



SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS

AGENDA

SEPTEMBER 5, 2019

REGULAR SESSION 6:00 P.M.

COMMUNITY MEETING ROOM

177 FIRST ST WEST

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 sfinn@sonomavalleyhospital.org (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. BOARD COMMENTS</p>	<i>Rymer</i>		
<p>4. CONSENT CALENDAR 1. Board Minutes 08.01.19 2. Quality Committee Minutes 07.24.19 3. Finance Committee Minutes 06.25.19 4. Policies and Procedures 5. Medical Staff Credentialing</p>	<i>Rymer</i>	Action	Pages 3-20
<p>5. CHIEF OF STAFF REPORT</p>	<i>M. Brown</i>	Inform	Page 21
<p>6. RESOLUTION #346 TO SET THE GO BOND TAX RATE</p>	<i>Jensen</i>	Inform/ Action	Pages 22 - 26
<p>7. AB 2190 ATTESTATION LETTER</p>	<i>Mather</i>	Inform/ Action	Pages 27 - 28
<p>8. CEO ADMINISTRATIVE REPORT</p>	<i>Mather</i>	Inform	Pages 29 - 31
<p>9. CMO REPORT</p>	<i>Kidd</i>	Inform	Pages 32 - 33
<p>10. FINANCIALS MONTH END JULY 31, 2019</p>	<i>Jensen</i>	Inform	Pages 34 - 42

11. LEGISLATIVE UPDATE • Opposition Letter SB 227	<i>Rymer</i>	Inform	Page 43
12. COMMITTEE REPORT • Finance Committee recommendation of a monthly report on the line of credit pay down	<i>Rymer</i>	Inform	
13. ADJOURN	<i>Rymer</i>		

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



SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS' MEETING
MINUTES
 THURSDAY, AUGUST 1, 2019
 COMMUNITY MEETING ROOM
 177 FIRST ST WEST SONOMA CA 95476

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER The meeting was called to order at 6:00 pm.	Rymer	
2. PUBLIC COMMENT	Rymer	
Leslie Lovejoy Director of Clinical Care Transitions, Dawn Kuwahara, Chief Ancillary Officer, and Mark Kobe, Chief Nursing Officer spoke in favor of the leadership and Board decisions, as well as the positive changes that have occurred at the hospital during a difficult time in health care. Preston Sitterly commented on his feelings about the staffs' statements. Richard Connelly, member of the SVH Foundation Board, spoke about his positive experiences at SVH. He also spoke about the complexity of healthcare finances. Buddy Pepp, member of the SVH Foundation Board, spoke about the positive improvements that have been made in the hospital. He gave his full support of the CEO and the Board.		
3. CONSENT CALENDAR <ul style="list-style-type: none"> A. Board Minutes 07.11.19 B. Quality Committee Minutes 06.26.19 C. Governance Committee Minutes 09.25.18 D. Policies and Procedures E. Medical Staff Credentialing Report 	Rymer	
Policies: New: <ul style="list-style-type: none"> • <u>Peer Review and Focused Professional Practice Evaluation MS8610-104</u> Revisions: <ul style="list-style-type: none"> • <u>Code Stroke Practice Guidelines NS8610-122</u> • <u>Downtime Paragon Clinical Documentation MR8610-108</u> • <u>Emergency Operations Plan 2019 EP8610-100</u> • <u>Drugs and Alcohol Free Workplace HR8610-316</u> • <u>Meal Breaks and Rest Periods HR8610-152</u> • <u>MMR, Varicella, Td, TDaP, and Influenza Vaccinations HR8610-164.02</u> • <u>Tuberculosis Screening HR8610-164.5</u> 		MOTION: by Boerum to approve, 2 nd by Hirsch. All in favor

<ul style="list-style-type: none"> • <u>Work Related Injury and Illness HR8610-174</u> Retire: <ul style="list-style-type: none"> • <u>Employee Testing for Suspicion of Drugs or Alcohol HR8610-316</u> • <u>Impaired Employees HR8610-356</u> • <u>Peer Review MS8710-186</u> • <u>Surgical Case Review MS8710-115</u> • <u>Medical Staff Indicators Review MS8710-187</u> Departmental Revisions: Surgery / Central Sterile <ul style="list-style-type: none"> • <u>Pre-Operative Skin Preparation of Patients 7420-142</u> • <u>Trophon Environmental Probe Reprocessor (EPR) 7630-236</u> Reviewed/No Changes: Patient Accounting <u>Patient Refunds Overpayments 8530-01</u>		
4. BOARD COMMENTS	<i>Rymer</i>	
<p>Mr. Rymer gave a statement regarding misinformation provided by speakers during the Public Comment portion of the Board Meeting in July. Some of the same misinformation was repeated on social media during the last month. Mr. Rymer refuted false statements about the hospital's financial situation, its culture and the investment being made in the Outpatient Diagnostic Center and asked for a more civil discourse from all.</p> <p>Dr. Mainardi spoke in reference to the hospital's payer mix. He stated that a previous hospital he practiced at closed when government reimbursements reached 40%, a little more than half of the level SVH has (i.e., ~75%).</p> <p>Mr. Boerum spoke about the importance of understanding the facts relating to the operation of a very complex institution like our hospital and to the excellent quality of care provided by the hospital.</p>		
5. OUTPATIENT DIAGNOSTIC CENTER PRESENTATION	<i>Peluso/ Mather</i>	
<p>Ron Peluso Project Manager Vertran Associates presented the current status to the Outpatient Diagnostic Center. This included the budget, funding, and next steps.</p> <p>Dave Pier, Executive Director of the Foundation spoke about the fundraising efforts for this project.</p>		
6. FINANCE COMMITTEE QUARTERLY REPORT	<i>Nevins</i>	
<p>Ms. Nevins gave an overview of the items that the Finance Committee has reviewed, approved and recommended over the last quarter.</p>		
7. EMPLOYEE ENGAGEMENT RESULTS/HR UPDATE	<i>McKissock</i>	

<p>Ms. McKissock gave a report of the employee engagement survey results. Total participation was 53% of employees. The overall score for the organization was 4.17 out of a scale of 5. She also spoke about how the results are followed up on.</p> <p>Mr. Sitterly said that he thought that the response rate was low and therefore hadn't provided the full picture of how employees truly feel. Kelly Mather responded that this was a new survey tool and that in the past the hospital had achieved response rates closer to 80%. The hospital will seek to return to those levels of response next year and beyond.</p> <p>Mr. Connelly spoke about his positive experiences with the staff.</p>		
8. CEO ADMINISTRATIVE REPORT AUGUST	<i>Rymer</i>	
<p>Ms. Mather spoke about the serious financial situation that the hospital faced in April 2018 and the difficult decisions that brought the hospital to achieving fifty percent above budget at the close of this fiscal year.</p> <p>She said that a community perception survey will go out this month and the results will be shared in October.</p> <p>Mission Minded has been hired for hospital branding. This is being funded entirely by the Foundation.</p> <p>Phase 1 of the ODC will break ground in December (CT Scanner). UCSF is now overseeing the Prima physician groups. This decreased our expense for Prima Support in this past fiscal year by ~\$500K.</p>		
9. CMO REPORT	<i>Mather</i>	
<p>Dr. Kidd was not present. Ms. Mather reported that Hospitalist group has been on board for a month and that everyone continues to collaborate as issues arise.</p> <p>The Hospice bed has been moved from the SNF to the third floor.</p>		
10. FINANCIAL REPORT MONTH END JUNE 30, 2019 & APPROVAL OF BASELINE AVERAGE DAYS OF CASH ON HAND	<i>Jensen</i>	Inform
<p>Mr. Jensen reviewed the pre audit financials for June. The days of cash on hand was 35.3. Accounts Receivable was at 43 days, an increase from May. Accounts Payable was at 53 days.</p> <p>He reported that at the fiscal year end there was a net gain of \$4,234,934 vs. a budgeted net loss of (\$166,530). EBIDA ended at 6.1% vs. a budgeted 1%.</p> <p>Ms. Nevins reviewed the changes in operations and other financials from 2018 to 2019.</p> <p>Mr. Rymer proposed a goal for the average days of cash on hand for the 2020 fiscal year. He recommended a goal of an average of 23.5 days of cash on hand for the year.</p>		MOTION by Nevins to approve the baseline average days of cash on hand. 2 nd by Boerum. All in favor.
<p>11. COMMITTEE REPORTS</p> <ul style="list-style-type: none"> Appointment of CEO compensation committee – Mr. Rymer nominated Ms. Hirsch and Dr. Mainardi to the CEO evaluation and compensation committee. Governance Committee Report <ul style="list-style-type: none"> i. 2019 Work Plan 	<i>Board</i>	MOTION: by Rymer to recommend Dr. Mainardi and Ms. Hirsch to the Evaluation and Compensation Committee. 2 nd by Boerum. All in favor.

ii. Governing Bidding For Facility Projects P-2016-11-03 iii. Investment Policy P-2019.08.01		MOTION: by Rymer to approve ii 2 nd by Hirsch. All in favor. MOTION: by Rymer to approve iii 2 nd by Nevins. All in favor
12. ADJOURN	<i>Rymer</i>	
Adjourned 7:56 pm		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
July 24, 2019 5:00 PM
MINUTES
Schantz Conference Room**

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

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Called to order at 5:00 pm, adjourn 5:03 pm Closed session called to order at 5:03 pm, adjourn at 5:26 pm Open session called to order at 5:26 pm	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR		Action
<ul style="list-style-type: none"> QC Minutes, 06.26.19 		MOTION: by Webber to approve, 2 nd by Eisenstark . All in favor.
4. PATIENT CARE SERVICES ANNUAL REPORT	<i>M. Kobe</i>	
	Mr. Kobe reviewed the PCS annual report for 2018. In this report he reviewed the Quality dashboard, OASCAHPS & HCAHPS, rate my hospital results, and financial performance. He also reviewed ED and Outpatient Surgery volumes and overall PCS turnover rates.	
5. CNO QUARTERLY PCS DASHBOARD	<i>M. Kobe</i>	

AGENDA ITEM	DISCUSSION	ACTION
	Mr. Kobe reviewed the second quarter dashboard. Opportunities for improvement were around falls. He reported that medication scanning has improved to greater than 90%.	
6. GOOD CATCH REPORT	<i>D. Jones</i>	
	Ms. Jones reviewed the Good Catch report in the last quarter. Four were around medications, one was around a paper chart.	
7. QUALITY AND RESOURCE MANAGEMENT REPORT	<i>D. Jones</i>	
	Ms. Jones spoke about the community engagement program event on Stroke education at Vintage House. This will be repeated due to high interest. She reviewed the Quality and Risk Management Oversight for 2019 on reporting out of QAPI.	
8. CEO DASHBOARD	<i>D. Jones</i>	
	Ms. Jones reviewed the CEO dashboard.	
9. POLICIES AND PROCEDURES	<i>Jones</i>	
<u>NEW</u> <u>Patient Safety Program GL8610-202</u> <u>REVISIONS:</u> <u>Adverse Event Reporting GL8610-184</u> <u>Code Blue-Broselow Carts and Emergency Medications QS8610-104</u> <u>Code Management for DP SNF</u> <u>REVIEWED NO CHANGES:</u> <u>Influenza Vaccination Program for Staff and LIPs IC8610-142</u> <u>DEPARTMENTAL</u> <u>REVISIONS:</u> <u>Nutritional Services</u> <u>Diet Orders and Diet Changes 8340-153</u> <u>Fluid Restriction Allowance 8340-155</u>	Discussion and review of revisions. Ms. Jones reviewed the new Patient Safety Program Policy. This was created to comply with CMS requirements.	MOTION: by Eisenstark to approve 2 nd by Idell . All in favor.

AGENDA ITEM	DISCUSSION	ACTION
<u>Food Nutrition Disaster Plan 8340-109</u> <u>Registered Dietitian Nourishment Modifications 8340-173</u> <u>Responsibilities of the Dietitian 8340-171</u> <u>Medical Staff Departmental Policies Table of Contents</u>		
10. CLOSED SESSION	<i>Hirsch</i>	
	Called to order at 5:03 pm	
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
	Medical Staff Credentialing reviewed. Root cause analysis reviewed.	MOTION: by Eisenstark to approve credentialing, 2 nd by Idell. All in favor.
12. ADJOURN	<i>Hirsch</i>	
	6:37 pm	



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, JUNE 25, 2019
Schantz Conference Room

Present	Excused	Staff	Public
Sharon Nevins *Susan Porth *Peter Hohorst *Dr. Subhash Mishra via telephone *Art Grandy Joshua Rymer via telephone		Ken Jensen, CFO Sarah Dungan Dawn Kuwahara, RN CAO	

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 5:02pm		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	None		
3. CONSENT CALENDAR	<i>Nevins</i>		
	Minutes from the 05.28.19 meeting were reviewed.	MOTION: by Hohorst to approve 2 nd by Grandy. All in favor	
4. IGT SUMMARY	<i>Dungan</i>		
	Ms. Dungan gave an overview of the IGT program and funding.		
5. REVIEW OF CAPITAL SPENDING PLAN FOR FY2020	<i>Jensen</i>		
	Mr. Jensen reported that the capital budget is not complete. To be reported out at the August meeting.		

6. FINANCIAL REPORT MONTH END MAY 31, 2019	<i>Jensen</i>		
	<p>Mr. Jensen reported that the days of cash on hand was 39.1 Accounts Receivable was at 37.2 days and Accounts Payable was at 45.3 days. After accounting for all 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%.</p> <p>Mr. Jensen said the cash flow going into the next fiscal year (July 1st) is expected to be at three million dollars.</p> <p>He also reported that with the fire insurance claim we received \$275,000 initially. With further discussion the insurance company paid another \$110,000.</p>		
7. OTHER			
	<p>Mr. Jensen gave an update on the status of the Ensign SNF management agreement and terms post legal review.</p> <p>Ms. Dungan reviewed the daily cash by month from July 2018 – June 2019. Ms. Nevins recommended that this be presented to the Board during the committee updates. Mr. Rymer requested that this become a monthly addition to the financial report.</p> <p>Mr. Hohorst suggested that the newborn data be replaced with observation days on attachment B.</p>		
8. ADJOURN	<i>Nevins</i>		
	Meeting adjourned at 5:41pm		

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:

Patient Safety Program GL8610-202

This policy was created to establish a written patient safety program for Sonoma Valley Hospital

REVISIONS:

Adverse Event Reporting GL8610-184

Changes have been made to reflect the current Health and Safety code from the Department of Public Health regarding Sentinel Events and reporting.

Code Blue-Broselow Carts and Emergency Medications QS8610-104

Removing Broselow Resuscitation Bags from Adult Crash Carts and updating Broselow Cart drawer contents list. There have been no pediatric resuscitations in recent or distant memory. These bags contain expensive product that expires each month. These bags are very high risk for regulator violations of policy due to difficulty in examining contents monthly. SVH does not admit pediatric patients but sees pediatric patients in the ED and OR. ED and OR will maintain a Broselow Emergency Cart.

Code Management for DP SNF

On July 1, 2019, the SNF became managed by an outside vendor. Our Hospitalists and ED MDs will no longer contractually respond to the SNF. The SNF will handle code blues and rrrts like other SNFs and call 911 for these emergencies. Because the SNF is physically attached to SVH, life safety code regulations still apply and therefore, Code Red for fire and Code Disaster, remain in effect

REVIEWED/NO CHANGES:

Influenza Vaccination Program for Staff and LIPs IC8610-142

DEPARTMENTAL

REVISIONS:

Nutritional Services

Diet Orders and Diet Changes 8340-153

Added allowance for registered dietitian to accept and transmit medical nutrition therapy orders from the doctor. Deleted that the unit clerk will process these orders. Added licensed nurse can be notified as well if

question regarding diet order. Expanded to encompass Registered Dietitian scope of practice, to enhance patient satisfaction, and due to change in work flows.

Fluid Restriction Allowance 8340-155

Changed policy to define how many ounces the kitchen will send on each tray based on the fluid restriction written by the doctor. Removed that nursing will deduct supplement fluid from total allowance. Added Purpose and Responsibility. Added attachment A with defined allowances. Added what is included in a fluid restriction and what is not. Defined what to do if fluids exceed limits prescribed by the physician. Previous policy stated that when patients are placed on a physician ordered daily fluid restriction the kitchen will always send only 4 ounces of any fluid per tray. Nutritional Services staff to account for supplement fluid being sent. Purpose and Responsibility was missing on previous policy. Added attachment A to specify allowances. Defined process will ensure staff gives correct amounts of fluids and instructs staff as to what to do if fluids exceed limits.

Food Nutrition Disaster Plan 8340-109

Added location of the Emergency Supply by addition of map. Grammatical changes. Updated Appendix D- Emergency Menu Food Items List.

Registered Dietitian Nourishment Modifications 8340-173

The kitchen will not send nourishments if patient is NPO but will allow nourishments to be resumed when NPO no longer valid. Made changes in nutrition supplements and need for patient-centered care.

Responsibilities of the Dietitian 8340-171

Addition of RD responsibility of allergy/intolerance related menu modifications. Change of wording in meeting participation to allow for flexibility. Deleted RD responsibility over FNS manager as this is no longer necessary.

Medical Staff Departmental Policies

Table of Contents listing changes is attached



SUBJECT: Patient Safety Program

POLICY # GL8610-202

DEPARTMENT: Quality

PAGE 1 OF 5

EFFECTIVE:

REVISED:

PURPOSE:

This is an organization-wide program. It applies to all sites, services, and care settings. The scope of the patient safety program includes the full range of safety issues, from potential or no harm errors, to hazardous conditions and sentinel events.

The organization recognizes that a patient has the right to a safe environment, and an error free care experience. Therefore, the organization commits to undertaking a proactive approach to the identification and mitigation of medical errors.

The organization also recognizes that despite our best efforts, errors can and will occur. Therefore, it is the intent of the organization to respond quickly, effectively, and appropriately, when an error does occur.

The organization also recognizes that the patient has the right to be informed of the results of treatments or procedures whenever those results differ significantly from anticipated results.

RESPONSIBILITY:

1. Governing Body

The Governing Body, through the approval of this document, authorizes the establishment of a planned and systematic approach to preventing and addressing patient safety. The Governing Body delegates the implementation and oversight of this program to Medical Staff Performance Improvement Committee.

2. The Performance Improvement Committee

The Performance Improvement (PI) Committee is responsible for the oversight of the development, implementation and evaluation of the Patient Safety Program. This includes monitoring of corrective actions for patient safety events and to make recommendations to eliminate future patient safety events. The PI Committee will review and revise patient safety plans, annually or more often, if necessary. Ad hoc Patient Safety Subcommittees are formed as needed. The PI Committee delegates' responsibility of the actual implementation of the program to the Chief Executive Officer or designee (hereinafter referred to as the "Senior Leader").

3. Senior Leader

The Senior Leader is responsible for assuring that this program is implemented and evaluated throughout the organization. As such, the Senior Leader will establish the



SUBJECT: Patient Safety Program

POLICY # GL8610-202

DEPARTMENT: Quality

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EFFECTIVE:

REVISED:

structures and processes necessary to accomplish this objective. The Senior Leader delegates the day to day implementation and evaluation of this program to the Medical Staff and Clinical Leadership (hereinafter referred to as the “Management Team” of the organization.

4. Medical Staff & Management Team

Consistent with its bylaws, policies, and rules and regulations, the Medical Staff and Risk Manager are responsible for the day- to- day implementation and evaluation of the processes and activities noted in this program.

POLICY:

1. Designing or Re-designing Processes

When a new process is designed (or an existing process is modified) the organization will use information from both internal and external sources on reducing medical errors, and incorporate this information into its design or re-design strategies.

2. Identification of Potential Patient Safety Issues

As part of its planning process, the organization regularly reviews the scope and breadth of its services. Attendant to this review is an identification of care processes that, through the occurrence of an error, would have a significant negative impact on the health and well-being of the patient. Areas of focus may include:

- Processes identified through a review of the literature
- Processes identified through the organization’s performance improvement program
- Processes identified through occurrence reports and adverse events
- Processes identified as the result of findings by regulatory and/or accrediting agencies
- Patient safety goals as recommended by the annual Joint Commission National Patient Safety Goals.

3. Performance Related to Patient Safety

- a. Once potential issues have been identified, the organization will establish performance measures to address those processes that have been identified as “high risk” to patient safety.
- b. Performance measurement data will be collected, aggregated, and analyzed – as necessary – to determine if opportunities to improve safety and reduce risk are identified. If so, the organization will prioritize those processes that demonstrate significant variation from desired practice, and allocate the necessary resources to mitigate the risks identified.

SUBJECT: Patient Safety Program

POLICY # GL8610-202

DEPARTMENT: Quality

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EFFECTIVE:

REVISED:

- c. Opportunities to reduce errors that reflect system issues are addressed through the organization's performance improvement program.
- d. Opportunities to reduce errors that reflect the performance of the individual care provider are addressed, as appropriate, through the Medical Staff peer review process or through the organization's human resource policy(s).

Responding to Errors:

The organization is committed to responding to errors in care in a manner that supports the rights of the patient, the clinical and emotional needs of the patient, protects the patient and others from any further risk, and preserves information critical to understanding the proximal and – where appropriate – root cause(s) of the error. To that end, the organization has established a variety of policies and procedures to address these issues.

1. Levels of Response to Errors

There are three major levels of response by the organization to an error. Response is based on the severity of the error.

- a. Errors that are minor in nature and result in no harm (or risk of harm) to the patient may be aggregated and analyzed to see if there are any patterns or trends that would indicate process improvement opportunities. It is generally not necessary to address each error singularly.
- b. Errors that are near misses or have some sort of untoward effect on the patient, but are not considered adverse as defined by the organization's adverse event policy, will be addressed through the organization's incident reporting and risk management process. An intensive assessment or root cause analysis may or may not be performed.
- c. Errors that meet the organization's definition of a sentinel event will be subjected to an intensive assessment or root cause analysis. Management of these types of errors is described in the adverse event policy.

2. Supporting Staff Involved in Errors

The organization recognizes that individuals involved in an error may need emotional and psychological support. To that end, the organization has defined processes to assist employees and members of the Medical Staff.

- a. Employees can be referred to the organization's "Employee Assistance Program" for assistance.
- b. Members of the Medical Staff can be referred to the "Well-Being Committee" for assistance.



SUBJECT: Patient Safety Program

POLICY # GL8610-202

DEPARTMENT: Quality

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EFFECTIVE:

REVISED:

3. Educating the Patient on Error Prevention

The organization recognizes that the patient is an integral part of the healthcare team. Therefore, patients will be educated about their role and responsibility in preventing medical errors.

4. Informing the Patient of Errors in Care

The organization recognizes that a patient has the right to be informed of results of care that differ significantly from that which was anticipated. The Licensed Independent Practitioner (LIP) is responsible for assuring that the patient is informed of errors in care.

Reporting Errors:

The organization has established mechanisms to report the occurrence of medical errors both internally and externally.

1. Errors will be reported internally to the appropriate administrative or medical staff entity.
- a. Errors will be reported to external agencies in accordance with applicable local, state, and federal law, as well as other regulatory and accreditation requirements.

2. Dissemination of Information

Lessons learned from root cause analyses, system or process failures, and the results of proactive risk assessments shall be disseminated to appropriate staff that provide care, treatment, and service pertinent to the specific issue.

3. Report to the Governing Body

Reporting of adverse events must be part of the organization's quality assessment and performance improvement program.

At least once a year, the organization will provide the governing body with a written report on the following:

- b. All system or process failures
- c. The number and type of sentinel events
- d. Whether the patients and the families were informed of the events
- e. All actions taken to improve safety, both proactively and in response to actual occurrences

REFERENCES:

CMS Conditions of Participation for Acute Care Hospitals, §482.21

CMS Conditions of Participation for Critical Access Hospitals §485.635(a)(3)(v)

Center for Improvement in Healthcare Quality, Standard QA-3

OWNER:

Director of Quality & Risk Management



SUBJECT: Patient Safety Program

POLICY # GL8610-202

DEPARTMENT: Quality

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EFFECTIVE:

REVISED:

AUTHORS/REVIEWERS:

Danielle Jones, Director of Quality & Risk Management

APPROVALS:

Policy & Procedure Team: 6/18/19

Performance Improvement Committee: 6/27/19

Medical Executive Committee: 7/18/19

Board Quality Committee: 7/24/19

The Board of Directors:

DRAFT



POLICIES/PROCEDURES MANUAL

Medical Staff

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Policies	
MS8610-100	CPOE Order Set Management: changes are 1. Process now using UpToDate for evidence based guidelines using Provation software; 2. retired CMIO title; 3. Ordersets that are autoprocessed will bypass Pharmacy review; and 4. Set annual review as standard and outlined management process.
MS8710-101	Health of Licensed Independent Practitioners: no changes
MS8710-102	Disaster Responsibilities for Volunteer Clinical Practitioners (Allied Health): no changes
MS8710-103	Physician Suspension (Medical Records): added the use of email to notify physicians and the notification of the Medical Director of the service
MS8710-104	Patient Discharge: no changes
MS8710-105	Medical Staff Quality Assurance/Performance Improvement Plan: added PI Committee role and functions
MS8710-106	Preoperative Evaluation & Patient Flow Process: Added age range for pregnancy testing (14-55)
MS8710-107	Proctoring: added departmental requirements and workflow process for medical staff office
MS8710-108	Professional Practice Evaluation Integrated into new peer review policy; archive
MS8710-109	Requirements for Establishing Clinical Privileges: no changes
MS8710-110	Disruptive Behavior: no changes
MS8710-112	Utilization Review Plan: took out references to Executive Healthcare Resources and the Joint Commission; added Management company Oversight for SNF.
MS8710-113	Physician Oversight Responsibilities For Patients: New
MS8710-115	Surgical Case Review Integrated into new peer review policy; archive
MS8710-120	Verbal and Telephone Order Policy: added Electronic messaging orders (e.g., text messages, email, or other types of instant messaging) shall not be accepted since we are unable to verify the identity of the person sending the message or validate the original order in the medical record.
MS8610-122	Ordering of Outpatient Services: no changes
MS8710-153	Medical Staff Complaint Response: no changes
MS8710-186	Peer Review Policy: extensive changes reviewed in all medical staff committees
MS8710-187	Medical Staff Indicators Review Integrated into new peer review policy; archive

Governance	
Rules and Regulations	Medical Staff Rules and Regulations (revisions not due until 3/2020)
Bylaws	Medical Staff Bylaws (revisions not due until 3/2020)

APPROVALS:

Policy & Procedure Team: 5/21/19

Medical Executive Committee: 6/20/19

Board Quality Committee: 7/24/19

The Board of Directors:



Meeting Date: September 5, 2019

Chief of Staff Annual Board Report, Mike Brown, M.D.

What is going well / New Items:

- The Hospital is financially more stable starting the new fiscal year.
- The OR is functioning smoothly and continues to be a great place to work. We have new physicians on board that we are looking forward to working with.
- The third floor move continues to be adjustment for all. The new Patient Care Services Director, Jessica Winkler is excellent. She has put a great emphasis on safety in the department.
- We continue to work through some of the major transitions with the Hospitalist group and the SNF management change. The Hospitalist group consists of new and some carry over physicians. There has been an increase in their shifts which benefits both patients and physicians. The SNF management transition is also a mix of old and new staff members. The early returns have been having good Physical Therapist.



Meeting Date: September 5, 2019
Prepared by: Ken Jensen, CFO
Agenda Item Title: Resolution No. 346 - Setting the Tax Rate for the 2019-20 Fiscal Year for GO Bonds

Recommendation:

The Finance Committee recommends to the District Board the approval of the General Obligation Bonds tax rate of \$29.50 per \$100,000 of the assessed value of the secured property in the District.

Background and Reasoning:

This is consistent with prior year resolutions. The total assessed value of the secured property in the District is \$10,552,740,965. The tax required to assure payment of the principle, interest, and reasonable reserve for the Bonds for Fiscal Year 2019-2020 is \$2,895,390. The rate, calculated per the Sonoma County's approved formula is \$29.50 per \$100,000 of assessed valuation. This will generate \$3,104,782. The required principle and interest portion is \$2,888,169. The trustee reserve is \$216,613.

Consequences of Negative Action/Alternative Actions:

Without the resolution, the County cannot collect the General Obligation Bond tax.

Financial Impact:

The resolution will instruct the County to collect the General Obligation Bond tax to be paid to the bond holders.

Selection Process and Contract History:

The Hospital has done similar resolutions in the past.

Board Committee:

Finance

Attachments:

Resolution No. 346

EXHIBIT D

Payment Date	Principal	Interest	Total
February 1, 2020 (Series B)	-	377,177.50	377,177.50
February 1, 2020 (2014)		195,407.10	195,407.10
August 1, 2020 (Series B)	1,140,000.00	377,177.50	1,517,177.50
August 1, 2020 (2014)	603,000.00	195,407.10	798,407.10

Amount Needed for 2020 Debt Service 2,888,169.20

County Collection Fee (Sect 29142) 0.0025 7,220.42

Amount Needed -- To be paid by FY 2020 Property Taxes 2,895,389.62 **A**

Assessed Value - Unsecured 280,324,625 **B1**

95% of Unsecured Assessed Value 266,308,394 **B2 = .95xB1**

Prior Year Rate - **B3**

Paid by Assessment on Unsecured Property - **B = B2xB3**

Remaining Amount Needed 2,895,389.62 **C=A-B**

Assessed Value - Secured + Utility 10,507,270,828 **D1**

Assessed Value - "HOPTR" 45,470,137 **D2**

Assessed Value - Total 10,552,740,965 **D = D1+D2**

Tax Rate Calculation 0.000274 **E = C/D**

Tax Rate per \$100 of Assessed Value 0.0274 **F = Ex100**

Tax Rate Adjustment Factor 7.5% **G**

Tax Rate Adjustment 0.0021 **H = FxG**

Tax Rate on Secured Property, as reflected on tax bill (per \$100 of AV) **0.0295** **I = F+H**

Tax Rate as reflected in Board Resolution (per \$100,000 of AV) **29.50** **= 1000 x I**

	2014	B Series	Total
Debt Service	\$ 993,814	\$ 1,894,355	\$ 2,888,169
Adjustment Factor - 7.5%	74,536	142,077	216,613
	<u>\$ 1,068,350</u>	<u>\$ 2,036,432</u>	<u>\$ 3,104,782</u>

	Total District Assessed Value	
	Assumed	Actual
FY 2015	7,716,050,681	
FY 2016	8,339,515,321	
FY 2017	8,883,032,347	
FY 2018	9,448,733,253	
FY 2019	9,944,701,074	
FY 2020	10,552,740,965	
Increase	-5.76%	-100.00%

Note: County of Sonoma supplied assessed value information.
Format for calculations prepared by SVH Controller.

SONOMA VALLEY HEALTH CARE DISTRICT

RESOLUTION No. 346

**RESOLUTION SETTING THE TAX RATE FOR THE 2019-20 FISCAL YEAR
FOR THE PAYMENT OF INTEREST ON THE SONOMA VALLEY HEALTH
CARE DISTRICT (SONOMA COUNTY, CALIFORNIA) GENERAL
OBLIGATION BONDS, ELECTION OF 2008, SERIES A (2009)**

WHEREAS, by resolution, adopted by the Board of Directors (the "Board") of the Sonoma Valley Health Care District (the "District") on August 6, 2008, the Board determined and declared that public interest and necessity demanded the need to raise moneys for the expansion, improvement, acquisition, construction, equipping and renovation of health facilities of the District (the "Project"), and the Board called an election to be held within the boundaries of the District in accordance with the California Elections Code;

WHEREAS, a special municipal election was held in the District on November 4, 2008 and thereafter canvassed pursuant to law;

WHEREAS, an election there was submitted to and approved by the requisite two-thirds (2/3) vote of the qualified electors of the District a question as to the issuance and sale of general obligation bonds of the District for the purpose of raising money for the Project in the maximum aggregate principal amount of \$35,000,000, payable from the levy of an *ad valorem* tax against all taxable property in the District;

WHEREAS, pursuant to Chapter 4 of Division 23 (commencing with section 32300) of the California Health and Safety Code (the "Act"), the District is empowered to issue general obligation bonds;

WHEREAS, the District sold, on January 27, 2009, an initial series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$12,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series A (2009)" (the "Bonds"); and

WHEREAS, the District sold, on August 1, 2010, an additional series of bonds for the purpose of raising funds needed for the Project and for other authorized costs in the aggregate principal amount of \$23,000,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series B (2010)" (the "Bonds"); and

WHEREAS, the District sold, on January 28, 2014, a refunding series of bonds for the purpose of refunding the Sonoma Valley Health Care District (Sonoma County, California) General Obligation Bonds, Election of 2008, Series A (2009)" in the aggregate principal amount of \$12,437,000, identified as the "Sonoma Valley Health Care District (Sonoma County, California) 2014 General Obligation Refunding Bonds" (the "Bonds"); and

WHEREAS, the County has requested that the District provide to the County the tax rate required for Fiscal Year 2019-20 to pay interest on the Bonds and to provide a reasonable reserve;

NOW, THEREFORE, THE BOARD OF DIRECTORS OF SONOMA VALLEY HEALTH CARE DISTRICT DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:

Section 1. Recitals. All of the recitals herein are true and correct. To the extent that the recitals relate to findings and determinations of the Board, the Board declares such findings or determinations to be made thereby.

Section 2. Tax Rate; Remittance.

(a) Based upon the County's estimate of assessed valuation of all secured property in the District (\$10,552,740,965) the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2019-2020 is \$29.50 per \$100,000 of assessed valuation. It is the intent of the District to provide to the County, by resolution, the tax rate required to assure payment of the principal of, interest on and a reasonable reserve for the Bonds for Fiscal Year 2019-20 and each Fiscal Year thereafter, so long as the Bonds remain outstanding. However, in the event the District fails to provide a tax rate in any year, the County is directed to apply the most recently provided tax rate in such year.

(b) The District hereby delegates to the County Board of Supervisors the authority to annually levy and collect the annual *ad valorem* property taxes required for the payment of the principal of and interest on the Bonds.

(c) The District hereby requests that such amounts, as collected, be remitted directly to The Bank of New York Mellon Trust Company, N.A., the District's paying agent for the Bonds.

Section 3. Request for Necessary County Actions. The County Board of Supervisors and the County Auditor-Controller-Treasurer-Tax Collector, and other officials of the County, are hereby directed to take whatever action that may be necessary pursuant to law to provide for the levy and collection of a property tax on all taxable property within the District at the tax rate specified in Section 2(a) above.

Section 4. General Authority. The Chair, the Secretary, the Chief Executive Officer and the Chief Financial Officer, and their respective designees, are each hereby authorized, empowered and directed in the name and on behalf of the District to take any and all steps which they or any of them might deem necessary or appropriate in order to give effect to this resolution.

Section 5. Effective Date. This resolution shall take effect immediately on and after its adoption.

* * * * *

PASSED AND ADOPTED this 5th day of September 2019, by the following vote:

AYES:

NAYS:

ABSTAIN:

ABSENT:

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

ATTEST:

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

AB 2190 Attestation

1. What is an AB 2190 Attestation statement?

A hospital owner or operator who has a facility with one or more buildings with a structural performance rating of less than SPC-3 or whose non-structural performance rating is less than NPC-5 must submit a statement to OSHPD attesting that its board of directors is aware of that their hospital buildings are required to meet the January 1, 2030 deadline for substantial compliance. (H&S Code Section 130066)

2. What does OSHPD require to be included in the attestation?

The attestation is a written statement that the board of directors is aware of its 2030 requirements.

3. Does the owner or operator of the facility need to disclose its compliance plan in its attestation?

No. H&S Code 130066 only requires an attestation of the awareness of the board of directors of its obligation to meet seismic safety deadlines.

4. When are attestations due to OSHPD?

Attestations must be received by OSHPD prior to January 1, 2020

5. What will OSHPD do with the attestation statement?

Attestations are public records due to their mandate in law. Attestation letters will be publicly available on the Facility Detail page on the OSHPD Facilities Development Division web site for each responding facility. The Facility Detail page is [here](#).

6. What will happen if our facility does not submit an attestation statement?

Facilities required to submit attestations that do not do so will be listed on OSHPD's website and included in FDD's periodic report to the legislature regarding statewide progress toward compliance with the Hospital Facilities Seismic Safety Act as amended by SB 1953 and AB 2190.

7. Can an attestation letter be for more than one facility?

If a healthcare system wants to submit one letter for all the hospitals for which they are the governing authority, they need to specify which hospitals and which building(s) at each hospital that are not in substantial compliance, the letter is intended to cover. OSHPD will duplicate and apply to each campus that is detailed in the letter



August 28, 2019

Office of Statewide Health Planning and Development
Facilities Development Division
2020 West El Camino Avenue, Suite 800
Sacramento, California 95833

Attn: Seismic Compliance Unit

Subject: Sonoma Valley Hospital, Facility ID #11064
Assembly Bill 2190 SEC. 2, Section 130066 Attestation

To Whom It May Concern:

On behalf of Sonoma Valley Hospital we attest that the Board of Directors of the hospital is aware that hospital buildings are required to meet the January 1, 2030 deadline for substantial compliance to Health and Safety Code Section 130065.

Please feel free to contact me if you have any questions.

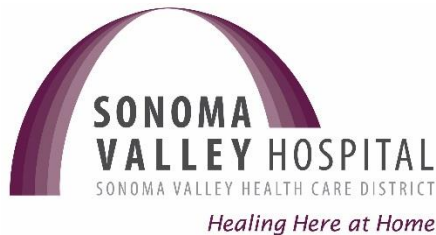
Sincerely,

Kelly Mather, CEO

Bill Boerum, Board Secretary

cc: Board of Directors

347 Andrieux Street • Sonoma, CA 95476-6811 • 707-935-5000 • www.svh.com



To: SVHCD Board of Directors
From: Kelly Mather
Date: 8/29/19
Subject: Administrative Report

Summary

We shared the good news that we met the challenges of FY 2019 with the community and have received positive feedback. We have had a major turn around and we hope the community will hear that important message.

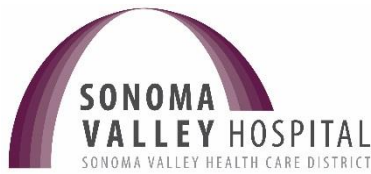
Strategic Update from FY 2020 Strategic Plan:

Strategic Priorities	Update
Exceed Community Expectations in Emergency Services	<ul style="list-style-type: none"> ➤ We started a “Faces of the Emergency Department” marketing initiative ➤ We have started the interview phase of the new branding and expect to complete at least 25 interviews from many different SVH stakeholders and community leaders ➤ The Community Perception survey has been completed. We will compare this to the results from 2015 when it was generally positive.
Create UCSF Health Outpatient Center	<ul style="list-style-type: none"> ➤ We have raised \$18 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. ➤ We will send out a piece about what we’ve accomplished in this collaboration in November after we have our quarterly meeting. ➤ The SVHF has a line of credit for \$4 million in case the pledges are not received in time for construction payments.
Become a 5 Star Hospital	<ul style="list-style-type: none"> ➤ Since the move of all Inpatient services to the 3rd floor, we have worked to form a new “team” that includes ancillary & support services and the Hospitalists. The changes have been good, but some will say disruptive. The outcome of this consolidation will continue, but it has already increased teamwork and communication. ➤ We continue to work on the script for the patient education system
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ Prima has taken over the 3rd floor space on 1st Street West (previous time share) due to their need for space. They will continue to rent to the timeshare physicians. ➤ We are discussing recruitment of another Primary Care Physician for Prima. ➤ We continue to work on the plans to bring several physicians from UCSF to Sonoma.
Healthy Hospital	<ul style="list-style-type: none"> ➤ We are starting an Employee Council whereby I meet with a representative staff member of each department quarterly to share information, listen and improve communications. ➤ The Valley of the Moon Post Acute (previously our SNF) broke even in July – even with all the initial costs of implementation. Many changes were made to run the unit more like a regular SNF. ➤ We paid off more of the line of credit with the south lot sale. Debt continues to decrease.

JULY 2019

			National
Patient Experience	Current Performance	FY 2020 Goal	Benchmark
Would Recommend Hospital	67 th	> 60th percentile	50th percentile
Inpatient Overall Rating	72 nd	>60th percentile	50th percentile
Outpatient Services	4.7	4.5	3.8
Emergency Department	4.5	4.5	3.8
Quality & Safety	YTD Performance	FY 2020 Goal	Benchmark
Central Line Infection	0	<1	<.51
Catheter Infection	0	<1	<1.04
Surgery Site Infection – Colon	0	<1	N/A
Surgery Site Infection – Joint	0	<1.5%	N/A
MRSA Bacteremia	0	<.13	<.13
C. Difficile	0	3.5	7.4/10,000 pt days
Patient Safety Indicator	0	<1	<1
Heart Failure Mortality Rate	12.5%	13%	17.3%
Pneumonia Mortality Rate	18.1%	20%	23.6%
Stroke Mortality Rate	14.7%	15%	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	2	< 10	17
Adverse Drug Events with Harm	0	0	0
Reportable HIPAA Privacy Events	0	0	0
Case Mix Index	1.49	1.4	1.3
Hospital Star Rating	4	4	3
Staff Satisfaction	Performance	FY 2020 Goal	Benchmark
Staff Pulse Survey	4.17 out of 5/83.4%	75%	75 %
Turnover	1.7%	< 15%	< 20%
Financial Stability	YTD Performance	FY 2020 Goal	Benchmark
EBDA	56.1%	3%	3%
FTE's/AOB	3.8	4.3	5.3
Days Cash on Hand	48.2	20	30
Days in Accounts Receivable	41.8	45	50
Length of Stay	3.7	3.85	4.03
Funds raised by SVHF	\$18 million	\$21 million	\$1 million
Strategic Growth	YTD Performance	FY 2020 Goal	FY 2019
Inpatient Discharges	72/864	900	984
Outpatient Visits	4098/49,176	55,000	54,596
Emergency Visits	1001/12,012	10,000	10,181
Surgeries + Special Procedures	241/2892	3000	2950
Community Benefit Hours	66.5/798	1000	1222

Note: Colors demonstrate comparison to National Benchmark



Healing Here at Home

TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2020	Jul 2019	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019
FY YTD Turnover	<20%	1.7	3.3	3.6	5.8	6.9	8.2	8.7	9.4	11.1	13.4	14.5	17.7
Leave of Absences	<12	14	11	8	10	9	8	10	9	8	8	10	12
EBDA	>3%	56.1	1.7	1.6	-8.9	-1.7	-2	.7	-6.9	3.9	6.8	6.8	6.1
Operating Revenue	>4.5m	3.7	4.9	4.6	4.4	4.3	4.0	5.5	3.7	7.8	5.9	4.8	4.2
Expense Management	<5.0m	4.2	5.3	5.0	5.3	4.8	4.7	5.5	4.5	6.6	4.8	5.0	4.8
Net Income	>50k	2.3m	32	208	-273	-95	-207	806	-277	1722	1686	248	15.4
Days Cash on Hand	>20	48	10	13	13	9.6	14.8	13	4.6	4.5	9.6	39	35
Receivable Days	<50	42	43	48	44	45	44	43	43	44	38	37	43
Accounts Payable Days	>50	53											
Accounts Payable	<\$4m	3.5m											
Total Paid FTE's	<250	226	309	314	298	288	281	280	277	275	267	266	255
Inpatient Discharges	>80	72	85	90	92	93	97	83	76	87	87	86	66
Patient Days	>300	269											
Observation Days	>10	11											
Average Daily Census	>10	8.7											
Outpatient Revenue	>\$15m	16.1	16.8	13.9	15.8	13.5	13.6	14.8	13.9	15.2	15.4	16.2	15.1
Surgeries	>150	156	165	182	175	161	149	157	155	163	163	166	157
Special Procedures	>75	85											
Emergency Visits	>900	1001	810	814	842	772	840	789	833	858	890	891	941
MRI	>120	122	145	92	119	98	118	105	107	96	150	149	150
Cardiology (Echos)	>85	115	135	97	124	112	106	85	91	112	121	113	103
Laboratory	>12	11.3	13.4	11.7	13.7	12.6	11.8	12.7	11.4	12.2	12.1	12.3	10.7
Radiology	>900	1005	951	929	1112	884	906	987	1050	1025	1057	1044	908
Rehab	>2300	1958	2860	1788	2688	2131	2380	2964	2080	2358	2536	2539	1967
CT	>350	413	387	331	392	331	367	348	355	396	416	453	357
Mammography	>200	223	243	221	269	219	246	180	220	202	227	220	224
Ultrasound	>250	281	280	246	333	233	252	240	225	340	312	283	291
Occupational Health	>675	750	639	489	833	561	452	574	535	707	899	804	578
Wound Care	>275	329	256	198	293	266	288	230	286	268	346	311	307



Meeting Date: September 5, 2019

CMO Report: Sabrina Kidd, MD

1. What is going well / New Items:
 - a. CDPH (State) Licensing Survey was the week of August 26. Results are pending at the time of this report – no major findings are anticipated.
 - b. Next General medical staff meeting will be October 16 at Ramekins. Meeting dates for all of 2020 and new location are anticipated. Medical Staff dues will now be collected via PayPal or check.
 - c. Our successful outpatient texting survey tool (Q-Reviews) is being implemented for inpatients. This will begin in September and provide immediate feedback as compared to the 60 day lag with HCAHPS surveys.
 - d. A patient lift with a 650lb capacity has been installed in the ICU.
2. Follow up previous agenda items:
 - a. Clinical IT Updates
 - i. Tiger Connect: New secure texting platform with video capability has been implemented with the Hospitalists and ED physicians to facilitate secure patient communication. Specialist and ancillary staff to be added in the near future.
 - ii. Zoom (Virtual) Meetings: implementation in process for committee and staff meetings as well as to facilitate internal tele-medicine evaluations between off-site or on-call SVH physicians and SVH patients.
 - b. Tele-medicine Updates: Transitioning tele-psychiatry consults to a new service through VEP (our current ED physician group). This will allow more local coverage and increase the quality of consults. Work continues on exploring more opportunities with UCSF and Meritage regarding tele-medicine.
 - c. Hospice bed contracts for the 3rd floor hospice bed are complete.
3. Opportunities for growth / improvement:
 - a. BLS transport services by Sonoma Fire have been significantly reduced. This affects our ED hold times. We are working with them to find long term solutions.
4. Quality:
 - a. The quality dashboard through July is in the “green.”
 - b. Sentinel event: A wrong site incision occurred and was reported to the State.

- i. A root cause analysis is in process and recommendations are pending.
- c. New quality dashboards for department specific metrics are being created using a program called Statitt by the Quality Department. This will standardize the way we view and report our data and increase objective communication.



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: August 27, 2019
Subject: Financial Report for the Month Ending July 31, 2019

During the month of July the hospital experienced higher than budgeted volumes in both outpatient and emergency room services and lower than budgeted inpatient volume. The higher outpatient volume along with the hospital's operating expenses being under budget led to a favorable to budget operating margin. The hospital also finalized the sale of the south lot in July with a gain on the sale of \$2,005,303 (line 33 on the Statement of Revenue and Expenses).

July's actual loss of (\$441,097) from operations was \$184,282 favorable to the budgeted loss of (\$625,379). After accounting for all other activity; the net gain for July was \$2,355,112 vs. the budgeted net income of \$1,228,129 with a monthly EBDA of 56.1% vs. a budgeted 29.7%.

Gross patient revenue for July was \$21,760,503; \$2,230,730 over budget. Inpatient gross revenue was under budget by (\$895,402). Inpatient days were under budget by (43) days and inpatient surgeries were at budget at 26 cases. Outpatient revenue was over budget by \$1,275,114. Outpatient visits were over budgeted expectations by 26 visits, outpatient surgeries were over budgeted expectations by 17 cases, and special procedures were over budget by 16 cases. The Emergency Room gross revenue was over budget by \$1,851,018 with ER visits over budgeted expectations by 191 visits.

Deductions from revenue were unfavorable to budgeted expectations by (\$2,269,379). Of the variance, (\$426,669) is from the prior period adjustments or IGT payments. Without the IGT variance, the deductions from revenue variance is unfavorable by (\$1,842,710) which is due to outpatient gross revenue being over budgeted expectations.

After accounting for all other operating revenue, the **total operating revenue** was unfavorable to budgeted expectations by (61,553).

Operating Expenses of \$4,186,478 were favorable to budget by \$245,835. Salaries and wages and agency fees were under budget by \$15,481 and employee benefits were over budget by (\$36,190). Supplies were under budget in July by \$66,657 primarily due to pharmacy drug costs. Purchased Services are under budget by \$40,678 due to budgeted services not used. There were no matching fees in July.



After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net gain for July was \$1,854,897 vs. a budgeted net gain of \$860,305. The hospital received \$342,251 in restricted contributions from the Sonoma Valley Hospital Foundation in July. The total net income for July after all activity was \$2,355,112 vs. a budgeted net income of \$1,228,129.

EBIDA for the month of July was 56.1% vs. the budgeted 29.6%.

Patient Volumes – July

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	72	82	-10	99
Acute Patient Days	269	312	-43	291
Observation Days	11	0	11	6
OP Gross Revenue	\$16,096	\$12,970	\$3,126	\$14,801
Surgical Cases	156	139	17	150

Gross Revenue Overall Payer Mix – July

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	41.5%	41.9%	-0.4%	41.5%	41.9%	-0.4%
Medicare Mgd Care	14.4%	14.1%	0.3%	14.4%	14.1%	0.3%
Medi-Cal	16.7%	17.6%	-0.9%	16.7%	17.6%	-0.9%
Self Pay	2.5%	1.5%	1.0%	2.5%	1.5%	1.0%
Commercial	22.3%	20.7%	1.6%	22.3%	20.7%	1.6%
Workers Comp	1.9%	2.3%	-0.4%	1.9%	2.3%	-0.4%
Capitated	0.7%	1.9%	-1.2%	0.7%	1.9%	-1.2%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for July:

For the month of July the cash collection goal was \$4,042,837 and the Hospital collected \$3,728,489 or under the goal by (\$314,348).

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand	48.2	35.3	12.9	19.1
Accounts Receivable Days	41.8	43.0	-1.2	40.6
Accounts Payable	\$3,528,128	\$4,242,741	-\$714,613	\$3,360,608
Accounts Payable Days	53.2	53.0	0.2	42.1

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 Cash Forecast



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

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	9,078,174	8,178,777	899,397	11.0%
Medicare Managed Care	3,073,235	2,749,927	323,308	11.8%
Medi-Cal	3,628,462	3,437,193	191,269	5.6%
Self Pay	568,513	301,401	267,112	88.6%
Commercial & Other Government	4,858,475	4,047,662	810,813	20.0%
Worker's Comp.	403,043	439,234	-36,191	-8.2%
Capitated	150,601	375,579	-224,978	-59.9%
Total	21,760,503	19,529,773	2,230,730	

Actual	Budget	Variance	% Variance
9,028,174	8,178,777	849,397	10.4%
3,123,235	2,749,927	373,308	13.6%
3,628,462	3,437,193	191,269	5.6%
568,513	301,401	267,112	88.6%
4,858,475	4,047,662	810,813	20.0%
403,043	439,234	-36,191	-8.2%
150,601	375,579	-224,978	-59.9%
21,760,503	19,529,773	2,230,730	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,069,093	1,075,439	-6,346	-0.6%
Medicare Managed Care	358,270	326,416	31,854	9.8%
Medi-Cal	352,898	353,000	-102	0.0%
Self Pay	305,822	152,871	152,951	100.1%
Commercial & Other Government	1,437,486	1,222,394	215,092	17.6%
Worker's Comp.	91,068	92,327	-1,259	-1.4%
Capitated	2,666	6,836	-4,170	-61.0%
Prior Period Adj/IGT	56,500	483,169	-426,669	-88.3%
Total	3,673,803	3,712,452	(38,649)	-1.0%

Actual	Budget	Variance	% Variance
1,069,093	1,075,439	-6,346	-0.6%
358,270	326,416	31,854	9.8%
352,898	353,000	-102	0.0%
305,822	152,871	152,951	100.1%
1,437,486	1,222,394	215,092	17.6%
91,068	92,327	-1,259	-1.4%
2,666	6,836	-4,170	-61.0%
56,500	483,169	-426,669	-88.3%
3,673,803	3,712,452	(38,649)	-1.0%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	29.1%	29.0%	0.1%	0.3%
Medicare Managed Care	9.8%	8.8%	1.0%	11.4%
Medi-Cal	9.6%	9.5%	0.1%	1.1%
Self Pay	8.3%	4.1%	4.2%	102.4%
Commercial & Other Government	39.1%	32.9%	6.2%	18.8%
Worker's Comp.	2.5%	2.5%	0.0%	0.0%
Capitated	0.1%	0.2%	-0.1%	-50.0%
Prior Period Adj/IGT	1.5%	13.0%	-11.5%	-88.5%
Total	100.0%	100.0%	0.0%	0.0%

Actual	Budget	Variance	% Variance
29.1%	29.0%	0.0%	0.0%
9.8%	8.8%	1.0%	11.4%
9.6%	9.5%	0.1%	1.1%
8.3%	4.1%	4.2%	102.4%
39.1%	32.9%	6.2%	18.8%
2.5%	2.5%	0.0%	0.0%
0.1%	0.2%	-0.1%	-50.0%
1.5%	13.0%	-11.5%	-88.5%
100.0%	100.0%	11.4%	11.4%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	11.8%	13.1%	-1.3%	-9.9%
Medicare Managed Care	11.7%	11.9%	-0.2%	-1.7%
Medi-Cal	9.7%	10.3%	-0.6%	-5.8%
Self Pay	53.8%	50.7%	3.1%	6.1%
Commercial & Other Government	29.6%	30.2%	-0.6%	-2.0%
Worker's Comp.	22.6%	21.0%	1.6%	7.6%

Actual	Budget	Variance	% Variance
11.8%	13.1%	-1.3%	-9.9%
11.7%	11.9%	-0.2%	-1.7%
9.7%	10.3%	-0.6%	-5.8%
53.8%	50.7%	3.1%	6.1%
29.6%	30.2%	-0.6%	-2.0%
22.6%	21.0%	1.6%	7.6%

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

ATTACHMENT B

CURRENT MONTH				YEAR-TO-DATE			YTD
Actual	Budget	Favorable		Actual	Budget	Favorable	Prior
07/31/19	07/31/19	(Unfavorable)		07/31/19	07/31/19	(Unfavorable)	Year
		Variance				Variance	07/31/18
Inpatient Utilization							
Discharges							
1	56	70	(14)	56	70	(14)	71
2	16	12	4	16	12	4	10
3	72	82	(10)	72	82	(10)	81
Patient Days:							
4	187	233	(46)	187	233	(46)	208
5	82	79	3	82	79	3	83
6	269	312	(43)	269	312	(43)	291
Observation days							
7	11	-	11	11	-	11	6
Average Length of Stay:							
8	3.3	3.3	0.0	3.3	3.3	0.0	2.9
9	5.1	6.4	(1.3)	5.1	6.4	(1.3)	8.3
10	3.7	3.8	(0.1)	3.7	3.8	(0.1)	3.6
Average Daily Census:							
11	6.0	7.5	(1.5)	6.0	7.5	(1.5)	6.7
12	2.6	2.5	0.1	2.6	2.5	0.1	2.7
13	8.7	10.1	(1.4)	8.7	10.1	(1.4)	9.4
Other Utilization Statistics							
Emergency Room Statistics							
14	1,001	810	191	1,001	810	191	901
Outpatient Statistics:							
15	4,098	4,072	26	4,098	4,072	26	4,501
16	26	26	-	26	26	-	23
17	130	113	17	130	113	17	127
18	85	69	16	85	69	16	78
19	276	334	(58)	276	334	(58)	311
20	1,032	928	104	1,032	928	104	2,654
21	33.3	29.9	3.4	33.3	29.9	3.4	85.6
22	1.4750	1.4000	0.075	1.4750	1.4000	0.075	1.3200
23	1.4926	1.4000	0.093	1.4926	1.4000	0.093	1.4620
Labor Statistics							
24	201	208	6.8	201	208	6.8	270
25	226	233	6.6	226	233	6.6	310
26	43.59	42.72	(0.87)	43.59	42.72	(0.87)	42.07
27	38.7	44.3	5.6	38.7	44.3	5.6	20.6
28	144.5	122.9	(21.5)	144.5	122.9	(21.5)	175.6
29	24.8%	24.2%	-0.6%	24.8%	24.2%	-0.6%	23.1%
Non-Labor Statistics							
30	12.2%	13.8%	1.6%	12.2%	13.8%	1.6%	12.9%
31	1,634	1,550	(84)	1,634	1,550	(84)	1,891
32	15,563	13,601	(1,962)	15,563	13,601	(1,962)	16,950
Other Indicators							
33	48.2						
34	41.8	50.0	(8.2)	41.8	50.0	(8.2)	40.6
35	92%			92%			96.3%
36	53.2	55.0	(1.8)	53.2	55.0	(1.8)	42.1
37	17.0%	19.2%	-2.2%	17.0%	19.2%	-2.2%	19.7%
38	19.9%			19.9%			20.7%

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

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 2,869,461	\$ 3,450,014	\$ 1,488,418
2	Cash - Money Market	3,258,551	2,201,684	1,481,343
3	Net Patient Receivables	6,779,817	7,126,897	7,795,112
4	Allow Uncollect Accts	(1,324,701)	(1,185,346)	(1,310,228)
5	Net A/R	5,455,116	5,941,551	6,484,884
6	Other Accts/Notes Rec	6,955,611	7,084,570	6,733,100
7	3rd Party Receivables, Net	1,214,940	1,171,358	1,174,889
8	Inventory	898,870	901,652	851,198
9	Prepaid Expenses	885,522	1,116,922	933,855
10	Total Current Assets	\$ 23,295,999	\$ 24,682,546	\$ 22,104,222
11	Property, Plant & Equip, Net	\$ 49,553,498	\$ 50,868,938	\$ 51,953,983
12	Trustee Funds	5,016,479	5,016,479	4,437,878
13	Other Assets	-	-	-
14	Total Assets	\$ 76,108,048	\$ 77,753,168	\$ 75,539,548
Liabilities & Fund Balances				
Current Liabilities:				
15	Accounts Payable	\$ 3,528,128	\$ 4,242,741	\$ 3,360,608
16	Accrued Compensation	3,609,479	3,613,749	4,224,271
17	Interest Payable	604,593	503,825	634,649
18	Accrued Expenses	1,383,663	1,748,658	1,545,520
19	Advances From 3rd Parties	297,936	297,936	110,058
20	Deferred Tax Revenue	6,329,382	6,904,781	6,282,132
21	Current Maturities-LTD	608,272	544,598	1,133,596
22	Line of Credit - Union Bank	6,723,734	6,723,734	6,723,734
23	Other Liabilities	1,386	201,386	451,386
24	Total Current Liabilities	\$ 23,086,573	\$ 24,781,408	\$ 24,465,954
25	Long Term Debt, net current portion	\$ 30,538,725	\$ 32,844,121	\$ 34,847,171
26	Fund Balances:			
27	Unrestricted	\$ 15,271,797	\$ 13,258,937	\$ 10,806,005
28	Restricted	7,210,953	6,868,702	5,420,418
29	Total Fund Balances	\$ 22,482,750	\$ 20,127,639	\$ 16,226,423
30	Total Liabilities & Fund Balances	\$ 76,108,048	\$ 77,753,168	\$ 75,539,548

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

ATTACHMENT D

Month					Year-To- Date					YTD
This Year		Variance			This Year		Variance			
Actual		\$		%	Actual	Budget	\$	%	Prior Year	
1	72	82	(10)	-12%	Volume Information	72	82	(10)	-12%	81
2	269	312	(43)	-14%	Acute Discharges	269	312	(43)	-14%	291
3	11	-	11	0%	Patient Days	11	-	11	*	6
4	16,096	12,970	3,126	24%	Observation Days	16,096	12,970	3,125	24%	\$ 14,801
					Gross O/P Revenue (000's)					
Financial Results										
Gross Patient Revenue										
5	\$ 5,664,851	\$ 6,560,253	(895,402)	-14%	Inpatient	\$ 5,664,851	\$ 6,560,253	(895,402)	-14%	\$ 8,317,165
6	8,923,720	7,648,606	1,275,114	17%	Outpatient	8,923,720	7,648,606	1,275,114	17%	7,918,880
7	7,171,932	5,320,914	1,851,018	35%	Emergency	7,171,932	5,320,914	1,851,018	35%	6,905,436
8	\$ 21,760,503	\$ 19,529,773	2,230,730	11%	Total Gross Patient Revenue	\$ 21,760,503	\$ 19,529,773	2,230,730	11%	\$ 23,141,481
Deductions from Revenue										
9	\$ (17,888,300)	\$ (16,126,818)	(1,761,482)	-11%	Contractual Discounts	\$ (17,888,300)	\$ (16,126,818)	(1,761,482)	-11%	\$ (18,627,334)
10	(250,000)	(150,000)	(100,000)	-67%	Bad Debt	(250,000)	(150,000)	(100,000)	-67%	(100,000)
11	(4,900)	(23,672)	18,772	79%	Charity Care Provision	(4,900)	(23,672)	18,772	79%	(13,982)
12	56,500	483,169	(426,669)	-88%	Prior Period Adj/Government Program Revenue	56,500	483,169	(426,669)	*	62,500
13	\$ (18,086,700)	\$ (15,817,321)	(2,269,379)	14%	Total Deductions from Revenue	\$ (18,086,700)	\$ (15,817,321)	(2,269,379)	14%	\$ (18,678,816)
Net Patient Service Revenue										
14	\$ 3,673,803	\$ 3,712,452	(38,649)	-1%		\$ 3,673,803	\$ 3,712,452	(38,649)	-1%	\$ 4,462,665
15	\$ 26,337	\$ 35,682	(9,345)	-26%	Risk contract revenue	\$ 26,337	\$ 35,682	(9,345)	-26%	\$ 94,582
16	\$ 3,700,140	\$ 3,748,134	(47,994)	-1%	Net Hospital Revenue	\$ 3,700,140	\$ 3,748,134	(47,994)	-1%	\$ 4,557,247
17	\$ 45,241	\$ 58,800	(13,559)	-23%	Other Op Rev & Electronic Health Records	\$ 45,241	\$ 58,800	(13,559)	-23%	\$ 14,918
18	\$ 3,745,381	\$ 3,806,934	(61,553)	-2%	Total Operating Revenue	\$ 3,745,381	\$ 3,806,934	(61,553)	-2%	\$ 4,572,165
Operating Expenses										
19	\$ 1,740,377	\$ 1,755,858	15,481	1%	Salary and Wages and Agency Fees	\$ 1,740,377	\$ 1,755,858	15,481	1%	\$ 2,299,994
20	691,997	655,807	(36,190)	-6%	Employee Benefits	691,997	655,807	(36,190)	-6%	856,181
21	\$ 2,432,374	\$ 2,411,665	(20,709)	-1%	Total People Cost	\$ 2,432,374	\$ 2,411,665	(20,709)	-1%	\$ 3,156,175
22	\$ 416,717	\$ 434,081	17,364	4%	Med and Prof Fees (excld Agency)	\$ 416,717	\$ 434,081	17,364	4%	\$ 461,703
23	451,640	518,297	66,657	13%	Supplies	451,640	518,297	66,657	13%	588,553
24	329,530	370,208	40,678	11%	Purchased Services	329,530	370,208	40,678	11%	349,264
25	247,411	266,763	19,352	7%	Depreciation	247,411	266,763	19,352	7%	290,874
26	107,984	111,906	3,922	4%	Utilities	107,984	111,906	3,922	4%	105,019
27	42,476	39,582	(2,894)	-7%	Insurance	42,476	39,582	(2,894)	-7%	35,320
28	51,849	50,557	(1,292)	-3%	Interest	51,849	50,557	(1,292)	-3%	49,337
29	106,497	99,168	(7,329)	-7%	Other	106,498	99,168	(7,330)	-7%	77,817
30	-	130,086	130,086	100%	Matching Fees (Government Programs)	0	130,086	130,086	100%	0
31	\$ 4,186,478	\$ 4,432,313	245,835	6%	Operating expenses	\$ 4,186,479	\$ 4,432,313	245,834	6%	\$ 5,114,062
32	\$ (441,097)	\$ (625,379)	\$ 184,282	29%	Operating Margin	\$ (441,098)	\$ (625,379)	184,281	29%	\$ (541,897)

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

ATTACHMENT D

	Month			
	This Year		Variance	
	Actual		\$	%
33	\$ 1,991,529	\$ 1,181,058	810,471	69%
34	1,214	1,375	(161)	-12%
35	(13,416)	(13,416)	-	0%
36	316,667	316,667	-	0%
37	0	0	-	0%
38	\$ 2,295,994	\$ 1,485,684	810,310	55%
39	\$ 1,854,897	\$ 860,305	994,592	116%
40	\$ -	\$ -	-	0%
41	\$ 342,251	\$ 209,860	132,391	0%
42	\$ 2,197,148	\$ 1,070,165	1,126,983	105%
43	157,964	157,964	-	0%
44	\$ 2,355,112	\$ 1,228,129	1,126,983	92%
	\$ 2,102,308	\$ 1,127,068	975,240	
	56.1%	29.6%		

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 Activity, Net

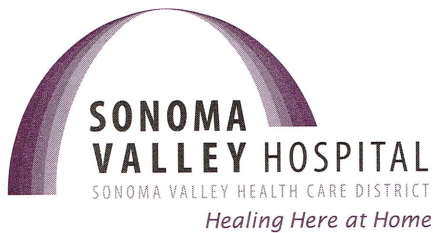
Net Income/(Loss) w GO Bond Activity**EBDA - Not including Restricted Contributions**

Year-To- Date					YTD
This Year		Variance			
Actual	Budget	\$	%	Prior Year	
\$ 1,991,529	\$ 1,181,058	810,471	69%	\$ (10,637)	
1,214	1,375	(161)	12%	403	
(13,416)	(13,416)	-	0%	(56,766)	
316,667	316,667	-	0%	316,667	
0	0	-	0%	0	
\$ 2,295,994	\$ 1,485,684	810,310	55%	\$ 249,667	
\$ 1,854,896	\$ 860,305	994,591	116%	\$ (292,230)	
\$ -	\$ -	-	0%	\$ 26,280	
\$ 342,251	\$ 209,860	132,391	100%	\$ 331,168	
\$ 2,197,147	\$ 1,070,165	1,126,982	105%	\$ 65,218	
157,964	157,964	-	0%	148,660	
\$ 2,355,111	\$ 1,228,129	1,126,982	92%	\$ 213,878	
\$ 2,102,307	\$ 1,127,068	975,239		\$ (1,356)	
56.1%	29.6%			0.0%	

Sonoma Valley Hospital
Cash Forecast
FY 2020

ATTACHMENT E

	Actual July	Forecast Aug	Forecast Sept	Forecast Oct	Forecast Nov	Forecast Dec	Forecast Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	4,267,579	3,313,685	3,270,938	3,562,302	3,550,396	3,532,439	3,751,470	3,542,450	3,900,174	3,665,360	3,802,680	3,701,357	43,860,830
2 Capitation Revenue	26,337	35,682	35,682	35,682	35,682	35,682	35,682	35,682	35,682	35,682	35,682	35,682	418,839
3 Napa State	2,565	11,231	11,231	11,231	11,231	11,231	11,231	11,231	11,231	11,231	11,231	11,231	126,106
4 Other Operating Revenue	27,168	58,800	58,800	58,800	58,800	58,800	58,800	58,800	58,800	58,800	58,800	58,800	673,968
5 Other Non-Operating Revenue	38,832	25,795	25,795	25,795	25,795	25,795	25,795	25,795	25,795	25,795	25,795	25,785	322,567
6 Unrestricted Contributions	12,593	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	1,375	27,718
7 Line of Credit													-
Sub-Total Hospital Sources	4,375,074	3,446,568	3,403,821	3,695,185	3,683,279	3,665,322	3,884,353	3,675,333	4,033,057	3,798,243	3,935,563	3,834,230	45,430,028
Hospital Uses of Cash													
8 Operating Expenses	4,751,297	4,223,547	4,128,158	4,282,786	4,198,462	4,473,955	4,257,949	4,116,057	4,297,725	4,308,515	4,579,074	4,204,675	51,822,200
9 Add Capital Lease Payments	111,366	184,786	45,095	45,095	184,786	45,095	32,952	171,952	32,952	157,892	18,892	18,892	1,049,752
10 Additional Liabilities/LOC			625,000							625,000			1,250,000
11 Capital Expenditures	435,215	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,859	2,743,674
Total Hospital Uses	5,297,879	4,618,193	5,008,113	4,537,741	4,593,108	4,728,910	4,500,761	4,497,869	4,540,537	5,301,267	4,807,826	4,433,426	56,865,627
Net Hospital Sources/Uses of Cash	(922,805)	(1,171,625)	(1,604,292)	(842,556)	(909,829)	(1,063,588)	(616,408)	(822,536)	(507,480)	(1,503,024)	(872,263)	(599,196)	(11,435,599)
Non-Hospital Sources													
12 Restricted Cash/Money Market	(1,056,509)	100,000	2,125,000			(500,000)		500,000		530,000	(2,000,000)		(301,509)
13 Restricted Capital Donations	342,251	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,859	2,650,710
14 Parcel Tax Revenue	100,099					2,000,000		1,000,000		600,000			3,700,099
15 Other Payments - South Lot/LOC/Fire Claim	956,411												956,411
16 Other:													-
17 IGT										2,111,515	2,111,515		4,223,030
18 IGT - AB915								900,000					900,000
19 PRIME						600,000					75,000		675,000
Sub-Total Non-Hospital Sources	342,251	309,860	2,334,860	209,860	209,860	2,309,860	209,860	2,609,860	209,860	3,451,375	396,375	209,859	12,803,740
Non-Hospital Uses of Cash													
20 Matching Fees								780,516	780,516				1,561,032
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	-	-	-	780,516	780,516	-	-	-	1,561,032
Net Non-Hospital Sources/Uses of Cash	342,251	309,860	2,334,860	209,860	209,860	2,309,860	209,860	1,829,344	(570,656)	3,451,375	396,375	209,859	11,242,708
Net Sources/Uses	(580,553)	(861,765)	730,568	(632,696)	(699,969)	1,246,272	(406,548)	1,006,808	(1,078,136)	1,948,351	(475,888)	(389,337)	
Cash and Equivalents at beginning of period	3,450,014	2,869,461	2,007,696	2,738,264	2,105,568	1,405,599	2,651,871	2,245,324	3,252,132	2,173,996	4,122,348	3,646,460	
Cash and Equivalents at end of period	2,869,461	2,007,696	2,738,264	2,105,568	1,405,599	2,651,871	2,245,324	3,252,132	2,173,996	4,122,348	3,646,460	3,257,124	



August 20, 2019

The Honorable Bill Dodd
State Capitol
Sacramento, CA 95814

SUBJECT: SB 227 (Leyva) – OPPOSE

Dear Assemblymember Dodd:

Sonoma Valley Hospital's mission and duty is to care for our patients, and ensuring every patient receives timely and appropriate care from qualified nurses is core to that mission. Day in and day out, our nurse leaders and bedside nurses' work together to ensure compliance with California's nurse staffing ratios, taking into account the ever-changing clinical environment.

Despite recent amendments, SB 227 (Leyva, D-Chino) would still negatively impact how we deliver care to our patients. **Sonoma Valley Hospital respectfully opposes this bill.**

SB 227 would create an unnecessary, duplicative penalty system for hospitals that do not meet the nurse staffing ratios, even for a short period with no risk of patient harm.

The bill, as amended, would **require hospitals to exhaust their "on-call" list of nurses before utilizing an available onsite nurse.** Hospitals use a variety of available options (management, charge nurses, on-call, float pool, etc.) to provide appropriate coverage. Not all institutions have, or use, the same options in the same manner. For example, our hospital has a very low inpatient census and we are very grateful when a nurse volunteers to help cover a shift because we all agree, the patient comes first.

Nurse leaders need flexibility to adjust their staffing based on the needs of their patients, which is why staffing decisions should be in the hands of clinical professionals, not the state government. The current penalty system effectively addresses situations in which those decisions adversely impact patient care.

For these reasons, we respectfully ask you to vote "NO" on SB 227.

Sincerely,

Kelly Mather, CEO
Sonoma Valley Hospital