



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

AGENDA

THURSDAY, APRIL 1, 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</p> <p>a. <u>Calif. Government Code § 54956.9(d)(1)</u>: Conference Regarding Existing Litigation – One Case, Case Name Unspecified</p> <p>b. <u>Calif. Government Code § 54956.9(d)(4)</u>: Conference Regarding Potential Litigation and Decision Whether to Initiate Litigation – One Potential Case</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>			

6. BOARD CHAIR COMMENT	<i>Rymer</i>	Inform	
7. CONSENT CALENDAR a. Board Minutes 03.04.21 b. Finance Committee Minutes 02.23.21 c. Quality Committee Minutes 02.24.21 d. Policies and Procedures e. Medical Staff Credentialing	<i>Rymer</i>	Action	Pages 3-5 Pages 6-9 Pages 10-12 Pages 13-23
8. PATIENT CARE SERVICES/PERIOPERATIVE SERVICES ANNUAL REPORT	<i>Kobe</i>	Inform	Pages 24-37
9. COMMUNITY PERCEPTION SURVEY RESULTS	<i>Kenney</i>	Inform	Pages 38-82
10. CHIEF OF STAFF REPORT	<i>Brown</i>	Inform	Pages 83-84
11. UNISON AMENDMENT TO ENERGY SERVICES AGREEMENT	<i>Drummond</i>	Action	Pages 85-88
12. CMO REPORT	<i>Kidd</i>	Inform	Page 89
13. ADMINISTRATIVE REPORT FOR MARCH 2021	<i>Kidd</i>	Inform	Pages 90-92
14. FINANCIALS FOR THE MONTH ENDED FEBRUARY 28, 2021	<i>Jensen</i>	Inform	Pages 93-101
15. BOARD COMMENTS	<i>Rymer</i>	Inform	
16. 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, MARCH 4, 2021

HELD VIA ZOOM VIDEOCONFERENCE

	RECOMMENDATION	
MISSION STATEMENT <i>The mission of SVHCD is to maintain, improve and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Rymer</i>	
The meeting was called to order at 6:00 pm.		
2. PUBLIC COMMENT	<i>Rymer</i>	
None		
3. BOARD CHAIR COMMENT	<i>Rymer</i>	
None		
4. REPORT ON CLOSED SESSIONS OF FEBRUARY 9, FEBRUARY 16, AND FEBRUARY 24, 2021	<i>Rymer</i>	
The February closed sessions were held to discuss hiring a new CEO; no hiring decisions were made in those sessions. The Board will review and consider an offer to a candidate at tonight's meeting.		
5. CONSENT CALENDAR	<i>Rymer</i>	
<ul style="list-style-type: none"> a. Board Minutes 02.04.21 b. Finance Committee Minutes 01.26.21 c. Quality Committee Minutes 01.27.21 d. Policies and Procedures e. Medical Staff Credentialing 		
		MOTION: by Mainardi to approve, 2 nd by Boerum. All in favor.
6. RETIREMENT SAVINGS PLAN REVIEW AND RECOMMENDATION TO APPROVE	<i>McKissock</i>	
Ms. Ratto-Young introduced her team from Security Benefits which hold the plan assets. They are the plan advisors. She gave a brief background of the search for a new representative provider and web-based platform to replace CLS, and the search was narrowed to Empower. Mr. McAtamney gave a presentation of Empower's capabilities. The plan's fees are passed to the participants; however, there is an estimated annual savings of \$253,000 by switching providers. Mr. Boerum added that the Finance Committee recommended approval of the switch to Empower.		MOTION: by Boerum to approve, 2 nd by Bjorndal. All in favor.
7. PARCEL TAX 2022 UPDATE	<i>Page/Kenney</i>	
Mr. Steve Page has agreed to chair the Citizen Campaign Committee, and Mr. Boerum will co-chair, with Ms. Donna Halow as treasurer, and Mr. Rob Muelrath as campaign consultant. The primary effort at present is on fundraising. Mr. Boerum said the role of the Board and		

District will be to authorize the amount, term length, and when to put it on the ballot. Neither the District nor hospital can support it or fund it. Mr. Kenney added that one of the first things the Committee will undertake is a survey of the community using a professional firm at a cost of \$27,000.		
8. CYBERATTACK OVERVIEW AND RECOVERY	<i>Sendaydiego/ UCSF</i>	
Ms. Jane Wong from UCSF gave a brief presentation on the cyberattack, containment actions, what happened, and the recovery and notification process.		
9. INFORMATION TECHNOLOGY BUDGET IMPACT FY 2021	<i>Sendaydiego</i>	
Ms. Sendaydiego reported that \$1.4 million has been spent to date on the cyberattack, with additional costs pending. Total cost of the attack should be under the \$2 million insurance policy limit. She reviewed the minimum necessary security enhancements totaling \$576,000 per year, as well as new business continuity services totaling \$34,000 per year, for a total annual cost of an additional \$610,000. Costs for the remaining months of this fiscal year would be \$139,000 if implemented by the end of April. This estimate has been submitted to the Office of Civil Rights, along with SVH's report on the cyberattack, on March 1 st . It is possible they may require more. The recommendations have been made by UCSF. The OCR is involved due to the number of individuals affected.		
10. APPROVAL OF OFFER LETTER TO CHIEF EXECUTIVE OFFICER CANDIDATE	<i>Rymer</i>	Action
An offer letter has been prepared for candidate John Hennelly as President and CEO with a start date of April 19, 2021. Mr. Rymer reviewed the terms of the offer letter and the interview process.		MOTION: by Rymer to approve, 2 nd by Boerum. All in favor.
11. APPROVAL OF AUDIT ENGAGEMENT LETTER FOR FY 2022, 2023, 2024	<i>Jensen</i>	Action
The Finance Committee has recommended re-engaging Armanino, LLP (the hospital's current audit firm) for an additional three years.		MOTION: by Mainardi to approve, 2 nd by Boerum. All in favor.
12. APPROVAL OF AUDIT ENGAGEMENT LETTER FOR CARES ACT AUDIT	<i>Jensen</i>	Action
The Finance Committee has recommended that Armanino, LLP, be engaged to perform the one-time Cares Act audit since they are familiar with the hospital's financial records.		MOTION: by Boerum to approve, 2 nd by Bjorndal. All in favor.
13. BUDGET ASSUMPTIONS FOR FY 2022	<i>Jensen</i>	
Mr. Jensen reviewed the budget assumptions briefly.		
14. UCSF AFFILIATION UPDATE	<i>Jensen/Kidd</i>	
Mr. Jensen said the Joint Operating Committee will try to meet quarterly; last month's first meeting was introductory. Dr. Kidd added that the Committee will be developing meaningful dashboards going forward, working together on IT plans, and SVH's need for GI services. Logistics of the Committee going forward were also discussed. The Committee includes Shelby Decosta, President; Jen		

Sweeney, COO; Ted Abraham, CMO; and Shay Strachan, all with UCSF Affiliates. Mr. Jensen and Dr. Kidd became UCSF employees January 1, 2021.		
15. CMO REPORT	<i>Kidd</i>	
All major clinical systems are fully recovered from the cyberattack. The Office of Civil Rights report was submitted March 1, 2021, and outlines our security plan going forward. Regarding COVID, community numbers are declining, and the County is about two weeks away from moving up to the red tier. Most of the hospital's efforts in February were on vaccinations. Nearly all physician vaccinations are done, over 85% of staff are done, and ~1000 physician patients were vaccinated at the hospital as well as ~3500 at the high school. SVH has a new surgical services director, Dana Fry, and medical imaging director, David Young (in early April). After second dose vaccinations are complete, the hospital will transition to supporting the Community Health Center vaccinations.		
16. ADMINISTRATIVE REPORT FOR FEBRUARY 2021	<i>Kidd</i>	
SVH is working with UCSF on implementation of the enhanced IT security plan. Management is excited about John Hennelly joining the hospital as President and CEO. The CT project is moving closer to operation. Pharmacists have begun providing group and one-to-one community education on medications through Vintage House.		
17. FINANCIALS FOR THE MONTH ENDED JANUARY 31, 2021	<i>Jensen</i>	
Mr. Jensen reviewed the payer mix for January. The cash collection goal was \$2.9 million and the hospital collected \$4 million. Days' cash on hand were 30.6, A/R days were 53.7, A/P was \$3.4 million, and A/P days were 47.4. Gross patient revenue is down year-to-date; this is a nation-wide hospital experience. Total operating revenue was \$3.2 million vs. budget of \$4.1 million. Salaries were over budget due to the January 1 st staff salary increase. Medical and professional fees were higher due to the CFO and CMO moving to UCSF's salary. The operating margin was (\$1.4 million) versus a budget of (\$634,000). The net loss for January was (\$343,000), \$500,000 below budget. Hospital management has plans to reduce these losses in the coming months. IGT money will come in April, and SVH should end the fiscal year with ~65 days cash in June.		
18. BOARD COMMENTS	<i>Board</i>	
None		
19. ADJOURN	<i>Rymer</i>	
Adjourned 7:32 p.m.		



SVHCD
FINANCE COMMITTEE MEETING
MINUTES

TUESDAY, FEBRUARY 23, 2019
Via Zoom Teleconference

Present	Absent	Staff	Public	
Bill Boerum via Zoom Joshua Rymer via Zoom Subhash Mishra, MD via Zoom Bruce Flynn via Zoom Peter Hohorst via Zoom	Art Grandy	Ken Jensen, CFO and Interim CEO, via Zoom Sabrina Kidd, CMO and COO, via Zoom Sarah Dungan, via Zoom Dawn Kuwahara, via Zoom Kimberly Drummond, via Zoom Fe Sendaydiego, via Zoom Lynn McKissock, via Zoom	Margie Ratto-Young, Security Benefits, via Zoom Michael Felton, Security Benefits, via Zoom Richard Maxey, Security Benefits, via Zoom Kevin McAtamney, Empower, via Zoom Chris Dunham, Empower, via Zoom Dave Ramirez, Empower, 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>Boerum</i>			
	to order at 5:01 pm			
2. PUBLIC COMMENT SECTION	<i>Boerum</i>			
	None			
3. CONSENT CALENDAR	<i>Boerum</i>			
a. Finance Committee Minutes 01.26.21			MOTION: by Flynn to approve, 2 nd by Rymer. All in favor.	
4. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Kuwahara</i>			
	Ms. Kuwahara reported the CT project is several weeks behind schedule. The MRI project has significant budget issues, and the issue is a pre-existing condition. She said she would have further details next month after this week's construction meeting.			

5. RETIREMENT PLAN RECOMMENDATION	<i>McKissock</i>		
	<p>Ms. Ratto-Young introduced her team from Security Benefits which hold the plan assets. They are the plan advisors. She also gave a brief background of the search for a new representative provider and web-based platform to replace CLS. The plan advisors felt CLS had too much international stock in their portfolio. The search was narrowed to Empower. (There is \$34 million in the plan and 400 accounts, consisting of approximately 320 current and 80 former employees).</p> <p>Mr. McAtamney gave a presentation of Empower's capabilities. The plan's fees are passed to the participants; however, there is an estimated annual savings of \$253,000 by switching providers. There is no third party participation with respect to security issues, and if any account is hacked Empower will make the account whole.</p>	<p>MOTION: by Mishra to recommend approval to the Board, 2nd by Flynn. All in favor.</p>	
6. INFORMATION TECHNOLOGY BUDGET IMPACT FY 2021	<i>Sendaydiego</i>		
	<p>Ms. Sendaydiego gave an overview of the October 11, 2020, cyberattack which resulted in 45 days of complete downtime. It took four to five months, until February 1st, to restore patient systems. The office of civil rights audit, due March 1, requires significant policy updates. Costs to date are \$1.4 million, with additional costs pending. However, total costs are expected to be under the \$2 million insurance policy limit.</p> <p>She reviewed the mandatory data security enhancements, some of which have already been implemented, totaling \$576,000 per year, and mandatory business continuity services of \$34,000 per year, for a total of \$610,000 per year. The reasoning behind these being mandatory by the Office of Civil Rights is because SVH had a cyberattack. This list is the minimum measures to meet compliance. Unless these are implemented, SVH will fail the OCR audit. It will also be essential</p>		

	<p>to have these minimum items before any potential switch to Epic for patient records.</p> <p>Mr. Rymer requested that additional information be added to the presentation for the Board.</p>		
7. AUDITOR ENGAGEMENT LETTERS	<i>Jensen</i>		
	<p>Mr. Jensen recommended SVH re-engage Armanino as its auditors for the next three years. In addition, he recommended Armanino perform the one-time CARES Act audit since the firm is familiar with the hospital's financials.</p>	MOTION: by Rymer to recommend approval to the Board of both letters, 2 nd by Flynn. All in favor.	
8. FY 2022 BUDGET ASSUMPTIONS			
	<p>Ms. Dungan reviewed the budget assumptions. The decision was made to look at the first seven months of this fiscal year and annualize it for the first six months of FY 2022. Then add 10% for the second six months of FY 2022. A 2% salary increase is planned for January 2022.</p>		
9. ADMINISTRATIVE REPORT FOR FEBRUARY 2021	<i>Kuwahara</i>		
	<p>SVH continues to focus on COVID vaccinations, and feedback from the community has been overwhelmingly positive. The hospital has recovered from the cyberattack. Satellite is considering using part of the second floor for home dialysis education.</p>		
10. FINANCIAL REPORT FOR MONTH ENDED JANUARY 31, 2020	<i>Jensen</i>		
	<p>Mr. Jensen reported that January volumes were low. He reviewed the payer mix. The cash goal for January was \$2.9 million and \$4 million was collected. The year-to-date cash goal was \$21 million and \$20 million was collected (under goal by approximately \$1.2 million). The higher collections were due to finally being able bill in December. He expected to be able to pick up that \$1.2 million in February. Days' cash on hand were 30.6, A/R days were 53.7, A/P was \$3.4 million, and A/P days were 47.4.</p>		

	<p>Total patient revenue was off budget by \$5 million and is all volume related. Total operating revenue was \$3.2 million, \$874,000 lower than budget. Expenses included a 2% salary increase in January. Total operating expenses were \$4.6 million, and the operating margin was (\$1.4 million), (\$768,000) below budget. Net income/loss for the month was (\$343,400), (\$509,300) below budget, and EBDA was (26.3%) vs. budget of (1.2%). Cash has been falling by approximately \$300,000 to 400,000 per month, and the administrative team is developing a mitigation list to deal with this issue.</p>		
<p>11. ADJOURN</p>	<p><i>Boerum</i></p>		
	<p>Meeting adjourned at 6:38 p.m.</p>		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

February 24, 2021 5:00 PM

MINUTES

Via Zoom Teleconference

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

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
	5:00 pm	
2. PUBLIC COMMENT	<i>Mainardi</i>	
	None	
3. CONSENT CALENDAR	<i>Mainardi</i>	Action
<ul style="list-style-type: none"> QC Minutes, 01.27.21 	Item 6 of the January 27, 2021, minutes should be changed to read "... post-discharge calls from pharmacists."	MOTION: by Eisenstark to approve with change, 2 nd by Sheets. All in favor.
4. PATIENT CARE SERVICES QUALITY DASHBOARD	<i>Kobe</i>	Inform
	Mr. Kobe reviewed the fourth quarter patient services dashboard, indicating these are areas over which nursing has direct control. Low numbers for medication scanning in the third and fourth quarters were due to the cyberattack, and SVH did not have that capability back until late January. Patient satisfaction naturally slipped a bit during the cyberattack as well, but that is being addressed.	
5. QUALITY INDICATOR PERFORMANCE AND PLAN FOR JANUARY 2021	<i>Jones</i>	Inform

AGENDA ITEM	DISCUSSION	ACTION
	<p>Ms. Jones reviewed the quality indicator performance for January. New metrics added include hospital acquired infections, risk events, and patient relations. CMS has made changes in their star rating system; SVH is now rated 3 stars, although performance has not gone down at all.</p>	
<p>6. POLICIES AND PROCEDURES</p>	<p><i>Jones</i></p>	<p>Inform</p>
	<p><u>Policies with Changes Made:</u> Airborne Infection Isolation Precautions Authority Statement Communicable Disease Reporting to Public Health Contact Isolation Precautions Contact Plus Enteric Isolation Precautions Diet Orders and Diet Changes Discharge Medication Charity Program Droplet Precautions Enteral and Oral Supplementation, Role of Dietitian Humidity Temperature Surgical Areas Late Trays Lice, Management of Infestation Management of Multi-Drug Resistant Organisms Menu Distribution Paging Codes Overhead Personal Hygiene and Food Safety Purchase Order Returns Quality Improvement Plan Safety in Materials Management Sales Representative Policy System Downtime Procedures Utilization Review Plan</p> <p><u>Policies Reviewed – No Changes:</u> Aerosol Transmissible disease Exposure Control Bloodborne Pathogen Exposure Control Discharge Planning Ebola Viral Disease Hand Hygiene Infection Control Committee Infection Control Mandatory Reporting Infection Control Water Management Infection Prevention and Control Training for Healthcare Workers</p>	<p>MOTION: by Eisenstark to approve policies, with minor changes to new policies, EXCEPT “PPE 90-day Supply,” which was not approved; 2nd by Kornblatt Idell. All in favor.</p>

AGENDA ITEM	DISCUSSION	ACTION
	<p>Rehabilitation Services with Patients in Contact Isolation Statement of Service</p> <p><u>New Policies:</u> Cleaning Schedules and Procedures Parenteral Nutrition, Role of the Dietitian PPE 90-day Supply Storage of Food for Patients Brought in from Non-Facility Source</p> <p>The new policy “PPE 90-day Supply” was not approved and was returned for rewrite.</p> <p>The Committee requested that the “summary of changes” for all policies reviewed by Departments state, in addition to the changes, the reason for the changes.</p>	
<p>7. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report</p>		
<p>8. REPORT OF CLOSED SESSION</p>	<p><i>Mainardi</i></p>	
	<p>The Medical Staff credentialing report was approved.</p>	<p>MOTION: by Eisenstark, 2nd by Kornblatt Idell. All in favor.</p>
<p>9. ADJOURN</p>	<p><i>Mainardi</i></p>	
	<p>6:14 pm</p>	

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: 03/26/2021 3:44 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: 52

Committee: 09 BOD-Board of Directors

Committee Members: Woodall, Vivian (vwoodall)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Adverse Tissue Reactions <i>Patient Care Policy</i>	Pending Approval	3/26/2021	0
Summary Of Changes: Reviewed, no changes. Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney) Lead Authors: Clark, Janine (jclark), Kobe, Mark (mkobe) Approvers: Kobe, Mark (mkobe) -> 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)			
Adverse Tissue Reactions <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
Summary Of Changes: Corrected spelling errors. Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney) Lead Authors: Clark, Janine (jclark) Approvers: 01 P&P 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)			
Allografts and Tissue; Procurement for Surgical Procedures Requiring Grafting <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
Summary Of Changes: Reviewed, no changes Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney) Lead Authors: Clark, Janine (jclark) Approvers: 01 P&P 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)			
Anesthesia Rules and Regulations <i>Anesthesia Dept Policies</i>	Pending Approval	3/26/2021	0

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 03/26/2021 3:44 PM

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

Summary Of Changes: **Changed the inspection schedule of anesthesia machines from quarterly to semiannual-current and recommended this new practice through BIOMED.
Removed references to The Joint Commission.**

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **01 P&P 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)**

Anesthesia Scope of Service	Pending Approval	3/26/2021	0
<i>Anesthesia Dept Policies</i>			

Summary Of Changes: **Removed all references to The Joint Commission.
Deleted "pain management" to avoid confusion that the anesthesiologist provides that service line (per anesthesia request to delete); Changed conscious sedation to moderate sedation.**

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **01 P&P 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)**

ASA Classification	Pending Approval	3/26/2021	0
<i>Anesthesia Dept Policies</i>			

Summary Of Changes: **Removed references to the Joint Commission and new reference information provided.**

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **01 P&P 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)**

Aseptic Technique	Pending Approval	3/26/2021	0
<i>Surgical Services/OR Dept</i>			

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

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **01 P&P 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)**

Assessing and Managing Patients at Risk for Suicide	Pending Approval	3/26/2021	0
<i>Patient Care Policy</i>			

Summary Of Changes: **Removed references to Attachment A, since no Attachment A exists.**

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

Lead Authors: **Winkler, Jessica (jwinkler), Kobe, Mark (mkobe)**

Approvers: **Kobe, Mark (mkobe) -> 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)**

Assessment and Admission of OR Patients	Pending Approval	3/26/2021	0
<i>Surgical Services/OR Dept</i>			

Summary Of Changes: **Distinguished procedures of Surgical Care Unit nurse from Circulating nurse.**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 03/26/2021 3:44 PM

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

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Clark, Janine (jclark)
 Approvers: 01 P&P 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)

Attire Surgical in the Operating Room <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: Deleted a phrase stating that long sleeves are required by non scrubbed personnel.
 Added a phrase indicating that facial piercings should be contained by band-aid, hat or mask.
 Changed phrase regarding cover apparel upon leaving surgery area to read that a cover gown or jacket IS required upon leaving the surgery area/dept.
 Rewrote shoe attire verbiage to make better sense.

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Clark, Janine (jclark)
 Approvers: 01 P&P 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)

Autoclave Failure 7471-101 <i>Central Sterile Dept</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: Removed vague verbiage regarding actions to take in the event of a load failure.
 Simplified comments to clarify that a load failure results in the load remaining unsterile and needs to be reprocessed.

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Clark, Janine (jclark)
 Approvers: 01 P&P 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)

Bullets-Evidence for Police Matters <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: Reviewed, no changes.

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Clark, Janine (jclark)
 Approvers: 01 P&P 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)

Cardiac Rhythm Monitoring <i>Patient Care Policy</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: Updated reference to EBSCO (Evidence Based Skills Content and Corresponding Skills checklist) Dynamic Health Cardiac Rhythm Monitoring standard, that was revised in 2017.

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Winkler, Jessica (jwinkler), Kobe, Mark (mkobe)
 Approvers: Kobe, Mark (mkobe) -> 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)

Care of Patients Under Legal Restriction <i>Patient Care Policy</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: Reviewed, no changes.

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 03/26/2021 3:44 PM

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

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Winkler, Jessica (jwinkler), Kobe, Mark (mkobe)
 Approvers: Kobe, Mark (mkobe) -> 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)

Care of the Pediatric Patient in 7430-103	Pending Approval	3/26/2021	0
<i>SCU (Surgical Care Unit Dept)</i>			

Summary Of Changes: **Corrected spelling errors**

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Clark, Janine (jclark)
 Approvers: 01 P&P 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)

Cartilage Biopsy and Transplant	Pending Approval	3/26/2021	0
<i>Surgical Services/OR Dept</i>			

Summary Of Changes: **We have changed vendors and use a different kit for these procedures. As kits are changed and modified, specific directions and guidelines should follow manufacturer's recommendations and instructions for use. Added verbiage to reference policy on aseptic technique relating to standards for sterile procedures.**

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Clark, Janine (jclark)
 Approvers: 01 P&P 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)

Code Red-OR	Pending Approval	3/26/2021	0
<i>Surgical Services/OR Dept</i>			

Summary Of Changes: **The policy was reviewed. Minor punctuation changes were made to the document.**

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Clark, Janine (jclark)
 Approvers: 01 P&P 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)

Counts Sponges, Sharps and Instruments	Pending Approval	3/26/2021	0
<i>Surgical Services/OR Dept</i>			

Summary Of Changes: **Removed the reference to The Joint Commission from the document. Added verbiage, that in the event of an incorrect count, this information must be documented in the Midas system.**

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Clark, Janine (jclark)
 Approvers: 01 P&P 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)

Direct Admissions to ICU from Surgery	Pending Approval	3/26/2021	0
<i>Surgical Services/OR Dept</i>			

Summary Of Changes: **Corrected spelling errors.**

Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)
 Lead Authors: Clark, Janine (jclark)
 Approvers: 01 P&P 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)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 03/26/2021 3:44 PM

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

Documentation <i>SCU (Surgical Care Unit Dept)</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	Removed references to documentation in electronic medical record: documentation in the surgical care unit can be either paper and/or electronic.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Clark, Janine (jclark)		
Approvers:	01 P&P 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)		
Documentation in Surgery <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	Reviewed, no changes.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Clark, Janine (jclark)		
Approvers:	01 P&P 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)		
Draping of the Patient in Surgery <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	Reviewed, no changes.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Clark, Janine (jclark)		
Approvers:	01 P&P 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)		
Electrical Equipment Safety <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	Reviewed, no changes. Per P&P Committee, redundant and needs to be retired		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Clark, Janine (jclark)		
Approvers:	01 P&P 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)		
Emergency Operations Plan 2020 EP8610-100 <i>Emergency Preparedness Policies (EP)</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	Annual review requirement completed. Removed "2020" on the cover page - Cover page does not need to reference a specific year Corrected pagination - wrong page numbers listed for some sections in Table of Contents Section 10 missing from Table of Contents page. this section was added this section to the Table of Contents page		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kobe, Mark (mkobe)		
Approvers:	Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (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: 03/26/2021 3:44 PM

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

Event Related Shelf Life Policy <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: Removed verbiage regarding items packaged by Central Sterile "will be marked sterile unless package open or damaged". Removed system for "freshly sterilized rotation"-left verbiage using system "first in, first out" as rotation plan. Removed "checked two times a year by Safety committee Inspection Team"-non existent. Removed "Central Sterile Coordinator will confer with managers" to "Central Sterile may confer with managers."</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Clark, Janine (jclark)</p> <p>Approvers: 01 P&P 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)</p>			
Handling of Anesthetic Drugs in Secure Anesthetizing Locations <i>Anesthesia Dept Policies</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: Removed the reference to the Joint Commission in reference section and added updated reference information. Deleted "will" and replaced with the word "may" related to the following sentence -If controlled substances needed during surgery case, the circulator MAY withdraw from pyxis and give to anesthesiologist.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Clark, Janine (jclark)</p> <p>Approvers: 01 P&P 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)</p>			
HIPAA Privacy Risk Assessment and Reporting <i>Governance and Leadership Policies</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: The only change is the title of the policy to appropriately be named as "HIPAA Privacy Risk Assessment and Reporting" instead of "HIPAA Committee Reporting, Monitoring and Enforcing."</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Pryszmant, Rosemary (rpryszmant)</p> <p>Approvers: 01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
HIPAA Security – Security Incident Procedures Policy <i>Patient Rights Policies (PR)</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: Replaced the old 8610-164 with contents from the HIPAA Manual Template provided by BBKLaw legal counsel as part of the Office of Civil Rights Audit response.</p> <p>Former name:HIPAA Security Incident and Breach Response & Reporting</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Sendaydiego, Fe (fsendaydiego)</p> <p>Approvers: Sendaydiego, Fe (fsendaydiego) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
HIPAA Workforce Regulations <i>Patient Rights Policies (PR)</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: This policy was updated with new Health Insurance Portability and Accountability Act references.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Sendaydiego, Fe (fsendaydiego)</p> <p>Approvers: Sendaydiego, Fe (fsendaydiego) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 03/26/2021 3:44 PM

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

HIPAA Workforce Security- Access Control and Management <i>Patient Rights Policies (PR)</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	The context of the updated policy has been adopted from BBKLaw HIPAA Manual template as part of the OCR Audit response.		
	Policy name has been changed from HIPAA Security - Person or Entity Authentication to new title, HIPAA Workforce Security: Access Control and Management		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Sendaydiego, Fe (fsendaydiego)		
Approvers:	Sendaydiego, Fe (fsendaydiego) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Infection Control in Surgical Services <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	Updated the location of the Power Air Purifying Respirator and made minor grammatical changes.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Clark, Janine (jclark)		
Approvers:	01 P&P 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)		
Information Management, System Security and Password Control <i>Patient Rights Policies (PR)</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	Updated reference section. -- A Security form that is referenced in the body of the document is linked in system to this document.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Sendaydiego, Fe (fsendaydiego)		
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Nurse to Patient Ratio <i>SCU (Surgical Care Unit Dept)</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	Reviewed, no changes.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Clark, Janine (jclark)		
Approvers:	01 P&P 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)		
Organ & Tissue Donation-Anatomical Donation After Brain Death <i>Organ & Tissue Procurement Policies (OP)</i>	Pending Approval	3/26/2021	0
Summary Of Changes:	Updated document to indicate that Organ Procurement Organizations are exempt from Health Insurance Portability and Accountability Act regulations.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Kobe, Mark (mkobe)		
Approvers:	01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Organ and Tissue Donation <i>Organ & Tissue Procurement Policies (OP)</i>	Pending Approval	3/26/2021	0

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 03/26/2021 3:44 PM

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

Summary Of Changes: **Page 3 C 1 signed death certificate AFTER body.... Legal next of kin NOT REQUIRED**
Page 4 A 1 Concurrence from family sought BUT NOT REQUIRED
Page 6 B 4 Death will likely occur within 90 minutes
Page 7 B Tissue Donation Form or provides Notification of Gift in case of patients in registry

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

Lead Authors: **Kobe, Mark (mkobe)**

Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Organ Donation After Circulatory Death	Pending Approval	3/26/2021	0
<i>Organ & Tissue Procurement Policies (OP)</i>			

Summary Of Changes: **Page 2, G death will likely occur within 90 minutes... (DNW-expanded time period from 1 hour)**
Page 5 ...coroner/medical examiner staff to notify them of the organ and tissue recovery. (DNW-coroner does not authorize) Withdrawal of ventilator support and extubation will ordinarily occur in the operating room or predesignated area. (DNW suggestion
Page 6... cessation of circulatory function: These criteria are concurrent (DNW-criteria are concurrent and not 5 separate minutes of each observed)
If the patient does not die within the designated time of 90 minutes... (DNW-expanded time period from 1 hour)
Page 7...encouraged to attend.

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

Lead Authors: **Kobe, Mark (mkobe)**

Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Packaging Guidelines	Pending Approval	3/26/2021	0
<i>Central Sterile Dept</i>			

Summary Of Changes: **One grammatical error corrected.**

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **01 P&P 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)**

Patient Elopement	Pending Approval	3/26/2021	0
<i>Patient Care Policy</i>			

Summary Of Changes: **One grammatical error corrected.**

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

Lead Authors: **Winkler, Jessica (jwinkler), Kobe, Mark (mkobe)**

Approvers: **Kobe, Mark (mkobe) -> 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)**

Plan for the Assessment and Provision of Individual patient Family Needs	Pending Approval	3/26/2021	0
<i>Patient Care Policy</i>			

Summary Of Changes: **No substantive changes. Removed reference to non-existent Attachment A.**

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

Lead Authors: **Winkler, Jessica (jwinkler), Kobe, Mark (mkobe)**

Approvers: **Kobe, Mark (mkobe) -> 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)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 03/26/2021 3:44 PM

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

Post-Mortem Procedures PC8610-160 <i>Patient Care Policy</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: Updated reference information.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Winkler, Jessica (jwinkler), Kobe, Mark (mkobe)</p> <p>Approvers: Kobe, Mark (mkobe) -> 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)</p>			
Rapid Response Team-Unexpected Clinical Deterioration <i>Targeted Quality & Safety Initiatives Policies (QS)</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: Clarified the role of the ICU RN when the Emergency Department RN is encumbered.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Kobe, Mark (mkobe)</p> <p>Approvers: Kobe, Mark (mkobe) -> 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)</p>			
Scope of Service <i>SCU (Surgical Care Unit Dept)</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: Regarding extended observation of a patient, the word "will" was changed to "may" be done in an in-patient unit for continuation of care. Item #4 - under Hours of Operation.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Clark, Janine (jclark)</p> <p>Approvers: 01 P&P 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)</p>			
Standardized Procedure for Patient Discharge <i>SCU (Surgical Care Unit Dept)</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: Reviewed, no changes.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Clark, Janine (jclark)</p> <p>Approvers: 01 P&P 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)</p>			
Sterile Supplies, Storage of <i>Central Sterile Dept</i>	Pending Approval	3/26/2021	0
<p>Summary Of Changes: Changed the maximum allowed humidity for the storage area from 70% to 60%.</p> <p>Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney)</p> <p>Lead Authors: Clark, Janine (jclark)</p> <p>Approvers: 01 P&P 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)</p>			
Sterilization <i>Central Sterile Dept</i>	Pending Approval	3/26/2021	0

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 03/26/2021 3:44 PM

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

Summary Of Changes: **Removed the word "flash" and replaced with immediate use.
Removed the phrase "porous items only"**

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **01 P&P 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)**

Sterilization Processes,Monitoring of <i>Central Sterile Dept</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: **Reviewed, no changes.**

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **01 P&P 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)**

Surgical Invasive Procedure and Site Confirmation Verification O18610-104 <i>Operative & Invasive Services Policies (OI)</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: **Updated the verbiage to reflect and include all procedural timeouts, i.e., that timeouts should be standardized and performed prior to any invasive procedure, not just surgical procedures.**

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **Kobe, Mark (mkobe) -> 01 P&P Committee - (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)**

Tourniquet Use of the Pneumatic Tourniquet in the Operating Room <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: **Reference was added about the cleaning of tourniquets: only necessary if using reusable tourniquet.
Removed specific references regarding to previously used tourniquet machine and left in the verbiage that would apply to any tourniquet equipment used.**

Eliminated the phrase "to exsanguinate for minimum of two minutes prior to inflating tourniquet." "This is not generally done.

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **01 P&P 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)**

Traffic Patterns <i>Central Sterile Dept</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: **Reviewed, no changes.**

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

Lead Authors: **Clark, Janine (jclark)**

Approvers: **01 P&P 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)**

Ultrasonic Cleaner <i>Central Sterile Dept</i>	Pending Approval	3/26/2021	0
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Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 03/26/2021 3:44 PM

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

Summary Of Changes: **Reviewed, no changes.**
 Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Clark, Janine (jclark)**
 Approvers: **01 P&P 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)**

Unintended Intra-Operative Awareness During General Anesthesia <i>Anesthesia Dept Policies</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: **Updated reference information.**
 Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Clark, Janine (jclark)**
 Approvers: **01 P&P 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)**

Vacuum Assisted Wound Closure <i>Surgical Services/OR Dept</i>	Pending Approval	3/26/2021	0
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Summary Of Changes: **Corrected spelling errors.**
This policy was given to J. Cornett in wound care to review according to protocols. He updated a few points of this policy to ensure that it conforms with wound care policy and procedure.
 Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Clark, Janine (jclark)**
 Approvers: **01 P&P 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)**



Patient Care Services



Annual Report 2021 & Dedication to Robbie Cohen, MD

Prepared by: Mark Kobe, RN MPA Chief Nursing Officer



Dr. Robert Cohen, MD

July 12, 1945 - March 18, 2021

**SVH EMERGENCY PHYSICIAN AND DEPARTMENT
MEDICAL DIRECTOR
DECEMBER 28, 1988 - MARCH 1, 2015**

**SVH CHIEF MEDICAL OFFICER & CHIEF MEDICAL
INFORMATION OFFICER
MARCH 2013 - DECEMBER 2017**

Introduction and Structure

Patient Care Services is comprised of 7 major service areas: Intensive Care, Emergency, Surgery, Inpatient, Nursing Administration, Pharmacy and Respiratory Therapy. These areas are staffed by 77 Registered Nurses, 9 Respiratory Therapists, 10 Pharmacists, 7 Pharmacy techs and 30 Certified Nurses Assistants, Scrub techs, ED techs and unit assistants for a total of 136 staff. The areas are managed individually by 3 nursing directors, and 1 Pharmacy Director who report directly to the Chief Nursing Officer. The Chief Nursing Officer directly manages 9 Nursing Supervisors.

The Emergency Department has historically seen approximately 30 patients per day, though COVID era volumes are now averaging 20-25 per day. ICU and Med/Surg average daily census is approximately 10-12 patients per day and Perioperative Services has been averaging approximately 15 inpatient procedures and 98 outpatient procedures per month which is 75% of normal non-COVID metrics. As of this writing, there is an early trend developing towards pre-COVID volumes.

Category	Function	Staff Oversight
Chief Nursing Officer	The CNO is involved at the executive level in collaborative leadership of the organization. Provides leadership, management, consultation and oversight for the department of nursing in both the clinical and administrative setting. Responsible for the day-to-day operations of all clinical functions. Pro-actively maintains high level internal customer, physician and Board of Directors relationships and satisfaction. Responsible for management of federally-mandated grievance process, direct oversight and responsibility for service excellence initiatives. Oversight of Stroke Program, Code Blue Committee, Disaster Program.	Director of Pharmacy Director Inpatient/ICU Director Surgery Director of Emergency 9 Nursing Supervisors
Director of Patient Care Services: <i>Jessica Winkler</i>	The Director of Patient Care Services provides leadership for the clinical operations and coordinated activities of the Medical-Surgical Inpatient department, Outpatient Infusion Services, Intensive Care Unit and the Respiratory Therapy Department. Ensures accountability for administrative responsibilities that include staffing, leading, morale, customer satisfaction, quality patient care, organizing and role modeling for critical care nursing. Maintains positive relationships with Hospitalists and Surgeons. Primary responsibility for Inpatient satisfaction (HCAHPS).	25 Registered Nurses 6 C N As 4 Telemetry Technicians 9 Respiratory Therapists
Director of Perioperative Services: <i>Dana Fry</i>	Direct daily oversight of Surgical Care Unit, comprised of three operating suites and a pre- and post-operative patient care/recovery area. Manages daily staffing needs based on surgical case load and responsible for management of surgeon block assignment and utilization. Seeks out new surgical opportunity for organization. Primary responsibility for OASCAHPS. Shares clinical role as Administrative Nursing Supervisor.	2 Clinical Coordinators 15 Registered Nurses 5 Scrub Techs 2 Central Sterile Techs 3 Housekeepers

<p>Director of Emergency Services: <i>Philip Brown</i></p>	<p>The Director of ED provides overall direction and leadership for the clinical operations of the Emergency Department. Assumes the responsibility for promoting and maintaining an atmosphere conducive to positive physician, staff, and patient relations and performs the functions of a leader in assessing, planning, budgeting, implementing and evaluating services provided. Ensures accountability for administrative responsibilities that include staffing, leading, morale, customer satisfaction, quality patient care and role modeling for nursing services. Has responsibility for resolving complaints related to the department and other administrative and nursing duties as necessary. Serves as the Stroke Coordinator for the Stroke Ready program. Collaborates with the local EMS agency to provide educational opportunities. Collaborates with the Quality Director for data collection, aggregation, benchmarking, analysis, and action planning to improve performance.</p>	<p>20 Registered Nurses 8 ED techs</p>
<p>Director of Pharmacy: <i>Chris Kutza</i></p>	<p>The Director of Pharmacy (DOP) functions as the Pharmacist in Charge (PIC) on the hospital pharmacy license and ensures compliance with applicable state and federal laws and regulations. The DOP is responsible for directing all aspects of the daily operations of the pharmacy department. This includes leading the planning, development, and implementation of clinical pharmacy programs, quality assurance, departmental budgeting, and the supervision of pharmacy staff.</p>	<p>10 Pharmacists 7 Pharmacy techs</p>



Prologue

2020 was clearly an unprecedented year for anyone, but most challenging for healthcare workers in general and our bedside caregivers specifically. Challenged with caring for patients with what began as an unknown pathogen (was it droplet, airborne, do we use negative pressure rooms?) soon became a more defined yet quite contagious virus spreading across the globe. Our staff had to worry about protecting themselves as well as their own individual families. Was the PPE we provided enough? On TV we saw healthcare personnel dressed in full garb as they would caring for Ebola patients. Why the discrepancy in what we see globally and what we told our employees CDC recommends for protection?

Throughout all this contagion and confusion, our staff persevered and did what they do best: care for our community with the resources we provided. They went home to their families taking all precaution not to transmit any contagion to them. Spikes occurred, staff returned to work. They returned to work predominantly healthy, free from COVID to care for the less fortunate. They managed through FOUR regulatory surveys during this crisis in care: CIHQ Triennial, CDPH Triennial, Stroke Re-Certification, and an additional CDPH COVID Survey. We passed all these patient care surveys with little to no findings. What about those fires that happened last fall, clouding our skies with caustic smoke? Who needed that? Resiliency.

Then, the year would not be complete without the cyberattack lasting five months. Older nurses reveled in once again seeing paper documentation. Younger generation staff wanted their electronic documentation and medication scanning process. We made it through without a single bad patient outcome. Resiliency.

As the Pandemic waned on, seeming to never abate, science developed additional therapies for COVID positive patients not requiring hospitalization. Bamlanivimab, affectionately known as BamBam, became administered ONLY at SVH, as other acute care facilities in Sonoma County refused to provide this therapy to a known COVID positive outpatient entering their facilities. Collectively, we developed a safe protocol and our staff provided the drug to these patients. Resiliency.

Finally, vaccines became available and SVH recognized its responsibility to contribute to community vaccinations. Under the guidance of Dr. Sabrina Kidd we established six vaccination clinics (3 first dose, 3 second dose) for Sonomans. Patient Care Services leaders and staff volunteered and manned these clinics in collaboration with Sonoma FireMed, City of Sonoma, and the Sonoma Valley Community Clinic. Resiliency.

Quality Dashboard

Patient Care Services are directly responsible for results in virtually all Quality measures of the organization: CMS core measures, mortality, infection prevention, and Stroke certification compliance, to name a few. Nurses and physicians practicing quality care delivery and clear documentation standards are what lead us to high scores on all of our Quality Metrics. Regulatory surveys with few minimal deficiencies do not happen unless care givers are delivering and documenting their best care. We are why we do well on CIHQ and CDPH surveys.

As the Board of Directors, you view many, if not all, measures in your dashboards. All quality measures are certainly a collaborative effort from a multidisciplinary perspective. Some measures, however, are under direct nursing responsibility and control. The Patient Care Services Dashboard represents some of these measures and an example of the dashboard is presented below:

Medication Scanning Rate	2020				
	Q1	Q2	Q3	Q4	Goal
Acute	96.0%	95.0%	SDE	70.4%	>90%
ED	83.0%	83.0%	SDE	21.8%	>90%
Preventable med errors R/T Med Scanning	4 (n=22)	1 (n=9)	SDE	0 (n=0)	≤2
Falls (Per 1000 days) 2020					
	Q1-Q4	Q2-Q1	Q3-Q2	Q4-Q1	50th %tile
Acute	1.50	2.30	1.60	1.30	3.75
ED	0.0	0.0	0.0	0.0	
Hospital Acquired Pressure Ulcer Incidents (Per 1000 admissions)	2020				
	Q1	Q2	Q3	Q4	National
Acute (stage III & IV)	4.5*	0.0	0.0	0.0	3.68
* 1 pt out of 222					
Green = Goal Met Yellow = Below goal Red = Continues below goal or significantly below goal					
2013 Hospital falls std from J Amer Med, AHRQ & PubMed					
Nursing Turnover	2020 RNs/Quarter				
# of RNs	Q1	Q2	Q3	Q4	Goal
Acute (n=52)	0	0	2	3	≤6
Patient Experience (CAHPS)	2020				
HCAHPS (rolling 12 month)	Q1	Q2	Q3	Q4	Goal
Would Recommend	71	71.4	66.3	68	70.0
Quietness of Hosp Environment	59	62.3	53.9	54.6	51.0
OASCAHPS (rolling 12 month)	Q1	Q2	Q3	Q4	Goal
Care of Patients (MD/RN respect)	97.9	97.9	99.2	96.1	97.1
Would Recommend	83.7	87.5	88.9	78.5	88.6
RATE MY HOSPITAL - ED	Q1	Q2	Q3	Q4	Goal
Overall score	4.7	4.7	4.8	4.7	≥4.5
RATE MY HOSPITAL - INPATIENT	Q1	Q2	Q3	Q4	Goal
How Do You Feel About Your Stay?	4.6	4.9	DC	DC	≥4.5
Nurse Staffing Effectiveness: Transfers r/t staffing/beds	2020				
	Q1	Q2	Q3	Q4	Goal
	0	0	0	0	≤0

Currently, process improvement initiatives are working to improve quality in the following areas: blood culture contamination rates in ED; accurate timing of antibiotic administration in ICU; medication scanning compliance post cyberattack and appropriate ‘time out’ protocol in the surgical areas.

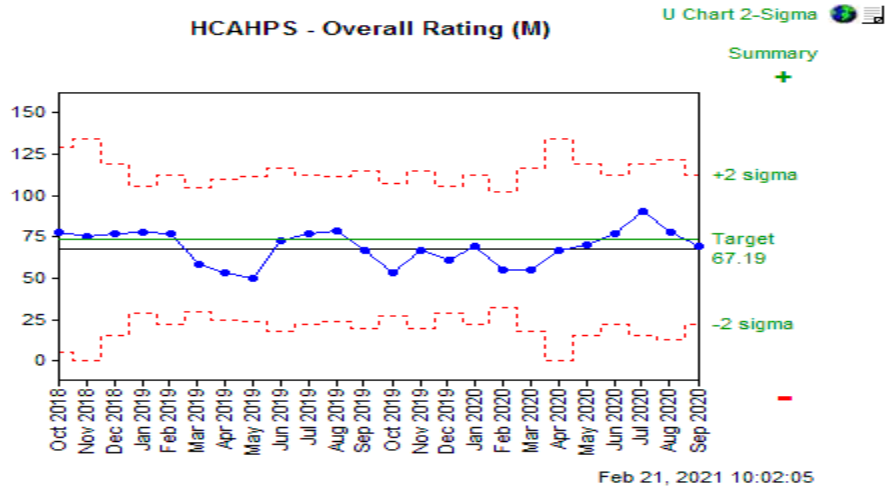
Service Excellence

Patient satisfaction is a high priority for Patient Care Services. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores are a significant determinant in awarding of the CMS Star status and indirectly affect financial reimbursement from Medicare. Historically, the organization has built the service excellence strategies upon the Studer model of rounding, discharge phone calls and white boards. We began the 2020 fiscal year shifting from that model to re-designing our approach with the front line staff and physicians under the Human Experience initiative. 2021 will incorporate further Human Experience strategies to be determined.

HCAHPS is the primary measurement tool for Inpatient satisfaction. It is a CMS-mandated survey tool that is administered through Press Ganey via mailed paper survey. Our inpatient volumes are low and only inpatients discharged directly home qualify for the survey. Observation patients and patients transferred to Skilled Nursing or discharged home with Home Care do not qualify for survey. Our survey response rate averages approximately 30%. This means our opportunity for improvements hinge on a relatively few responses.

Client ID	Not Returned	Returned	Undeliverable	Mailed	Response Rate	Month
15704	307	154	21	482	33.4	12 mon avg
15704	42	17	4	63	28.8	1/2020
15704	27	20	5	52	42.6	2/2020
15704	18	18	0	36	50	3/2020
15704	24	8	2	34	25	4/2020
15704	11	11	0	22	50	5/2020
15704	27	15	1	43	35.7	6/2020
15704	27	12	5	44	30.8	7/2020
15704	28	10	1	39	26.3	8/2020
15704	29	15	1	45	34.1	9/2020
15704	4	1	0	5	20	10/2020
15704	53	19	1	73	26.4	11/2020
15704	17	8	1	26	32	12/2020

Outpatient Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OASCAHPS) is the primary measurement tool for Outpatient Ambulatory Surgery. CMS was expected to mandate this survey for organizations beginning January 1, 2020. That did not happen and as of this writing OASCAHPS is not yet mandated. Press Ganey is distributing this survey via mail methodology at this time.



OASCAHPS YTD 2021



We also measure satisfaction in our primary Outpatient service areas using a service called Rate My Hospital. It is a mobile phone texting service that sends text message survey tool links to patients discharged from the ED, Imaging, Cardiopulmonary and Outpatient Physical Therapy. Scores are ranked 1 to 5 and our average overall score is 4.7.

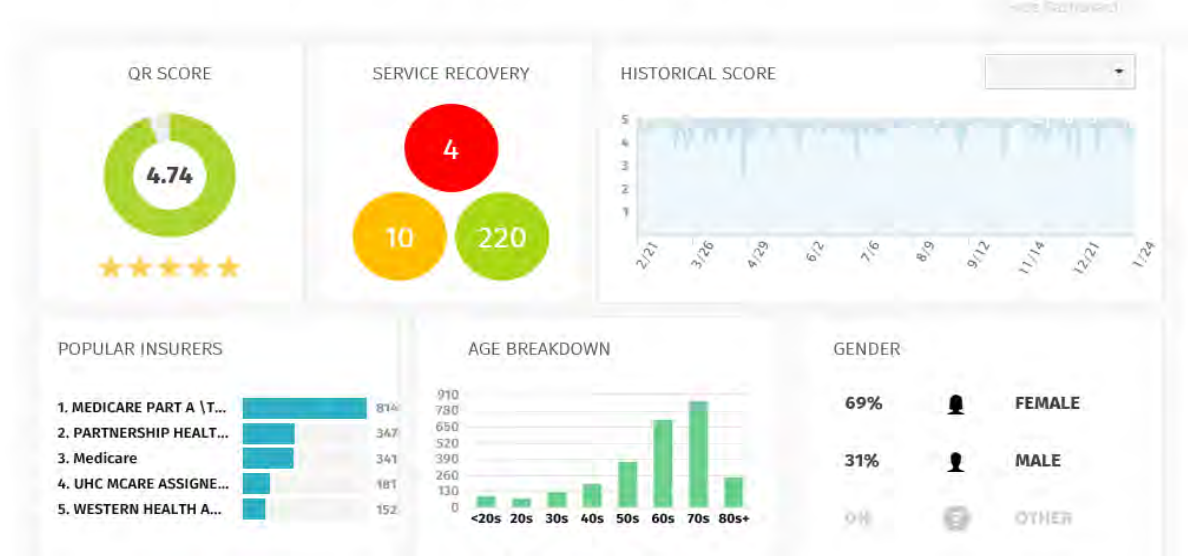
In October of 2019 we began measuring satisfaction on the Inpatient side using the same technology and texting service as in the Outpatient departments to help augment our HCAHPS scores. The responses of patients gave the Inpatient Director immediate valuable insights into patient perceptions. In Q3 of 2020 our Service Excellence leadership decided to end Inpatient texting citing a conflict with CMS regulation. This is now a resolved issue with CMS and Patient Care Services intends to re-examine the Inpatient texting option in 2021.

RATE MY HOSPITAL TEXTING SERVICE YTD 2021

6 departments, 6 surveys, 10619 responses since July 19, 2017



Since February 20, 2020 Sent: 11431 Responded: 2685 (23.49%) Median resp. time: 59 mins



Survey	30d Avg	30d Trend
Cardiopulmonary Department Patient Survey Sonoma Valley Hospital Providers Patients Questions Analytics CSV	4.80	
Emergency Department Patient Survey Sonoma Valley Hospital Providers Patients Questions Analytics CSV	4.64	
Hand and Physical Therapy Patient Survey Sonoma Valley Hospital Providers Patients Questions Analytics CSV	4.95	
Inpatient Care Inpatient Feedback Sonoma Valley Hospital Providers Patients Questions Analytics CSV		
Medical Imaging Patient Survey Sonoma Valley Hospital Providers Patients Questions Analytics CSV	4.83	
Outpatient Surgery Patient Survey Sonoma Valley Hospital Providers Patients Questions Analytics CSV		

Financial Performance FY 2020 and FY 2021 YTD

The following are rollup expense reports of all Patient Care Service areas combined. CNO Rollup includes the following areas: ED, ICU, Inpatient, Perioperative Services, Respiratory Therapy and Nursing Administration.

FY2020 CNO Rollup Total Expenses

	Actual	Flex Bud	Variance	%	FY 2020 Bud	Variance	%
Total Expenses	13,478,276	12,773,231	-705,045	-5.5%	13,607,958	129,682	1.0%
Gain / (Loss) from Operations	99,461,570	97,273,094	2,188,476	2.2%	107,208,913	-7,747,343	-7.2%
Operating Margin	88.1%	88.4%	-0.3%	-0.4%	88.7%	-0.7%	-0.8%

CNO ROLLUP

FINANCIALS - TOTAL EXPENSES FY2021 YTD (Feb 2021)

	Actual	Flex Bud	Variance	%	FY 2020 Bud	Variance	%
Total Expenses	8,402,915	7,689,883	-713,031	-9.3%	8,385,363	-17,552	-0.2%
Gain / (Loss) from Operations	58,082,190	50,396,561	7,685,629	15.3%	63,217,543	-5,135,353	-8.1%
Operating Margin	87.4%	86.8%	0.6%	0.7%	88.3%	-0.9%	-1.1%

FY2021 Rollup Variances

YTD the expense variances are primarily labor overages due to low volumes since the beginning of the Pandemic. ED patient visits are 75% of prior year, though the past month has seen some days returning to normal census patterns. Surgical Services caseload is similarly 75% of prior years' activity. Mandated patient ratios blunt some of our staff flexing attempts and productivity gap gains. Additionally, the burden of caring for multiple COVID positive patients in isolation required a higher staff-to-patient ratio, lowering financial productivity. The lower ED visits and surgical caseloads naturally lead to lower Inpatient volumes. As COVID came into our lives in March of 2020, our high volume endoscopist decided it was time to retire, thereby significantly reducing our special procedure volumes.

Direct Margins

The following is a comparison of Direct Margins as reported on March 10, 2021. The financial impacts of COVID-19 are clearly evident in our margins over the time periods observed.

	ED	OP Surgery	Inpatient	Rehab	Outpt. Diagnostics	Occupational Health	Special Procedures
July 2018- June 2019	\$6,590,180	\$1,572,535	\$1,136,785	\$371,343	\$3,291,655	-\$12,053	\$1,359,384
July 2019- June 2020	\$6,052,969	\$1,693,557	\$2,058,671	\$456,095	\$1,946,258	-\$32,902	\$927,161
February 2020- January 2021	\$3,316,285	\$1,282,829	\$990,619	\$326,548	\$1,527,004	-\$147,492	\$394,324

Growth

Since the advent of COVID all services areas are experiencing decreases in service to approximately 75% of pre-COVID volumes. There is a recent and hopeful trend of services increasing to pre-COVID numbers in the past month.

Dialysis services growth potential continues to be explored. Satellite Dialysis service continues to show interest in occupying some clinical space on the vacated areas of the 2nd floor Inpatient Tower. Initially, their plan is to hold home dialysis classes for their clients with a long-term vision of providing in-house hemodialysis, which could benefit our patients that we currently transfer out of the area for dialysis services.

Pharmacy outpatient clinical services is just beginning to implement a pharmacist medication reconciliation clinic with the Vintage House via free "Brown Bag" sessions. These sessions are a billable service, potentially not profitable, though quite an excellent benefit for community service relationships.

People

Staff Satisfaction

The 2021 Staff Satisfaction survey has been postponed for this year due to the employment of the new CEO. 2020 engagement results and action plans remain in effect until the next survey in 2022.

FY 2021 Accomplishments

- Tri-annual CIHQ accreditation survey with minor Corrective Action Plan
- Facilitated UCSF Stroke Medical Directorship
- Tri-annual CIHQ Stroke Recertification survey
- CDPH GAC tri-annual survey
- Completed Ligature Assessment for the ED (Psych precautions)
- Purchased 6 new PAPRs to replace antiquated equipment
- Education, rollout and go-live of new IV Smartpumps
- Transitioned Hospice room from SNF to Inpatient
- Arranged HBTB palliative care RN attendance at multi-disciplinary rounds
- CDPH Infection Prevention PPE compliance survey (COVID)
- Prepared Nursing Services for Bariatric Accreditation Survey
- Facilitated Home Medication Reconciliation project with ED
- Process and documentation for mandated CDPH Sexual Identity and Preference identification
- Surge Plan for ED with Playbook instructions for Nursing Supervisors
- IC for COVID, Smoke/Air Quality and SDE incidents
- Secured 4th Ventilator and 3 vents on loan from federal stockpile
- Secured COVID testing kits from County stockpile
- Bi-weekly MHOAC updates, weekly Sonoma EOC updates
- Updated Surge, Business Continuity Plan and EOP policies
- Facilitated Remdesivir, Convalescent Plasma, Bamlanivimab and Casirivimab procurement and delivery process
- 2nd floor ongoing dialysis project with Satellite Dialysis
- SVH Townhall Zoom meeting
- Instituted weekly Rate My Hospital scores and comments distribution to Leadership
- Arranged for positive RMH comments to post on Yelp and Google links
- Monthly Hospital Orientation Service Excellence
- Posted, interviewed and selected ED Director by July 1 goal date.
- Ended complimentary linen service to SV Fire annual savings \$14,000
- Reduced ED blood culture contamination rate from 8% to < 2%
- Created and starred in, donning/doffing cloth gowns for PPE conservation
- 44 annual staff evaluations, 28 annual contract reviews
- Formed and developed strong Patient Care Services leadership team
- Created competitive COVID RELIEF pay rate for RN staff to compete with high cost registries

FY 2021 Goals

- Core Measure compliance in upper quartile of nation
- Budgetary compliance
- Recruitment and retention of Director of Surgical Services (Completed)
- Contract for telemetric translation services
- Vaccination protocols for staff, then community inoculation (Ongoing)
- Purchase of additional Air Scrubbers for offsite services (Grant in process)

- Staff Engagement Survey participation rate > 80% (postponed)
- Quarterly Daisy Nursing Awards
- HCAHPS Overall score > 75
- OASCAHPS Recommend Facility score > 80
- Quality Reviews Overall Score > 4.7
- Process document/protocol with HR to facilitate onboarding of RNs, MDs, C N As in emergency surge situations. This will set the stage for MHOAC affiliates
- Endoscopic cleaning relocation and regulatory compliance
- Zero nursing vacancies and traveler elimination

Epilogue

***Neither Rain, Nor Sleet, Nor Dark Of Night Shall Stay These Couriers
From The Swift Completion Of Their Appointed Rounds. Neither Fires, Nor COVID,
Nor Regulatory Agency Shall Stay These Angels From The Swift Completion
Of Their Impassioned Duty.***

The Pandemic isn't quite over yet. We've a ways to go to reach herd immunity. How long will it take to vaccinate enough of the population to get to herd immunity? What about those pesky variants? Will our vaccinations work or will we require additional boosters? We're seeing our ED visits trend upwards with higher numbers of mental health issues. How long before we become 'normal' again? What is 'normal'? What will this fire season bring?

No worries ... I have the utmost faith in our caregivers. We find ways to overcome obstacles, contagion or otherwise. We are cut from different molds than most. We live for this. Resiliency.

Community Perception Survey Sonoma Valley Hospital

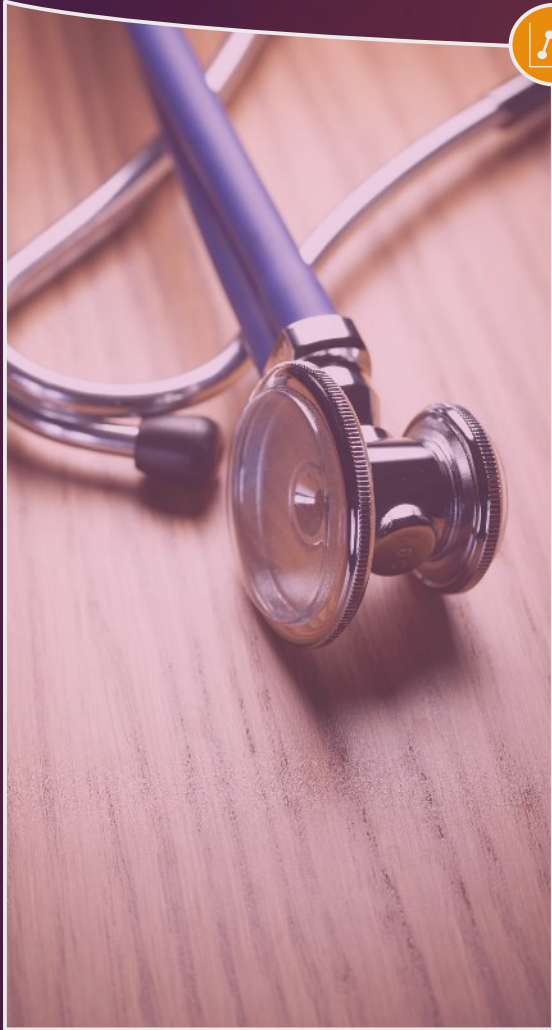
FEBRUARY 2021 (WAVE 3)



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RESEARCH BACKGROUND



This year's research was the **3rd wave** of a study previously conducted in **2015 and 2019**

The purpose is to understand Sonoma Valley residents' opinions of Sonoma Valley Hospital

- ▶ Determine how the community perceives Sonoma Valley Hospital
- ▶ Track opinion changes over time (since 2015)
- ▶ Understand the community's relationship and level of engagement with its hospital
- ▶ Identify perceived strengths and weaknesses of the hospital
- ▶ Surface issues that adversely affect hospital's reputation, especially those with implications for passage of a future parcel tax
- ▶ Compare opinions with reported use of SVH services

METHODOLOGY

Surveyed 460 residents of Sonoma Valley* between Jan. 27 and Feb. 5, 2021.

Included a combination of online and phone methodologies:



n=246

Online survey using hospital email list.
Also invited Chamber of Commerce
and Rotary Club members



n=214

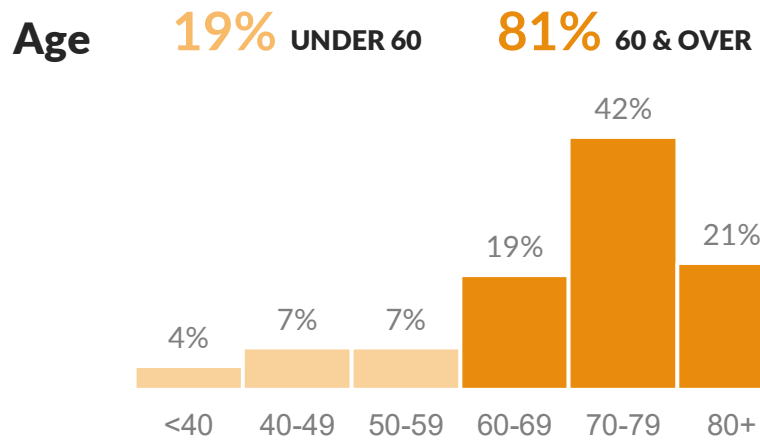
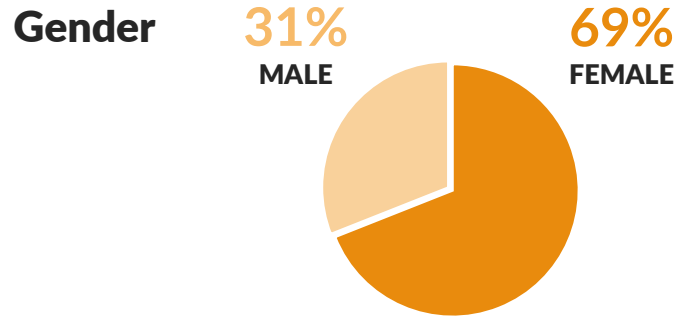
Telephone survey with a random
sample of Sonoma Valley
residents

** Includes Sonoma, Boyes Hot Springs, El Verano, Glen Ellen, Fetters Hot Springs/Agua Caliente, Temelec, Schellville, Vineburg and Lovall Valley*

Analytic Notes

- ▶ Margin of Error = $\pm 4.6\%$ at the 95% confidence level ($\pm 3.8\%$ at the 90% confidence level), using an estimated population of 42,000 adults 18+ in Sonoma Valley. *This essentially means that 95 out of 100 times we would run this study the results would be within 4.6 points (or within 3.8 points 90 times out of 100) higher or lower than the percentages shown.*
- ▶ Statistical differences between years or segments of the sample are at the 95% confidence interval, unless otherwise noted.
- ▶ Some sums in single-answer responses will not total 100% – they may be 1 point higher or lower because of rounding.

PARTICIPANT PROFILE



Years of Residence in Sonoma Valley



Q2. How long have you lived in Sonoma Valley—not necessarily the same house, but in Sonoma Valley? / Q3. Which of the following categories best describes your age?

Q4. Please record your gender below .

BASE: All respondents (n=460)

EXECUTIVE SUMMARY

General improvement over 2019, but still behind 2015 levels in some important areas.

- ▶ The overwhelming majority of Sonoma Valley residents recognize how **essential** it is to have an **Emergency Department (93%)** and a **hospital (84%)** in their community, figures that have been consistent over all three survey waves.
- ▶ **More residents see Sonoma Valley Hospital as important to the overall health of the community (88%) than did in 2019 (83%).** Levels for 2021 are statistically the same as, although still directionally lower than 2015 (91%).
- ▶ The **vast majority of recent patients (81%) have been satisfied** with their visits, comparable to previous surveys.
- ▶ **71% of those whose insurance allows them to go to SVH would do so the next time they need hospital care**, up from 2019 (65%), but still lower than 2015 (78%).
- ▶ **70% have a favorable opinion of SVH** — directionally better but statistically similar to 2019 (67%), and still below 2015 levels (78%).
- ▶ **Three times as many residents say their opinion of SVH has improved (36%) as say it's worsened (12%).** The improvement number is directionally better but statistically the same as 2019 (34%), but still below 2015 levels (44%).
- ▶ **More than twice as many residents report hearing positive comments (34%) about SVH as negative ones (14%),** directionally better than 2019 (31% positive, 16% negative) but still lower than 2015 (41% positive, 11% negative).

Factors Driving Positive Opinions

- ▶ **The affiliation with UCSF has been a notable asset for the hospital.** 82% of residents were aware of the affiliation, 73% of whom say it has a positive effect on their overall opinion of SVH, including 62% who said it has a very positive effect. Roughly 1 in 4 mentioned it (unaided) when asked why their perception of SVH overall has improved.
- ▶ Other drivers of improved opinions include **better personal experience, upgraded and cleaner facilities** (especially Emergency care), **better management and fiscal discipline**, access to **better doctors** (including more specialists), **friendly/accommodating staff, more and better services** offered, **more efficient processes** and **more sophisticated equipment**.
- ▶ SVH is seen as **convenient** (75%), **friendly/courteous** (64%), and a **place for emergencies** (62%).
- ▶ SVH is **most highly regarded for its lab services and medical imaging services**, with the majority rating them Excellent. Opinions of the hospital's lab have improved since the previous two waves.
- ▶ **Just over half (52%) know about the new Outpatient Diagnostic Center**, with **73% of them saying it has a positive impact** on their opinion of the hospital.

Factors Driving Negative Opinions

- ▶ While perceptions of hospital management have improved, **just 51% of those who expressed an opinion report feeling confident in the hospital's ability to manage its financial future.**
- ▶ Other factors negatively affecting overall opinions of SVH include **elimination of key services, bad experiences** (especially in the ER), **poor care** and **inadequate follow up**. Past negative perceptions linger, especially among those who have not used the hospital recently.
- ▶ Some cited SVH's inadequate response to the pandemic as a reason they think less of the hospital. **More residents feel that the hospital has responded well (28%) than poorly (14%), but the plurality (44%) don't know enough to have an opinion.** (Note: this question was asked before the hospital opened vaccination clinics in early 2021.)
- ▶ **Only a minority of residents think SVH cares about them (37%), has good physicians (43%) or provides high-quality care (43%).**
- ▶ **Most (87%) were aware that SVH was the victim of a cyberattack breach last year.** This concerned half of respondents.
- ▶ **Kaiser members had a less favorable opinion of SVH in almost every measure.** Kaiser members comprised 19% of survey respondents. (n=87)

DASHBOARD

Overall, SVH is perceived somewhat better than it was in 2019 although still not as well as in 2015.

The vast majority continue to feel that an **Emergency Department and Hospital are essential** for their community

93% ER DEPT **85%** HOSPITAL

88% feel that SVH is important to the overall health of the community, up from 83% in 2019, though still lower than 91% in 2015.

Year	Percentage
2015	91%
2019	83%
2021	88%

68% have a favorable opinion of SVH, similar to 2019, but still behind 2015.

Year	Percentage
2015	78%
2019	67%
2021	68%

More than twice as many people have heard positive comments than negative ones about SVH.

33% Positive **15%** Negative

79% are satisfied with their most recent visit(s) to SVH, no different from the previous two waves

35% say their opinion of the hospital has improved, compared to **13%** who say it has worsened.

The percent that say it has improved is comparable to 2019, while the share that say it has worsened has fallen. However, both measures still trail 2015 levels.

69% are likely to use SVH the next time they need hospital care.

The **most common descriptors** for SVH are:

CONVENIENT 74% **FRIENDLY/COURTEOUS** 64% **FOR EMERGENCIES** 62%

Similar to 2019 but still behind 2015.

CONCLUSIONS

- ▶ **Sonoma Valley residents continue to see the importance of having a local hospital**
- ▶ **It's clear that familiarity creates affinity. People who have experienced the hospital recently are more favorable towards it than those who have not.** Negative perceptions from the past linger, especially with those who have not visited the hospital recently.
- ▶ **There are residual negative perceptions from the changes to services in 2018 and 2019**, as well as ongoing concern for the financial sustainability of the hospital.
- ▶ **A number of recent changes have begun to have a positive impact on community perceptions.** These include affiliation with UCSF Health and addition of new specialists and building a new Outpatient Diagnostic Center.
- ▶ **The number of people who say they are likely to vote for a future parcel tax (54%) is lower than those who said they voted for it in 2017 (66%). Overall, the groups who see SVH more favorably (and are most likely to support a future parcel tax) are:**
 - **People who have been to the hospital in the past 3 years** more than those who have not
 - **Non-Kaiser users** more than Kaiser users
 - **Medicare users/older residents** more than non-Medicare/younger residents
 - **Online respondents** more than phone respondents (i.e. people who regularly receive information from the hospital)

OVERALL PERCEPTIONS

KEY TAKEAWAYS

NEED FOR A HOSPITAL



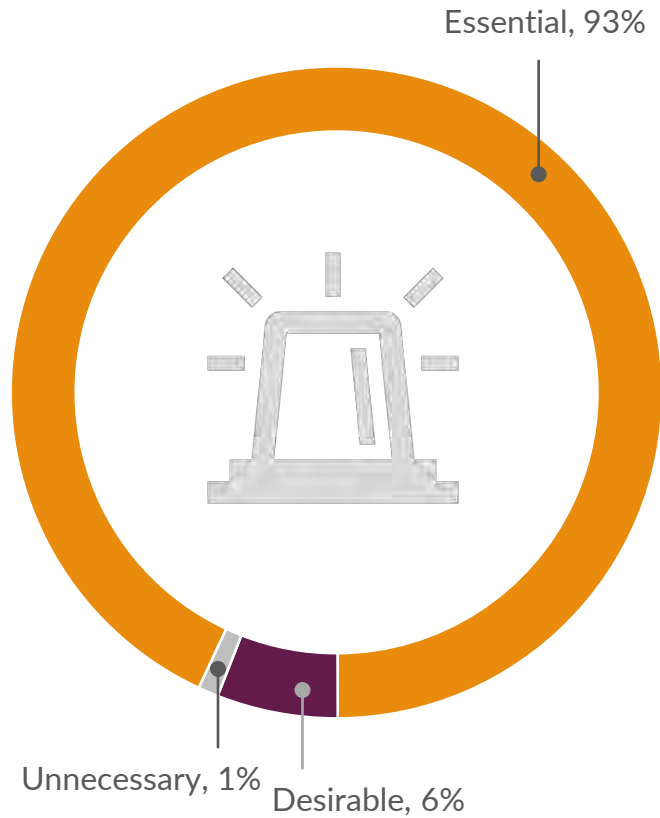
84%

feel that a **hospital is essential** for their community.

No statistical change from the past two surveys.

Q7. Which of the following statements best reflects your thinking about the need for a hospital in your community?
BASE: All respondents (n=460)

NEED FOR EMERGENCY DEPARTMENT



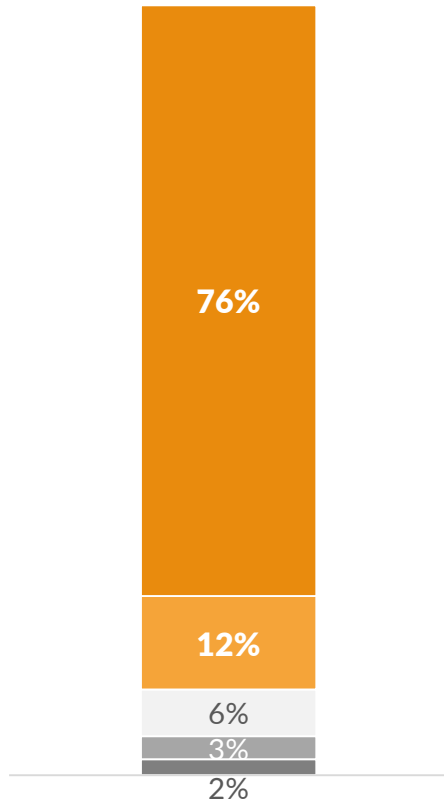
93% feel that an **Emergency Department** is essential for their community.

No statistical change from the past two surveys.

Q8. Which of the following statements best reflects your thinking about the need for an Emergency Department in your community?
BASE: All respondents (n=460)

IMPORTANCE TO HEALTH OF THE COMMUNITY

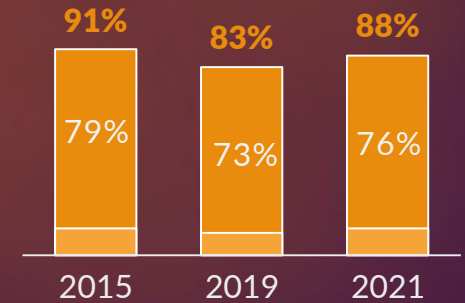
- 5 - Very Important
- 4
- 3
- 2
- 1 - Not Important



88%

feel that SVH is *important* to the overall health of the community, including 76% who see it as very important.

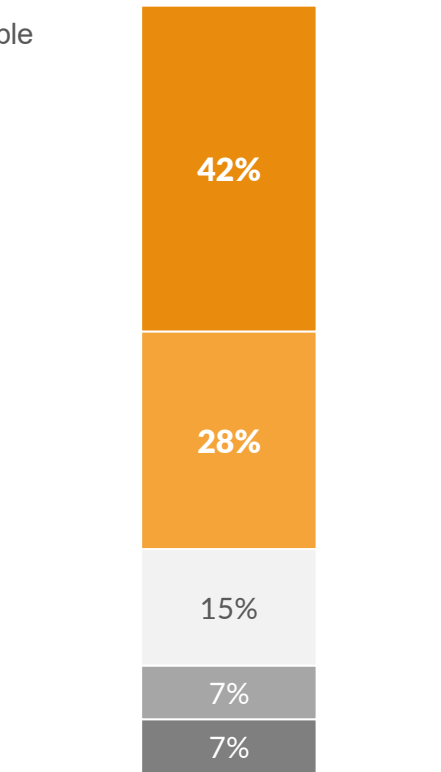
Top-2 Box up from 2019, but not back to 2015 levels.



Q27. How important do you feel Sonoma Valley Hospital is to the overall health of the community?
 BASE: All respondents - 2021 (n=460), 2019 (n=369), 2015 (n=317)

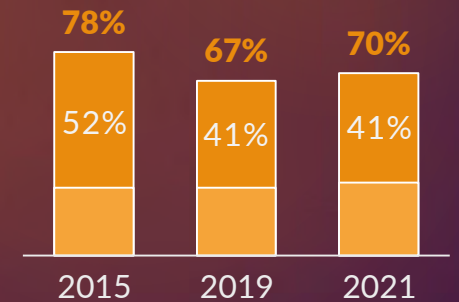
OPINION OF SVH

- 5 - Extremely Favorable
- 4
- 3
- 2
- 1 - Extremely Unfavorable

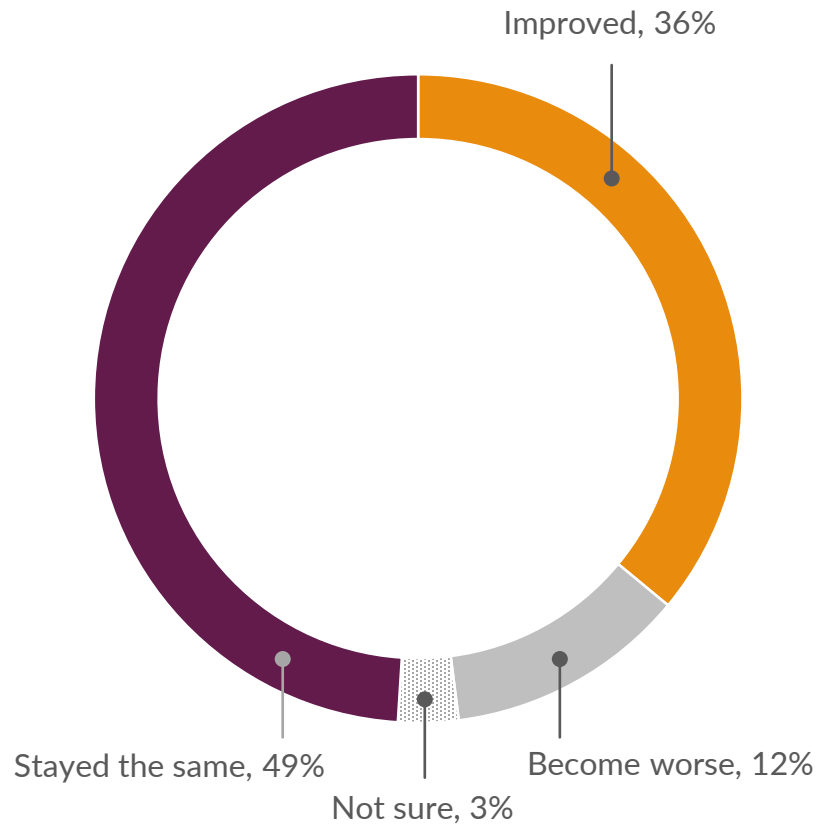


70% have a *favorable* opinion of SVH, including 41% whose opinion is extremely favorable

Top-2 Box similar to 2019, but still behind 2015 levels.

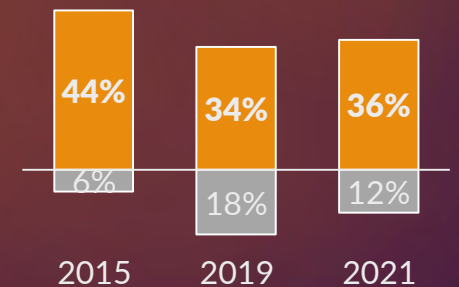


CHANGE IN OPINION OF SVH



36% say their opinion of SVH has *improved*, nearly three times as many whose opinion has worsened (12%).

*Improvement similar to 2019, but still behind 2015 levels.
Fewer people said their opinion is worse than in 2019.*



Q28. In the past couple of years, has your opinion of Sonoma Valley Hospital...
BASE: All respondents - 2021 (n=460), 2019 (n=369), 2015 (n=317)

Reasons for Improved Opinion

UCSF is largely driving improved perception of SVH, with roughly 1 in 4 of those who had a better perception citing the affiliation between the two entities.

Personal (or family) experience is also driving improved perception.

Other reasons cited for improved overall perceptions include:

- ▶ Better management and fiscal discipline, tough decisions made
- ▶ Access to better doctors, including more specialists
- ▶ Friendly, responsive, accommodating staff (nursing, technicians, admins)
- ▶ More and better services offered (e.g., scans, labs)
- ▶ More efficient processes (e.g., faster scheduling, quicker lab results)
- ▶ Renovated, more sophisticated equipment
- ▶ Upgraded (and cleaner) facilities, especially Emergency care

“

“The expanded relationship with UCSF is a definite advantage to providing the care that may be needed beyond our Sonoma hospital's capabilities. It also provides an opportunity for additional services here. The tough decisions about eliminating some services were difficult to make, but the right thing to do. We are too small to be all things for all patients. The focus on immediate needs, stabilizing the ER patients and handling outpatient services is where we need to be.”

“My confidence in SVH has improved as a result of the new affiliation with UCSF. It's reassuring to know that SVH is growing their patient care offerings and that they now have access to medical professionals with the highest level of expertise and in variety of fields - women's health, pediatrics, gastroenterology, oncology, gerontology, etc.”

“I have had a fair amount of direct experience with SVH in the last few years and been impressed with the facilities (new ER), availability of various scans, incredible technicians - knowledgeable, super personable, put me (and my child) at ease and accomplished whatever scan was needed expediently. And the association with UCSF says a lot about the quality of the hospital.”

Reasons for Worsening Opinion

Some of the issues cited for more negative opinions include:

- ▶ **Continuing concerns about leadership** — management, fiscal management
- ▶ **Elimination of/changes to desired services**, including home care, skilled nursing and obstetrics, forcing people to seek care farther away
- ▶ **Bad experience in the Emergency Room**, including uncaring doctors and nurses, long wait times, misdiagnoses or lack of diagnoses
- ▶ **Poor quality of care**
- ▶ **Inadequate follow up**, whether from ER or imaging and lab results
- ▶ A few people cited an **insufficient response to Covid**

“

“The rumor around town is you don't go there if you have something serious, Very sad because I depend on your hospital to be there for my family.”

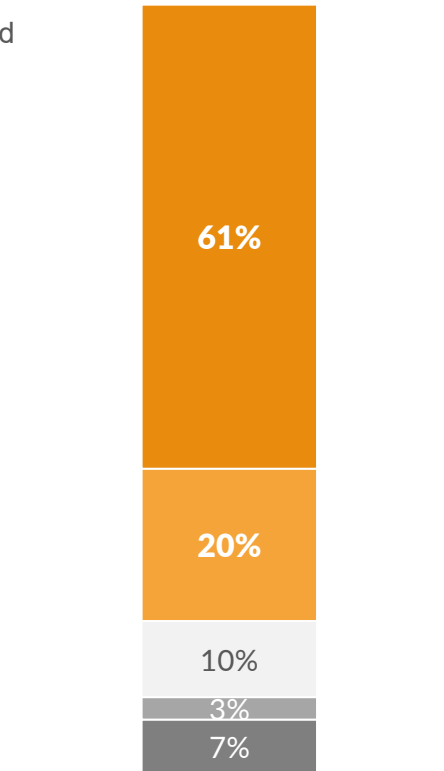
“Poor leadership, lack of a proper IT causing my personal data to be jeopardized- not once but twice!!!. You need to have a big turnaround for our community to start backing you again. if you tried to pass another bond I would vote against it, It's time for better leadership.”

“Patients are rarely admitted & instead are sent to whatever hospital will take them. Having to drive an hour or longer to go see a sick family member defeats the purpose of having a community hospital. In addition, getting rid of OB services & having an ED that does not want imminent pregnancies also defeats the purpose of having a local hospital and probably violates state & federal emergency department standards.”

“Lack of staff, the staff are rude and some doctors as well. They just make you feel like you're careless. Over the years doctors don't seem to care. It makes you feel like they just need to get rid of you ASAP! When you know there is something wrong with your health or whatever the situation is, you need to go back to the ER about 5xs for them to actually do something about your situation.”

SATISFACTION WITH SVH

- 5 - Very Satisfied
- 4
- 3
- 2
- 1 - Very Unsatisfied



81%

are *satisfied* with their most recent visit(s) to SVH, including 61% who are very satisfied.

No statistical change from the past two surveys.

Q17. Think about your most recent visit(s) to Sonoma Valley Hospital...
Overall, how satisfied are you with the level of care you received there?
BASE: Used the hospital past 3 years (n=395)

PERCEPTIONS OF THE HOSPITAL

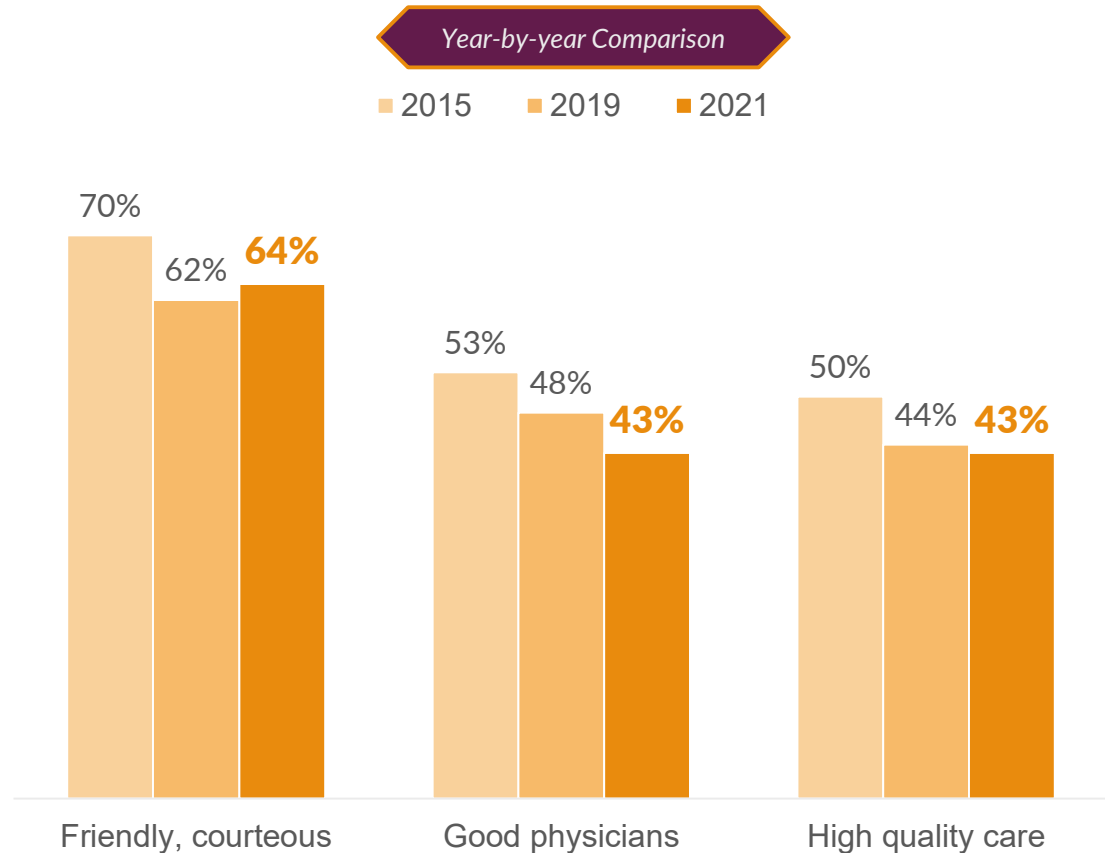


Residents most associate SVH with *convenience, friendliness/courteousness, and the ER.*

But the hospital is also not sufficiently seen as *caring about people and their families*, nor as being *well-managed.*

Q13. Which of the following words or phrases do you feel accurately describe Sonoma Valley Hospital?
BASE: All respondents (n=460)

PERCEPTIONS OF THE HOSPITAL (CONTINUED)



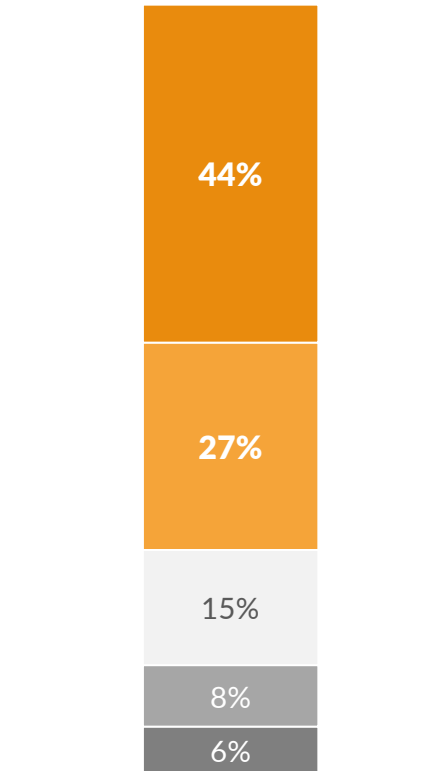
Perceptions of *friendliness/courteousness* are directionally up slightly from 2019.

The share of respondents thinking SVH has *good physicians* is directionally lower than 2019.

These measures, along with *high-quality care*, are lower than they were in 2015.

LIKELIHOOD TO USE SVH IN THE FUTURE

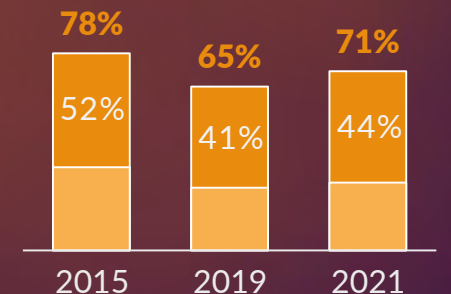
- Definitely will
- Probably will
- Not sure
- Probably will NOT
- Definitely will NOT



71%

are *likely to use* SVH the next time they need hospital care, including 44% who definitely will.

Top-2 Box similar to 2019, but still behind 2015 levels.

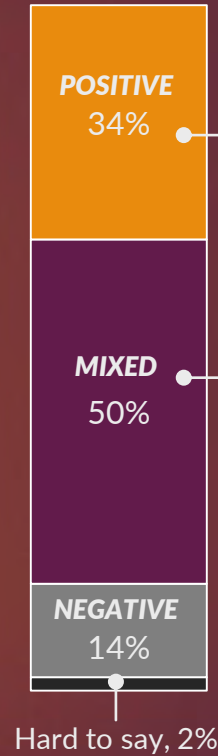


Q22. How likely are you to use Sonoma Valley Hospital the next time you or a loved one requires hospital care?
 BASE: All those whose insurance permits them to go to SVH (n=427)

WORD OF MOUTH



COMMENTS WERE **MOSTLY...**



More than twice as many people have heard positive comments about SVH (34%) as have heard negative ones (14%)

Half hear mixed messages about SVH

Hard to say, 2%

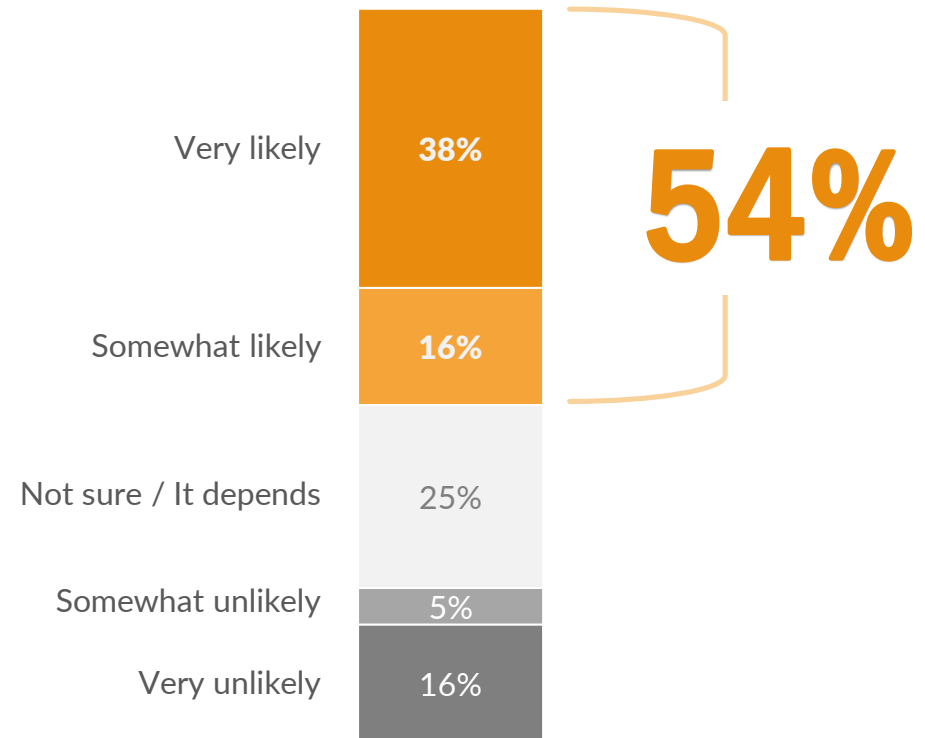
PARCEL TAX



Q30A. Did you vote for the parcel tax supporting the hospital in 2017?
BASE: All Respondents (n=460)

66% voted for the last parcel tax, but support for a **future** parcel tax is lower

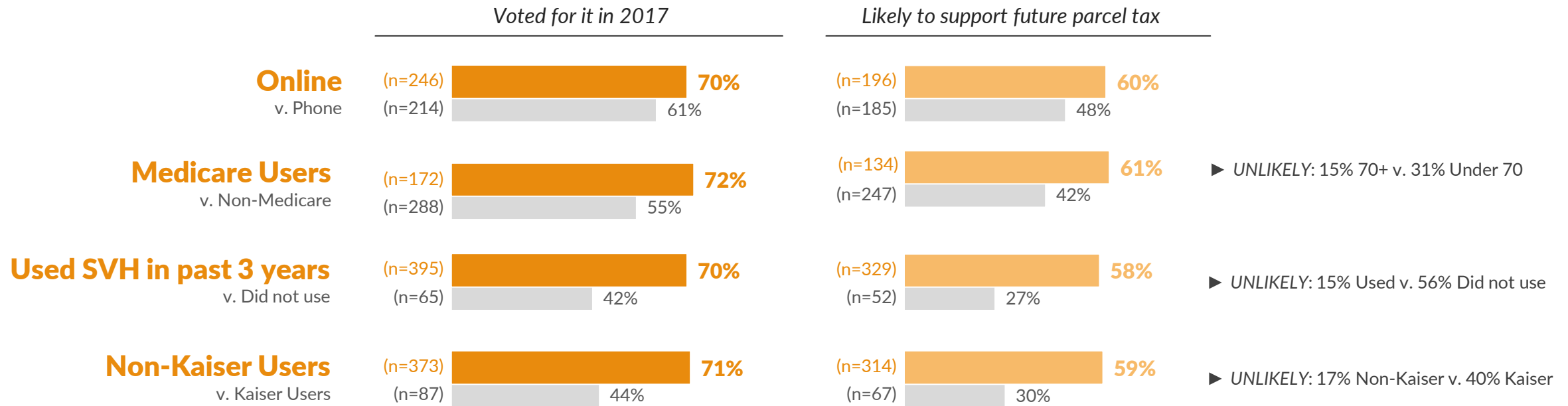
54% of those who recall voting either yes or no for the parcel tax in 2017 are likely to vote for it again



Q30B. How likely do you think you would be to vote for a parcel tax in the future?
BASE: Those who recalled voting yes or no on the 2017 parcel tax, did not include those who could not recall (n=381)

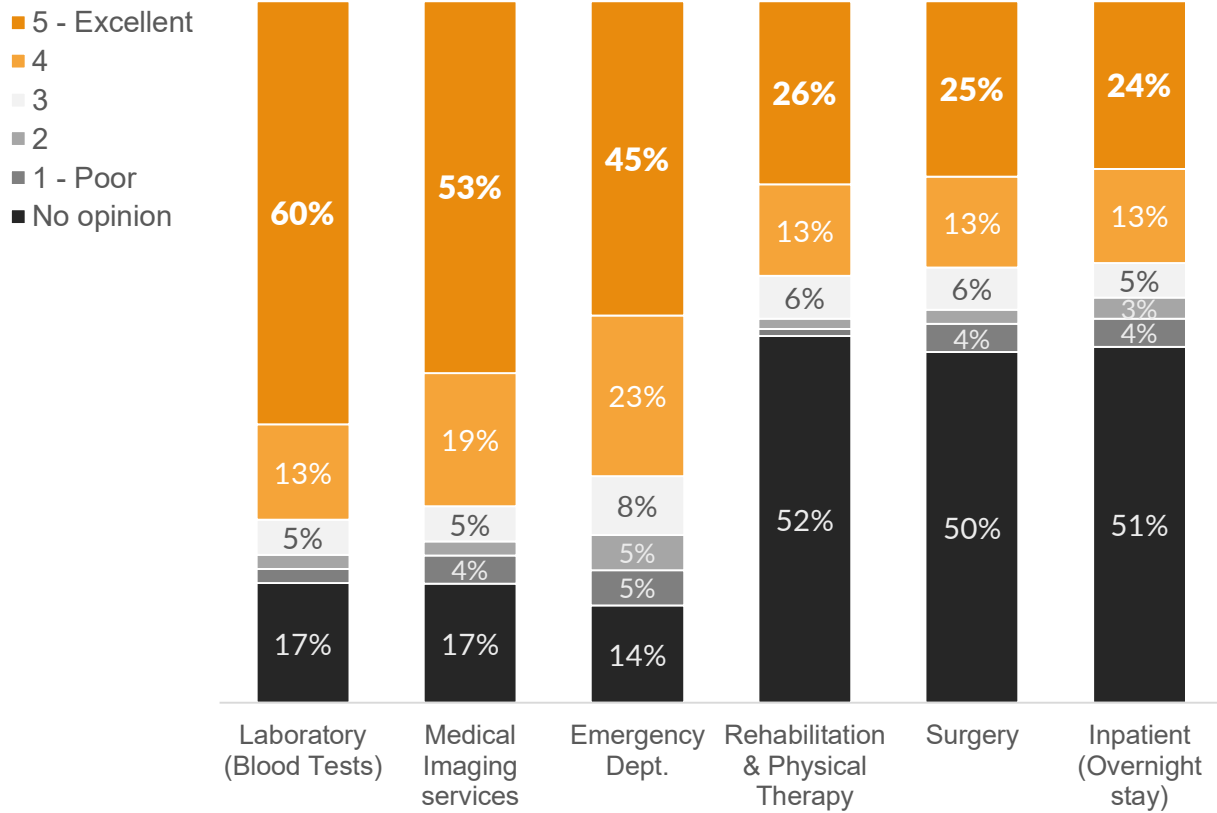
PARCEL TAX

Those more likely to have voted for it in 2017 and to support it again:



FACTORS AFFECTING PERCEPTION/OPINION

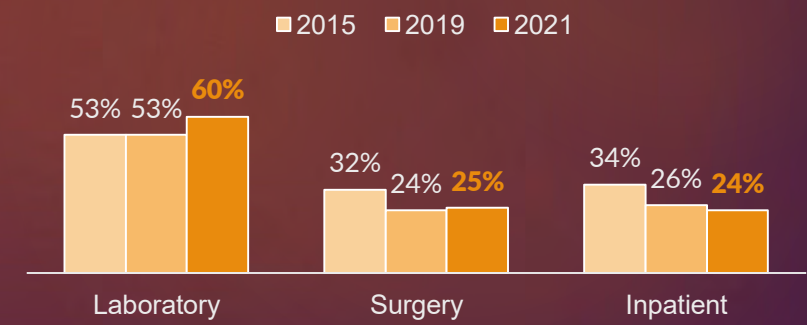
PERCEPTION OF SPECIFIC SERVICES



Note: Chart labels not shown for percentages less than 3%
 Q24. Based on your own experience or what you have heard about the hospital, please rate Sonoma Valley Hospital on the following services.
 BASE: Used the hospital past 3 years (n=428)

Patients think most highly of the lab work and medical imaging services they receive at SVH.

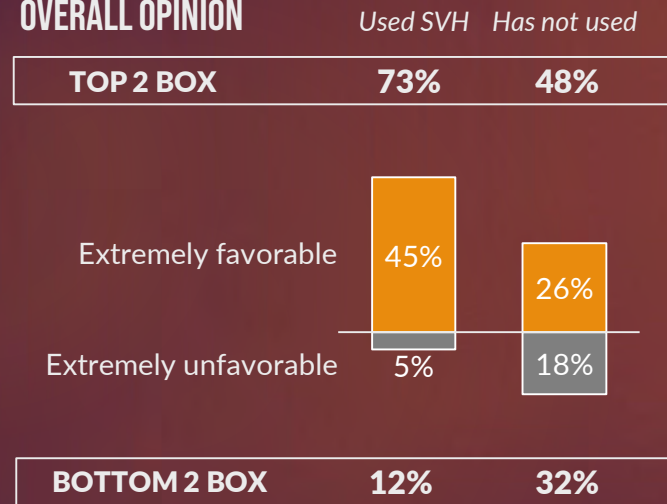
“Excellent” perception of lab work has improved since 2019, while Surgery and Inpatient care remain below 2015 levels



OPINION OF SVH BASED ON USE IN PAST 3 YEARS

Familiarity breeds praise. Those who have experienced services at SVH are much more likely to give it high marks. Those without the experience tend to have no opinion rather than a negative one. There were no meaningful differences in negative reactions between those who have experienced the service and those who have not.

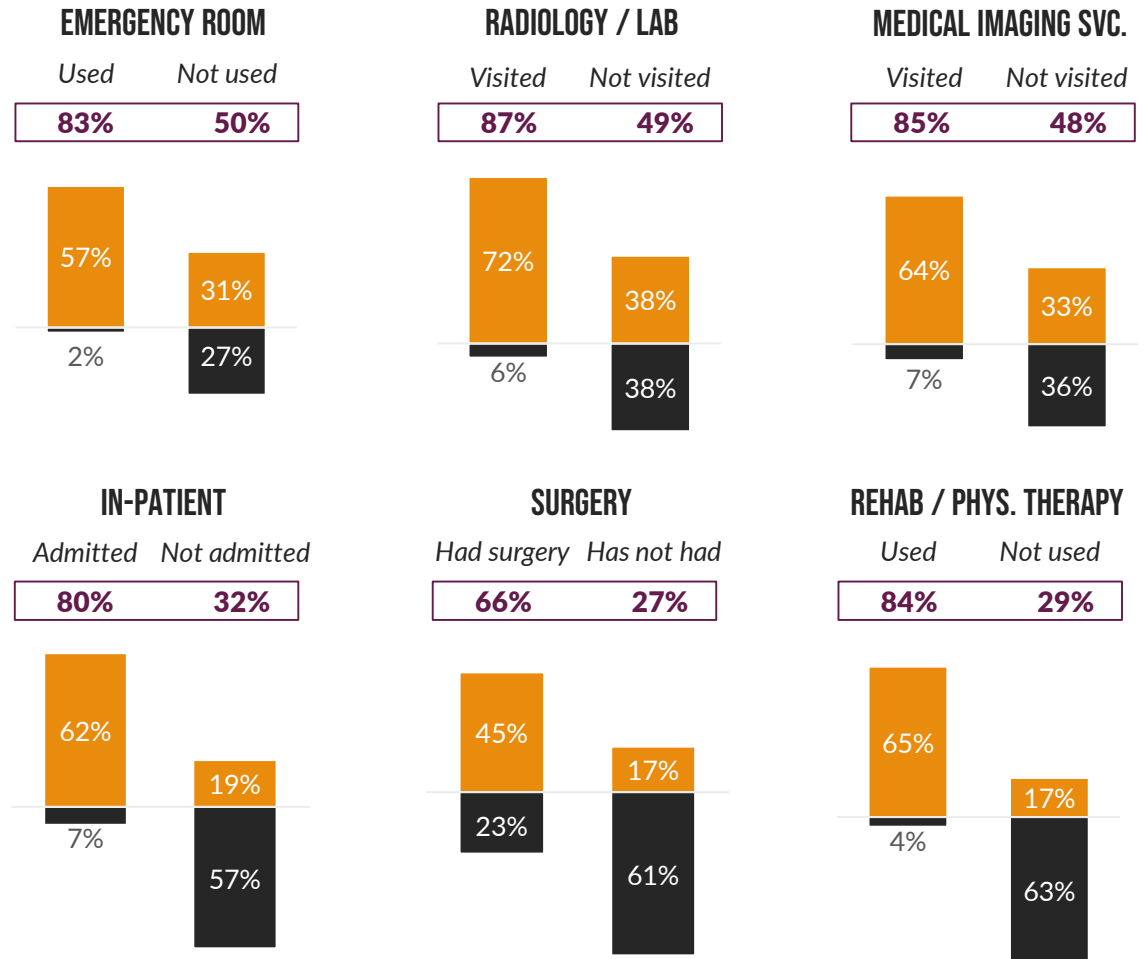
OVERALL OPINION



Q10. How favorable or unfavorable is your overall opinion of Sonoma Valley Hospital?
 BASE: SVH - Used in Past 3 Years (n=395), Has not used (n=65)

TOP 2 BOX

- Excellent (5)
- No opinion



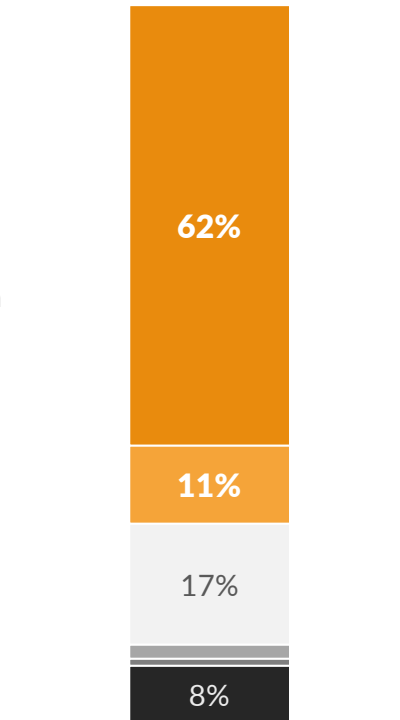
Q24. Based on your own experience, or what you have heard about the hospital, please rate Sonoma Valley Hospital on the following services...
 BASE: ER - Used (n=247), Not used (n=213); Radiology/Lab - Visited (n=298), Not visited (n=162); Medical Imaging Services - Visited (n=298), Not visited (n=162); In-Patient - Admitted (n=60), Not admitted (n=400); Surgery - Had surgery (n=128), Has not had (n=332); Rehab/PT - Used (n=86), Not used (n=374)

UCSF HEALTH



Impact on Opinion

- 5 - Very Positively
- 4
- 3 - Neutral
- 2
- 1 - Very Negatively
- Don't know enough to have an opinion



Note: Chart labels not shown for percentages less than 3%

Q29C. Are you aware that Sonoma Valley Hospital is now affiliated with UCSF Health?

BASE: All Respondents (n=460)

Q29D. How does the affiliation with UCSF affect your opinion of Sonoma Valley Hospital?

BASE: Aware of SVH's affiliation with UCSF (n=376)

73%

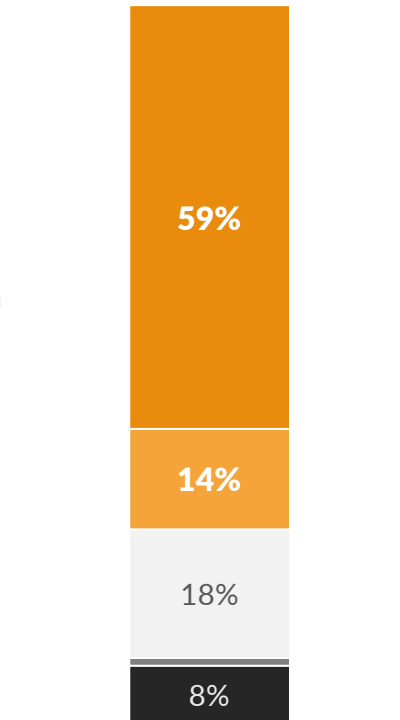
of those who knew about the affiliation with UCSF say it has a positive effect on their opinion of SVH, including 62% who see it very positively.

OUTPATIENT DIAGNOSTIC CENTER



Impact on Opinion

- 5 - Very Positively
- 4
- 3 - Neutral
- 2
- 1 - Very Negatively
- Don't know enough to have an opinion



Note: Chart labels not shown for percentages less than 3%

Q29H. Are you aware that Sonoma Valley Hospital will soon open a new Outpatient Diagnostic Center with modern CT and MRI technology?

BASE: All Respondents (n=460)

Q29I. How does the new Outpatient Diagnostic Center affect your opinion of SVH?

BASE: Aware of the new Outpatient Diagnostic Center (n=241)

73%

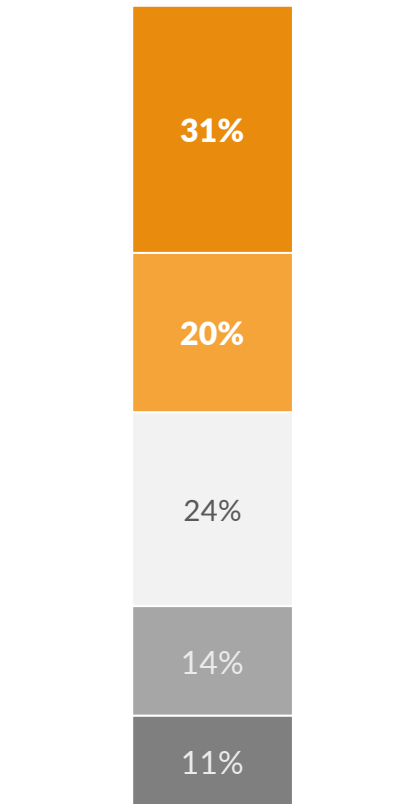
of those who knew SVH will be opening a *new Outpatient Diagnostic Center* say it has a *positive effect* on their opinion, including 59% who see it very positively.

COVID-19 RESPONSE



*Note: Survey was conducted before Covid-19 vaccination clinics were opened.

- 5 - Very Well
- 4
- 3 - Neutral
- 2
- 1 - Poorly



Q29E. How well do you think Sonoma Valley Hospital has responded to the Covid-19 pandemic?
BASE: All Respondents (n=460)

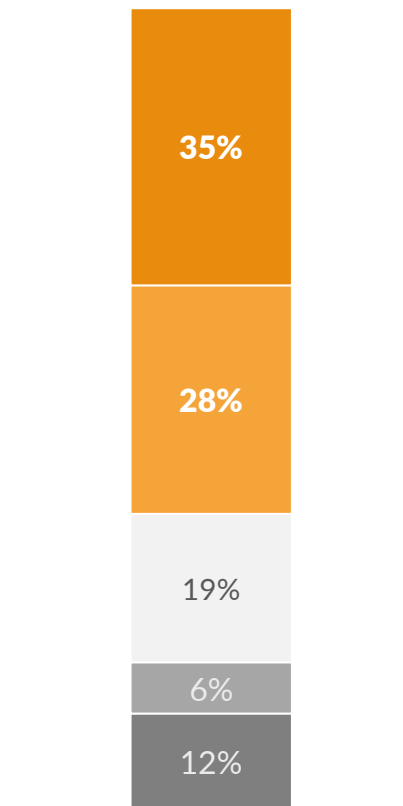
51%

of those who had an opinion felt that *SVH's response to the pandemic was good*—twice as many as those who think it was poor (25%).

CURRENT MANAGEMENT

 **75%** had an opinion about how well-managed SVH is.

- 5 - Very Well
- 4
- 3 - Neutral
- 2
- 1 - Poorly

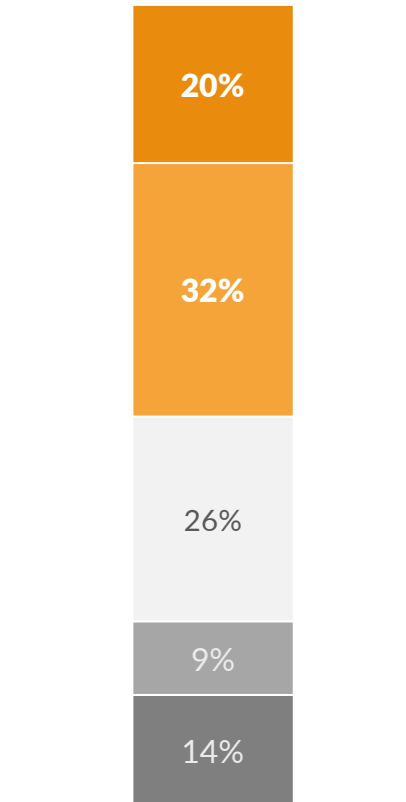


63% of those with an opinion think *SVH is well-managed.*

FUTURE MANAGEMENT



- 5 - Very Confident
- 4
- 3 - Neutral
- 2



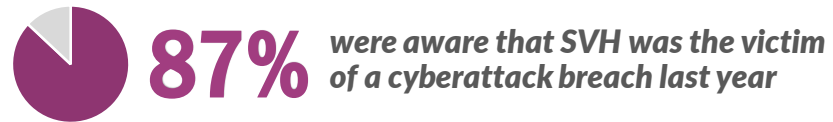
Q29G. How confident are you in Sonoma Valley Hospital's ability to manage its financial future?
BASE: All Respondents (n=460)

51%

of those with an opinion are *confident in SVH's ability to manage its financial future*, 12 points lower than the percent that thinks it is well-managed.

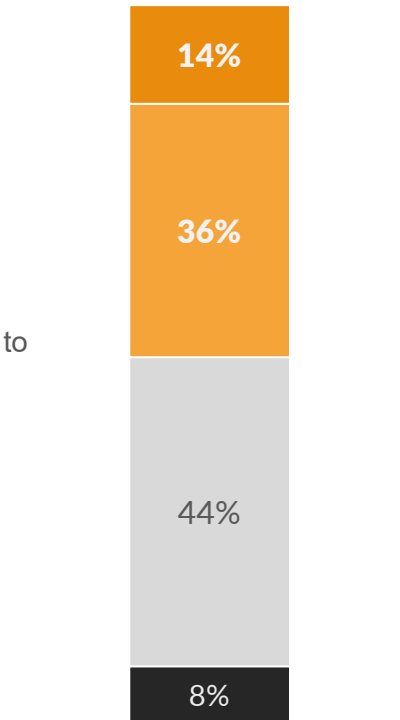
Note: The sum of those who gave this statement a '5' (20%) or '4' (32%) does not equal 51% because of rounding.

CYBERATTACK



Impact on Perception

- Causes me GREAT concern
- Causes me SOME concern
- No change
- Don't know enough to have an opinion



Q30E. Are you aware that SVH experienced a cyberattack breach in late 2020?
BASE: All Respondents (n=460)

Q30F How, if at all, does the cyberattack breach affect your perception of the hospital?
BASE: Aware of the cyberattack breach (n=401)

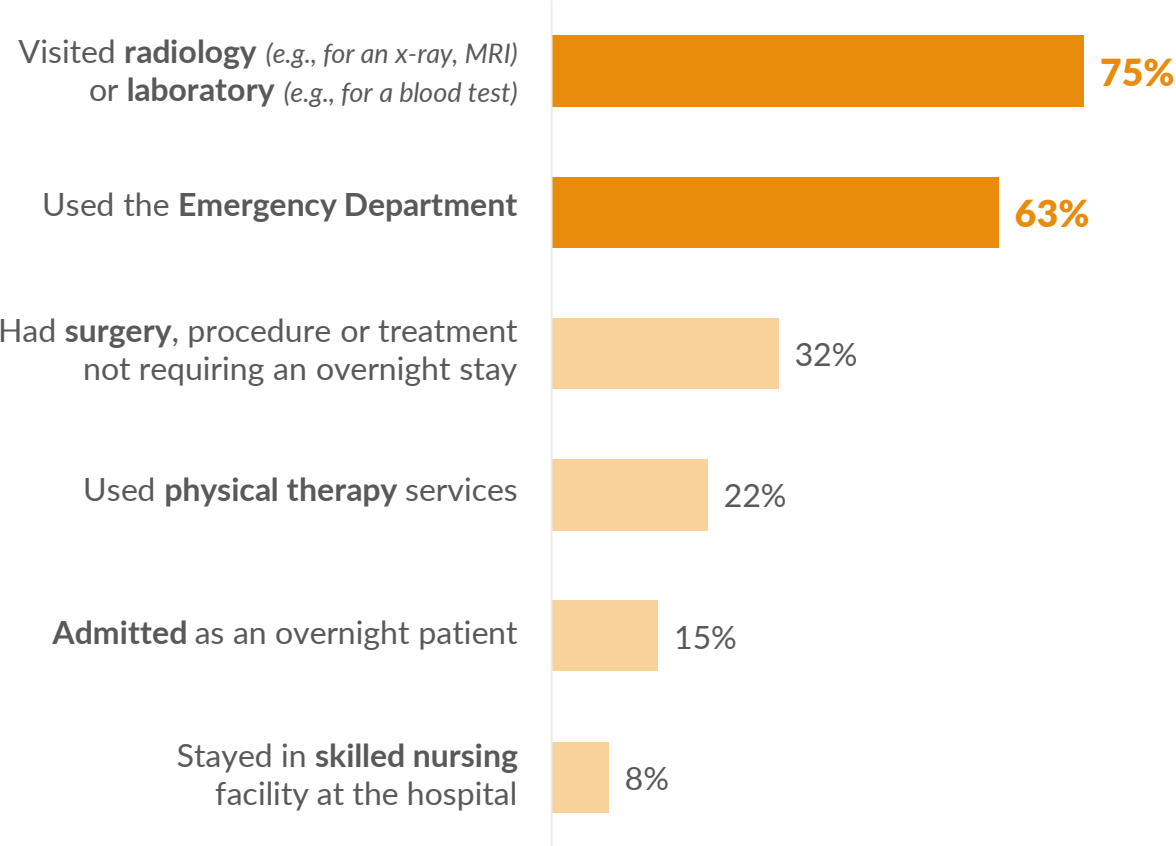
50%

half of those who were aware of the *cyberattack* said it caused them some or great concern.

ADDITIONAL ISSUES

- ▶ Services most used/purpose of visit
- ▶ Why go to SVH
- ▶ Alternative hospitals
- ▶ Why go elsewhere
- ▶ Financial donation & health education

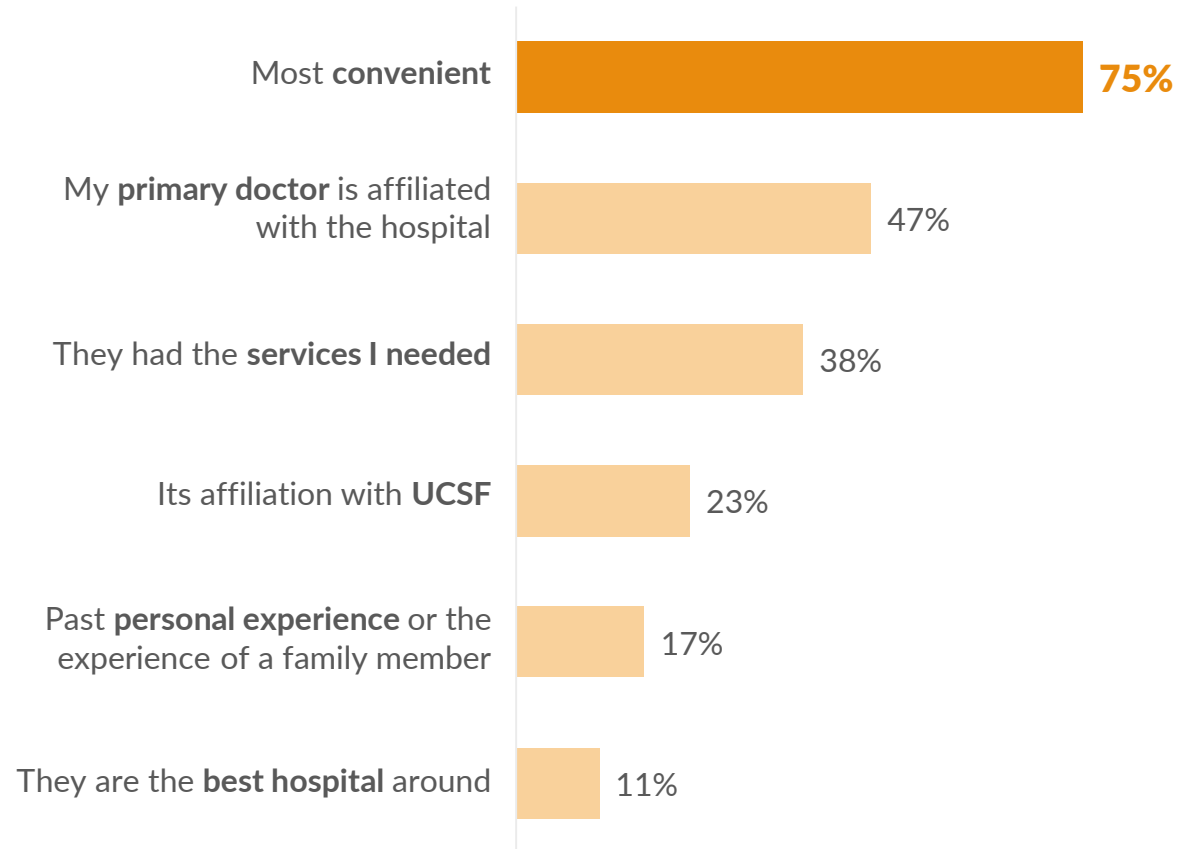
SERVICES MOST USED/PURPOSE OF VISIT



The most common use for SVH is *visiting radiology/laboratory*, followed by use of the *Emergency Department*.

Q15. Please indicate the purpose of your (or your family member's) visit to Sonoma Valley Hospital in the past 3 years.
BASE: Used SVH past 3 years (n=395)

WHY GO TO SVH



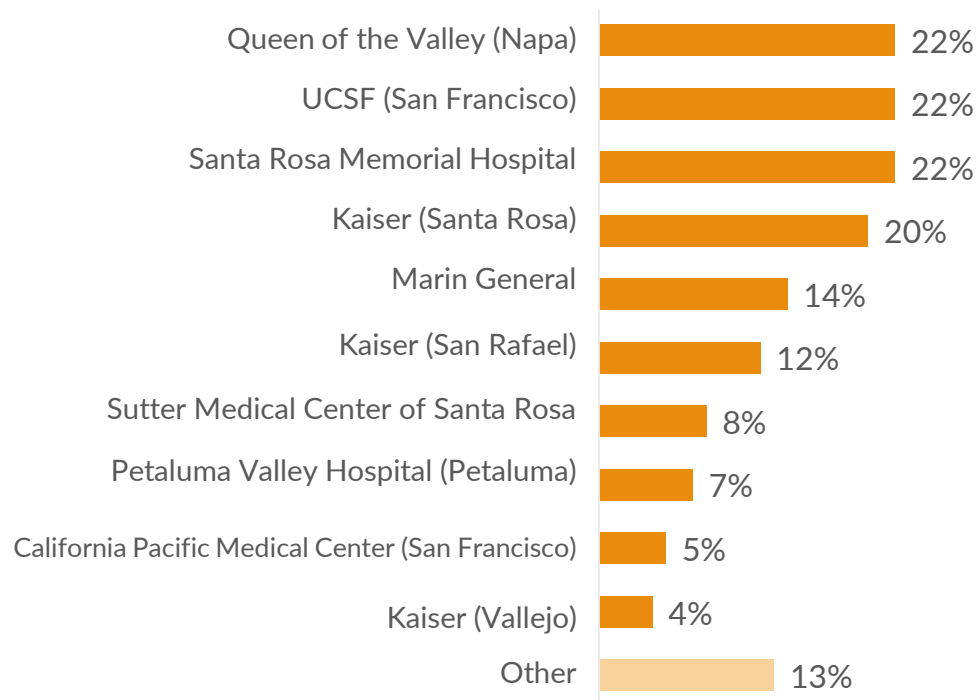
The most common reason for visiting SVH is *convenience*.

Q16. What are the main reasons you or your family chose to go to Sonoma Valley Hospital rather than another hospital? (You may choose up to 3 reasons.)
BASE: Used SVH past 3 years (n=395)

ALTERNATIVE HOSPITALS

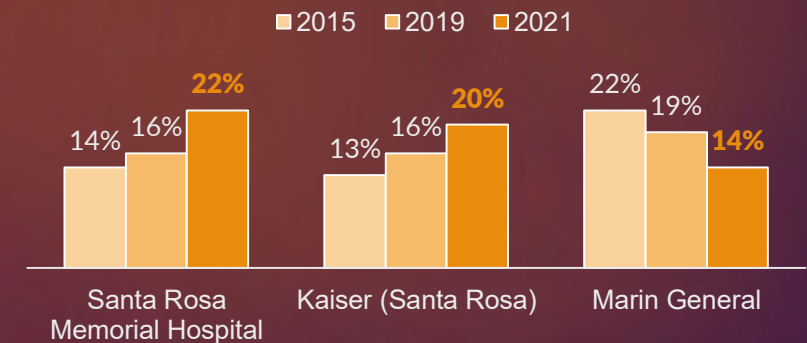


Other Hospitals Visited Past 3 Years



They went to a range of area hospitals—there was no single dominant alternative.

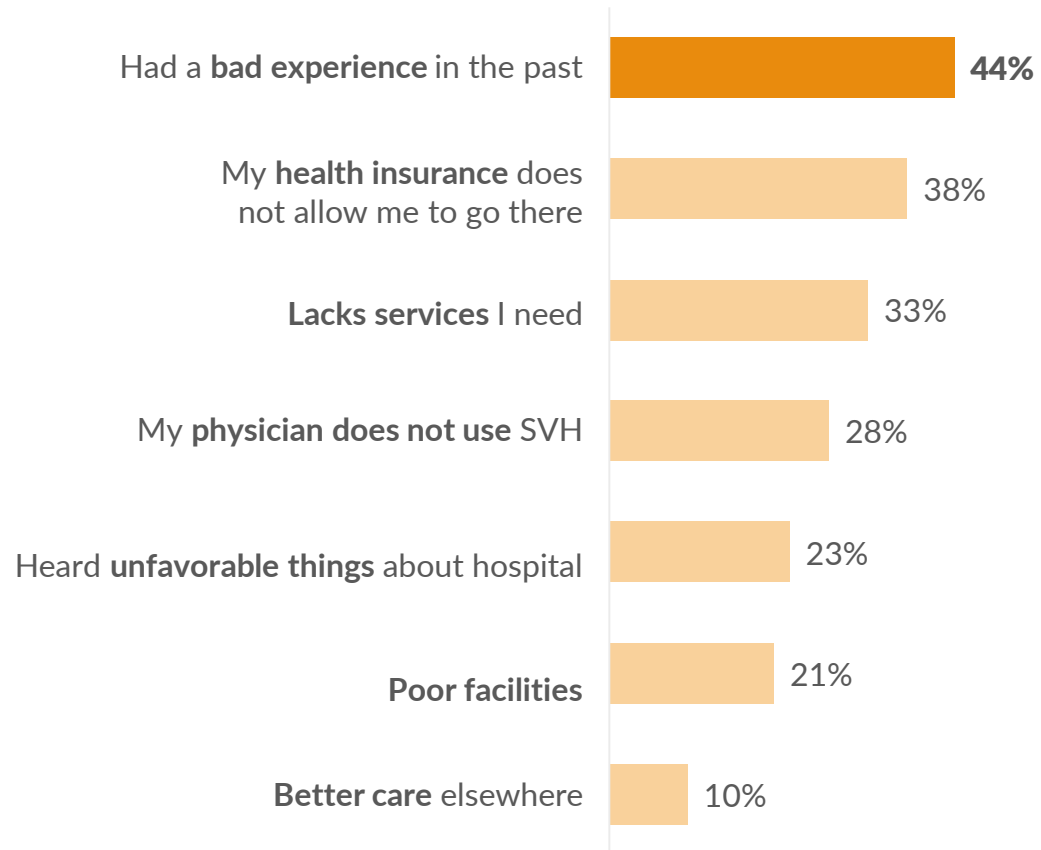
- A growing number of Sonoma Valley residents have gone to Santa Rosa Memorial Hospital or Kaiser (Santa Rosa) in recent years. A shrinking number go Marin General.



Q18. Have you gone to another hospital for services besides Sonoma Valley Hospital in the past 3 years?
BASE: All Respondents (n=460)

Q19. Which of the following hospitals, if any, have you or a close family member been to in the past three years?
BASE: Went to another hospital past 3 years (n=241)

WHY GO ELSEWHERE

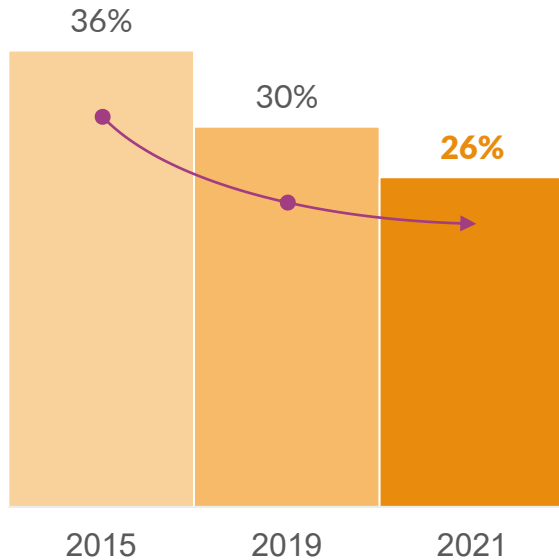


Bad past experience was the most common reason to go somewhere other than SVH.*

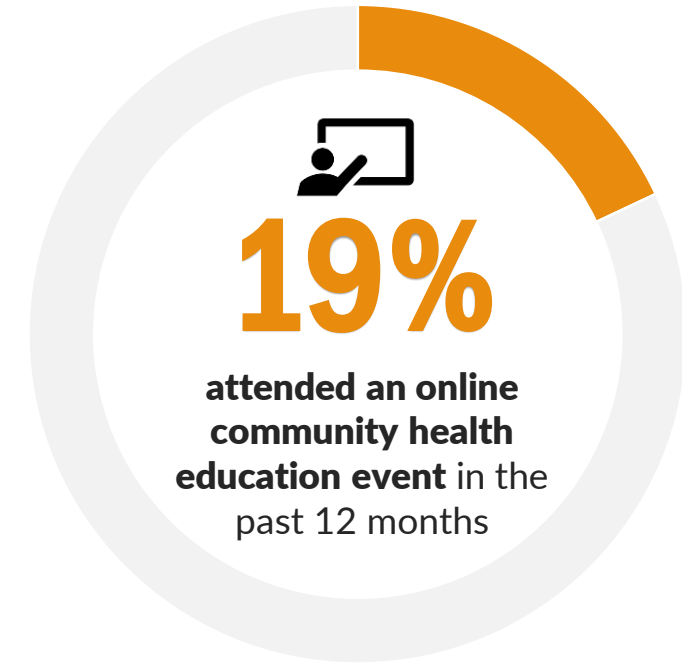
*Note: This reflects a very small base (n=61)

FINANCIAL DONATION

26% made a **financial donation** to SVH in the past 3 years
This number has continued to fall each wave.



HEALTH EDUCATION



No change from previous waves (even though the question in previous waves also included in-person events)

DIFFERENCES BY SEGMENT

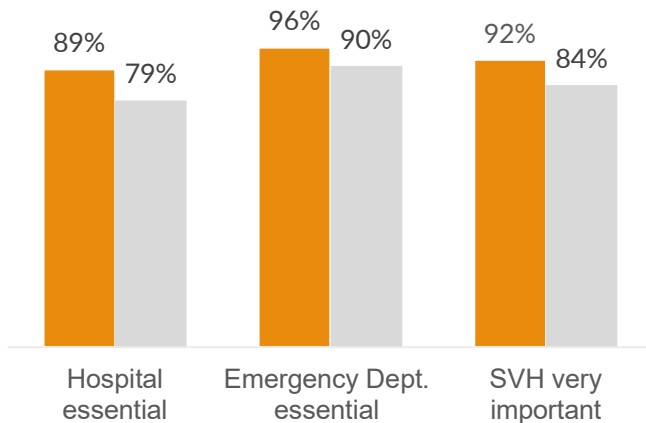
- ▶ Online v. Phone
- ▶ Kaiser users
- ▶ Medicare Users

ONLINE V. PHONE

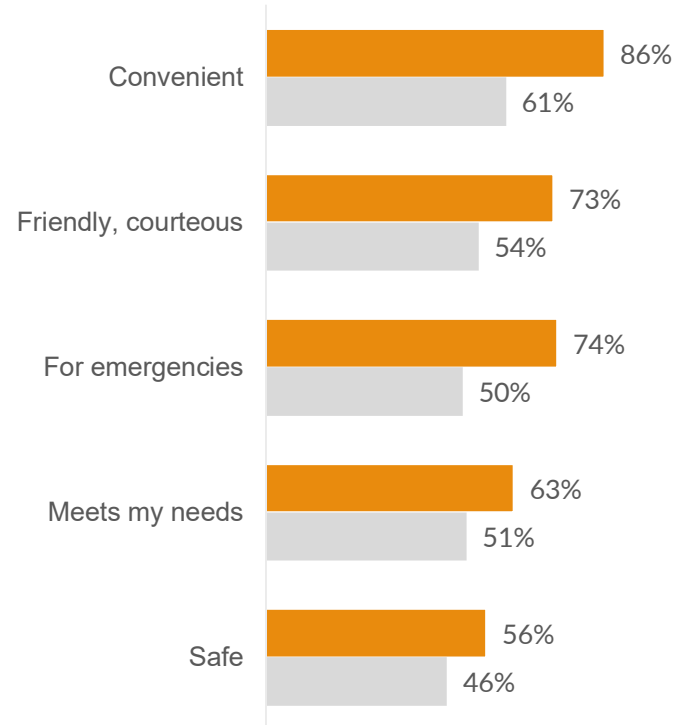
■ ONLINE ■ PHONE

Online respondents were more positive about SVH than were phone respondents

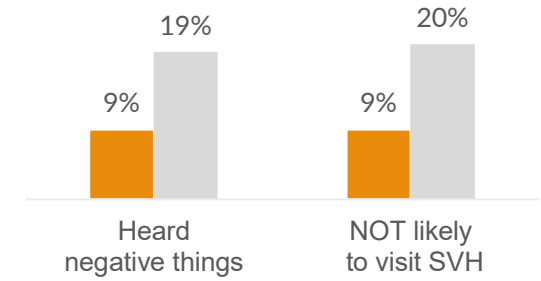
Online respondents are more likely to see a hospital or Emergency Dept. as essential—and SVH as very important—to the community.



Online respondents describe SVH more positively.



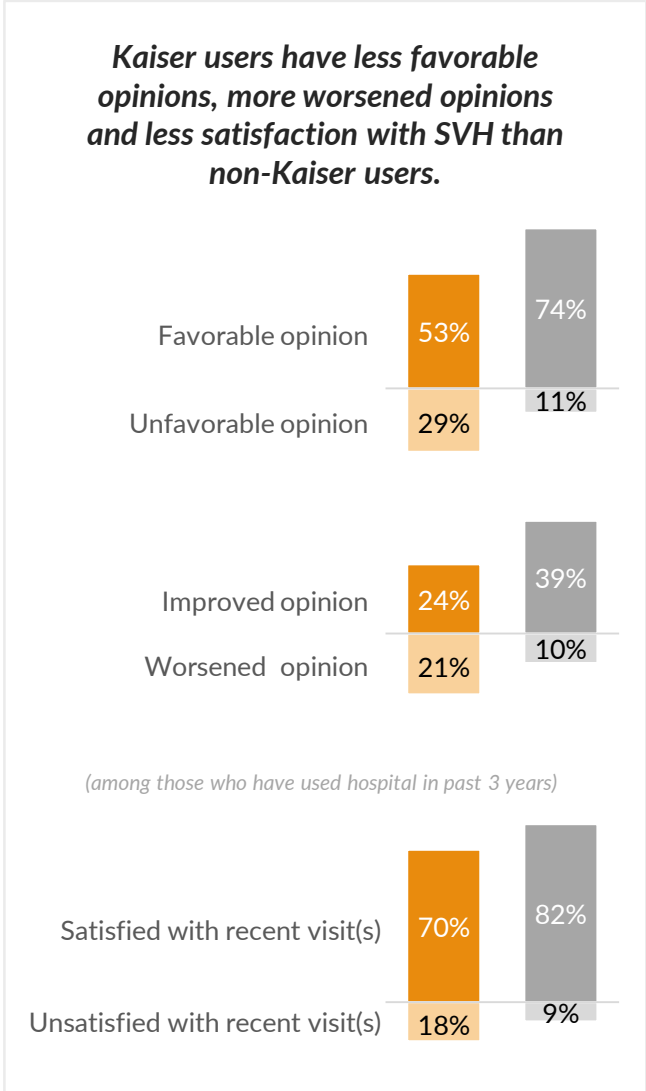
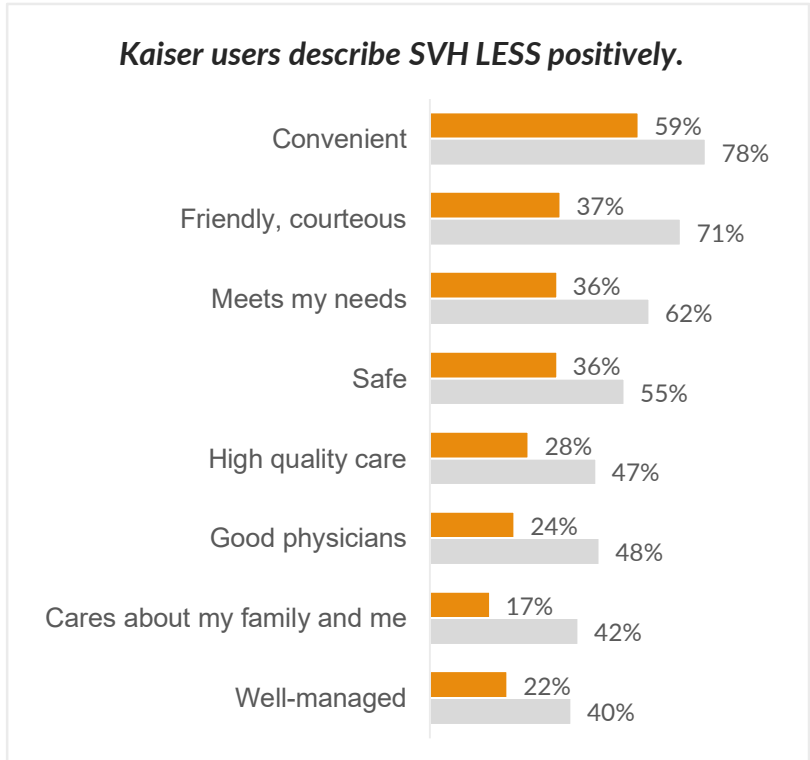
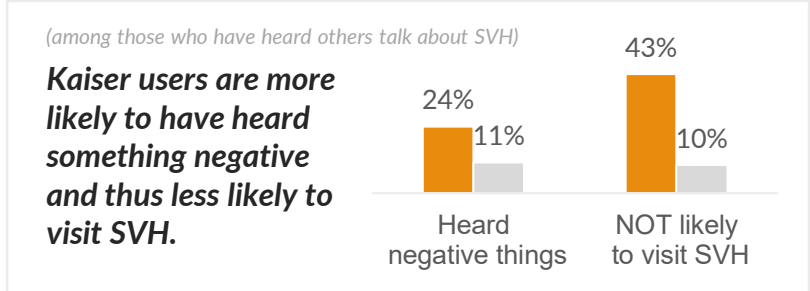
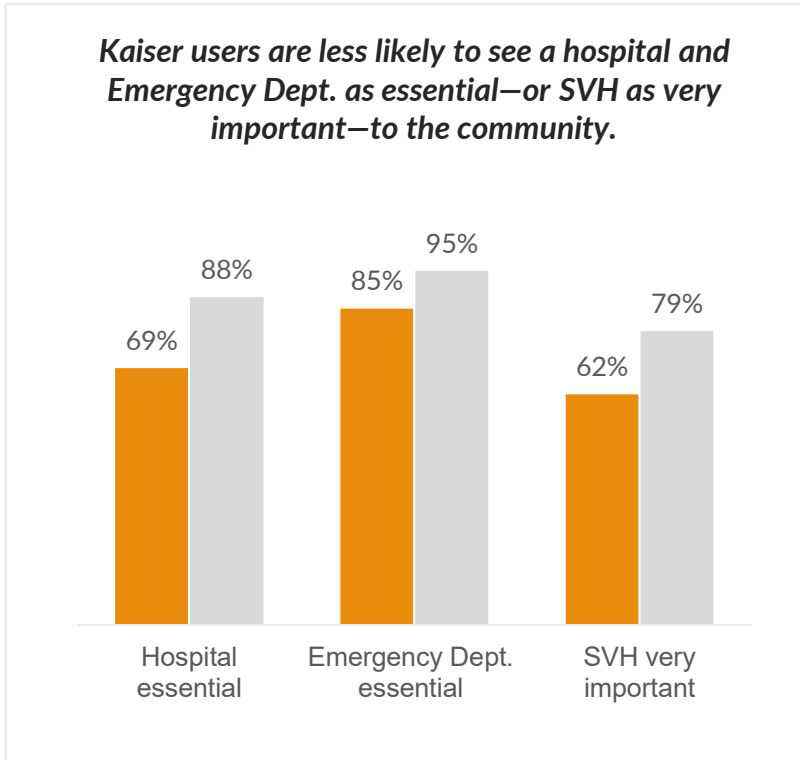
Phone respondents more likely to have heard something negative and thus more unlikely to visit SVH



KAISER USERS

KAISER NON-KAISER

Kaiser users are less favorable towards SVH than are those with other types of insurance



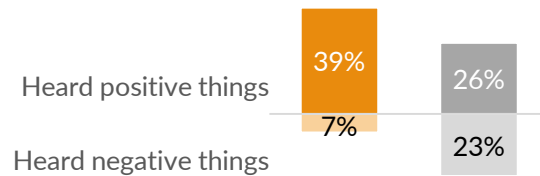
MEDICARE USERS

■ MEDICARE ■ NON-MEDICARE

Medicare users are more favorable towards SVH than non-Medicare users are

Medicare users are more likely than non-Medicare users to have heard something positive about SVH. Non-Medicare users are nearly as likely to have heard negative things as positive things about the hospital.

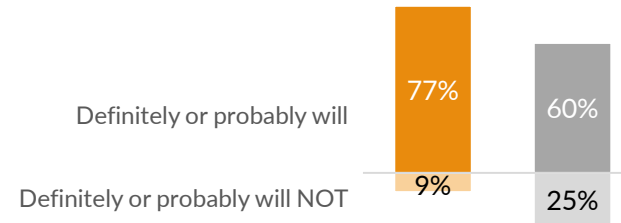
(among those who have heard others talk about SVH)



Note: Medicare users include all those 70+

Medicare users are more likely to go to SVH the next time they need a hospital.

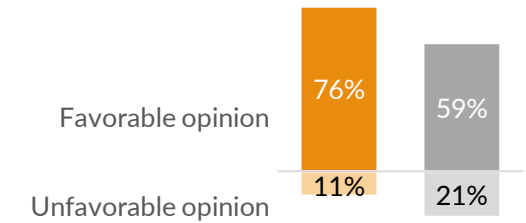
(among those whose insurance permits them to go to SVH)



Medicare users describe SVH more positively



Medicare users have more favorable opinions, fewer worsened opinions and more satisfaction with SVH than younger residents do



(among those who have used hospital in past 3 years)





To: SVHCD Board of Directors
From: Michael Brown, MD Chief of Staff
Meeting Date: April 1, 2021
Subject: Chief of Staff Report

CURRENT MEDICAL STAFF BY THE NUMBERS:

Total Medical Staff: 148
Active Medical Staff: 15
New Medical Staff: Maria Montenegro, MD Hospitalist
 Stuart Bursten, MD Hospitalist
 Tom Joseph, MD Anesthesia
 Jiandong Wei, MD Hospitalist
Newly Retired Medical Staff: None

Pertinent Medical Staff Gaps / Needs: Gastroenterology, ENT, Urology

MEDICAL STAFF QUALITY:

ED Rate My Hospital Physician Scores: Current Score is 4.7 out of 5

Quality initiatives related to ED / RMH Scores:

- Time spent with physician

HCAHPS Physician Scores:

Survey Items	SECTION/DOMAIN	Survey Type	n	Top Box Score		Goal: N/A	Percentile Rank
				Current (2020)	Previous (2019)	Change	
Domain: Comm w/ Doctors	COMM W/ DOCTORS	CAHPS	160	73.06%	82.43%	-9.37%	10
Doctors treat with courtesy/respect	COMM W/ DOCTORS	CAHPS	160	81.25%	88.99%	-7.74%	15
Doctors listen carefully to you	COMM W/ DOCTORS	CAHPS	160	68.13%	80.44%	-12.31%	5
Doctors expl in way you understand	COMM W/ DOCTORS	CAHPS	159	69.81%	77.88%	-8.07%	19

Quality initiatives related to HCAHPS Physician Scores:

- ED Sepsis Bundle – The goal is to improve the standard of care for sepsis through the best practice with CMS core measures.
- Hospitalist, patient satisfaction scores – Work is being done with Benchmark and hospital leadership to improve scores. This includes improvement with physician, nurse, medication and discharge communication.
- Implementation of American Heart Association guidelines in the ED – This will create a national database by October 2021, which meets regulatory standards for acute stroke reading certification.
- Ortho SVH perioperative home initiative. This is a standardization of pre, postop and surgical care of orthopedic, mostly joint replacement, patients through order sets and medications.

MEDICAL STAFF MEETINGS:

The Medicine and Surgery committees will soon be electing new chairmen, as well as a new Vice Chief of Staff. The election will occur at the May meetings, and the new offices will become official July 1st. At that time Dr. Andrew Solomon will become the Chief of Staff.

The COVID crisis has been the lead topic in every meeting.

MEDICAL STAFF NEEDS / CONCERNS:

One of the main concerns is bringing patient volumes back up for overall hospital financial viability. We are beginning to see this occurring.

SUMMARY: OVERALL STATE OF SVH Medical Staff:

As the pandemic becomes better under control patient trust increases and as we welcome our new CEO the future as bright.



February 16, 2021

Mr. Ken Jensen
Co-CEO / CFO
Sonoma Valley Hospital
347 Andrieux Street
Sonoma, CA 95476

Subject: Revised location for cogeneration system

Dear Mr. Jensen:

We are attaching an amendment to the Energy Services Agreement for the changes to the location of the combined heat and power (“CHP”) system. The change in scope will cost an estimated \$300,000. Unison Energy will cover \$150,000 out of our project contingency. For the remaining \$150,000, we recommend financing the cost by slightly increasing the cost of electricity and thermal in our agreement. This will reduce the savings to the hospital to ~\$30,000 from ~\$40,000 in our initial pro forma.

Background: Sonoma Valley Hospital signed an Energy Services Agreement with Unison Energy in August, 2020 to install a 420kW cogeneration units to provide reliable power and hot water to the hospital.

Our initial proposal, and basis of the ESA, was to install our equipment in the hospital’s boiler room. However, the hospital intends to repurpose the boiler room as a shop / storage room. The hospital asked Unison Energy to investigate maintaining that functionality for a portion of the boiler room while providing the CHP system.

The following changes will need to be made

- Split the room by adding a structural wall to the boiler room to subdivide the space into a CHP room and a shop storage room per OSHPD requirements (and subject to their review and approval).
- Relocate several existing pieces of equipment to access for maintenance of the CHP equipment
- Reclassify the working area as habitable--OSHPD codes will require the following (subject to their review and approval):
 - Meet current codes for ventilation and climate control
 - Confirm routes for personnel egress.
 - Meet fire codes and standards.
 - Upgrade the building lighting in the habitable area.

Assuming there are no complications associated with the OSHPD review and approval, the additional work is estimated at \$40k for engineering, \$225k for construction, and \$35k for contingency.

Unison Energy has already authorized the engineering work to detail the requirements and keep the project on track.

We estimate that this change will delay the project by 10 weeks—the engineering design changes will delay the project by 4 weeks while construction of the wall will add an additional 6 weeks to the project schedule.

* * * * *

Please see attached the updated pro forma and the ESA amendment for your consideration.

Thank you once again for working with Unison Energy. Please let us know if you have any questions or suggestions.

Best regards,

A handwritten signature in blue ink that reads "Tim Lukes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Tim Lukes
Co-CEO
Unison Energy
22 West Putnam Ave
Greenwich, CT 06830

**AMENDMENT TO
ENERGY SERVICES AGREEMENT**

THIS AMENDMENT TO ENERGY SERVICES AGREEMENT (this “Amendment”) is made and entered into as of [_____], by and between Unison Energy, LLC, a Delaware limited liability company (“Seller”), and Sonoma Valley Hospital, a sub-division of the State of California (“Provider”). Seller and Buyer are referred to herein each individually as a “Party” and collectively as the “Parties”.

RECITALS

A. The Parties have entered into that certain Energy Services Agreement, dated as of August 11, 2021 (the “Original Agreement”).

B. The Parties now desire to enter into this Amendment to implement certain amendments with respect to certain matters as described herein.

NOW THEREFORE, in consideration of the premises and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged by the Parties, the Parties covenant and agree as follows:

1. Energy Service Payment. The Energy Service Payment in the Key Terms in the Original Agreement are hereby replaced with the following:

Energy Service Payment:	The Energy Service Payment consists of, as applicable.
Electricity Price:	\$0.0739 /kWh for Electricity Output.
Hot Water Price:	\$0.584 /therm for Thermal Energy Output
Steam Price:	Not applicable
Chilled Water Price:	Not applicable
Operating Hour Price:	Not applicable
Fixed Fee Price:	Not applicable

2. Amendment and Modification Only. The Parties hereby ratify and confirm all of their obligations under the Original Agreement as amended by this Amendment.

[Signatures on following page]

IN WITNESS WHEREOF, the Parties have caused this Amendment to be duly executed as of the date first written above.

Unison Energy, LLC

Sonoma Valley Hospital

By: _____
Timothy Lukes

By: _____
Ken Jensen

Title: Co-CEO

Title: [_____]



To: SVHCD Board of Directors
Meeting Date: April 1, 2021
Prepared by: Sabrina Kidd, MD, CMO, COO
Agenda Item Title: CMO Board Report

1. March highlights included:
 - a. COVID-19: March COVID-19 census declined significantly with rare COVID-19 inpatients. Recent highlights include:
 - i. Vaccinations
 1. Staff and physician vaccinations are complete with >85% vaccinated.
 2. All non-vaccinated staff and physicians have begun a weekly surveillance testing program.
 - ii. PPE (Personal protective equipment) / Supplies:
 1. All PPE remains sufficient at this time.
 - iii. Testing
 1. All COVID-19 testing transitioned to in house PCR testing. This decreases processing time, increases patient and provider satisfaction and decreases cost.
 - iv. Monoclonal Antibodies
 1. Use is decreasing.
 2. Per CDPH / CDC guidance we have transitioned to offering only dual agent products.
 - v. Visitation
 1. We have updated our COVID visitor policy to allow up to 2 visitors per patient in most areas of the hospital. This aligns with current CDPH recommendations.
 - b. GI Services:
 - i. Continuing to explore options with UCSF Affiliates Network including leads with a private physician, John Muir Health, and Marin GI.
 - c. Med-Surg / ICU / Surgery / ED Updates:
 - i. ED and inpatient volumes have increased in March with an average ED census of roughly 24 and inpatient above 10.
2. Medical Staff:
 - a. March meetings included Medicine Committee, Surgery Committee, Performance Improvement and Medical Executive Committees.
 - i. Nominations are being gathered for the July transition of Medical Staff officer positions.
3. Quality Events:
 - a. Reportable Events: None



To: SVHCD Board of Directors
From: Administrative Team
Date: 4/1/2021
Subject: Administrative Report

Summary: In March we saw a continual decline in COVID cases and an increase in vaccinations. With this, we have experienced an increase in non-COVID patient volumes, both inpatient and outpatient. We are making progress on the final stages of Phase 1 of the ODC and look forward to the new CT scanner being operational later this spring.

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 is assisting SVH with the implementation of the enhanced IT Security Plan. ➤ UCSF is putting together a proposal for further IT services including EPIC. Cost and timeline are yet to be determined. ➤ We are excited to welcome our new CEO, John Hennelly, who will be employed by UCSF through our Management Service Agreement. He begins mid-April.
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> ➤ The first phase of the ODC is nearing completion and we now expect to welcome patients to the new CT in May 2021. ➤ Sonoma Valley Hospital has assisted in vaccinating over 4500 individuals to date. ➤ SVH now has 100% in house PCR testing which decreases processing time, increase patient and physician satisfaction and saves cost! ➤ SVH Pharmacists are providing group and 1:1 community education on medications and doing consultations through Sonoma Family Practice and Vintage House.
Ensure Patients receive Excellent, Safe care	<ul style="list-style-type: none"> ➤ As COVID numbers in the community continue to decline, we are now able to welcome visitors back to the hospital as we all recognize this is essential to the care and well-being of our patients. ➤ We welcomed Dana Fry, our new Director of Peri-Operative Services, to SVH March 1. ➤ We look forward to welcoming Dave Young, the new Director of Imaging Services, to SVH on April 5. ➤ A new Germ-Zapping Robot was deployed in early March with funding from the SVH Foundation.
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ We continue to research options for gastroenterology through private physicians and the UCSF Affiliates Network.
Be a Healthy Hospital	<ul style="list-style-type: none"> ➤ Over 85% of our physicians and staff are now completely vaccinated and we have begun a surveillance testing program for those who are not vaccinated. ➤ We celebrated the annual employee service awards in March COVID style with small departmental recognitions and a series of hospital wide lunches.

DECEMBER 2020

			National
Patient Experience	Current Performance	FY 2021 Goal	Benchmark
Would Recommend Hospital	68	> 70 percent	50th percentile
Inpatient Overall Satisfaction	84	>70 percent	50 th percentile
Outpatient Services	4.86	4.5	3.8
Emergency Department	4.6	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	0.86	<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	1.3	< 2.3	2.3
Pressure Ulcers	0	<3.7	3.7
Injuries to Staff	11	< 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	3	4	3
Staff Satisfaction	Performance	FY 2021 Goal	Benchmark
Staff Pulse Survey	4.05 out of 5	>3.8	75%
Turnover	10.5	< 15%	< 20%
Financial Stability	YTD Performance	FY 2021 Goal	Benchmark
EBDA	-12.1	>3%	3%
Paid FTE's	228	<235	235
Days Cash on Hand	35.9	>30	30
Days in Accounts Receivable	51.4	<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	503/603	850	862
Outpatient Visits	30568/34,472	48,000	47,802
Emergency Visits	5444/7079	10,000	9784
Surgeries + Special Procedures	1247/1774	2000	2226
Community Benefit Hours	933	800	1332

Note: Colors demonstrate comparison to National Benchmark



Healing Here at Home

TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2021	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
FY YTD Turnover	<15%	2.1	3.4	3.5	3.9	7	7	8.3	10.5	7.3	7.3	8.2	8.2
Leave of Absences	<12	6	8	10	13	13	13	15	17	11	13	13	9
EBDA	>3%	-8	-7	-18	-4.4	-27		-26	-12.1	25.7	-13.9	253	-8.9
Operating Revenue	>3.5m	3.58	3.52	3.19	3.7	3.0	5.1	3.2	3.4	8.3	2.8	1.3	3.4
Net Income	>50k	418	658	-576	-235	1.4	823	-529	-666	2351	-297	3600	-565
Days Cash on Hand	>30	73	68.6	63	60	35.4	32.9	30.6	31.9	15.6	43.1	87.1	81
Receivable Days	<50	40	39	39	53.2	69.6	66.1	53.7	49.9	36.9	35.5	44	49
Accounts Payable Days	>50	35	31.6	40	58.3	53.3	45.4	47.4	47.6	53.4	41.9	35.2	40.7
Accounts Payable	<\$3m	2.3	2.1	2.85	4.0	3.8	2.9	3.4	3.5	3.7	2.9	2.4	2.8
Total Paid FTE's	<235	230	229	226	204	230	227	225	234	236	190	205	225
Inpatient Discharges	>80	75	65	60	64	57	65	63	54	63	39	44	65
Patient Days	>300	324	314	214	230	230	294	230	243	218	156	179	238
Observation Days	<20	20	21	32	18	11	21	15	15	16	13	9	16
Average Daily Census	>10	10.5	10.1	7.1	3.6	10.6	9.5	7.4	8.7	7	5.2	5.8	7.9
Outpatient Revenue	>\$15m	16.1	14.9	14.6	9.4	12.6	8.6	8.6	9.1	12.3	7.1	10.5	14.6
Surgeries	>120	115	114	115	121	111	123	102	99	80	17	34	116
Special Procedures	>50	37	34	57	47	50	50	27	45	43	1	8	46
Emergency Visits	>800	735	723	653	696	674	674	673	616	745	529	645	695
MRI	>120	93	84	N/A	114	145	159	100	116	70	39	68	116
Cardiology (Echos)	>65	63	71	N/A	88	46	85	56	55	52	35	52	70
Laboratory	>11	12.6	12.1	N/A	4	9.9	15.9	10.9	10.9	8.7	5.5	8.5	11.1
Radiology	>900	883	806	N/A	241	778	1090	766	776	684	420	572	797
Rehab	>2000	2206	1664	N/A	971	2207	3463	2062	2155	1626	566	1182	1984
CT	>350	382	426	N/A	117	356	525	340	432	335	263	367	401
Mammography	>200	213	179	N/A	75	129	158	192	175	243	15	87	228
Ultrasound	>250	228	253	N/A	76	189	248	188	245	198	110	163	272
Occupational Health	>550	580	426	N/A	534	331	458	365	500	544	392	380	462
Wound Care	>275	191	154	N/A	90	148	227	227	237	201	140	112	164



To: SVH Finance Committee
From: Ken Jensen, CFO
Date: March 23, 2021
Subject: Financial Report for the Month Ending February 28, 2021

During the month of February the hospital's volumes were consistent to previous months, but we experienced a higher case mix or patient acuity which increased our overall gross revenue. For the month of February the hospital's actual operating margin of (\$972,290) was (\$656,164) unfavorable to the budgeted operating margin of (\$316,126). After accounting for all other activity; the net loss for February was (\$479,669) vs. the budgeted net income of \$484,871 with a monthly EBDA of (12.1%) vs. a budgeted 6.5%.

Gross patient revenue for February was \$20,275,289; (\$2,726,461) under budget. Inpatient gross revenue was under budget by (\$1,070,879). Inpatient days were under budget by (51) days and inpatient surgeries were under budget by (12) cases. Outpatient gross revenue was under budget by (\$636,094). Outpatient visits were under budget by (765) cases, outpatient surgeries were under budget by (50) cases, and special procedures were under budget by (34) cases. The Emergency Room gross revenue was under budget by (\$1,019,488) with ER visits under budgeted expectations by (342) visits.

Deductions from revenue were favorable to budgeted expectations by \$1,930,958 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 (\$784,511).

Operating Expenses of \$4,378,199 were favorable to budget by \$128,347. Salaries and wages and agency fees were under budget by \$104,924 from flexing clinical staff due to lower than budgeted volumes and the CFO and CMO salary costs now in contracted labor. Contracted labor was over budget by (\$37,383) due to the UCSF contracted labor costs for the CFO and CMO. Supplies were over budget by (\$55,255) due to higher than budgeted implant costs (\$68,540) and in pharmacy due to a true-up from the costs of Remdesivir and other capitated drug costs (\$13,524). These supply overages were offset by other departments being under budget due to lower than budgeted volumes.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for February was (\$665,703) vs. a budgeted net income of \$4,662. The total net loss for February after all activity was (\$479,669) vs. a budgeted net income of \$484,871.



EBDA for the month of February was -12.1% vs. the budgeted 6.5%.

Patient Volumes – February

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	54	80	-26	86
Acute Patient Days	243	294	-51	286
Observation Days	15		15	16
OP Gross Revenue	\$15,030	\$16,685	(\$1,655)	\$16,285
Surgical Cases	99	161	-62	145

Gross Revenue Overall Payer Mix – February

	ACTUAL	BUDGET	VARIANCE	YTD ACTUAL	YTD BUDGET	VARIANCE
Medicare	40.7%	42.2%	-1.5%	40.6%	42.2%	-1.6%
Medicare Mgd Care	18.0%	13.3%	4.7%	15.4%	13.3%	2.1%
Medi-Cal	20.1%	17.8%	2.3%	18.9%	17.8%	1.1%
Self Pay	0.2%	1.9%	-1.7%	1.3%	1.9%	-0.6%
Commercial	18.4%	22.2%	-3.8%	21.3%	22.2%	-0.9%
Workers Comp	2.6%	2.6%	0.0%	2.5%	2.6%	-0.1%
Total	100.0%	100.0%		100.0%	100.0%	

Cash Activity for February:

For the month of February the cash collection goal was \$2,973,588 and the Hospital collected \$3,414,952 or over the goal by \$441,364. The year-to-date cash collection goal was \$24,312,765 and the Hospital has collected \$23,545,403 or under goal by (\$767,362). The year-to-date collections shortfall is due to the inability to bill claims from October 11th through mid-November. We expect to be caught up with collections in March.

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	31.9	30.6	1.3	15.7
Accounts Receivable Days	49.9	53.7	-3.8	42.5
Accounts Payable	\$3,465,299	\$3,391,691	\$73,608	\$2,983,638
Accounts Payable Days	47.6	47.4	0.2	42.2

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 February 28, 2021

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	7,860,206	9,669,748	-1,809,542	-18.7%	63,432,206	72,216,407	-8,784,201	-12.2%
Medicare Managed Care	3,336,645	3,060,461	276,184	9.0%	24,359,184	22,798,451	1,560,733	6.8%
Medi-Cal	3,846,820	4,087,193	-240,373	-5.9%	29,700,746	30,433,052	-732,306	-2.4%
Self Pay	137,422	436,336	-298,914	-68.5%	1,927,180	3,229,732	-1,302,552	-40.3%
Commercial & Other Government	4,263,879	5,138,104	-874,225	-17.0%	33,724,583	38,240,793	-4,516,210	-11.8%
Worker's Comp.	830,317	609,908	220,409	36.1%	4,303,974	4,520,839	-216,865	-4.8%
Total	20,275,289	23,001,750	(2,726,461)		157,447,873	171,439,274	(13,991,401)	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	991,958	1,267,934	-275,976	-21.8%	7,551,327	8,747,672	-1,196,345	-13.7%
Medicare Managed Care	364,028	368,073	-4,045	-1.1%	2,695,866	2,536,071	159,795	6.3%
Medi-Cal	441,615	482,684	-41,069	-8.5%	3,137,432	3,302,139	-164,707	-5.0%
Self Pay	87,744	227,504	-139,760	-61.4%	946,280	1,491,084	-544,804	-36.5%
Commercial & Other Government	1,275,796	1,639,491	-363,695	-22.2%	10,210,795	12,108,068	-1,897,273	-15.7%
Worker's Comp.	152,695	123,653	29,042	23.5%	814,764	844,981	-30,217	-3.6%
Prior Period Adj/IGT	-	-	0	*	2,708,950	1,100,000	1,608,950	*
Total	3,313,836	4,109,339	(795,503)	-19.4%	28,065,414	30,130,015	(2,064,601)	-6.9%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	29.9%	30.9%	-1.0%	-3.2%	26.8%	29.0%	-2.3%	-7.9%
Medicare Managed Care	11.1%	9.0%	2.1%	23.3%	9.6%	8.4%	1.2%	14.3%
Medi-Cal	13.3%	11.7%	1.6%	13.7%	11.2%	11.0%	0.2%	1.8%
Self Pay	2.6%	5.5%	-2.9%	-52.7%	3.4%	4.9%	-1.5%	-30.6%
Commercial & Other Government	38.5%	39.9%	-1.4%	-3.5%	36.4%	40.2%	-3.8%	-9.5%
Worker's Comp.	4.6%	3.0%	1.6%	53.3%	2.9%	2.8%	0.1%	3.6%
Prior Period Adj/IGT	0.0%	0.0%	0.0%	*	9.7%	3.7%	6.0%	162%
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	12.6%	13.1%	-0.5%	-3.8%	11.9%	12.1%	-0.2%	-1.7%
Medicare Managed Care	10.9%	12.0%	-1.1%	-9.2%	11.1%	11.1%	0.0%	0.0%
Medi-Cal	11.5%	11.8%	-0.3%	-2.5%	10.6%	10.9%	-0.3%	-2.8%
Self Pay	63.9%	52.1%	11.8%	22.6%	49.1%	46.2%	2.9%	6.3%
Commercial & Other Government	29.9%	31.9%	-2.0%	-6.3%	30.3%	31.7%	-1.4%	-4.4%
Worker's Comp.	18.4%	20.3%	-1.9%	-9.4%	18.9%	18.7%	0.2%	1.1%

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended February 28, 2021**

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual</u> <u>02/28/21</u>	<u>Budget</u> <u>02/28/21</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>		<u>Actual</u> <u>02/28/21</u>	<u>Budget</u> <u>02/28/21</u>	<u>Favorable</u> <u>(Unfavorable)</u> <u>Variance</u>	<u>Prior</u> <u>Year</u> <u>02/28/20</u>
Inpatient Utilization								
Discharges								
1	41	64	(23)	Med/Surg	400	482	(82)	525
2	13	16	(3)	ICU	103	121	(18)	126
3	54	80	(26)	Total Discharges	503	603	(100)	651
Patient Days:								
4	153	213	(60)	Med/Surg	1,364	1,633	(269)	1,778
5	90	81	9	ICU	724	621	103	656
6	243	294	(51)	Total Patient Days	2,088	2,254	(166)	2,434
7	15	-	15	Observation days	153	-	153	143
Average Length of Stay:								
8	3.7	3.3	0.4	Med/Surg	3.4	3.4	0.0	3.4
9	6.9	5.1	1.9	ICU	7.0	5.1	1.9	5.2
10	4.5	3.7	0.8	Avg. Length of Stay	4.2	3.7	0.4	3.7
Average Daily Census:								
11	5.5	7.6	(2.1)	Med/Surg	5.6	6.7	(1.1)	7.3
12	3.2	2.9	0.3	ICU	3.0	2.6	0.4	2.7
13	8.7	10.5	(1.8)	Avg. Daily Census	8.6	9.3	(0.7)	10.0
Other Utilization Statistics								
Emergency Room Statistics								
14	616	958	(342)	Total ER Visits	5,444	7,079	(1,635)	7,229
Outpatient Statistics:								
15	3,748	4,513	(765)	Total Outpatients Visits	30,568	34,472	(3,904)	36,111
16	11	23	(12)	IP Surgeries	120	179	(59)	179
17	88	138	(50)	OP Surgeries	780	1,014	(234)	1,107
18	45	79	(34)	Special Procedures	347	581	(234)	580
19	209	291	(82)	Adjusted Discharges	1,842	2,128	(286)	2,430
20	938	1,069	(131)	Adjusted Patient Days	7,605	7,957	(352)	9,062
21	33.5	38.2	(4.7)	Adj. Avg. Daily Census	31.3	32.7	(1.5)	37.3
22	1.4226	1.4000	0.023	Case Mix Index - Medicare	1.5979	1.4000	0.198	1.3569
23	1.5010	1.4000	0.101	Case Mix Index - All payers	1.5095	1.4000	0.109	1.4906
Labor Statistics								
24	211	225	14	FTE's - Worked	206	216	10.1	207
25	234	252	18	FTE's - Paid	228	241	13.1	231
26	46.75	46.05	(0.70)	Average Hourly Rate	46.45	45.19	(1.25)	45.13
27	6.98	6.60	(0.39)	FTE / Adj. Pat Day	7.28	7.36	0.08	6.18
28	39.8	37.6	(2.2)	Manhours / Adj. Pat Day	41.5	41.9	0.4	35.2
29	179.0	138.1	(40.9)	Manhours / Adj. Discharge	171.3	156.8	(14.5)	131.5
30	25.2%	23.7%	-1.5%	Benefits % of Salaries	22.0%	22.5%	0.6%	22.7%
Non-Labor Statistics								
31	18.9%	13.9%	-5.0%	Supply Expense % Net Revenue	17.4%	14.7%	-2.8%	14.0%
32	2,998	1,959	(1,039)	Supply Exp. / Adj. Discharge	2,432	2,076	(356)	1,819
33	21,425	15,798	(5,627)	Total Expense / Adj. Discharge	20,050	17,451	(2,598)	14,860
Other Indicators								
34	35.9			Days Cash - Operating Funds				
35	49.9	50.0	(0.1)	Days in Net AR	51.4	50.0	1.4	43.5
36	116%			Collections % of Net Revenue	97%			101.5%
37	47.6	55.0	(7.4)	Days in Accounts Payable	47.6	55.0	(7.4)	46.2
38	16.4%	17.9%	-1.5%	% Net revenue to Gross revenue	16.3%	17.6%	-1.3%	17.8%
39	17.0%			% Net AR to Gross AR	17.0%			17.9%

Sonoma Valley Health Care District
Balance Sheet
As of February 28, 2021

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 1,406,153	\$ 2,494,590	\$ 463,356
2 Cash - Money Market	3,637,873	1,737,760	1,334,946
3 Net Patient Receivables	6,194,073	6,135,924	6,937,171
4 Allow Uncollect Accts	(951,947)	(817,681)	(1,160,611)
5 Net A/R	5,242,126	5,318,243	5,776,560
6 Other Accts/Notes Rec	2,026,449	1,258,821	329,486
7 Parcel Tax Receivable	1,753,089	1,753,089	1,691,803
8 GO Bond Tax Receivable	1,411,343	1,411,343	1,172,250
9 3rd Party Receivables, Net	215,106	2,204,474	2,950,548
10 Inventory	892,181	892,737	960,964
11 Prepaid Expenses	688,079	751,562	595,721
12 Total Current Assets	\$ 17,272,399	\$ 17,822,619	\$ 15,275,634
13 Property, Plant & Equip, Net	\$ 52,536,643	\$ 52,781,967	\$ 49,287,767
14 Trustee Funds - GO Bonds	5,111,704	5,111,640	4,558,768
15 Restricted Funds - Board Approved	1,000,000	1,000,000	-
16 Total Assets	\$ 75,920,746	\$ 76,716,226	\$ 69,122,169
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 3,465,299	\$ 3,391,691	\$ 2,983,638
18 Accrued Compensation	3,498,407	3,511,478	3,040,852
19 Interest Payable - GO Bonds	628,104	538,373	472,594
20 Accrued Expenses	1,741,627	1,620,609	1,646,798
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	1,266,652	1,583,319	1,266,656
23 Deferred GO Bond Tax Revenue	1,103,065	1,378,830	1,034,933
24 Current Maturities-LTD	292,889	300,918	370,245
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	252,412	219,146	44,236
27 Total Current Liabilities	\$ 17,722,189	\$ 18,018,098	\$ 16,333,686
28 Long Term Debt, net current portion	\$ 27,203,755	\$ 27,223,657	\$ 28,723,482
29 Fund Balances:			
30 Unrestricted	\$ 16,601,558	\$ 17,081,227	\$ 15,808,390
31 Restricted	14,393,244	14,393,244	8,256,611
32 Total Fund Balances	\$ 30,994,802	\$ 31,474,471	\$ 24,065,001
33 Total Liabilities & Fund Balances	\$ 75,920,746	\$ 76,716,226	\$ 69,122,169

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended February 28, 2021**

ATTACHMENT D

	Month				Volume Information	Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	54	80	(26)	-33%	Acute Discharges	503	603	(100)	-17%	651	
2	243	294	(51)	-17%	Patient Days	2,088	2,254	(166)	-7%	2,434	
3	15	-	15	0%	Observation Days	153	-	153	*	143	
4	15,030	16,685	(1,655)	-10%	Gross O/P Revenue (000's)	114,305	122,945	(8,640)	-7%	\$ 129,962	
					Financial Results						
					Gross Patient Revenue						
5	\$ 5,245,593	\$ 6,316,472	(1,070,879)	-17%	Inpatient	\$ 43,143,203	\$ 48,494,543	(5,351,340)	-11%	\$ 47,864,639	
6	9,143,900	9,779,994	(636,094)	-7%	Outpatient	68,963,090	72,122,434	(3,159,344)	-4%	76,090,513	
7	5,885,796	6,905,284	(1,019,488)	-15%	Emergency	45,341,580	50,822,297	(5,480,717)	-11%	54,144,842	
8	\$ 20,275,289	\$ 23,001,750	(2,726,461)	-12%	Total Gross Patient Revenue	\$ 157,447,873	\$ 171,439,274	(13,991,401)	-8%	\$ 178,099,994	
					Deductions from Revenue						
9	(16,761,453)	(18,679,303)	1,917,850	10%	Contractual Discounts	\$ (130,888,409)	\$ (140,704,395)	9,815,986	7%	\$ (144,728,185)	
10	(160,000)	(200,000)	40,000	20%	Bad Debt	(970,000)	(1,600,000)	630,000	39%	(1,730,000)	
11	(40,000)	(13,108)	(26,892)	-205%	Charity Care Provision	(233,000)	(104,864)	(128,136)	*	(74,012)	
12	-	-	-	*	Prior Period Adj/Government Program Revenue	2,708,950	1,100,000	1,608,950	146%	-	
13	\$ (16,961,453)	\$ (18,892,411)	1,930,958	-10%	Total Deductions from Revenue	\$ (129,382,459)	\$ (141,309,259)	11,926,800	-8%	\$ (146,532,197)	
					Net Patient Service Revenue	\$ 28,065,414	\$ 30,130,015	(2,064,601)	-7%	\$ 31,567,797	
14	\$ 3,313,836	\$ 4,109,339	(795,503)	-19%	Other Op Rev & Electronic Health Records	\$ 680,275	\$ 648,648	31,627	5%	\$ 531,862	
15	\$ 92,073	\$ 81,081	10,992	14%	Total Operating Revenue	\$ 28,745,689	\$ 30,778,663	\$ (2,032,974)	-7%	\$ 32,099,659	
16	\$ 3,405,909	\$ 4,190,420	(784,511)	-19%	Operating Expenses						
					Salary and Wages and Agency Fees	\$ 14,654,336	\$ 15,077,620	423,284	3%	\$ 14,413,230	
17	\$ 1,745,545	\$ 1,850,469	104,924	6%	Employee Benefits	5,246,610	5,424,434	177,824	3%	5,237,024	
18	628,550	691,497	62,947	9%	Total People Cost	\$ 19,900,946	\$ 20,502,054	601,108	3%	\$ 19,650,254	
19	\$ 2,374,095	\$ 2,541,966	167,871	7%	Med and Prof Fees (excl Agency)	\$ 3,451,608	\$ 3,434,634	(16,974)	0%	\$ 3,455,744	
20	\$ 471,174	\$ 433,791	(37,383)	-9%	Supplies	4,480,480	4,418,348	(62,132)	-1%	4,418,842	
21	625,111	569,856	(55,255)	-10%	Purchased Services	3,445,326	3,300,416	(144,910)	-4%	3,008,683	
22	405,565	430,250	24,685	6%	Depreciation	2,045,458	2,135,624	90,166	4%	2,067,365	
23	253,898	266,953	13,055	5%	Utilities	944,150	805,497	(138,653)	-17%	805,372	
24	87,283	91,693	4,410	5%	Insurance	359,992	340,792	(19,200)	-6%	307,800	
25	44,423	42,599	(1,824)	-4%	Interest	140,998	190,568	49,570	26%	268,495	
26	15,233	23,821	8,588	36%	Other	818,816	861,267	42,451	5%	794,949	
27	101,417	105,617	4,200	4%	Matching Fees (Government Programs)	620,237	425,000	(195,237)	46%	451,221	
28	-	-	-	*	Operating expenses	\$ 36,208,011	\$ 36,414,200	206,189	1%	\$ 35,228,725	
29	\$ 4,378,199	\$ 4,506,546	128,347	3%	Operating Margin	\$ (7,462,322)	\$ (5,635,537)	(1,826,785)	-32%	\$ (3,129,066)	
30	\$ (972,290)	\$ (316,126)	(656,164)	-208%							

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended February 28, 2021**

ATTACHMENT D

	Month					Year-To- Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
31	\$ (10,080)	\$ 4,121	(14,201)	-345%						\$ 1,991,775	
32	-	-	-	0%						13,461	
33	-	-	-	*						(107,328)	
34	316,667	316,667	-	0%						2,533,336	
35	0	0	-	0%						(5,444)	
36	<u>\$ 306,587</u>	<u>\$ 320,788</u>	<u>(14,201)</u>	<u>-4%</u>						<u>\$ 4,425,800</u>	
37	<u>\$ (665,703)</u>	<u>\$ 4,662</u>	<u>(670,365)</u>	<u>-14379%</u>	Net Income / (Loss) prior to Restricted Contributions	<u>\$ (4,903,018)</u>	<u>\$ (3,076,916)</u>	<u>(1,826,138)</u>	<u>59%</u>	<u>\$ 1,296,734</u>	
38	\$ -	\$ -	-	0%	Capital Campaign Contribution	\$ -	\$ -	-	0%	\$ -	
39	\$ -	\$ 294,175	(294,175)	0%	Restricted Foundation Contributions	\$ 5,098,311	\$ 2,353,400	2,744,911	100%	\$ 1,387,909	
40	<u>\$ (665,703)</u>	<u>\$ 298,837</u>	<u>(964,540)</u>	<u>-323%</u>	Net Income / (Loss) w/ Restricted Contributions	<u>\$ 195,293</u>	<u>\$ (723,516)</u>	<u>918,809</u>	<u>-127%</u>	<u>\$ 2,684,643</u>	
41	186,034	186,034	-	0%	GO Bond Activity, Net	1,482,572	1,482,572	-	0%	1,301,071	
42	<u>\$ (479,669)</u>	<u>\$ 484,871</u>	<u>(964,540)</u>	<u>-199%</u>	Net Income/(Loss) w GO Bond Activity	<u>\$ 1,677,865</u>	<u>\$ 759,056</u>	<u>918,809</u>	<u>121%</u>	<u>\$ 3,985,714</u>	
	\$ (411,805)	\$ 271,615	(683,420)		EBDA - Not including Restricted Contributions	\$ (2,857,560)	\$ (941,292)	(1,916,268)		\$ 3,364,099	
	-12.1%	6.5%				-9.9%	-3.1%			10.5%	

* Operating Margin without Depreciation expense:

\$ (972,290)	\$ (316,126)	\$ (656,164)	-208%	Operating Margin	\$ (7,462,322)	\$ (5,635,537)	\$ (1,826,785)	-32%
253,898	266,953	13,055	5%	Add back Depreciation	2,045,458	2,135,624	90,166	4%
<u>\$ (718,392)</u>	<u>\$ (49,173)</u>	<u>\$ (643,109)</u>	<u>-1361%</u>	Operating Margin without Depreciation expense	<u>\$ (5,416,864)</u>	<u>\$ (3,499,913)</u>	<u>\$ (1,736,619)</u>	<u>-55%</u>

**Sonoma Valley Health Care District
Variance Analysis
For the Period Ended February 28, 2021**

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	423,284	104,924	Salaries and wages are under budget by \$146,155 and agency fees are over budget by (\$41,231). Nursing registry companies have increased their hourly costs due to COVID-19.
Employee Benefits	177,824	62,947	
Total People Cost	601,108	167,871	
Med and Prof Fees (excl Agency)	(16,974)	(37,383)	Professional fees (contracted labor) is over budget due to CFO and CMO costs (UCSF). These costs are offset by their salary savings in Salaries and Wages.
Supplies	(62,132)	(55,255)	Supplies are over budget in surgery due to high implant costs (\$68,540) and in pharmacy due to a true-up from the costs of Remdesivir and other capitated drug costs (\$13,524). These costs were offset by other departments being under budget in supplies due to lower than budgeted volumes.
Purchased Services	(144,910)	24,685	
Depreciation	90,166	13,055	
Utilities	(138,653)	4,410	
Insurance	(19,200)	(1,824)	
Interest	49,570	8,588	
Other	42,451	4,200	
Matching Fees (Government Programs)	(195,237)	-	
Operating expenses	206,189	128,347	

Sonoma Valley Hospital
Cash Forecast
FY 2021

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Actual 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	4,446,430	3,450,250	3,833,065	3,729,608	3,741,302	3,744,621	39,904,334
2 Other Operating Revenue	38,268	137,152	105,236	168,211	117,406	166,223	123,679	100,600	81,081	81,081	81,081	81,081	1,281,100
3 Other Non-Operating Revenue	73,172	15,194	22,125	4,004	12,969	16,141	22,280	46,486	23,796	23,796	23,796	23,796	307,555
4 Unrestricted Contributions	-	3,306	653	498	5,456		104,664						114,578
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	4,697,054	3,597,336	3,937,942	3,834,485	3,846,179	3,849,498	41,607,566
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	4,968,063	4,675,467	4,364,772	4,268,227	4,447,890	4,195,188	51,080,947
7 Add Capital Lease Payments	7,854	88,349	7,904	7,929	74,551	7,979	8,004	27,931					230,500
8 Additional Liabilities/LOC		-											-
9 Capital Expenditures	784,429	998,868	96,188	1,281,930	2,357,570	416,954	547,191	6,372	294,175	294,175	294,175	294,175	7,666,200
Total Hospital Uses	6,326,547	4,610,788	3,702,178	4,661,812	5,293,886	5,696,634	5,523,258	4,709,769	4,658,947	4,562,402	4,742,065	4,489,363	58,977,647
Net Hospital Sources/Uses of Cash	(2,559,412)	(1,397,403)	(166,179)	(1,798,952)	(4,542,514)	(1,982,311)	(826,205)	(1,112,433)	(721,005)	(727,917)	(895,886)	(639,865)	(17,370,081)
Non-Hospital Sources													
10 Restricted Cash/Money Market	1,000,000	1,000,000			4,500,000			(1,900,000)		2,000,000		(4,000,000)	2,600,000
11 Restricted Capital Donations	784,428	973,350	71,332	-	2,306,562	391,178	459,231	-	294,175	294,175	294,175	294,175	6,162,781
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				5,120,000	7,113,993
16 IGT - AB915								(60,772)			337,735		276,963
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	459,231	23,996	294,175	3,894,175	631,910	1,414,175	21,284,023
Non-Hospital Uses of Cash													
18 Matching Fees		142,041			313,968	620,237				2,282,082			3,358,328
Sub-Total Non-Hospital Uses of Cash	-	142,041	-	-	313,968	620,237	-	-	-	2,282,082	-	-	3,358,328
Net Non-Hospital Sources/Uses of Cash	2,210,637	1,894,688	449,652	-	6,373,483	2,561,656	459,231	23,996	294,175	1,612,093	631,910	1,414,175	17,925,696
Net Sources/Uses	(348,775)	497,285	283,473	(1,798,952)	1,830,969	579,345	(366,974)	(1,088,437)	(426,830)	884,176	(263,976)	774,310	
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	2,494,590	1,406,153	979,323	1,863,499	1,599,523	
Operating Cash at End of Period	1,469,443	1,966,728	2,250,201	451,249	2,282,218	2,861,564	2,494,590	1,406,153	979,323	1,863,499	1,599,523	2,373,833	
Money Market Account Balance - Unrestricted	8,236,372	7,236,714	6,237,010	6,237,307	1,737,535	1,737,651	1,737,760	3,637,873	3,637,873	1,637,873	1,637,873	5,637,873	
Total Cash at End of Period	9,705,815	9,203,442	8,487,211	6,688,556	4,019,754	4,599,215	4,232,350	5,044,026	4,617,196	3,501,372	3,237,396	8,011,706	
Average Days of Cash on Hand	73.00	68.60	63.00	60.10	35.35	28.30	30.56	31.92	33.17	25.15	23.26	57.55	