • Finance Committee New Member – Arthur Grandy <i>Page 59</i> </p>	Board Nevins	Inform/Action
<p>11. BOARD COMMENTS</p>	Rymer	
<p>12. ADJOURN</p>	Rymer	

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 5:30 P.M.

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM
177 FIRST ST EAST SONOMA, CA

	RECOMMENDATION	
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i></p>		
<p>CALL TO ORDER The meeting was called to order at 6:04 pm.</p>	<i>Rymer</i>	
<p>1. PUBLIC COMMENT</p>	<i>Rymer</i>	
<p>Preston Sitterly read the text from a classified advertisement that he took out in the IT. This was in response to his review of the financial report.</p>		
<p>2. REPORT ON CLOSED SESSION</p>	<i>Rymer</i>	
<p>Mr. Rymer reported that the closed session was a discussion regarding a contract negotiation. He said no decision was made.</p>		
<p>3. CONSENT CALENDAR: A. Board Minutes 02.07.19 B. Finance Committee Minutes 02.26.19 C. Quality Committee Minutes 01.30.19, Work Plan and Charter D. Executed Policies and Procedures E. Medical Staff Credentialing Report</p>	<i>Rymer</i>	
<p>Policies: <u>New</u> Leaves – Military Related HR8610-172L Tracking of On-duty Staff during a Disaster EP8610-104 Homeless Discharge Planning DC8610-108 Paging Codes Overhead EP8610-105 <u>Revisions</u> Contract Administration – Non-Patient Care GL8610-138 Formulary Management MM8610-122 Leave of Absence Policies HR8610-172I Leaves – Jury and Witness Duty HR8610-172D Leaves – Organ and Bone Marrow Donor HR8610-175K Leaves – Personal & Non-FMLACFRA Medical HR8610-172E Leaves – Victim of Crime Related to Domestic Violence, Sexual Assault or Stalking HR8610-172G Leaves- Voting Time Off HR8610-172J Required Certifications HR8610-365 Workplace Violence Prevention Program HR8610-371</p>		<p>MOTION: by Hirsch to approve, 2nd by Mainardi. All in favor.</p>

<u>Retire</u> Leaves – Occupational Injury and Illness Disability Leave HR8610-172C		
4. HEALING AT HOME UPDATE	<i>W. Ranzau</i>	
Ms. Ranzau, COO of Hospice By the Bay spoke about the transition of Healing at Home. She spoke about the license transfer process, the education done across business lines, and preparation of the Joint Commission accreditation. She said that currently the operations are running at a breakeven level.		
5. HUMAN RESOURCES ANNUAL REPORT	<i>McKissock</i>	
Ms. McKissock gave the annual Human Resources report for 2018. She reported on 2018 projects and ongoing projects. She reviewed a variety of HR metrics, including staff turnover rates. She shared the goals and initiatives for 2019: employee engagement survey, performance appraisal program, performance correction plans, and policies & procedures/employee handbook.		
6. QUARTERLY STRATEGY REPORT	<i>Donaldson</i>	
Ms. Donaldson gave the growth and strategy report for 2019. This included quarterly priority update, strategic initiatives, trended results, and operating efficiency projects.		
7. FISCAL YEAR 2020 BUDGET ASSUMPTIONS	<i>Jensen</i>	
Mr. Jensen reviewed the fiscal year 2020 budget assumptions. He said that the assumptions will be applied to actual experience from February 2018 through January 2019. Other adjustments will be made as necessary to reflect the most current trends in healthcare and those that we're seeing at the hospital.		
8. ADMINISTRATIVE REPORT MARCH 2019	<i>Mather</i>	
Ms. Mather said that changes continue this fiscal year as we reinvent our hospital. The new fiscal year 2020 strategic plan should be ready to present in May. She also reported a very successful move of all inpatients to the third floor. The stroke ready accreditation is expected very soon. The outpatient diagnostic center project is moving forward well with sixteen of the twenty one million raised.		
9. CMO UPDATE	<i>Kidd</i>	
Dr. Kidd reported that the newly implemented Tele – Neurology has allowed us to keep patients that we previously would have transferred. She spoke about the current project of utilization review of observation vs. inpatient status to assist with improved reimbursements. She announced that there will be a change in the Hospitalist group. This will assist in stabilizing staffing and increase quality of service.		
10. FINANCIAL REPORT MONTH END JAN. 30, 2019	<i>Jensen</i>	Inform

<p>Mr. Jensen gave the financial report for January 2019. 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%.</p>		
<p>11. COMMITTEE REPORTS</p>	<p><i>Board</i></p>	
<p>Appointment of a Joshua Rymer to the JPA</p> <p>Ms. Hirsh reported that the SNF Task Force work has been completed. This resulted in a plan that will likely allow the continued operation of the SNF at Sonoma Valley Hospital. Management is currently in negotiations with a management company. She also gave an overview of the SNF public meeting on Feb. 28th.</p>		<p>Motion by Mr. Boerum to approve the appointment of Joshua Rymer to the JPA. Mr. Rymer 2nd. All in favor.</p>
<p>12. BOARD COMMENTS</p>	<p><i>Board</i></p>	
<p>13. ADJOURN</p>	<p><i>Rymer</i></p>	
<p>Adjourned 7:41pm</p>		



SVHCD
BOARD OF DIRECTORS MEETING
MINUTES
WEDNESDAY MARCH 20, 2019
Conference Call Special Session

Present via telephone	Excused	Staff via telephone	Public	
Jane Hirsch Sharon Nevins Bill Boerum Michael Mainardi	Joshua Rymer	Ken Jensen		
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>Hirsch</i>			
	Called to order 08:30 am			
2. PUBLIC COMMENT SECTION	<i>Hirsch</i>			
	None			
3. RESOLUTION 344- ISSUANCE OF TAX AND RENENUE ANTICIPATION NOTE				
	Committee reviewed and discussed taking an advancement on the parcel tax.		MOTION: by Boerum to approve taking the advance on the parcel tax, 2 nd by Nevins. Vote by Roll Call –four in favor. No dissent.	
4. ADJOURN	<i>Hirsch</i>			
	08:40 am			



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES
WEDNESDAY FEBRUARY 13, 2019
Conference Call Special Session**

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

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 2:00 pm		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	None		
3. UNION BANK LOAN AGREEMENT			
	Committee reviewed and discussed the Union Bank loan agreement. It was stated that the only change from the original agreement was the terms of the pay down.	MOTION: by Hohorst to approve the terms of the loan agreement. 2 nd by Perez. Vote by Roll Call – five in favor. No dissent.	
4. ADJOURN	<i>Nevins</i>		
	2:14 pm		



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		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES
WEDNESDAY MARCH 20, 2019
Conference Call Special Session**

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

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 09:30 am		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	None		
3. RESOLUTION 344- ISSUANCE OF TAX AND RENENUE ANTICIPATION NOTE			
	Committee reviewed and discussed taking an advancement on the parcel tax.	MOTION: by Nevins to recommend to the Board to take the advance on the parcel tax, 2 nd by Perez. Vote by Roll Call –four in favor. No dissent.	
4. ADJOURN	<i>Nevins</i>		
	09:40 am		

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**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
February 27, 2019 5:00 PM
MINUTES
Schantz Conference Room**

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

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, 01.30.19 		MOTION: by Idell to approve, 2 nd by Eisenstark . All in favor.
4. ANNUAL INFECTION PREVENTION REPORT	<i>Mathews</i>	
	Ms. Mathews reviewed the annual infection prevention report. This included the 2018 goals, infection rates, as well as the plan for 2019.	
5. PERFORMANCE IMPROVEMENT PROJECTS/FAIR	<i>Jones</i>	
	Ms. Jones reviewed the performance improvement projects, also known as 100 day workouts. The goal is to have three 10 project sessions a year. These projects will be presented at the PI Fair to be scheduled in the fall.	

AGENDA ITEM	DISCUSSION	ACTION
6. QUALITY AND RESOURCE MANAGEMENT REPORT	<i>Jones</i>	
	Ms. Jones reviewed the quality and resource management report for February. The report included mortality, readmissions, patient experience and effectiveness of care core measures related to sepsis, stroke and colonoscopy surveillance.	
7. 2018 MEDICATION ERROR REPORT	<i>Jones</i>	
	Ms. Jones reviewed the 2018 medication error report. She reported that there was 158 total errors with 37 administrative related and 16 potentially preventable. She also spoke to the corrective actions taken in response to the errors. She also reviewed the department specific break down of administration errors.	
9. POLICIES AND PROCEDURES	<i>Jones</i>	
	<p><u>New</u> Contract Administration – Patient Care GL8610-139 Stroke Admission Transfer Guidelines PC8610-184 – recommendations by Dr. Eisenstark reviewed and discussed. Third paragraph, keep purpose as is.</p> <p><u>Revisions</u> Abbreviations and Symbols used MR8610-102 Administration of Medications MM8610-106 Formulary Management MM8610-122 Malignant Hyperthermia Management of Patient with MM8610-105 Central Venous Catheter and Port Access and Management PC8610-120 Surgical Invasive Procedure and Site Confirmation Verification OI8610-104 Annual Medical Surveillance HR8610-164.7 Dress Code HR8610-230 Employee Assistance HR8610-355 Employee Health Services HR8610-164 Grievance Policy (Employee) HR8610-186 Harassment HR8610-188 Infectious Disease Work Restrictions Exposures HR8610-164.9</p>	Motion: by Idell to approve with stated changes, 2 nd by Mainardi with stated changes. All in favor

AGENDA ITEM	DISCUSSION	ACTION
	Overtime HR8610-135 Pay Periods and Pay Checks HR8610-124 Post Offer Pre-Employment Screening HR8610-164.1 Respiratory Protection Program HR8610-164.14 Time and Attendance Records HR8610-122 <u>Retire</u> Holiday Premium Pay HR8610-154 <u>Departmental</u> Nutrition Dry Storage 8310-173 Refrigerator Freezer Storage 8340-174 Occupational Health Department Manual	
10. CLOSED SESSION	<i>Hirsch</i>	
	Called to order at 6:00pm	
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
	Medical Staff Credentialing reviewed.	MOTION: by Mainardi to approve credentialing, 2 nd by idell All in favor.
12. ADJOURN	<i>Hirsch</i>	



Policy and Procedures – Summary of Changes Board of Directors, April 4th, 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:

Contract Administration - Patient Care GL8610-139

A new policy is required to cover administrative practices unique to contracted patient care services. Policy has been updated based on Board Quality feedback received 1/30/19. Draft appendices have been removed for clarity and simplification.

Stroke Admission Transfer Guidelines PC8610-184

This policy was created to fulfill the CIHQ requirement that the hospital have a policy covering how we handle stroke patients.

REVISIONS:

Abbreviations and Symbols Used MR8610-102

Update to use of approved abbreviation list to use of online abbreviation resource “Medical Abbreviations” by Neil M. Davis.

Administration of Medications MM8610-106

Extended the time frame in which SNF doses may be given and considered on time from 1 hour before or after scheduled administration time to 90 minutes before or after scheduled administration time. The 2 hour window previously listed is not consistently achievable in SNF with the new nursing ratio of 1:15. The time frame is determined by the facility and must be defined in policy.

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 biosimilars 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.

Malignant Hyperthermia Management of Patient with MM8610-105

Updated policy to reflect current MHAUS guidelines and incorporate the use of Ryanodex as the dantrolene product used rather than Dantrium. To include a ‘to do’ checklist for actions to be taken in the event of MH. Update to location of MH supplies. Ryanodex is a new product that allows for only 3 vials to be stored instead of 32 vials. Ryanodex is also easier and faster to prepare.



Central Venous Catheter and Port Access and Management PC8610-120

Combined the central venous catheter and port access policies and Appendix A per the recommendation of the P&P Committee 11/20/18. “Appendix A – Venous Access Device Adult Quick Reference Guidelines” was revised to address intermittent infusion and other tubing changes.

Surgical Invasive Procedure and Site Confirmation Verification OI8610-104

Further detailing procedure for briefing/timeout according to current practice and Universal Protocol; adding verbiage for correctly filling out surgical consent and verification of it. Standardize timeout procedure for all cases for increased accuracy and preparedness for all cases prior to incision; additional safeguards to assure accuracy of consent.

Annual Medical Surveillance HR8610-164.7

Revised to clarify that Human Resources is responsible for Employee Health Services, in coordination with Occupational Health and Infection Prevention (removed references to an employee health department/nurse). Removed requirements for home care personnel. Added references to corresponding Employee Health and Infection Prevention policies.

Dress Code HR8610-230

No significant/substantive changes; revised the language and organization of the policy in an effort to improve clarity. Added the uniform “color by discipline” chart for reference.

Employee Assistance HR8610-355

Reorganized and revised language to provide clarity – no substantive changes.

Employee Health Services HR8610-164

Revised to clarify that Human Resources is responsible for Employee Health Services, in coordination with Occupational Health and Infection Prevention (removed references to an employee health department/nurse). Eliminated redundancy of details/procedures addressed in other policies (provided reference to such policies instead). Removed language referring leave of absences (HR process and not associated with Employee Health Services).

Grievance Policy (Employee) HR8610-186

Simplified the language overall; added the first step of an informal discussion; eliminated the fourth step by establishing final decision by senior management in step 3.

Harassment HR8610-188

Significant changes in regards to adding much more content and clear definitions of the various types of harassment, providing examples, and outlining the appropriate reporting requirements. Ensured all content was aligned with current federal and state laws, where appropriate.

Infectious Disease Work Restrictions Exposures HR8610-164.9

Updated all references to “employee health” to Human Resources, Infection Prevention, or Occupational Health, as appropriate. Updated Appendix A (Table of Infectious Diseases) and Appendix B (Notification of Potential Infectious Disease Exposure form).

Overtime HR8610-132

Combined Holiday Pay policy with this Overtime policy. Minor language changes and re-organization of the information to provide improved clarity.



Pay Periods and Pay Checks HR8610-124

Minor language edits – no substantive changes

Post Offer Pre-Employment Screening HR8610-164.1

Updated language and organization of policy to provide enhanced clarity. Updated procedures to reflect current process and outlined in a more summary format with reference to other Employee Health policies that contain more specific details (thereby also reducing redundancy and risk of inconsistency). Changes were implemented in our pre-screening process, removing the full physical and limiting the assessment to a physical capacity test only. This change improves the time commitment for onboarding activities by eliminating unnecessary evaluations.

Respiratory Protection Program HR8610-164.14

A number of revisions to reflect that Human Resources provides employee health services and oversight of this program, coordinated with Infection Prevention. Reorganized policy language and procedure language to provide improved clarity; organized procedures by new hire and annual requirements; added language about consequences of non-compliance. Added appendix identifying employees by occupation that require compliance under this program. Policy needed improved organization for enhanced understanding of the requirements, needed updates to reflect current processes, and needed embedded accountability.

Time and Attendance Records HR8610-122

Revised language to reference electronic time entry methods; added requirement of time entry exceptions be recorded in the department's Exception Log and no timecard edits/changes are allowed without corresponding Exception Log entry; added requirement to record sick calls, or other unscheduled absences as such (i.e., Unscheduled PTO); expanded on the definition of the 7-minute rounding rule.

RETIRE:

Holiday Premium Pay HR8610-154

combined with Overtime & Holiday Pay HR8610-132

DEPARTMENTAL

Nutrition

Dry Storage 8340-173

Current Food Storage Procedures Policy does not adequately address cold and dry storage. Information has been separated into two expanded policies. This policy more fully addresses dry storage. Added "Policy" and "Purpose". They were missing. Changed policy number from 8340-112 to 8310-173.

Refrigerator Freezer Storage 8340-174

Current Food Storage Procedures Policy does not adequately address cold and dry storage. Information has been separated into two expanded policies. This policy more fully addresses Refrigerator Freezer storage. Added "Policy" and "Purpose". They were missing. Changed policy number from 8340-112 to 8310-174.

Occupational Health Departmental Manual

Table of Contents includes description of changes



SUBJECT: Contract Administration, Patient Care Services

POLICY: GL8610-139

DEPARTMENT: Organizational

PAGE 1 OF 3

EFFECTIVE:

REVISED:

PURPOSE:

To ensure contracted patient care providers administer the same level of high-quality care, treatment, and service as directly administered by the organization and that such care, treatment, and service is administered in a safe and effective manner.

POLICY:

- Patient care services provided under contract are subject to the same hospital-wide quality assessment and performance improvement (QAPI) evaluation as other services provided directly by the hospital
- The hospital maintains a list of all contracted services that directly impact the patient. The list includes the scope and nature of the services provided.
- Written communication to the provider establishes the expectations of the contracted service with regard to quality
- The metrics that will be used to measure quality are established and collected data is incorporated into the QAPI program
- The evaluation of a contract service is performed on a quarterly basis, just as it would if the service was provided by the organization

PROCEDURE:

Approval Process

The Executive Level Leader identifies the need for a new patient care contracted service. In cases where a hospital template exists for the type of agreement required, it will be utilized. If no such template exists, the Executive Level Leader requests a draft from the other party. If neither SVH nor the other party can easily draft an agreement, the CEO can provide approval for a draft to be prepared by a SVH retained attorney.

The Executive Level Leader shall:

- review the draft for service level accuracy and ensure the contract includes all relevant terms



SUBJECT: Contract Administration, Patient Care Services

POLICY: GL8610-139

DEPARTMENT: Organizational

PAGE 2 OF 3

EFFECTIVE:

REVISED:

- work with the Quality Coordinator to identify performance measures and ensure they are communicated to the other party
- handles all communication with the other party related to draft revisions
- identifies and obtains approvals from additional internal stake holders. Prior to execution, ALL patient care service agreements must be approved by the Chief Financial Officer. Contracted services that will have an Information Systems component must be reviewed by the Chief Information Officer. Approvals will be obtained and documented via email. Approval Records will be electronically saved in the shared contract drafting file
- submits the final draft to the President & CEO for signature
- coordinates counter-signature with the other party
- alerts the Quality Coordinator that the agreement is fully executed

Tracking Process

The Quality Coordinator ensures that all Patient Care Contract Services are accurately represented on the Patient Care Contract Tracking log and submits the log to the Chief Medical Officer and Chief Executive Officer on a monthly basis.

The Quality Coordinator alerts the Executive Level Leader responsible for a contract three months in advance of an upcoming contract expiration. Until the time that a new agreement is in place or the decision is made to discontinue service, the Quality Coordinator will follow up with the responsible Executive Level Leader on a weekly basis.

Monitoring Process

The Director of Quality and Risk Management ensures that all contracted patient care services are appropriately incorporated into the hospital-wide QAPI program and ensures that quarterly reviews are conducted. The Quality Coordinator maintains a list of all contracted services that directly impact the patient.

Quality expectations will be established for every new patient care contracted service and communicated to the provider. The communication of expectations can occur within the contract, as an addendum, or in a letter.



SUBJECT: Contract Administration, Patient Care Services

POLICY: GL8610-139

DEPARTMENT: Organizational

PAGE 3 OF 3

EFFECTIVE:

REVISED:

With the assistance of the Director of Quality and Risk Management, the contract manager is responsible for establishing the performance metrics to measure quality based on services and volumes provided. The contract manager is also responsible to report quarterly on data. Data can be collected by either the contract manager or by the service organization.

An annual patient care services report will be completed and shared with the Board Quality Committee and the Medical Staff.

Close-out Process

When either a contract is early terminated or the term concludes without decision for renewal, the contract will undergo a close-out process.

When appropriate or required, the contract manager will send a termination letter and provide a copy to the Quality Coordinator for the Close-out file.

The Quality Coordinator will archive the contract and termination letter. These files will be kept by SVH for a minimum of six years.

REFERENCES:

CIHQ 2018 Summit Presentation – Contract Services

OWNER:

Director Quality & Risk Management

AUTHORS/REVIEWERS:

Danielle Jones, Director Quality & Risk Management

Laura Gallmeyer, Quality Coordinator

DATES OF APPROVAL:

Policy & Procedure Team: 12/18/18

Board Quality Committee: 2/27/19

The Board of Directors:



SUBJECT: Stroke Admission/Transfer Guidelines

POLICY #PC8610-184

DEPARTMENT: ORGANIZATIONAL

PAGE 1 OF 1

EFFECTIVE:

REVISED:

PURPOSE:

As a stroke ready facility, Sonoma Valley Hospital (SVH) can receive patients actively having a stroke or exhibiting signs and symptoms of having a stroke. SVH is not equipped to treat hemorrhagic stroke and therefore has transfer agreements with primary stroke centers.

POLICY:

Patients presenting to SVH with signs and symptoms of acute stroke AND meeting inclusion guidelines for Tissue Plasminogen Activator (tPA) may be treated according to American Heart Association guidelines.

Patients having been treated with tPA may be accepted for further inpatient treatment by Hospitalists or transferred to higher level of care, if indicated. Tele-Neurology is available at SVH for consultation by Emergency Department (ED) physicians or Hospitalists.

Patients presenting to SVH with a surgically treatable hemorrhagic stroke on Computerized Tomography (CT) scan will be transferred to one of the following Primary Stroke Centers for further treatment:

1. California Pacific Medical Center (CPMC)
2. University of California San Francisco (UCSF)

REFERENCES:

CIHQ SRH-6 Stroke Ready Receiving Centers Guidelines

OWNER:

Chief Nursing Officer

AUTHORS/REVIEWERS:

Mark Kobe, Chief Nursing Officer

APPROVALS:

Policy & Procedure Team: 12/18/18

Surgery Committee: 2/14/19

Medicine Committee: 2/14/19

Medical Executive Committee: 2/21/19

Board Quality Committee: 2/27/19

The Board of Directors:



APPROVALS:

Policy & Procedure Team: 12/18/18
 Medicine Committee: 02/14/19
 Medical Executive Committee: 02/21/19
 Board Quality Committee: 02/27/19
 The Board of Directors:

**OCCUPATIONAL HEALTH
 POLICIES/PROCEDURES MANUAL
 TABLE OF CONTENTS**

7775-01	Audiograms reviewed, no changes
7775-02	Department of Transportation Physical Exams reviewed, added entering results into DMV database
7775-03	Drug testing for Minors reviewed, no changes
7775-04	Influenza vaccination reviewed, removal of the public, we do not bill private insurance
7775-05	MRSA work status reviewed, added reference from NIOSH
7775-06	Pre Placement Physicals reviewed, no changes
7775-07	Rabies Post Exposure Vaccination reviewed, added Infectious Disease consultation if needed
7775-08	Sports Physicals reviewed, revised to include must be accompanied by a parent
7775-09	Transfer of Patients for Diagnostic Testing reviewed, no changes
7775-10	Transfer of Patients to the Emergency Department Reviewed, revised to include patient being accompanied by provider if ER MF is not available for report. Reference noted.
7775-11	Travel Medicine reviewed, no changes
7775-12	Tuberculosis Skin Testing reviewed, adding reference
7775-13	Vaccination Policy reviewed, no changes
7776-14	Yellow Fever Vaccination reviewed, no changes
7775-15	QuantiFERON / IGRA Testing New policy , identifies the process for using QuantiFeron Gold and Follow-up
7775-16	Urine Drug Screening New Policy , identifies process for UDS
7775-17	Breath Alcohol Testing New Policy , identifies process for Breath Alcohol Testing
7776-18	Blood and Body Fluid Exposure New Policy , identifies process for post exposures following the Infection Control Plan and Body Fluid Exposures



To: SVHCD Board of Directors
From: Brian Sebastian, MD MPH FACP
Date: 04/04/2019
Subject: Chief of Staff Report

- The OB closure went fairly uneventfully. Physicians seem on board.
- We're all concerned about the transition with regard to SNF, in terms of quality and serviceability, etc.
- We continue to welcome new physicians in our midst, including our new Director of ED, Dr. Jasper Schmidt, who assumed the role upon Dr. Lawder's departure; we also have a new orthopedist in the community, who is apparently a reputable shoulder surgeon, who will be spending a few hours a month in the time share. We have a new doc in occupational health as well.
- We will be transitioning to a new hospitalist service. I think this is an exciting change and will give us an opportunity to improve quality (getting rid of 24 hour shifts and exhausted physicians, increasing the quality of the docs, etc.)
- We are currently tackling getting proctorships up-to-date, and having some success
- We have found that our core privilege sets are out of date and are working with each department to try to update them
- We are changing the way we do peer review, and we are looking to establish a multidisciplinary peer review committee, that meets regularly. We have done this SOME, but now it will be codified.
- The physician staff remain enthusiastic about the UCSF affiliation and are eager to find ways to partner with UC physicians. A number of docs have expressed interest in setting up clinics at SVH, and we're very glad
- The Medical Staff office is running WELL.



**SONOMA VALLEY
HOSPITAL DISTRICT
2019 BOARD REPORT**

Patient Care Services Annual Report FY 2019

AGENDA

- I. Who/what we are
- II. Patient Care Services Vision
- III. Challenges
- IV. Financial Performance
- V. Accomplishments and Goals

PATIENT CARE SERVICES:

WHAT WE ARE

EMERGENCY SERVICES

ADMINISTRATIVE NURSING SUPERVISORS

SKILLED NURSING FACILITY

SURGICAL SERVICES

MEDICAL/SURGICAL/OUTPATIENT INFUSIONS

RESPIRATORY THERAPY

INTENSIVE CARE

STROKE COORDINATOR

EMERGENCY MANAGEMENT

WHO WE ARE

3 Managers/Directors

109 Registered Nurses

10 Respiratory Therapists

36 Certified Nursing Assistants

6 Unit Assistants

Patient Care Services Vision

Right-sizing our hospital nursing services to exceed community expectations

- ❖ **5 Star Experience**
 - ❖ **Decreasing inpatient services**
 - ❖ **Combining med/surg, ICU and RT**
- ❖ **Adjusting Surgery to Surgicenter model**
- ❖ **Exceeding community expectations in Emergency Services**

Patient Care Services Vision

- ❖ **5 Star Experience-** 7 components, Nursing has direct control over 3:
 - Patient Experience- SVH is currently above average in patient satisfaction and has set a goal of being in the top 25th percentile. Challenges are increasing survey response rates and restoring key drivers
 - Safety of Care-SVH excellent. No CLABSI or HA MRSA/VRE. Nurse-driven protocols.
 - Timeliness of Care-ED throughput. SVH door to discharge 2.9 hrs. (US median 2 hrs. 2014)

Patient Care Services Vision

- ❖ Adjusting to decreasing inpatient
 - ICU ADC 2.5; M/S ADC 8.0
- ❖ Combining Med/surg, ICU and RT
- One Director, one floor. The consolidation of Inpatient services to the third floor will increase accountability and efficiency for an even greater patient experience
 - ❖ Outpatient surgeries
- YTD average 138 cases/month (2019 budget 134), streamlining postoperative staffing/care
- ❖ Exceeding expectations in Emergency Services
 - Stroke Ready cert, Service Excellence 4.53, telemedicine services, competing with Urgent Care

Patient Care Services Dashboard

Medication Scanning Rate	2018				
	Q1	Q2	Q3	Q4	Goal
SNF	89.0%	87.0%	85.0%	81.0%	≥80%
Acute	87.0%	83.0%	85.0%	84.0%	≥90%
ED	87.0%	84.0%	78.0%	77.0%	≥90%

Nursing Turnover	2018 RNs/Quarter				
	Q1	Q2	Q3	Q4	Goal
SNF (n=18)	1	2	3	1	≤1
Acute (n=65)	3	5	2	3	≤6
Total Nursing Turnover	6	8	13	4	≤8

Falls (Per 1000 days)	2017-18 Rolling Quarterly Average				
	Q2-Q1	Q3-Q2	Q4-Q3	Q1-Q4	50th %tile
SNF	1.40	1.20	1.90	1.30	6.22
Acute	2.30	2.80	2.90	2.00	3.75

Hospital Acquired Pressure Ulcer Incidents (Per 1000 admissions)	2018				
	Q1	Q2	Q3	Q4	National
SNF	0.0	0.0	0.0	0.0	3.17
Acute	0.0	0.0	0.0	1.2	3.68

Patient Experience (CAHPS)	2017-18				
	Q4	Q1	Q2	Q3	Goal
HCAHPS					
RN Communication	87.8	78.9	75.2	77	80.0
Responsiveness of Staff	77.5	71.4	50.8	64.3	67.7
OASCAHPS					
Care of Patients (MD/RN respect)		97	94.6	93.8	97.1
Would Recommend		85.4	77.6	75	88.6
RATE MY HOSPITAL - ED					
Overall score	4.6	4.7	4.7	4.8	≥4.5

Nurse Staffing Effectiveness: Transfers r/t staffing/beds	2018				
	Q1	Q2	Q3	Q4	Goal
	0	0	0	0	≤0

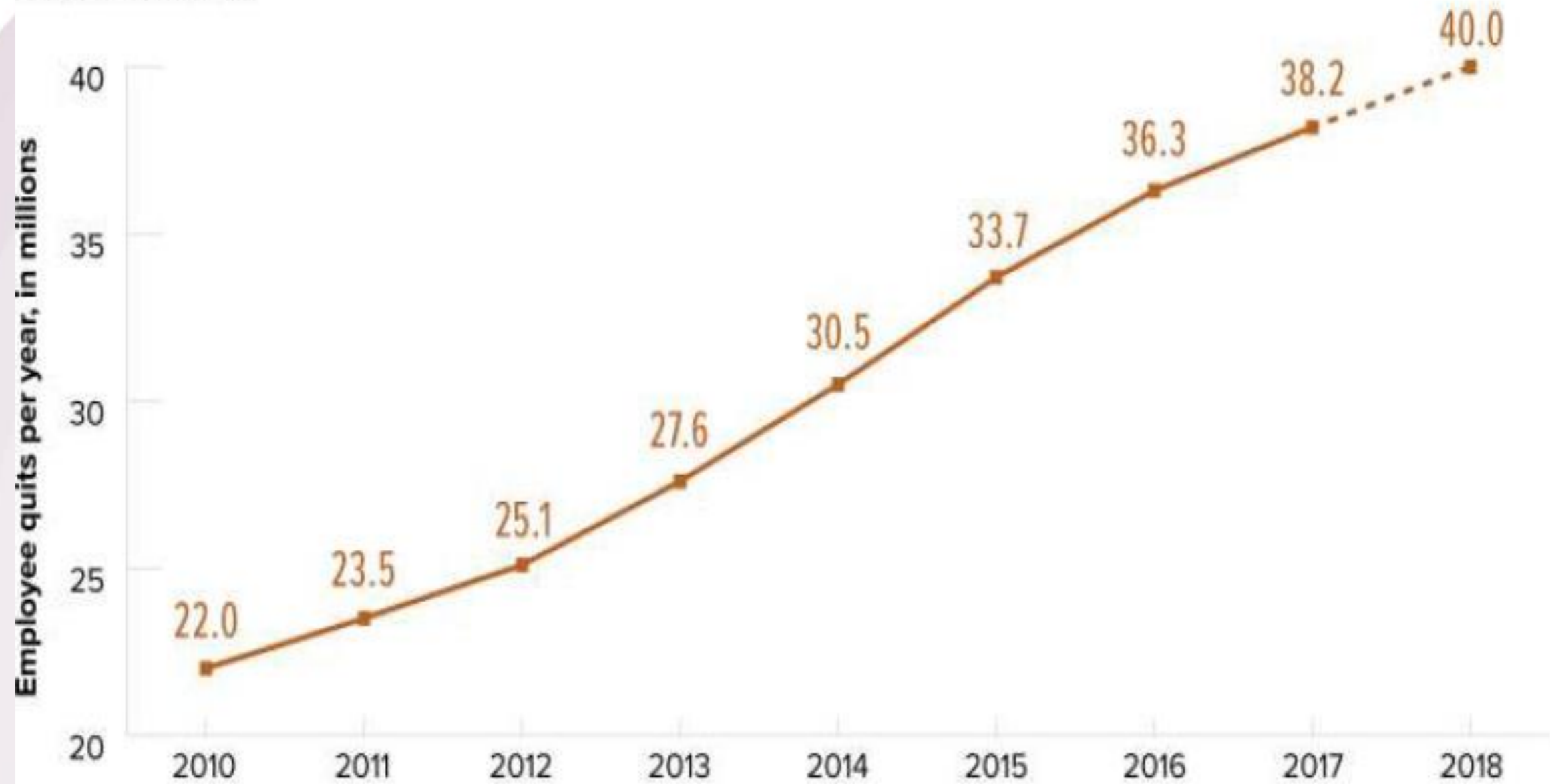
FY 2019 Challenges

- Turnover
 - Calendar Year 2018 28.5%
 - ED hardest hit; 10 vacancies
- Staff Retention
 - 3 new grad trainees (ED) moved on
 - 7 per diem and benefited resigned
- Medication Administration Scanning
 - multiple, frequent changes in vendors
 - delayed responses by off-site pharmacy
- Medication Reconciliation
 - complex electronic process

TURNOVER CHALLENGES

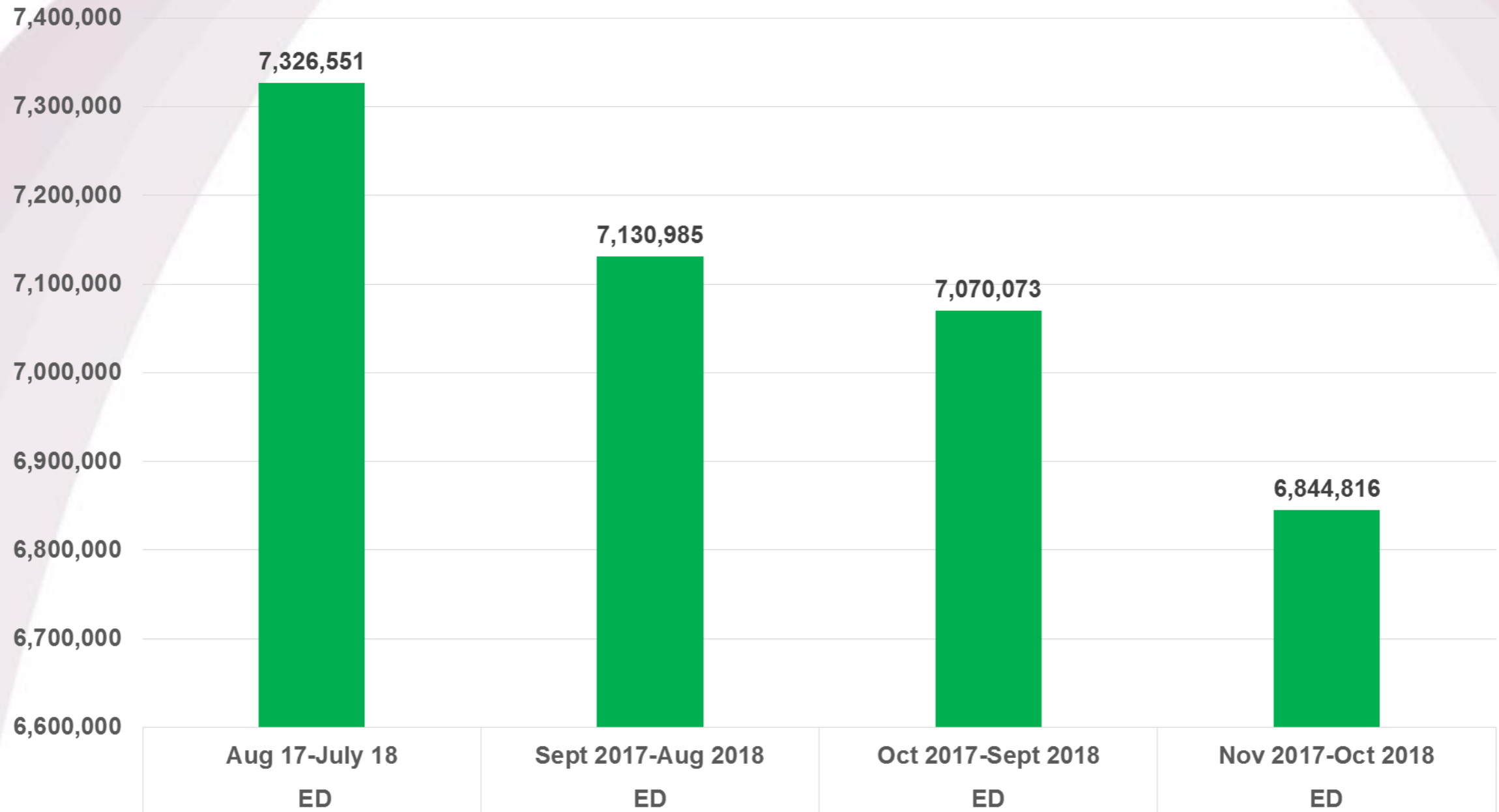
Total Employee Quits Have Risen Every Year Since 2010

The numbers below represent the total number of employee quits per year, in millions. Quits in 2018 are on track to exceed 40 million.



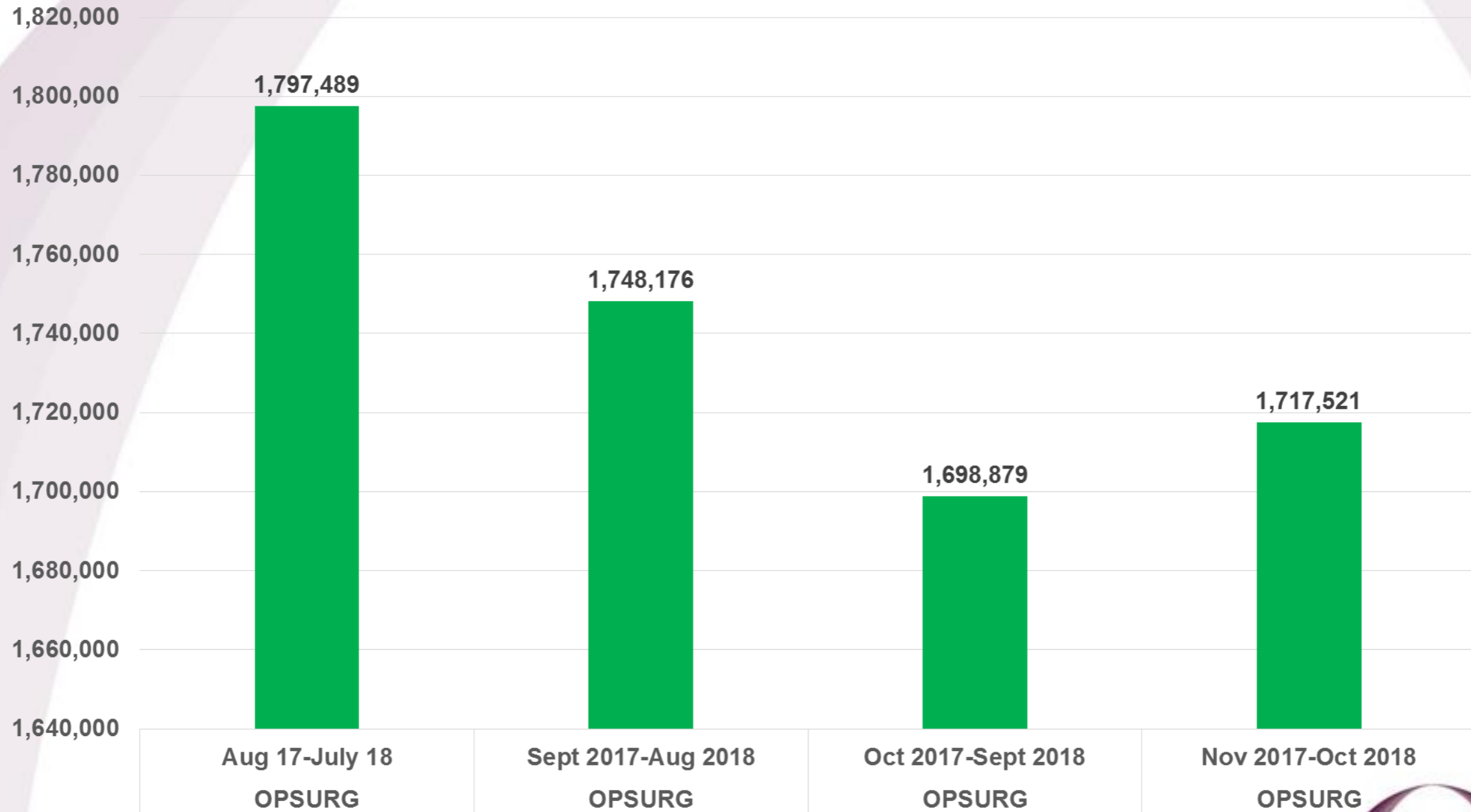
FINANCIAL PERFORMANCE

ED DIRECT MARGIN



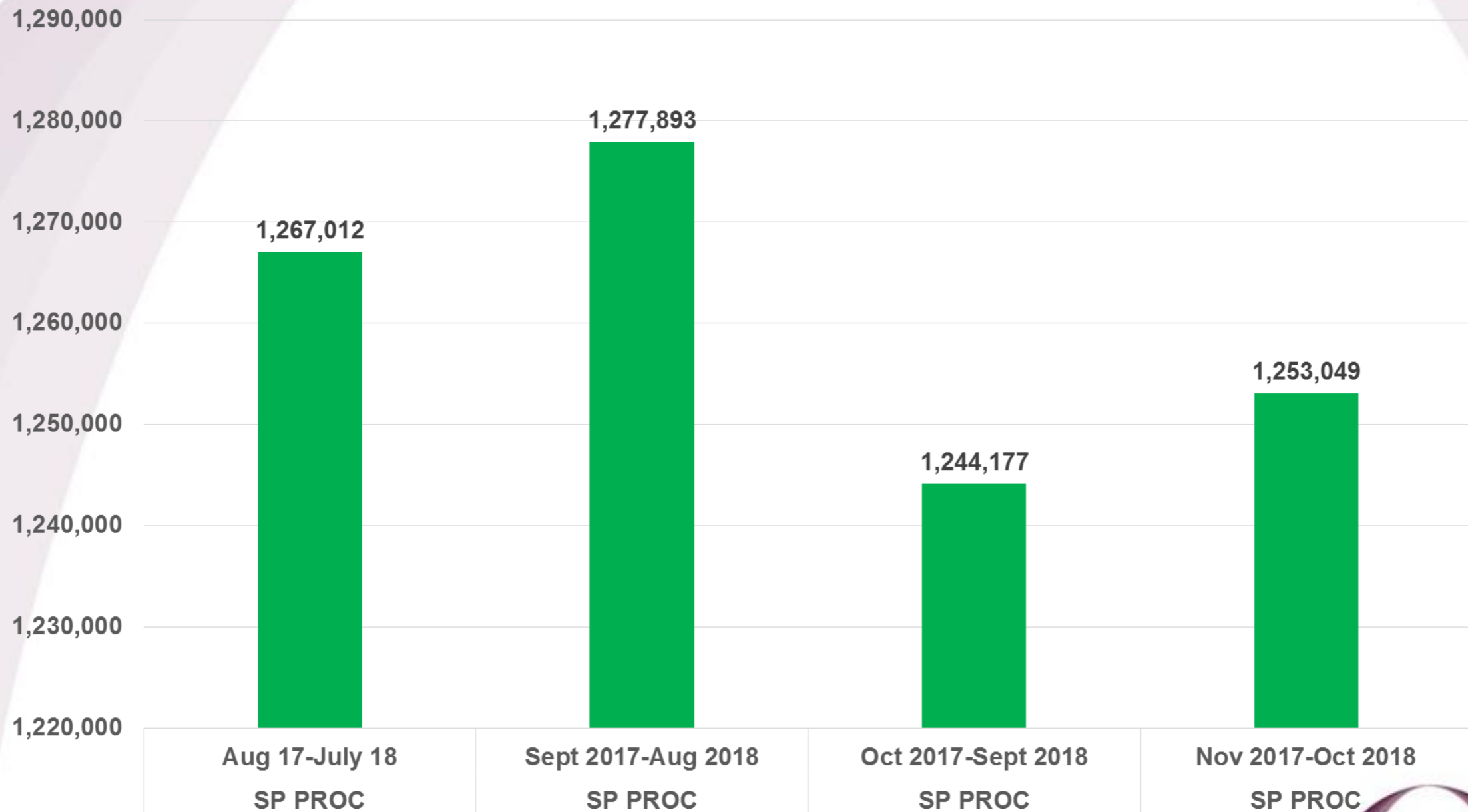
FINANCIAL PERFORMANCE

OUTPATIENT SURGERY



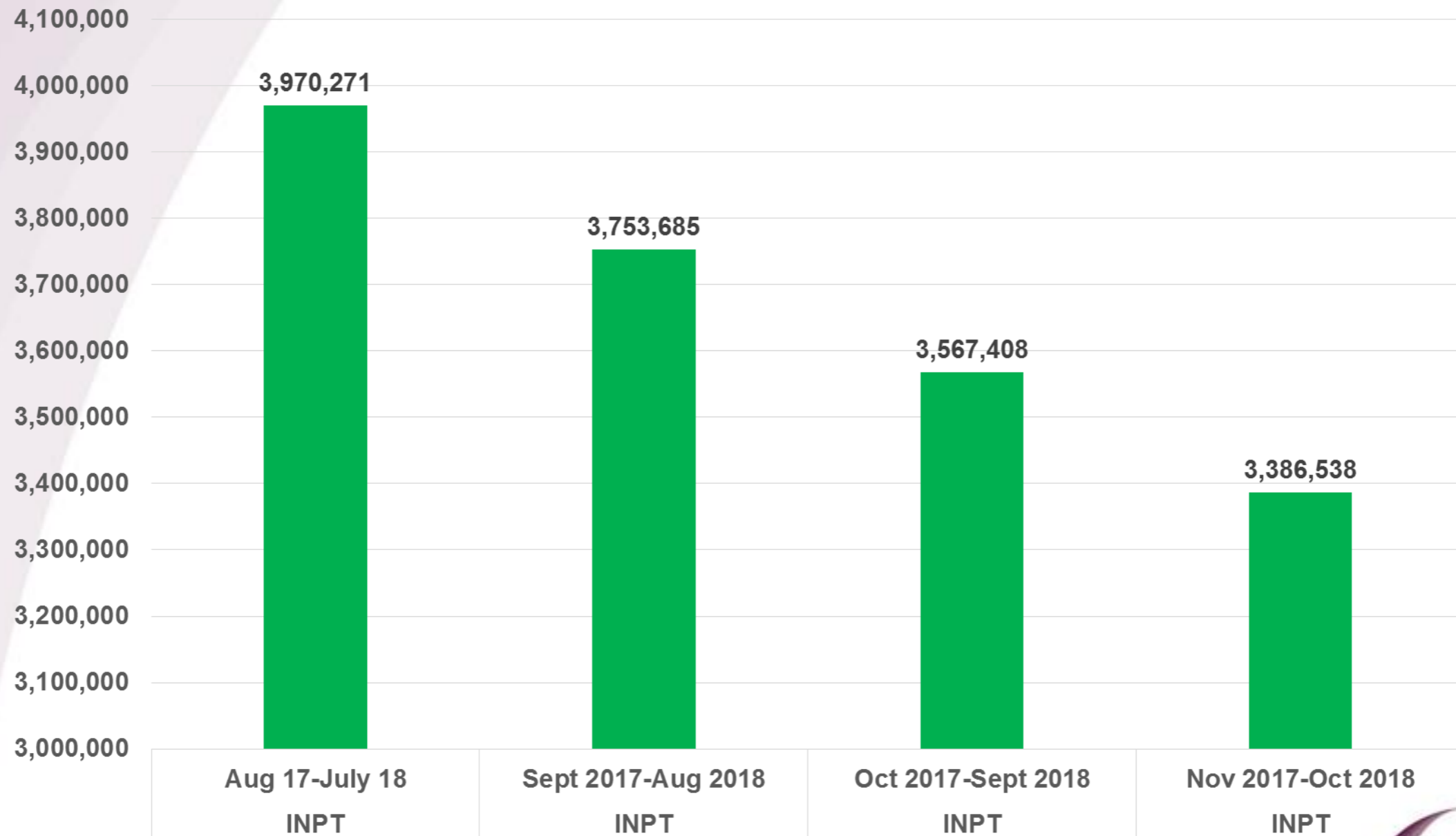
FINANCIAL PERFORMANCE

SPECIAL PROCEDURES



FINANCIAL PERFORMANCE

INPATIENT



Patient Care Services

Accomplishments FY 2019

- Medication scanning at or near 90% compliance
- Patient Care Services Director position filled
- Falls below 50th percentile national benchmark
- HAPU well below national benchmark
- 3rd Floor consolidation of Patient Care Services
- 15% Beta insurance premium reduction for ED & OB
- RT Successfully transitioned to Nursing
- ED Stroke Ready Certification (pending)

Patient Care Services

Goals FY 2020

- HCAHPS/OASCAHPS to 70th %tile
- Increase professional certification of RN staff
- CDPH Program Flexibility in the ICU

Patient Care Services

Goals FY 2020

- Decreased turnover
- Budgetary compliance

One can look back over the past 100 years of healthcare in the United States and see clearly that “form follows finance.” The reimbursement model has driven the structure and activities of physicians and institutional administrators from the time health plans came into existence in the mid-20th century through the DRG era, into capitation in the 1990s, and continuing to this day.....

Questions?



To: SVHCD Board of Directors
From: Kelly Mather
Date: 3/28/19
Subject: Administrative Report

Summary

Changes continue this fiscal year as we reinvent our hospital. The new FY 2020 strategic plan will be ready for review and approval in May. The FY 2020 budget is underway with significant expense reductions targeted for July 1st. Due to the shrinking of our volumes that we traditionally relied upon, we must reduce overhead.

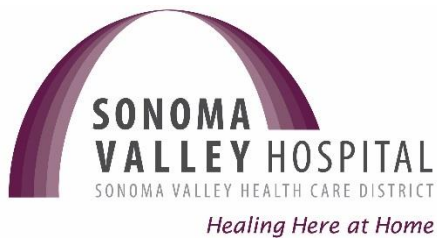
Strategic Update from FY 2019 Strategic Plan:

Strategic Priorities	Update
Highest levels of health care safety, quality and value	<ul style="list-style-type: none"> ➤ The 5 Star hospital plan and the move to the 3rd floor went very well. We are changing the culture of Inpatient Care. ➤ We expect the “Stroke Ready” certification on April 16th. Tele-neurology with UCSF started in March. ➤ We are looking at a new safety self-assessment tool to be completed with the leaders. ➤ The Staff Satisfaction survey will go out this month.
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 by May. This will include upgrading our phone system. ➤ I have meet with several physicians and stakeholders to get their input on our strategic plan. ➤ Several better I.T. solutions for radiology are underway.
Implement new and enhanced revenue strategies as measured by increased direct margins in each service	<ul style="list-style-type: none"> ➤ The Outpatient Diagnostic Center project is going well. We have submitted Project 1 (CT/Imaging/Hospitality) to OSHPD. We will bring Project 2 (Cardiology/North Entrance/Lab) to the board in June. We are still raising funds for Project 3 (MRI.) ➤ Discussing the need for another Primary Care Physician and/or Geriatrician for Sonoma. ➤ Enhancing the CEO dashboard to look at every single service such as Speech Therapy, Wound Care and revenue by type of Surgery.
Continue to improve financial stability as measured by EBDA	<ul style="list-style-type: none"> ➤ We are shrinking the hospital expenses to less than \$4.2 million per month going forward. This means we are restructuring and will unfortunately mean layoffs in July. ➤ Ensign starts their assessment and consulting on April 1st in the SNF. We plan to transition staff to Ensign on July 1st. ➤ The South Lot housing project is expected to be complete this summer. 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"> ➤ Re-prioritizing some of the community outreach due to less resources. But, we will keep events that bring a return on the investments such as physician talks. ➤ Fundraising for the Outpatient Diagnostic Center continues and we are at \$16.7 million raised.

FEBRUARY 2019

			National
Patient Experience	Current Performance	FY 2019 Goal	Benchmark
Would Recommend Hospital	78 th	> 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	11	< 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	9.4%/14.1%	< 10%	< 15%
Financial Stability	YTD Performance	FY 2019 Goal	Benchmark
EBDA	-.1%	1%	3%
FTE's/AOB	4.44	4.3	5.3
Days Cash on Hand	4.6	20	30
Days in Accounts Receivable	43	49	50
Length of Stay	3.8	3.85	4.03
Funds raised by SVHF	\$16.7 million	\$20 million	\$1 million
Strategic Growth	YTD Performance	FY 2019 Goal	Benchmark
Inpatient Discharges	697/1045	1000	1000
Outpatient Visits	35,542/53,178	53,000	51,924
Emergency Visits	6601/9901	10,000	11,040
Surgeries + Special Procedures	1929/2893	2500	2,568
Community Benefit Hours	740/1110	1200	1200

Note: Colors demonstrate comparison to National Benchmark



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Date: 04/04/19
Subject: CMO Report

1. What is going well:
 - a. Peer Review Process revised
 - b. New orthopedic surgeon, Dr. Roache starting in timeshare
 2. Follow up previous agenda items:
 - a. Stroke Ready Process – Site visit from CIHQ April 15/16.
 - b. Transition to Benchmark Hospitalist Program in process for implementation mid-June.
 - i. Meeting held with medical staff and Benchmark CMO on 4/2/19.
 3. Opportunities for growth / improvement:
 - a. Working on expanding / continuing e-consults and telemedicine through various sources including UCSF – service lines we are continuing and / or researching include geriatrics, pulmonary, psychiatry, neurology, ID, OB/GYN.
 4. Quality:
 - a. No new quality concerns on this month's dashboard.
 - b. On-going improvement projects continue
 - i. Evidenced based order sets & updates to Phys Docs
 - ii. Review of ancillary test / reimbursement from ED visits
- Standardizing patient communication papers throughout hospital



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: March 26, 2019
Subject: Financial Report for the Month Ending February 28, 2019

February's actual loss of (\$824,723) from operations was (\$271,601) unfavorable to the budgeted loss of (\$553,122). After accounting for all other activity; the February net loss was (\$277,823) vs. the budgeted net loss of (\$70,438) with a monthly EBDA of -6.9% vs. a budgeted -0.2%.

Gross patient revenue for February was \$21,088,501; (\$296,356) under budget. Inpatient gross revenue was under budget by (\$142,055). Inpatient days were under budget by (44) days and inpatient surgeries were under budgeted expectations by (5) cases. Outpatient revenue was over budget by \$365,837. Outpatient visits were under budgeted expectations by (74) visits, and outpatient surgeries were under budgeted expectations by (4) cases and special procedures were over budgeted expectations by 15 cases. The Emergency Room gross revenue was under budget by (\$31,818) with ER visits at budgeted expectations of 833 visits. SNF gross charges were under budgeted expectations by (\$488,320) and SNF patient days were under budget by (134) days and had an average daily census of 10.2 patients.

Deductions from revenue were unfavorable to budgeted expectations by (\$102,682). Of the variance, (\$290,055) 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 \$187,373 which is due to gross revenue being under budgeted expectations.

After accounting for all other operating revenue, the **total operating revenue** was unfavorable to budgeted expectations by (\$469,951).

Operating Expenses of \$4,521,380 were favorable to budget by \$198,350. Salaries and wages and agency fees were under budget by \$29,904 with the salaries and wages being under budget by \$5,495 and agency fees under by \$24,409. Supplies were over budget (\$29,026) primarily due to higher than budgeted cost of implants and other supplies in surgery (\$21,827). Purchased Services are over budget by (\$7,277) due to the unbudgeted cost of the board election (\$22,660). Utilities are under budget by \$11,270 due to receiving the anticipated credit from AT&T of \$28,499. There was no matching fee in February.



After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for February is (\$541,672) vs. a budgeted net loss of (\$300,058). The hospital received donations from the Sonoma Valley Hospital Foundation for the Outpatient Diagnostic Center (\$97,881) and for the Acute Care 3rd floor move (\$12,300). After all activity the total net loss for February was (\$277,823) vs. a budgeted net loss of (\$70,438).

EBDA for the month of February was -6.9% vs. the budgeted -0.2%.

Patient Volumes – February

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	76	87	-11	82
Newborn Discharges	0	0	0	11
Acute Patient Days	265	309	-44	289
SNF Patient Days	286	420	-134	494
Home Care Visits	0	0	0	821
OP Gross Revenue	\$13,994	\$13,660	\$334	\$12,519
Surgical Cases	155	164	-9	139

Gross Revenue Overall Payer Mix – February

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	45.3%	42.2%	3.1%	42.2%	42.9%	-0.7%
Medicare Mgd Care	12.9%	12.7%	0.2%	14.7%	12.8%	1.9%
Medi-Cal	18.4%	18.3%	0.1%	17.6%	17.9%	-0.3%
Self-Pay	1.3%	1.4%	-0.1%	1.2%	1.4%	-0.2%
Commercial	19.2%	20.8%	-1.6%	20.5%	20.6%	-0.1%
Workers Comp	2.3%	2.6%	-0.3%	2.1%	2.4%	-0.3%
Capitated	0.6%	2.0%	-1.4%	1.7%	2.0%	-0.3%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for February:

For the month of February the cash collection goal was \$3,346,929 and the Hospital collected \$3,351,781 or over the goal by \$4,852. The year-to-date cash collection goal was \$29,774,287 and the Hospital has collected \$29,373,544 or under goal by (\$400,743). Days of cash on hand are 4.6 days at February 28, 2019. The money market reserve of \$544,000 was used for the current HQAF inter-governmental transfer program (IGT) fee and the hospital will receive \$1,442,777 in early May 2019. Accounts Receivable stayed the same from January, from 43.0 days to 43.0 days in February. Accounts Payable increased by \$41,692 from January and Accounts Payable days are at 49.8.



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 February 28, 2019

ATTACHMENT A

February-19

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	9,561,595	9,212,240	349,355	3.8%
Medicare Managed Care	2,723,537	2,743,272	-19,735	-0.7%
Medi-Cal	3,879,186	3,827,302	51,884	1.4%
Self Pay	277,134	285,558	-8,424	-3.0%
Commercial & Other Government	4,039,253	4,357,966	-318,713	-7.3%
Worker's Comp.	482,718	533,911	-51,193	-9.6%
Capitated	125,078	424,608	-299,530	-70.5%
Total	21,088,501	21,384,857	(296,356)	

Actual	Budget	Variance	% Variance
76,292,154	75,716,517	575,637	0.8%
26,550,430	22,566,397	3,984,033	17.7%
31,889,520	31,642,683	246,837	0.8%
2,221,652	2,402,839	-181,187	-7.5%
37,252,684	36,481,503	771,181	2.1%
3,829,312	4,263,824	-434,512	-10.2%
3,109,900	3,539,627	-429,727	-12.1%
181,145,652	176,613,390	4,532,262	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,401,466	1,269,714	131,752	10.4%
Medicare Managed Care	343,983	362,195	-18,212	-5.0%
Medi-Cal	468,994	501,076	-32,082	-6.4%
Self Pay	141,782	128,706	13,076	10.2%
Commercial & Other Government	1,139,473	1,290,633	-151,160	-11.7%
Worker's Comp.	94,564	137,994	-43,430	-31.5%
Capitated	4,841	13,768	-8,927	-64.8%
Prior Period Adj/IGT	62,500	352,555	-290,055	-82.3%
Total	3,657,603	4,056,641	(399,038)	-9.8%

Actual	Budget	Variance	% Variance
10,685,778	10,673,387	12,391	0.1%
3,544,254	2,991,011	553,243	18.5%
4,399,386	4,216,083	183,303	4.3%
1,152,047	1,124,272	27,775	2.5%
11,794,511	12,315,103	-520,592	-4.2%
637,370	1,052,176	-414,806	-39.4%
85,438	112,670	-27,232	-24.2%
2,980,909	2,820,440	160,469	5.7%
35,279,693	35,305,142	(25,449)	-0.1%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	38.3%	31.3%	7.0%	22.4%
Medicare Managed Care	9.4%	8.9%	0.5%	5.6%
Medi-Cal	12.8%	12.4%	0.4%	3.2%
Self Pay	3.9%	3.2%	0.7%	21.9%
Commercial & Other Government	31.2%	31.8%	-0.6%	-1.9%
Worker's Comp.	2.6%	3.4%	-0.8%	-23.5%
Capitated	0.1%	0.3%	-0.2%	-66.7%
Prior Period Adj/IGT	1.7%	8.7%	-7.0%	-80.5%
Total	100.0%	100.0%	0.0%	0.0%

Actual	Budget	Variance	% Variance
30.4%	30.2%	0.1%	0.3%
10.0%	8.5%	1.5%	17.6%
12.5%	11.9%	0.6%	5.0%
3.3%	3.2%	0.1%	3.1%
33.4%	34.9%	-1.5%	-4.3%
1.8%	3.0%	-1.2%	-40.0%
0.2%	0.3%	-0.1%	-33.3%
8.4%	8.0%	0.4%	5.0%
100.0%	100.0%	-0.5%	-0.5%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	14.7%	13.8%	0.9%	6.5%
Medicare Managed Care	12.6%	13.2%	-0.6%	-4.5%
Medi-Cal	12.1%	13.1%	-1.0%	-7.6%
Self Pay	51.2%	45.1%	6.1%	13.5%
Commercial & Other Government	28.2%	29.6%	-1.4%	-4.7%
Worker's Comp.	19.6%	25.8%	-6.2%	-24.2%

Actual	Budget	Variance	% Variance
14.0%	14.1%	-0.1%	-0.7%
13.3%	13.3%	0.0%	0.0%
13.8%	13.3%	0.5%	3.8%
51.9%	46.8%	5.1%	10.9%
31.7%	33.8%	-2.1%	-6.2%
16.6%	24.7%	-8.1%	-32.8%

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended February 28, 2019**

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 02/28/19</u>	<u>Budget 02/28/19</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 02/28/19</u>	<u>Budget 02/28/19</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 02/28/18</u>
Inpatient Utilization								
Discharges								
1	60	75	(15)	Acute	601	632	(31)	613
2	16	12	4	ICU	96	94	2	119
3	76	87	(11)	Total Discharges	697	726	(29)	732
4	-	-	-	Newborn	46	24	22	74
5	76	87	(11)	Total Discharges inc. Newborns	743	750	(7)	806
Patient Days:								
6	188	225	(37)	Acute	2,008	1,907	101	1,936
7	77	84	(7)	ICU	615	666	(51)	659
8	265	309	(44)	Total Patient Days	2,623	2,573	50	2,595
9	-	-	-	Newborn	102	45	57	128
10	265	309	(44)	Total Patient Days inc. Newborns	2,725	2,618	107	2,723
Average Length of Stay:								
11	3.1	3.0	0.1	Acute	3.3	3.0	0.3	3.2
12	4.8	7.0	(2.2)	ICU	6.4	7.1	(0.7)	5.5
13	3.5	3.6	(0.1)	Avg. Length of Stay	3.8	3.5	0.2	3.5
14	0.0	0.0	-	Newborn ALOS	2.2	1.9	(0.3)	1.7
Average Daily Census:								
15	6.7	8.0	(1.3)	Acute	8.3	7.8	0.4	8.0
16	2.8	3.0	(0.3)	ICU	2.5	2.7	(0.2)	2.7
17	9.5	11.0	(1.6)	Avg. Daily Census	10.8	10.6	0.2	10.7
18	0.0	0.0	-	Newborn	0.42	0.19	0.2	0.53
Long Term Care:								
19	286	420	(134)	SNF Patient Days	3,402	4,035	(633)	4,302
20	14	26	(12)	SNF Discharges	177	219	(42)	236
21	10.2	15.0	(4.8)	Average Daily Census	14.0	16.6	(2.6)	17.7
Other Utilization Statistics								
Emergency Room Statistics								
22	833	831	2	Total ER Visits	6,601	7,256	(655)	7,104
Outpatient Statistics:								
23	4,304	4,378	(74)	Total Outpatients Visits	35,542	35,351	191	34,910
24	18	23	(5)	IP Surgeries	211	206	5	213
25	137	141	(4)	OP Surgeries	1,087	1,077	10	1,015
26	74	59	15	Special Procedures	631	504	127	528
27	-	-	-	Home Health Visits	2,027	3,837	(1,810)	6,293
28	268	313	(45)	Adjusted Discharges	2,478	2,672	(195)	2,649
29	1,638	2,017	(379)	Adjusted Patient Days (Inc. SNF)	17,093	18,697	(1,604)	18,864
30	58.5	72.0	(13.5)	Adj. Avg. Daily Census (Inc. SNF)	70.3	76.9	(6.6)	77.6
31	1.4506	1.4000	0.051	Case Mix Index -Medicare	1.4822	1.4000	0.082	1.5272
32	1.5904	1.4000	0.190	Case Mix Index - All payers	1.5240	1.4000	0.124	1.4712
Labor Statistics								
33	248	250	1.8	FTE's - Worked	263	265	2.8	276
34	277	283	5.5	FTE's - Paid	294	301	6.3	313
35	41.92	41.77	(0.15)	Average Hourly Rate	42.87	40.79	(2.08)	42.51
36	27.0	22.3	(4.6)	Manhours / Adj. Pat Day	23.8	22.3	(1.6)	23.0
37	165.2	144.2	(21.0)	Manhours / Adj. Discharge	164.5	155.8	(8.7)	163.7
38	25.0%	25.5%	0.5%	Benefits % of Salaries	22.5%	23.8%	1.2%	22.6%
Non-Labor Statistics								
39	15.7%	13.2%	-2.5%	Supply Expense % Net Revenue	12.9%	12.1%	-0.8%	11.8%
40	2,165	1,760	(405)	Supply Exp. / Adj. Discharge	1,875	1,635	(240)	1,667
41	17,327	15,601	(1,726)	Total Expense / Adj. Discharge	16,798	15,573	(1,225)	16,400
Other Indicators								
42	4.6			Days Cash - Operating Funds				
43	43.0	50.0	(7.0)	Days in Net AR	43.7	50.0	(6.3)	46.9
44	100%			Collections % of Net Revenue	99%			100.8%
45	49.8	55.0	(5.2)	Days in Accounts Payable	49.8	55.0	(5.2)	46.1
46	17.5%	19.4%	-2.0%	% Net revenue to Gross revenue	19.8%	20.5%	-0.6%	21.5%
47	18.6%			% Net AR to Gross AR	18.6%			21.5%

Sonoma Valley Health Care District
Balance Sheet
As of February 28, 2019

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>	
Assets				
Current Assets:				
1	Cash	\$ 713,920	\$ 1,497,167	\$ 1,493,055
2	Trustee Funds	4,165,042	4,159,115	4,041,283
3	Net Patient Receivables	6,725,162	7,005,213	8,440,995
4	Allow Uncollect Accts	(1,211,198)	(1,325,274)	(1,216,076)
5	Net A/R	5,513,964	5,679,939	7,224,919
6	Other Accts/Notes Rec	2,908,909	2,912,282	1,747,039
7	3rd Party Receivables, Net	2,560,367	1,816,212	1,350,988
8	Inventory	843,164	841,518	841,098
9	Prepaid Expenses	897,933	803,356	903,043
10	Total Current Assets	<u>\$ 17,603,299</u>	<u>\$ 17,709,589</u>	<u>\$ 17,601,425</u>
12	Property, Plant & Equip, Net	\$ 51,431,722	\$ 51,582,709	\$ 52,296,982
13	Specific Funds/ Money Market	1,259	545,220	1,019,441
14	Other Assets	-	-	-
15	Total Assets	<u><u>\$ 69,036,280</u></u>	<u><u>\$ 69,837,518</u></u>	<u><u>\$ 70,917,848</u></u>
Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	\$ 4,045,567	\$ 4,003,875	\$ 3,608,560
17	Accrued Compensation	3,508,838	3,388,222	4,622,919
18	Interest Payable	705,362	604,594	525,747
19	Accrued Expenses	1,402,811	1,424,734	1,361,944
20	Advances From 3rd Parties	105,388	105,388	160,739
21	Deferred Tax Revenue	2,284,410	2,855,513	2,269,400
22	Current Maturities-LTD	800,078	852,842	1,245,911
23	Line of Credit - Union Bank	6,723,734	6,723,734	6,973,734
24	Other Liabilities	201,386	201,386	1,386
25	Total Current Liabilities	<u>\$ 19,777,574</u>	<u>\$ 20,160,288</u>	<u>\$ 20,770,340</u>
26	Long Term Debt, net current portion	\$ 32,856,218	\$ 32,996,918	\$ 35,192,924
Fund Balances:				
28	Unrestricted	\$ 9,806,745	\$ 10,194,750	\$ 10,817,584
29	Restricted	6,595,743	6,485,562	4,137,000
30	Total Fund Balances	<u>\$ 16,402,488</u>	<u>\$ 16,680,312</u>	<u>\$ 14,954,584</u>
31	Total Liabilities & Fund Balances	<u><u>\$ 69,036,280</u></u>	<u><u>\$ 69,837,518</u></u>	<u><u>\$ 70,917,848</u></u>

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended February 28, 2019**

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	76	87	(11)	-13%	Acute Discharges	697	726	(29)	-4%	732	
2	286	420	(134)	-32%	SNF Days	3,402	4,035	(633)	-16%	4,302	
3	-	-	-	0%	Home Care Visits	2,027	3,837	(1,810)	-47%	6,293	
4	13,994	13,660	334	2%	Gross O/P Revenue (000's)	\$ 117,244	\$ 114,044	3,199	3%	\$ 110,190	
Financial Results											
Gross Patient Revenue											
5	\$ 5,909,666	\$ 6,051,721	(142,055)	-2%	Inpatient	\$ 50,011,433	\$ 47,537,999	2,473,434	5%	\$ 47,536,281	
6	8,043,444	7,677,607	365,837	5%	Outpatient	67,276,716	61,930,763	5,345,953	9%	59,871,866	
7	5,950,310	5,982,128	(31,818)	-1%	Emergency	49,252,386	51,102,423	(1,850,037)	-4%	48,103,137	
8	1,185,081	1,673,401	(488,320)	-29%	SNF	13,842,670	14,936,052	(1,093,382)	-7%	16,068,197	
9	-	-	-	0%	Home Care	762,447	1,106,153	(343,706)	-31%	2,299,292	
10	\$ 21,088,501	\$ 21,384,857	(296,356)	-1%	Total Gross Patient Revenue	\$ 181,145,652	\$ 176,613,390	4,532,262	3%	\$ 173,878,773	
Deductions from Revenue											
11	\$ (17,388,698)	\$ (17,556,041)	167,343	1%	Contractual Discounts	\$ (147,499,023)	\$ (143,130,848)	(4,368,175)	-3%	\$ (139,843,827)	
12	(100,000)	(100,000)	-	0%	Bad Debt	(1,135,000)	(800,000)	(335,000)	-42%	(1,253,000)	
13	(4,700)	(24,730)	20,030	81%	Charity Care Provision	(212,845)	(197,840)	(15,005)	-8%	(117,747)	
14	62,500	352,555	(290,055)	-82%	Prior Period Adj/Government Program Revenue	2,980,909	2,820,440	160,469	*	3,730,566	
15	\$ (17,430,898)	\$ (17,328,216)	(102,682)	1%	Total Deductions from Revenue	\$ (145,865,959)	\$ (141,308,248)	(4,557,711)	3%	\$ (137,484,008)	
Net Patient Service Revenue											
16	\$ 3,657,603	\$ 4,056,641	(399,038)	-10%		\$ 35,279,693	\$ 35,305,142	(25,449)	0%	\$ 36,394,765	
17	\$ 28,474	\$ 95,999	(67,525)	-70%	Risk contract revenue	\$ 660,468	\$ 857,389	(196,921)	-23%	\$ 973,003	
18	\$ 3,686,077	\$ 4,152,640	(466,563)	-11%	Net Hospital Revenue	\$ 35,940,161	\$ 36,162,531	(222,370)	-1%	\$ 37,367,768	
19	\$ 10,580	\$ 13,968	(3,388)	-24%	Other Op Rev & Electronic Health Records	\$ 95,900	\$ 111,744	(15,844)	-14%	\$ 132,726	
20	\$ 3,696,657	\$ 4,166,608	(469,951)	-11%	Total Operating Revenue	\$ 36,036,061	\$ 36,274,275	(238,214)	-1%	\$ 37,500,494	
Operating Expenses											
21	\$ 1,853,011	\$ 1,882,915	29,904	2%	Salary and Wages and Agency Fees	\$ 17,471,630	\$ 16,982,135	(489,495)	-3%	\$ 18,434,216	
22	692,763	746,924	54,161	7%	Employee Benefits	6,051,030	6,546,395	495,365	8%	6,976,315	
23	\$ 2,545,774	\$ 2,629,839	84,065	3%	Total People Cost	\$ 23,522,660	\$ 23,528,530	5,870	0%	\$ 25,410,531	
24	\$ 460,664	\$ 497,027	36,363	7%	Med and Prof Fees (excl Agency)	\$ 3,824,679	\$ 4,013,924	189,245	5%	\$ 3,328,230	
25	579,115	550,089	(29,026)	-5%	Supplies	4,645,340	4,369,751	(275,589)	-6%	4,415,859	
26	382,634	375,357	(7,277)	-2%	Purchased Services	3,087,697	2,969,421	(118,276)	-4%	2,921,405	
27	288,079	290,874	2,795	1%	Depreciation	2,326,557	2,309,694	(16,863)	-1%	2,285,413	
28	69,132	89,031	19,899	22%	Utilities	821,567	839,448	17,881	2%	827,457	
29	35,377	35,320	(57)	0%	Insurance	282,617	276,887	(5,730)	-2%	254,552	
30	45,696	56,966	11,270	20%	Interest	405,949	412,306	6,357	2%	378,578	
31	114,909	106,824	(8,085)	-8%	Other	852,080	921,375	69,295	8%	964,064	
32	-	88,403	88,403	*	Matching Fees (Government Programs)	641,048	707,223	66,175	9%	1,344,441	
33	\$ 4,521,380	\$ 4,719,730	198,350	4%	Operating expenses	\$ 40,410,194	\$ 40,348,559	(61,635)	0%	\$ 42,130,530	
34	\$ (824,723)	\$ (553,122)	(271,601)	-49%	Operating Margin	\$ (4,374,133)	\$ (4,074,284)	(299,849)	-7%	\$ (4,630,036)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended February 28, 2019**

ATTACHMENT D

	Month				Year-To- Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual		\$	%	Actual	Budget	\$	%		
35	\$ (21,125)	\$ (9,509)	(11,616)	122%	Non Operating Rev and Expense					
36	509	2,672	(2,163)	-81%	Miscellaneous Revenue/(Expenses)					\$ (44,168)
37	(13,000)	(56,766)	43,766	-77%	Donations					23,156
38	316,667	316,667	-	0%	Physician Practice Support-Prima					(454,128)
39	0	0	-	0%	Parcel Tax Assessment Rev					2,533,336
40	\$ 283,051	\$ 253,064	29,987	12%	Extraordinary Items					(26,875)
					Total Non-Operating Rev/Exp					\$ 2,031,321
41	\$ (541,672)	\$ (300,058)	(241,614)	81%	Net Income / (Loss) prior to Restricted Contributions					\$ (2,598,715)
42	\$ -	\$ 20,949	(20,949)	-100%	Capital Campaign Contribution					\$ 108,081
43	\$ 110,181	\$ 55,003	55,178	0%	Restricted Foundation Contributions					\$ 149,785
44	\$ (431,491)	\$ (224,106)	(207,385)	93%	Net Income / (Loss) w/ Restricted Contributions					\$ (2,340,849)
45	254,436	254,436	-	0%	GO Bond Tax Assessment Rev					2,005,464
46	(100,768)	(100,768)	-	0%	GO Bond Interest					(850,698)
47	\$ (277,823)	\$ (70,438)	(207,385)	294%	Net Income/(Loss) w GO Bond Activity					\$ (1,186,083)
	\$ (253,593)	\$ (9,184)	(244,409)		EBDA - Not including Restricted Contributions					\$ (313,302)
	-6.9%	-0.2%								-0.8%

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended February 28, 2019

	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	(29)	(11)	
2 SNF Days	(633)	(134)	
3 Home Care Visits	(1,810)	-	
4 Gross O/P Revenue (000's)	3,199	334	
Financial Results			
Gross Patient Revenue			
5 Inpatient	2,473,434	(142,055)	Inpatient days are 265 days vs. budgeted expectations of 309 days and inpatient surgeries are 18 vs. budgeted expectations 23.
6 Outpatient	5,345,953	365,837	Outpatient visits are 4,304 vs. budgeted expectations of 4,378 visits and outpatient surgeries are 137 vs. budgeted expectations 141.
7 Emergency	(1,850,037)	(31,818)	ER visits are 833 vs. budgeted visits of 831.
8 SNF	(1,093,382)	(488,320)	SNF patient days are 286 vs. budgeted expected days of 420.
9 Home Care	(343,706)	-	
10 Total Gross Patient Revenue	4,532,262	(296,356)	
Deductions from Revenue			
11 Contractual Discounts	(4,368,175)	167,343	
12 Bad Debt	(335,000)	-	
13 Charity Care Provision	(15,005)	20,030	
14 Prior Period Adj/Government Program Revenue	160,469	(290,055)	Accrual of Prime Grant of \$62,500.
15 Total Deductions from Revenue	(4,557,711)	(102,682)	
16 Net Patient Service Revenue	(25,449)	(399,038)	
17 Risk contract revenue	(196,921)	(67,525)	
18 Net Hospital Revenue	(222,370)	(466,563)	
19 Other Op Rev & Electronic Health Records	(15,844)	(3,388)	
20 Total Operating Revenue	(238,214)	(469,951)	
Operating Expenses			
21 Salary and Wages and Agency Fees	(489,495)	29,904	Salaries and Wages are under budget by \$5,495 and Agency fees are under budget by 24,409.
22 Employee Benefits	495,365	54,161	
23 Total People Cost	5,870	84,065	
24 Med and Prof Fees (excl Agency)	189,245	36,363	
25 Supplies	(275,589)	(29,026)	Supplies were over budget primarily due to higher than budgeted cost of implants and other supplies in surgery (\$21,827).
26 Purchased Services	(118,276)	(7,277)	Purchased Services are over budget due to the unbudgeted cost of the board election (\$22,660).
27 Depreciation	(16,863)	2,795	
28 Utilities	17,881	19,899	Utilities are under budget due primarily to the AT&T credit received \$28,499
29 Insurance	(5,730)	(57)	
30 Interest	6,357	11,270	
31 Other	69,295	(8,085)	
32 Matching Fees (Government Programs)	66,175	88,403	No matching fee.
33 Operating expenses	(61,635)	198,350	
34 Operating Margin	(299,849)	(271,601)	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	(81,872)	(11,616)	
36 Donations	(13,493)	(2,163)	
37 Physician Practice Support-Prima	56,264	43,766	
38 Parcel Tax Assessment Rev	(750)	-	
39 Extraordinary Items	-	-	
40 Total Non-Operating Rev/Exp	(39,851)	29,987	
41 Net Income / (Loss) prior to Restricted Contributions	(339,700)	(241,614)	

Sonoma Valley Health Care District
Statement of Revenue and Expenses Variance Analysis
For the Period Ended February 28, 2019

	YTD	MONTH	
Description	Variance	Variance	
		-	
42 Capital Campaign Contribution	(137,145)	(20,949)	
43 Restricted Foundation Contributions	1,234,016	55,178	The hospital received Foundation donations for the ODC (\$97,881) and for the Acute care 3rd floor move (\$12,300).
44 Net Income / (Loss) w/ Restricted Contributions	757,171	(207,385)	
45 GO Bond Tax Assessment Rev	-	-	
46 GO Bond Interest	-	-	
47 Net Income/(Loss) w GO Bond Activity	757,171	(207,385)	

Sonoma Valley Hospital
Statistical Analysis
FY 2019

ATTACHMENT G

	ACTUAL	BUDGET	ACTUAL												
	Feb-19	Feb-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
Statistics															
Acute															
Acute Patient Days	265	309	290	370	315	394	337	361	291	354	374	341	335	289	394
Acute Discharges (w/o Newborns)	76	87	83	97	93	92	90	85	81	99	108	103	106	82	111
SNF Days	286	420	345	291	326	405	457	628	664	545	423	525	566	494	646
HHA Visits	0	0	0	0	0	0	682	585	760	871	747	755	684	821	801
Emergency Room Visits	833	831	789	840	772	842	814	810	901	856	934	864	871	811	996
Gross Outpatient Revenue (000's)	\$13,994	\$13,660	\$14,826	\$13,583	\$13,530	\$15,824	\$13,946	\$16,762	\$14,801	\$13,677	\$15,188	\$14,170	\$13,064	\$12,519	\$14,741
Equivalent Patient Days	1,638	2,017	1,958	1,768	1,782	2,207	2,175	2,911	2,654	2,343	2,178	2,265	2,272	2,212	2,629
Births	0	0	0	0	0	9	13	14	8	16	9	6	8	11	7
Surgical Cases - Inpatient	18	23	20	26	33	34	31	26	23	28	29	30	34	16	32
Surgical Cases - Outpatient	137	141	137	123	128	141	151	139	127	123	146	114	117	123	109
Total Surgical Cases	155	164	157	149	161	175	182	165	150	151	175	144	151	139	141
Total Special Procedures	74	59	51	58	55	92	99	124	78	97	72	87	75	75	65
Medicare Case Mix Index	1.45	1.40	1.58	1.57	1.45	1.44	1.73	1.33	1.32	1.45	1.46	1.48	1.45	1.34	1.50
Income Statement															
Net Revenue (000's)	\$3,697	\$4,167	\$5,505	\$4,097	\$4,249	\$4,282	\$4,548	\$4,924	\$4,557	\$5,265	\$4,817	\$4,389	\$4,218	\$4,590	\$4,909
Operating Expenses (000's)	\$4,521	\$4,720	\$5,509	\$4,726	\$4,860	\$5,321	\$5,045	\$5,314	\$5,114	\$4,968	\$5,134	\$5,053	\$5,179	\$5,270	\$5,357
Net Income (000's)	(\$278)	(\$70)	\$807	(\$208)	(\$95)	(\$120)	\$209	\$32	\$214	\$859	\$369	\$221	(\$395)	(\$175)	\$125
Productivity															
Total Operating Expense Per Equivalent Patient Day	\$2,760	\$2,340	\$2,814	\$2,673	\$2,727	\$2,411	\$2,319	\$1,826	\$1,927	\$2,120	\$2,357	\$2,231	\$2,280	\$2,382	\$2,038
Productive FTEs	248	250	249	234	266	278	278	278	270	259	279	281	279	274	276
Non-Productive FTEs	29	33	31	47	22	20	36	31	40	39	27	26	23	31	36
Total FTEs	277	283	280	281	288	298	314	309	310	298	306	307	302	305	312
FTEs per Adjusted Occupied Bed	4.73	3.92	4.44	4.92	4.84	4.18	4.38	3.29	3.62	3.82	4.35	4.06	4.17	3.87	3.68
Balance Sheet															
Days of Expense In General Operating Cash	4.6		13	15	10	13	13	10	19	11	6	7	7	14	24
Net Days of Revenue in AR	43	50	43	44	45	44	48	43	41	42	47	43	43	47	51

Sonoma Valley Hospital
Cash Forecast
FY 2019

ATTACHMENT H

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual 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	3,957,008	4,187,658	3,746,851	4,236,718	4,080,522	50,153,403
2 Capitation Revenue	94,582	92,314	96,054	92,135	97,789	98,199	62,561	28,474	95,999	95,999	95,999	95,999	1,046,104
3 Napa State	12,295	4,713	-	24,798	8,185	-	-	5,135	11,962	11,962	11,962	11,961	102,973
4 Other Operating Revenue	40,299	47,536	18,852	63,629	24,975	48,665	35,012	10,595	13,968	13,968	13,968	13,973	345,439
5 Other Non-Operating Revenue	45,944	12,250	51,133	42,712	14,067	91,000	51,984	66,482	26,673	26,673	26,673	26,673	482,264
6 Unrestricted Contributions	403		415	4,175	2,381	1,159		509	2,672	2,672	2,672	2,672	19,730
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	4,068,202	4,338,932	3,898,125	4,387,992	4,231,800	52,149,913
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	4,586,118	4,757,866	4,853,772	4,616,406	4,501,692	58,811,002
9 Add Capital Lease Payments	44,847	193,141	46,104	46,021	195,820	34,330	21,314	193,464					775,041
10 Additional Liabilities/LOC													-
11 Capital Expenditures	331,168		286,200	408,421	110,420	11,238	407,402	110,181	75,952	75,952	75,952	75,952	1,968,838
Total Hospital Uses	5,273,843	5,830,125	5,806,151	5,280,040	4,811,692	4,813,989	5,815,733	4,889,763	4,833,818	4,929,724	4,692,358	4,577,644	61,554,881
Net Hospital Sources/Uses of Cash	(708,263)	(1,384,854)	(1,676,461)	(455,407)	(382,950)	(330,083)	(1,468,694)	(821,561)	(494,886)	(1,031,599)	(304,366)	(345,844)	(9,404,967)
Non-Hospital Sources													
12 Restricted Cash/Money Market	(809,886)	524,043			612,500	(200,000)		544,000	650,000			(1,850,000)	(529,343)
13 Restricted Capital Donations	357,448	8,688	286,283	409,088	116,736	5,800	407,402	110,181	75,952	75,952	75,952	75,952	2,005,434
14 Parcel Tax Revenue	207,015		1,500,000			512,117			1,500,000	400,000			4,119,132
15 Other Payments - South Lot/LOC/Fire Claim							(250,000)		274,000				24,000
16 Other:													-
17 IGT											1,442,777	3,886,932	5,329,709
18 IGT - AB915	20,681		384,837		40,615		1,049,088	25,181		381,379			1,901,781
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	679,362	2,499,952	857,331	1,518,729	2,112,884	14,200,713
Non-Hospital Uses of Cash													
20 Matching Fees					300,000			641,048	1,943,466				2,884,514
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	300,000	-	-	641,048	1,943,466	-	-	-	2,884,514
Net Non-Hospital Sources/Uses of Cash	525,258	532,731	2,171,120	409,088	469,851	917,917	1,206,490	38,314	556,486	857,331	1,518,729	2,112,884	11,316,199
Net Sources/Uses	(183,005)	(852,123)	494,659	(46,319)	86,901	587,834	(262,204)	(783,247)	61,600	(174,268)	1,214,363	1,767,040	
Cash and Equivalents at beginning of period	<u>1,671,423</u>	1,488,418	636,295	1,130,954	1,084,636	1,171,537	1,759,371	1,497,167	713,920	775,520	601,252	1,815,615	
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	713,920	775,520	601,252	1,815,615	3,582,655	

Sonoma Valley Hospital
Cash Forecast
FY 2019

ATTACHMENT H

	Actual July - Dec	Actual Jan	Actual Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources								
1 Patient Payments Collected	25,747,164	4,197,482	3,957,008	4,187,658	3,746,851	4,236,718	4,080,522	50,153,403
2 Capitation Revenue	571,073	62,561	28,474	95,999	95,999	95,999	95,999	1,046,104
3 Napa State	49,991		5,135	11,962	11,962	11,962	11,961	102,973
4 Other Operating Revenue	243,956	35,012	10,595	13,968	13,968	13,968	13,973	345,439
5 Other Non-Operating Revenue	257,106	51,984	66,482	26,673	26,673	26,673	26,673	482,264
6 Unrestricted Contributions	8,533		509	2,672	2,672	2,672	2,672	19,730
7 Line of Credit								-
Sub-Total Hospital Sources	26,877,823	4,347,039	4,068,202	4,338,932	3,898,125	4,387,992	4,231,800	52,149,913
Hospital Uses of Cash								
8 Operating Expenses	30,108,130	5,387,017	4,586,118	4,757,866	4,853,772	4,616,406	4,501,692	58,811,002
9 Add Capital Lease Payments	560,263	21,314	193,464	-	-	-	-	775,041
10 Additional Liabilities/LOC			-	-	-	-	-	-
11 Capital Expenditures	1,147,447	407,402	110,181	75,952	75,952	75,952	75,952	1,968,838
Total Hospital Uses	31,815,840	5,815,733	4,889,763	4,833,818	4,929,724	4,692,358	4,577,644	61,554,881
Net Hospital Sources/Uses of Cash	(4,938,017)	(1,468,694)	(821,561)	(494,886)	(1,031,599)	(304,366)	(345,844)	(9,404,967)
Non-Hospital Sources								
12 Restricted Cash/Money Market	126,657		544,000	650,000	-	-	(1,850,000)	(529,343)
13 Restricted Capital Donations	1,184,043	407,402	110,181	75,952	75,952	75,952	75,952	2,005,434
14 Parcel Tax Revenue	2,219,132		-	1,500,000	400,000	-	-	4,119,132
15 Other Payments - South Lot/LOC/Fire Claim		(250,000)	-	274,000	-	-	-	24,000
16 Other:			-	-	-	-	-	-
17 IGT			-	-	-	1,442,777	3,886,932	5,329,709
18 IGT - AB915	446,133	1,049,088	25,181	-	381,379	-	-	1,901,781
19 PRIME	1,350,000		-	-	-	-	-	1,350,000
Sub-Total Non-Hospital Sources	5,325,965	1,206,490	679,362	2,499,952	857,331	1,518,729	2,112,884	14,200,713
Non-Hospital Uses of Cash								
20 Matching Fees	300,000	-	641,048	1,943,466	-	-	-	2,884,514
Sub-Total Non-Hospital Uses of Cash	300,000	-	641,048	1,943,466	-	-	-	2,884,514
Net Non-Hospital Sources/Uses of Cash	5,025,965	1,206,490	38,314	556,486	857,331	1,518,729	2,112,884	11,316,199
Net Sources/Uses	87,948	(262,204)	(783,247)	61,600	(174,268)	1,214,363	1,767,040	
Cash and Equivalents at beginning of period	1,671,423	1,759,371	1,497,167	713,920	775,520	601,252	1,815,615	
Cash and Equivalents at end of period	1,759,371	1,497,167	713,920	775,520	601,252	1,815,615	3,582,655	

Art and his wife Margaret moved in 2014 to Sonoma from London, which was the last stop in international careers for both, spanning over forty years. His thirty-one years in Citibank's international business took them to developing countries in the Middle East and Asia before the move to London where Art was Head of Global Risk Management for the emerging markets. After retiring from Citibank, Art held advisory and directorship positions in international banks, taught on a pro bono basis at the American University of Beirut and now is on the Board of the Sonoma Valley Fund. Art grew up in California and has BSCE and MBA degrees from UC Berkeley.