



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

AGENDA

THURSDAY, FEBRUARY 4, 2021

CLOSED SESSION 5:00 P.M.

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/96762690659?pwd=T0NjczVGZFNFUW0vbWEvNk1Gc09mdz09>

and enter the Meeting ID: 967 6269 0659, Passcode: 793555

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

and enter the Meeting ID: 967 6269 0659, Passcode: 793555

<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>Rymer</i>		
<p>2. PUBLIC COMMENT ON CLOSED SESSION</p>			
<p>3. CLOSED SESSION a. <u>Calif. Government Code § 54957</u>: Public Employment, Title: Chief Executive Officer</p>			
<p>4. REPORT ON CLOSED SESSION</p>	<i>Rymer</i>	Inform	
<p>5. 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>			
<p>6. BOARD CHAIR COMMENT</p>	<i>Rymer</i>		

7. CONSENT CALENDAR a. Board Minutes 01.07.21 b. Finance Committee Minutes 12.02.20 c. Finance Committee Minutes 12.15.20 d. Quality Committee Minutes 11.18.20 e. Policies and Procedures f. Medical Staff Credentialing	<i>Rymer</i>	Action	Pages 3-5 Pages 6-8 Pages 9-10 Pages 11-12 Pages 13-17
8. SONOMA VALLEY COMMUNITY HEALTH CENTER PRESENTATION	<i>Johnson, SVCHC</i>	Inform	
9. QUALITY COMMITTEE ANNUAL REPORT	<i>Jones</i>	Inform	Pages 18-33
10. FORM FY 2022 STRATEGIC PLANNING COMMITTEE	<i>Kidd/Jensen</i>	Action	
11. APPROVE FINANCE COMMITTEE 2021 WORK PLAN	<i>Boerum/Jensen</i>	Action	Page 34
12. CEO SEARCH COMMITTEE UPDATE	<i>Rymer</i>	Inform	
13. CMO REPORT	<i>Kidd</i>	Inform	Pages 35-36
14. ADMINISTRATIVE REPORT FOR JANUARY 2021	<i>Kidd</i>	Inform	Pages 37-39
15. FINANCIALS FOR THE MONTH ENDED NOVEMBER 30, 2020	<i>Jensen</i>	Inform	Pages 40-49
16. FINANCIALS FOR THE MONTH ENDED DECEMBER 31, 2020	<i>Jensen</i>	Inform	Pages 50-59
17. BOARD COMMENTS	<i>Rymer</i>	Inform	
18. 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, JANUARY 7, 2021

HELD VIA ZOOM VIDEOCONFERENCE

	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</p>	<i>Rymer</i>	
<p>The meeting was called to order at 6:00 pm.</p>		
<p>2. PUBLIC COMMENT</p>	<i>Rymer</i>	
<p>None</p>		
<p>3. BOARD CHAIR COMMENTS</p>	<i>Rymer</i>	
<p>Mr. Rymer congratulated Mr. Jensen and Dr. Kidd and said he looked forward to working with them.</p>		
<p>4. CONSENT CALENDAR a. Board Minutes 12.10.20 b. Medical Staff Credentialing</p>	<i>Rymer</i>	Action
		MOTION: by Mainardi to approve, 2 nd by Kornblatt Idell. All in favor.
<p>5. UCSF-SVH AFFILIATION FRAMEWORK</p>	<i>Kidd/Rymer</i>	
<p>Dr. Kidd reviewed a chart of the affiliation framework and goal categories or buckets for SVH. The next step will be to put numbers to the various buckets to create a dashboard, as well as trying to match services to needs. The joint operating committee meetings with the UCSF/SVH team will be prioritizing goals.</p>		
<p>6. JEN SWEENEY, UCSF AFFILIATES CHIEF OPERATING OFFICER</p>	<i>Sweeney</i>	
<p>Ms. Sweeney gave an overview of UCSF, its vision, current collaboration efforts, and future opportunities with a focus on SVH. One idea presented involved using SVH as a potential pilot for a transfer command center to streamline the process to align patient placement. The UCSF plan would start with inpatient procedures, utilize both SVH and UCSF physicians depending on service line, and may include emergent surgeries. Another possibility included integration with UCSF and MarinHealth on IT solutions.</p> <p>UCSF would also be willing to look at transport of patients by helicopter and ambulance, as well as returning the patient to the community for follow-up services. Assisting in broadening the catchment area for SVH would help grow elective volumes. All of the</p>		

ideas discussed were designed to enhance quality delivery of healthcare services with access close to home.		
7. VALLEY OF THE MOON POST ACUTE SEMI-ANNUAL REPORT	<i>Empey</i>	
<p>Mr. Empey said their group had received the COVID vaccine. He provided a summary dashboard for the year. There was only one COVID positive patient in the unit in July, and that patient was returned to acute care. In the second half of the year if there were a potential exposure, the unit would stop admitting and test for a period of time until everyone was clear. Average occupancy for the year was 78.8%, down a bit from the first quarter's high of 91%. CMS put an exemption in place allowing admissions directly from home.</p> <p>Mr. Jensen mentioned that Ensign has agreed to increase rates this year so we should come close to breakeven. Mr. Rymer asked about sub-acute licensing. Mr. Empey replied that all activities at CDPH were essentially frozen at the end of January 2020. The unit had excellent surveys this year. He said Ensign needs to consider if it is advisable to go the sub-acute route when the unit is doing well and has beds available. Subacute status would take up the beds now being well-used for skilled nursing patients. They intended to see what the situation looks like after COVID settles down.</p>		
8. BOARD COMMITTEE ASSIGNMENTS	<i>Rymer</i>	
<p>Mr. Rymer mentioned that the UCSF-SVH Affiliation Oversight Committee needed to be staffed this year; it is a recommendation committee, not an approval committee. He nominated himself as Chair and Dr. Bjorndal to staff that committee.</p> <p>For Quality Committee, Mr. Rymer nominated Dr. Mainardi as Chair and Ms. Kornblatt Idell as staff. For Finance Committee, Mr. Boerum was nominated as Chair and Mr. Rymer as staff. For Governance Committee, Mr. Boerum was nominated as Chair and Dr. Bjorndal as staff.</p>		MOTION: by Boerum to approve, 2 nd by Kornblatt Idell. All in favor.
9. REINVENTING THE CHIEF OF STAFF REPORT	<i>Board</i>	
Dr. Kidd presented a draft report for consideration, which was well received by the Board members. Dr. Mainardi said he would like to hear issues that the physicians are concerned about, as well as their needs.		
10. REPORT OF CEO SEARCH COMMITTEE	<i>Rymer</i>	
The Committee is arranging to have two candidates come to Sonoma for further interviews. Dates will be toward the end of January, and candidates will meet with Board members, community members, leaders such as Cheryl Johnson and Steve Akre, physicians, and the administrative team of the hospital. Some meetings will be via zoom and some in person.		
11. CMO REPORT	<i>Kidd</i>	
December highlights included significant recovery from the cyberattack under UCSF leadership. Recovery is still continuing and planning taking place for future cyber security. SVH ended stroke divert in mid-December.		

<p>COVID has seen increased numbers of inpatient volumes, averaging 3-5 patients at a time but with faster turnover and shorter stays. Preparation for vaccines took a great deal of time in December, and 325 healthcare workers were vaccinated. PPE is in good supply. Testing is still a struggle with limited supplies.</p> <p>Vaccine allocations have not been decided past group 1A by the County as yet. If the hospital does get allocated additional vaccine, it would be willing to dispense those to members of the community per the directions of the county and state.</p>		
12. ADMINISTRATIVE REPORT FOR OCTOBER	<i>Jensen</i>	
<p>Mr. Jensen reported that he and Dr. Kidd are both now on the UCSF payroll. UCSF has very instrumental in the recovery effort from the cyberattack. Accounting is starting to bill and cash collections are coming in.</p>		
13. FINANCIALS FOR THE MONTH ENDED OCTOBER 31, 2020	<i>Jensen</i>	
<p>The payer mix for the month of October was reviewed. The cash collection goal was \$3.3 million, and \$2.4 million was collected. Days' cash were 60.1, A/R days were 53.2, A/P was \$4.1 million, and A/P days were 58.3. Inpatient, outpatient, and ER volumes were all down in October. Total operating revenue was \$3.7 million, or under budget by \$346,000. Expense variance was primarily a catch-up on utilities. The operating margin was (\$733,000), or (\$157,000) under budget. The November financials will probably have a \$400,000-500,000 variance. Net income for October was (\$235,000) vs. budget of \$223,000. EBDA was (4.4%) vs. budget of \$0.3%. The parcel tax revenue was received in December. SVH should end the year at 75 days' cash.</p>		
14. BOARD COMMENTS	<i>Board</i>	
None		
15. ADJOURN	<i>Rymer</i>	
Adjourned 8:05 p.m.		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES
WEDNESDAY, DECEMBER 2, 2019
Via Zoom Teleconference

Present		Staff	Public	
Sharon Nevins via Zoom Joshua Rymer 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	Judith Bjrndal 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>			
a. Finance Committee Minutes 09.22.20	The minutes of 09.22.20 were reviewed.		MOTION: by Rymer to approve, 2 nd by Porth. All in favor.	
4. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Mather</i>			
	Ms. Mather said she hoped construction would be completed in December, with the new CT opening in February A way was found to put cardiology into the space without extra costs. The CT project is still on budget. The MRI project will start construction this month.			
5. AMENDMEND OF SVHF-SVHCD MEMORANDUM OF UNDERSTANDING	<i>Jensen</i>			
	Ms. Mather discussed the reasoning behind the language change. After discussion, she suggested that the new Board discuss this in detail with the			

	Foundation and draft better language. This item was tabled with no action taken.		
6. SVH FOUNDATION LOAN	<i>Jensen</i>		
	The Board had agreed to restrict \$1 million in cash as the ODC project progressed. It was decided to use the \$1 million before the line of credit to save 85,000 in interest costs and change the restriction. The Finance Committee generally supports the proposition that, of financially prudent, the hospital will provide temporary financing to help avoid and defray interest costs. But, as Ms. Mather indicated that since there have been delays in the ODC project, the use of funds is delayed as well and that the hospital should avoid a commitment at a future date uncertain. So the decision on this item could be delayed for now. After discussion, it was decided to table this item until the need is clearer.		
7. BANK SIGNATURE AUTHORITY	<i>Dungan</i>		
	Ms. Dungan said as of January 1, 2021, SVH will need a new signer for the bank. The bank will require a Board resolution for the signature; she suggested the signers be Mr. Jensen and Mr. Rymer.		
8. ADMINISTRATIVE REPORT NOVEMBER 2020	<i>Mather</i>		
	Ms. Mather reported that most systems were able to be recovered within a fairly short time from the cyberattack. SVH has been working closely with UCSF, has a plan and will be spending additional money to enhance security. Letters will be issued to current and former employees and patients involved. A new telehealth solution has been found for case management with 24/7 coverage. A small team continues to manage COVID issues, and the hospital has only a slightly higher census. She indicated she will continue as an advisor to the interim CEO with respect to construction, marketing, the Board, and fundraising on a per diem basis until a new CEO starts. The transition plan is going well.		

9. FINANCIAL REPORT MONTH ENDED SEPTEMBER 30, 2020	<i>Jensen</i>		
	<p>Ms. Nevins said the auditors mentioned how exceptional the SVH team was to work with, how smoothly the audit went, and how engaged SVH management and Committee members were.</p> <p>Mr. Jensen said charges are being input, with the only backup currently in Imaging. We cannot bill yet without the Imaging input, and we hope to have that caught up by the end of December The hospital has applied for a Medicare advance.</p> <p>Cash collected for the month of September was \$3 million vs goal of \$3.3 million. Days' cash on hand were 63, A/R days were 39, A/P were \$2.8 million and 40.8 days. Inpatient revenue was off by \$1.2 million, outpatient visits were off by 2%, and ER visits were off by 1%. Total operating revenue was under budget by \$432,000. Expenses were primarily related to additional COVID costs, and the operating margin was off by 44%. Net income was (\$576,326) vs. budget of \$2,047; EBDA was (18.0%) vs. budget of (5.8%).</p>		
10. OPEN ENROLLMENT, UNITED HEALTHCARE	<i>Jensen</i>		
	<p>Mr. Jensen reported that employees have been insured through Western Health Advantage for several years, and WHA broke with Canopy. SVH is moving forward with United Healthcare for 2021 since they have become a part of the Canopy network.</p>		
11. IGT RECOUPS	<i>Dungan</i>		
	<p>Ms. Dungan said the State has been reconciling/auditing the NDPH IGT program for 2016, 2017, 2018, and 2019. SVH must pay back \$251,000, of which the first two payments have been made.</p>		
12. ADJOURN	<i>Nevins</i>		
	Meeting adjourned at 5:59 p.m.		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES

TUESDAY, DECEMBER 15, 2019

Via Zoom Teleconference

Present		Staff	Public	
Joshua Rymer via Zoom Peter Hohorst via Zoom Subhash Mishra, MD via Zoom	Art Grandy via Zoom Bruce Flynn via Zoom	Kelly Mather, CEO via Zoom Ken Jensen, CFO, via Zoom Sarah Dungan, Controller, via Zoom	Judith Bjorndal 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>Rymer</i>			
	Called to order at 5:00 pm			
2. PUBLIC COMMENT SECTION	<i>Rymer</i>			
	None			
3. FINANCIAL REPORT MONTH ENDED OCTOBER 31, 2020	<i>Jensen</i>			
	<p>Mr. Jensen reviewed the payer mix for the month of October. The cash collection goal for the month was \$3.3 million and actual cash collected was \$2.4 million. The year-to-date cash collection goal was \$11.9 million and actual collected was \$11.7 million. Subsequent months will have dropped due to the inability to send bills out starting October 11th. Days' cash were 60.1, A/R days were 53.2, A/P were \$4 million, and A/P days were 58.3. All patient volumes were down, but ER acuity was high. Total operating revenue was \$346,000 below budget. Expenses were higher than budget due to utilities. Total operating expenses were \$4.4 million, and the operating margin was (\$733,000). COVID supplies</p>			<p>The IT budget will be \$500,000 more per year. IT runs about \$3.2 million per year now. The majority of the additional budget will be UCSF salaries, plus some vendors.</p> <p>FC work plan to be discussed in Jan.</p>

	<p>for testing have gone up considerably to about \$12,000 per week; there will be a jump in November as well. The significant downtime event (SDE) costs will come through in November, December, and January. SVH does not receive complete reimbursement for testing UCSF patients. Net income was (\$235,232) vs. budget of \$223,725.</p> <p>Ms. Mather mentioned that SVH has lost the urgent care type patients to virtual care instead of using our ER. There is not enough volume to do urgent care alone, but we do plan to extend physician hours.</p> <p>Ms. Kuwahara announced that a Pfizer vaccine shipment is being picked up Sunday night with 135 doses. Dr. Kidd will be doing another town hall for employees and for the community shortly. Another shipment with Moderna vaccine is expected on Christmas eve.</p>		
<p>4. ADJOURN</p>	<p><i>Rymer</i></p>		
	<p>Meeting adjourned at 5:24 p.m.</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

November 18, 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 Carol Snyder via Zoom Andrew Solomon, MD via Zoom	Howard Eisenstark, MD via Zoom Michael Mainardi, MD via Zoom	Cathy Webber	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 Leah Heinrich, Infection Preventionist via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Called to order at 5:00 p.m. Ms. Hirsch thanked the group for their excellence and competence and the improvements that have been and continue to be made to the Committee.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 09.23.20 		MOTION: by Eisenstark to approve, 2 nd by Idell. All in favor.
4. INTRODUCE NEW INFECTION PREVENTIONIST	<i>Jones</i>	Inform
	Ms. Hirsch and Ms. Jones welcomed the hospital's new Infection Preventionist, Leah Heinrich, who provided a brief background, including serving on the State's Ebola Taskforce, and seven years working in epidemiology in public health. She plans to focus on increasing rounding, providing education, monitoring PPE, and assessing sterile processing.	

AGENDA ITEM	DISCUSSION	ACTION
5. QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PROGRAM REVIEW 2019	<i>Jones</i>	Inform
	<p>Ms. Jones presented the Quality Assurance/Performance Improvement Program for 2019. (This report was not available earlier due to the COVID pandemic.) Leaders had presented posters displayed around the hospital which the public was invited to view. The Administrative Team worked through several rounds of 100 day projects using PDSA (plan, do, study, act). She then reviewed each of the posters.</p> <p>Ms. Jones thanked Ms. Hirsch for her leadership on the Quality Committee.</p>	<p>Ms. Idell asked about an outcome analysis of the last 5 years of projects and whether they are still in place and working. It will be much easier to track projects from 2019 on in this new poster format.</p> <p>Also add to monthly agenda review of small projects.</p>
6. COVID-19 UPDATE	<i>Kidd</i>	Inform
	<p>Dr. Kidd indicated the country as a whole, and unfortunately the Bay Area as well, is out of control with regard to COVID. Many counties are going back to purple level. There has been a rise in hospitalizations and ICU visits. It is still difficult getting supplies for testing. SVH is sending tests to UCSF and turnaround times are 3-4 days again. New PAPR hoods have arrived. The hospital is actively preparing for vaccine dissemination, with the first shipment the second week of December. Her hope is to have all frontline hospital staff vaccinated. Both approved vaccines require two doses. Only Santa Rosa Memorial and soon the County will have deep freezers for the Pfizer vaccine, so we have to pick them up and use them quickly. Storage and administration are going to be a challenge.</p> <p>SVH is also working on monoclonal antibody treatment – received a small allocation, but there has not been any demand for it yet. It is administered like an outpatient infusion and may be a slight benefit for high risk people who have not tested positive. She indicated that she agreed with current County numbers based on her clinical observations.</p> <p>SVH is still on stroke divert, which means ambulance traffic is diverted. The neurologist still evaluates stroke patients who come in.</p>	
7. ADJOURN	<i>Hirsch</i>	
	6:00 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: 01/29/2021 4:04 PM

Report Parameters

Filtered by: Document Set: all applicable
 Committee: 09 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: 22

Committee: 09 BOD-Board of Directors

Committee Members: Woodall, Vivian (vwoodall)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Antimicrobial Stewardship <i>Medication Management Policies (MM)</i>	Pending Approval	1/28/2021	1
Summary Of Changes: Removed antimicrobial cycling and combination therapy sections from interventions and strategies section per antimicrobial stewardship committee recommendations, as these are not commonly used strategies any longer.			
Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: Kutza, Chris (ckutza) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Blood and Body Fluid Spills <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	1/28/2021	1
Summary Of Changes: Reviewed, no changes			
Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)			
Lead Authors: Heinrich, Leah (lheinrich)			
Approvers: Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
California Department of Public Health (CDPH) and Sonoma County Board of Supervisors- Notification to Governance and Leadership Policies	Pending Approval	1/28/2021	1
Summary Of Changes: Change of personnel title			
Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)			
Lead Authors: Jones, Danielle (djones), OHara, Lisa (lohara)			
Approvers: Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Cleaning in Materials Management <i>Materials Management Dept</i>	Pending Approval	1/28/2021	1

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 01/29/2021 4:04 PM

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

Summary Of Changes: **1/6/21 - Reviewed. No Changes.**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**

Lead Authors: **Dugger, James (jdugger)**

Approvers: **01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Construction or Renovation Projects, Infection Control
Infection Prevention & Control Policies (IC)

Pending Approval

1/28/2021

1

Summary Of Changes: **Reviewed, no changes**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**

Lead Authors: **Heinrich, Leah (lheinrich)**

Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Contract Administration, Patient Care Services
Governance and Leadership Policies

Pending Approval

1/28/2021

1

Summary Of Changes: **Personnel title changes**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**

Lead Authors: **Jones, Danielle (djones), OHara, Lisa (lohara)**

Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

COVID-19 Surge Planning-Pharmacy
Emergency Preparedness Policies (EP)

Pending Approval

1/28/2021

1

Summary Of Changes: **New Policy**
Purpose:

To establish a procedure for managing medication supply during a patient surge due to COVID-19 pandemic.

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Equipment Inspection
Materials Management Dept

Pending Approval

1/28/2021

1

Summary Of Changes: **Review 12/30/20 - No Changes**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**

Lead Authors: **Dugger, James (jdugger)**

Approvers: **01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Handling of Sharps
Materials Management Dept

Pending Approval

1/28/2021

1

Summary Of Changes: **Reviewed 12/30/20 - No Changes**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**

Lead Authors: **Dugger, James (jdugger)**

Approvers: **01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 01/29/2021 4:04 PM

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

Hazardous Substances <i>Materials Management Dept</i>	Pending Approval	1/28/2021	1
Summary Of Changes:	Recommendation to retire as redundant		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Dugger, James (jdugger)		
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Inspection of Nursing Units and Medication Storage Areas <i>Medication Management Policies (MM)</i>	Pending Approval	1/28/2021	1
Summary Of Changes:	Removed embedded unit inspection form from body of policy and made it an attachment		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	Kutza, Chris (ckutza) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Moderate Sedation AN8610-102 <i>Anesthesia Services Policies (AN)</i>	Pending Approval	1/28/2021	1
Summary Of Changes:	Added EtCO2, added propofol, distinguish between moderate and deep sedation, corrected typos Updated reference		
	Why: Appendix A & B last reviewed 2013. EtCO2 is a best practice standard, propofol not included Condition of CIHQ survey.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Clark, Janine (jclark)		
Approvers:	MS-Chair of Surgery -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Pharmaceutical Representatives MM8610-159 <i>Medication Management Policies (MM)</i>	Pending Approval	1/28/2021	1
Summary Of Changes:	Updated website and access date for phrma code on interactions with healthcare professionals		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	Kutza, Chris (ckutza) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Phone Tree <i>Materials Management Dept</i>	Pending Approval	1/28/2021	1
Summary Of Changes:	1/13/21 - Reviewed. No Changes at this time.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Dugger, James (jdugger)		
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Product Failure <i>Materials Management Dept</i>	Pending Approval	1/28/2021	1

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 01/29/2021 4:04 PM

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

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Dugger, James (jdugger)
 Approvers: 01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Rapid Sequence Intubation (RSI) Kit MM8610-161	Pending Approval	1/28/2021	1
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Changed embedded contents list to be an attachment.
 Changed number of kits to 4.
 Added rocuronium to contents list.**

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Kutza, Chris (ckutza)
 Approvers: Kutza, Chris (ckutza) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Receiving Procedures	Pending Approval	1/28/2021	1
<i>Materials Management Dept</i>			

Summary Of Changes: **1/6/21 Reviewed.**

Changes - 7. Adjusted this section to reflect New Electronic work flow. Paragon Materials Management tracks users who received product (no need to initial) and Paragon keeps purchases orders open(Partial Received) with backorders to be able to track more easily. These changes were part of our previous paperless effort that we institute a few years ago.
8. Deleted Section 8. as it is redundant due to changes to 7.
9. Deleted Section 9. because this is now automated in Paragon and there is no need to send a physical copy of a purchase order to Accounting. We also no long keep physical purchase orders on hand unless it is Capital. Paragon acts as a repository for purchase orders and tracks name of Buyer, etc.
10. Section 10. is now Section 8.

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Dugger, James (jdugger)
 Approvers: 01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Renal Dosing-Pharmacy Protocol	Pending Approval	1/28/2021	1
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **New policy defining process pharmacists are to follow when automatically adjusting dosing of medications that are listed in the policy per patient renal function. Only medications listed in the policy may be automatically adjusted, and prescribers may opt out by indicating such in the original order.**

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Kutza, Chris (ckutza)
 Approvers: Kutza, Chris (ckutza) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Rotation of Stock	Pending Approval	1/28/2021	1
<i>Materials Management Dept</i>			

Summary Of Changes: **1/5/21 - Removed "Senior" from Senior Buyer because that position no longer exists.**

No other changes.

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Dugger, James (jdugger)
 Approvers: 01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 01/29/2021 4:04 PM

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

Security in Materials Management	Pending Approval	1/28/2021	1
<i>Materials Management Dept</i>			
Summary Of Changes: 1/5/2021 - Reviewed. No Changes.			
Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)			
Lead Authors: Dugger, James (jdugger)			
Approvers: 01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Sterile Compounding MM8610-117	Pending Approval	1/28/2021	1
<i>Medication Management Policies (MM)</i>			
Summary Of Changes: Added wording regarding immediate use sterile compounding as required by Board of Pharmacy per CCR 1751.8(e)			
Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)			
Lead Authors: Kutza, Chris (ckutza)			
Approvers: Kutza, Chris (ckutza) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Unusual Occurrence Report to Governmental Agencies	Pending Approval	1/28/2021	1
<i>Governance and Leadership Policies</i>			
Summary Of Changes: Change of personnel titles			
Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)			
Lead Authors: Jones, Danielle (djones), OHara, Lisa (lohara)			
Approvers: Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			

Quality Department Annual Review 2020

**Danielle Jones
Chief Quality Officer**

**Board of Directors
February 4, 2020**

Quality

Looks like we made it...



we're looking forward
to 2021 with you!



Roles & Responsibilities

- Accreditation
- Policies & Procedures
- Risk Management
- Performance Improvement
- Clinical Review
- Patient Experience
- Case Management
- Health Information Management
- Patient Relations
- Medical Staff Peer Review
- Culture of Safety
- Infection Prevention
- Quality Information Systems Management
- Data Quality and Integrity

Quality Accomplishments

- Center for Improvement in Healthcare Quality education
- E-notification coaching for event reporting
- COVID-19 accreditation survey by the California Department of Public Health
- Center for Improvement Healthcare Quality Triennial survey
- Center for Improvement Healthcare Quality Stroke recertification
- Patient Safety Organization participation and data submission
- Infection data to the National Healthcare Safety Network and the Centers for Disease Control
- Electronic Quality Measures to CMS

Quality Accomplishments

- Grievance Committee restructure with an average length to resolution of 22 days!
- Risk management orientation redesign that includes Human Experience and Just Culture
- Case Management joined the departments that report to the Chief Quality Officer
- Quality Department reorganization & restructure
- Outsourced coding brought back in house
- MIC infusion program implementation. HIM now responsible for charge capture on all outpatient infusion patients
- Discharge 1-2-3 ER Instruction Program. All pages of Emergency Department discharge instructions interfaced into One Content

Interdisciplinary Collaboration

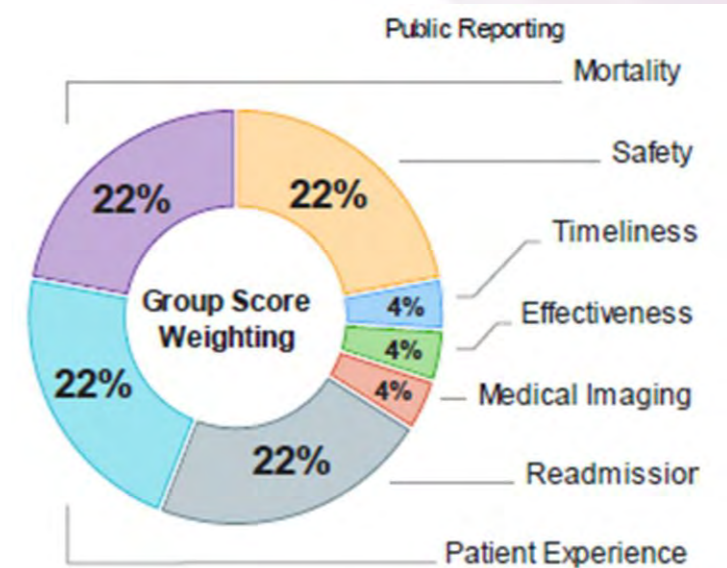
Sorry Works	Culture of Safety Program	Good Catch Program
Safety Committee	Patient Safety Committee	Clinical Informatics Team
Pharmacy and Therapeutics Committee	Departmental and cross departmental performance improvement projects and organization wide performance improvement	Medical Staff Performance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

CMS 5 Star Hospital

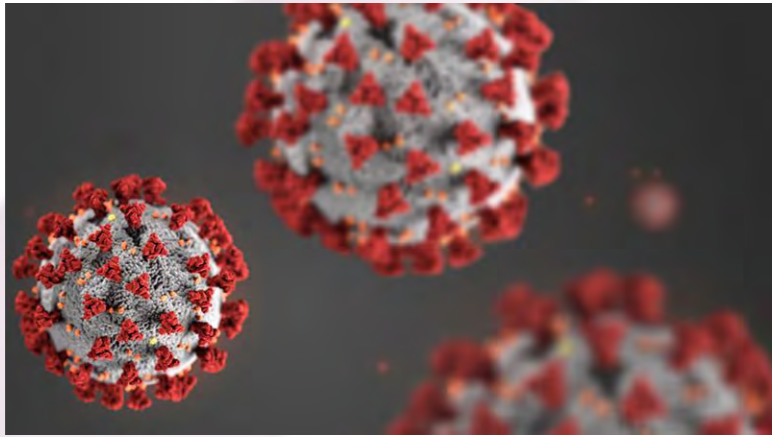
- CMS developed and implemented the Hospital Compare Overall Hospital Quality Star Rating in response to consumer feedback because they found Hospital Compare difficult to interpret and understand
- The 5 Star Rating is based on seven measure groups
 - Mortality
 - Readmission
 - Safety of Care
 - Patient Experience
 - Efficient Use of Medical Imaging
 - Timeliness of Care and Effectiveness of Care

Measure Score Groups

- Safety of Care **Better**
- Mortality **Average**
- Readmission **Better**
- Patient Experience **Average**
- Effectiveness of Care **Average**
- Timeliness of Care **Average**
- Effective Use of Medical Imaging **Average**



COVID-19



- The Quality Department provided COVID-19 infection control support and maintained an organizational database which included:
 - chart review
 - collaborating on the COVID-19 hotline and drive thru
 - Test tracking and result notifications (patients, DPH, physicians)
 - Staff and patient education on COVID-19 results as well as PPE use.
 - Support for new COVID-19 health orders and regulations.

Cyberattack

- The Quality Department was instrumental during the cyberattack recovery for HIPAA breach notification.
 - implementation of the patient call center
 - patient escalation follow up
 - regulatory notifications
 - audit readiness
 - report management
 - SVH partner for legal representative



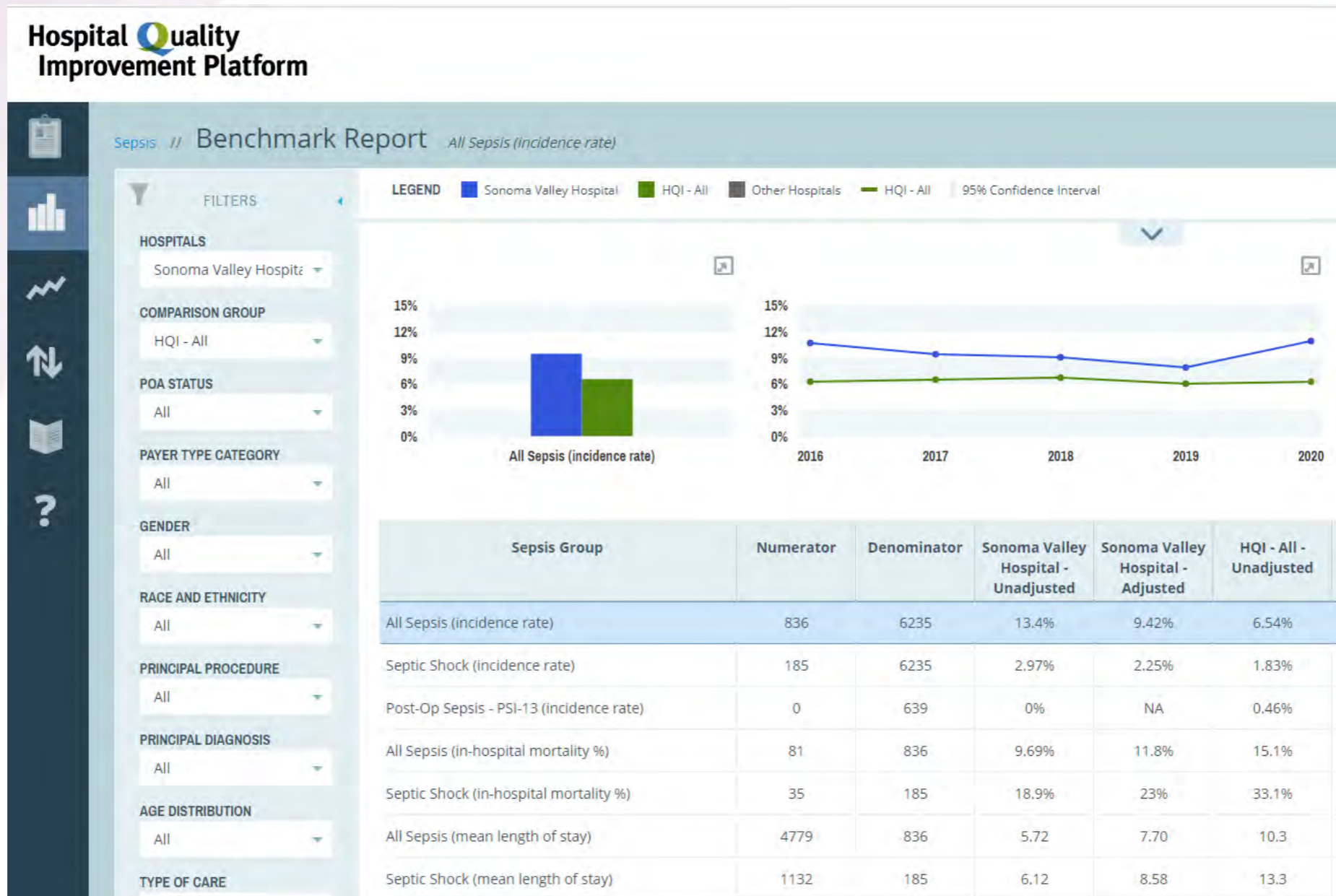
American Heart Association Get with the Guidelines-Stroke (GWTG-S)



Hospital Portal

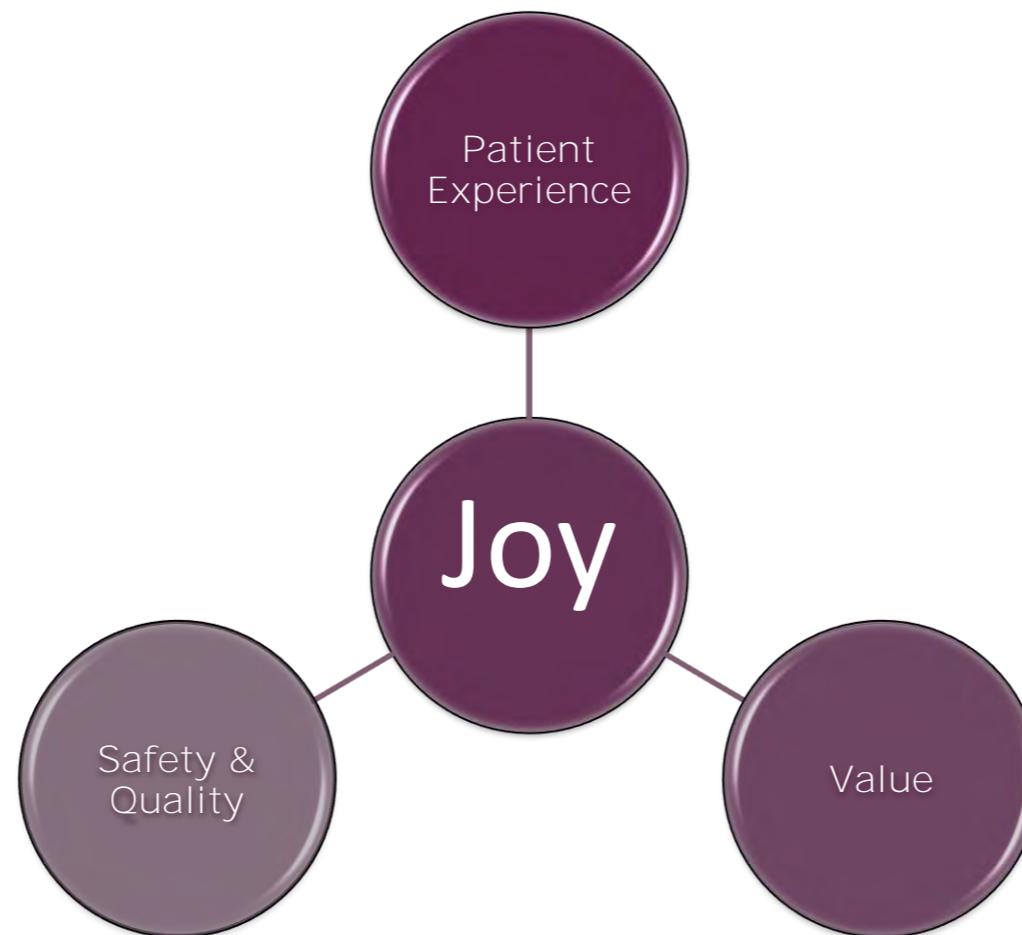


Hospital Quality Institute (HQI) Hospital Improvement Platform




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.



Parting Thoughts



”Knowledge comes by taking things apart, analysis. But wisdom comes by putting things together.”

John A. Morrison

2021 Finance Committee Work Plan

January	February	March	April
<ul style="list-style-type: none"> • November Financials • December Financials • Review 2021 Finance Calendar • Review 2nd Quarter FY 2021 capital spending 	<ul style="list-style-type: none"> • January Financials • Review FY 2022 Budget Assumptions • IT Costs Review - Fe Sendaydiego • Audit firm engagment - FY 2021, 2022, & 2023 • Pension Plan Review - Lynn McKissock 	<ul style="list-style-type: none"> • February Financials • FY 2021 Budget Update • Engage Auditor's mid-year review 	<ul style="list-style-type: none"> • March Financials • FY 2022 Budget Update • Review 3rd Quarter FY 2021 capital spending • Risk Management Review - Danielle Jones
May	June	July	August
<ul style="list-style-type: none"> • April Financials • Review and recommend FY 2022 budget proposal 	<ul style="list-style-type: none"> • May Financials • Review capital spending plan for FY 2022 	<ul style="list-style-type: none"> • June Financials • Review pre audited FY 2021 Financials • Review 4th Quarter FY 2021 capital spending 	<ul style="list-style-type: none"> • July Financials • FY 2021 audit update
September	October	November	December
<ul style="list-style-type: none"> • August Financials • FY 2021 audit update • Review current insurance policies 	<ul style="list-style-type: none"> • September Financials • Review preliminary audit results • Review 1st Quarter FY 2022 capital spending 	<ul style="list-style-type: none"> • October Financials 	<ul style="list-style-type: none"> • November Financials • 2022 Finance Committee work plan



To: SVHCD Board of Directors
From: Sabrina Kidd, MD
Meeting Date: February 4, 2021
Subject: CMO Report

1. January Highlights included:
 - a. Significant Downtime Security Event Recovery:
 - i. Less than 10 recovery items will roll over into February, but vast majority of recovery is now complete.
 - ii. UCSF will assist with implementation of new IT Security Plan.
 - b. COVID-19: January COVID-19 census gradually decreased with an average census of 0-2 inpatients per day. Recent highlights include:
 - i. Vaccinations
 1. We have now vaccinated more than 700 individuals in Phase 1a.
 2. We have received a grant from the Catalyst Fund and are partnering with SVCHC, SVFire & Rescue, and the City of Sonoma on an 8 week mass vaccination clinic to begin the first weekend in February.
 3. Community Townhall on the Vaccine was held 1/12/2021 with at least 400 participants.
 - ii. PPE (Personal protective equipment) / Supplies:
 1. All PPE is sufficient at this time.
 - iii. Testing
 1. In house PCR testing continues on the Aries II machine for all ED and inpatients. Supplies improved mid-January and we are hopeful to receive 48 cartridges per week going forward.
 2. We continue drive thru testing for pre-op patients for SVH and UCSF and are processing through UCSF.
 3. We are adding Antigen testing to our algorithm to extend our in house testing capabilities.
 - iv. Monoclonal Antibodies
 1. Bamlanivimab & Regeneron continue to be offered as outpatient infusions (with a PCP order) as SVH. Use has increased in the last month.
 - c. GI Services:
 - i. Continuing to explore options with UCSF.

- d. ED:
 - i. Census has remained low, but consistent with an average of 20 patients per day.
- e. Med-Surg / ICU / Surgery Updates:
 - i. Interviews continue for a new Surgery Director with at least one promising candidate.
 - ii. Interviews are beginning for a new Radiology Director.
- 2. Medical Staff:
 - a. Medicine, Surgery Committee meetings held in January. Topics of discussion included the Cyberattack, COVID-19, and vaccinations.
- 3. Quality Events:
 - a. No reportable events in January.



To: SVHCD Board of Directors
From: Administrative Team
Date: 1/31/2021
Subject: Administrative Report

Summary: January focus was on vaccinations and finishing the recovery from the Cyberattack. The ODC project continues to progress and the new CT machine was delivered in late January. Cash is improving as billing and collection issues are resolved following the Cyberattack.

Update from 2025 Strategic Plan:

Strategic Priorities	Update
Enhance Quality and Services through the affiliation with UCSF Health	<ul style="list-style-type: none"> ➤ UCSF has led the final stages of the recovery efforts from the Cyberattack and will be continuing to assist with implementation of the Security Plan. ➤ UCSF is putting together a proposal for further IT services including EPIC. Cost and timeline are yet to be determined. ➤ Joint Operating Meetings begin in February for the SVH-UCSF Executives. ➤ Two excellent CEO candidates have interviewed and visited SVH. The board hopes to select and announce a new CEO in February.
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> ➤ The new CT scanner has arrived. It is expected to be CDPH ready in March. ➤ The ED continues to manage COVID patients well and in-house testing supplies have stabilized for the immediate future.
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> ➤ The inpatient service including our staff and physicians are focusing on Palliative Care education over the next several months. ➤ Thanks to SVHF we now have a new bug-zapping robot. ➤ SVHF has raised over 300K that will be used for the refurbishment of the ICU. ➤ Satellite Dialysis is considering using part of the SVH 2nd floor for home dialysis education. ➤ Through funding from the Bridge Grant, we now have weekend support in the ED from a social worker who specializes in substance abuse and addiction.
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ MarinHealth Medical Network (Prima) now hold the SVH general surgery call contract. This will expand our network of general surgeons. ➤ Meritage Medical Network is now in a Management Services Agreement with Sonoma Family Practice and this is going well. ➤ UCSF continues to assist with the search for a gastroenterology solution for SVH.
Be a Healthy Hospital	<ul style="list-style-type: none"> ➤ 100% of our medical staff and over 75% of our employees have now received the COVID-19 vaccine. As of 1/28/2021, SVH has administered 705 first doses and 318 second doses to Phase 1a individuals.

DECEMBER 2020

			National Benchmark
Patient Experience	Current Performance	FY 2021 Goal	
Would Recommend Hospital	80%	> 70 percent	50th percentile
Inpatient Overall Satisfaction	84%	>70 percent	50 th percentile
Outpatient Services	4.73	4.5	3.8
Emergency Department	4.52	4.5	3.8
Quality & Safety	YTD Performance	FY 2021 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	1	3.5	2.7/10,000 pt days
Patient Safety Indicator	.86	<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	1.30	< 2.3	2.3
Pressure Ulcers	4.5	<3.7	3.7
Injuries to Staff	8	< 10	17
Adverse Drug Events with Harm	0	0	0
Reportable HIPAA Privacy Events	N/A	0	0
Case Mix Index	1.5	1.4	1.3
Hospital Star Rating	4	4	3
Staff Satisfaction	Performance	FY 2021 Goal	Benchmark
Staff Pulse Survey	4.05 out of 5	>3.8	75%
Turnover	7%	< 15%	< 20%
Financial Stability	YTD Performance	FY 2021 Goal	Benchmark
EBDA	-7.3	>3%	3%
Paid FTE's	227	<235	235
Days Cash on Hand	32.9	>30	30
Days in Accounts Receivable	66.1	<45	50
Length of Stay	4.2	<4.0	4.03
Funds raised by SVHF	\$21.1 million	\$21 million	\$1 million
Strategic Growth	YTD/Projected	FY 2021 Goal	FY 2020
Inpatient Discharges	386/439	850	862
Outpatient Visits	23073/25100	48,000	47,802
Emergency Visits	4155/5141	10,000	9784
Surgeries + Special Procedures	974/1289	2000	2226
Community Benefit Hours	100.5/402	400	1332

Note: Colors demonstrate comparison to National Benchmark



Healing Here at Home

TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2021	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
FY YTD Turnover	<15%	2.1	3.4	3.5	3.9	7	7	5.6	6	7.3	7.3	8.2	8.2
Leave of Absences	<12	6	8	10	13	13	13	13	9	11	13	13	9
EBDA	>3%	-8	-7	-18	-4.4	-27	9.8	16.1	10.5	25.7	-13.9	253	-8.9
Operating Revenue	>3.5m	3.58	3.52	3.19	3.7	3.0	5.1	5.4	4.1	8.3	2.8	1.3	3.4
Expense Management	<4.5m	4.4	4.3	4.4	4.4			5.1	4.4	6.8	3.7	3.8	4.5
Net Income	>50k	418	658	-576	-235	1.4	823	873	307	2351	-297	3600	-565
Days Cash on Hand	>30	73	68.6	63	60	35.4	32.9	20.4	15.7	15.6	43.1	87.1	81
Receivable Days	<50	40	39	39	53.2	69.6	66.1	38	42.5	36.9	35.5	44	49
Accounts Payable Days	>50	35	31.6	40	58.3	53.3	45.4	42	42.2	53.4	41.9	35.2	40.7
Accounts Payable	<\$3m	2.3	2.1	2.85	4.0	3.8	2.9	2.9	3.0	3.7	2.9	2.4	2.8
Total Paid FTE's	<235	230	229	226	204	230	227	230	231	236	190	205	225
Inpatient Discharges	>80	75	65	60	64	57	65	79	86	63	39	44	65
Patient Days	>300	324	314	214	230	230	294	321	286	218	156	179	238
Observation Days	<20	20	21	32	18	11	21	12	16	16	13	9	16
Average Daily Census	>10	10.5	10.1	7.1	3.6	10.6	9.5	10.4	9.9	7	5.2	5.8	7.9
Outpatient Revenue	>\$15m	16.1	14.9	14.6	9.4	12.6	8.6	17.3	16.3	12.3	7.1	10.5	14.6
Surgeries	>120	115	114	115	121	111	123	150	145	80	17	34	116
Special Procedures	>50	37	34	57	47	50	50	58	79	43	1	8	46
Emergency Visits	>800	735	723	653	696	674	674	953	972	745	529	645	695
MRI	>120	93	84	N/A	114	145	159	138	146	70	39	68	116
Cardiology (Echos)	>65	63	71	N/A	88	46	85	83	68	52	35	52	70
Laboratory	>11	12.6	12.1	N/A	4	9.9	15.9	11.6	10.9	8.7	5.5	8.5	11.1
Radiology	>900	883	806	N/A	241	778	1090	1113	934	684	420	572	797
Rehab	>2000	2206	1664	N/A	971	2207	3463	2422	2119	1626	566	1182	1984
CT	>350	382	426	N/A	117	356	525	429	388	335	263	367	401
Mammography	>200	213	179	N/A	75	129	158	172	243	243	15	87	228
Ultrasound	>250	228	253	N/A	76	189	248	234	238	198	110	163	272
Occupational Health	>550	580	426	N/A	534	331	458	517	572	544	392	380	462
Wound Care	>275	191	154	N/A	90	148	227	252	233	201	140	112	164



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: January 26, 2021
Subject: Financial Report for the Month Ending November 30, 2020

During the month of November the hospital continued its recovery from the cyber/ransomware incident from October. Both the lab and various radiology departments needed to reduce their outpatient volumes during the month while they were on “down-time procedures” so they could better manage the process of getting results out to the patients and physicians. Furthermore, the Business department was not able to release complete bills out to our payers until mid-November causing the hospital’s cash collections to significantly fall short.

For the month of November the hospital’s actual operating margin of (\$1,407,755) was (\$801,756) unfavorable to the budgeted operating margin of (\$605,999). After accounting for all other activity; the net income for November was \$1,413,165 vs. the budgeted net income of \$194,189 with a monthly EBDA of -27.3% vs. a budgeted -0.5%.

Gross patient revenue for November was \$17,433,632, (\$5,625,373) under budget. Inpatient gross revenue was under budget by (\$1,538,795). Inpatient days were under budget by (64) days and inpatient surgeries were under budget by (6) cases. Outpatient gross revenue was under budget by (\$2,372,644). Outpatient visits were under budget by (955) cases, outpatient surgeries were under budget by (44) cases, and special procedures were under budget by (29) cases. The Emergency Room gross revenue was under budget by (\$1,713,934) with ER visits under budgeted expectations by (286) visits.

Deductions from revenue were favorable to budgeted expectations by \$4,731,684 due to the lower than budgeted gross revenue.

After accounting for all other operating revenue, the **total operating revenue** was unfavorable to budgeted expectations by (\$906,791).

Operating Expenses of \$4,450,929 were favorable to budget by \$105,035. Salaries and wages and agency fees were under budget by \$98,773 due to flexing clinical staff due to lower than budgeted volumes and employee benefits were under budget by \$35,590. Supplies were under budget by \$71,711 due to lower than budgeted clinical volumes. Purchased services are over budget by (\$99,457) due primarily to the unbudgeted costs to UCSF for COVID testing and the CEO recruitment fee for November. Utilities were over budget by (\$21,950) due to an increase of PG&E (Electricity) costs over last year.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for November was (\$1,084,888) vs. a budgeted net loss of (\$286,020). The hospital received \$2,312,019 in donations from the Sonoma Valley Hospital Foundation primarily for the outpatient diagnostic center. The total net income for November after all activity was \$1,413,165 vs. a budgeted net income of \$194,189.

EBDA for the month of November was -27.3% vs. the budgeted -0.5%.

Patient Volumes – November

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	57	79	-22	90
Acute Patient Days	230	294	-64	319
Observation Days	11	0	11	18
OP Gross Revenue	\$12,645	\$16,732	(\$4,087)	\$15,845
Surgical Cases	111	161	-50	193

Gross Revenue Overall Payer Mix – November

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	42.3%	42.1%	0.2%	41.0%	42.2%	-1.2%
Medicare Mgd Care	14.6%	13.3%	1.3%	14.8%	13.3%	1.5%
Medi-Cal	15.0%	17.8%	-2.8%	18.7%	17.8%	0.9%
Self Pay	2.5%	1.9%	0.6%	1.4%	1.9%	-0.5%
Commercial	23.4%	22.2%	1.2%	21.5%	22.2%	-0.7%
Workers Comp	2.2%	2.7%	-0.5%	2.6%	2.6%	0.0%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for November:

For the month of November the cash collection goal was \$3,098,963 and the Hospital collected \$693,708 or under the goal by (\$2,405,255). The year-to-date cash collection goal was \$15,168,143 and the Hospital has collected \$12,613,767 or under goal by (\$2,554,376). The collections shortfall was due to the inability to bill claims from October 11th through mid-November.

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	35.4	60.1	-24.8	16.9
Accounts Receivable Days	69.6	53.2	16.4	44.7
Accounts Payable	\$3,813,195	\$4,088,562	-\$275,367	\$2,931,441
Accounts Payable Days	53.3	58.3	-5.0	42.9

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 November 30, 2020

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	7,366,889	9,695,188	-2,328,299	-24.0%	40,764,213	42,873,877	-2,109,664	-4.9%
Medicare Managed Care	2,552,221	3,068,447	-516,226	-16.8%	14,736,948	13,535,836	1,201,112	8.9%
Medi-Cal	2,603,273	4,096,760	-1,493,487	-36.5%	18,587,570	18,069,180	518,390	2.9%
Self Pay	435,504	437,367	-1,863	-0.4%	1,435,296	1,917,964	-482,668	-25.2%
Commercial & Other Government	4,094,365	5,149,975	-1,055,610	-20.5%	21,506,288	22,742,741	-1,236,453	-5.4%
Worker's Comp.	381,380	611,268	-229,888	-37.6%	2,614,705	2,683,780	-69,075	-2.6%
Total	17,433,632	23,059,005	(5,625,373)		99,645,020	101,823,378	(2,178,358)	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	871,503	1,140,154	-268,651	-23.6%	4,822,899	5,140,975	-318,076	-6.2%
Medicare Managed Care	292,740	356,085	-63,345	-17.8%	1,691,510	1,498,832	192,678	12.9%
Medi-Cal	284,277	433,847	-149,570	-34.5%	1,921,538	1,927,792	-6,254	-0.3%
Self Pay	202,640	204,557	-1,917	-0.9%	669,543	854,133	-184,590	-21.6%
Commercial & Other Government	1,248,827	1,623,051	-374,224	-23.1%	6,645,464	7,180,343	-534,879	-7.4%
Worker's Comp.	75,208	111,190	-35,982	-32.4%	497,377	498,130	-753	-0.2%
Prior Period Adj/IGT	-	-	0	*	386,447	-	386,447	*
Total	2,975,195	3,868,884	(893,689)	-23.1%	16,634,778	17,100,205	(465,427)	-2.7%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	29.3%	29.4%	-0.1%	-0.3%	29.0%	30.1%	-1.2%	-4.0%
Medicare Managed Care	9.8%	9.2%	0.6%	6.5%	10.2%	8.8%	1.4%	15.9%
Medi-Cal	9.6%	11.2%	-1.6%	-14.3%	11.6%	11.2%	0.4%	3.6%
Self Pay	6.8%	5.3%	1.5%	28.3%	4.0%	5.0%	-1.0%	-20.0%
Commercial & Other Government	42.0%	42.0%	0.0%	0.0%	39.9%	42.0%	-2.1%	-5.0%
Worker's Comp.	2.5%	2.9%	-0.4%	-13.8%	3.0%	2.9%	0.1%	3.4%
Prior Period Adj/IGT	0.0%	0.0%	0.0%	*	2.3%	0.0%	2.3%	*
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%	11.8%	0.0%	0.0%	11.8%	12.0%	-0.2%	-1.7%
Medicare Managed Care	11.5%	11.6%	-0.1%	-0.9%	11.5%	11.1%	0.4%	3.6%
Medi-Cal	10.9%	10.6%	0.3%	2.8%	10.3%	10.7%	-0.4%	-3.7%
Self Pay	46.5%	46.8%	-0.3%	-0.6%	46.6%	44.5%	2.1%	4.7%
Commercial & Other Government	30.5%	31.5%	-1.0%	-3.2%	30.9%	31.6%	-0.7%	-2.2%
Worker's Comp.	19.7%	18.2%	1.5%	8.2%	19.0%	18.6%	0.4%	2.2%

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended November 30, 2020**

ATTACHMENT B

<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>	
<u>Actual</u>	<u>Budget</u>	<u>Favorable</u>		<u>Actual</u>	<u>Budget</u>	<u>Favorable</u>	<u>Prior</u>	
<u>11/30/20</u>	<u>11/30/20</u>	<u>(Unfavorable)</u>	<u>Variance</u>	<u>11/30/20</u>	<u>11/30/20</u>	<u>(Unfavorable)</u>	<u>Year</u>	
						<u>Variance</u>	<u>11/30/19</u>	
Inpatient Utilization								
Discharges								
1	41	64	(23)	Med/Surg	255	285	(30)	324
2	16	15	1	ICU	66	72	(6)	75
3	57	79	(22)	Total Discharges	321	357	(36)	399
Patient Days:								
4	134	213	(79)	Med/Surg	871	968	(97)	1,114
5	96	81	15	ICU	450	368	82	377
6	230	294	(64)	Total Patient Days	1,321	1,336	(15)	1,491
7	11	-	11	Observation days	102	-	102	86
Average Length of Stay:								
8	3.3	3.3	(0.1)	Med/Surg	3.4	3.4	0.0	3.4
9	6.0	5.4	0.6	ICU	6.8	5.1	1.7	5.0
10	4.0	3.7	0.3	Avg. Length of Stay	4.1	3.7	0.4	3.7
Average Daily Census:								
11	4.5	7.1	(2.6)	Med/Surg	5.7	6.3	(0.6)	7.3
12	3.2	2.7	0.5	ICU	2.9	2.4	0.5	2.5
13	7.7	9.8	(2.1)	Avg. Daily Census	8.6	8.7	(0.1)	9.7
Other Utilization Statistics								
Emergency Room Statistics								
14	674	960	(286)	Total ER Visits	3,481	4,205	(724)	4,320
Outpatient Statistics:								
15	3,357	4,312	(955)	Total Outpatients Visits	19,109	20,684	(1,575)	22,323
16	17	23	(6)	IP Surgeries	84	106	(22)	113
17	94	138	(44)	OP Surgeries	492	602	(110)	726
18	50	79	(29)	Special Procedures	225	345	(120)	386
19	207	288	(80)	Adjusted Discharges	1,183	1,261	(78)	1,527
20	836	1,070	(234)	Adjusted Patient Days	4,829	4,723	106	5,701
21	27.9	35.7	(7.8)	Adj. Avg. Daily Census	31.6	30.9	0.7	37.3
22	1.6517	1.4000	0.252	Case Mix Index - Medicare	1.6369	1.4000	0.237	1.3387
23	1.4913	1.4000	0.091	Case Mix Index - All payers	1.5193	1.4000	0.119	1.4462
Labor Statistics								
24	205	221	15	FTE's - Worked	205	213	7.9	207
25	232	247	15	FTE's - Paid	226	237	11.3	230
26	45.63	45.20	(0.44)	Average Hourly Rate	46.56	44.95	(1.60)	44.56
27	8.31	6.91	(1.40)	FTE / Adj. Pat Day	7.16	7.68	0.53	6.16
28	47.3	39.4	(8.0)	Manhours / Adj. Pat Day	40.8	43.8	3.0	35.1
29	191.0	146.6	(44.5)	Manhours / Adj. Discharge	166.4	164.0	(2.5)	131.0
30	21.0%	22.0%	1.0%	Benefits % of Salaries	21.1%	22.6%	1.5%	23.0%
Non-Labor Statistics								
31	16.9%	14.8%	-2.0%	Supply Expense % Net Revenue	16.6%	15.7%	-0.9%	13.8%
32	2,423	1,995	(428)	Supply Exp. / Adj. Discharge	2,275	2,129	(146)	1,647
33	21,918	16,157	(5,761)	Total Expense / Adj. Discharge	19,040	17,966	(1,074)	14,284
Other Indicators								
34	29.4			Days Cash - Operating Funds				
35	69.6	50.0	19.6	Days in Net AR	48.3	50.0	(1.7)	43.9
36	20%			Collections % of Net Revenue	83%			98.6%
37	53.3	55.0	(1.7)	Days in Accounts Payable	53.3	55.0	(1.7)	44.1
38	17.1%	16.8%	0.3%	% Net revenue to Gross revenue	16.3%	16.8%	-0.5%	16.8%
39	18.0%			% Net AR to Gross AR	18.0%			16.8%

Sonoma Valley Health Care District
Balance Sheet
As of November 30, 2020

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 2,282,218	\$ 451,249	\$ 1,181,204
2 Cash - Money Market	1,737,535	6,237,307	1,034,454
3 Net Patient Receivables	8,543,264	5,633,964	6,987,254
4 Allow Uncollect Accts	(1,368,193)	(1,009,355)	(1,362,004)
5 Net A/R	7,175,071	4,624,609	5,625,250
6 Other Accts/Notes Rec	639,092	2,365,527	164,238
7 Parcel Tax Receivable	3,800,000	3,800,000	3,800,000
8 GO Bond Tax Receivable	3,168,950	3,168,950	2,953,183
9 3rd Party Receivables, Net	637,274	330,206	1,317,044
10 Inventory	903,937	857,116	887,172
11 Prepaid Expenses	700,618	758,184	717,010
12 Total Current Assets	\$ 21,044,695	\$ 22,593,148	\$ 17,679,555
13 Property, Plant & Equip, Net	\$ 52,324,526	\$ 50,192,110	\$ 49,306,897
14 Trustee Funds - GO Bonds	3,353,950	3,353,911	2,960,913
15 Restricted Funds - Board Approved	1,000,000	1,000,000	-
16 Total Assets	\$ 77,723,171	\$ 77,139,169	\$ 69,947,365
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 3,813,195	\$ 4,088,562	\$ 2,931,441
18 Accrued Compensation	4,140,489	4,142,760	3,492,751
19 Interest Payable - GO Bonds	358,911	269,180	381,708
20 Accrued Expenses	1,634,497	1,608,770	1,344,244
21 Advances From 3rd Parties	-	-	59,991
22 Deferred Parcel Tax Revenue	2,216,653	2,533,320	2,216,657
23 Deferred GO Bond Tax Revenue	1,930,360	2,206,125	1,811,129
24 Current Maturities-LTD	308,542	308,831	422,646
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	\$ 19,998,347	\$ 20,753,248	\$ 18,760,687
28 Long Term Debt, net current portion	\$ 26,729,922	\$ 26,804,184	\$ 28,784,686
29 Fund Balances:			
30 Unrestricted	\$ 17,556,731	\$ 18,455,585	\$ 14,800,668
31 Restricted	13,438,171	11,126,152	7,601,324
32 Total Fund Balances	\$ 30,994,902	\$ 29,581,737	\$ 22,401,992
33 Total Liabilities & Fund Balances	\$ 77,723,171	\$ 77,139,169	\$ 69,947,365

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended November 30, 2020**

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	57	79	(22)	-28%	Acute Discharges	321	357	(36)	-10%	399	
2	230	294	(64)	-22%	Patient Days	1,321	1,336	(15)	-1%	1,491	
3	11	-	11	0%	Observation Days	102	-	102	*	86	
4	12,645	16,732	(4,087)	-24%	Gross O/P Revenue (000's)	72,402	73,064	(662)	-1%	\$ 80,114	
Financial Results											
Gross Patient Revenue											
5	\$ 4,788,576	\$ 6,327,371	(1,538,795)	-24%	Inpatient	\$ 27,242,884	\$ 28,759,238	(1,516,354)	-5%	\$ 28,308,285	
6	7,436,330	9,808,974	(2,372,644)	-24%	Outpatient	42,666,821	42,877,830	(211,009)	0%	46,963,766	
7	5,208,726	6,922,660	(1,713,934)	-25%	Emergency	29,735,315	30,186,310	(450,995)	-1%	33,342,693	
8	\$ 17,433,632	\$ 23,059,005	(5,625,373)	-24%	Total Gross Patient Revenue	\$ 99,645,020	\$ 101,823,378	(2,178,358)	-2%	\$ 108,614,744	
Deductions from Revenue											
9	(14,308,037)	(18,977,013)	4,668,976	25%	Contractual Discounts	\$ (82,740,289)	\$ (83,657,633)	917,344	1%	\$ (89,357,396)	
10	(150,000)	(200,000)	50,000	25%	Bad Debt	(610,000)	(1,000,000)	390,000	39%	(1,030,000)	
11	(400)	(13,108)	12,708	97%	Charity Care Provision	(46,400)	(65,540)	19,140	29%	(34,200)	
12	-	-	-	*	Prior Period Adj/Government Program Revenue	386,447	-	386,447	*	-	
13	\$ (14,458,437)	\$ (19,190,121)	4,731,684	-25%	Total Deductions from Revenue	\$ (83,010,242)	\$ (84,723,173)	1,712,931	-2%	\$ (90,421,596)	
Net Patient Service Revenue											
14	\$ 2,975,195	\$ 3,868,884	(893,689)	-23%	Other Op Rev & Electronic Health Records	\$ 425,438	\$ 405,405	20,033	5%	\$ 317,821	
15	\$ 67,979	\$ 81,081	(13,102)	-16%	Total Operating Revenue	\$ 17,060,216	\$ 17,505,610	\$ (445,394)	-3%	\$ 18,510,969	
16	\$ 3,043,174	\$ 3,949,965	(906,791)	-23%	Operating Expenses						
17	\$ 1,805,988	\$ 1,904,761	98,773	5%	Salary and Wages and Agency Fees	\$ 9,170,987	\$ 9,297,761	126,774	1%	\$ 8,916,600	
18	639,515	675,105	35,590	5%	Employee Benefits	3,204,914	3,346,608	141,694	4%	3,222,618	
19	\$ 2,445,503	\$ 2,579,866	134,363	5%	Total People Cost	\$ 12,375,901	\$ 12,644,369	268,468	2%	\$ 12,139,218	
20	\$ 432,940	\$ 434,103	1,163	0%	Med and Prof Fees (excld Agency)	\$ 2,066,414	\$ 2,130,587	64,173	3%	\$ 2,098,728	
21	502,034	573,745	71,711	12%	Supplies	2,691,911	2,685,282	(6,629)	0%	2,515,304	
22	527,790	428,333	(99,457)	-23%	Purchased Services	2,198,240	2,019,666	(178,574)	-9%	1,822,976	
23	255,023	266,953	11,930	4%	Depreciation	1,284,856	1,334,765	49,909	4%	1,269,266	
24	124,296	102,346	(21,950)	-21%	Utilities	645,257	539,171	(106,086)	-20%	531,758	
25	43,196	42,599	(597)	-1%	Insurance	224,514	212,995	(11,519)	-5%	194,798	
26	17,390	23,821	6,431	27%	Interest	91,470	119,105	27,635	23%	189,906	
27	102,757	104,198	1,441	1%	Other	500,614	519,726	19,112	4%	500,597	
28	-	-	-	*	Matching Fees (Government Programs)	0	-	-	*	0	
29	\$ 4,450,929	\$ 4,555,964	105,035	2%	Operating expenses	\$ 22,079,177	\$ 22,205,666	126,489	1%	\$ 21,262,551	
30	\$ (1,407,755)	\$ (605,999)	(801,756)	-132%	Operating Margin	\$ (5,018,961)	\$ (4,700,056)	(318,905)	-7%	\$ (2,751,582)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended November 30, 2020**

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
31	\$ 4,653	\$ 3,312	1,341	40%						\$ 2,008,989	
32	-	-	-	0%						10,696	
33	0	0	-	*						(67,080)	
34	316,667	316,667	-	0%						1,583,335	
35	1,547	0	1,547	0%						(5,444)	
36	<u>\$ 322,867</u>	<u>\$ 319,979</u>	<u>1,341</u>	<u>1%</u>						<u>\$ 3,530,496</u>	
37	<u>\$ (1,084,888)</u>	<u>\$ (286,020)</u>	<u>(798,868)</u>	<u>279%</u>	Net Income / (Loss) prior to Restricted Contributions	<u>\$ (3,389,743)</u>	<u>\$ (3,101,373)</u>	<u>(288,406)</u>	<u>9%</u>	<u>\$ 778,914</u>	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ 2,312,019	\$ 294,175	2,017,844	0%	Restricted Foundation Contributions	\$ 4,143,238	\$ 1,470,875	2,672,363	100%	\$ 732,622	
40	<u>\$ 1,227,131</u>	<u>\$ 8,155</u>	<u>1,218,976</u>	<u>14948%</u>	Net Income / (Loss) w/ Restricted Contributions	<u>\$ 753,495</u>	<u>\$ (1,630,498)</u>	<u>2,383,993</u>	<u>-146%</u>	<u>\$ 1,511,536</u>	
41	186,034	186,034	-	0%	GO Bond Activity, Net	924,470	924,470	-	0%	811,168	
42	<u>\$ 1,413,165</u>	<u>\$ 194,189</u>	<u>1,218,976</u>	<u>628%</u>	Net Income/(Loss) w GO Bond Activity	<u>\$ 1,677,965</u>	<u>\$ (706,028)</u>	<u>2,383,993</u>	<u>-338%</u>	<u>\$ 2,322,704</u>	
	\$ (829,865)	\$ (19,067)	(810,798)		EBDA - Not including Restricted Contributions	\$ (2,104,887)	\$ (1,766,608)	(338,279)		\$ 2,048,180	
	-27.3%	-0.5%				-12.3%	-10.1%			11.1%	
		\$ 29,536									

* Operating Margin without Depreciation expense:

\$ (1,407,755)	\$ (605,999)	\$ (801,756)	-132%	Operating Margin	\$ (5,018,961)	\$ (4,700,056)	\$ (318,905)	-7%
255,023	266,953	11,930	4%	Add back Depreciation	1,284,856	1,334,765	49,909	4%
<u>\$ (1,152,732)</u>	<u>\$ (339,046)</u>	<u>\$ (789,826)</u>	<u>-240%</u>	Operating Margin without Depreciation expense	<u>\$ (3,734,105)</u>	<u>\$ (3,365,291)</u>	<u>\$ (268,996)</u>	<u>-11%</u>

**Sonoma Valley Health Care District
Variance Analysis
For the Period Ended November 30, 2020**

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	126,774	98,773	Salaries and wages are under budget by \$116,255 and agency fees are over budget by (\$17,482).
Employee Benefits	141,694	35,590	
Total People Cost	268,468	134,363	
Med and Prof Fees (excl Agency)	64,173	1,163	
Supplies	(6,629)	71,711	Supplies are under budget due to lower clinical volumes than budgeted.
Purchased Services	(178,574)	(99,457)	Purchased services are over budget primarily due to unbudgeted UCSF Covid testing costs and CEO recruitment firm costs.
Depreciation	49,909	11,930	
Utilities	(106,086)	(21,950)	Increase costs for PG&E electricity bills over last year.
Insurance	(11,519)	(597)	
Interest	27,635	6,431	
Other	19,112	1,441	
Matching Fees (Government Programs)	-	-	
Operating expenses	126,489	105,035	

Sonoma Valley Hospital
Cash Forecast
FY 2021

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual 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	3,407,984	2,690,146	615,541	3,474,670	3,731,335	4,388,730	4,059,205	3,979,608	4,089,394	4,011,761	41,161,802
2 Other Operating Revenue	38,268	137,152	105,236	168,211	117,406	81,081	81,081	81,081	81,081	81,081	81,081	81,081	1,133,841
3 Other Non-Operating Revenue	73,172	15,194	22,125	4,004	12,969	23,796	23,796	23,796	23,796	23,796	23,796	23,796	294,036
4 Unrestricted Contributions	-	3,306	653	498	5,456								9,913
5 Line of Credit	-												-
Sub-Total Hospital Sources	3,767,135	3,213,385	3,535,999	2,862,859	751,372	3,579,547	3,836,212	4,493,607	4,164,082	4,084,485	4,194,271	4,116,638	42,599,592
Hospital Uses of Cash													
6 Operating Expenses	5,534,264	3,523,571	3,598,086	3,371,953	2,861,765	5,139,823	4,206,115	3,912,000	4,364,772	4,268,227	4,447,890	4,195,188	49,423,654
7 Add Capital Lease Payments	7,854	88,349	7,904	7,929	74,551								186,586
8 Additional Liabilities/LOC		-											-
9 Capital Expenditures	784,429	998,868	96,188	1,281,930	2,357,570	294,175	294,175	294,175	294,175	294,175	294,175	294,175	7,578,209
Total Hospital Uses	6,326,547	4,610,788	3,702,178	4,661,812	5,293,886	5,433,998	4,500,290	4,206,175	4,658,947	4,562,402	4,742,065	4,489,363	57,188,449
Net Hospital Sources/Uses of Cash	(2,559,412)	(1,397,403)	(166,179)	(1,798,952)	(4,542,514)	(1,854,451)	(664,078)	287,432	(494,865)	(477,917)	(547,794)	(372,725)	(14,588,858)
Non-Hospital Sources													
10 Restricted Cash/Money Market	1,000,000	1,000,000			4,500,000						(6,000,000)		500,000
11 Restricted Capital Donations	784,428	973,350	71,332	-	2,306,562	294,175	294,175	294,175	294,175	294,175	294,175	294,175	6,194,897
12 Parcel Tax Revenue	86,141					2,046,911				1,600,000			3,733,052
13 Other Payments - South Lot/Ins. Claims/HHS	340,068	49,150			10,839								400,057
14 Other:													-
15 IGT			108,320		(129,950)				1,984,768		4,470,424	120,000	6,553,562
16 IGT - AB915											337,735		337,735
17 PRIME		14,229	270,000			712,947							997,176
Sub-Total Non-Hospital Sources	2,210,637	2,036,729	449,652	-	6,687,451	3,054,033	294,175	294,175	2,278,943	1,894,175	(897,666)	414,175	18,716,479
Non-Hospital Uses of Cash													
18 Matching Fees		142,041			313,968	620,237			1,900,000				2,976,246
Sub-Total Non-Hospital Uses of Cash	-	142,041	-	-	313,968	620,237	-	-	1,900,000	-	-	-	2,976,246
Net Non-Hospital Sources/Uses of Cash	2,210,637	1,894,688	449,652	-	6,373,483	2,433,797	294,175	294,175	378,943	1,894,175	(897,666)	414,175	15,740,234
Net Sources/Uses	(348,775)	497,285	283,473	(1,798,952)	1,830,969	579,346	(369,903)	581,607	(115,922)	1,416,258	(1,445,460)	41,450	
Operating Cash at beginning of period	1,818,218	1,469,443	1,966,728	2,250,201	451,249	2,282,218	2,861,564	2,491,661	3,073,268	2,957,346	4,373,604	2,928,144	
Operating Cash at End of Period	1,469,443	1,966,728	2,250,201	451,249	2,282,218	2,861,564	2,491,661	3,073,268	2,957,346	4,373,604	2,928,144	2,969,594	
Money Market Account Balance - Unrestricted	8,236,372	7,236,714	6,237,010	6,237,307	1,737,535	1,737,651	1,737,651	1,737,651	1,737,651	1,737,651	7,737,651	7,737,651	
Total Cash at End of Period	9,705,815	9,203,442	8,487,211	6,688,556	4,019,754	4,599,215	4,229,312	4,810,919	4,694,997	6,111,255	10,665,795	10,707,245	
Average Days of Cash on Hand	73.00	68.60	63.00	60.10	35.35	29.08	30.69	34.92	34.07	44.35	77.41	77.71	



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: January 26, 2021
Subject: Financial Report for the Month Ending December 31, 2020

During the month of December both inpatient and outpatient volumes increased over November but are still not where they were pre-COVID. Emergency room volumes have been consistently at 70% to 80% of the hospital's pre-COVID volumes during fiscal year 2021. Furthermore in December, the hospital made the matching fee of \$620,237 for the Hospital Quality Assurance Fee (HQAF). The hospital will receive \$1,984,768 in late February or early March. The HQAF is higher than budgeted because it covers an 18-month period of July 2019 through December 2020 versus the normal 12-month period.

For the month of December the hospital's actual operating margin of (\$69,181) was (\$83,684) unfavorable to the budgeted operating margin of \$14,503. After accounting for all other activity; the net income for December was \$822,986 vs. the budgeted net income of \$814,287 with a monthly EBDA of 9.8% vs. a budgeted 12.0%.

Gross patient revenue for December was \$18,686,400, (\$4,129,930) under budget. Inpatient gross revenue was under budget by (\$1,192,102). Inpatient days were under budget by (14) days and inpatient surgeries were under budget by (13) cases. Outpatient gross revenue was under budget by (\$942,163). Outpatient visits were under budget by (452) cases, outpatient surgeries were under budget by (23) cases, and special procedures were under budget by (27) cases. The Emergency Room gross revenue was under budget by (\$1,995,665) with ER visits under budgeted expectations by (262) visits.

Deductions from revenue were favorable to budgeted expectations by \$4,211,572 due to the lower than budgeted gross revenue and a higher gross HQAF IGT than expected.

After accounting for all other operating revenue, the **total operating revenue** was favorable to budgeted expectations by \$70,946.

Operating Expenses of \$5,149,638 were unfavorable to budget by (\$154,630) primarily due to the HQAF IGT matching fee being higher than budgeted (\$195,237). Salaries and wages and agency fees were under budget by \$29,850 due to flexing clinical staff due to lower than budgeted volumes and employee benefits were under budget by \$16,143. Supplies were over budget by (\$20,253) due to surgery supplies being over by (\$29,303). Utilities were over budget by (\$16,883) due to an increase of PG&E (Electricity) costs over last year.



After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net income for December was \$245,774 vs. a budgeted net income of \$334,078. The hospital received \$391,178 in donations from the Sonoma Valley Hospital Foundation primarily for the outpatient diagnostic center. The total net income for December after all activity was \$822,986 vs. a budgeted net income of \$814,287.

EBDA for the month of December was 9.8% vs. the budgeted 12.0%.

Patient Volumes – December

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	65	82	-17	87
Acute Patient Days	294	308	-14	336
Observation Days	21	0	21	29
OP Gross Revenue	\$13,255	\$16,193	(\$2,938)	\$16,304
Surgical Cases	123	159	-36	152

Gross Revenue Overall Payer Mix – December

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	38.4%	42.3%	-3.9%	40.6%	42.2%	-1.6%
Medicare Mgd Care	15.5%	13.3%	2.2%	14.9%	13.3%	1.6%
Medi-Cal	18.7%	17.8%	0.9%	18.7%	17.8%	0.9%
Self Pay	1.7%	1.9%	-0.2%	1.5%	1.9%	-0.4%
Commercial	23.7%	22.1%	1.6%	21.8%	22.2%	-0.4%
Workers Comp	2.0%	2.6%	-0.6%	2.5%	2.6%	-0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for December:

For the month of December the cash collection goal was \$3,225,541 and the Hospital collected \$3,447,163 or over the goal by \$221,622. The year-to-date cash collection goal was \$18,393,684 and the Hospital has collected \$16,060,930 or under goal by (\$2,332,754). The year-to-date collections shortfall was due to the inability to bill claims from October 11th through mid-November. We expect to be caught up with collections by February or March.

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	28.3	35.4	-7.1	17.9
Accounts Receivable Days	66.1	69.6	-3.5	43.3
Accounts Payable	\$3,229,066	\$3,813,195	-\$584,129	\$2,922,632
Accounts Payable Days	45.4	53.3	-7.9	42.4

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 December 31, 2020**

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	7,153,478	9,636,341	-2,482,863	-25.8%	47,917,691	52,510,218	-4,592,527	-8.7%
Medicare Managed Care	2,896,011	3,035,994	-139,983	-4.6%	17,632,959	16,571,830	1,061,129	6.4%
Medi-Cal	3,484,892	4,050,954	-566,062	-14.0%	22,072,462	22,120,134	-47,672	-0.2%
Self Pay	313,959	427,805	-113,846	-26.6%	1,749,255	2,345,769	-596,514	-25.4%
Commercial & Other Government	4,471,883	5,065,289	-593,406	-11.7%	25,978,171	27,808,030	-1,829,859	-6.6%
Worker's Comp.	366,177	599,947	-233,770	-39.0%	2,980,882	3,283,727	-302,845	-9.2%
Total	18,686,400	22,816,330	(4,129,930)		118,331,420	124,639,708	(6,308,288)	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	820,615	1,158,234	-337,619	-29.1%	5,643,514	6,299,209	-655,695	-10.4%
Medicare Managed Care	302,982	327,584	-24,602	-7.5%	1,994,492	1,826,416	168,076	9.2%
Medi-Cal	363,823	443,996	-80,173	-18.1%	2,285,361	2,371,788	-86,427	-3.6%
Self Pay	168,148	200,084	-31,936	-16.0%	837,691	1,054,217	-216,526	-20.5%
Commercial & Other Government	1,297,636	1,589,402	-291,766	-18.4%	7,943,100	8,769,745	-826,645	-9.4%
Worker's Comp.	72,100	109,130	-37,030	-33.9%	569,477	607,260	-37,783	-6.2%
Prior Period Adj/IGT	1,984,768	1,100,000	884,768	80%	2,371,215	1,100,000	1,271,215	*
Total	5,010,072	4,928,430	81,642	1.7%	21,644,850	22,028,635	(383,785)	-1.7%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	16.4%	23.5%	-7.1%	-30.2%	26.1%	28.5%	-2.5%	-8.8%
Medicare Managed Care	6.0%	6.6%	-0.6%	-9.1%	9.1%	8.3%	0.8%	9.6%
Medi-Cal	7.3%	9.1%	-1.8%	-19.8%	10.6%	10.8%	-0.2%	-1.9%
Self Pay	3.4%	4.1%	-0.7%	-17.1%	3.9%	4.8%	-0.9%	-18.8%
Commercial & Other Government	25.9%	32.2%	-6.3%	-19.6%	36.7%	39.8%	-3.1%	-7.8%
Worker's Comp.	1.4%	2.2%	-0.8%	-36.4%	2.6%	2.8%	-0.2%	-7.1%
Prior Period Adj/IGT	39.6%	22.3%	17.3%	78%	11.0%	5.0%	6.0%	120%
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	11.5%	12.0%	-0.5%	-4.2%	11.8%	12.0%	-0.2%	-1.7%
Medicare Managed Care	10.5%	10.8%	-0.3%	-2.8%	11.3%	11.0%	0.3%	2.7%
Medi-Cal	10.4%	11.0%	-0.6%	-5.5%	10.4%	10.7%	-0.3%	-2.8%
Self Pay	53.6%	46.8%	6.8%	14.5%	47.9%	44.9%	3.0%	6.7%
Commercial & Other Government	29.0%	31.4%	-2.4%	-7.6%	30.6%	31.5%	-0.9%	-2.9%
Worker's Comp.	19.7%	18.2%	1.5%	8.2%	19.1%	18.5%	0.6%	3.2%

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

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 12/31/20</u>	<u>Budget 12/31/20</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 12/31/20</u>	<u>Budget 12/31/20</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 12/31/19</u>
Inpatient Utilization								
Discharges								
1	57	66	(9)	Med/Surg	312	351	(39)	395
2	8	16	(8)	ICU	74	88	(14)	91
3	65	82	(17)	Total Discharges	386	439	(53)	486
Patient Days:								
4	189	223	(34)	Med/Surg	1,060	1,191	(131)	1,353
5	105	85	20	ICU	555	453	102	474
6	294	308	(14)	Total Patient Days	1,615	1,644	(29)	1,827
7	21	-	21	Observation days	123	-	123	115
Average Length of Stay:								
8	3.3	3.4	(0.1)	Med/Surg	3.4	3.4	0.0	3.4
9	13.1	5.3	7.8	ICU	7.5	5.1	2.4	5.2
10	4.5	3.8	0.8	Avg. Length of Stay	4.2	3.7	0.4	3.8
Average Daily Census:								
11	6.1	7.2	(1.1)	Med/Surg	5.8	6.5	(0.7)	7.4
12	3.4	2.7	0.6	ICU	3.0	2.5	0.6	2.6
13	9.5	9.9	(0.5)	Avg. Daily Census	8.8	8.9	(0.2)	9.9
Other Utilization Statistics								
Emergency Room Statistics								
14	674	936	(262)	Total ER Visits	4,155	5,141	(986)	5,304
Outpatient Statistics:								
15	3,964	4,416	(452)	Total Outpatients Visits	23,073	25,100	(2,027)	26,739
16	12	25	(13)	IP Surgeries	96	131	(35)	138
17	111	134	(23)	OP Surgeries	603	736	(133)	853
18	50	77	(27)	Special Procedures	275	422	(147)	443
19	223	282	(59)	Adjusted Discharges	1,406	1,543	(137)	1,807
20	1,009	1,060	(51)	Adjusted Patient Days	5,838	5,783	55	6,782
21	32.5	34.2	(1.6)	Adj. Avg. Daily Census	31.7	31.4	0.3	36.9
22	1.8303	1.4000	0.430	Case Mix Index - Medicare	1.6691	1.4000	0.269	1.3506
23	1.5370	1.4000	0.137	Case Mix Index - All payers	1.5223	1.4000	0.122	1.4977
Labor Statistics								
24	211	218	7	FTE's - Worked	206	214	7.7	206
25	234	243	9	FTE's - Paid	227	238	10.9	230
26	46.08	45.06	(1.03)	Average Hourly Rate	46.48	44.97	(1.51)	44.59
27	7.20	7.12	(0.08)	FTE / Adj. Pat Day	7.16	7.58	0.42	6.23
28	41.0	40.6	(0.5)	Manhours / Adj. Pat Day	40.8	43.2	2.4	35.5
29	185.5	152.3	(33.2)	Manhours / Adj. Discharge	169.5	161.9	(7.6)	133.3
30	21.5%	21.7%	0.2%	Benefits % of Salaries	21.2%	22.4%	1.2%	23.0%
Non-Labor Statistics								
31	19.6%	11.7%	-8.0%	Supply Expense % Net Revenue	17.1%	14.8%	-2.3%	14.0%
32	2,666	2,035	(630)	Supply Exp. / Adj. Discharge	2,337	2,112	(225)	1,720
33	23,495	18,025	(5,470)	Total Expense / Adj. Discharge	19,747	17,977	(1,769)	14,587
Other Indicators								
34	32.9			Days Cash - Operating Funds				
35	66.1	50.0	16.1	Days in Net AR	51.3	50.0	1.3	43.8
36	108%			Collections % of Net Revenue	87%			100.8%
37	45.4	55.0	(9.6)	Days in Accounts Payable	45.4	55.0	(9.6)	45.1
38	16.2%	21.6%	-5.4%	% Net revenue to Gross revenue	16.3%	17.7%	-1.4%	16.8%
39	16.9%			% Net AR to Gross AR	16.9%			17.3%

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

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 2,861,564	\$ 2,282,218	\$ 2,340,883
2 Cash - Money Market	1,737,651	1,737,535	1,534,600
3 Net Patient Receivables	7,678,304	8,543,264	6,931,515
4 Allow Uncollect Accts	(1,013,225)	(1,368,193)	(1,318,747)
5 Net A/R	6,665,079	7,175,071	5,612,768
6 Other Accts/Notes Rec	610,501	639,092	210,748
7 Parcel Tax Receivable	1,753,089	3,800,000	1,691,803
8 GO Bond Tax Receivable	3,168,950	3,168,950	2,953,183
9 3rd Party Receivables, Net	1,871,339	637,274	1,172,989
10 Inventory	889,518	903,937	936,953
11 Prepaid Expenses	653,441	700,618	834,173
12 Total Current Assets	\$ 20,211,132	\$ 21,044,695	\$ 17,288,100
13 Property, Plant & Equip, Net	\$ 52,487,746	\$ 52,324,526	\$ 49,112,639
14 Trustee Funds - GO Bonds	3,353,994	3,353,950	2,965,208
15 Restricted Funds - Board Approved	1,000,000	1,000,000	-
16 Total Assets	\$ 77,052,872	\$ 77,723,171	\$ 69,365,947
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 3,229,066	\$ 3,813,195	\$ 2,922,632
18 Accrued Compensation	3,738,782	4,140,489	3,639,134
19 Interest Payable - GO Bonds	448,641	358,911	477,139
20 Accrued Expenses	1,639,114	1,634,497	1,685,273
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	1,899,986	2,216,653	1,899,990
23 Deferred GO Bond Tax Revenue	1,654,595	1,930,360	1,552,397
24 Current Maturities-LTD	308,922	308,542	397,582
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	120,580	121,966	1,386
27 Total Current Liabilities	\$ 18,513,420	\$ 19,998,347	\$ 18,049,267
28 Long Term Debt, net current portion	\$ 26,721,564	\$ 26,729,922	\$ 28,775,862
29 Fund Balances:			
30 Unrestricted	\$ 17,988,539	\$ 17,556,731	\$ 14,879,866
31 Restricted	13,829,349	13,438,171	7,660,952
32 Total Fund Balances	\$ 31,817,888	\$ 30,994,902	\$ 22,540,818
33 Total Liabilities & Fund Balances	\$ 77,052,872	\$ 77,723,171	\$ 69,365,947

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

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	65	82	(17)	-21%	Acute Discharges	386	439	(53)	-12%	486	
2	294	308	(14)	-5%	Patient Days	1,615	1,644	(29)	-2%	1,827	
3	21	-	21	0%	Observation Days	123	-	123	*	115	
4	13,255	16,193	(2,938)	-18%	Gross O/P Revenue (000's)	85,657	89,257	(3,600)	-4%	\$ 96,418	
Financial Results											
Gross Patient Revenue											
5	\$ 5,431,631	\$ 6,623,733	(1,192,102)	-18%	Inpatient	\$ 32,674,515	\$ 35,382,971	(2,708,456)	-8%	\$ 35,664,855	
6	8,551,733	9,493,896	(942,163)	-10%	Outpatient	51,218,554	52,371,726	(1,153,172)	-2%	56,480,693	
7	4,703,036	6,698,701	(1,995,665)	-30%	Emergency	34,438,351	36,885,011	(2,446,660)	-7%	40,155,743	
8	\$ 18,686,400	\$ 22,816,330	(4,129,930)	-18%	Total Gross Patient Revenue	\$ 118,331,420	\$ 124,639,708	(6,308,288)	-5%	\$ 132,301,291	
Deductions from Revenue											
9	(15,524,496)	(18,774,792)	3,250,296	17%	Contractual Discounts	\$ (98,264,785)	\$ (102,432,425)	4,167,640	4%	\$ (108,817,481)	
10	(100,000)	(200,000)	100,000	50%	Bad Debt	(710,000)	(1,200,000)	490,000	41%	(1,280,000)	
11	(36,600)	(13,108)	(23,492)	-179%	Charity Care Provision	(83,000)	(78,648)	(4,352)	-6%	(44,000)	
12	1,984,768	1,100,000	884,768	80%	Prior Period Adj/Government Program Revenue	2,371,215	1,100,000	1,271,215	116%	-	
13	\$ (13,676,328)	\$ (17,887,900)	4,211,572	-24%	Total Deductions from Revenue	\$ (96,686,570)	\$ (102,611,073)	5,924,503	-6%	\$ (110,141,481)	
14	\$ 5,010,072	\$ 4,928,430	81,642	2%	Net Patient Service Revenue	\$ 21,644,850	\$ 22,028,635	(383,785)	-2%	\$ 22,159,810	
15	\$ 70,385	\$ 81,081	(10,696)	-13%	Other Op Rev & Electronic Health Records	\$ 495,823	\$ 486,486	9,337	2%	\$ 386,857	
16	\$ 5,080,457	\$ 5,009,511	70,946	1%	Total Operating Revenue	\$ 22,140,673	\$ 22,515,121	\$ (374,448)	-2%	\$ 22,546,667	
Operating Expenses											
17	\$ 1,906,422	\$ 1,936,272	29,850	2%	Salary and Wages and Agency Fees	\$ 11,077,409	\$ 11,234,033	156,624	1%	\$ 10,737,177	
18	662,735	678,878	16,143	2%	Employee Benefits	3,867,649	4,025,486	157,837	4%	3,899,483	
19	\$ 2,569,157	\$ 2,615,150	45,993	2%	Total People Cost	\$ 14,945,058	\$ 15,259,519	314,461	2%	\$ 14,636,660	
20	\$ 422,214	\$ 430,060	7,846	2%	Med and Prof Fees (excld Agency)	\$ 2,488,628	\$ 2,560,647	72,019	3%	\$ 2,539,011	
21	594,424	574,171	(20,253)	-4%	Supplies	3,286,335	3,259,453	(26,882)	-1%	3,107,294	
22	419,979	423,750	3,771	1%	Purchased Services	2,618,219	2,443,416	(174,803)	-7%	2,223,831	
23	253,734	266,953	13,219	5%	Depreciation	1,538,590	1,601,718	63,128	4%	1,534,008	
24	104,317	87,434	(16,883)	-19%	Utilities	749,574	626,605	(122,969)	-20%	619,798	
25	47,859	42,599	(5,260)	-12%	Insurance	272,373	255,594	(16,779)	-7%	232,581	
26	17,839	23,821	5,982	25%	Interest	109,309	142,926	33,617	24%	217,828	
27	99,878	106,070	6,192	6%	Other	600,492	625,796	25,304	4%	587,748	
28	620,237	425,000	(195,237)	46%	Matching Fees (Government Programs)	620,237	425,000	(195,237)	46%	0	
29	\$ 5,149,638	\$ 4,995,008	(154,630)	-3%	Operating expenses	\$ 27,228,815	\$ 27,200,674	(28,141)	0%	\$ 25,698,759	
30	\$ (69,181)	\$ 14,503	\$ (83,684)	577%	Operating Margin	\$ (5,088,142)	\$ (4,685,553)	(402,589)	-9%	\$ (3,152,092)	

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

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
31	\$ (1,712)	\$ 2,908	(4,620)	-159%						\$ 2,019,381	
32	-	-	-	0%						13,461	
33	0	0	-	*						(80,496)	
34	316,667	316,667	-	0%						1,900,002	
35	0	0	-	0%						(5,444)	
36	<u>\$ 314,955</u>	<u>\$ 319,575</u>	<u>(4,620)</u>	<u>-1%</u>	Total Non-Operating Rev/Exp	<u>\$ 1,944,173</u>	<u>\$ 1,918,258</u>	<u>25,879</u>	<u>1%</u>	<u>\$ 3,846,904</u>	
37	<u>\$ 245,774</u>	<u>\$ 334,078</u>	<u>(88,304)</u>	<u>-26%</u>	Net Income / (Loss) prior to Restricted Contributions	<u>\$ (3,143,969)</u>	<u>\$ (2,767,295)</u>	<u>(376,710)</u>	<u>14%</u>	<u>\$ 694,812</u>	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ 391,178	\$ 294,175	97,003	0%	Restricted Foundation Contributions	\$ 4,534,416	\$ 1,765,050	2,769,366	100%	\$ 792,250	
40	<u>\$ 636,952</u>	<u>\$ 628,253</u>	<u>8,699</u>	<u>1%</u>	Net Income / (Loss) w/ Restricted Contributions	<u>\$ 1,390,447</u>	<u>\$ (1,002,245)</u>	<u>2,392,692</u>	<u>-239%</u>	<u>\$ 1,487,062</u>	
41	186,034	186,034	-	0%	GO Bond Activity, Net	1,110,504	1,110,504	-	0%	974,469	
42	<u>\$ 822,986</u>	<u>\$ 814,287</u>	<u>8,699</u>	<u>1%</u>	Net Income/(Loss) w GO Bond Activity	<u>\$ 2,500,951</u>	<u>\$ 108,259</u>	<u>2,392,692</u>	<u>2210%</u>	<u>\$ 2,461,531</u>	
	\$ 499,508	\$ 601,031	(101,523)		EBDA - Not including Restricted Contributions	\$ (1,605,379)	\$ (1,165,577)	(439,802)		\$ 2,228,820	
	9.8%	12.0%				-7.3%	-5.2%			9.9%	

* Operating Margin without Depreciation expense:

\$ (69,181)	\$ 14,503	\$ (83,684)	577%	Operating Margin	\$ (5,088,142)	\$ (4,685,553)	\$ (402,589)	-9%
253,734	266,953	13,219	5%	Add back Depreciation	1,538,590	1,601,718	63,128	4%
<u>\$ 184,553</u>	<u>\$ 281,456</u>	<u>\$ (70,465)</u>	<u>34%</u>	Operating Margin without Depreciation expense	<u>\$ (3,549,552)</u>	<u>\$ (3,083,835)</u>	<u>\$ (339,461)</u>	<u>-15%</u>

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

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	156,624	29,850	Salaries and wages are under budget by \$59,839 and agency fees are over budget by (\$29,989). Nursing registry companies have increased their hourly costs due to COVID-19.
Employee Benefits	157,837	16,143	
Total People Cost	314,461	45,993	
Med and Prof Fees (excl Agency)	72,019	7,846	
Supplies	(26,882)	(20,253)	Supplies are over budget due to higher than budgeted costs in surgery (\$29,303).
Purchased Services	(174,803)	3,771	The unbudgeted cost of UCSF COVID testing for December (\$37,700) was offset by various departments being under budget for purchased services.
Depreciation	63,128	13,219	
Utilities	(122,969)	(16,883)	Increase costs for PG&E electricity bills over last year.
Insurance	(16,779)	(5,260)	
Interest	33,617	5,982	
Other	25,304	6,192	
Matching Fees (Government Programs)	(195,237)	(195,237)	HQAF Matching fee higher than expected due to current IGT covering 18-months vs. 12-months.
Operating expenses	(28,141)	(154,630)	

Sonoma Valley Hospital
Cash Forecast
FY 2021

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual 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	3,407,984	2,690,146	615,541	3,531,959	3,731,335	4,388,730	4,059,205	3,979,608	4,089,394	4,011,761	41,219,091
2 Other Operating Revenue	38,268	137,152	105,236	168,211	117,406	166,223	81,081	81,081	81,081	81,081	81,081	81,081	1,218,983
3 Other Non-Operating Revenue	73,172	15,194	22,125	4,004	12,969	16,141	23,796	23,796	23,796	23,796	23,796	23,796	286,381
4 Unrestricted Contributions	-	3,306	653	498	5,456	-	-	-	-	-	-	-	9,913
5 Line of Credit	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Total Hospital Sources	3,767,135	3,213,385	3,535,999	2,862,859	751,372	3,714,323	3,836,212	4,493,607	4,164,082	4,084,485	4,194,271	4,116,638	42,734,368
Hospital Uses of Cash													
6 Operating Expenses	5,534,264	3,523,571	3,598,086	3,371,953	2,861,765	5,271,701	4,206,115	3,912,000	4,364,772	4,268,227	4,447,890	4,195,188	49,555,532
7 Add Capital Lease Payments	7,854	88,349	7,904	7,929	74,551	7,979	-	-	-	-	-	-	194,565
8 Additional Liabilities/LOC	-	-	-	-	-	-	-	-	-	-	-	-	-
9 Capital Expenditures	784,429	998,868	96,188	1,281,930	2,357,570	416,954	294,175	294,175	294,175	294,175	294,175	294,175	7,700,987
Total Hospital Uses	6,326,547	4,610,788	3,702,178	4,661,812	5,293,886	5,696,634	4,500,290	4,206,175	4,658,947	4,562,402	4,742,065	4,489,363	57,451,085
Net Hospital Sources/Uses of Cash	(2,559,412)	(1,397,403)	(166,179)	(1,798,952)	(4,542,514)	(1,982,311)	(664,078)	287,432	(494,865)	(477,917)	(547,794)	(372,725)	(14,716,717)
Non-Hospital Sources													
10 Restricted Cash/Money Market	1,000,000	1,000,000	-	-	4,500,000	-	-	-	-	-	(6,000,000)	-	500,000
11 Restricted Capital Donations	784,428	973,350	71,332	-	2,306,562	391,178	294,175	294,175	294,175	294,175	294,175	294,175	6,291,900
12 Parcel Tax Revenue	86,141	-	-	-	-	2,046,911	-	-	-	1,600,000	-	-	3,733,052
13 Other Payments - South Lot/Ins. Claims/HHS	340,068	49,150	-	-	10,839	-	-	-	-	-	-	-	400,057
14 Other:	-	-	-	-	-	-	-	-	-	-	-	-	-
15 IGT	-	-	108,320	-	(129,950)	30,856	-	-	1,984,768	-	4,470,424	120,000	6,584,417
16 IGT - AB915	-	-	-	-	-	-	-	-	-	-	337,735	-	337,735
17 PRIME	-	14,229	270,000	-	-	712,947	-	-	-	-	-	-	997,176
Sub-Total Non-Hospital Sources	2,210,637	2,036,729	449,652	-	6,687,451	3,181,892	294,175	294,175	2,278,943	1,894,175	(897,666)	414,175	18,844,338
Non-Hospital Uses of Cash													
18 Matching Fees	-	142,041	-	-	313,968	620,237	-	-	1,900,000	-	-	-	2,976,246
Sub-Total Non-Hospital Uses of Cash	-	142,041	-	-	313,968	620,237	-	-	1,900,000	-	-	-	2,976,246
Net Non-Hospital Sources/Uses of Cash	2,210,637	1,894,688	449,652	-	6,373,483	2,561,656	294,175	294,175	378,943	1,894,175	(897,666)	414,175	15,868,093
Net Sources/Uses	(348,775)	497,285	283,473	(1,798,952)	1,830,969	579,345	(369,903)	581,607	(115,922)	1,416,258	(1,445,460)	41,450	
Operating Cash at beginning of period	1,818,218	1,469,443	1,966,728	2,250,201	451,249	2,282,218	2,861,564	2,491,661	3,073,268	2,957,346	4,373,604	2,928,144	
Operating Cash at End of Period	1,469,443	1,966,728	2,250,201	451,249	2,282,218	2,861,564	2,491,661	3,073,268	2,957,346	4,373,604	2,928,144	2,969,594	
Money Market Account Balance - Unrestricted	8,236,372	7,236,714	6,237,010	6,237,307	1,737,535	1,737,651	1,737,651	1,737,651	1,737,651	1,737,651	7,737,651	7,737,651	
Total Cash at End of Period	9,705,815	9,203,442	8,487,211	6,688,556	4,019,754	4,599,215	4,229,312	4,810,919	4,694,997	6,111,255	10,665,795	10,707,245	
Average Days of Cash on Hand	73.00	68.60	63.00	60.10	35.35	28.30	30.69	34.92	34.07	44.35	77.41	77.71	