



SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS

AGENDA

JULY 11, 2019

REGULAR SESSION 6:00 P.M.

SVH BASEMENT CONFERENCE ROOM

347 ANDRIEUX ST SONOMA CA 95476

<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>	<i>Rymer</i>	
<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>	<i>Rymer</i>	
<p>3. CONSENT CALENDAR 1. Board Minutes 06.06.19 & 06.26.19 2. Finance Committee Minutes 05.28.19 3. Quality Committee Minutes 05.22.19 4. Medical Staff Credentialing <i>Pages 2-10</i></p>	<i>Rymer</i>	Action
<p>4. ANCILLARY SERVICES ANNUAL REPORT <i>Pages 11-22</i></p>	<i>Kuwahara</i>	Inform
<p>5. QUALITY COMMITTEE QUARTERLY REPORT <i>Pages 23-29</i></p>	<i>Hirsch</i>	Inform
<p>6. SOUTH LOT SALE PROCEEDS USAGE <i>Pages 30-32</i></p>	<i>Mather</i>	Action
<p>7. RESOLUTION No. 345 - Authorizing the closing of the South Lot and authorizing the CEO to take actions <i>Pages 33- 34</i></p>	<i>Rymer</i>	Action
<p>8. CEO ADMINISTRATIVE REPORT <i>Pages 35 - 37</i></p>	<i>Mather</i>	Inform
<p>9. FINANCIALS MONTH END MAY 31ST <i>Pages 38 - 52</i></p>	<i>Jensen</i>	Inform
<p>10. COMMITTEE REPORT</p>	<i>Rymer</i>	Inform
<p>11. BOARD COMMENTS</p>	<i>Rymer</i>	Inform
<p>12. ADJOURN</p>	<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, JUNE 6, 2019
REGULAR SESSION 6:00 P.M.
COMMUNITY MEETING ROOM
177 FIRST ST WEST SONOMA, CA

	RECOMMENDATION	
<p>MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i></p>		
<p>CALL TO ORDER The meeting was called to order at 6:00pm.</p>	<i>Rymer</i>	
<p>1. PUBLIC COMMENT</p>	<i>Rymer</i>	
<p>Mr. Preston Sitterly shared his opinions regarding the management and oversight of the hospital.</p>		
<p>2. CONSENT CALENDAR A. Board Minutes 05.02.19 B. Finance Committee Minutes 04.23.19 C. Quality Committee Minutes 04.24.19 D. Executed Policies and Procedures E. Medical Staff Credentialing Report</p>	<i>Rymer</i>	
<p><u>Policies:</u> <u>Revisions</u> Code Management for Patient emergency Code Blue QS8610-106 Code Stroke Paging NS8610-124 <u>Retire</u> Code Neonate PC8610-174 <u>Departmental</u> Surgery/Central Sterile Allografts and Tissue; Procurement for Surgical Procedures Requiring Grafting 7420-102 On Call, Surgery 7420-135 Staff Scheduling Practices, Surgery 7420-154 Flexible Endoscopes, Reprocessing of 7471-114 Laboratory Department Manual - TOC</p>		<p>MOTION: by Hirsch to approve, 2nd by Mainardi. All in favor</p>
<p>3. CANOPY HEALTH</p>	<i>J. Burnich</i>	
<p>Dr. Burnich presented an overview of Canopy Health. He also spoke about the challenges and opportunities in health care in the Bay Area.</p>		
<p>4. SUSTAINABLE SONOMA AFFORDABLE HOUSING DECLARATION</p>	<i>C. Cornwall</i>	
<p>Ms. Cornwall spoke about Sustainable Sonoma's efforts surrounding affordable housing in Sonoma Valley.</p>		

5. ENSIGN MANAGEMENT TERMS	<i>Mather/ Jensen</i>	
<p>Ms. Mather reported that initial legal review of the agreements has been completed by the hospitals legal counsel. Both parties' legal teams will further review specifics on June 7th. She also addressed the requested revisions and questions.</p> <p>Mr. Jensen reviewed the shared services revenue.</p> <p>Mr. Boerum requested to have the associated allocations of cost of services be showed against the proposed shared services revenue.</p> <p>Mr. Rymer asked that in the future, all contracts be submitted with the board packets, after legal review, allowing ample time for the Board to sufficiently review.</p>		
6. CEO ADMINISTRATIVE REPORT	<i>Mather</i>	
<p>Ms. Mather reported that the strategic plan was distributed with positive feedback. She said that she is working with UCSF to bring their physicians into the community. She gave an update on the Outpatient Diagnostic Center project and funding.</p> <p>She also spoke about the hospital forums and the finalization of the South Lot closing.</p> <p>Mr. Boerum requested the utilization of the OR suites be presented in the August Board meeting.</p>		
7. CMO REPORT	<i>Kidd</i>	
<p>Dr. Kidd reported that the Ensign quality metrics are being created and that the stroke team will be doing community outreach on stroke education.</p> <p>She also gave updates on the Benchmark hospitalist group transition, the Emergency Preparedness planning, the move of the hospice room, and order set revisions.</p>		
8. THREE YEAR FINANCIAL GOALS	<i>Rymer/Nevins</i>	Action
<p>Mr. Rymer presented the three-year financial goals that board is asking management to achieve, for approval.</p> <p>Mr. Boerum requested the "average of days of cash on hand" metric, that will be the basis for one of the goals, be presented at the next meeting.</p>		MOTION: by Boerum 2 nd by Hirsch. All in favor.
9. FINANCIAL REPORT MONTH END APRIL 30, 2019	<i>Jensen</i>	Inform
<p>Mr. Jensen reviewed the financials for the month end of April 30, 2019. After all activity the net gain was \$1,686,794 vs. a budgeted net gain of \$17,321.</p> <p>Accounts payable days increased by \$1,101,989 from March and the days were at 74.4. Accounts Receivable days decreased from March, from 43.7 days to 37.9 days in April. Days of cash on hand was 9.6 on April 30, 2019. EBDA for the months was 28.2% vs. the budgeted 1.8%.</p>		
10. THREE YEAR TRENDED REPORTS	<i>Jensen</i>	
Mr. Jensen reviewed the three year trended report		
10. COMMITTEE REPORTS	<i>Board</i>	
None		

11. BOARD COMMENTS	<i>Board</i>	
Ms. Mather presented SB 277 opposition letter.	<i>Mather</i>	
11. ADJOURN	<i>Rymer</i>	
Adjourned 7:41pm		



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS' SPECIAL SESSION
MINUTES**

WEDNESDAY JUNE 26, 2019

8:30 AM

CONFERENCE CALL

SVH ADMINISTRATIVE CONFERENCE ROOM

	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 8:30 am.</p>	<i>Rymer</i>	
<p>1. PUBLIC COMMENT</p>	<i>Rymer</i>	
<p>None</p>		
<p>2. ENSIGN SNF MANAGEMENT AGREEMENT AND TERMS</p>	<i>Jensen</i>	
<p>Mr. Jensen reviewed the management agreement and the term sheets post legal review and revision by SVH and Ensign legal teams.</p> <p>The Board recommends that in the absence of the CEO, subject to legal approval, the CFO will sign the agreement. Motion by Rymer, 2nd by Hirsch.</p>		<p>MOTION: By Roll Call: Hirsch aye Nevins aye Rymer aye</p> <p>MOTION: by Rymer to approve the CFO signing the management and term sheet documents in the absence of the CEO. 2nd by Hirsch. All in favor.</p>
<p>11. ADJOURN</p>	<i>Rymer</i>	
<p>Adjourned 8:56 am</p>		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, MAY 28, 2019
Schantz Conference Room**

Present	Excused	Staff	Public
Sharon Nevins *Susan Porth *Peter Hohorst *Dr. Subhash Mishra via telephone *Art Grandy	Joshua Rymer	Ken Jensen, CFO Sarah Dungan Kelly Mather, CEO	

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 at 5:02 pm		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	None		
3. CONSENT CALENDAR	<i>Nevins</i>		
	Minutes from the 04.23.19 meeting were reviewed.	MOTION: by Hohorst to approve 2 nd by Grandy. All in favor	
4. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Mather</i>		
	Ms. Mather reviewed the cash through 2019. The goal is to break ground in December.		
5. FISCAL YEAR 2020 BUDGET	<i>Jensen</i>		
	The fiscal year 2020 budget assumed the following assumptions, a rolling 12 month average of volume, gross revenue, contractual discounts/bad debt were based upon current	MOTION: to recommend the approval by the Board of the fiscal year 2020	

	experiences and adjusted for the price increase, government supplemental payments were conservatively budgeted, SNF transfer as of July 1, 2019 and reduction of overhead and operating costs. Mr. Jensen also reviewed the comparison between fiscal year 2019 vs. fiscal year 2020.	budget Porth 2 nd by Hohorst. All in favor	
6. ENSIGN SNF MANAGEMENT AGREEMENT	<i>Jensen/Mather</i>		
	Mr. Jensen reviewed the management agreement recommending that the operation and financial risk of the Skilled Nursing Unit be transferred to Ensign. He then reviewed the specifics of three agreements within the management agreement, which were: operations transfer agreement, management agreement, and shared services agreement. No substantial changes suggested by the committee.	MOTION: to recommend the management agreement be moved to the Board for approval by Porth 2 nd by Grandy. All in favor. The shared service and operation will be put on hold for further legal review	
7. THREE YEAR FINANCIAL GOALS	<i>Nevins</i>		
	Ms. Nevins reviewed the three year financial goals	MOTION: to recommend the three year financial goals be approved by the Board by Porth, 2 nd by Hohorst. All in favor.	
8. ADMINISTRATIVE REPORT MAY 2019	<i>Mather</i>		
	Ms. Mather gave a brief overview of the May administrative report.		
9. FINANCIAL REPORT MONTH END APRIL 30, 2019	<i>Jensen</i>		
	Mr. Jensen reported that after accounting for all activity the net gain for April was \$1,686,794 vs. the budgeted net gain of \$17,321 with a monthly EBDA of 28.2% vs. a budgeted 1.8%. Accounts receivable decreased from March from 43.7 days to 37.9 days in April. Accounts Payable increased by \$1,101,989		

	from March and Accounts Payable days were at 74.4. Mr. Jensen also reviewed the cash forecast through June.		
10. ADJOURN	<i>Nevins</i>		
	Meeting adjourned at 6:22 pm		

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**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
May 22, 2019 5:00 PM
MINUTES
Schantz Conference Room**

Members Present	Members Present cont.	Excused	Public/Staff
Carol Snyder Michael Mainardi, MD Susan Idell Howard Eisenstark, MD	Jane Hirsch Ingrid Sheets	Cathy Webber	Danielle Jones, RN Mark Kobe, CNO Leslie Lovejoy, RN Sabrina Kidd, MD Melissa Evans, RN Mike Empey, Exec Director

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Called to order at 5:00 pm	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR		Action
<ul style="list-style-type: none"> • QC Minutes, 04.24.19 		MOTION: by Eisenstark to approve, 2 nd by Snyder. All in favor.
4. SNF ANNUAL REPORT	<i>M. Evans</i>	
	Ms. Evans gave the annual SNF report. She spoke about the future of SNF with Ensign Management company, the addition of a sub acute care unit, staffing changes and the new patient driven reimbursement model. She also reviewed the quality metrics. Mr. Empey spoke briefly about the future state of the SNF under Ensign.	
5. PRIME GRANT UPDATE	<i>L. Lovejoy</i>	
	Ms. Lovejoy reviewed the Prime Grant update. She reported that the hospital is now within the pay for performance period. She spoke about the indicators that were not met that	

AGENDA ITEM	DISCUSSION	ACTION
	resulted in the hospital not receiving \$75,000 of the grant money. She reported to date the hospital has received a net of \$1.6 million.	
6. CEO REPORT AND DASHBOARD	<i>Jones</i>	
	Ms. Jones reviewed the CEO report and dashboard.	
7. CIHQ ACUTE STROKE READY SURVEY FINDINGS	<i>Jones</i>	
	Ms. Jones reviewed the CIHQ stroke ready findings. They included opportunities for improvement with documentation, timing of results with labs, CT's and EKG's, TPA mixing at the bedside by RN's. The findings have all been addressed, and were found to be primarily systems issues.	
9. QUALITY AND RESOURCE MANAGEMENT	<i>Jones</i>	
	Ms. Jones reported that she is now overseeing Medical Records. With this, the implementation of concurrent scanning of medical records will begin June 1 st . The hospital is within the window for a CDPH general acute care triannual licensure survey.	
11. CLOSED SESSION	<i>Hirsch</i>	
	Called to order at 5:56:pm	
12. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
	Medical Staff Credentialing reviewed.	MOTION: by Eisenstark to approve credentialing, 2 nd by Idell . All in favor.
13. ADJOURN	<i>Hirsch</i>	
	5:59 pm	

Ancillary Services Annual Review 2018

TODAY'S TOPICS

- Who are We
- Our Staff
- Our Mission
- Our Dashboard
- Financial Performance
- Volumes
- Accomplishments
- Challenges
- What's Next

Who Are We

- Cardiopulmonary
- Laboratory
- Medical Imaging
- Occupational Health
- Rehab Services
- Wound Care

Our Staff



100 Staff Members

Our Mission

To support the mission and vision of the hospital while providing patient centered healthcare with excellence in quality, service, and access.



Dashboard

Wound Care	2018					Medical Imaging	2018				
	Q1	Q2	Q3	Q4	Goal		Q1	Q2	Q3	Q4	Goal
Mean Time to Heal	14	24	14	17	<31 days	Contrast Admin Protocol	100%	99%	94%	89%	90%
Percentage of Outliers	4%	6%	6%	9%	<22%	Repeat Analysis	3%	3%	3%	3%	<10%
Percentage of Healed	100%	100%	100%	92%	>97%						
Rehab- Total Joints	2018					Lab	2018				
	Q1	Q2	Q3	Q4	Goal		Q1	Q2	Q3	Q4	Goal
Length of Stay		2.75	2.50	3.40	<2days	Outpatient Wait Times	20	25	20	16	<20 min
Ambulation Distance		72%	77%	44%	>150 feet	Blood Culture Contamination	0.8%	1.0%	0.4%	1.2%	<3%
						Critical Vaues called w/i 30 min	100%	100%	99%	100%	95%
Cardiopulmonary	2018					Patient Experience	2018				
	Q1	Q2	Q3	Q4	Goal						
Medication Scanning	94%	92%	94%	92%	>90%	RMH Cardiopulmonary	4.9				
						Medical Imaging	4.8				
						Outpatient PT	4.9				
Staff Satisfaction	2017	2018				Staff Turnover Rate	2018				
Score	4.28	4.14				Cardiopulmonary	24.2%				
Engagement	86%	83%				Laboratory	14.5%				
Participation	93%	73%				Medical Imaging	34.3%				
						Rehab	21.8%				
						Wound Care	63.2%				

FINANCIAL PERFORMANCE

Date	Rehab	Outpt DX	Occ Health	Specials
Nov 17- Oct 18	\$981,000	\$4.0 M	(\$46,000)	\$1.2M
Oct 17- Sept 18	\$1.0 M	\$4.0 M	(\$58,000)	\$1.2 M
Sept 17- Aug18	\$1.0 M	\$4.0 M	(\$57,000)	\$1.2 M
Aug 17- July 18	\$1.2 M	\$4.2 M	(\$60,000)	\$1.2 M

Annual Volumes

Department	FY 2017	FY2018
OP Rehab	31,986	31,811
Lab	147,078	142,492
X Ray	11,788	10,891
CT	4,332	4,057
MRI	1,407	1,444
Ultrasound	3,372	3,184
Mammo	3,928	2,703
PFT	417	587
EKG	1,454	794
Echo	971	1,291
Occ Health	7,670	7,626
Wound Care	2,854	2,611

ACCOMPLISHMENTS

- Electronic Health Record - Rehab
- 3 D Mammo
- Verigene
- Redesign of Total Joint Program
- Multimodality Technicians in Imaging

Our Challenges

- Turnover
- Staffing
- Changes in Reimbursement

What's Next

- Electronic Health Record for Wound Care and Occupational Health
- Wound Care Expansion
- Outpatient Diagnostic Center
- Patient Access
- Appropriate Use Criteria
- Patient Mobility

Questions?



Quality Assurance/Performance Improvement Program Review 2018

Purpose

The Quality Department, in cooperation with the Medical Staff Performance Improvement Committee and Administrative Leadership, has completed an appraisal of the Performance Improvement Program.

The purpose of this appraisal is to:

- Evaluate the comprehensiveness and scope of the program.
- Assess the effectiveness of the FOCUS / PDSA model.
- Measure the extent of interdisciplinary collaboration.
- Assure that all key functions and dimensions of performance have been addressed.
- Provide the Governance, Administration and Medical Staff leaders with the results of prior year activities to assist in development of priorities for improvement.
- Determine the extent to which the Performance Improvement Program supported the mission and vision.

Scope and Applicability

This is an organization-wide program. It applies to all settings of care and services provided by Sonoma Valley Hospital.

Quality Assurance Performance Improvement (QAPI) Purpose Statement

The purpose of QAPI at Sonoma Valley Hospital is to take a proactive approach to continually improving the way we care for and engage with our patients, physicians and employees and other partners so that we may realize our vision to be a trusted resource for compassionate, exceptional care. To do this, all employees will participate in ongoing QAPI efforts which support our mission by continually working to restore, maintain and improve the health of everyone in our community.

QAPI Guiding Principles

1. Sonoma Valley Hospital uses quality assurance and performance improvement to make decisions and guide our day-to-day operations.
2. In Sonoma Valley Hospital, QAPI includes all employees, all departments and all services provided.
3. QAPI focuses on systems and processes, rather than individuals. The emphasis is on identifying system gaps rather than on blaming individuals.



Findings

The Leaders devoted 2018 to refining their quality assurance performance improvement plans to provide a structure for each department to consider the complexity of their services and identify quality monitoring and performance improvement activities that promote a departmental culture of quality, patient safety and continuous improvement.

Each department identified the complexity of work flow processes and opportunities to improve based on a prioritization process that included considerations of high risk, high and low volume activities and areas that are problem prone.

Leaders have improved in their work flow process, analysis, and the identification of potential performance improvement activities by including their departmental staff in the development of QAPI plans.

The Quality Department identified that Sonoma Valley Hospital leadership has an opportunity to improve the timely submission of quality control monitoring indicators.

The Administrative Team performed a formal organization-wide Performance Improvement Project prioritization process and implemented a 100-Day Workout productivity cycle. The goal of this new process is to achieve efficient gains through rapid cycle Plan, Do, Study, Act in hospital performance while sustaining productivity and patient safety

In 2018 Sonoma Valley Hospital undertook 21 performance improvement projects with representatives from each department; both clinical and non-clinical. These projects were aligned with Sonoma Valley Hospital Strategic Priorities 2018-2020 which outlined five priorities:

1. Achieve the highest levels of health care safety, quality and value
2. Be the preferred hospital for patients, physicians, employers and health plans
3. Implement new and enhanced revenue strategies
4. Continue to improve financial stability
5. Lead progress toward being a healthier community

Hospital Acquired Pneumonia Prevention Initiative

Pneumonia is the second most common hospital acquired infection and is the most common cause of death among hospital acquired infections with a 19% mortality rate. Hospital acquired pneumonia adds 4-9 extra days per hospitalization and cost \$40,000 per occurrence. Sonoma Valley Hospital has adopted a group of prevention strategies to reduce the occurrence of hospital acquired pneumonia which includes:

- Providing frequent oral care for patients, based on the Beck Scale, to reduce the amount of bacteria in the mouth



- Head of bed elevation - Keeping the patient's head of the bed at 30 degrees, when safe and appropriate, reduces the chance of germs from the patient's mouth coming in contact with the lungs.
- Clean Suction Technique and Closed Suction Catheters – when used correctly during suctioning they decrease the chances of introducing any outside germs to the patient's lungs
- Hand hygiene -prevent cross-contamination or colonization via hands of personnel

As a result of the Hospital Acquired Pneumonia Prevention Initiative, Sonoma Valley Hospital is able to demonstrate hand hygiene compliance >90%, and a decrease in hospital acquired pneumonia from 1.6 per 1000 patient days in 2017 to 0.7 per 1000 patient days in 2018.

The Care Transitions Record Project (PRIME) was a PI project implemented in response to the increasing pressure to reduce readmissions and to take more accountability in maintaining and improving the health of our community. This project, funded by a grant from the Centers for Medicare and Medicaid and administered by the California State Department of Health Services, challenges the hospital to improve the transition of care for both patients and providers. This project will continue to be an organizational focus through 2020. SVH improved the discharge instructions section to include a standardized medication reconciliation that conforms to the National Quality Forum's best practice guidelines. SVH included critical items in the nursing discharge instructions and included diagnosis related self- management plans for the nurse to go over at the time of discharge and simplified their workflow. We created and implemented the MY PLAN as the face sheet for the transition record that the patient takes home.

2018 Quality Department

Sonoma Valley Hospital was identified as a high performer in the areas of Prevention of Hospital Acquired Infections, Prevention of Falls with Injury, and Prevention of Adverse Drug Events by Health Services Advisory Group (HSAG) and Health Improvement Innovation Network (HIIN). SVH ranks in the top quartile of all hospitals nationwide. Kathy Mathews, RN, Infection Control and Chris Kutza, PharmaD and Director of SVH Pharmacy, presented at the western regional HIIN Conference at John Muir Hospital. They each shared our reduction strategies for improvement in the areas of Hospital Acquired Infection (HAI) and Adverse Drug Event (ADE).

The Quality Department with the help of Marketing, implemented the Hospital Quality Institute "Quality Transparency Dashboard" with the goal of advancing transparency in quality data between hospitals and the public through easily accessible, meaningful, shareable information about hospital quality. The standardized dashboard provides information on eight health and safety measures in comparison with state and national averages. The dashboard can be found on the Quality Care tab of the SVH website.



The Quality Department provided monthly education to leadership on the topics of CIHQ standards interpretation and compliance, and Program Beta provided an educational session on the legal implications of documentation.

The Quality Department instituted the Midas Risk/Pt Relations Committee. The expectation is that risk leaders attend twice monthly sessions to collaborate and facilitate best outcomes for organizational risk management. Sonoma Valley Hospital is moving from a silo approach to a holistic view of our systems, processes and procedures. The goal of Midas Risk/Pt Relations Committee is to recognize and mitigate unsafe conditions, patient harm and serious safety events. The Patient Relations committee reviewed grievances and complaints on a monthly basis.

The Director of Quality and Risk attended the Northern California Hospital Quality Symposium and the annual American Society for Healthcare and Risk Management Conference and brought back best practices that are in the process of being adopted.

The Quality Data Analyst attended the annual Midas conference bringing back refinements to our use of this database that have improved data gathering and reporting. The Quality Data Analyst's presentation at Midas Plus Western Regional Group was well received. The Quality Department implemented SBAR, Situation, Background, Assessment, Recommendation; a technique that can be used to facilitate prompt and appropriate communication in our event reporting and created a positive feedback loop to reporters.

An annual review of the budget for Quality, Risk Management, Infection Prevention, Peer Review and Patient Safety indicates adequate staffing and resources have been allocated to these functions.

The Quality Department helped facilitate the successful completion of the Center for Improvement in Healthcare Quality mid-cycle survey for re-accreditation. The Skilled Nursing Facility also successfully completed California Department of Public Health, Life Safety and CMS validation surveys to achieve deemed status of approval.

The Quality Department provided Anthem Blue Cross with hospital data this year for their Q-HIP program. We also provided healthcare associated infection data to the National Healthcare Safety Network and the Centers for Disease Control for surveillance and benchmarking purposes. We successfully reported quarterly data to our Patient Safety Organization. Lastly, in a combined effort, Information systems and Quality were able to successfully send Electronic Quality Measures to CMS. This data had to be mapped to portions of the electronic record so that the data could be pulled right from the record rather than manually abstracted. The current electronic measures are pay for reporting, pay for performance are in the proposed rules for possible fiscal year 2020 or 2021.



Interdisciplinary collaboration was demonstrated through the following:

Sorry Works	Culture of Safety Program	Good Catch Program
Safety Committee	Patient Safety Committee	Clinical Informatics Team
Pharmacy and Therapeutics Committee	Departmental and cross departmental performance improvement projects and organization wide performance improvement	Medical Staff Performance Improvement Committee
Grievance Committee	Safety Rounds	Policy & Procedure Committee
Antimicrobial Stewardship	Compliance Committee	Med Staff Committees
IT Steering Committee	Daily Multidisciplinary Patient Care Huddle	Utilization Review Program

Assessment of Performance

The Performance Improvement Program supports the hospital’s mission and is well on the way to supporting an organizational Culture of Quality and Safety. The effectiveness of the PI program is measured by its accomplishments. Data was collected and aggregated on performance measures and thoroughly analyzed. Intensive assessments were completed when SVH detected or suspected a significant undesirable performance or variation. Progress was made on the following program goals:

I. Performance Improvement Infrastructure Goals for 2018

Performance Goal	Outcome
Work with department leaders and their staff to revise, refine and improve their department specific QAPI plans including development and reporting of meaningful quality and patient safety indicators	One on one meetings with department leaders to provide guidance and support of QAPI. Continued focus in 2018 with increase in new leadership over the last year.
Integrate the statistical process control software (STATIT) into data mining and display for at least three Performance Improvement Projects this year.	Planning for organizational dashboards was completed. The Emergency Department STATIT dashboard was created, implemented and reviewed by the Emergency Department Medical Director.



Define and develop the tools to build a “High Reliability” Organization through expanded use of both Lean principles and further exploration of Human Factors Design.	Not met.
Provide education to frontline staff and leaders on continuous quality improvement methods.	Provided one on one meetings with department leaders to provide guidance and support of QAPI. Attended Med/Surg staff meetings and shared Patient Experience HCAHPS data.

II. Performance Improvement, Reportable Outcome Measures
See Attached Dashboards

Assessment of Effectiveness

The Performance Improvement Program, in 2018, met the needs of the Performance Improvement Committee, Medical Executive Committee and Sonoma Valley Hospital.

Objectives for Next Evaluation Period

With input from the medical staff and leadership, the Administrative Team performed an assessment of potential organizational performance improvement activities for 2019 that align with the strategic plan and core strategic initiatives and reflects the scope and complexity of patient care services. In addition to departmental and interdepartmental continuous performance improvement activities, the organization will focus on the following priorities.

A. Prioritized Organizational Performance Improvement Projects for 2019 include the following:

- Stroke Ready Hospital Certification: Establish stroke certification through CIHQ. Team: Mark Kobe, Danielle Jones, ED Nursing, Medical Staff. Oversight will be in the Medicine Committee.
- Patient Access Center: Establish a centralized Patient Access Center that will manage patients across the continuum of care. Team: Dawn Kuwahara, Kimberly Drummond, Fe Sendaydiego, Lisa Duarte, and Leslie Lovejoy. Oversight will be the Administrative Team.



B. Performance Improvement Infrastructure Goals 2019:

- Continue to work with department leaders and their staff to revise, refine and improve their department specific QAPI plans including development and reporting of meaningful quality and patient safety indicators.
- Create standardized organizational indicators and dashboards for medical staff committees.
- Continue to define and develop the tools to build a “High Reliability” Organization through expanded use of both Lean principles and further exploration of Human Factors Design.
- Develop and implement standardized Code Stroke dashboard to track and trend performance of process measures.
- Investigate the implementation of the NHSN procedure abstraction process in MedMined



Meeting Date: July 3, 2019

Prepared by: Kelly Mather, CEO and Ken Jensen, CFO

Agenda Item Title: South Lot Proceeds

Recommendation: To use the proceeds from the South Lot sale to pay down the line of credit as per the bank requirements over the next two years. The proceeds (due to seller) will be \$1,092,752.50 after the repayment of the loan and the deposits. With another payment of at least \$1,000,000 on the line of credit, the line of credit will now be \$5,750,000.

Background:

In August, 2016 Sonoma Valley Healthcare District purchased the 4 acre property located south of the Hospital (The South Lot.) This reduced our monthly lease payment and property tax payments by \$188,839 per year. This lot currently contains a parking lot for Employee Parking.

The sale price for the property was \$3,300,000. DeNova Homes lent the district \$2,000,000 to pay off the private lender in June, 2017. In addition, two deposits were made for \$100,000 on 2/5/18. Therefore, the final payment to SVHCD is \$1,092,752.50.

Attachments:

Settlement Statement - Seller

File No.: 0131-622393ala
 Printed: 06/07/2019, 6:57 PM
 Officer/Escrow Officer: Diane Burton/DB
 Settlement Location:
 4750 Willow Road, Suite 100, Pleasanton, CA
 94588

First American Title Company
 4750 Willow Road, Suite 100 • Pleasanton, CA 94588
 Phone: (925)738-4050 Fax: (866)648-7806
Estimated Settlement Statement



Property Address: New Parcel A, (ptn of APN:018-392-001 and -045), Sonoma, CA 95476
 Buyer: Civic Mockingbird, LLC
 Seller: Sonoma Valley Health Care District
 Lender:
 Settlement Date: 06/26/2019
 Disbursement Date:

Description	Seller	
	Debit	Credit
Financial		
Sale Price		3,300,000.00
Prorations/Adjustments		
Loan Payoff - Deposit Deed of Trust	2,000,000.00	
Release Initial Deposit - 2/5/18	100,000.00	
Release Additional Deposit - 2/5/18	100,000.00	
Title Charges & Escrow / Settlement Charges		
Title - Owner's Title Insurance (optional) Subdivision ALTA Owner's Policy Standard (portion paid by Seller) to First American Title Company	1,980.00	
Title - Escrow Fee Escrow Fee - One Half to First American Title Company	1,537.50	
Government Recording and Transfer Charges		
Record First Release/Reconveyance	100.00	
Record Substitution & Reconveyance (EST.)		
County Documentary Transfer Tax to Sonoma County Recorder	3,630.00	
Subtotals	2,207,247.50	3,300,000.00
Due To Seller	1,092,752.50	
Totals	3,300,000.00	3,300,000.00

2018-19 Taxes are Exempt - No Prorations needed

Escrow related fees including separate fees for overnight mail- courier or notary services that are not included as part of First American's filed escrow fee may include a markup over the direct cost to First American for such services.

Our wire instructions do not change. Our banking institution is First American Trust. If you receive an email or other communication that appears to be from us or another party involved in your transaction instructing you to wire funds to a bank other than First American Trust, you should consider it suspect and you must call our office at an independently

This is a summary of the closing transaction prepared by First American Title Company. This document is not intended to replace the Closing Disclosure form.

verified phone number. Do not inquire with the sender.

Acknowledgement

We/I have carefully reviewed the Estimated ALTA Settlement Statement and find it to be a true and accurate statement of all receipts and disbursements to be made on my account or by me in this transaction and further certify that I have received a copy of the Estimated ALTA Settlement Statement. This Estimated Settlement Statement is subject to changes, corrections or additions at the time of final computation of Escrow Settlement Statement. We/I authorize First American Title Company to cause the funds to be disbursed in accordance with the Final ALTA Settlement Statement to be provided to me/us at closing.

Seller(s):

Sonoma Valley Health Care District,
a California Health Care District

By: _____

Printed Name: Kelly Mather

Title: President and Chief Executive Officer

This is a summary of the closing transaction prepared by First American Title Company. This document is not intended to replace the Closing Disclosure form.

SONOMA VALLEY HEALTH CARE DISTRICT

RESOLUTION No. 345

**AUTHORIZING THE CLOSING OF THE SOUTH LOT SALE
AND AUTHORIZING THE CEO TO TAKE ACTIONS NECESSARY
TO CLOSE SUCH TRANSACTION**

WHEREAS, the Board of Directors of Sonoma Valley Health Care District (the “**Board**”) has previously approved the District entering into that certain Purchase and Sale Agreement and Joint Escrow Instruction by and among the District, as Seller, and Civic Property Group, Inc., a California corporation (“**Civic**”), as Buyer, (the “**Agreement**”) for the sale to Civic of a portion of that certain real property owned by the District commonly known as the South Lot (the “**Transaction**”);

WHEREAS, Civic has approved its feasibility for the Transaction and the Transaction is ready to close, subject to the District and Civic executing and delivering to the escrow all of the instruments and documents necessary for such closing; and

WHEREAS, the closing of the Transaction will be of benefit to the District, as it will realize substantial proceeds from the closing thereof;

NOW THEREFORE, BE IT RESOLVED by the Board, as follows:

Section 1. That the closing of the Transaction in accordance with the Agreement be and hereby is approved.

Section 2. That Kelly Mather, President and Chief Executive Officer of the District (the “**Authorized Officer**”) hereby is authorized, empowered and directed to (i) prepare, review, execute and deliver to the escrow all of the instruments and closing documents required for the closing of the Transaction, in the name of and on behalf of the District, with such additions, deletions or changes therein as the Authorized Officer shall approve (the execution and delivery thereof by any such Authorized Officer to be conclusive evidence of her approval of any such additions, deletions or changes), (ii) to pay or cause to be paid on behalf of the District any closing costs and expenses, and (iii) to take such other actions, in the name and on behalf of the District, as are reasonably necessary or advisable to close, complete and effect the Transaction or to carry out the intent and purposes of the foregoing resolutions and the Transaction contemplated thereby.

Section 3. Any actions taken by the officers of the District with respect to the Agreement or the Transaction and all other matters contemplated by the foregoing resolutions prior to the date of the foregoing resolutions adopted hereby that are within the authority conferred hereby are hereby ratified, confirmed, approved and adopted as actions of the District.

PASSED AND ADOPTED on this 11th day of July, 2019, by the following vote:

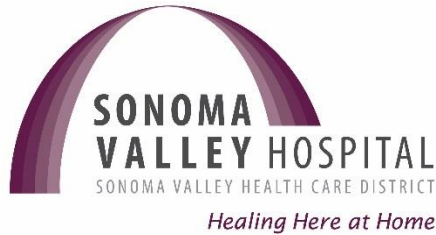
Noes: _____

Absent: _____

Abstain: _____

Joshua Rymer
Chair, Board of Directors
Sonoma Valley Health Care District

Bill Boerum
Secretary, Board of Directors
Sonoma Valley Health Care District



To: SVHCD Board of Directors
From: Kelly Mather
Date: 7/3/19
Subject: Administrative Report

Summary

We ended FY 2020 financially on a positive note after a year of significant and necessary change. The Days cash on hand exceeded goal for the first time in years. The Skilled Nursing Facility, now called “Valley of the Moon Post Acute”, is under new management and the transition went well. The South Lot sale will go through next week.

Strategic Update from FY 2020 Strategic Plan:

Strategic Priorities	Update
Exceed Community Expectations in Emergency Services	<ul style="list-style-type: none"> ➤ We started the marketing campaign around our Emergency Services this summer to continue to remind our community about what we do here at home. ➤ The Foundation and the Hospital are meeting with a communications firm to revisit the face of the hospital and our message before the Parcel Tax vote in 2021. ➤ We are doing another Community Perception survey this fall. We did one in 2015 and it was generally positive and look forward to seeing these results.
Create UCSF Health Outpatient Center	<ul style="list-style-type: none"> ➤ We have raised over \$17 million towards the goal of \$21 million to complete the new CT, MRI suites and upgrade the facilities in the new Outpatient Diagnostic Center (ODC.) ➤ We plan to break ground on the first phase of the ODC by December, 2019. ➤ The Patient Access Center has now been live with Imaging services for a few months. We will add other outpatient services to their responsibilities this summer.
Become a 5 Star Hospital	<ul style="list-style-type: none"> ➤ The new hospitalist group is up and running. There were a lot of changes happening and this transition will take time. The physicians and nursing staff have shared their concerns and we are addressing them. ➤ The Patient Experience team is focusing on two areas for improvement: Communication on Medications and Food. ➤ The Respiratory Therapy, Inpatient Rehab and Case Management all have a home on 3rd floor to increase teamwork and the inpatient experience.
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ The Prima physicians are upgrading their Electronic Health Record to be the same as UCSF as of August 1st. This will improve coordination of care. ➤ We are discussing recruitment of another Primary Care Physician for Prima. ➤ We have made good progress to bring several physicians from UCSF to Sonoma. ➤ We will do an annual assessment of the Sonoma Family Practice this month.
Healthy Hospital	<ul style="list-style-type: none"> ➤ The staff satisfaction survey results for the organization are complete and will be shared at the August Board meeting. ➤ The new Organization chart demonstrates less leaders and some leaders doing multiple jobs now that we have reduced the size of our hospital. ➤ The South Lot sale is almost complete. We recommend using the proceeds to pay down our line of credit.

MAY 2019

			National
Patient Experience	Current Performance	FY 2019 Goal	Benchmark
Would Recommend Hospital	67 th	> 60th percentile	50th percentile
Inpatient Overall Rating	62.5%	>60th percentile	50th percentile
Outpatient Services	4.71	Rate My Hospital	4.5
Emergency	4.53	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	0	3.5	7.4/10,000 pt days
PSI – 90 Composite	2	<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	2.7	< 2.3	2.3
Pressure Ulcers	0	<3.7	3.7
Injuries to Staff	15	< 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	14.5%/15.8%	< 10%	< 15%
Financial Stability	YTD Performance	FY 2019 Goal	Benchmark
EBDA	6.8%	1%	3%
FTE's/AOB	3.8	4.3	5.3
Days Cash on Hand	39	20	30
Days in Accounts Receivable	37	49	50
Length of Stay	3.8	3.85	4.03
Funds raised by SVHF	\$17.2 million	\$20 million	\$1 million
Strategic Growth	YTD Performance	FY 2019 Goal	Benchmark
Inpatient Discharges	1003/1094	1000	1000
Outpatient Visits	50,160/54,720	53,000	51,924
Emergency Visits	9240/10,080	10,000	11,040
Surgeries + Special Procedures	2691/2935	2500	2,568
Community Benefit Hours	1124/1226	1200	1200

Note: Colors demonstrate comparison to National Benchmark



Healing Here at Home

TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2019	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2018
FY YTD Turnover	<10%	1.6	3.3	3.6	5.8	6.9	8.2	8.7	9.4	11.1	13.4	14.5	20.3
Leave of Absences	<12	13	11	8	10	9	8	10	9	8	8	10	11
EBDA	>1%	0	1.7	1.6	-8.9	-1.7	-2	.7	-6.9	3.9	6.8	6.8	.4
Operating Revenue	>4.5m	4.5	4.9	4.6	4.4	4.3	4.0	5.5	3.7	7.8	5.9	4.8	5.2
Expense Management	<5.0m	5.1	5.3	5.0	5.3	4.8	4.7	5.5	4.5	6.6	4.8	5.0	4.9
Net Income	>50k	214	32	208	-273	-95	-207	806	-277	1722	1686	248	543
Days Cash on Hand	>20	19.1	10	13	13	9.6	14.8	13	4.6	4.5	9.6	39	10.6
A/R Days	<50	41	43	48	44	45	44	43	43	44	38	37	42
Total FTE's	<300	310	309	314	298	288	281	280	277	275	267	266	298
FTEs/AOB	<4.5	3.62	3.29	4.38	4.18	4.84	4.92	4.44	4.73	4.15	3.84	3.80	3.82
Inpatient Discharges	>90	81	85	90	92	93	97	83	76	87	87	86	99
Outpatient Revenue	>\$14m	14.8	16.8	13.9	15.8	13.5	13.6	14.8	13.9	15.2	15.4	16.2	13.6
Surgeries	>150	150	165	182	175	161	149	157	155	163	163	166	151
ER	>900	901	810	814	842	772	840	789	833	858	890	891	856
Births	>11	8	14	13	9	n/a	n/a	n/a	n/a	n/a	n/a	n/a	16
SNF days	>350	664	628	457	405	326	291	345	286	357	362	383	545
MRI	>120	99	145	92	119	98	118	105	107	96	150	149	148
Cardiology (Echos)	>85	88	135	97	124	112	106	85	91	112	121	113	78
Laboratory	>12.5	12.4	13.4	11.7	13.7	12.6	11.8	12.7	11.4	12.2	12.1	12.3	13.0
Radiology	>900	894	951	929	1112	884	906	987	1050	1025	1057	1044	877
Rehab	>2500	2414	2860	1788	2688	2131	2380	2964	2080	2358	2536	2539	2670
CT	>350	359	387	331	392	331	367	348	355	396	416	453	358
Mammography	>200	280	243	221	269	219	246	180	220	202	227	220	221
Ultrasound	>250	181	280	246	333	233	252	240	225	340	312	283	267
Occupational Health	>600	570	639	489	833	561	452	574	535	707	899	804	625
Wound Care	>250	290	256	198	293	266	288	230	286	268	346	311	225



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: June 25, 2019
Subject: Financial Report for the Month Ending May 31, 2019

May's actual loss of (\$229,123) from operations was \$197,612 favorable to the budgeted loss of (\$426,735). For the month of May the hospital accrued the FY 18/19 NDPH Intergovernmental Transfer (IGT) program revenue of \$385,310 with a matching fee of \$211,709. After accounting for all other activity; the net gain for May was \$248,845 vs. the budgeted net gain of \$54,554 with a monthly EBDA of 6.6% vs. a budgeted 2.5%.

Gross patient revenue for May was \$24,326,666; (\$133,008) under budget. Inpatient gross revenue was under budget by (\$327,212). Inpatient days were over budget by 1 day and inpatient surgeries were under budgeted expectations by (7) cases. Outpatient revenue was over budget by \$956,508. Outpatient visits were over budgeted expectations by 222 visits, and outpatient surgeries were over budgeted expectations by 8 cases and special procedures were over budgeted expectations by 30 cases. The Emergency Room gross revenue was under budget by (\$386,080) with ER visits under budgeted expectations by (33) visits. SNF gross revenue was under budgeted expectations by (\$376,224) with SNF patient days under budget by (82) days and an average daily census of 12.4 patients.

Deductions from revenue were favorable to budgeted expectations by \$366,621. Of the variance, \$95,255 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 \$271,366 which is due from gross revenue being under budgeted expectations and a higher than average acuity level in May.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$158,005.

Operating Expenses of \$5,073,330 were favorable to budget by \$39,607. Salaries and wages and agency fees were under budget by \$89,595 with the salaries and wages being under budget by \$19,208 and agency fees under by \$70,387. Purchased Services are over budget by (\$60,357) due to accruing one-half the cost of repaving the visitor parking lots (\$78,250), the repaving will be completed in June 2019. There was a matching fee of \$211,709 for the 18/19 NDPH-IGT.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net gain for May is \$51,867 vs. a budgeted net loss of (\$175,066). The hospital received donations from the

Sonoma Valley Hospital Foundation for the Outpatient Diagnostic Center (\$32,059) and for the Acute Care 3rd floor move (\$11,251). After all activity the total net gain for May was \$248,845 vs. a budgeted net gain of \$54,554.

EBDA for the month of May was 6.6% vs. the budgeted 2.5%.

Patient Volumes – May

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	86	95	-9	108
Newborn Discharges	0	0	0	9
Acute Patient Days	340	339	1	374
SNF Patient Days	383	465	-82	423
Home Care Visits	0	0	0	747
OP Gross Revenue	\$16,224	\$15,653	\$571	\$15,188
Surgical Cases	166	165	1	175

Gross Revenue Overall Payer Mix – May

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	46.6%	42.8%	3.8%	43.0%	42.9%	0.1%
Medicare Mgd Care	13.2%	12.9%	0.3%	14.0%	12.8%	1.2%
Medi-Cal	18.1%	17.9%	0.2%	18.0%	17.9%	0.1%
Self-Pay	1.7%	1.4%	0.3%	1.3%	1.4%	-0.1%
Commercial	16.8%	20.5%	-3.7%	20.1%	20.6%	-0.5%
Workers Comp	2.2%	2.5%	-0.3%	2.1%	2.4%	-0.3%
Capitated	1.4%	2.0%	-0.6%	1.5%	2.0%	-0.5%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for May:

For the month of May the cash collection goal was \$3,532,109 and the Hospital collected \$3,859,684 or over the goal by \$327,575. The year-to-date cash collection goal was \$40,058,377 and the Hospital has collected \$40,849,071 or over goal by \$790,694. The hospital received its outstanding IGT revenue and was able to pay down Accounts Payable vendors. Days of cash on hand are 39.1 days at May 31, 2019. Accounts Receivable decreased from April, from 37.9 days to 37.2 days in May. Accounts Payable decreased by \$2,349,111 from April and Accounts Payable days are at 45.3.

ATTACHMENTS:

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



**Sonoma Valley Hospital
Payer Mix for the month of May 31, 2019**

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	11,325,272	10,436,986	888,286	8.5%	108,037,396	106,355,117	1,682,279	1.6%
Medicare Managed Care	3,229,448	3,163,431	66,017	2.1%	35,173,343	31,784,936	3,388,407	10.7%
Medi-Cal	4,414,109	4,380,285	33,824	0.8%	45,251,334	44,331,866	919,468	2.1%
Self Pay	406,552	337,945	68,607	20.3%	3,185,736	3,371,708	-185,972	-5.5%
Commercial & Other Government	4,077,732	5,030,562	-952,830	-18.9%	50,635,332	51,091,409	-456,077	-0.9%
Worker's Comp.	543,361	616,352	-72,991	-11.8%	5,320,734	6,063,208	-742,474	-12.2%
Capitated	330,192	494,113	-163,921	-33.2%	3,843,286	4,981,730	-1,138,444	-22.9%
Total	24,326,666	24,459,674	(133,008)		251,447,161	247,979,974	3,467,187	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	1,669,514	1,385,490	284,024	20.5%	15,038,746	14,794,102	244,644	1.7%
Medicare Managed Care	358,793	356,137	2,656	0.7%	4,586,892	4,124,533	462,359	11.2%
Medi-Cal	547,348	521,362	25,986	5.0%	5,988,769	5,823,676	165,093	2.8%
Self Pay	209,090	152,318	56,772	37.3%	1,649,582	1,560,959	88,623	5.7%
Commercial & Other Government	1,462,145	1,658,049	-195,904	-11.8%	16,038,802	16,881,871	-843,069	-5.0%
Worker's Comp.	112,639	134,302	-21,663	-16.1%	944,202	1,472,243	-528,041	-35.9%
Capitated	2,509	16,022	-13,513	-84.3%	94,686	159,431	-64,745	-40.6%
Prior Period Adj/IGT	447,810	352,555	95,255	27.0%	9,142,978	3,878,105	5,264,873	135.8%
Total	4,809,848	4,576,235	233,613	5.1%	53,484,657	48,694,920	4,789,737	9.8%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	34.7%	30.3%	4.4%	14.5%	28.1%	30.4%	-2.4%	-7.9%
Medicare Managed Care	7.5%	7.8%	-0.3%	-3.8%	8.5%	8.4%	0.1%	1.2%
Medi-Cal	11.4%	11.4%	0.0%	0.0%	11.2%	12.0%	-0.8%	-6.7%
Self Pay	4.3%	3.3%	1.0%	30.3%	3.1%	3.2%	-0.1%	-3.1%
Commercial & Other Government	30.4%	36.2%	-5.8%	-16.0%	30.0%	34.7%	-4.7%	-13.5%
Worker's Comp.	2.3%	2.9%	-0.6%	-20.7%	1.8%	3.0%	-1.2%	-40.0%
Capitated	0.1%	0.4%	-0.3%	-75.0%	0.2%	0.3%	-0.1%	-33.3%
Prior Period Adj/IGT	9.3%	7.7%	1.6%	20.8%	17.1%	8.0%	9.1%	113.8%
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-9.2%	-9.2%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	14.7%	13.3%	1.4%	10.5%	13.9%	13.9%	0.0%	0.0%
Medicare Managed Care	11.1%	11.3%	-0.2%	-1.8%	13.0%	13.0%	0.0%	0.0%
Medi-Cal	12.4%	11.9%	0.5%	4.2%	13.2%	13.1%	0.1%	0.8%
Self Pay	51.4%	45.1%	6.3%	14.0%	51.8%	46.3%	5.5%	11.9%
Commercial & Other Government	35.9%	33.0%	2.9%	8.8%	31.7%	33.0%	-1.3%	-3.9%
Worker's Comp.	20.7%	21.8%	-1.1%	-5.0%	17.7%	24.3%	-6.6%	-27.2%

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 05/31/19</u>	<u>Budget 05/31/19</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 05/31/19</u>	<u>Budget 05/31/19</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 05/31/18</u>
				Inpatient Utilization				
				Discharges				
1	74	82	(8)	Acute	825	871	(46)	897
2	12	13	(1)	ICU	132	133	(1)	152
3	86	95	(9)	Total Discharges	957	1,004	(47)	1,049
4	-	-	-	Newborn	46	24	22	97
5	86	95	(9)	Total Discharges inc. Newborns	1,003	1,028	(25)	1,146
				Patient Days:				
6	254	247	7	Acute	2,731	2,626	105	2,716
7	86	92	(6)	ICU	890	941	(51)	929
8	340	339	1	Total Patient Days	3,621	3,567	54	3,645
9	-	-	-	Newborn	102	45	57	168
10	340	339	1	Total Patient Days inc. Newborns	3,723	3,612	111	3,813
				Average Length of Stay:				
11	3.4	3.0	0.4	Acute	3.3	3.0	0.3	3.0
12	7.2	7.1	0.1	ICU	6.7	7.1	(0.3)	6.1
13	4.0	3.6	0.4	Avg. Length of Stay	3.8	3.6	0.2	3.5
14	0.0	0.0	-	Newborn ALOS	2.2	1.9	(0.3)	1.7
				Average Daily Census:				
15	8.2	8.0	0.2	Acute	8.2	7.8	0.3	8.1
16	2.8	3.0	(0.2)	ICU	2.7	2.8	(0.2)	2.8
17	11.0	10.9	0.0	Avg. Daily Census	10.8	10.6	0.2	10.9
18	0.0	0.0	-	Newborn	0.30	0.13	0.2	0.50
				Long Term Care:				
19	383	465	(82)	SNF Patient Days	4,504	5,415	(911)	5,816
20	20	26	(6)	SNF Discharges	240	297	(57)	328
21	12.4	15.0	(2.6)	Average Daily Census	13.4	16.2	(2.7)	17.4
				Other Utilization Statistics				
				Emergency Room Statistics				
22	891	924	(33)	Total ER Visits	9,240	9,915	(675)	9,773
				Outpatient Statistics:				
23	5,018	4,796	222	Total Outpatients Visits	50,160	49,705	455	48,807
24	32	39	(7)	IP Surgeries	302	311	(9)	306
25	134	126	8	OP Surgeries	1,488	1,475	13	1,392
26	99	69	30	Special Procedures	901	698	203	762
27	-	-	-	Home Health Visits	2,027	3,837	(1,810)	8,479
28	318	336	(18)	Adjusted Discharges	3,448	3,659	(210)	3,721
29	2,170	2,232	(62)	Adjusted Patient Days (Inc. SNF)	23,401	25,279	(1,878)	25,578
30	70.0	72.0	(2.0)	Adj. Avg. Daily Census (Inc. SNF)	69.9	75.5	(5.6)	76.4
31	1.6112	1.4000	0.211	Case Mix Index -Medicare	1.5212	1.4000	0.121	1.5099
32	1.5703	1.4000	0.170	Case Mix Index - All payers	1.5453	1.4000	0.145	1.4756
				Labor Statistics				
33	245	253	8.3	FTE's - Worked	259	261	2.7	277
34	266	286	20.2	FTE's - Paid	288	296	8.4	311
35	43.21	41.94	(1.28)	Average Hourly Rate	42.93	41.06	(1.88)	42.87
36	21.7	22.7	1.0	Manhours / Adj. Pat Day	23.5	22.3	(1.1)	23.2
37	147.7	150.6	2.8	Manhours / Adj. Discharge	159.2	154.4	(4.8)	159.5
38	23.7%	23.3%	-0.5%	Benefits % of Salaries	22.8%	23.7%	0.9%	22.5%
				Non-Labor Statistics				
39	13.4%	13.6%	0.2%	Supply Expense % Net Revenue	13.2%	12.4%	-0.8%	11.8%
40	1,875	1,887	12	Supply Exp. / Adj. Discharge	1,849	1,694	(155)	1,610
41	16,301	15,690	(611)	Total Expense / Adj. Discharge	16,979	15,613	(1,366)	15,934
				Other Indicators				
42	39.1			Days Cash - Operating Funds				
43	37.2	50.0	(12.8)	Days in Net AR	42.6	50.0	(7.4)	46.2
44	109%			Collections % of Net Revenue	102%			104.3%
45	45.3	55.0	(9.7)	Days in Accounts Payable	45.3	55.0	(9.7)	45.4
46	18.3%	19.1%	-0.8%	% Net revenue to Gross revenue	19.2%	20.1%	-0.9%	21.0%
47	17.7%			% Net AR to Gross AR	17.7%			22.0%

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

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 4,082,531	\$ 1,553,622	\$ 798,439
2 Trustee Funds	4,999,410	3,574,837	4,427,002
3 Net Patient Receivables	6,258,285	6,023,427	8,024,134
4 Allow Uncollect Accts	(1,255,011)	(1,123,964)	(1,140,279)
5 Net A/R	5,003,274	4,899,463	6,883,855
6 Other Accts/Notes Rec	(73,409)	1,324,976	(119,068)
7 3rd Party Receivables, Net	1,279,593	8,166,578	2,462,520
8 Inventory	877,125	843,684	825,295
9 Prepaid Expenses	797,542	858,237	728,235
10 Total Current Assets	<u>\$ 16,966,066</u>	<u>\$ 21,221,397</u>	<u>\$ 16,006,278</u>
12 Property, Plant & Equip, Net	\$ 51,098,617	\$ 51,206,524	\$ 51,903,277
13 Specific Funds/ Money Market	2,201,431	1,259	203,535
14 Other Assets	-	-	-
15 Total Assets	<u><u>\$ 70,266,114</u></u>	<u><u>\$ 72,429,180</u></u>	<u><u>\$ 68,113,090</u></u>
Liabilities & Fund Balances			
Current Liabilities:			
16 Accounts Payable	\$ 3,621,402	\$ 5,970,513	\$ 3,159,819
17 Accrued Compensation	3,802,899	3,525,701	4,288,600
18 Interest Payable	403,057	302,289	423,097
19 Accrued Expenses	1,386,452	1,156,637	1,343,607
20 Advances From 3rd Parties	105,388	105,388	144,347
21 Deferred Tax Revenue	571,102	1,142,205	567,350
22 Current Maturities-LTD	611,934	679,654	1,186,364
23 Line of Credit - Union Bank	6,723,734	6,723,734	6,973,734
24 Other Liabilities	201,386	201,386	2,001,386
25 Total Current Liabilities	<u>\$ 17,427,354</u>	<u>\$ 19,807,507</u>	<u>\$ 20,088,304</u>
26 Long Term Debt, net current portion	\$ 32,778,482	\$ 32,810,239	\$ 32,875,471
Fund Balances:			
28 Unrestricted	\$ 13,191,576	\$ 12,986,042	\$ 10,100,898
29 Restricted	6,868,702	6,825,392	5,048,416
30 Total Fund Balances	<u>\$ 20,060,278</u>	<u>\$ 19,811,434</u>	<u>\$ 15,149,315</u>
31 Total Liabilities & Fund Balances	<u><u>\$ 70,266,114</u></u>	<u><u>\$ 72,429,180</u></u>	<u><u>\$ 68,113,090</u></u>

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

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	86	95	(9)	-9%	Acute Discharges	957	1,004	(47)	-5%	1,049	
2	383	465	(82)	-18%	SNF Days	4,504	5,415	(911)	-17%	5,816	
3	-	-	-	0%	Home Care Visits	2,027	3,837	(1,810)	-47%	8,479	
4	16,224	15,653	569	4%	Gross O/P Revenue (000's)	\$ 164,135	\$ 159,646	4,488	3%	\$ 152,612	
Financial Results											
Gross Patient Revenue											
5	\$ 6,714,624	\$ 7,041,836	(327,212)	-5%	Inpatient	\$ 69,272,377	\$ 68,032,611	1,239,766	2%	\$ 67,760,250	
6	9,366,575	8,410,067	956,508	11%	Outpatient	94,221,305	87,100,024	7,121,281	8%	83,902,662	
7	6,857,167	7,243,247	(386,080)	-5%	Emergency	69,208,307	71,571,156	(2,362,849)	-3%	65,764,933	
8	1,388,300	1,764,524	(376,224)	-21%	SNF	17,982,725	20,170,030	(2,187,305)	-11%	21,973,271	
9	-	-	-	0%	Home Care	762,447	1,106,153	(343,706)	-31%	3,102,649	
10	\$ 24,326,666	\$ 24,459,674	(133,008)	-1%	Total Gross Patient Revenue	\$ 251,447,161	\$ 247,979,974	3,467,187	1%	\$ 242,503,765	
Deductions from Revenue											
11	\$ (19,705,828)	\$ (20,111,264)	405,436	2%	Contractual Discounts	\$ (205,058,056)	\$ (201,791,129)	(3,266,927)	-2%	\$ (195,527,910)	
12	(250,000)	(100,000)	(150,000)	-150%	Bad Debt	(1,785,000)	(1,100,000)	(685,000)	-62%	(1,603,000)	
13	(8,800)	(24,730)	15,930	64%	Charity Care Provision	(262,426)	(272,030)	9,604	4%	(190,729)	
14	447,810	352,555	95,255	27%	Prior Period Adj/Government Program Revenue	9,142,978	3,878,105	5,264,873	*	4,346,863	
15	\$ (19,516,818)	\$ (19,883,439)	366,621	-2%	Total Deductions from Revenue	\$ (197,962,504)	\$ (199,285,054)	1,322,550	-1%	\$ (192,974,776)	
16	\$ 4,809,848	\$ 4,576,235	233,613	5%	Net Patient Service Revenue	\$ 53,484,657	\$ 48,694,920	4,789,737	10%	\$ 49,528,989	
17	\$ 24,930	\$ 95,999	(71,069)	-74%	Risk contract revenue	\$ 731,717	\$ 1,145,386	(413,669)	-36%	\$ 1,263,243	
18	\$ 4,834,778	\$ 4,672,234	162,544	3%	Net Hospital Revenue	\$ 54,216,374	\$ 49,840,306	4,376,068	9%	\$ 50,792,232	
19	\$ 9,429	\$ 13,968	(4,539)	-32%	Other Op Rev & Electronic Health Records	\$ 427,981	\$ 153,648	274,333	179%	\$ 169,920	
20	\$ 4,844,207	\$ 4,686,202	158,005	3%	Total Operating Revenue	\$ 54,644,355	\$ 49,993,954	4,650,401	9%	\$ 50,962,152	
Operating Expenses											
21	\$ 2,031,427	\$ 2,121,022	89,595	4%	Salary and Wages and Agency Fees	\$ 23,563,943	\$ 23,195,598	(368,345)	-2%	\$ 25,437,939	
22	766,344	791,344	25,000	3%	Employee Benefits	8,344,194	8,888,402	544,208	6%	9,534,075	
23	\$ 2,797,771	\$ 2,912,366	114,595	4%	Total People Cost	\$ 31,908,137	\$ 32,084,000	175,863	1%	\$ 34,972,014	
24	\$ 464,460	\$ 498,249	33,789	7%	Med and Prof Fees (excl Agency)	\$ 5,187,743	\$ 5,508,264	320,521	6%	\$ 4,638,226	
25	596,586	633,947	37,361	6%	Supplies	6,376,335	6,197,653	(178,682)	-3%	5,988,809	
26	438,914	378,557	(60,357)	-16%	Purchased Services	4,365,998	4,102,356	(263,642)	-6%	4,008,986	
27	265,710	290,874	25,164	9%	Depreciation	3,136,052	3,182,316	46,264	1%	3,132,436	
28	84,438	111,431	26,993	24%	Utilities	1,071,072	1,131,741	60,669	5%	1,099,454	
29	35,320	35,320	-	0%	Insurance	401,298	382,847	(18,451)	-5%	350,009	
30	68,115	56,966	(11,149)	-20%	Interest	592,765	583,204	(9,561)	-2%	519,351	
31	110,307	106,824	(3,483)	-3%	Other	1,164,245	1,241,847	77,602	6%	1,295,347	
32	211,709	88,403	(123,306)	*	Matching Fees (Government Programs)	2,796,223	972,432	(1,823,791)	*	1,491,827	
33	\$ 5,073,330	\$ 5,112,937	39,607	1%	Operating expenses	\$ 56,999,868	\$ 55,386,660	(1,613,208)	-3%	\$ 57,496,459	
34	\$ (229,123)	\$ (426,735)	197,612	46%	Operating Margin	\$ (2,355,513)	\$ (5,392,706)	3,037,193	56%	\$ (6,534,307)	

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

ATTACHMENT D

	Month				Year-To- Date				YTD
	This Year		Variance		This Year		Variance		Prior Year
	Actual		\$	%	Actual	Budget	\$	%	
35	\$ (22,677)	\$ (10,904)	(11,773)	108%	\$ (150,164)	\$ (86,015)	(64,149)	*	\$ (75,397)
36	-	2,672	(2,672)	-100%	16,613	29,392	(12,779)	43%	27,546
37	(13,000)	(56,766)	43,766	-77%	(436,864)	(624,426)	187,562	-30%	(624,426)
38	316,667	316,667	-	0%	3,482,587	3,483,337	(750)	0%	3,483,337
39	0	0	-	0%	0	0	-	0%	(26,875)
40	\$ 280,990	\$ 251,669	29,321	12%	\$ 2,912,172	\$ 2,802,288	109,884	4%	\$ 2,784,185
41	\$ 51,867	\$ (175,066)	226,933	-130%	\$ 556,659	\$ (2,590,418)	3,147,077	-121%	\$ (3,750,122)
42	\$ -	\$ 20,949	(20,949)	-100%	\$ 30,447	\$ 230,439	(199,992)	-87%	\$ 140,831
43	\$ 43,310	\$ 55,003	(11,693)	0%	\$ 1,946,999	\$ 605,033	1,341,966	100%	\$ 1,028,451
44	\$ 95,177	\$ (99,114)	194,291	-196%	\$ 2,534,105	\$ (1,754,946)	4,289,051	-244%	\$ (2,580,840)
45	254,436	254,436	-	0%	2,798,796	2,798,796	-	0%	2,757,513
46	(100,768)	(100,768)	-	0%	(1,113,456)	(1,113,456)	-	0%	(1,168,026)
47	\$ 248,845	\$ 54,554	194,291	356%	\$ 4,219,445	\$ (69,606)	4,289,051	-6162%	\$ (991,353)
	\$ 317,577	\$ 115,808	201,769		\$ 3,692,711	\$ 591,898	3,100,813		\$ (617,686)
	6.6%	2.5%			6.8%	1.2%			-1.2%

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

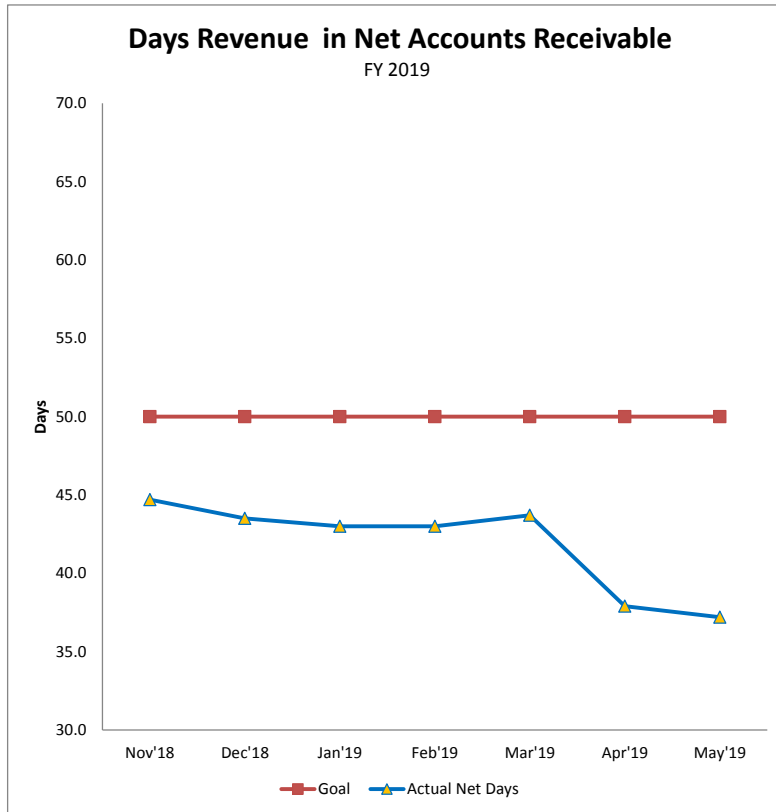
EBDA - Not including Restricted Contributions

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

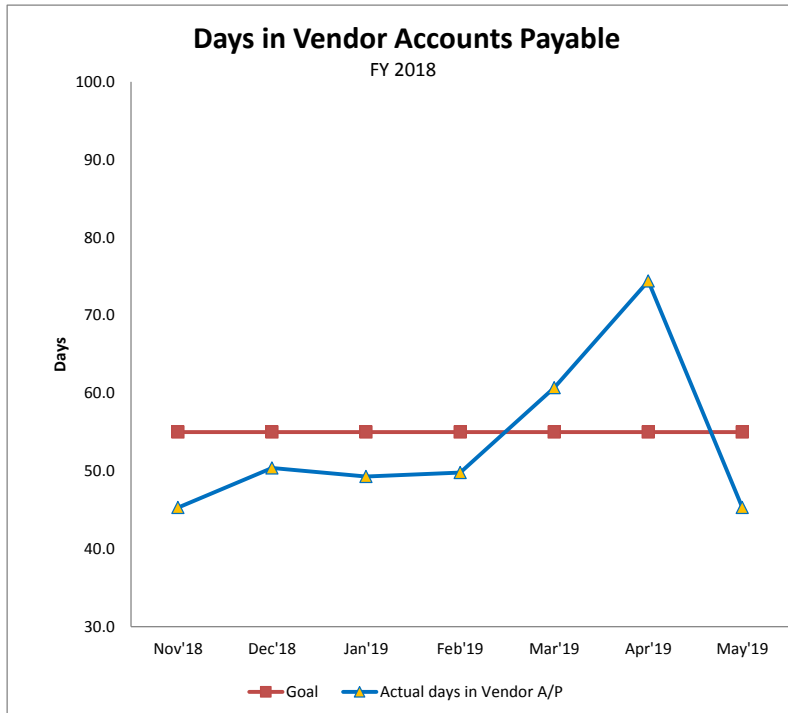
	YTD	MONTH	
Description	Variance	Variance	
Volume Information			
1 Acute Discharges	(47)	(9)	
2 SNF Days	(911)	(82)	
3 Home Care Visits	(1,810)	-	
4 Gross O/P Revenue (000's)	4,488	569	
Financial Results			
Gross Patient Revenue			
5 Inpatient	1,239,766	(327,212)	Inpatient days are 340 days vs. budgeted expectations of 339 days and inpatient surgeries are 32 vs. budgeted expectations 39.
6 Outpatient	7,121,281	956,508	Outpatient visits are 5,018 vs. budgeted expectations of 4,796 visits and outpatient surgeries are 134 vs. budgeted expectations 126.
7 Emergency	(2,362,849)	(386,080)	ER visits are 891 vs. budgeted visits of 924.
8 SNF	(2,187,305)	(376,224)	SNF patient days are 383 vs. budgeted expected days of 465.
9 Home Care	(343,706)	-	
10 Total Gross Patient Revenue	3,467,187	(133,008)	
Deductions from Revenue			
11 Contractual Discounts	(3,266,927)	405,436	
12 Bad Debt	(685,000)	(150,000)	
13 Charity Care Provision	9,604	15,930	
14 Prior Period Adj/Government Program Revenue	5,264,873	95,255	Accrual of 18/19 NDPH-IGT (\$385,310) and accrual of Prime Grant (\$62,500).
15 Total Deductions from Revenue	1,322,550	366,621	
16 Net Patient Service Revenue	4,789,737	233,613	
17 Risk contract revenue	(413,669)	(71,069)	
18 Net Hospital Revenue	4,376,068	162,544	
19 Other Op Rev & Electronic Health Records	274,333	(4,539)	
20 Total Operating Revenue	4,650,401	158,005	
Operating Expenses			
21 Salary and Wages and Agency Fees	(368,345)	89,595	Salaries and Wages are under budget by \$19,208 and Agency fees are under budget by \$70,387
22 Employee Benefits	544,208	25,000	
23 Total People Cost	175,863	114,595	
24 Med and Prof Fees (excl Agency)	320,521	33,789	
25 Supplies	(178,682)	37,361	
26 Purchased Services	(263,642)	(60,357)	Purchased services over budget due to accruing 1/2 of cost to repair visitor parking lots.
27 Depreciation	46,264	25,164	
28 Utilities	60,669	26,993	
29 Insurance	(18,451)	-	
30 Interest	(9,561)	(11,149)	
31 Other	77,602	(3,483)	
32 Matching Fees (Government Programs)	(1,823,791)	(123,306)	18/19 NDPH-IGT matching fee - \$211,709
33 Operating expenses	(1,613,208)	39,607	
34 Operating Margin	3,037,193	197,612	
Non Operating Rev and Expense			
35 Miscellaneous Revenue	(64,149)	(11,773)	
36 Donations	(12,779)	(2,672)	
37 Physician Practice Support-Prima	187,562	43,766	
38 Parcel Tax Assessment Rev	(750)	-	
39 Extraordinary Items	-	-	
40 Total Non-Operating Rev/Exp	109,884	29,321	
41 Net Income / (Loss) prior to Restricted Contributions	3,147,077	226,933	

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

	YTD	MONTH	
Description	Variance	Variance	
		-	
42 Capital Campaign Contribution	(199,992)	(20,949)	
43 Restricted Foundation Contributions	1,341,966	(11,693)	The hospital received Foundation donations for the ODC (\$32,059) and for the Acute care 3rd floor move (\$11,251).
44 Net Income / (Loss) w/ Restricted Contributions	4,289,051	194,291	
45 GO Bond Tax Assessment Rev	-	-	
46 GO Bond Interest	-	-	
47 Net Income/(Loss) w GO Bond Activity	4,289,051	194,291	



Days in A/R	Nov'18	Dec'18	Jan'19	Feb'19	Mar'19	Apr'19	May'19
Actual days in A/R	44.7	43.5	43.0	43.0	43.7	37.9	37.2
Goal	50.0	50.0	50.0	50.0	50.0	50.0	50.0



Days in A/P	Nov'18	Dec'18	Jan'19	Feb'19	Mar'19	Apr'19	May'19
Actual days in Vendor A/P	45.3	50.4	49.3	49.8	60.7	74.4	45.3
Goal	55.0	55.0	55.0	55.0	55.0	55.0	55.0

Sonoma Valley Hospital
 Statistical Analysis
 FY 2019

ATTACHMENT G

Statistics	ACTUAL	BUDGET	ACTUAL												
	May-19	May-19	Apr-19	Mar-19	Feb-19	Jan-19	Dec-18	Nov-18	Oct-18	Sep-18	Aug-18	Jul-18	Jun-18	May-18	Apr-18
Acute															
Acute Patient Days	340	339	341	317	265	290	370	315	394	337	361	291	354	374	341
Acute Discharges (w/o Newborns)	86	95	87	87	76	83	97	93	92	90	85	81	99	108	103
SNF Days	383	465	362	357	286	345	291	326	405	457	628	664	545	423	525
HHA Visits	0	0	0	0	0	0	0	0	0	682	585	760	871	747	755
Emergency Room Visits	891	924	890	858	833	789	840	772	842	814	810	901	856	934	864
Gross Outpatient Revenue (000's)	\$16,224	\$15,653	\$15,396	\$15,281	\$13,994	\$14,826	\$13,583	\$13,530	\$15,824	\$13,946	\$16,762	\$14,801	\$13,677	\$15,188	\$14,170
Equivalent Patient Days	2,170	2,232	2,086	2,052	1,638	1,958	1,768	1,782	2,207	2,175	2,911	2,654	2,343	2,178	2,265
Births	0	0	0	0	0	0	0	0	9	13	14	8	16	9	6
Surgical Cases - Inpatient	32	39	30	29	18	20	26	33	34	31	26	23	28	29	30
Surgical Cases - Outpatient	134	126	133	134	137	137	123	128	141	151	139	127	123	146	114
Total Surgical Cases	166	165	163	163	155	157	149	161	175	182	165	150	151	175	144
Total Special Procedures	99	69	80	91	74	51	58	55	92	99	124	78	97	72	87
Medicare Case Mix Index	1.61	1.40	1.66	1.61	1.45	1.58	1.57	1.45	1.44	1.73	1.33	1.32	1.45	1.46	1.48
Income Statement															
Net Revenue (000's)	\$4,835	\$4,672	\$5,634	\$7,807	\$3,697	\$5,505	\$4,097	\$4,249	\$4,282	\$4,548	\$4,924	\$4,557	\$5,265	\$4,817	\$4,389
Operating Expenses (000's)	\$5,073	\$5,113	\$4,853	\$6,663	\$4,521	\$5,509	\$4,726	\$4,860	\$5,321	\$5,045	\$5,314	\$5,114	\$4,968	\$5,134	\$5,053
Net Income (000's)	\$249	\$55	\$1,687	\$1,722	(\$278)	\$807	(\$208)	(\$95)	(\$120)	\$209	\$32	\$214	\$859	\$369	\$221
Productivity															
Total Operating Expense Per Equivalent Patient Day	\$2,338	\$2,291	\$2,327	\$3,247	\$2,760	\$2,814	\$2,673	\$2,727	\$2,411	\$2,319	\$1,826	\$1,927	\$2,120	\$2,357	\$2,231
Productive FTEs	245	253	244	255	248	249	234	266	278	278	278	270	259	279	281
Non-Productive FTE's	21	33	23	20	29	31	47	22	20	36	31	40	39	27	26
Total FTEs	266	286	267	275	277	280	281	288	298	314	309	310	298	306	307
FTEs per Adjusted Occupied Bed	3.80	3.98	3.84	4.15	4.73	4.44	4.92	4.84	4.18	4.38	3.29	3.62	3.82	4.35	4.06
Balance Sheet															
Days of Expense In General Operating Cash	39.1		10	5	5	13	15	10	13	13	10	19	11	6	7
Net Days of Revenue in AR	37	50	38	44	43	43	44	45	44	48	43	41	42	47	43

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	Actual Mar	Actual Apr	Actual 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	3,711,986	5,022,741	4,362,374	4,080,522	51,079,277
2 Capitation Revenue	94,582	92,314	96,054	92,135	97,789	98,199	62,561	28,474	23,610	24,319	24,930	24,930	759,897
3 Napa State	12,295	4,713	-	24,798	8,185	-	-	5,135	6,174	8,306	3,794	11,961	85,361
4 Other Operating Revenue	40,299	47,536	18,852	63,629	24,975	48,665	35,012	10,595	22,415	47,814	35,484	13,973	409,248
5 Other Non-Operating Revenue	45,944	12,250	51,133	42,712	14,067	91,000	51,984	66,482	104,954	59,194	32,445	26,673	598,838
6 Unrestricted Contributions	403		415	4,175	2,381	1,159		509	2,136	6,594		2,672	20,444
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	3,871,275	5,168,968	4,459,027	4,160,731	52,953,065
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	4,035,545	4,737,356	5,035,469	5,111,692	59,001,328
9 Add Capital Lease Payments	44,847	193,141	46,104	46,021	195,820	34,330	21,314	193,464	21,780	144,621			941,442
10 Additional Liabilities/LOC											1,215,818	368,915	1,584,733
11 Capital Expenditures	331,168		286,200	408,421	110,420	11,238	407,402	110,181	99,762	196,603	99,477	75,952	2,136,824
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	4,157,087	5,078,580	6,350,764	5,556,559	63,664,327
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)	(285,812)	90,388	(1,891,737)	(1,395,828)	(10,711,261)
Non-Hospital Sources													
12 Restricted Cash/Money Market	(809,886)	524,043			612,500	(200,000)		544,000	650,000		(2,850,000)		(1,529,343)
13 Restricted Capital Donations	357,448	8,688	286,283	409,088	116,736	5,800	407,402	110,181	99,762	129,887	43,311	75,952	2,050,538
14 Parcel Tax Revenue	207,015		1,500,000			512,117			1,500,000	155,961			3,875,093
15 Other Payments - South Lot/LOC/Fire Claim							(250,000)			196,603			(53,397)
16 Other:													-
17 IGT											7,169,044	385,310	7,554,354
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					270,000		1,620,000
Sub-Total Non-Hospital Sources	525,258	532,731	2,171,120	409,088	769,851	917,917	1,206,490	679,362	2,249,762	863,830	4,632,355	461,262	15,419,026
Non-Hospital Uses of Cash													
20 Matching Fees					300,000			641,048	1,943,466	135,000	211,709		3,231,223
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	300,000	-	-	641,048	1,943,466	135,000	211,709	-	3,231,223
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	306,296	728,830	4,420,646	461,262	12,187,803
Net Sources/Uses	(183,005)	(852,123)	494,659	(46,319)	86,901	587,834	(262,204)	(783,247)	20,484	819,218	2,528,909	(934,566)	
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	734,404	1,553,622	4,082,531	
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	734,404	1,553,622	4,082,531	3,147,965	

Sonoma Valley Hospital
Cash Forecast
FY 2019

ATTACHMENT H

	Actual July - Dec	Actual Jan	Actual Feb	Actual Mar	Actual Apr	Actual May	Forecast Jun	TOTAL
Hospital Operating Sources								
1 Patient Payments Collected	25,747,164	4,197,482	3,957,008	3,711,986	5,022,741	4,362,374	4,080,522	51,079,277
2 Capitation Revenue	571,073	62,561	28,474	23,610	24,319	24,930	24,930	759,897
3 Napa State	49,991		5,135	6,174	8,306	3,794	11,961	85,361
4 Other Operating Revenue	243,956	35,012	10,595	22,415	47,814	35,484	13,973	409,248
5 Other Non-Operating Revenue	257,106	51,984	66,482	104,954	59,194	32,445	26,673	598,838
6 Unrestricted Contributions	8,533		509	2,136	6,594	-	2,672	20,444
7 Line of Credit								-
Sub-Total Hospital Sources	26,877,823	4,347,039	4,068,202	3,871,275	5,168,968	4,459,027	4,160,731	52,953,065
Hospital Uses of Cash								
8 Operating Expenses	30,108,130	5,387,017	4,586,118	4,035,545	4,737,356	5,035,469	5,111,692	59,001,328
9 Add Capital Lease Payments	560,263	21,314	193,464	21,780	144,621	-	-	941,442
10 Additional Liabilities/LOC			-	-	-	1,215,818	368,915	1,584,733
11 Capital Expenditures	1,147,447	407,402	110,181	99,762	196,603	99,477	75,952	2,136,824
Total Hospital Uses	31,815,840	5,815,733	4,889,763	4,157,087	5,078,580	6,350,764	5,556,559	63,664,327
Net Hospital Sources/Uses of Cash	(4,938,017)	(1,468,694)	(821,561)	(285,812)	90,388	(1,891,737)	(1,395,828)	(10,711,261)
Non-Hospital Sources								
12 Restricted Cash/Money Market	126,657		544,000	650,000	-	(2,850,000)	-	(1,529,343)
13 Restricted Capital Donations	1,184,043	407,402	110,181	99,762	129,887	43,311	75,952	2,050,538
14 Parcel Tax Revenue	2,219,132		-	1,500,000	155,961	-	-	3,875,093
15 Other Payments - South Lot/LOC/Fire Claim		(250,000)	-	-	196,603	-	-	(53,397)
16 Other:			-	-	-	-	-	-
17 IGT			-	-	-	7,169,044	385,310	7,554,354
18 IGT - AB915	446,133	1,049,088	25,181	-	381,379	-	-	1,901,781
19 PRIME	1,350,000		-	-	-	270,000	-	1,620,000
Sub-Total Non-Hospital Sources	5,325,965	1,206,490	679,362	2,249,762	863,830	4,632,355	461,262	15,419,026
Non-Hospital Uses of Cash								
20 Matching Fees	300,000	-	641,048	1,943,466	135,000	211,709	-	3,231,223
Sub-Total Non-Hospital Uses of Cash	300,000	-	641,048	1,943,466	135,000	211,709	-	3,231,223
Net Non-Hospital Sources/Uses of Cash	5,025,965	1,206,490	38,314	306,296	728,830	4,420,646	461,262	12,187,803
Net Sources/Uses	87,948	(262,204)	(783,247)	20,484	819,218	2,528,909	(934,566)	
Cash and Equivalents at beginning of period	1,671,423	1,759,371	1,497,167	713,920	734,404	1,553,622	4,082,531	
Cash and Equivalents at end of period	1,759,371	1,497,167	713,920	734,404	1,553,622	4,082,531	3,147,965	

Sonoma Valley Hospital
Average Daily Cash by Month
July 2018 - May 2019 and June 2019 (to date)

	Cash Balance			Days of Cash on Hand		
	<u>Daily Average</u>	<u>Min</u>	<u>Max</u>	<u>Average</u>	<u>Min</u>	<u>Max</u>
July-18	2,185,014	1,052,056	3,414,743	13.48	6.49	21.07
August-18	1,930,819	1,395,476	2,599,693	11.91	8.61	16.04
September-18	1,898,453	664,640	3,050,229	11.71	4.10	18.82
October-18	1,793,899	1,296,174	2,255,344	11.07	8.00	13.91
November-18	1,470,370	970,920	2,158,347	9.07	5.99	13.32
December-18	1,525,626	438,769	2,368,906	9.41	2.71	14.61
January-19	1,677,407	1,107,415	2,551,782	10.35	6.83	15.74
February-19	1,236,717	616,278	1,946,787	7.63	3.80	12.01
March-19	674,011	58,148	1,327,398	4.16	0.36	8.19
April-19	1,010,991	359,907	1,601,367	6.24	2.22	9.88
May-19	4,684,427	892,584	7,015,659	28.90	5.51	43.28
11-Month Average	1,826,157	804,761	2,753,660	11.27	4.96	16.99
June 2019 (to date)	5,677,024	5,138,511	6,171,483	35.02	31.70	38.07
12-Month Average						
June 2019 (to date)	2,147,063	1,165,907	3,038,478	13.25	7.19	18.75