

SONOMA VALLEY HEALTH CARE DISTRICT

BOARD OF DIRECTORS

AGENDA

OCTOBER 3, 2019

CLOSED SESSION 5 P.M.

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 sfynn@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. CLOSED SESSION <u>Calif. Government Code & Health and Safety Code § 54947</u> Performance Evaluation Regarding Chief Executive Officer</p>	<i>Board</i>		
<p>3. REPORT ON CLOSED SESSION</p>	<i>Rymer</i>		
<p>4. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone.</i></p>	<i>Rymer</i>		
<p>5. BOARD COMMENTS</p>	<i>Rymer</i>		
<p>6. CONSENT CALENDAR</p> <ol style="list-style-type: none"> 1. Board Minutes 09.05.19 2. Quality Committee Minutes 08.28.19 3. Finance Committee Minutes 08.27.19 4. Policies and Procedures 5. Medical Staff Credentialing 	<i>Rymer</i>	Action	Pages 3 - 23
<p>7. CHIEF OF STAFF REPORT</p>	<i>M. Brown</i>	Inform	Page 24
<p>8. COMMUNITY SURVEY RESULTS</p>	<i>B. Kenny</i>	Inform	Pages 25-50
<p>9. MARKETING & STRATEGY UPDATE</p>	<i>C. De La Rosa</i>	Inform	Pages 51-69
<p>10. CEO ANNUAL INCENTIVE GOALS 2020</p>	<i>Hirsch</i>	Inform/ Action	
<p>11. CEO ADMINISTRATIVE REPORT OCTOBER</p>	<i>Mather</i>	Inform	Pages 70-72

12. CMO REPORT	<i>Kidd</i>	Inform	Page 73
13. FINANCIALS MONTH END AUGUST 31, 2019	<i>Jensen</i>	Inform	Pages 74-84
14. COMMITTEE REPORT <ul style="list-style-type: none"> • Quality Committee Quarterly Report Finance Committee <ul style="list-style-type: none"> • Finance Committee Charter Approval • Line of Credit pay down 	<i>Rymer</i> <i>Hirsch</i> <i>Nevins</i>	Inform Inform/ Action	Pages 85-88
15. ADJOURN	<i>Rymer</i>		

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



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS' MEETING
MINUTES**
THURSDAY, SEPTEMBER 5, 2019
COMMUNITY MEETING ROOM
177 FIRST ST WEST SONOMA CA 95476

	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>1. CALL TO ORDER The meeting was called to order at 6:02 pm. Mr. Boerum arrived at 6:21 pm</p>	<i>Rymer</i>	
<p>2. PUBLIC COMMENT</p> <p>Preston Sitterly spoke about his feelings regarding credibility of the information being presented to the public. Steve Pease and Bob Edwards spoke about the importance of listening to the critics and to lend their support to the hospital.</p>	<i>Rymer</i>	
<p>3. BOARD COMMENTS</p> <p>Mr. Rymer spoke about his pride in the hospital and staff during difficult times. He also spoke about the improved financial performance of the hospital and the process by which the CEO compensation is decided.</p>		
<p>4. CONSENT CALENDAR</p> <p>A. Board Minutes 08.01.19 B. Quality Committee Minutes 07.24.19 C. Governance Committee Minutes 06.25.19 D. Policies and Procedures E. Medical Staff Credentialing Report</p>	<i>Rymer</i>	
<p>Policies: New: <u>Patient Safety Program GL8610-202</u> Revisions: <ul style="list-style-type: none"> • <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> Reviewed/No Changes <u>Influenza Vaccination Program for Staff and LIPs IC8610-142</u> Reviewed/No Changes: Nutritional Services <ul style="list-style-type: none"> • <u>Diet Orders and Diet Changes 8340-153</u> • <u>Fluid Restriction Allowance 8340-155</u> • <u>Food Nutrition Disaster Plan 8340-109</u> • <u>Registered Dietitian Nourishment Modifications 8340-173</u> • <u>Responsibilities of the Dietitian 8340-171</u> </p>		<p>MOTION: by Hirsch to approve, 2nd by Nevins. All in favor</p>

Medical Staff Departmental Policies <ul style="list-style-type: none"> • Table of Contents listing changes 		
5. CHIEF OF STAFF REPORT	<i>M. Brown</i>	
Deferred to October meeting		
6. RESOLUTION #346 TO SET THE GO BOND TAX RATE	<i>Jensen</i>	
Mr. Jensen presented the recommendation of the tax rate for the GO bonds.		MOTION: by Nevins to approve Resolution 346 2 nd by Hirsch. All in favor.
7. AB 2190 ATTESTATION LETTER	<i>Mather</i>	
Ms. Mather presented the AB 2190 attestation letter regarding the 2030 seismic requirements. The attestation states that the Board is aware of the 2030 seismic requirements.		MOTION: Nevins by 2 nd by Boerum. All in favor.
8. CEO ADMINISTRATIVE REPORT SEPTEMBER	<i>Rymer</i>	
Ms. Mather gave her September administrative report. She said the general acute care hospital survey went extremely well, with very few findings. The ODC is still on schedule to break ground in December. The UCSF plans to bring Dr. Carroll to the hospital are progressing. An Employee Council is set to begin in September. This will be another way to open communications between front line staff and Ms. Mather. Valley of the Moon Post-Acute broke even in July.		
9. CMO REPORT SEPTEMBER	<i>Mather</i>	
Dr. Kidd reported the general Medical Staff meeting will occur on Oct. 16 th and future meetings will be scheduled shortly. The Medical Staff will now be using PayPal to collect for dues. The outpatient texting survey tool will be implemented for inpatients in September. The Foundation funded patient lift has been installed in ICU. A secure texting platform has been implemented for the ED and Hospitalist physicians. The Zoom (virtual) platform will be implemented for both medical staff meetings and physician consultations. Tele-Psych service contract is being changed to a local group. The Hospice bed contracts are in place for the 3 rd floor Hospice room. A sentinel event: wrong site incision occurred and was reported to the State. A plan of correction is expected in a few weeks. New quality dashboards for department specific metrics are being created using a program called STATIT.		
10. FINANCIAL REPORT MONTH END JULY 31, 2019	<i>Jensen</i>	Inform
Mr. Jensen reviewed the July financial report. Days of cash on hand was 48, Accounts Receivable days was 41.8 and Accounts Payable was at 53.2 days.		
11. LEGISLATIVE REPORT	<i>Rymer</i>	
Opposition letter SB 227 – Ms. Mather reviewed the opposition letter to senate bill 227.		

<p>12. COMMITTEE REPORTS</p> <ul style="list-style-type: none"> • Finance Committee recommended that only half of the proceeds from the South Lot sale be used immediately to pay down the Line of Credit to preserve cash on hand to fund this year's IGT payment. Ms. Nevins will report to the Board each month regarding the timing of making the remaining \$625K payment to reduce the Line of Credit. • Ms. Nevins reported that the Finance Committee revised the finance packet to streamline the presentation. 	<p><i>Board</i></p>	<p>Inform</p>
<p>13. ADJOURN</p>	<p><i>Rymer</i></p>	
<p>Adjourned 7:18 pm</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
August 28, 2019 5:00 PM
MINUTES
Schantz Conference Room**

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Cathy Webber Susan Idell Carol Snyder Michael Mainardi, MD Ingrid Sheets		Howard Eisenstark, MD	Danielle Jones, RN Director of Quality and Risk Sabrina Kidd, MD CMO Mark Kobe, RN CNO

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	5:02 pm	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR		Action
<ul style="list-style-type: none"> QC Minutes, 07.24.19 		MOTION: by Webber to approve, 2 nd by Snyder . All in favor.
4. ANNUAL RISK MANAGEMENT REPORT	<i>D. Jones</i>	
	<p>Ms. Jones reviewed the annual risk management and patient safety report for fiscal year 2019. This included dept. accreditations, physician peer review process revision, patient safety survey, and event reporting to CHPSO, education, Midas risk/patient relations committee, claims reports, good catches and work place violence training. The status of the goals from fiscal year 2019 were as follows:</p> <ul style="list-style-type: none"> Investigate IHI framework for improving joy in work – goal met. 	

AGENDA ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none"> • Communicate department specific data related to patient safety and patient relations event reporting. Goal met by creation of SBAR for event reporting. • Refocus on management of patient relations including the complaint and grievance process- goal met by establishment of monthly multidisciplinary committee • Process improvement related to Good Catch investigation and review – goal met by the update of the internal process for review and creation of a quarterly report for staff and leadership communication. • Align event types with national patient safety reporting best practice and standard formats. Goal met • Provide at least one training in risk mitigation for leaders – goal met by providing BETA onsite education. <p>Ms. Jones reported that the fiscal year 2020 goals are:</p> <ul style="list-style-type: none"> • Train new leadership in e-notifications and complaint/grievance process • Provide training in risk mitigation for leaders • Create risk management STATIT indicators for real time process control • Develop “Make the Call for Safety” a voicemail system that allows staff, visitors and family to report unexpected events or good catches. 	
5. BOARD QUALITY REVIEW	<i>D. Jones</i>	
	Ms. Jones spoke about the structure and format of the committee. There will be an information on other quality programs emailed out for the committee to review and respond to.	
8. CEO DASHBOARD	<i>D. Jones</i>	
	Ms. Jones reviewed the CEO dashboard.	
9. POLICIES AND PROCEDURES	<i>Jones</i>	

AGENDA ITEM	DISCUSSION	ACTION
<p><u>NEW</u> <u>CAIR Utilization PC8610-188</u> <u>Continuity of Operations Plan (COOP) EP8610-107</u></p> <p><u>REVISIONS:</u> <u>Aggressive Behavior Management – Code Grey CE8610-102</u> <u>Prevention of Surgical Site Infections IC8610-132</u></p> <p><u>DEPARTMENTAL</u></p> <p><u>RETIRE:</u> <u>A Woman’s Place Policies - TOC</u></p>	<p>Ms. Jones reviewed the new policies and the previous policy revisions.</p>	<p>MOTION: by Mainardi to approve 2nd by Sheets. All in favor.</p>
<p>10. CLOSED SESSION</p>	<p><i>Hirsch</i></p>	
	<p>Called to order at 5:47 pm</p>	
<p>11. REPORT OF CLOSED SESSION</p>	<p><i>Hirsch</i></p>	
	<p>Medical Staff credentialing was reviewed. Ms. Jones gave a brief note on a reportable event.</p>	<p>MOTION: by Mainardi to approve credentialing, 2nd by Sheets. All in favor.</p>
<p>12. ADJOURN</p>	<p><i>Hirsch</i></p>	
	<p>5:53pm</p>	



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, AUGUST 27, 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 Kelly Mather, CEO Sarah Dungan Dawn Kuwahara, RN CAO Jeffrey Tover	Susan Idell

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 4:59 pm		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	None		
3. CONSENT CALENDAR	<i>Nevins</i>		
	Minutes from the 06.25.19 meeting were reviewed.	MOTION: by Rymer to approve 2 nd by Hohorst. All in favor	
4. PHYSICIAN CLINIC UPDATE	<i>Tover</i>		
	Mr. Tover spoke about the previous, current and future state of the physician practice. The goal is to decrease the FY19 loss by half. Mr. Tover also stated that he continues to work on contract improvements for reimbursement.		
5. FINANCE COMMITTEE CHARTER	<i>Nevins</i>		

	<p>Ms. Nevins reviewed the charter for revisions. Recommended changes were as follows:</p> <ul style="list-style-type: none"> • Space after a. on the first page • Page 4 performance evaluation • Page 4 organization – committee membership minimum (4 other district stakeholders) • Medical staff member to remain at one • Mr. Grandy recommends that more than a one year financial projection be presented for review. <p>Revised Charter to be presented at the next meeting for approval.</p>		
6. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Mather</i>		
	Ms. Mather gave an update on the Outpatient Diagnostic Center project. To date, eighteen million of the twenty one million goal has been raised.		
7. ADMINISTRATIVE REPORT	<i>Mather</i>		
	Ms. Mather gave her Administrative report for August. She gave an update on the Patient Access Center, the new Hospitalist physicians group, and the fact that the new SNF management company broke even in the first month.		
8. FY2019 AUDIT UPDATE	<i>Jensen</i>		
	Mr. Jensen reported that the auditors left two days early with no findings.		
9. FINANCIAL REPORT MONTH END JULY 31, 2019	<i>Jensen</i>		
	Mr. Jensen reviewed the July financials.		

10. FINANIAL PACKAGE PRESENTATION REVISION	<i>Nevins</i>		
	<p>Recommended revisions to the packet were as follows:</p> <ul style="list-style-type: none"> • Change to average days of cash on hand, vs monthly. • Money market was moved up a line • Trustee funds was moved down (add GO debt service) • Put GO Bond after all items that are not SVH • Split GO Bond and Parcel tax • Monitor the update on the line of credit monthly • Review of Mr. Hohorst recommendation of re-budgeting to estimated IGT rather than spreading it equally over 12 months.– <i>all in favor</i> • Variances will only be reported if deemed significant. Additional note with the expectation of the variance • Add average number of days of cash to the bottom of the cash flow statement. 	<p>All in favor of recommended changes.</p>	
11. ADJOURN	<i>Nevins</i>		
	6:15 pm		



Policy and Procedures – Summary of Changes
Board of Directors, October 3rd, 2019

Review and Approval Requirements

The SVH departmental/organizational policies and/or procedures on the attached list have been reviewed and approved by the following organizational leaders for meeting all of the following criteria. All of these policies and procedures are:

- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent with evidence-based practice

We recommend their acceptance by the Sonoma Valley Health Care District Board.

ORGANIZATIONAL

NEW:

CAIR Utilization PC8610-188

This is a required policy for Partnership reimbursement.

Continuity of Operations Plan (COOP) EP8610-107

Continuity of Operations is a plan that supplements the Emergency Operations Plan. The COOP focuses on maintaining business operations so that healthcare can continue to be delivered to the community. Hospitals are also a business and focus must be maintained on the business operations so that the organization remains viable financially to assure healthcare delivery to our community.

REVISIONS:

Aggressive Behavior Management-Code Grey CE8610-102

Construct of team was ill-defined. Reporting of event has changed in Midas system to Workplace Violence Reporting. Team constructed of members available on a 24-7 basis.

Prevention of Surgical Site Infections IC8610-132

All inpatients will have total body wipe with CHG clothes. All outpatients will be informed to do the same by Surgery Department. All total joint recipients will follow this policy and will use mupiricin intranasally in accordance with the S. aureus decolonization policy.

DEPARTMENTAL

RETIRE:

A Woman's Place Policies – See Table of Contents



SUBJECT: CAIR Utilization

POLICY: PC8610-188

DEPARTMENT: Organizational

PAGE 1

EFFECTIVE:

REVISED:

POLICY:

To submit statewide immunization records by using the California Immunization Registry (CAIR) Data Exchange.

PROCEDURE:

1. All immunization data will be uploaded to CAIR via the following process at the time of vaccine administration:
 - a. At the time of vaccine administration the nurse manually enters required vaccine information In Paragon Patient Profile
 - b. The entered information is immediately and automatically transmitted to CAIR through the Sonoma Valley Hospital Mirth interface connection with CAIR.
 - c. CAIR to provide Sonoma Valley Hospital Pharmacy with report of fall-out cases as encountered.
 - d. Employee Health Vaccines are manually entered.
2. CAIR is an 'opt out' registry. CAIR data will be managed according to the CAIR Sharing Policy (<http://cairweb.org/cair-disclosure-policy/#sharing>)

OWNER:

Chief Quality Officer

AUTHORS/REVIEWERS:

Danielle Jones, Chief Quality Officer
Mark Kobe, Chief Nursing Officer
Fe Sendaydiego, Chief Information Officer
Andrea O'Donnell, Senior Nurse Informatics Analyst
Michael Kovacs, Information Systems Project Manager

APPROVALS:

Policy & Procedure Team: 8/20/19
Board Quality Committee: 8/28/19
The Board of Directors:



SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

PAGE 1 OF 5

EFFECTIVE:

REVIEW/REVISED:

POLICY:

The purpose of the Continuity of Operations Plan (COOP) is to provide guidance for ensuring that the essential business functions of Sonoma Valley Hospital (SVH) are able to continue in the event that a manmade, natural, or technological emergency disrupts, or threatens to disrupt, normal operations. This COOP describes how Sonoma Valley Hospital could operate with a significantly reduced workforce and diminished availability of resources and be able to conduct clinical and essential business operations from an alternate work site should the primary site become unusable.

This COOP recognizes SVH's dependence on computer technology for daily operation. To address these issues, additional information is provided in the Emergency Operations Plan. It is the policy of SVH that a viable continuity of Operations Plan is established, maintained, and implemented when necessary to ensure continuing high levels of patient care, service quality and availability in the event of a disaster, emergency, or other sudden business interruption.

The CEO is responsible for implementing the COOP when necessary to continue SVH operations. Senior management is responsible for planning and using the COOP guidelines in order to continue the mission of the Hospital during an emergency that disrupts normal business operations. The provisions of this document apply to Sonoma Valley Hospital, its business offices and all related clinics and facilities that are part of the SVH system.

PROCEDURE:

Senior management, along with other SVH employees identified as the managers and supervisors for essential services, plan and periodically review this Continuity of Operations Plan to maintain its viability. A copy of this plan is maintained by the Emergency Preparedness Coordinator's and it is backed-up electronically on the Intranet.

The COOP for Sonoma Valley Hospital is designed to meet the objectives listed below:

1. Ensure continuous performance of SVH's essential functions and operations during an emergency or other sudden business interruption. This includes:
 - Using the Incident Command System (ICS) to manage emergency recovery operations. The Incident Commander assigns roles to SVH personnel to assess the situation. See the Emergency Operations Plan for details.
 - Issuing "Situation Reports" to the Senior Management Team. Senior management makes the final decision to implement the COOP after analyzing the reports.



SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

PAGE 2 OF 5

EFFECTIVE:

REVIEW/REVISED:

2. Based on the current organizational chart, Senior Management designates principal managers and support staff to carry out essential functions prior to an emergency or disaster event.
3. If necessary, relocate SVH operations based on the Situation Reports from the Incident Commander.

Advance planning as necessary to achieve timely and orderly recovery from an emergency:

1. Have Memorandums of Understanding (MOU) in place with suppliers to continue to receive essential supplies during a disaster.
2. Have agreements in place with community organizations for cooperative support and patient exchange, such as Sonoma County Department of Public Health, California CAHAN network alerts and other community organizations such as local hospitals and healthcare clinics and/or physician offices.
3. Have a plan for off-site business operations at other SVH satellite sites
4. Senior leadership recognizes that as a result of an IT outage or other technology interruption such as a power failure, hardware failure, or data center incident, SVH may lose productivity and the ability to deliver patient care as efficiently as before the interruption.
5. Having a method of record keeping through the use of portable devices to record working hours for staff, access to financial records for vendors, staff rosters, and a means to send billing in order to continue SVH's financial viability.
6. Develop a strategy for continuous review and planning to improve the ability to recover from a business interruption.
7. Have a plan for maintaining inventory and rotation of emergency supplies:
 - Supplies are inventoried and rotated in and out of SVH stock to prevent retention of expired supplies and these supplies are tracked and periodically replaced.
8. All SVH data and patient records are backed-up offsite in a remote location to ensure access to patient records and to maintain financial continuity. The Chief



SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

PAGE 3 OF 5

EFFECTIVE:

REVIEW/REVISED:

Information Officer oversees the security operations for protected health information, financial and other data security.

9. Designated Human Resources staff maintain employee lists sorted by zip code and phone number to identify staff who are available for call-backs in an emergency.
 - Procedures are in place for entering employee hours on a manual time-recording form if the electronic payroll application is not accessible
10. SVH maintains contact information for the Sonoma County medical volunteer corps to supplement SVH clinical staffing if necessary. Procedures for credentialing clinical volunteers in an emergency are in the "Emergency Credentialing" section of the Emergency Operations Plan.
11. The CEO and Senior Management Team ensure that mission-essential functions can continue, or resume as quickly as possible, by making sure any task not deemed an essential function is deferred until additional personnel and resources become available and conditions permit.
12. The CEO, Incident Commander and ICC General Staff members determine the need for full or partial COOP implementation. This determination is based on the severity of the event and the level of threat. The severity of the events is defined by whether this is a local event or more widespread, whether the incident poses a danger to life and health for those effected by the disaster, the level of threat is defined by the proximity of the center to the incident and the estimated effect on the hospital's ability to continue essential operations.
13. The Federal Torts Claims Act extends coverage for healthcare facilities providing care at alternate sites. Prior approval is not necessary but the hospital must notify HRSA (Health Resources and Services Administration) within 15 days of the change in site location.

Integrity of Health Information

In the event of an unplanned electronic medical record outage for greater than 6 hours, the Chief Information Officer and Senior Management is informed. The Incident Command System is activated by the senior manager on site at the time of the incident. Decision making authority is delegated according the SVH's succession plan. See Downtime policy for implementation procedures.

Consult the Emergency Operations Plan for further in depth information.



SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

PAGE 4 OF 5

EFFECTIVE:

REVIEW/REVISED:

Financial Recovery

Depending on the conditions and the scale of the incident, SVH senior management will assess and seek financial recovery resources in accordance with the following:

- The eligibility of acute care hospitals for federal reimbursement for response costs and losses remains ambiguous. SVH will gain reimbursement through county channels under certain circumstances by filing a Resource Request.
- After a disaster occurs and the President has issued a Federal Disaster Declaration, SVH may apply for assistance through FEMA and the OES (Office of Emergency Services) after a full assessment by senior management.
- Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated.
- Sonoma Valley Hospital may be eligible for emergency protective measures (i.e., emergency access such as provision of shelters or emergency care or provision of food, water, medicine, and other essential needs), and may be eligible for permanent repair work (i.e., repair or replacement of damaged elements restoring the damaged facility's): pre-disaster design, pre-disaster function, pre-disaster capacity through the Hazard Mitigation Grant Program from the Federal government.

REFERENCES:

Federal Emergency Management Agency

http://www.fema.gov/pdf/about/org/ncp/coop/continuity_plan_federal_d_a.pdf

SETRAC

<http://www.setrac.org/go/doc/4207/1671227/>

California Public Health and Medical Emergency Operations Manual

http://www.emsa.ca.gov/Media/Default/PDF/EOM712011_DMS.pdf



SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

PAGE 5 OF 5

EFFECTIVE:

REVIEW/REVISED:

OWNER:

Chief Executive Officer

AUTHORS/REVIEWERS:

Mark Kobe, RN MPA Chief Nursing Officer

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/20/19

Board Quality Committee: 8/28/19

The Board of Directors:

DRAFT



SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

PAGE 1 OF 5

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This COOP recognizes SVH's dependence on computer technology for daily operation. To address these issues, additional information is provided in the Emergency Operations Plan. It is the policy of SVH that a viable continuity of Operations Plan is established, maintained, and implemented when necessary to ensure continuing high levels of patient care, service quality and availability in the event of a disaster, emergency, or other sudden business interruption.

The CEO is responsible for implementing the COOP when necessary to continue SVH operations. Senior management is responsible for planning and using the COOP guidelines in order to continue the mission of the Hospital during an emergency that disrupts normal business operations. The provisions of this document apply to Sonoma Valley Hospital, its business offices and all related clinics and facilities that are part of the SVH system.

PROCEDURE:

Senior management, along with other SVH employees identified as the managers and supervisors for essential services, plan and periodically review this Continuity of Operations Plan to maintain its viability. A copy of this plan is maintained by the Emergency Preparedness Coordinator's and it is backed-up electronically on the Intranet.

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1. Ensure continuous performance of SVH's essential functions and operations during an emergency or other sudden business interruption. This includes:
 - Using the Incident Command System (ICS) to manage emergency recovery operations. The Incident Commander assigns roles to SVH personnel to assess the situation. See the Emergency Operations Plan for details.
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SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

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EFFECTIVE:

REVIEW/REVISED:

2. Based on the current organizational chart, Senior Management designates principal managers and support staff to carry out essential functions prior to an emergency or disaster event.
3. If necessary, relocate SVH operations based on the Situation Reports from the Incident Commander.

Advance planning as necessary to achieve timely and orderly recovery from an emergency:

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4. Senior leadership recognizes that as a result of an IT outage or other technology interruption such as a power failure, hardware failure, or data center incident, SVH may lose productivity and the ability to deliver patient care as efficiently as before the interruption.
5. Having a method of record keeping through the use of portable devices to record working hours for staff, access to financial records for vendors, staff rosters, and a means to send billing in order to continue SVH's financial viability.
6. Develop a strategy for continuous review and planning to improve the ability to recover from a business interruption.
7. Have a plan for maintaining inventory and rotation of emergency supplies:
 - Supplies are inventoried and rotated in and out of SVH stock to prevent retention of expired supplies and these supplies are tracked and periodically replaced.
8. All SVH data and patient records are backed-up offsite in a remote location to ensure access to patient records and to maintain financial continuity. The Chief



SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

PAGE 3 OF 5

EFFECTIVE:

REVIEW/REVISED:

Information Officer oversees the security operations for protected health information, financial and other data security.

9. Designated Human Resources staff maintain employee lists sorted by zip code and phone number to identify staff who are available for call-backs in an emergency.
 - Procedures are in place for entering employee hours on a manual time-recording form if the electronic payroll application is not accessible
10. SVH maintains contact information for the Sonoma County medical volunteer corps to supplement SVH clinical staffing if necessary. Procedures for credentialing clinical volunteers in an emergency are in the "Emergency Credentialing" section of the Emergency Operations Plan.
11. The CEO and Senior Management Team ensure that mission-essential functions can continue, or resume as quickly as possible, by making sure any task not deemed an essential function is deferred until additional personnel and resources become available and conditions permit.
12. The CEO, Incident Commander and ICC General Staff members determine the need for full or partial COOP implementation. This determination is based on the severity of the event and the level of threat. The severity of the events is defined by whether this is a local event or more widespread, whether the incident poses a danger to life and health for those effected by the disaster, the level of threat is defined by the proximity of the center to the incident and the estimated effect on the hospital's ability to continue essential operations.
13. The Federal Torts Claims Act extends coverage for healthcare facilities providing care at alternate sites. Prior approval is not necessary but the hospital must notify HRSA (Health Resources and Services Administration) within 15 days of the change in site location.

Integrity of Health Information

In the event of an unplanned electronic medical record outage for greater than 6 hours, the Chief Information Officer and Senior Management is informed. The Incident Command System is activated by the senior manager on site at the time of the incident. Decision making authority is delegated according the SVH's succession plan. See Downtime policy for implementation procedures.

Consult the Emergency Operations Plan for further in depth information.



SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

PAGE 4 OF 5

EFFECTIVE:

REVIEW/REVISED:

Financial Recovery

Depending on the conditions and the scale of the incident, SVH senior management will assess and seek financial recovery resources in accordance with the following:

- The eligibility of acute care hospitals for federal reimbursement for response costs and losses remains ambiguous. SVH will gain reimbursement through county channels under certain circumstances by filing a Resource Request.
- After a disaster occurs and the President has issued a Federal Disaster Declaration, SVH may apply for assistance through FEMA and the OES (Office of Emergency Services) after a full assessment by senior management.
- Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated.
- Sonoma Valley Hospital may be eligible for emergency protective measures (i.e., emergency access such as provision of shelters or emergency care or provision of food, water, medicine, and other essential needs), and may be eligible for permanent repair work (i.e., repair or replacement of damaged elements restoring the damaged facility's): pre-disaster design, pre-disaster function, pre-disaster capacity through the Hazard Mitigation Grant Program from the Federal government.

REFERENCES:

Federal Emergency Management Agency

http://www.fema.gov/pdf/about/org/ncp/coop/continuity_plan_federal_d_a.pdf

SETRAC

<http://www.setrac.org/go/doc/4207/1671227/>

California Public Health and Medical Emergency Operations Manual

http://www.emsa.ca.gov/Media/Default/PDF/EOM712011_DMS.pdf



SUBJECT: Continuity of Operations Plan (COOP)

POLICY # EP8610-107

DEPARTMENT: ORGANIZATIONAL

PAGE 5 OF 5

EFFECTIVE:

REVIEW/REVISED:

OWNER:

Chief Executive Officer

AUTHORS/REVIEWERS:

Mark Kobe, RN MPA Chief Nursing Officer

COMMITTEE APPROVALS:

Policy & Procedure Team: 8/20/19

Board Quality Committee: 8/28/19

The Board of Directors:

DRAFT



Meeting Date: October 3, 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 Physical Therapist have been stand outs.

SVH Community Perception Survey Overview

Sonoma Valley Health Care District

October 2019



About This Research

Objectives

Conduct opinion research with Sonoma Valley residents to:

- Determine how the community perceives Sonoma Valley Hospital
 - Perceived strengths and weaknesses
 - Issues affecting use and reputation
- Assess how opinions may have changed since the 2015 survey

About This Research

Methodology

- Surveyed 369 community members in August 2019 as a follow up to a study conducted in 2015
- Two approaches:
 - Telephone survey with random sample of Sonoma Valley residents (n=202)
 - Online survey with people on the hospital's mailing list (n=167)
- When there's no statistically significant difference (SSD) between survey groups, responses are aggregated. When there are differences, they are noted.
- Margin of Error is about 6% at 90% confidence interval
- Note: 2015 survey had smaller sample (n=317)
 - Random phone survey (n=150)
 - Online survey (n=167)

About This Research

Random Phone Participant Criteria

- Adults 18+
- Live in Health Care District
- Have health insurance or Medicare; include Kaiser members
- Have visited a doctor or hospital at least once in the past 3 years
- Mix of women and men as it naturally falls out; same with ethnicity and income

About This Research

All
(n=369)

GENDER

Female	62%
Male	38%

No SSD between 2019 and 2015.

AGE

Under 60	26%
60+	74%

Age v. 2015

The Online sample was a little older in 2019 than in 2015.

18 - 29	1%	} 26%
30 - 39	5%	
40 - 49	5%	
50 - 59	14%	
60 - 69	22%	} 74%
70 - 79	33%	
80+	19%	

	2019	2015
70+	64%	55%

Importance of SVH to the Community

Importance: 83% of all respondents see SVH as important to the health of the community; 73% see it as very important.

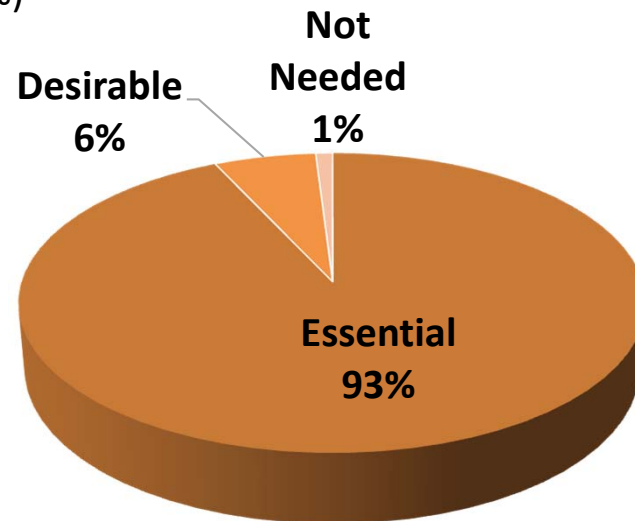
- The number has fallen since 2015 (from 94% to 83%).

Need for hospital: 84% feel that a hospital is essential to their community.

- No change from 2015.

Need for ER: Nearly everyone (93%) feels that an Emergency Department is essential to their community. (No real change from 2015 – 95%)

Which of the following three statements best reflects your thinking about the need for an EMERGENCY DEPARTMENT in your community?



Base: All Respondents (n=369)

Overall Favorability/Opinions About SVH

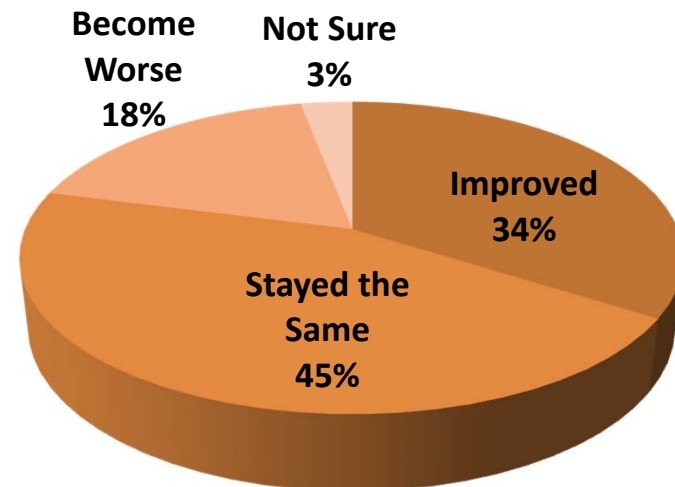
Favorability: SVH is well-regarded in the Sonoma Valley community (67% favorable, 17% unfavorable opinion of hospital).

- ...but not as well regarded as in 2015 (78% favorable, 9% unfavorable).

Personal Opinion: Nearly twice as many people (34%) say their opinion of SVH has improved as say it has worsened (18%) over the past couple of years.

- Online respondents report a decline in perceived improvement and an increase in perceived worsening from 2015 to 2019.
- More Phone respondents in 2019 than in 2015 say things have worsened.

In past couple of years, has your opinion of SVH...



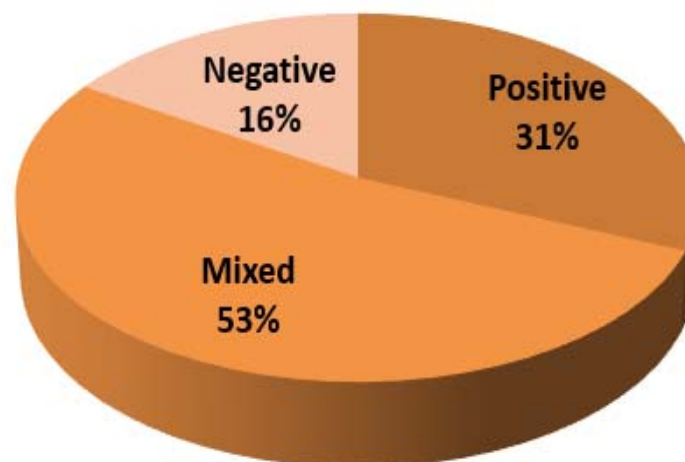
Base: All Respondents (n=369)

Overall Favorability/Opinions About SVH

What They Hear from Others: Nearly twice as many people (31%) say they hear mostly positive comments from others about SVH as hear mostly negative comments (16%).

- The percent of Phone respondents who have heard mostly positive things fell from 49% in 2015 to 29% in 2019.

Would you say that most of the comments (you hear) about SVH are...



Base: the 81% of respondents who have heard others talk about SVH (300n)

Opinions of Services

Positive Aspects: The majority of respondents report high marks for SVH services based on either their own experience or what they have heard from others.

- Ratings are down slightly from 2015 for Imaging, Rehab/PT, Inpatient and Surgery services.

Based on your own experience, or what you have heard about the hospital, please rate Sonoma Valley Hospital on the following services.

<p>Mean = 1-5 scale 1 = Poor 5 = Excellent</p>

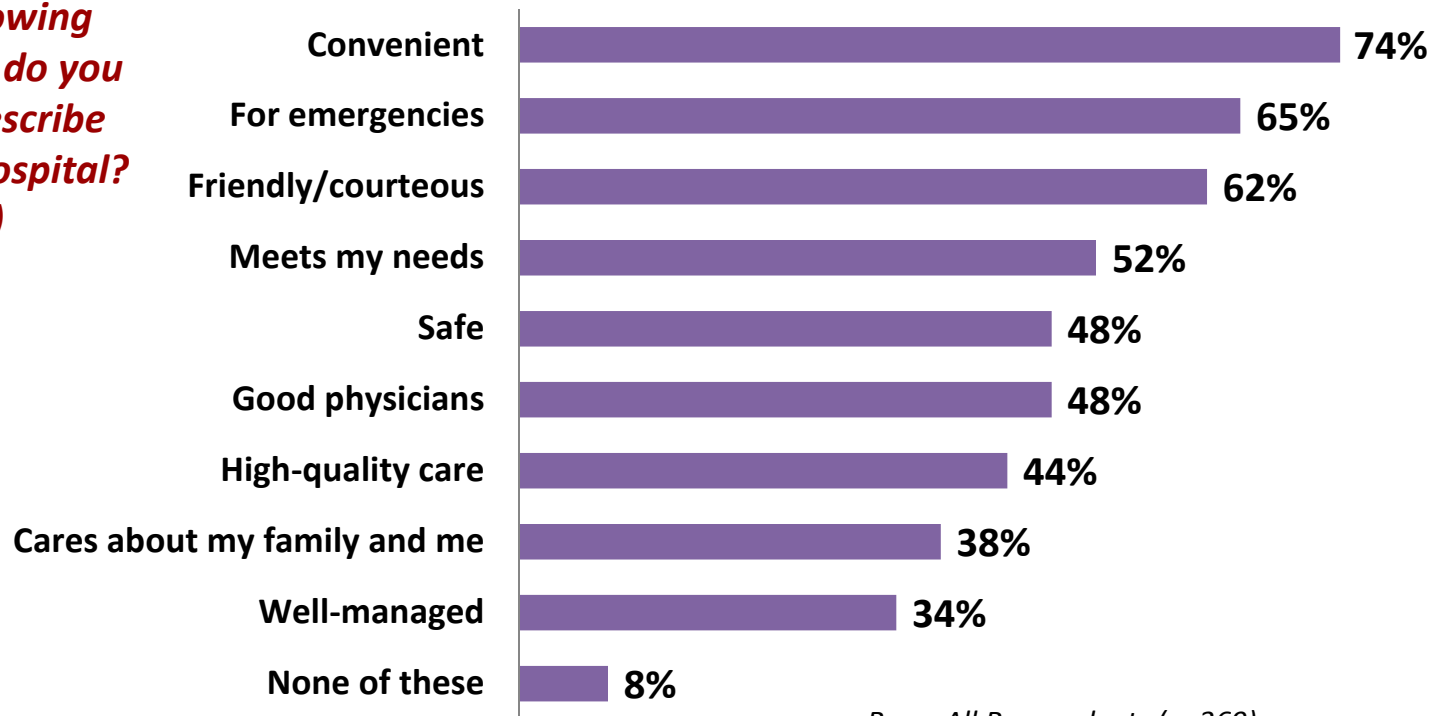
	Mean Score 2019	Mean Score 2015
Laboratory	4.5	4.5
Medical Imaging	4.3	4.5
Rehab/PT	4.1	4.4
Emergency Dept.	4.2	4.2
Inpatient	3.9	4.3
Surgery	3.9	4.3

Base: All Respondents (n=369)

Perceptions of SVH

Aided Descriptors. SVH is most often seen as convenient, a place to go for emergencies, and friendly/courteous.

Which of the following words or phrases do you feel accurately describe Sonoma Valley Hospital? (Aided responses)



Base: All Respondents (n=369)

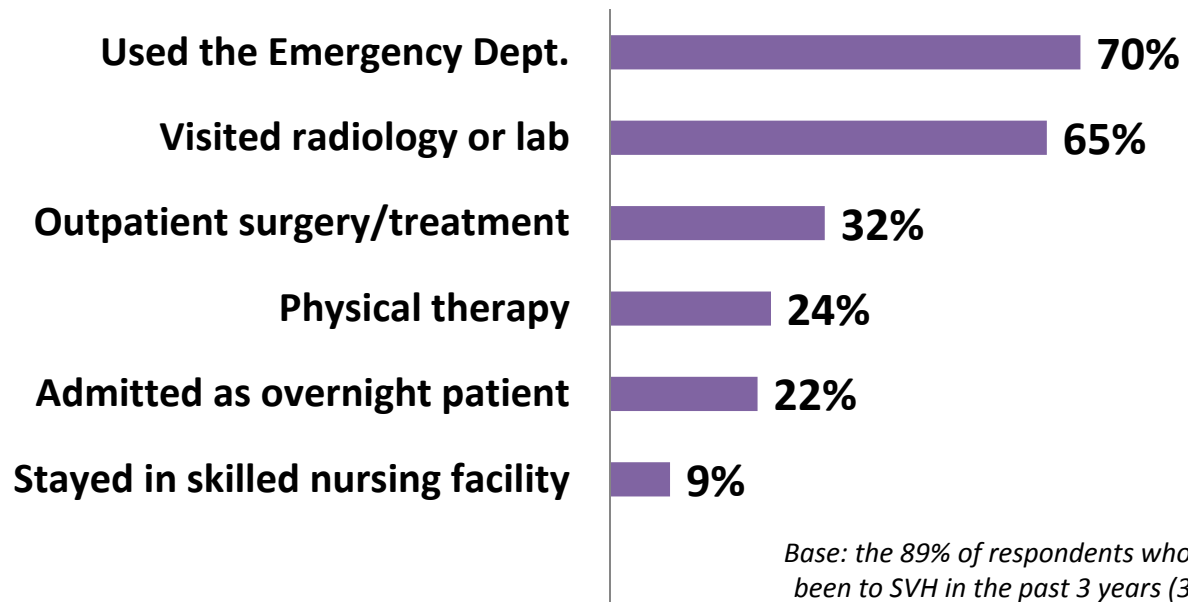
Use of SVH

Frequency: 89% of all respondents (or their families) visited SVH in the past 3 years, including 64% who averaged at least one visit per year.

- Phone respondents report more frequent usage of the hospital in 2019 than in 2015.

Purpose: The most common purposes for a visit were the ER or Radiology/Lab.

What were the purpose(s) of your visit(s) to SVH in the past 3 years (Multiple answers allowed)

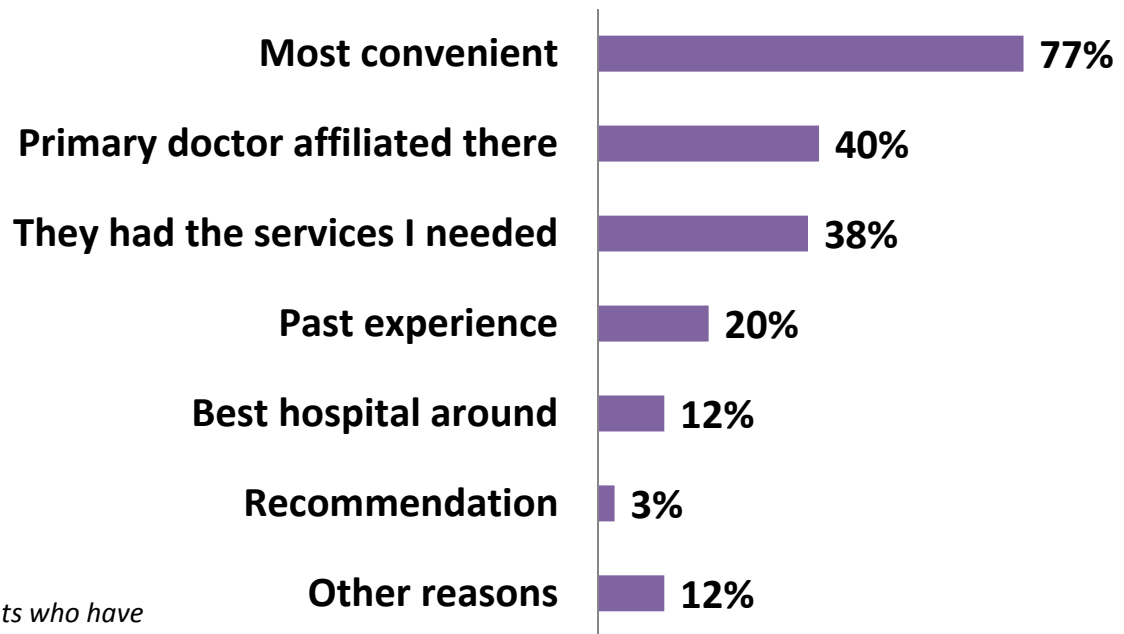


Choosing SVH

Reasons for Using: The main reason survey respondents report for choosing SVH is convenience (77%).

- Online respondents were more likely to choose SVH because their doctor is affiliated there and because it had the services they needed.

What are the main reasons you or your family chose to go to SVH rather than another hospital? (Multiple answers allowed)



Base: the 89% of respondents who have been to SVH in the past 3 years (327n)

Satisfaction With SVH Visit

Most Recent Visit(s): The majority (78%) of SVH visitors were satisfied with the care they received during their most recent visit.

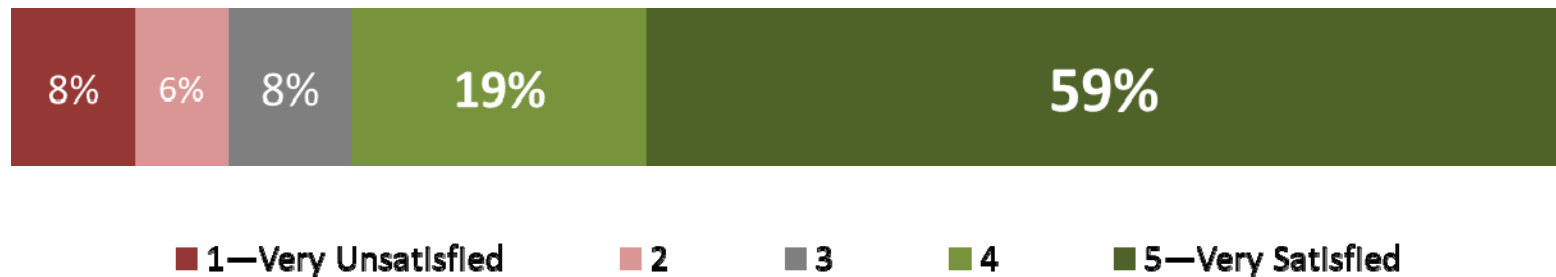
- Phone respondents had a higher level of satisfaction (82%) than did Online respondents (74%).

Compared to 2015:

- Satisfaction for Online respondents dropped in 2019 compared to 2015, with the percent Very Satisfied down 10 points (55% from 65%), and the percent Unsatisfied nearly doubled (14% from 8%).

How satisfied are you with the level of care you received (at your last visit)?

Base: the 89% of respondents who have been to SVH in the past 3 years (327n)

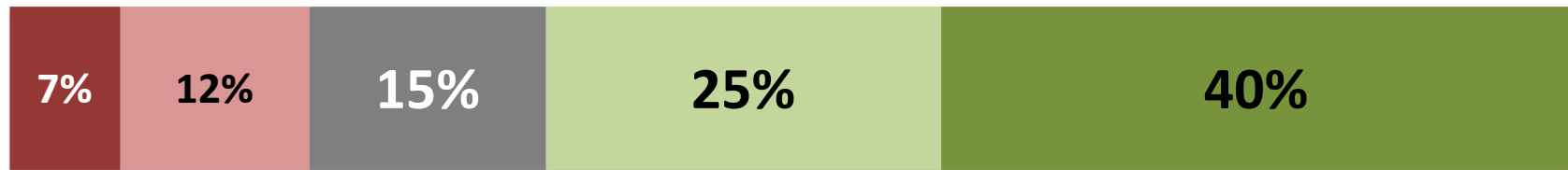


Future Use of SVH

Likelihood of Future Use: 65% of all respondents say they will likely use SVH again in the future.

- Down from 78% in 2015.

How likely are you to use Sonoma Valley Hospital the next time you or a loved one requires hospital care?



■ Definitely Will NOT ■ Probably Will Not ■ Not Sure ■ Probably Will ■ Definitely Will

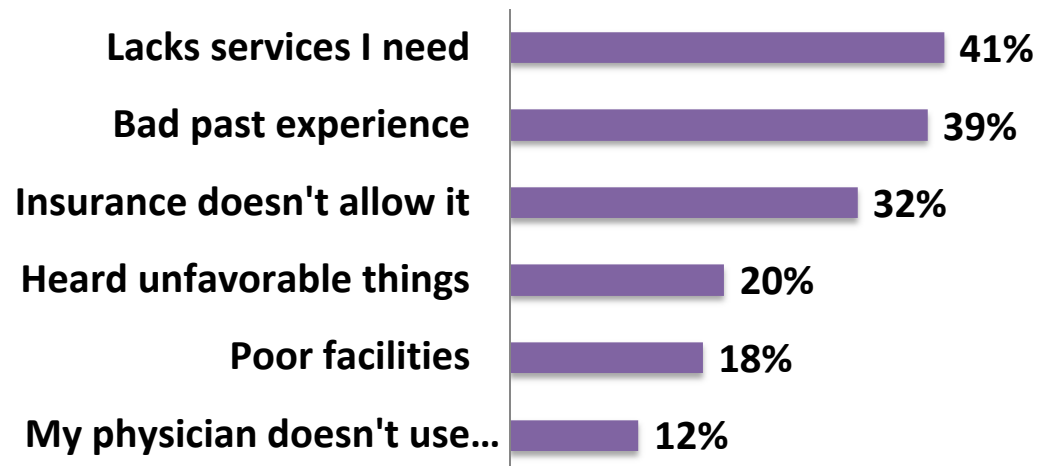
Base: the 89% of respondents who have been to SVH in the past 3 years (327n)

Reasons For Not Using SVH

Reasons for Not Using SVH in the Future: The main reasons people won't return to SVH are that it lacks the services needed (41%), a bad past experience (39%), and insurance restrictions (32%).

- More respondents in 2019 than in 2015 would not use SVH because it lacks the services they need (41% v. 9% in 2015).
- Physician not using SVH was less of a problem for Phone respondents in 2019 vs 2015.
- *Note small base (n=125)*

Why are you unlikely/uncertain to use SVH for future care? (Multiple answers allowed)



Base: The 34% of respondents who will not use SVH in future (n=125)

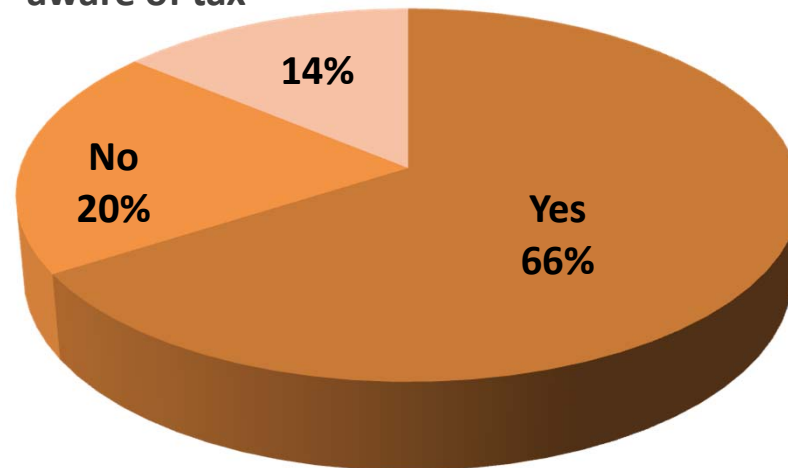
The Parcel Tax

Support for the 2017 Parcel Tax: The majority of respondents (66%) voted for the parcel tax in 2017.

- This response in 2019 is higher than the 60% in the 2015 survey who said they were generally supportive of a parcel tax.

Did you vote for the parcel tax in 2017?

Can't recall/not aware of tax



“Do you support Parcel Tax?”
2015 survey
Yes 60%
No 14%

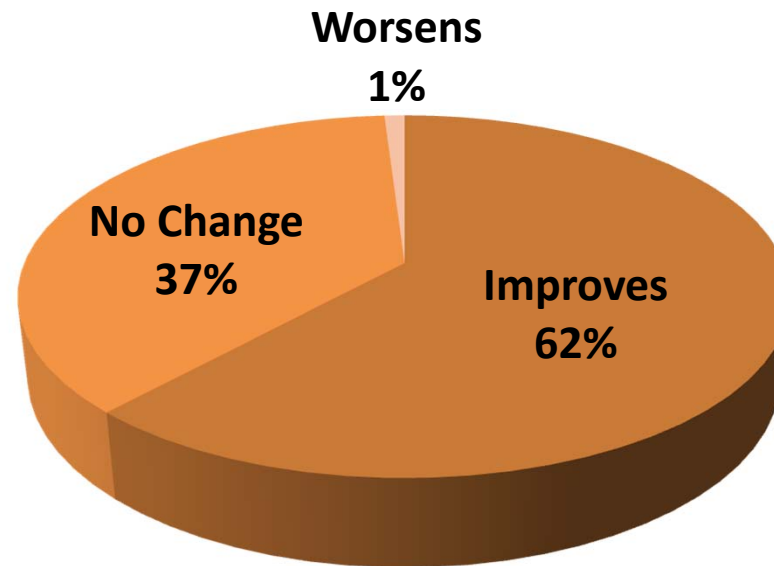
Base: All Respondents (n=369)

UCSF Affiliation

Awareness: The UCSF affiliation is seen as positive—it has enhanced the opinion of SVH for 62% of all respondents.

Survey Variances: Nearly all Online respondents (91%) and most Phone respondents (58%) were aware of the affiliation with UCSF Health.

How does the affiliation with UCSF affect your opinion of SVH?



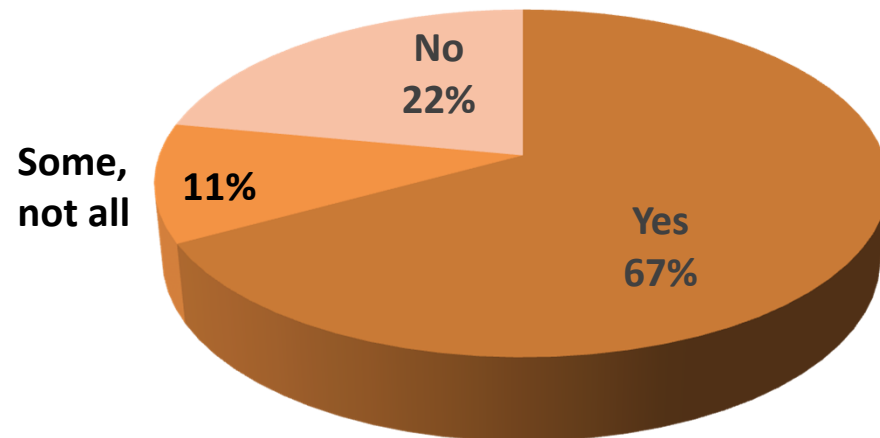
Base: All Respondents (n=369)

Changes in SVH Services

Awareness: In aggregate, 67% are aware of all changes in services and 11% are aware of some changes. Online respondents were much more aware than Phone respondents.

Survey Variances: Almost all Online respondents (95%) were aware of at least some of the recent changes in services, including 83% who were aware of all of the changes. While more than half of Phone respondents (53%) were aware of at least some of the changes, 37% were not aware of any.

The hospital made decisions affecting certain services in the past year because the services were losing money. These changes included closing Obstetrics, transitioning Home Care to a local organization, and bringing in an outside company to run the Skilled Nursing Facility. Are you aware of these changes?



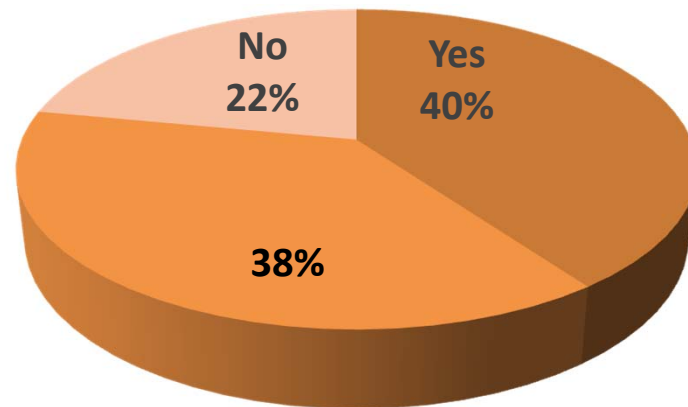
Base: All Respondents (n=369)

Changes in SVH Services

Opinion: In total, 40% agreed with all changes and 38% agreed with some changes. Online respondents were much more likely to agree than Phone respondents.

Survey Variances: Most Online respondents agreed with at least some of the changes (49% agreed with all of them, 39% agreed with some), with only 13% saying the decisions were bad. By contrast, only 28% of Phone respondents thought all the changes were good, 37% felt that some were, and 35% did not think SVH made good decisions in making these changes.

Do you think the hospital made good decisions in making these changes?



Agree with some,
but not all

Base: All Respondents (n=369)

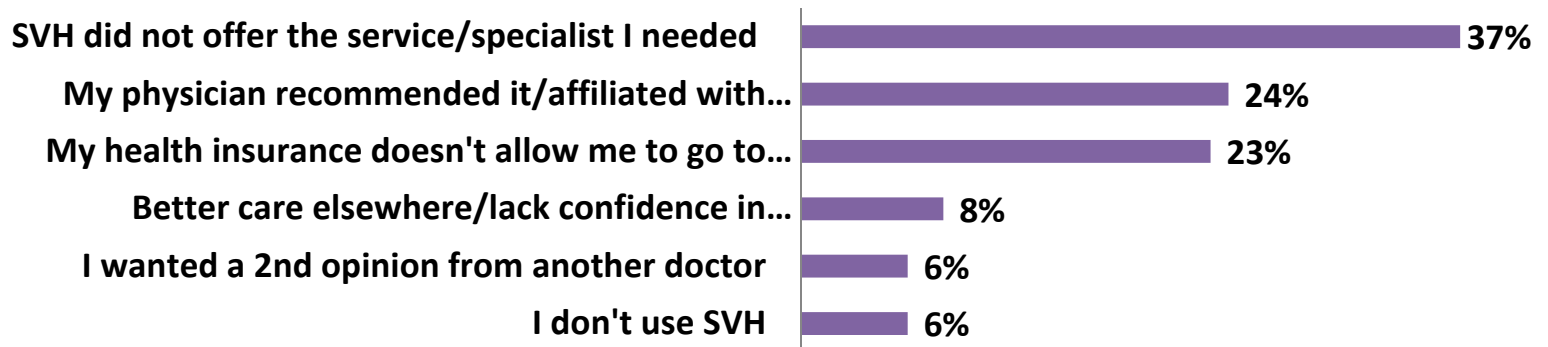
Use of Other Area Hospitals

Total Visitation: 59% of all respondents have visited a hospital other than SVH for services in the past 3 years.

Reasons for Visiting Another Hospital: The most common reason people went elsewhere was that SVH did not offer the service(s) they needed.

- More so for Online respondents (41%) than Phone respondents (24%).

What were the reason(s) you went to another hospital rather than SVH? (Multiple answers allowed)



Base: The 59% of respondents who have visited a hospital other than SVH in the past 3 years (n=219)

Kaiser Members View SVH Favorably

SVH Use: 20% of all respondents (75) are Kaiser members. 65% of Kaiser respondents/family used SVH at least once in the past 3 years

Opinions: Generally, Kaiser member opinions are similar to those of non-Kaiser respondents

- 70% believe it is essential to have a hospital in community
- 92% believe it is essential to have an ED in community
- 57% have favorable opinion of SVH; 20% unfavorable
- 57% voted for parcel tax in 2017

Of those who have used SVH services:

- 75% satisfied with level of care received
- 62% report positive experience with Emergency Department

Differences Between Survey Groups

While in most ways the two survey groups hold similar views of SVH, there are different factors shaping some opinions:

Phone (Random):

- Higher number of Kaiser members
- Use SVH less because insurance access is larger obstacle
- Younger average age; fewer Medicare users
- Not as well informed about SVH decisions, services changes

Online (Email)

- Older average age; more Medicare users
- Twice as many have made a financial donation (21% vs 42%)
- Generally better informed about SVH (i.e. UCSF affiliation; services changes)
- Online respondents show higher level of engagement with SVH, but this also tends to make them more critical of SVH in some ways.

Conclusions

Opinions about SVH are mostly positive, with most respondents offering favorable opinions about the hospital and its services.

- 8 out of 10 are satisfied with level of care received.
- 34% say their opinion of hospital has improved in recent years.
- 65% will use SVH again
- Nearly twice as many people (31%) say they hear mostly positive comments from others about SVH as hear mostly negative comments (16%).

Conclusions

However, positive opinions in some areas have dropped since 2015 as critical comments have increased... to the point that sometimes it seems like people in the community are talking about two different hospitals.

- Open-ended survey comments reinforced many positive comments, but also noted concerns about financial stability, the parcel tax and hospital services.

Conclusions

Positive opinions cover many areas, negative opinions tend to focus on fewer areas, but these receive considerable emphasis by some.

Positive opinions:

- Convenience of having SVH in community
- Need for ER in community
- Overall perception of SVH
- Level of care received
- Friendly staff
- Improved facilities
- UCSF affiliation

Negative opinions:

- Financial stability
- Not enough services offered
- Decisions to close/change existing services
- Need for parcel tax

Conclusions

This survey identifies areas of concern to many community members, especially those decisions/actions taken by the administration and board influencing financial sustainability and hospital services.

Going forward, it will be important to continue addressing these concerns through clear communications, including making efforts to reach those in the community who are less engaged with the hospital.

Marketing & Growth Report

FY 2019 - 2020

Agenda

- **FY 2019 Marketing Priorities (reminder)**
- **FY 2019 Accomplishments**
- **FY 2019 Growth Update**
- **FY 2020 New Marketing Priorities**

FY 2019 Marketing Priorities

Alignment with Strategic Plan

- Emergency Services
- Bariatrics
- Pain Management
- Breast Health
- Community Education and Outreach

FY 2019 Marketing Accomplishments



**WE'RE
ACUTE
STROKE
READY**



Emergency Services

Goal: ER is Top Of Mind In Community
(Remind the community of the value of having Emergency services locally with over 10,000 visits per year, 42% Kaiser and majority of patients receiving much more than Urgent Care)

- ED Marketing Plan Implemented
- UCSF Telemedicine Neurology service
- Stroke Ready Certification
- UCSF Stroke Medical Director
- 100% of ED Physicians are Board Certified with New Medical Director



Pain Management

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

- Partnered with SV Community Health Center
- Open a specialty clinic with Dr. Voscopoulos & SVCHC in the hospital time share offices
- Optimized Pain Management Procedures

Meet Our Physician



Christopher John Voscopoulos, MD, MBA, MS, FCCP
Dr. Voscopoulos is board certified in Anesthesiology, Critical Care, Pain Medicine, Transesophageal Echocardiography, and Addiction Medicine. He is also board eligible in Critical Care Echo Cardiography and Neurocritical Care.

Dr. Voscopoulos completed his Internship in Surgery at Stanford University School of Medicine, his residency in Anesthesia at the University of California San Francisco and Emory University School of Medicine, and his fellowships in Critical Care and Pain Medicine at Brigham and Women's Hospital, Harvard Medical School.

He earned his medical degree from Tulane University School of Medicine, his MBA from Duke University, and his Master's degree in Maharishi Ayurvedic and Integrative Medicine from Maharishi University of Management. Dr. Voscopoulos is the president of Medical Specialists Associates, a multispecialty multi-state medical group based in Northern California.

Help For Chronic And Acute Pain



We can help you understand the cause of your pain and access treatment to manage it.



NOAH D. WEISS, MD
Orthopedic Surgery, Sports Medicine, Hand Surgery 462

SABRINA KIDD, MD, FACS, FASCRS
General & Colorectal Surgery

CHRISTOPHER VOSCOPOULOS, MD
Pain Medicine: Medical Specialists Associates,
Sonoma Valley Community Health Center

ADAM KAPLAN, MD
Urology

SONOMA VALLEY SPECIALTY CLINIC

Breast Health Services

Goal: Offer comprehensive health services for women in our community

- Partnered with Breast Surgeon
- Increased referrals for ancillary services
- Project Pink
- Marketed 3D Mammography



¿Necesita una mamografía?
PROJECT PINK le puede ayudar

Acerca de Project Pink
Cada mes de octubre, el programa Project Pink de la Fundación de Sonoma Valley Hospital ofrece exámenes gratuitos de mamografía para las mujeres del valle de Sonoma (de seguro médico o con seguro médico insuficiente).

¿Quiénes son elegibles?

- Mujeres de 40 años o más
- Mujeres que no se han hecho una mamografía en los últimos 12 meses
- Mujeres que viven o trabajan en el valle de Sonoma
- Mujeres que tienen dificultad para pagar una mamografía debido a falta de seguro médico, seguro médico insuficiente o porque tienen un día de día libre

Para más información llame al 707.935.5215

Project Pink is a community service supported by a special grant from the Sonoma Valley Hospital Foundation. vhfoundation.com • 347 Andruska Street • Sonoma, CA 94970

SONOMA VALLEY HOSPITAL FOUNDATION
Helping people live better lives.

Need A Mammogram? PROJECT PINK Can Help

About Project Pink
The Sonoma Valley Hospital Foundation's Project Pink program offers no-cost mammogram screenings for uninsured and underinsured Sonoma Valley women every October.

Who's Eligible?

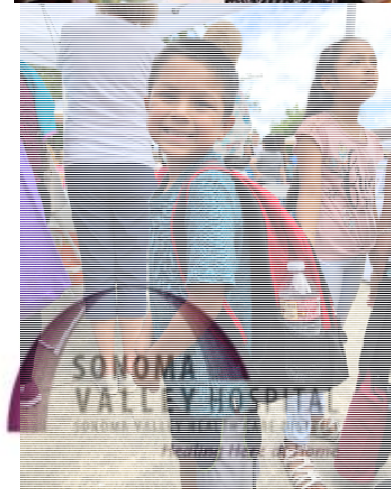
- Women 40 years or older
- Have not had a mammogram in the past 12 months
- Live or work in Sonoma Valley
- Have difficulty affording a mammogram because they are uninsured, underinsured or have a high deductible

SONOMA VALLEY HOSPITAL FOUNDATION
Helping people live better lives.



Community Education and Outreach

- Community Partners
 - SVCHC, Vintage House, La Luz Center
 - Civic and Service Organizations
- Conversation With A Doctor Series
- Let's Talk About Women's Health
- Active Aging
- Health Fairs, Events, Screenings
 - Back To School, Vintage House, Hit The Road Jack, Emergency Preparedness, Quarterly Health Screenings at St. Leo's



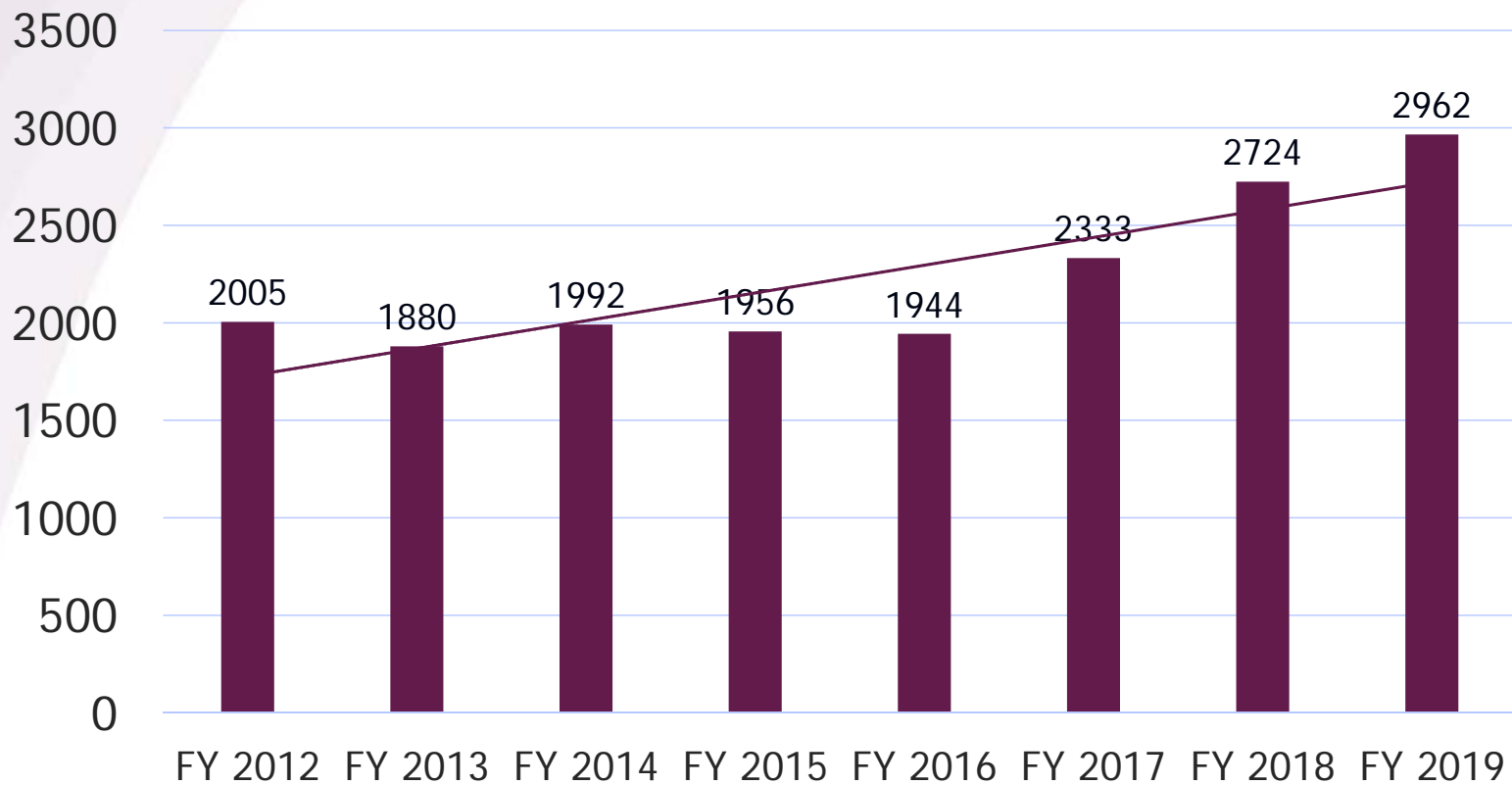
Growth Report

FY 2018 - 2019

Surgery Growth

+8%

Total Surgical Volume



Includes Inpatient, Outpatient and Endoscopy

Volume Analysis

Surgical Service	FY 18	FY 19
Pain Management	634	702
Ophthalmology	241	328
General Surgery	186	194
Bariatrics	64	72
Endoscopy	874	1000
General Orthopedics	419	403
Other (Breast, Urology, ENT, Podiatry, GYN)	178	153
Total Joint Replacements	128	119
Total	2724	2962

Surgery Margins

FY 19	Total Reimbursement	Total Direct Margin
Bariatrics	\$1,089,000	\$695,000
General Surgery	\$965,000	\$337,000
Pain	\$1,270,000	\$542,000
Endoscopy	\$1,565,000	\$725,000
Ophthalmology	\$926,000	\$314,000
General Orthopedics	\$1,960,000	\$656,000
Total Joints	\$2,261,000	\$78,000
Other	\$761,000	\$266,100
Total	\$10,797,000	\$3,613,100

Service Unit Trends

Date	Outpt ED	Outpt Surgery	Inpatient	Rehab	Outpt Diag	Occ Health	Specials
FY 19 Volumes	9,216	1,831	1,140	11,391	29,416	5,408	1,873
FY 18 volumes	9,566	1,724	1,195	11,895	27,890	5,412	1,850
FY 19 Direct Margins	\$9.8	\$1.7	\$3.2	\$1.8	\$5.3	(\$50,000)	\$1.2
FY18 Direct Margins	\$7.8	\$1.8	\$3.8	\$1.5	\$4.6	(\$65,000)	\$1.2

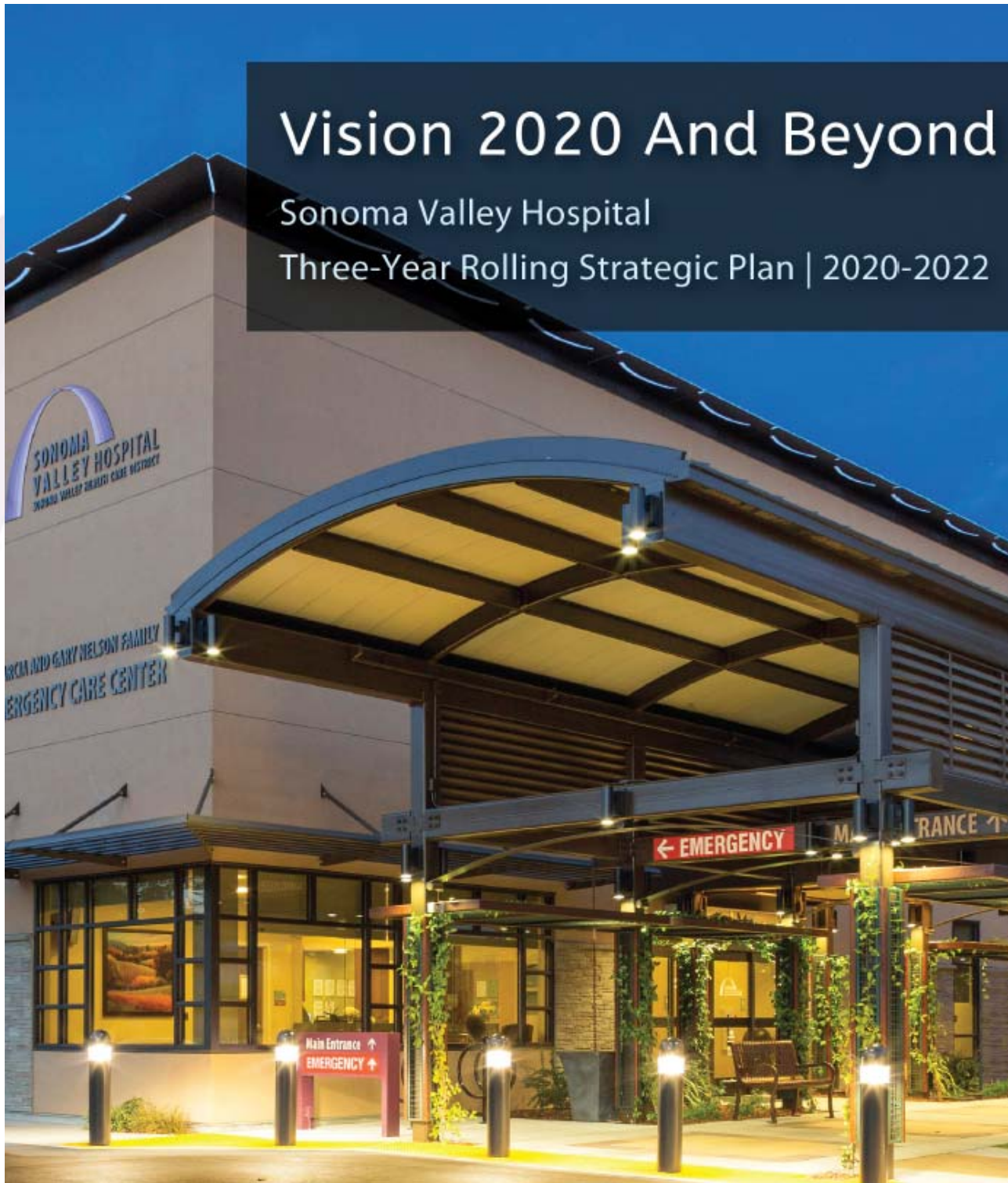


FY 2020 New Marketing Priorities

Vision 2020 And Beyond

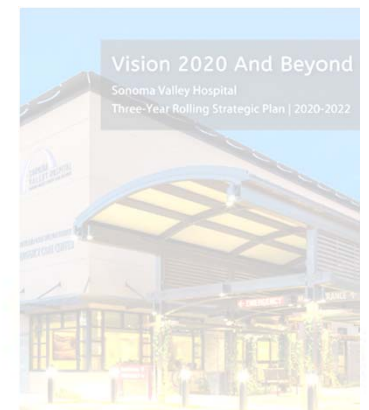
Sonoma Valley Hospital

Three-Year Rolling Strategic Plan | 2020-2022



Core Strategic Initiatives

- 1. Exceed Community Expectations in Emergency Services**
Our Emergency Department is our core service to the community and we will continue to improve this service so it is viewed as vital and necessary for a healthy, prosperous community.
- 2. Create UCSF Health Outpatient Center**
We will use our accessibility and efficiency to create a seamless patient experience with our partner, UCSF Health, and be considered their outpatient center.
- 3. Become a 5 Star Hospital**
As a CMS 4 Star hospital, which places us among the top hospitals nationally for quality and safety, we are committed to continued improvements to earn the highest ranking and become a 5 Star hospital.
- 4. Provide Access to Excellent Physicians**
SVH will continue to ensure our community has access to physicians locally and continue to bring specialists to the community so residents can find the care they need close to home, including offering UCSF Health specialty services to the region.



FY 2020

Marketing Priorities

- Outpatient Rehab
 - Physical, Occupational, & Speech Therapies
- Wound Care Expansion
- Outpatient Diagnostics
- Surgery
 - Bariatric Designation
 - Orthopedics: Now have 5 Surgeons
 - Breast Surgery
 - Pain Management

QUESTIONS



To: SVHCD Board of Directors
From: Kelly Mather
Date: 9/26/19
Subject: Administrative Report

Summary

We completed the community perception survey and a summary of the findings will be shared with the October board, with administration and at the staff forums in November.

Strategic Update from FY 2020 Strategic Plan:

Strategic Priorities	Update
Exceed Community Expectations in Emergency Services	<ul style="list-style-type: none"> ➤ We have completed the interview phase of the new branding initiative and meet this month with a select team of stakeholders to begin forming the new brand. This was funded by the foundation. ➤ The community overwhelmingly agrees that we need an ER in our community based on the latest survey. ➤ We continue the E.D. marketing campaign and have had positive responses to our on line communications.
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. ➤ The quarterly meeting will be held with UCSF on October 24th.
Become a 5 Star Hospital	<ul style="list-style-type: none"> ➤ We started an Employee Council with a representative from each department in September. This team will meet quarterly and we are already getting some great suggestions from the teams. ➤ The MDM Journey patient education system will go live this month. ➤ Patient experience continues to improve this year and the team is focused on food quality and communication about medications.
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ There are two new orthopedic surgeons and one is getting very busy. ➤ Now that Prima has more space and they are up on EPIC, we are discussing recruitment of another Primary Care Physician (possibly a Geriatrician.) ➤ We continue to work on the plans to bring several physicians from UCSF to Sonoma. ➤ We are partnering with Meritage Medical Network and have decided to stay with Western Health Advantage for our health plan with decreased costs.
Healthy Hospital	<ul style="list-style-type: none"> ➤ Dr. Aronson from UCSF spoke to over 100 people at Vintage House on “Elderhood” which is based on her NY Times bestselling book ➤ The Valley of the Moon Post Acute unit is now almost full and they have stabilized both the patient volume and the staff. They had another good month in August. ➤ A meeting with Satellite Healthcare (Dialysis company) will be held this week to discuss options for them renting the 2nd floor ➤ Partnership is interested in talking about options for our 2nd floor and they will visit in the next month.

AUGUST 2019

			National Benchmark
Patient Experience	Current Performance	FY 2020 Goal	
Would Recommend Hospital	80%	> 70 percent	50th percentile
Inpatient Overall Rating	80%	>70 percent	50th percentile
Outpatient Services	4.7	4.5	3.8
Emergency Department	4.6	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	3	< 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	>3.8	75%
Turnover	2.6%	< 15%	< 20%
Financial Stability	YTD Performance	FY 2020 Goal	Benchmark
EBDA	28.2%	3%	3%
Paid FTE's	226	<230	n/a
Days Cash on Hand	36	20	30
Days in Accounts Receivable	42	45	50
Length of Stay	3.4	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	148/888	900	984
Outpatient Visits	8847/53,082	55,000	54,596
Emergency Visits	1976/11,856	10,000	10,181
Surgeries + Special Procedures	482/2892	3000	2950
Community Benefit Hours	254/1524	1000	1222

Note: Colors demonstrate comparison to National Benchmark



Meeting Date: October 3, 2019

CMO Report: Sabrina Kidd, MD

1. What is going well / New Items:
 - a. Our successful outpatient texting survey tool (Q-Reviews / Rate My Hospital) is being implemented for inpatients with a go-live date of September 30.
 - b. Press Ganey scores for June through August have improved in many areas including communication with doctors and the physician satisfaction section.
 - c. An “Active Shooter” drill is planned for November.
 - d. We are continuing our contract with Marin Medical Laboratories for pathology and lab services for another 3 year term.
2. Follow up previous agenda items:
 - a. CDPH (State) Licensing Survey was the week of August 26. Results are still pending at the time of this report – no major findings are anticipated.
 - b. Next medical staff meeting will be October 16 at Ramekins. Subsequent meetings will be at El Dorado Kitchen.
 - c. Clinical IT Updates: Our secure texting tool for clinical communication is working well for the hospitalists and ED doctors and is being expanded to other services.
 - d. Tele-medicine Updates: We are terminating our Specialists on Call contract previously used for psychiatry and neurology consults as of October 1, 2019. These services have been replaced. We are exploring an opportunity to collaborate with UCSF Infectious Disease services.
3. Quality:
 - a. The quality dashboard through August is without new concerns.
 - b. Sentinel event: A wrong site incision occurred in August and was reported to the State. The report from the state investigation is pending and our Root Cause Analysis will be reported to the Quality Committee.



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: September 24, 2019
Subject: Financial Report for the Month Ending August 31, 2019

For the month of August the hospital continued to experience higher than budgeted volumes in both outpatient and emergency room services and lower than budgeted inpatient volume. August's actual loss of (\$569,144) from operations was \$233,070 favorable to the budgeted loss of (\$802,214). After accounting for all other activity; the net loss for August was (\$93,767) vs. the budgeted net loss of (\$143,369) with a monthly EBDA of -0.4% vs. a budgeted -7.0%.

Gross patient revenue for August was \$20,833,665; \$185,545 over budget. Inpatient gross revenue was under budget by (\$1,414,948). Inpatient days were under budget by (70) days and inpatient surgeries were under budget by (3) cases. Outpatient revenue was over budget by \$729,086. Outpatient visits were over budgeted expectations by 282 visits, outpatient surgeries were over budgeted expectations by 12 cases, and special procedures were over budget by 5 cases. The Emergency Room gross revenue was over budget by \$871,407 with ER visits over budgeted expectations by 95 visits.

Deductions from revenue were unfavorable to budgeted expectations by (\$87,647) which is due to outpatient gross revenue being over budgeted expectations.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$81,050.

Operating Expenses of \$4,226,092 were favorable to budget by \$152,020. Salaries and wages and agency fees were under budget by \$6,746 and employee benefits were under budget by \$44,557 due to receiving a credit on our health insurance premiums. Year-to-date employee benefits are under budget by \$8,367. Purchased Services are under budget by \$50,265 due to a credit received from the Bio Medical equipment maintenance service and budgeted services not used in the month of August. Interest expense is under budget by \$27,847 due to lower than budgeted vendor financing costs and lower than budgeted LOC interest.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for August was (\$262,068) vs. a budgeted net loss of (\$516,530). The hospital

received \$5,000 in restricted contributions from the Sonoma Valley Hospital Foundation in August. The total net loss for August after all activity was (\$93,767) vs. a budgeted net loss of (\$143,369).

EBIDA for the month of August was -0.4% vs. the budgeted -7.0%.

Patient Volumes – August

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	76	82	-6	85
Acute Patient Days	240	310	-70	361
Observation Days	19	0	19	7
OP Gross Revenue	\$15,735	\$14,135	\$1,600	\$16,762
Surgical Cases	160	151	9	165

Gross Revenue Overall Payer Mix – August

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	44.9%	41.7%	3.2%	43.2%	41.8%	1.4%
Medicare Mgd Care	14.1%	14.1%	0.0%	14.2%	14.1%	0.1%
Medi-Cal	16.9%	17.6%	-0.7%	16.8%	17.6%	-0.8%
Self-Pay	1.0%	1.5%	-0.5%	1.8%	1.5%	0.3%
Commercial	19.9%	20.8%	-0.9%	21.1%	20.8%	0.3%
Workers Comp	2.6%	2.3%	0.3%	2.2%	2.3%	-0.1%
Capitated	0.6%	2.0%	-1.4%	0.7%	1.9%	-1.2%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for August:

For the month of August the cash collection goal was \$3,731,179 and the Hospital collected \$3,271,856 or under the goal by (\$459,323). The year-to-date cash collection goal was \$7,774,016 and the Hospital has collected \$7,000,346 or under goal by (\$773,670).

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	36.60	38.85	-2.25	11.91
Accounts Receivable Days	42.8	41.8	1.0	43.0
Accounts Payable	\$2,621,829	\$3,528,128	-\$906,299	\$3,888,203
Accounts Payable Days	39.5	53.2	-13.70	47.6

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
- Attachment F is the Cash Projection



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

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance
Medicare	9,347,789	8,598,159	749,630	8.7%
Medicare Managed Care	2,930,087	2,900,208	29,879	1.0%
Medi-Cal	3,519,447	3,635,767	-116,320	-3.2%
Self Pay	203,967	319,324	-115,357	-36.1%
Commercial & Other Government	4,149,277	4,309,416	-160,139	-3.7%
Worker's Comp.	551,220	480,776	70,444	14.7%
Capitated	131,878	404,470	-272,592	-67.4%
Total	20,833,665	20,648,120	185,545	

	Actual	Budget	Variance	% Variance
	18,375,963	16,776,936	1,599,027	9.5%
	6,053,322	5,650,135	403,187	7.1%
	7,147,909	7,072,960	74,949	1.1%
	772,480	620,725	151,755	24.4%
	9,007,752	8,357,078	650,674	7.8%
	954,263	920,010	34,253	3.7%
	282,479	780,049	-497,570	-63.8%
Total	42,594,168	40,177,893	2,416,275	

Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	1,303,537	1,142,695	160,842	14.1%
Medicare Managed Care	386,478	344,255	42,223	12.3%
Medi-Cal	297,745	373,393	-75,648	-20.3%
Self Pay	117,199	161,961	-44,762	-27.6%
Commercial & Other Government	1,296,649	1,294,442	2,207	0.2%
Worker's Comp.	117,355	101,059	16,296	16.1%
Capitated	4,101	7,361	-3,260	-44.3%
Prior Period Adj/IGT	56,250	56,250	0	0.0%
Total	3,579,314	3,481,416	97,898	2.8%

	Actual	Budget	Variance	% Variance
	2,372,630	2,218,134	154,496	7.0%
	744,748	670,671	74,077	11.0%
	650,643	726,393	-75,750	-10.4%
	423,021	314,832	108,189	34.4%
	2,734,135	2,516,836	217,299	8.6%
	208,423	193,386	15,037	7.8%
	6,767	14,197	-7,430	-52.3%
	112,750	539,419	-426,669	-79.1%
Total	7,253,117	7,193,868	59,249	0.8%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance
Medicare	36.4%	32.8%	3.6%	11.0%
Medicare Managed Care	10.8%	9.9%	0.9%	9.1%
Medi-Cal	8.3%	10.7%	-2.4%	-22.4%
Self Pay	3.3%	4.7%	-1.4%	-29.8%
Commercial & Other Government	36.2%	37.2%	-1.0%	-2.7%
Worker's Comp.	3.3%	2.9%	0.4%	13.8%
Capitated	0.1%	0.2%	-0.1%	-50.0%
Prior Period Adj/IGT	1.6%	1.6%	0.0%	0.0%
Total	100.0%	100.0%	0.0%	0.0%

	Actual	Budget	Variance	% Variance
	32.6%	30.8%	1.7%	5.5%
	10.3%	9.3%	1.0%	10.8%
	9.0%	10.1%	-1.1%	-10.9%
	5.8%	4.4%	1.4%	31.8%
	37.7%	35.0%	2.7%	7.7%
	2.9%	2.7%	0.2%	7.4%
	0.1%	0.2%	-0.1%	-50.0%
	1.6%	7.5%	-5.9%	-78.7%
Total	100.0%	100.0%	5.8%	5.8%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance
Medicare	13.9%	13.3%	0.6%	4.5%
Medicare Managed Care	13.2%	11.9%	1.3%	10.8%
Medi-Cal	8.5%	10.3%	-1.8%	-17.5%
Self Pay	57.5%	50.7%	6.8%	13.4%
Commercial & Other Government	31.2%	30.0%	1.2%	4.0%
Worker's Comp.	21.3%	21.0%	0.3%	1.4%

	Actual	Budget	Variance	% Variance
	12.9%	13.2%	-0.3%	-2.3%
	12.3%	11.9%	0.4%	3.4%
	9.1%	10.3%	-1.2%	-11.7%
	54.8%	50.7%	4.1%	8.1%
	30.4%	30.1%	0.3%	1.0%
	21.8%	21.0%	0.8%	3.8%

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 08/31/19</u>	<u>Budget 08/31/19</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 08/31/19</u>	<u>Budget 08/31/19</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 08/31/18</u>
Inpatient Utilization								
Discharges								
1	67	69	(2)	Med/Surg	123	139	(16)	151
2	9	12	(3)	ICU	25	25	0	15
3	76	82	(6)	Total Discharges	148	164	(16)	166
Patient Days:								
4	204	231	(27)	Med/Surg	391	464	(73)	489
5	36	79	(43)	ICU	118	158	(40)	163
6	240	310	(70)	Total Patient Days	509	622	(113)	652
7	19	-	19	Observation days	30	-	30	13
Average Length of Stay:								
8	3.0	3.3	(0.3)	Med/Surg	3.2	3.3	(0.2)	3.2
9	4.0	6.4	(2.4)	ICU	4.7	6.4	(1.7)	10.9
10	3.2	3.8	(0.6)	Avg. Length of Stay	3.4	3.8	(0.4)	3.9
Average Daily Census:								
11	6.6	7.5	(0.9)	Med/Surg	6.3	7.5	(1.2)	7.9
12	1.2	2.5	(1.4)	ICU	1.9	2.5	(0.6)	2.6
13	7.7	10.0	(2.3)	Avg. Daily Census	8.2	10.0	(1.8)	10.5
Other Utilization Statistics								
Emergency Room Statistics								
14	975	880	95	Total ER Visits	1,976	1,690	286	1,711
Outpatient Statistics:								
15	4,749	4,467	282	Total Outpatients Visits	8,847	8,539	308	9,194
16	24	27	(3)	IP Surgeries	50	53	(3)	49
17	136	124	12	OP Surgeries	266	237	29	266
18	81	76	5	Special Procedures	166	145	21	202
19	310	348	(37)	Adjusted Discharges	587	682	(95)	656
20	980	982	(2)	Adjusted Patient Days	2,012	1,911	102	5,566
21	31.6	31.7	(0.1)	Adj. Avg. Daily Census	32.5	30.8	1.6	89.8
22	1.4294	1.4000	0.029	Case Mix Index - Medicare	1.4522	1.4000	0.052	1.3232
23	1.5310	1.4000	0.131	Case Mix Index - All payers	1.5118	1.4000	0.112	1.4619
Labor Statistics								
24	207	212	5.3	FTE's - Worked	204	210	6.1	274
25	226	237	11.4	FTE's - Paid	226	235	9.0	309
26	44.96	42.95	(2.01)	Average Hourly Rate	44.27	42.84	(1.44)	42.77
27	7.14	7.48	0.34	FTE / Adj. Pat Day	6.96	7.62	0.66	3.44
28	40.7	42.6	2.0	Manhours / Adj. Pat Day	39.6	43.4	3.8	19.6
29	128.4	120.4	(8.0)	Manhours / Adj. Discharge	136.0	121.7	(14.3)	166.5
30	21.9%	23.6%	1.7%	Benefits % of Salaries	23.3%	23.9%	0.6%	22.3%
Non-Labor Statistics								
31	14.5%	15.0%	0.5%	Supply Expense % Net Revenue	13.3%	14.4%	1.1%	13.1%
32	1,682	1,516	(166)	Supply Exp. / Adj. Discharge	1,660	1,533	(127)	1,896
33	13,970	12,903	(1,067)	Total Expense / Adj. Discharge	14,720	13,245	(1,475)	16,389
Other Indicators								
34	30.0			Days Cash - Operating Funds				
35	42.8	50.0	(7.2)	Days in Net AR	42.3	50.0	(7.7)	41.8
36	88%			Collections % of Net Revenue	90%			100.8%
37	39.5	55.0	(15.5)	Days in Accounts Payable	39.5	55.0	(15.5)	44.9
38	17.3%	17.0%	0.3%	% Net revenue to Gross revenue	17.2%	18.1%	-0.9%	19.5%
39	19.0%			% Net AR to Gross AR	19.0%			20.8%

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

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 1,291,406	\$ 2,869,461	\$ 636,295
2	Cash - Money Market	2,533,925	3,258,551	957,422
3	Net Patient Receivables	6,728,831	6,779,817	8,143,167
4	Allow Uncollect Accts	(1,331,193)	(1,324,701)	(1,255,318)
5	Net A/R	5,397,638	5,455,116	6,887,849
6	Other Accts/Notes Rec	185,231	50,829	218,141
7	Parcel and GO Bond Tax Receivable	6,753,183	6,904,782	6,657,849
8	3rd Party Receivables, Net	1,213,627	1,166,589	1,048,765
9	Inventory	887,752	898,870	848,499
10	Prepaid Expenses	786,734	885,522	899,891
11	Total Current Assets	\$ 19,049,496	\$ 21,489,720	\$ 18,154,711
12	Property, Plant & Equip, Net	\$ 49,312,029	\$ 49,553,498	\$ 51,664,079
13	Trustee Funds - GO Bonds	5,177,232	5,016,479	3,945,791
14	Other Assets	-	-	-
15	Total Assets	\$ 73,538,757	\$ 76,059,697	\$ 73,764,581
 Liabilities & Fund Balances				
Current Liabilities:				
16	Accounts Payable	\$ 2,621,829	\$ 3,528,128	\$ 3,888,203
17	Accrued Compensation	3,038,565	3,609,479	3,461,612
18	Interest Payable - GO Bonds	700,024	604,593	520,732
19	Accrued Expenses	1,784,345	1,383,663	1,502,382
20	Advances From 3rd Parties	237,426	297,936	110,058
21	Deferred Parcel & GO Bond Tax Revenue	5,753,983	6,329,382	5,711,029
22	Current Maturities-LTD	542,343	608,272	1,113,197
23	Line of Credit - Union Bank	6,098,734	6,723,734	6,723,734
24	Other Liabilities	1,386	1,386	451,386
25	Total Current Liabilities	\$ 20,778,635	\$ 23,086,573	\$ 23,482,333
26	Long Term Debt, net current portion	\$ 30,419,490	\$ 30,538,725	\$ 34,195,429
27	Fund Balances:			
28	Unrestricted	\$ 15,124,679	\$ 15,223,446	\$ 10,829,427
29	Restricted	7,215,953	7,210,953	5,257,392
30	Total Fund Balances	\$ 22,340,632	\$ 22,434,399	\$ 16,086,819
31	Total Liabilities & Fund Balances	\$ 73,538,757	\$ 76,059,697	\$ 73,764,581

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

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD					
	This Year		Variance			This Year		Variance			Prior Year				
	Actual		\$	%		Actual	Budget	\$	%						
1	76	82	(6)	-7%	Acute Discharges	148	164	(16)	-10%	166					
2	240	310	(70)	-23%	Patient Days	509	622	(113)	-18%	652					
3	19	-	19	0%	Observation Days	30	-	30	*	13					
4	15,735	14,135	1,600	11%	Gross O/P Revenue (000's)	31,831	27,104	4,726	17%	\$ 31,563					
Financial Results															
Gross Patient Revenue															
5	\$ 5,098,263	\$ 6,513,211	(1,414,948)	-22%	Inpatient	\$ 10,763,114	\$ 13,073,464	(2,310,350)	-18%	\$ 16,940,518					
6	9,120,422	8,391,336	729,086	9%	Outpatient	18,044,142	16,039,942	2,004,200	12%	18,449,128					
7	6,614,980	5,743,573	871,407	15%	Emergency	13,786,912	11,064,487	2,722,425	25%	13,139,370					
8	\$ 20,833,665	\$ 20,648,120	185,545	1%	Total Gross Patient Revenue	\$ 42,594,168	\$ 40,177,893	2,416,275	6%	\$ 48,529,016					
Deductions from Revenue															
9	\$ (17,137,701)	\$ (17,049,282)	(88,419)	-1%	Contractual Discounts	\$ (35,026,001)	\$ (33,176,100)	(1,849,901)	-6%	\$ (39,105,803)					
10	(150,000)	(150,000)	-	0%	Bad Debt	(400,000)	(300,000)	(100,000)	-33%	(200,000)					
11	(22,900)	(23,672)	772	3%	Charity Care Provision	(27,800)	(47,344)	19,544	41%	(54,125)					
12	56,250	56,250	-	0%	Prior Period Adj/Government Program Revenue	112,750	539,419	(426,669)	*	125,000					
13	\$ (17,254,351)	\$ (17,166,704)	(87,647)	1%	Total Deductions from Revenue	\$ (35,341,051)	\$ (32,984,025)	(2,357,026)	7%	\$ (39,234,928)					
Net Patient Service Revenue															
14	\$ 3,579,314	\$ 3,481,416	97,898	3%	Risk contract revenue	\$ 50,771	\$ 71,364	(20,593)	-29%	\$ 186,896					
15	\$ 24,434	\$ 35,682	(11,248)	-32%	Net Hospital Revenue	\$ 7,303,888	\$ 7,265,232	38,656	1%	\$ 9,480,984					
16	\$ 3,603,748	\$ 3,517,098	86,650	2%	Other Op Rev & Electronic Health Records	\$ 98,441	\$ 117,600	(19,159)	-16%	\$ 26,567					
17	\$ 53,200	\$ 58,800	(5,600)	-10%	Total Operating Revenue	\$ 7,402,329	\$ 7,382,832	19,497	0%	\$ 9,507,551					
18	\$ 3,656,948	\$ 3,575,898	81,050	2%	Operating Expenses										
19	\$ 1,791,683	\$ 1,798,429	6,746	0%	Salary and Wages and Agency Fees	\$ 3,532,060	\$ 3,554,287	22,227	1%	\$ 4,670,676					
20	615,862	660,419	44,557	7%	Employee Benefits	1,307,859	1,316,226	8,367	1%	1,677,979					
21	\$ 2,407,545	\$ 2,458,848	51,303	2%	Total People Cost	\$ 4,839,919	\$ 4,870,513	30,594	1%	\$ 6,348,655					
22	\$ 448,802	\$ 435,471	(13,331)	-3%	Med and Prof Fees (excl'd Agency)	\$ 865,519	\$ 869,552	4,033	0%	\$ 932,529					
23	521,926	527,256	5,330	1%	Supplies	973,566	1,045,553	71,987	7%	1,243,315					
24	319,607	369,872	50,265	14%	Purchased Services	649,137	740,080	90,943	12%	744,992					
25	246,455	266,763	20,308	8%	Depreciation	493,866	533,526	39,660	7%	584,112					
26	109,687	118,440	8,753	7%	Utilities	217,671	230,346	12,675	6%	223,012					
27	37,783	39,582	1,799	5%	Insurance	80,259	79,164	(1,095)	-1%	70,640					
28	32,957	60,804	27,847	46%	Interest	84,806	111,361	26,555	24%	97,766					
29	101,330	101,076	(254)	0%	Other	207,827	200,244	(7,583)	-4%	183,534					
30	-	-	-	#DIV/0!	Matching Fees (Government Programs)	0	130,086	130,086	100%	0					
31	\$ 4,226,092	\$ 4,378,112	152,020	3%	Operating expenses	\$ 8,412,570	\$ 8,810,425	397,855	5%	\$ 10,428,555					
32	\$ (569,144)	\$ (802,214)	233,070	29%	Operating Margin	\$ (1,010,241)	\$ (1,427,593)	417,352	29%	\$ (921,004)					

Sonoma Valley Health Care District
Variance Analysis
For the Period Ended August 31, 2019

ATTACHMENT E

	YTD	MONTH	
Description	Variance	Variance	
Operating Expenses			
Salary and Wages and Agency Fees	22,227	6,746	Salaries and Wages are over budget by (\$24,816) and Agency fees are under budget by \$31,559.
Employee Benefits	8,367	44,557	PTO under budget by \$13,898 and employee benefits under budget by \$30,659. The hospital received a credit on the employee's health insurance invoice in August to reflect terminated employees.
Total People Cost	30,594	51,303	
Med and Prof Fees (excl Agency)	4,033	(13,331)	
Supplies	71,987	5,330	
Purchased Services	90,943	50,265	Purchased Services are under budget by \$50,265 due to a credit received from the Bio Medical equipment maintenance service and budgeted services not used in the month of August.
Depreciation	39,660	20,308	
Utilities	12,675	8,753	
Insurance	(1,095)	1,799	
Interest	26,555	27,847	Interest expense is under budget by \$27,847 due to lower than budgeted vendor financing costs and lower than budgeted LOC interest.
Other	(7,583)	(254)	
Matching Fees (Government Programs)	130,086	-	
Operating expenses	397,855	152,020	
Operating Margin	417,352	233,070	

Sonoma Valley Hospital
Cash Forecast
FY 2020

ATTACHMENT F

	Actual July	Actual 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	3,747,119	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	44,294,264
2 Capitation Revenue	26,337	24,434	35,682	35,682	35,682	35,682	35,682	35,682	35,682	35,682	35,682	35,682	407,591
3 Napa State	2,565	983	11,231	11,231	11,231	11,231	11,231	11,231	11,231	11,231	11,231	11,231	115,859
4 Other Operating Revenue	27,168	113,630	58,800	58,800	58,800	58,800	58,800	58,800	58,800	58,800	58,800	58,800	728,798
5 Other Non-Operating Revenue	38,832	43,824	25,795	25,795	25,795	25,795	25,795	25,795	25,795	25,795	25,795	25,785	340,596
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	26,343
7 Line of Credit													-
Sub-Total Hospital Sources	4,375,074	3,929,990	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	45,913,450
Hospital Uses of Cash													
8 Operating Expenses	4,751,297	5,353,928	4,453,158	4,163,786	4,079,462	4,054,955	4,138,949	3,997,057	4,178,725	4,189,515	4,460,074	4,085,675	51,906,582
9 Add Capital Lease Payments	111,366	185,165	45,095	45,095	184,786	45,095	32,952	171,952	32,952	157,892	18,892	18,892	1,050,131
10 Additional Liabilities/LOC		625,000								625,000			1,250,000
11 Capital Expenditures	435,215	73,951	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,859	2,607,766
Total Hospital Uses	5,297,879	6,238,044	4,708,113	4,418,741	4,474,108	4,309,910	4,381,761	4,378,869	4,421,537	5,182,267	4,688,826	4,314,426	56,814,479
Net Hospital Sources/Uses of Cash	(922,805)	(2,308,055)	(1,304,292)	(723,556)	(790,829)	(644,588)	(497,408)	(703,536)	(388,480)	(1,384,024)	(753,263)	(480,196)	(10,901,029)
Non-Hospital Sources													
12 Restricted Cash/Money Market	(1,056,509)	725,000	1,500,000			(500,000)		500,000		530,000	(2,000,000)		(301,509)
13 Restricted Capital Donations	342,251	5,000	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,860	209,859	2,445,850
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						750,000					75,000		825,000
Sub-Total Non-Hospital Sources	342,251	730,000	1,709,860	209,860	209,860	2,459,860	209,860	2,609,860	209,860	3,451,375	396,375	209,859	12,748,880
Non-Hospital Uses of Cash													
20 Matching Fees						375,000		780,516	780,516				1,936,032
Sub-Total Non-Hospital Uses of Cash	-	-	-	-	-	375,000	-	780,516	780,516	-	-	-	1,936,032
Net Non-Hospital Sources/Uses of Cash	342,251	730,000	1,709,860	209,860	209,860	2,084,860	209,860	1,829,344	(570,656)	3,451,375	396,375	209,859	10,812,848
Net Sources/Uses	(580,553)	(1,578,055)	405,568	(513,696)	(580,969)	1,440,272	(287,548)	1,125,808	(959,136)	2,067,351	(356,888)	(270,337)	
Cash and Equivalents at beginning of period	3,450,014	2,869,461	1,291,406	1,696,974	1,183,278	602,309	2,042,581	1,755,034	2,880,842	1,921,707	3,989,058	3,632,170	
Cash and Equivalents at end of period	2,869,461	1,291,406	1,696,974	1,183,278	602,309	2,042,581	1,755,034	2,880,842	1,921,707	3,989,058	3,632,170	3,361,834	

2019 INSURANCE RENEWALS

Summary Schedule of Renewals

Line of Coverage	Carrier	Policy Period	Limits	Deductible	2018-2019 Expiring Premium	2019-2020 Renewal Premium
Professional & General Liab. (Hospital)	BETA	7/1/19 - 7/1/20	\$15M/\$25M	\$5,000	\$324,598	\$324,601
Professional & General Liab. (ED Docs)	BETA	7/1/19 - 7/1/20	\$1M/\$3M	\$5,000	\$68,094	\$68,091
Director & Officers Liab.	BETA	7/1/19 - 7/1/20	\$3M	\$10,000	\$29,820	\$32,803
Employment Practices Liab.	BETA	7/1/19 - 7/1/20	Shared in \$3M	\$75,000	Incl. Above	Inc. Above
Auto Liab.	BETA	7/1/19 - 7/1/20	\$6M	\$250/\$500	\$1,688	\$1,688
Property	HARPP	7/1/19 - 7/1/20	\$132M	\$25,000	\$60,464	\$84,358
Cyber Liab. & Privacy Breach	HARPP	7/1/19 - 7/1/20	\$2M	\$50,000	Incl. Above	Incl. Above
Crime	AIG	7/1/19 - 7/1/21	\$1M	\$25,000	\$3,271	\$3,370
Fiduciary Liab.	Hudson Ins. Co.	7/1/19 - 7/1/20	\$1M	\$5,000	\$4,000	\$4,000
Excess Workers' Compensation	Safety National	7/1/19 - 7/1/20	Statutory	\$500,000	\$112,328	\$94,136
Gross SVH Insurance Premium Total					\$604,263	\$613,047
Less BETA Annual Dividend					-\$21,367	-\$26,628
Less BETA Multi-Line Dividend					n/a	n/a
Less Valley Emergency Billing					-\$68,094	-\$68,091
Net SVH Insurance Premium Total					\$514,802	\$518,328

Billing – BETA PL/GL for both Hospital and ED are billed monthly; Excess WC is financed with quarterly installments;
All other insurance premiums are due within 30 days of policy inception



SUBJECT: Finance Committee Charter	POLICY #
DEPARTMENT: Board of Directors	PAGE 1 OF 4
APPROVED BY: Board of Directors	EFFECTIVE: 4/5/12
	REVISED: <u>3.26.13</u>

Purpose:

This charter (the “Charter”) sets forth the duties and responsibilities and governs the operations of the Finance Committee (the “Committee”) of the Board of Directors (the “Board”) of Sonoma Valley Healthcare District (the “District”), a nonprofit corporation organized and existing under the California Law.

The Finance Committee’s purpose is to assist the Board in its oversight of the District’s financial affairs, including District’s financial condition, financial planning, operational, and capital budgeting, debt structure, debt financing and refinancing and other significant financial matters involving the District. The Finance Committee is the body which makes recommendations to the District Board on all financial decisions.

Policy:

Duties and Responsibilities

The Committee’s primary duties and responsibilities are as follows:

- A. Review Monthly Financial Operating Performance
 1. Review the District’s monthly financial operating performance. The committee will review the monthly financial statements, including but not limited to the Statement of Revenues and Expenses, Balance Sheet and Statement of Cash Flows, prepared by management. The committee will also review other financial indicators as warranted.
 2. Review management’s plan for improved financial and operational performance including but not limited to new patient care programs, cost management plans, and new financial arrangements. The committee will make recommendations to the Board when necessary.

- B. Budgets
 1. Review and recommend to the Board for approval an annual operating budget for the District.
 2. Review management’s budget assumptions including volume, growth, inflation and other budget assumptions.
 3. Review and recommend to the Board for approval an annual capital expenditures budget for



SUBJECT: Finance Committee Charter	POLICY #
	PAGE 2 OF 4
DEPARTMENT: Board of Directors	EFFECTIVE: 4/5/12
APPROVED BY: Board of Directors	REVISED: <u>3.26.13</u>

the District. If deemed appropriate by the Committee, review and recommend to the Board for approval projected capital expenditures budgets for one or more succeeding years.

C. Debt, Financing and Refinancing

1. Evaluate and monitor the District's long and short-term indebtedness, debt structure, collateral or security, therefore, cash flows, and uses and applications of funds.
2. Evaluate and recommend to the Board for approval proposed new debt financing, including lines of credit, financings and refinancing, including (i) interest rate and whether the rate will be fixed or floating rate; (ii) collateral or security, if any; (iii) issuance costs; (iv) banks, investment banks, and underwriters retained or compensated by the District in connection with any financing or refinancing.
3. Review and recommend to the Board all guarantees or other obligations for the indebtedness of any third party.

D. Insurance

1. Review on an annual basis all insurance coverage's, including (i) identity and rating of carriers; (ii) premiums; (iii) retentions; (iv) self-insurance; (v) stop-loss policies; and (vi) all other aspects of insurance coverage for healthcare institutions.

E. Investment Policies

1. Review and recommend to the Board the District's cash management and cash investment policies, utilizing the advice of financial consultants as the Committee deems necessary or desirable.
2. Review and recommend to the Board the District's investment policies relating to assets of any employee benefit plans maintained and controlled by the District, utilizing the advice of financial consultants as the Committee deems necessary or desirable.

F. General

1. Review and recommend the services of all outside financial advisors, financial consultants, banks, investment banks, and underwriters for the District. Review annually the District's significant commercial and investment bank relationships.
2. Perform any other duties and responsibilities as the Board may deem necessary, advisable



SUBJECT: Finance Committee Charter	POLICY #
DEPARTMENT: Board of Directors	PAGE 3 OF 4
APPROVED BY: Board of Directors	EFFECTIVE: 4/5/12
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or appropriate for the Committee to perform.

3. Perform such other duties and responsibilities as the Committee deems appropriate to carry out its purpose as provided in this Charter.
4. Meet on a monthly basis preceding the Board meeting concerning the District's financial affairs. Urgent and time sensitive matters shall be reported at the next regular or special Board meeting.
5. The Finance Committee will be invited to attend the presentation by the District's independent auditors.
6. The Finance Committee shall review the Charter annually after the close of the fiscal year, or more often if required. If revisions are needed, they will be taken to the Board for action.
7. The Finance Committee shall report to the District Board on the status of its prior fiscal year's work plan accomplishments by after the completion of the Financial Statement Audit.



SUBJECT: Finance Committee Charter	POLICY #
DEPARTMENT: Board of Directors	PAGE 4 OF 4
APPROVED BY: Board of Directors	EFFECTIVE: 4/5/12
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Organization

The Committee’s membership, the chairperson, the call and conduct of Committee meetings, the preparation of Committee minutes, and the Committee’s other activities shall be appointed, conducted and accomplished in accordance with applicable provisions of the Bylaws and the Corporate Governance Principles adopted by the Board. The committee’s membership is subject to the Approval of the District Board. The membership shall include the following:

1. Two (2) Board Members, one being the Treasurer
2. Six (6) District Citizens
3. At least one (1) member of the Medical Staff
4. District’s Chief Executive Officer (non-voting)
5. District’s Chief Financial Officer (non-voting)

All District Citizen members of the committee must be stakeholders of the District. The District Board has defined stakeholder for the purpose of committee membership as:

- Living some or all of the time in the District, or
- Maintaining a place of business in the District, or
- Being an accredited member of the Hospital’s Medical Staff

Performance Evaluation

The Committee shall prepare and review with the Board an annual performance evaluation of the Committee, which evaluation shall compare the performance of the Committee with the requirements of this Charter. The performance evaluation shall also recommend to the Board any amendments to this Charter deemed necessary or desirable by the Committee. The performance evaluation shall be conducted in such manner as the Committee deems appropriate. The report to the Board may take the form of an oral report by the chairperson or any other member of the Committee designated by the Committee to make the report.

Resources and Authority of the Committee

The Finance Committee shall have the resources and authority appropriate to discharge its duties and responsibilities, including the responsibility to recommend to select, retain, terminate, and approve the engagement and other retention terms of special counsel or other experts or consultants, as it deems appropriate.

Amendment

This Charter shall not be amended except upon approval by the Board.