



**SONOMA VALLEY HEALTH CARE DISTRICT
BOARD OF DIRECTORS**

AGENDA

THURSDAY, OCTOBER 1, 2020

REGULAR SESSION 6:00 P.M.

HELD VIA ZOOM VIDEOCONFERENCE ONLY

**To participate via Zoom videoconferencing
use the link below:**

<https://sonomavalleyhospital-org.zoom.us/j/99611617276?pwd=VUdEaGM0MIE4Tm1UTW1QSHpaelZFdz09>

and enter the Meeting ID: 996 1161 7276, Passcode: 067077

**To participate via telephone only,
dial: 1-669 900 9128 or 1-669 219 2599**

and enter the Meeting ID: 996 1161 7276, Passcode: 067077

<p>In compliance with the Americans Disabilities Act, if you require special accommodations to participate in a District meeting, please contact District Clerk Vivian Woodall at vwoodall@sonomavalleyhospital.org 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>Hirsch</i>		
<p>2. BOARD CHAIR COMMENT</p>	<i>Hirsch</i>		
<p>3. PUBLIC COMMENT <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>	<i>Hirsch</i>		
<p>4. REPORT ON CLOSED SESSIONS OF SEPTEMBER 4, 2020, AND SEPTEMBER 21, 2020</p>	<i>Hirsch</i>	Inform	
<p>5. CONSENT CALENDAR a. Board Minutes 09.03.20 b. Finance Committee Minutes 08.25.20 c. Quality Committee Minutes 08.26.20 d. Policies and Procedures e. Medical Staff Credentialing</p>	<i>Hirsch</i>	Action	Pages 3-5 Pages 6-8 Pages 9-10 Pages 11-13
<p>6. CHA – SEISMIC REQUIREMENTS 2030 UPDATE</p>	<i>Grellmann</i>	Inform	

7. HUMAN EXPERIENCE PRESENTATION	<i>Jones</i>	Inform	Pages 14-21
8. CHIEF OF STAFF REPORT	<i>Brown</i>	Inform	Page 22
9. CEO PERFORMANCE INCENTIVE COMPENSATION FOR FY 2019-2020	<i>Hirsch</i>	Inform/ Action	Pages 23-26
10. CMO REPORT	<i>Kidd</i>	Inform	Pages 27-28
11. ADMINISTRATIVE REPORT FOR OCTOBER	<i>Mather</i>	Inform	Pages 29-31
12. FINANCIALS FOR THE MONTH ENDED AUGUST 31, 2020	<i>Jensen</i>	Inform	Pages 32-41
13. BOARD COMMENTS	<i>Hirsch</i>	Inform	
14. ADJOURN	<i>Hirsch</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 3, 2020

HELD VIA ZOOM VIDEOCONFERENCE

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Hirsch</i>	
Called to order at 5:59 pm		
2. BOARD CHAIR COMMENT	<i>Hirsch</i>	
The Board is required to take sexual harassment training every two years. The classes will be added to Healthstream and are due November 15, 2020.		
3. PUBLIC COMMENT	<i>Hirsch</i>	
None		
4. CONSENT CALENDAR a. Board Minutes 08.06.20 b. Quality Committee Minutes 07.22.20 c. Finance Committee Minutes 07.28.20 d. Quality Committee Charter e. Policies and Procedures f. Medical Staff Credentialing	<i>Hirsch</i>	Action
A change to the Human Resources Policy on Leaves – Organ and Bone Marrow Donor (item 4.e.) was previously requested but not made on the Board review summary.		MOTION: by Rymer to approve with requested change to the referenced policy, 2 nd by Nevins. All in favor.
5. MARKETING AND STRATEGY UPDATE	<i>Kruse de la Rosa/Kenney</i>	Inform
Ms. Kruse de la Rosa began the marketing update with highlights of marketing and community outreach Jan thru July 2020, then a look ahead at Aug thru Dec, as well as activities planned for 2021. Bob Kenney discussed the permanent history display which is currently in production and planned for installation in Oct. There was a brief discussion regarding physician strategy for Sonoma. Avenues have been explored for primary care and GI services. There has been a positive change in perception of the hospital since the start of COVID.		
6. SONOMA VALLEY HOSPITAL FOUNDATION ANNUAL REPORT	<i>Pier</i>	Inform
Mr. Pier reviewed Foundation objectives for 2020. The capital campaign of \$21 million for the Outpatient Diagnostic Center was		

recently completed successfully. There are plans for a virtual tour of the new CT suite when it opens this fall. He reviewed funding during the prior year and strategic priorities for 2020-2022. The Celebration of women fundraiser will use a different platform next year with speakers from UCSF.		
7. CEO SEARCH FIRM RECOMMENDATION		Inform/Action
Mr. Rymer reviewed the formation and activity of the CEO Search Committee to date. The Committee unanimously recommended that the Board hire the WittKieffer firm to conduct the search for a new CEO. There may be a townhall meeting to solicit input from the community. Finalists selected will meet with key stakeholders. There was discussion regarding the possibility of speeding up the timing of the process (which is initially estimated at six months).	<i>Rymer</i>	MOTION: by Rymer to approve, 2 nd by Boerum. All in favor.
8. RESOLUTION NO. 352 SETTING THE GO BOND TAX RATE FOR THE 2020-2021 FISCAL YEAR	<i>Hirsch</i>	Action
		MOTION: by Boerum to approve, 2 nd by Nevins. Vote by roll call with 5 ayes. All in favor.
9. OUTPATIENT DIAGNOSTIC CENTER TEMPORARY CASH SHORTFALL RECOMMENDATION	<i>Jensen</i>	Action
The Finance Committee recommended restricting \$1 million of the hospital's cash for the purpose of temporarily funding any cash flow shortfall to cover the completion of the Outpatient Diagnostic Center project. This would be to cover any cash outlay need prior to all existing pledges for the project being received. The Foundation has a non-revolving line of credit for \$4 million, and extension of that line of credit was recently obtained to August 2022. There will still be \$900,000 in outstanding pledges at the completion of the project.		MOTION: by Boerum to approve, 2 nd by Mainardi. All in favor.
10. CMO REPORT	<i>Kidd</i>	Inform
Dr. Kidd reported that August was the busiest month to date with both high inpatient and COVID patient counts. SVH now has six ventilators; PPE and especially N95s remain in short supply. The PCR testing machine has arrived and is being validated; supplies for testing have not yet arrived. Flu vaccinations started this week for employees and staff to minimize individuals contracting both the flu and COVID this fall. Dr. Kidd will speak at a virtual townhall being held for the community by Vintage House on Sept. 10 th . The fires and air quality have been added to the Incident Command Team and air scrubbers were deployed in the hospital. Philip Brown started September 1 st as Director of Emergency Services.		
11. ADMINISTRATIVE REPORT FOR AUGUST	<i>Mather</i>	Inform
Ms. Mather said the CT project will be complete in October, and the MRI project in 2021. Dr. Carroll will begin telemedicine services this month. The seven-year extension seismic legislation did not pass the State legislature. SVH will have a new health plan in place for staff		

next year. A great deal of work has been done this summer on the Human Experience program and rewards for staff during the COVID crisis.		
12. FINANCIALS FOR THE MONTH ENDED JULY 31, 2020	<i>Jensen</i>	Inform
Mr. Jensen reviewed patient volumes and the payer mix for the month of July. Cash collections were \$3.4 million vs. goal of \$2.2 million. Cash on hand was 73 days, A/R days were 40.4, A/P were \$2.3 million, and A/P days were 34.6. Gross patient revenue was \$21.8 million vs. budget of \$16.7 million. Total operating revenue was \$3.5 million vs. budget of \$2.9 million. Salaries were over budget due to increased volumes, and supplies were over due to increased surgeries and implants. Operating expenses were \$4.4 million on a budget of \$4.2 million. The operating margin was (\$857,000) on a budget of \$1.4 million. After accounting for all activity, net income was \$418,116 vs. a budgeted loss of (\$584,327). EBDA was (\$286,877) (8.0%) vs. budget of (\$791,883) (27.4%).		
13. BOARD COMMENTS <ul style="list-style-type: none"> • Legislative Letter in Support of SB 758 • Legislative Letter Opposing SB 977 	<i>Hirsch</i>	Inform
Ms. Hirsch briefly reviewed recent legislative letters issued.		
14. ADJOURN	<i>Hirsch</i>	
Adjourned 7:36 p.m.		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
TUESDAY, AUGUST 25, 2019
Via Zoom Teleconference

Present		Staff	Public
Sharon Nevins via Zoom Joshua Rymer via Zoom Peter Hohorst via Zoom Subhash Mishra, MD via Zoom	Art Grandy via Zoom Bruce Flynn via Zoom Susan Porth via Zoom	Kelly Mather, CEO via Zoom Ken Jensen, CFO, via Zoom Sarah Dungan, Controller, via Zoom Dawn Kuwahara, via Zoom	
AGENDA ITEM	DISCUSSION	ACTIONS	FOLLOW-UP
MISSION & VISION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>			
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	Called to order at 5:01 pm		
2. PUBLIC COMMENT SECTION	<i>Nevins</i>		
	None		
3. CONSENT CALENDAR	<i>Nevins</i>		
	The minutes of 07.28.20 were reviewed.	MOTION: by Rymer to approve, 2 nd by Grandy. All in favor.	
4. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Mather</i>		
	Ms. Mather reviewed progress on the construction project. The CT will be completed in October. OSHPD approval on the MRI is expected in September, and that project should be complete by summer 2021.		
5. OUTPATIENT DIAGNOSTIC CENTER CASH SHORTFALL	<i>Jensen/Pier</i>		
	Mr. Jensen recommended the Committee reserve \$1 million in cash as a contingency in case the line of	MOTION: by Flynn, 2 nd by Porth, to approve with	

	credit with the Foundation is not re-approved. This recommendation is based on pledges and collections for the project where some are pushed out a bit further than the expected end of the project.	a correction to the memo. All in favor.	
6. ADMINISTRATIVE REPORT AUGUST 2020	<i>Mather</i>		
	<p>Ms. Mather said the hospital had a difficult few weeks with many COVID patients, a full ICU and a shortage of ventilators. One ventilator was borrowed from Healdsburg and three others were sent from the State, so SVH has six on hand. Yesterday we received the PCR machine for on-site COVID testing. As soon as supplies arrive, it should be up and running and results will be available in two hours. Sonoma County has seen an increase in cases over the summer. Broadway Villa has now gone 14 days without any new positives, and they have a separate COVID unit. We have had three COVID deaths at SVH and two of those were transfers from nursing homes.</p> <p>St Helena Hospital was evacuated due to the fires. We have two new Board members, Susan Idell and Dr. Judith Bjorndal, who will take office in December. A Board retreat is planned for October.</p>		
7. FINANCIAL REPORT MONTH ENDED JULY 31, 2020	<i>Jensen</i>		
	<p>Mr. Jensen reported that patient volumes surpassed the reduced budget for the month of July. Cash collected was \$3.3 million vs. goal of \$2.2 million. Days' cash were 73 days, A/R days 2343 40.4, A/P was \$2.3 million, and A/P days were 34.6.</p> <p>Ms. Porth asked about labor statistics on the Operating Indicators page of the financials. An explanation will be added to next month's agenda.</p> <p>Gross patient revenue was \$21.8 million vs. reduced budget (75% of normal) of \$16.6 million. Total operating revenue was \$3.5 million vs. budget of \$2.9 million. Salaries were over by \$115,371 and supplies were over mainly due to implants. The</p>		Add explanation of labor statistics formulas to Sept. agenda.

	<p>operating margin was (\$856,873) vs. budget of \$1.4 million.</p> <p>Net income for the month was \$418,116 vs. budget of (\$584,327), and EBDA was (\$286,877) and (8.0%) vs. budget of \$791,883) and (27.4%). The cash projection for the end of FY 2021 is 95 days' cash.</p>		
8. FY 2020 AUDIT UPDATE	<i>Jensen</i>		
	<p>Ms. Dungan said audit fieldwork was finished and done smoothly via Zoom. She will be finalizing A/R next week and will start the management discussion; she did not expect any issues. The auditors may also do an audit of the CARES money received.</p>		
9. ADJOURN	<i>Nevins</i>		
	Meeting adjourned at 5:50 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

August 26, 2020 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch via Zoom Susan Idell via Zoom Ingrid Sheets via Zoom Cathy Webber via Zoom	Howard Eisenstark, MD via Zoom Michael Mainardi, MD via Zoom Carol Snyder via Zoom Andrew Solomon, MD via Zoom		Sabrina Kidd, MD, CMO, via Zoom Danielle Jones, RN, Chief Quality Officer via Zoom Mark Kobe, Chief Nursing Officer via Zoom Dr. Judith Bjorndahl via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Called to order at 5:01 p.m.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 06.24.20 		MOTION: by Webber to approve, 2 nd by Idell. All in favor.
4. INPATIENT FALLS	<i>Winkler</i>	
	Ms. Winkler, Director of Patient Care Services at SVH, reported that two patient falls resulted in significant injury in 2019 and both were knee replacements. Interventions have been added since that time, such as use of a two-person assist, and routine use of a bedside commode. There were two additional falls in July 2020, one with minor injury. SVH plans to initiate a post-fall huddle (involving the patient) to review what happened and what could be done better. Since these falls the Hospital has instituted the use of the Morse Fall Scale risk checklist, which is more comprehensive and which will be used for all patients.	

AGENDA ITEM	DISCUSSION	ACTION
4. SVH QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Jones</i>	Inform
	Ms. Jones reviewed quality indicator performance and utilization management metrics for the month of July. She also gave an overview on the subject of Human Experience – creating respectful, empathetic interactions that promote joy and ease suffering for all involved in healthcare (patients, families, and care team members).	
5. POLICIES AND PROCEDURES	<i>Jones</i>	Inform
	The Committee requested that the word “leave” be added to the Organ Donor policy summary, i.e., “30-days of unpaid leave for organ donation...”	MOTION: to approve by Idell with correction, 2 nd by Webber. All in favor.
7. COVID-19 UPDATE	<i>Kidd</i>	Inform
	Dr. Kidd reported that the State has been steady at a very high level as far as cases; hospitalizations are also unchanged for the last three weeks. SVH has had issues with N95 masks and testing supplies. There is price gouging and very low quality products. The Hospital has a testing machine, but supplies for it have not yet been delivered. An important new message from the CDC is that if you’ve been exposed, you must quarantine for 14 days, regardless of testing. SVH continues to have Remdesivir, Dexamethasone, and convalescent plasma available as treatments.	
7. CLOSED SESSION	<i>Hirsch</i>	
a. <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report	Called to order at 6:19 pm.	
8. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
	Medical Staff credentialing was reviewed.	MOTION: by Eisenstark to approve credentialing, 2 nd by Sheets, all in favor.
9. ADJOURN	<i>Hirsch</i>	
	6:21 pm	

Document Tasks by Committee

Listing of currently pending and/or upcoming document tasks grouped by committee.

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 09/25/2020 1:27 PM

Report Parameters

Filtered by: Document Set: all applicable
 Committee: BOD-Board of Directors
 Include Current Tasks: Yes
 Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Name, Document Location

Report Statistics

Total Documents: 13

Committee: BOD-Board of Directors

Committee Members: Woodall, Vivian (vwoodall)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Bulletin Boards <i>Human Resources Policies (HR)</i>	Pending Approval	9/25/2020	0
Summary Of Changes: No substantive changes, just updates to language for clearer communication. updated references.			
Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)			
Lead Authors: McKissock, Lynn (lmckissock)			
Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)			
Code of Conduct GL8610-128 <i>Governance and Leadership Policies\Chief Human Resources Officer (CHRO)</i>	Pending Approval	9/25/2020	0
Summary Of Changes: Reviewed. No Changes.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: McKissock, Lynn (lmckissock)			
Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)			
Compensatory Time <i>Human Resources Policies (HR)</i>	Pending Approval	9/25/2020	0
Summary Of Changes: Minor language updates to provide clarity; updated references.			
Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)			
Lead Authors: McKissock, Lynn (lmckissock)			
Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)			
Dress Code HR8610-230 <i>Human Resources Policies (HR)</i>	Pending Approval	9/25/2020	0
Summary Of Changes: Updated language in reference to hair styles and removed language that was gender specific, to ensure alignment with California law changes.			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 09/25/2020 1:27 PM

Listing of currently pending and/or upcoming document tasks grouped by committee.

Moderators: **Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)**
 Lead Authors: **McKissock, Lynn (lmckissock)**
 Approvers: **McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)**

Leaves - Medical & Family Care (FMLA & CFRA) HR8610-172A	Pending Approval	9/25/2020	0
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **Reviewed to ensure continued compliance with updated California law. Minor edits to language for clarity.**

Moderators: **Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)**
 Lead Authors: **McKissock, Lynn (lmckissock)**
 Approvers: **McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)**

Orientation Period HR8610-112	Pending Approval	9/25/2020	0
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **Updated language throughout from Probationary period to Orientation period.**

Moderators: **Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)**
 Lead Authors: **McKissock, Lynn (lmckissock)**
 Approvers: **McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)**

Piperacillin-Tazobactam Extended Infusion Dosing	Pending Approval	9/25/2020	0
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Updated to match UCSF guidelines**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 Approvers: **Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)**

Remote Pharmacist Services	Pending Approval	9/25/2020	0
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Updated to include medication history remote service**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza)**
 Approvers: **Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)**

Required Certifications HR8610-365	Pending Approval	9/25/2020	0
<i>Human Resources Policies (HR)</i>			

Summary Of Changes: **Updated list of certifications required for specific positions; updated department names and alpha sorted; removed SNF**

Moderators: **Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)**
 Lead Authors: **McKissock, Lynn (lmckissock)**
 Approvers: **McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 09/25/2020 1:27 PM

Listing of currently pending and/or upcoming document tasks grouped by committee.

Temperature Monitoring of Medication Storage	Pending Approval	9/25/2020	0
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Temperature policy was updated to match CDC freezer guidelines		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)		
Tuberculosis Screening HR8610-164.5	Pending Approval	9/25/2020	0
<i>Human Resources Policies (HR)\Employee Health</i>			
Summary Of Changes:	Updated interpretation of lab results on QG tests to ensure accurate understanding of results and when re-testing is indicated, as reported lab results changed from previous version; updated references.		
Moderators:	Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)		
Lead Authors:	McKissock, Lynn (lmckissock)		
Approvers:	McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)		
Vaccine Screening-Pneumococcal and Influenza	Pending Approval	9/25/2020	0
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Removed reference to pneumococcal vaccine and SNF as these are no longer required to be part of policy.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)		
Vancomycin Protocol	Pending Approval	9/25/2020	0
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	vancomycin protocol was updated to use area under the curve as monitoring parameter.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)		

HUMAN EXPERIENCE

Danielle Jones, MSN, BSN, RN, HACP

SVHCD BOARD OF DIRECTORS
October 1, 2020

Why Now?

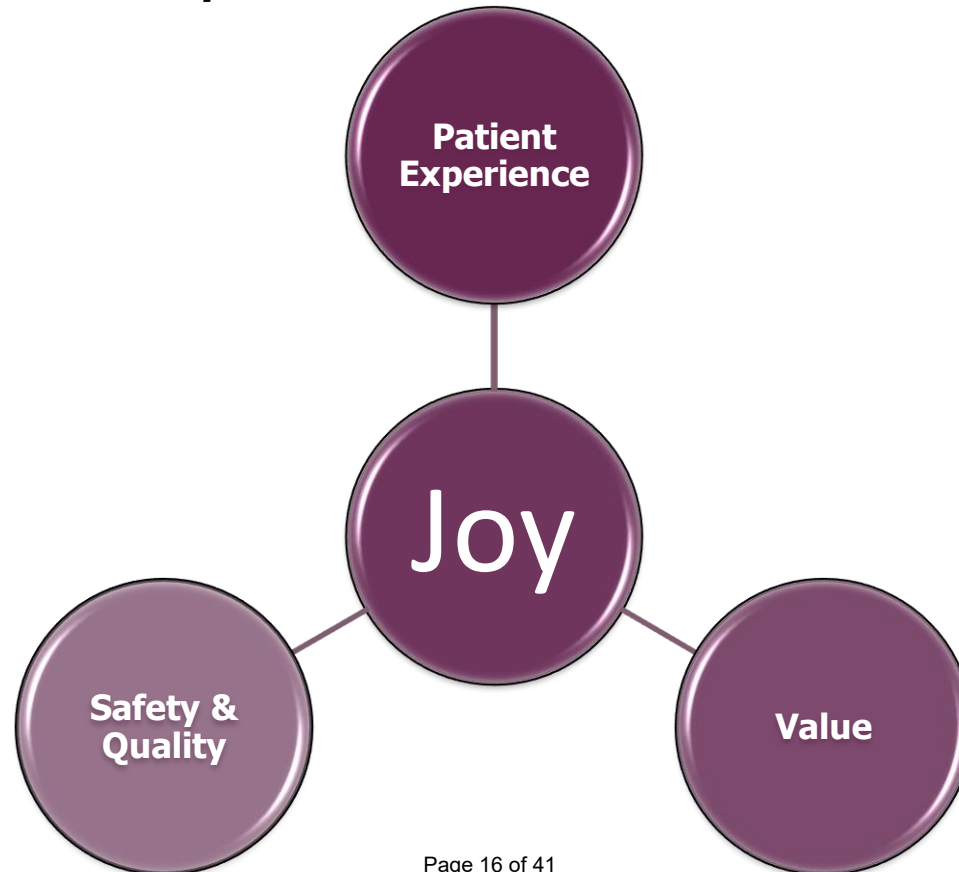
Connection to Purpose

- A customer is the most important visitor on our premises, he is not dependent on us. We are dependent on him. He is not an interruption in our work. He is the purpose of it. He is not an outsider in our business. He is part of it. We are not doing him a favor by serving him. He is doing us a favor by giving us an opportunity to do so.

Mahatma Gandhi

What does it mean to improve *Human Experience*?

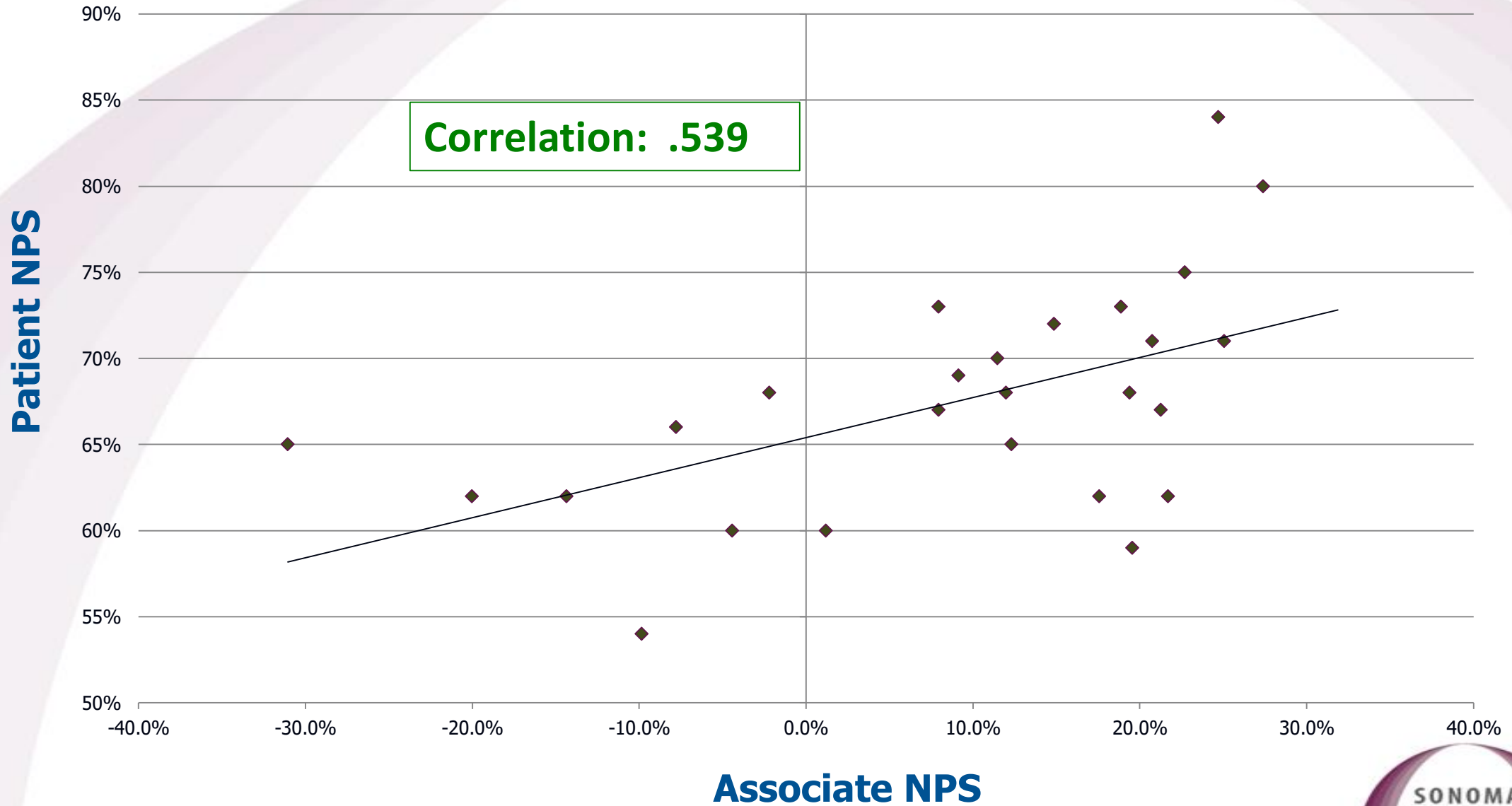
Improving Human Experience = Creating respectful, empathetic interactions that produce joy and ease suffering for all people involved in healthcare, patients, families, and care team members.



What does Human Experience look like at Sonoma Valley Hospital?

- Creating a rounding culture
 - Executive leadership rounding on staff
 - Patient rounding by the Quality department
 - Feedback loop for kudos and opportunities
- People and talent
 - Restructure Orientation
 - Rewards & Recognition
- Improvements & Innovation
 - First impression upon admission
 - Standardize huddle structure
 - Sharing our stories of “values in action”

Employee Experience Mirrors Patient Experience



Source: Ascension Health

Complex Work Requires Focus and Alignment

Organizational & Leadership Commitment to Experience Excellence

Strategy & Governance

Align the organization around clearly defined priorities

- Mission and Vision linking experience to outcomes
- Strategic planning, priorities, and metrics ("True North")
- Governance at all levels (from Board to Front Lines)
- Transparency and cascading communications

Culture & Performance Management

Define cultural standards and drive accountability

- Organizational values and behavioral standards defined for every role/associate
- Training and credentialing
- Interview process, hire-for-fit, and on-boarding
- Annual performance reviews, coaching, and incentives

Infrastructure & Operating Model

Organize and align resources for execution

- Active Daily Management (Rounds, Huddles, Visual Management)
- Alignment of quality, safety, and experience initiatives
- Human Experience Leadership
- Unit-Based Leadership Teams for spread and scale of initiatives

Improvement & Innovation

Engage front-line teams in transformation

- Stakeholder voice to inform and prioritize improvement efforts
- Implementation of evidence-based best practices
- Process for rapidly testing new solutions
- Forum to showcase successes and build momentum

SVH Has the Right Values


 Compassion → Welcomes and encourages feedback; Assists others to solve their problem

 Respect → Honors and acknowledges the value of the people

 Excellence → Takes ownership to consistently improve processes; Embraces change

 Accountability → Actively takes responsibility for improving gaps

 Teamwork → Energizes others; Asks others how to best support them

 Innovation → Seeks new and creative solutions; Implements changes without resistance

 Nurturing → Cultivates, develops and educates others to achieve their highest potential

 Guidance → Is a positive influence within the hospital

Example High-Level Opportunities & Touch Points

- *What about my job, pet, family...?*
- *Where are you taking me?*
- *How long?*
- *Will it hurt?*

- *Will I be safe?*
- *How will I manage my care?*
- *What will this cost me?*



- *What is happening?*
- *What do I/we need to do to get ready?*

- *Will I be okay?*
- *Is this normal?*
- *How do I manage the pain?/Why do I have more pain than I expected?*
- *Who is taking care of me?/How do I take care of my basic needs?*
- *How will I manage when I get home?*

- *Now what? Will life be normal again?*
- *Am I recovering like I'm supposed to?*



To: SVHCD Board of Directors

Meeting Date: October 1, 2020

Prepared by: Michael Brown, MD

Agenda Item Title: Chief of Staff Report

Highlights:

1. Compared with 2019, we have seen a decrease in the numbers of outpatient and inpatient surgeries at SVH. Primarily this is a result of the COVID-19 crisis, a nationwide dilemma. However, there is reason for optimism. Doctors who did not operate at SVH during the crisis are now returning. The schedule is busier and referral sources previously shut down are now opening.
2. Cardiology---the Cardiologists will be equipped with the latest software that will help them more efficiently read tests that they, as well as the ER/Hospitalists, order. These doctors are together mapping out strategies to provide the best care for the community.
3. Gastroenterology---Dr. Steady's departure was a great loss, and SVH Surgeons Dr. Alexandridis and Dr. Kidd have stepped up to take over a sizable portion of his caseload, in addition to their regular medical practices. This has been great for the community, and Dr. Kidd continues negotiations with Bay Area GI providers in an effort to obtain long-term coverage.
4. We value our medical and hospital staff. They are dedicated, hardworking, and take pride in their performance. The Medical Staff recently hosted lunch and dinner (for evening staff) from a local restaurant as a gesture of thanks. We hope to repeat this soon.



To: SVHCD Board of Directors
Meeting Date: October 1, 2020
Prepared by: Michael Mainardi and Bill Boerum
Agenda Item Title: CEO Performance Incentive Compensation for FY 2019-2020

Recommendation: That the Board approve the CEO's FY 2019-2020 Performance Incentive Payment

Background: The contract offer made to Kelly Mather on July 2, 2010, included a provision for an incentive compensation program of up to 15% of base salary; in 2014 the Board approved an increase to 20% of base salary. This provision was incorporated into her official employment contract. Each year the Board in consultation with Kelly has approved specific objectives for the ensuing year and the criteria for translating the actual performance on these metrics into an incentive award.

At the December 5, 2019, Board meeting, the Board approved six CEO objectives for the 2020 fiscal year and the formula for calculating the amount of incentive that would be awarded. Four of the objectives related to quality metrics, two were for financial performance. Each objective stipulated 5 potential levels of incentive compensation.

Levels 1 and 2 would not earn any incentive compensation.

Level 3, the Base Goal, would earn 66.7% of the maximum incentive compensation for the objective.

Level 4 would earn 86.7% of the maximum incentive compensation for the objective.

Level 5 or higher would earn 100% of the maximum incentive compensation for the objective.

Based on actual performance for the year, the calculation of the incentive earned is as follows:

Service Excellence, High Inpatient Satisfaction, (maximum of 2% of base salary)

5 out of 10 HCAHPS domains above 70th percentile average for the year

Actual result: 4 of 9 HCAHPS scores above the 70th percentile average

No incentive earned.

Service Excellence, High Outpatient Department Satisfaction, (maximum of 2% of base salary)

Scores from Rate My Hospital for all Outpatient Departments

4.5 score in Rate My Hospital or higher for all Outpatient Departments measured per year

Actual result: 4.72 score for all Outpatient Departments or Level 5

Incentive calculation: 2% of base salary (\$7200) x 100%= \$7200

Quality, Excellent Patient Outcomes, (maximum of 4% of base salary)

Above national hospital benchmark in quality outcomes on 12 month rolling average

Actual result: one not met or Level 4

Incentive calculation: 4% of base salary (\$14400) x 86.7% = \$12,485

People, Highly Engaged and Satisfied Staff), (maximum of 2% of base salary)

75% of staff surveyed rate their satisfaction at 3.8/5 or higher

Actual result: 75% of staff surveyed rated their satisfaction at 4.05 or Level 5

Incentive calculation: 2% of base salary (\$7200) x 100% = \$7200

Finance, Financial Viability (maximum of 5% of base salary)

Achieve Earnings Before Depreciation and Amortization (EBDA) prior to restricted donations and GO Bond by year end (Base Goal at Level 3 is 3.65 million)

Actual result: 2020 EBDA at \$8.17 million or Level 5

Incentive calculation: 5% of base salary (\$18,000) x 100% = \$18,000

Finance, Financial Stability (maximum of 5% of base salary)

Maintain a rolling average of 23 days of cash on hand or higher (Base Goal at Level 3 or >23)

Actual result: 36.2 or Level 5

Incentive calculation: 5% of base salary (\$18,000) x 100% = \$18,000

Total Incentive Earned = \$62,885

Consequences of Negative Action/Alternative Actions: Failure to approve the incentive award as calculated would be a breach of contract.

Attachments:

FY 2020 CEO Goals Results

FY 2020 CEO GOALS

- Levels 1 & 2: 0 Salary Incentive Compensation
- Level 3: 66.7% Salary Incentive Compensation
- Level 4: 86.7% Salary Incentive Compensation
- Level 5: 100% Salary Incentive Compensation

PERFORMANCE GOAL	OBJECTIVE	METRIC	FY 2020 RESULT	GOAL LEVEL
Service Excellence 2% of annual salary	High Inpatient Satisfaction	5 out of 10 domains score at least an average of 70% in HCAHPS top box score for the year	4 of 9	> 7/10 = 5 > 6/10 = 4 > 5/10 = 3 < 5/10 = 2 < 4/10 = 1
Service Excellence 2% of annual salary	High Outpatient Department Satisfaction	4.5 or higher average score on "Rate My Hospital" for all Outpatient departments as measured each month	4.72	>4.7 =5 >4.6=4 >4.5= 3 <4.5 = 2 < 4.4 = 1
Quality 4% of annual salary	Excellent Patient Safety and Outcomes	Meet or exceed the national benchmark in all measured quality outcomes on a rolling 12 month average	1 not met	All met = 5 1 not met =4 2 not met = 3 3 not met = 2 4 or more not met= 1
People 2% of annual salary	Highly Engaged and Satisfied Staff	75% staff participate and rate their satisfaction at 3.8/5 or higher	4.05/5	>4 = 5 >3.9=4 >3.8=3 <3.8=2 <3.5=1

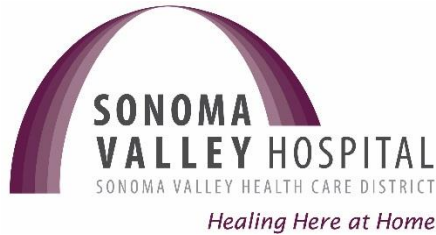
<p>Finance 5% of annual salary</p>	<p>Financial Viability</p>	<p>Achieve Earnings, Before Depreciation and Amortization (EBDA) budget prior to restricted donations and GO Bond by year end</p>	<p>\$8.17 million</p>	<p>> \$4 million = 5 > \$3.8 million = 4 > \$3.65 million = 3 < \$3.65 million = 2 < \$3 million = 1</p>
<p>Finance 5% of annual salary</p>	<p>Financial Stability</p>	<p>Maintain a rolling average of 23 days of cash on hand or higher</p>	<p>36.2</p>	<p>>32 = 5 >27 = 4 >23 = 3 < 23 = 2 < 20 = 1</p>



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Meeting Date: October 1, 2020
Subject: CMO Report

1. September Highlights included:
 - a. COVID-19: September saw a decline in COVID related hospitalizations. CDPH released new surge survey guidelines and we are updating our policies accordingly. Recent highlights include:
 - i. PPE (Personal protective equipment) / Supplies
 1. All PPE is sufficient at this time. We continue monitoring and are working to build a stockpile in case of a future surge.
 2. We have 6 ventilators in house (3 on loan from the State).
 - ii. Testing
 1. In house PCR testing is now available on the Aries II machine.
 - a. 2 hour turnaround time
 - b. 6 samples per batch
 - c. PCR
 - d. Prioritizing use for ED / Inpatient / Emergent Surgeries and transfers. If supplies increase, will expand as able.
 2. We continue drive thru testing for pre-op patients for SVH and UCSF and are processing most of these through UCSF. As supply shortages continue, we are not currently able to perform testing for the general community / outpatients.
 - iii. Vaccines
 1. Pharmacy is preparing for storage and distribution of a vaccine should one become available.
 - iv. Communications
 1. Active Aging Series on 9/10/2020 was Dr. Kidd speaking on COVID-19.
 - v. Fires:
 1. Monitoring air quality through Purple Air
 2. Air Scrubbers deployed within hospital and available for use as needed.

- b. Flu vaccinations for employees began September 1 via a mobile clinic /nurse and this has been well received.
 - c. GI Services:
 - i. Continuing negotiations with MarinHealth – next meeting mid-October.
 - d. ED:
 - i. New ED Director – Phillip Brown is a welcome new edition and he is off to a great start.
 - e. Med-Surg / ICU Updates:
 - i. Hospice / Palliative Care Nurse will be joining inpatient rounds twice a week.
 - f. New Order sets / Physician Docs created / updated:
 - i. COVID tests
 - ii. MDM Journey – educational programs for patients
 - iii. TPA Nursing orders
 - iv. Hospice orders for ED
 - v. ED History & Physical
2. Medical Staff:
- a. Medicine and Surgery Committee held their bimonthly meetings in September with a continued focus on COVID related care as well as Peer Review.
3. Quality Events:
- a. No reportable events in September.
 - b. Rate My Hospital is now posting positive comments to YELP.



To: SVHCD Board of Directors
From: Kelly Mather
Date: 9/24/20
Subject: Administrative Report

Summary

Things are stabilizing now and most staffing and volumes are back up to normal except for Emergency and Surgery. Length of stay was up a bit due to COVID 19, but the number of positive patients has decreased significantly.

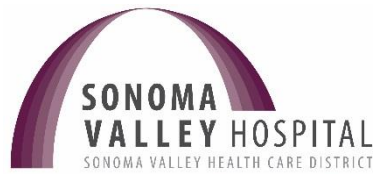
Update from 2025 Strategic Plan:

Strategic Priorities	Update
Create UCSF Health Outpatient Center	<ul style="list-style-type: none"> ➤ Dr. Peter Carroll, world renowned Cancer specialist has begun his telecare service in Sonoma and we should get the ancillary referrals. He is doing a meet and greet on 9/28/20. ➤ The CT (Project 1) will be complete in October. The MRI (Project 3) has the permit and will start shortly. We hope to move Cardiology into the Outpatient Diagnostic Center area once the MRI project costs are clear, including the need for contingency dollars. ➤ We are excited about the plans to take the affiliation to the next level and this will be discussed at the board meeting.
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> ➤ We have a new ER leader, Philip Brown, R.N. ➤ The Active Aging program has been big hit with Sabrina Kidd, M.D., leading it off on the COVID update, Dr. Halabi presented on treatment of stroke and Dr. Schmidt spoke today on our Emergency Department. ➤ We are looking at some telehealth options with Valley Emergency Physicians.
Become a 5 Star Hospital	<ul style="list-style-type: none"> ➤ The “Human Experience” action plan is underway and Danielle Jones, R.N., will present an update to the Board this month. ➤ We held a Leadership Development Institute this month on zoom focusing on our values, the 4 levels of Healing and the 5 Keys to Wellness. ➤ We are fundraising for a new bug zapping robot this year in the annual appeal. ➤ We have prioritized refurbishment of the ICU as our next big project to be funded by Sonoma Valley Hospital Foundation.
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ We are hoping to recruit another Primary Care Physician for next summer. ➤ We are working with MarinHealth (UCSF affiliate) directly on the Gastroenterology solution. ➤ We are looking at more telehealth solutions to provide access to care and started discussions with Carbon Health. ➤ UCSF is looking at the possibility of doing surgeries in Sonoma.
Healthy Hospital	<ul style="list-style-type: none"> ➤ We had our quarterly Employee Council meetings this month and received excellent feedback and suggestions. ➤ Wellness Wednesday with a Harvest Day theme was celebrated this month ➤ The gardens are refreshed with more outdoor seating and some fun new murals. ➤ Flu shots have been given to most staff for the year now. ➤ The Incident Command Team continues to manage through the pandemic and we are prepared for possible fires.

AUGUST 2020

			National Benchmark
Patient Experience	Current Performance	FY 2020 Goal	
Would Recommend Hospital	80%	> 70 percent	50th percentile
Inpatient Q Review Rating	4.77	4.5	3.8
Outpatient Services	4.82	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	1	<1	N/A
Surgery Site Infection – Joint	0	<1.5%	N/A
MRSA Bacteremia	0	<.13	<.13
C. Difficile	1	3.5	2.7/10,000 pt days
Patient Safety Indicator	.76	<1	<1
Heart Failure Mortality Rate	11.7%	12%	12.9%
Pneumonia Mortality Rate	17.5%	20%	15.6%
Stroke Mortality Rate	15.1%	15%	13.8%
Sepsis Mortality Rate	7.3%	<18%	25%
30 Day All- Cause Readmissions	14.1%	< 15.3 %	< 15%
Serious Safety Events	0	0	0
Falls	2	< 2.3	2.3
Pressure Ulcers	4.5	<3.7	3.7
Injuries to Staff	2	< 10	17
Adverse Drug Events with Harm	0	0	0
Reportable HIPAA Privacy Events	0	0	0
Case Mix Index	1.5	1.4	1.3
Hospital Star Rating	4	4	3
Staff Satisfaction	Performance	FY 2020 Goal	Benchmark
Staff Pulse Survey	4.05 out of 5	>3.8	75%
Turnover	3.4%/20.4%	< 15%	< 20%
Financial Stability	YTD Performance	FY 2020 Goal	Benchmark
EBDA	-7%	>3%	3%
Paid FTE's	229	<235	235
Days Cash on Hand	68	>30	30
Days in Accounts Receivable	39	<45	50
Length of Stay	4.8	<4.0	4.03
Funds raised by SVHF	\$21.1 million	\$21 million	\$1 million
Strategic Growth	YTD/Projected	FY 2020 Goal	FY 2020
Inpatient Discharges	140/840	900	862
Outpatient Visits	7908/47,448	50,000	47,802
Emergency Visits	1458/8748	10,000	9784
Surgeries + Special Procedures	229/1374	2000	2226
Community Benefit Hours	100.5/603	800	1332

Note: Colors demonstrate comparison to National Benchmark



Healing Here at Home

TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2021	Jul 2020	Aug 2020	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
FY YTD Turnover	<15%	2.1	3.4	3.9	3.9	4.8	5.6	5.6	6	7.3	7.3	8.2	8.2
Leave of Absences	<12	6	8	8	11	15	16	13	9	11	13	13	9
EBDA	>3%	-8	-7	-1.1	-.3	.4	4.5	16.1	10.5	25.7	-13.9	253	-8.9
Operating Revenue	>3.5m	3.58	3.52	3.6	3.8	3.7	4.0	5.4	4.1	8.3	2.8	1.3	3.4
Expense Management	<4.5m	4.4	4.3	4.2	4.3	4.2	4.4	5.1	4.4	6.8	3.7	3.8	4.5
Net Income	>50k	418	658	36	-76	101	180	873	307	2351	-297	3600	-565
Days Cash on Hand	>30	73	68.6	28	22.5	16.9	17.9	20.4	15.7	15.6	43.1	87.1	81
Receivable Days	<50	40	39	44	46.2	44	44	38	42.5	36.9	35.5	44	49
Accounts Payable Days	>50	35	31.6	41	45	43	43	42	42.2	53.4	41.9	35.2	40.7
Accounts Payable	<\$3m	2.3	2.1	2.7	3.1	2.9	2.9	2.9	3.0	3.7	2.9	2.4	2.8
Total Paid FTE's	<235	230	229	235	233	230	230	230	231	236	190	205	225
Inpatient Discharges	>80	75	65	71	90	90	87	79	86	63	39	44	65
Patient Days	>300	324	314	312	351	319	336	321	286	218	156	179	238
Observation Days	<20	20	21	17	21	18	29	12	16	16	13	9	16
Average Daily Census	>10	10.5	10.1	10.4	11.3	10.6	10.8	10.4	9.9	7	5.2	5.8	7.9
Outpatient Revenue	>\$15m	16.1	14.9	16.4	16.1	15.9	16.3	17.3	16.3	12.3	7.1	10.5	14.6
Surgeries	>150	115	114	143	187	193	152	150	145	80	17	34	116
Special Procedures	>75	37	34	74	74	72	57	58	79	43	1	8	46
Emergency Visits	>900	735	723	939	973	880	984	953	972	745	529	645	695
MRI	>120	93	84	138	147	145	159	138	146	70	39	68	116
Cardiology (Echos)	>65	63	71	74	107	46	85	83	68	52	35	52	70
Laboratory	>11	12.6	12.1	10.4	11.0	11.3	11.3	11.6	10.9	8.7	5.5	8.5	11.1
Radiology	>900	883	806	980	1035	888	1033	1113	934	684	420	572	797
Rehab	>2000	2206	1664	2135	2010	2207	2181	2422	2119	1626	566	1182	1984
CT	>350	382	426	378	406	356	433	429	388	335	263	367	401
Mammography	>200	213	179	222	250	219	216	172	243	243	15	87	228
Ultrasound	>250	228	253	280	244	255	251	234	238	198	110	163	272
Occupational Health	>550	580	426	530	753	535	660	517	572	544	392	380	462
Wound Care	>275	191	154	247	226	237	294	252	233	201	140	112	164



To: SVH Finance Committee
From: Ken Jensen, CFO, and Sarah Dungan, Controller
Date: September 22, 2020
Subject: Financial Report for the Month Ending August 31, 2020

August's actual loss of (\$867,989) from operations was \$473,457 favorable to the budgeted loss of (\$1,341,446). After accounting for all other activity; the net gain for August was \$658,241 vs. the budgeted net loss of (\$541,662) with a monthly EBDA of -7.0% vs. a budgeted -25.4%.

Gross patient revenue for August was \$21,500,391, or \$4,298,060 over budget. Inpatient gross revenue was over budget by \$1,720,468. Inpatient days were over budget by 89 days and inpatient surgeries were at budget at 18 cases. Outpatient revenue was over budget by \$1,437,208. Outpatient visits were under budgeted expectations by (253) visits, outpatient surgeries were under budget by (6) cases, and special procedures were under budget by (24) cases. Outpatient revenue is primarily over budget in surgery due to higher than average orthopedic surgeries and less than average pain cases. The Emergency Room gross revenue was over budget by \$1,140,384, with ER visits over budgeted expectations by 13 visits. The ER visits continue to have a higher acuity than average.

Deductions from revenue were unfavorable to budgeted expectations by (\$3,768,931) due to gross revenue being over budget.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$546,337.

Operating Expenses of \$4,387,969 were unfavorable to budget by (\$72,880). Salaries and wages and agency fees were over budget by (\$97,650) primarily in nursing and clinical departments due to the higher than budgeted volumes and the higher acuity of inpatients. Purchased services are over budget by (\$49,426) due to the unbudgeted UCSF COVID testing costs of \$95,500 for July and August. This cost will go away once the hospital begins its in-house COVID testing.

The hospital received an additional \$49,500 in CARES Act funding in August.



After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for August was (\$504,449) vs. a budgeted net loss of (\$1,021,871). The hospital received \$976,656 in restricted contributions from the Sonoma Valley Hospital Foundation in August for the Outpatient Diagnostic Center construction costs. The total net income for August after all activity was \$658,241 vs. a budgeted net loss of (\$541,662).

EBIDA for the month of August was -7.0% vs. the budgeted -25.4%.

Patient Volumes – August

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	65	60	5	76
Acute Patient Days	314	225	89	240
Observation Days	21	0	21	19
OP Gross Revenue	\$14,937	\$12,359	\$2,578	\$15,735
Surgical Cases	114	120	-6	160

Gross Revenue Overall Payer Mix – August

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	37.9%	42.1%	-4.2%	39.1%	42.1%	-3.0%
Medicare Mgd Care	16.6%	13.3%	3.3%	15.9%	13.3%	2.6%
Medi-Cal	19.1%	17.8%	1.3%	19.4%	17.8%	1.6%
Self-Pay	0.7%	1.9%	-1.2%	2.1%	1.9%	0.2%
Commercial	23.5%	22.3%	1.2%	21.2%	22.3%	-1.1%
Workers Comp	2.2%	2.6%	-0.4%	2.3%	2.6%	-0.3%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for August:

For the month of August the cash collection goal was \$3,200,943 and the Hospital collected \$3,009,666 or under the goal by (\$191,277). The year-to-date cash collection goal was \$5,448,981 and the Hospital has collected \$6,405,610 or over goal by \$956,629.

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand - Avg.	68.6	73.0	-4.4	48.2
Accounts Receivable Days	39.0	40.4	-1.4	42.8
Accounts Payable	\$2,155,418	\$2,298,513	-\$143,095	\$2,621,829
Accounts Payable Days	31.6	33.5	-1.9	39.5

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, 2020

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	8,129,082	7,227,494	901,588	12.5%	16,943,300	14,244,917	2,698,383	18.9%
Medicare Managed Care	3,570,031	2,282,055	1,287,976	56.4%	6,887,849	4,494,594	2,393,255	53.2%
Medi-Cal	4,084,213	3,052,029	1,032,184	33.8%	8,362,536	6,011,470	2,351,066	39.1%
Self Pay	155,058	323,531	-168,473	-52.1%	898,677	636,186	262,491	41.3%
Commercial & Other Government	5,083,103	3,864,939	1,218,164	31.5%	9,249,995	7,599,416	1,650,579	21.7%
Worker's Comp.	478,904	452,283	26,621	5.9%	1,006,461	889,505	116,956	13.1%
Total	21,500,391	17,202,331	4,298,060		43,348,818	33,876,088	9,472,730	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	957,639	889,705	67,934	7.6%	1,992,943	1,753,549	239,394	13.7%
Medicare Managed Care	390,199	251,482	138,717	55.2%	743,098	495,304	247,794	50.0%
Medi-Cal	432,011	328,093	103,918	31.7%	885,915	646,233	239,682	37.1%
Self Pay	83,035	134,524	-51,489	-38.3%	420,326	264,526	155,800	58.9%
Commercial & Other Government	1,469,798	1,203,050	266,748	22.2%	2,647,667	2,370,372	277,295	11.7%
Worker's Comp.	89,009	85,708	3,301	3.9%	183,043	168,562	14,481	8.6%
Prior Period Adj/IGT	-	-	0	*	-	-	0	*
Total	3,421,691	2,892,562	529,129	18.3%	6,872,992	5,698,546	1,174,446	20.6%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	28.0%	30.7%	-2.7%	-8.8%	29.0%	30.8%	-1.9%	-6.2%
Medicare Managed Care	11.4%	8.7%	2.7%	31.0%	10.8%	8.7%	2.1%	24.1%
Medi-Cal	12.6%	11.3%	1.3%	11.5%	12.9%	11.3%	1.6%	14.2%
Self Pay	2.4%	4.7%	-2.3%	-48.9%	6.1%	4.6%	1.5%	32.6%
Commercial & Other Government	43.0%	41.6%	1.4%	3.4%	38.5%	41.6%	-3.1%	-7.5%
Worker's Comp.	2.6%	3.0%	-0.4%	-13.3%	2.7%	3.0%	-0.3%	-10.0%
Prior Period Adj/IGT	0.0%	0.0%	0.0%	*	0.0%	0.0%	0.0%	*
Total	100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	-0.1%	-0.1%

Projected Collection Percentage:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	11.8%	12.3%	-0.5%	-4.1%	11.8%	12.3%	-0.5%	-4.1%
Medicare Managed Care	10.9%	11.0%	-0.1%	-0.9%	10.8%	11.0%	-0.2%	-1.8%
Medi-Cal	10.6%	10.7%	-0.1%	-0.9%	10.6%	10.7%	-0.1%	-0.9%
Self Pay	53.6%	41.6%	12.0%	28.8%	46.8%	41.6%	5.2%	12.5%
Commercial & Other Government	28.9%	31.1%	-2.2%	-7.1%	28.6%	31.2%	-2.6%	-8.3%
Worker's Comp.	18.6%	19.0%	-0.4%	-2.1%	18.2%	19.0%	-0.8%	-4.2%

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended August 31, 2020**

ATTACHMENT B

CURRENT MONTH				YEAR-TO-DATE			YTD	
Actual	Budget	Favorable		Actual	Budget	Favorable	Prior	
08/31/20	08/31/20	(Unfavorable)		08/31/20	08/31/20	(Unfavorable)	Year	
		Variance				Variance	08/31/19	
Inpatient Utilization								
Discharges								
1	53	48	5	Med/Surg	115	95	20	123
2	12	12	-	ICU	25	24	1	25
3	65	60	5	Total Discharges	140	119	21	148
Patient Days:								
4	207	163	44	Med/Surg	428	324	104	391
5	107	62	45	ICU	210	123	87	118
6	314	225	89	Total Patient Days	638	447	191	509
7	21	-	21	Observation days	41	-	41	30
Average Length of Stay:								
8	3.9	3.4	0.5	Med/Surg	3.7	3.4	0.3	3.2
9	8.9	5.2	3.8	ICU	8.4	5.1	3.3	4.7
10	4.8	3.8	1.1	Avg. Length of Stay	4.6	3.8	0.8	3.4
Average Daily Census:								
11	6.7	5.3	1.4	Med/Surg	6.9	5.2	1.7	6.3
12	3.5	2.0	1.5	ICU	3.4	2.0	1.4	1.9
13	10.1	7.3	2.9	Avg. Daily Census	10.3	7.2	3.1	8.2
Other Utilization Statistics								
Emergency Room Statistics								
14	723	710	13	Total ER Visits	1,458	1,396	62	1,808
Outpatient Statistics:								
15	3,784	4,037	(253)	Total Outpatients Visits	7,908	7,522	386	8,847
16	18	18	-	IP Surgeries	35	36	(1)	53
17	96	102	(6)	OP Surgeries	194	200	(6)	267
18	34	58	(24)	Special Procedures	71	114	(43)	166
19	213	312	(99)	Adjusted Discharges	473	622	(149)	836
20	1,027	798	229	Adjusted Patient Days	2,154	1,572	582	2,012
21	33.1	25.7	7.4	Adj. Avg. Daily Census	34.7	25.4	9.4	32.5
22	1.6280	1.4000	0.228	Case Mix Index - Medicare	1.5893	1.4000	0.189	1.4522
23	1.6198	1.4000	0.220	Case Mix Index - All payers	1.5634	1.4000	0.163	1.5118
Labor Statistics								
24	213	205	(8)	FTE's - Worked	211	203	(7.4)	204
25	229	228	(0)	FTE's - Paid	229	227	(2.4)	226
26	47.04	44.72	(2.32)	Average Hourly Rate	46.84	44.67	(2.17)	44.27
27	6.91	8.87	1.97	FTE / Adj. Pat Day	6.60	8.95	2.35	6.96
28	39.4	50.6	11.2	Manhours / Adj. Pat Day	37.6	51.0	13.4	39.6
29	190.1	129.3	(60.8)	Manhours / Adj. Discharge	171.0	128.8	(42.3)	95.4
30	22.2%	23.3%	1.1%	Benefits % of Salaries	21.1%	23.5%	2.4%	23.3%
Non-Labor Statistics								
31	14.3%	17.0%	2.7%	Supply Expense % Net Revenue	15.6%	17.2%	1.6%	13.3%
32	2,304	1,578	(726)	Supply Exp. / Adj. Discharge	2,261	1,572	(690)	1,164
33	21,060	14,118	(6,942)	Total Expense / Adj. Discharge	19,033	14,086	(4,947)	10,326
Other Indicators								
34	53.7			Days Cash - Operating Funds				
35	39.0	50.0	(11.0)	Days in Net AR	39.7	50.0	(10.3)	42.3
36	94%			Collections % of Net Revenue	118%			92.9%
37	31.6	55.0	(23.4)	Days in Accounts Payable	31.6	55.0	(23.4)	44.9
38	15.9%	16.8%	-0.9%	% Net revenue to Gross revenue	15.9%	16.9%	-1.0%	17.2%
39	16.0%			% Net AR to Gross AR	16.0%			19.0%

Sonoma Valley Health Care District
Balance Sheet
As of August 31, 2020

ATTACHMENT C

		<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets				
Current Assets:				
1	Cash	\$ 1,966,728	\$ 1,469,443	\$ 1,291,406
2	Cash - Money Market	7,236,714	8,236,372	2,533,925
3	Net Patient Receivables	5,255,746	4,858,880	6,728,831
4	Allow Uncollect Accts	(978,181)	(932,384)	(1,331,193)
5	Net A/R	4,277,565	3,926,496	5,397,638
6	Other Accts/Notes Rec	6,953	149,027	185,231
7	Parcel Tax Receivable	3,800,000	3,800,000	3,800,000
8	GO Bond Tax Receivable	3,168,950	3,309,180	2,953,183
9	3rd Party Receivables, Net	334,672	192,029	1,213,627
10	Inventory	844,274	837,989	887,752
11	Prepaid Expenses	831,582	1,018,074	786,734
12	Total Current Assets	<u>\$ 22,467,438</u>	<u>\$ 22,938,610</u>	<u>\$ 19,049,496</u>
13	Property, Plant & Equip, Net	\$ 50,564,150	\$ 50,051,552	\$ 49,312,029
14	Trustee Funds - GO Bonds	5,668,992	5,528,299	5,177,232
15	Restricted Funds - Board Approved	-	-	-
16	Total Assets	<u>\$ 78,700,580</u>	<u>\$ 78,518,461</u>	<u>\$ 73,538,757</u>
Liabilities & Fund Balances				
Current Liabilities:				
17	Accounts Payable	\$ 2,155,418	\$ 2,298,513	\$ 2,621,829
18	Accrued Compensation	3,571,782	3,360,927	3,038,565
19	Interest Payable - GO Bonds	662,302	572,571	700,024
20	Accrued Expenses	1,525,926	1,478,758	1,784,345
21	Advances From 3rd Parties	-	-	237,426
22	Deferred Parcel Tax Revenue	3,166,654	3,483,321	3,166,658
23	Deferred GO Bond Tax Revenue	2,757,655	3,033,420	2,587,325
24	Current Maturities-LTD	309,412	307,231	542,343
25	Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26	Other Liabilities	121,966	121,966	626,386
27	Total Current Liabilities	<u>\$ 19,744,849</u>	<u>\$ 20,130,441</u>	<u>\$ 20,778,635</u>
28	Long Term Debt, net current portion	\$ 28,562,436	\$ 28,652,966	\$ 30,419,490
29	Fund Balances:			
30	Unrestricted	\$ 19,339,128	\$ 19,657,543	\$ 15,124,679
31	Restricted	11,054,167	10,077,511	7,215,953
32	Total Fund Balances	<u>\$ 30,393,295</u>	<u>\$ 29,735,054</u>	<u>\$ 22,340,632</u>
33	Total Liabilities & Fund Balances	<u>\$ 78,700,580</u>	<u>\$ 78,518,461</u>	<u>\$ 73,538,757</u>

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended August 31, 2020**

ATTACHMENT D

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual		\$	%	Actual	Budget	\$	%		
	Volume Information									
1	65	60	5	8%	Acute Discharges	140	119	21	18%	148
2	314	225	89	40%	Patient Days	638	447	191	43%	509
3	21	-	21	0%	Observation Days	41	-	41	*	30
4	14,937	12,359	2,578	21%	Gross O/P Revenue (000's)	30,509	24,259	6,249	26%	\$ 31,796
	Financial Results									
	Gross Patient Revenue									
5	\$ 6,563,877	\$ 4,843,409	1,720,468	36%	Inpatient	\$ 12,839,514	\$ 9,617,194	3,222,320	34%	\$ 10,763,114
6	8,702,112	7,264,904	1,437,208	20%	Outpatient	17,878,744	14,257,408	3,621,336	25%	18,094,913
7	6,234,402	5,094,018	1,140,384	22%	Emergency	12,630,560	10,001,486	2,629,074	26%	13,786,912
8	\$ 21,500,391	\$ 17,202,331	4,298,060	25%	Total Gross Patient Revenue	\$ 43,348,818	\$ 33,876,088	9,472,730	28%	\$ 42,644,939
	Deductions from Revenue									
9	(17,978,700)	(14,096,661)	(3,882,039)	-28%	Contractual Discounts	\$ (36,192,826)	\$ (27,751,326)	(8,441,500)	-30%	\$ (35,026,001)
10	(100,000)	(200,000)	100,000	50%	Bad Debt	(250,000)	(400,000)	150,000	38%	(400,000)
11	-	(13,108)	13,108	100%	Charity Care Provision	(33,000)	(26,216)	(6,784)	-26%	(27,800)
12	-	-	-		Prior Period Adj/Government Program Revenue	-	-	-		112,750
13	\$ (18,078,700)	\$ (14,309,769)	(3,768,931)	26%	Total Deductions from Revenue	\$ (36,475,826)	\$ (28,177,542)	(8,298,284)	29%	\$ (35,341,051)
14	\$ 3,421,691	\$ 2,892,562	529,129	18%	Net Patient Service Revenue	\$ 6,872,992	\$ 5,698,546	1,174,446	21%	\$ 7,303,888
15	\$ 98,289	\$ 81,081	17,208	21%	Other Op Rev & Electronic Health Records	\$ 227,944	\$ 162,162	65,782	41%	\$ 98,441
16	\$ 3,519,980	\$ 2,973,643	546,337	18%	Total Operating Revenue	\$ 7,100,936	\$ 5,860,708	\$ 1,240,228	21%	\$ 7,402,329
	Operating Expenses									
17	\$ 1,901,393	\$ 1,803,743	(97,650)	-5%	Salary and Wages and Agency Fees	\$ 3,793,048	\$ 3,580,027	(213,021)	-6%	\$ 3,532,060
18	649,216	661,573	12,357	2%	Employee Benefits	1,288,056	1,320,643	32,587	2%	1,307,859
19	\$ 2,550,609	\$ 2,465,316	(85,293)	-3%	Total People Cost	\$ 5,081,104	\$ 4,900,670	(180,434)	-4%	\$ 4,839,919
20	\$ 401,437	\$ 423,549	22,112	5%	Med and Prof Fees (excl Agency)	\$ 814,958	\$ 840,384	25,426	3%	\$ 865,519
21	489,885	492,456	2,571	1%	Supplies	1,070,453	977,970	(92,483)	-9%	973,566
22	433,426	384,000	(49,426)	-13%	Purchased Services	806,692	768,000	(38,692)	-5%	649,137
23	257,950	266,953	9,003	3%	Depreciation	515,869	533,906	18,037	3%	493,866
24	103,898	111,342	7,444	7%	Utilities	222,307	219,485	(2,822)	-1%	217,671
25	43,196	42,599	(597)	-1%	Insurance	90,202	85,198	(5,004)	-6%	80,259
26	23,686	23,821	135	1%	Interest	40,267	47,642	7,375	15%	84,806
27	83,882	105,053	21,171	20%	Other	183,946	207,310	23,364	11%	207,828
28	-	-	-	*	Matching Fees (Government Programs)	-	-	-	*	0
29	\$ 4,387,969	\$ 4,315,089	(72,880)	-2%	Operating expenses	\$ 8,825,798	\$ 8,580,565	(245,233)	-3%	\$ 8,412,571
30	\$ (867,989)	\$ (1,341,446)	473,457	35%	Operating Margin	\$ (1,724,862)	\$ (2,719,857)	994,995	37%	\$ (1,010,242)

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended August 31, 2020**

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
31	\$ 46,873	\$ 2,908	43,965	1512%						\$ 1,995,463	
32	-	-	-	0%						1,214	
33	-	-	-	0%						(26,832)	
34	316,667	316,667	-	0%						633,334	
35	-	-	-	0%						(109)	
36	<u>\$ 363,540</u>	<u>\$ 319,575</u>	<u>43,965</u>	<u>14%</u>						<u>\$ 2,603,070</u>	
37	<u>\$ (504,449)</u>	<u>\$ (1,021,871)</u>	<u>517,422</u>	<u>-51%</u>	Net Income / (Loss) prior to Restricted Contributions	<u>\$ (1,049,245)</u>	<u>\$ (2,080,707)</u>	<u>1,031,462</u>	<u>-50%</u>	<u>\$ 1,592,828</u>	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ 976,656	\$ 294,175	682,481	0%	Restricted Foundation Contributions	\$ 1,759,234	\$ 588,350	1,170,884	100%	\$ 347,251	
40	<u>\$ 472,207</u>	<u>\$ (727,696)</u>	<u>1,199,903</u>	<u>-165%</u>	Net Income / (Loss) w/ Restricted Contributions	<u>\$ 709,989</u>	<u>\$ (1,492,357)</u>	<u>2,202,346</u>	<u>-148%</u>	<u>\$ 1,940,079</u>	
41	186,034	186,034	-	0%	GO Bond Activity, Net	366,368	366,368	-	0%	321,265	
42	<u>\$ 658,241</u>	<u>\$ (541,662)</u>	<u>1,199,903</u>	<u>-222%</u>	Net Income/(Loss) w GO Bond Activity	<u>\$ 1,076,357</u>	<u>\$ (1,125,989)</u>	<u>2,202,346</u>	<u>-196%</u>	<u>\$ 2,261,344</u>	
	\$ (246,499)	\$ (754,918)	508,419		EBDA - Not including Restricted Contributions	\$ (533,376)	\$ (1,546,801)	1,013,425		\$ 2,086,694	
	-7.0%	-25.4%				-7.5%	-26.4%			28.2%	

* Operating Margin without Depreciation expense:

\$ (867,989)	\$ (1,341,446)	\$ 473,457	35%	Operating Margin	\$ (1,724,862)	\$ (2,719,857)	\$ 994,995	37%
257,950	266,953	9,003	3%	Add back Depreciation	515,869	533,906	18,037	3%
<u>\$ (610,039)</u>	<u>\$ (1,074,493)</u>	<u>\$ 482,460</u>	<u>43%</u>	Operating Margin without Depreciation expense	<u>\$ (1,208,993)</u>	<u>\$ (2,185,951)</u>	<u>\$ 1,013,032</u>	<u>45%</u>

**Sonoma Valley Health Care District
Variance Analysis
For the Period Ended August 31, 2020**

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	(213,021)	(97,650)	Salaries and wages and agency fees were over budget in nursing and clinical departments due to the higher than budgeted volumes and the higher acuity of inpatients
Employee Benefits	32,587	12,357	
Total People Cost	(180,434)	(85,293)	
Med and Prof Fees (excl Agency)	25,426	22,112	
Supplies	(92,483)	2,571	
Purchased Services	(38,692)	(49,426)	Purchased services are over budget due to the unbudgeted cost of UCSF lab fees for COVID testing (\$95,500) for July and August.
Depreciation	18,037	9,003	
Utilities	(2,822)	7,444	
Insurance	(5,004)	(597)	
Interest	7,375	135	
Other	23,364	21,171	
Matching Fees (Government Programs)	-	-	
Operating expenses	(245,233)	(72,880)	

Sonoma Valley Hospital
Cash Forecast
FY 2021

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	3,655,695	3,057,733	3,547,784	3,984,991	3,868,884	3,828,430	3,992,041	3,859,339	4,059,205	3,979,608	4,041,302	4,011,761	45,886,773
2 Other Operating Revenue	38,268	137,152	81,081	81,081	81,081	81,081	81,081	81,081	81,081	81,081	81,081	81,081	986,230
3 Other Non-Operating Revenue	73,172	15,194	23,796	23,796	23,796	23,796	23,796	23,796	23,796	23,796	23,796	23,796	326,326
4 Unrestricted Contributions	-	3,306											3,306
5 Line of Credit													-
Sub-Total Hospital Sources	3,767,135	3,213,385	3,652,661	4,089,868	3,973,761	3,933,307	4,096,918	3,964,216	4,164,082	4,084,485	4,146,179	4,116,638	47,202,635
Hospital Uses of Cash													
6 Operating Expenses	5,534,264	3,523,571	4,135,348	4,365,825	4,276,632	4,283,621	4,403,115	4,222,842	4,539,772	4,243,227	4,422,890	4,370,188	52,321,295
7 Add Capital Lease Payments	7,854	88,349											96,203
8 Additional Liabilities/LOC													-
9 Capital Expenditures	784,428	998,868	294,175	294,175	294,175	294,175	294,175	294,175	294,175	294,175	294,175	294,175	4,725,046
Total Hospital Uses	6,326,547	4,610,787	4,429,523	4,660,000	4,570,807	4,577,796	4,697,290	4,517,017	4,833,947	4,537,402	4,717,065	4,664,363	57,142,544
Net Hospital Sources/Uses of Cash	(2,559,412)	(1,397,403)	(776,862)	(570,132)	(597,046)	(644,489)	(600,372)	(552,801)	(669,865)	(452,917)	(570,886)	(547,725)	(9,939,909)
Non-Hospital Sources													
10 Restricted Cash/Money Market	1,000,000	1,000,000							1,900,000	(5,000,000)			(1,100,000)
11 Restricted Capital Donations	784,428	973,350	294,175	294,175	294,175	294,175	294,175	294,175	294,175	294,175	294,175	294,175	4,699,528
12 Parcel Tax Revenue	86,141					2,100,000				1,600,000			3,786,141
13 Other Payments - South Lot/Ins. Claims/HHS	340,068	49,150											389,218
14 Other:													-
15 IGT			108,000	(163,000)			1,100,000			4,470,424		120,000	5,635,424
16 IGT - AB915								250,000					250,000
17 PRIME PUB3172		14,229	270,000										284,229
Sub-Total Non-Hospital Sources	2,210,637	2,036,729	672,175	131,175	294,175	2,394,175	1,394,175	544,175	2,194,175	1,364,599	294,175	414,175	13,944,539
Non-Hospital Uses of Cash													
18 Matching Fees		142,041					425,000		1,900,000	104,217			2,571,258
Sub-Total Non-Hospital Uses of Cash	-	142,041	-	-	-	-	425,000	-	1,900,000	104,217	-	-	2,571,258
Net Non-Hospital Sources/Uses of Cash	2,210,637	1,894,688	672,175	131,175	294,175	2,394,175	969,175	544,175	294,175	1,260,382	294,175	414,175	11,373,281
Net Sources/Uses	(348,775)	497,285	(104,687)	(438,957)	(302,871)	1,749,686	368,803	(8,626)	(375,690)	807,465	(276,711)	(133,550)	
Operating Cash at beginning of period	1,818,218	1,469,443	1,966,728	1,862,041	1,423,084	1,120,213	2,869,899	3,238,702	3,230,076	2,854,386	3,661,851	3,385,140	
Operating Cash at End of Period	1,469,443	1,966,728	1,862,041	1,423,084	1,120,213	2,869,899	3,238,702	3,230,076	2,854,386	3,661,851	3,385,140	3,251,590	
Money Market Account Balance - Unrestricted	8,236,372	7,236,714	6,236,714	6,236,714	6,236,714	6,236,714	6,236,714	6,236,714	4,336,714	9,336,714	9,336,714	9,336,714	
Total Cash at End of Period	9,705,815	9,203,442	8,098,755	7,659,798	7,356,927	9,106,613	9,475,416	9,466,790	7,191,100	12,998,565	12,721,854	12,588,304	
Average Days of Cash on Hand	73.0	68.6	58.7	55.5	53.3	66.0	68.7	68.6	52.1	94.3	92.2	91.3	