



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

AGENDA

THURSDAY, MARCH 4, 2021

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 <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration.</i></p>			
<p>3. BOARD CHAIR COMMENT</p>	<i>Rymer</i>		
<p>4. REPORT ON CLOSED SESSIONS OF FEBRUARY 9, FEBRUARY 16, AND FEBRUARY 24, 2021</p>	<i>Rymer</i>	Inform	
<p>5. CONSENT CALENDAR 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</p>	<i>Rymer</i>	Action	Pages 3-5 Pages 6-9 Pages 10-12 Pages 13-27

6. RETIREMENT SAVINGS PLAN REVIEW AND RECOMMENDATION TO APPROVE	<i>McKissock</i>	Action	Pages 28-48
7. PARCEL TAX 2022 UPDATE	<i>Page/Kenney</i>	Inform	
8. CYBERATTACK OVERVIEW AND RECOVERY	<i>Sendaydiego/ UCSF</i>	Inform	Pages 49-55
9. INFORMATION TECHNOLOGY BUDGET IMPACT FY 2021	<i>Sendaydiego</i>	Inform	Pages 56-63
10. APPROVAL OF OFFER LETTER TO CHIEF EXECUTIVE OFFICER CANDIDATE	<i>Rymer</i>	Action	Pages 64-70
11. APPROVAL OF AUDIT ENGAGEMENT LETTER FOR FY 2022, 2023, 2024	<i>Jensen</i>	Action	Pages 71-75
12. APPROVAL OF AUDIT ENGAGEMENT LETTER FOR CARES ACT AUDIT	<i>Jensen</i>	Action	Pages 76-82
13. BUDGET ASSUMPTIONS FOR FY 2022	<i>Jensen</i>	Inform	Pages 83-84
14. UCSF AFFILIATION UPDATE	<i>Jensen/Kidd</i>	Inform	
15. CMO REPORT	<i>Kidd</i>	Inform	Page 85
16. ADMINISTRATIVE REPORT FOR FEBRUARY 2021	<i>Kidd</i>	Inform	Pages 86-88
17. FINANCIALS FOR THE MONTH ENDED JANUARY 31, 2021	<i>Jensen</i>	Inform	Pages 89-98
18. BOARD COMMENTS	<i>Rymer</i>	Inform	
19. 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, FEBRUARY 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 ON CLOSED SESSION	<i>Rymer</i>	
None		
3. CLOSED SESSION a. <u>Calif. Government Code § 54957</u> : Public Employment, Title: Chief Executive Officer		
4. REPORT ON CLOSED SESSION		
The final candidates for CEO were discussed in closed session; however, no decisions were made on hiring or contract terms.		
5. PUBLIC COMMENT		
None		
6. BOARD CHAIR COMMENT	<i>Rymer</i>	
Mr. Rymer expressed his thanks to all involved, including the Catalyst Fund, in working hard to get a vaccination clinic for the public. It was a terrific effort.		
7. CONSENT CALENDAR a. Board Minutes 01.07.21 b. Finance Committee Minutes 12.02.20 c. Finance Committee Minutes 12.15.20 d. Quality Committee Minutes 11.18.20 e. Policies and Procedures f. Medical Staff Credentialing	<i>Rymer</i>	Action
		MOTION: by Mainardi to approve, 2 nd by Boerum. All in favor.
8. SONOMA VALLEY COMMUNITY HEALTH CENTER PRESENTATION	<i>Johnson</i>	
Ms. Cheryl Johnson from SVCHC said she appreciated the opportunity to work with the hospital and team to offer the upcoming vaccine clinic. 2020 was a difficult year. SVCHC had to shut down their dental clinic for three months and chiropractic for four months. They dealt with staffing shortages as well as staff departures. There		

<p>was a reduction in visits last year. However, the Clinic almost broke even for 2020 and still has over 100 days' cash.</p> <p>SVCHC was able to launch a telehealth program in 2020 and were able to hire four new medical providers, bringing the total to 10; they plan to add behavioral health by the end of 2021. The Clinic continues to be recognized for quality and places within the top 10% of health center providers. Ms. Johnson indicated they are trying to be creative and is proud that is being recognized.</p> <p>In 2021 SVCHC looks forward to opening an optometry clinic and expanding telehealth (they are required to conduct 20% of services by telehealth). They are looking forward to eradicating COVID and recovering emotionally. Ms. Johnson indicated how much she appreciated collaboration with the hospital and District and looked forward to many more ways of doing so. They would be happy to share endocrinology, which is a definite service need. She also commended the hospital team for being willing to use outpatient monoclonal antibody infusions when no other hospital would.</p>		
9. QUALITY COMMITTEE ANNUAL REPORT	<i>Jones</i>	
Ms. Jones introduced the hospital Quality team roles and responsibilities. She reviewed accomplishments, including successfully passing a triennial survey, CIHQ stroke recertification survey, and a COVID survey.		
10. FORM FY 2022 STRATEGIC PLANNING COMMITTEE	<i>Kidd/Jensen</i>	
Mr. Jensen said formation of the Committee to update the strategic plan will be postponed to include the new CEO.		
11. APPROVE FINANCE COMMITTEE 2021 WORK PLAN	<i>Boerum/ Jensen</i>	
Mr. Jensen briefly reviewed the Finance Committee work plan. Mr. Boerum added that the Finance Committee has three vacancies. The Committee will engage in a recruitment effort and then make a recommendation to the Board.		MOTION: by Boerum to approve, 2 nd by Kornblatt Idell. All in favor.
12. CEO SEARCH COMMITTEE UPDATE	<i>Rymer</i>	
Mr. Rymer reported that two qualified candidates were interviewed by the Board, administrative leadership team, physicians, donors, and community members. No conclusions had been reached as to which candidate the Committee will pursue. They will have a recommendation at the March Board meeting.		
13. CMO REPORT	<i>Kidd</i>	
<p>The hospital continues to deal with all things COVID, as well as continuing to recover from the cyberattack. There are less than eight systems now that are not fully recovered (down from hundreds), and SVH continues with assistance from UCSF. Currently there is a move from recovery to implementing increased security measures.</p> <p>The hospital has not been overwhelmed with COVID patients to date, but there is a continuous stream of daily patients. PPE is stable and SVH is able to comply with the mandatory 90 day stockpile now. A virtual Townhall was held in December for staff and in January for the</p>		

<p>community. Regarding the upcoming February 6-7 vaccination clinic, 1120 vaccine slots were available which were filled within hours. SVH has the generous support of the Catalyst Fund and intends to keep the vaccination clinics going for at least six weeks. The hospital hopes to reach 3300 individuals with the vaccination clinics. Vaccine allocations come to the County, so the criteria on qualifying individuals is those who live in the County; SVH also abides by the tiers set by the County.</p> <p>Testing is a bit more stable, and we are receiving supply shipments. SVH continues to be able to offer antibody outpatient infusions for high risk, symptomatic individuals.</p>		
14. ADMINISTRATIVE REPORT FOR OCTOBER	<i>Kidd</i>	
<p>The ODC project is progressing and the CT machine has been delivered. MRI demolition has begun. It's been all hands on deck getting the vaccine clinics going. The first Joint Operating Committee with UCSF is being held February 5th. The new robot is ready to start. Meritage Medical Network is working with Sonoma Family Practice to manage them. 99.9% of MDs and a great majority of employees have been vaccinated; however, a final tally is not available yet.</p>		
15. FINANCIALS FOR THE MONTH ENDED NOVEMBER 30, 2020	<i>Jensen</i>	
<p>Mr. Jensen reviewed the payer mix for November 2020. The cash goal was \$3.1 million and \$2.4 million was received. Year to date cash collected was under goal by \$2.5 million due to the inability to bill claims. Days' cash on hand were 35.4, A/R days were 69.6, A/P were \$3.8 million, and A/P days were 53.3. Patient revenue was down and total operating revenue was \$3 million on a budget of \$3.9 million. Expenses included COVID and CEO recruitment fees. The operating margin was (\$1.4 million) on a budget of (\$606,000). \$2.3 million in restricted donations was received in November. Net income 1.4 million or \$1.2 million over budget, and EBDA was (27.3.) on a budget of (0.5%).</p>		
16. FINANCIALS FOR THE MONTH ENDED DECEMBER 31, 2020	<i>Jensen</i>	
<p>Mr. Jensen reviewed the payer mix for December. The cash collection goal was \$3.2 million and the hospital collected \$3.4 million. Year to date cash collected was \$2.3 million under budget. Days' cash on hand were 28.3, A/R days were 66.1, A/P were \$3.2 million, and A/P days were 45.4. SVH just started billing in December. Patient revenue was down again. There was \$1.9 million in IGT revenue which was offset by \$620,000 for IGT matching funds. Total op revenue was \$5 million, over budget by \$71,000. The operating margin was (\$69,000) on a budget of \$14,500. Net income for December was \$823,000 on a budget of \$814,000. EBDA was 9.8% on a budget of 12.0%.</p>		
17. BOARD COMMENTS	<i>Board</i>	
<p>Mr. Rymer expressed his thanks again to hospital staff for the vaccinations.</p>		
18. ADJOURN	<i>Rymer</i>	
Adjourned 7:12 p.m.		



**SVHCD
FINANCE COMMITTEE MEETING
MINUTES**

**TUESDAY, JANUARY 26, 2019
Via Zoom Teleconference**

Present	Absent	Staff	Public	
Bill Boerum via Telephone Joshua Rymer via Zoom Subhash Mishra, MD via Zoom Art Grandy via Zoom Bruce Flynn via Zoom	Susan Forth Peter Hohorst	Ken Jensen, CFO, via Zoom Sabrina Kidd, CMO and COO, via Zoom Sarah Dungan, via Zoom Dawn Kuwahara, via Zoom Kimberly Drummond, 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>			
	Mr. Rymer called the meeting to order at 5:02 pm			
2. PUBLIC COMMENT SECTION	<i>Boerum</i>			
	None			
3. CONSENT CALENDAR	<i>Boerum</i>			
a. Finance Committee Minutes 12.02.20 b. Finance Committee Minutes 12.15.20			MOTION: by Flynn to approve, 2 nd by Grandy. All in favor.	
4. OUTPATIENT DIAGNOSTIC CENTER UPDATE	<i>Kuwahara/Sarmiento</i>			
	The new CT machine was delivered today and is being assembled. The project is over budget by \$93,000. Contingency covers all costs except the \$93,000, and the expected sale of the current trailer and MRI will cover the overage.			
5. REVIEW FINANCE COMMITTEE 2021 WORK PLAN	<i>Jensen</i>			
	COVID impacts on the financials will probably continue into the first six months of the next fiscal			

	<p>year. The Committee will review IT security costs in February. The auditor’s engagement expired last year, and their proposal to renew should be submitted in February. The work plan is similar to previous years. Mr. Jensen suggested having a capital budget this year.</p>		
<p>6. PROCESS TO RECOMMEND A NEW COMMITTEE MEMBER FOR FINANCE COMMITTEE VACANCY</p>	<p><i>Boerum</i></p>		
	<p>Mr. Boerum had reviewed the charter, and the Committee may add an additional three members. He suggested two possible approaches: (1) After announcing the vacancies, the Committee may receive applications, conduct interviews, and make recommendations to the Board; (2) Announce vacancies and receive applications, then submit those applications to the Board, which would then conduct interviews and vote.</p> <p>Mr. Grandy favored the first option and suggested looking to other organizations for means of outreach. Mr. Flynn suggested the current community members reach out to ask appropriate individuals to apply since they know what is required. Mr. Rymer agreed with Mr. Boerum on a broad outreach, such as placing an ad in the newspaper. He also was in favor of current committee member outreach. Mr. Boerum decided to move ahead with the suggestions and would look at the calendar for a deadline.</p>		
<p>7. ADMINISTRATIVE REPORT FOR JANUARY 2021</p>	<p><i>Kuwahara</i></p>		
	<p>Over 300 COVID vaccines were administered to employees, physicians and their office staff in December. SVH is working on a mass vaccination clinic for February 5th, 6th, and 7th for 1,000 vaccines. The hospital continues to recover from the significant downtime event and volumes were down in November. Staff are in the process of interviewing two final candidates for the CEO</p>		

	position. Mr. Rymer added that an offer will be made to one of these two candidates in February.		
8. FINANCIAL REPORT FOR MONTH ENDED NOVEMBER 30, 2020	<i>Jensen</i>		
	<p>Mr. Jensen reviewed the payer mix for the month of November. Cash collected was under goal by \$2.4 million. Days' cash were 35.4, A/R days were 69.6, A/P were \$3.8 million, and A/P days were 53.3. The hospital began sending out bills in December. Volumes were down as well as revenue; however, length of stay and acuity have gone up affecting net reimbursement. Total operating revenue was \$3 million, \$900,000 under budget. Expenses were in line except for purchased services due to CEO recruitment fees and additional COVID testing. Total operating expenses were \$4.4 million, and the operating margin was (\$1.4 million), (\$800,000) under budget. Net income after all activity was \$1.4 million vs. budget of \$194,000. EBDA was (27.3%) vs. budget of 0.5%.</p>		
9. FINANCIAL REPORT FOR MONTH ENDED DECEMBER 31, 2020	<i>Jensen</i>		
	<p>Mr. Jensen then reviewed the payer mix for December. The cash goal was \$3.2 million and the hospital collected \$221,000 over goal, so cash is starting to pick up. Days' cash on hand were 28.3 which was expected. A/R days were 66.1, A/P was \$3.2 million, and A/P days were 45.4. Volumes continued to drop. \$1.9 million in IGT funds were accrued for, making the total operating revenue \$5.0 million. Supplies were over budget due to high cost surgical implants. The operating margin was (\$69,000), or (\$83,000) below budget. Net income after all activity was \$823,000 vs. 814,000 budget. EBDA was 9.8% vs. 12.0% budget. The hospital is starting to get receivables down in January. Mr. Jensen expected the volumes to stay low for the year. He said he should have a better idea on the cash forecast once he sees the January financials.</p>		

	Dr. Kidd added there has been a 20-30% decrease in volumes in ERs across the country; patients have discovered other sources of treatment such as virtual care. Their idea of elective surgery has changed as well and physical therapy is being used more. SVH needs to develop new strategies to gain new revenues.		
10. REVIEW OF FY2021 YTD CAPITAL SPENDING	<i>Dungan</i>		
	Ms. Dungan briefly reviewed the capital spending to date. Ms. Drummond said the alternative energy project is currently in the permit process with OSHPD and expects to start on site in February or March. Build-up will probably take a year.		
11. ADJOURN	<i>Boerum</i>		
	Meeting adjourned at 5:54 p.m.		



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

January 27, 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 Jessica Winkler via Zoom Leslie Lovejoy via Zoom Dr. Judith Bjorndal via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
	5:01 pm	
2. PUBLIC COMMENT	<i>Mainardi</i>	
	None	
3. CONSENT CALENDAR	<i>Mainardi</i>	Action
<ul style="list-style-type: none"> QC Minutes, 11.18.20 	Dr. Eisenstark suggested changes to items 5 and 6 of the November 18, 2020, minutes.	MOTION: by Eisenstark to approve with changes, 2 nd by Sheets. All in favor.
4. PALLIATIVE CARE PROJECT PRESENTATION	<i>Winkler</i>	Inform
	Ms. Jessica Winkler, Director of Patient Care Services, presented her plan for a nurse driven palliative care program. The plan will start with inpatients and then move to an ER program later. She indicated that the hospital's readmission rates are around 15%, with some patients returning every month, some every three months. ER visits during the last six months are also reviewed for returning patients. The program is due to go live in September with a goal of increasing palliative care utilization by 25%.	

AGENDA ITEM	DISCUSSION	ACTION
	Mr. Kobe added that palliative care is suggested during rounds at least once a week or more, but is not utilized. This is an area SVH has scored low on that can be improved to gain 5 star status.	
5. PRIME GRANT REPORT	<i>Lovejoy</i>	
	<p>Ms. Lovejoy reviewed the Prime Grant final report. This was a 5-year program with multiple metrics, and SVH's project was improving coordination of care. The required 10% improvement in each area per reporting period was very challenging; however, there was a great deal of improvement in several areas. There was a potential \$3.5 million on the table, down to \$3.2 million after a takeback for COVID, and SVH earned \$2.7 million. Patient care was definitely improved.</p> <p>Opportunities include readmissions for patients with substance abuse or behavioral health issues, as well as palliative care and advance care planning needs. Ms. Lovejoy has written a new grant for placing a substance abuse coordinator in the ER.</p>	
6. QUALITY INDICATOR PERFORMANCE AND PLAN FOR DECEMBER 2020	<i>Jones</i>	Inform
	<p>Ms. Jones presented an abbreviated performance summary for December. She is awaiting word from CMS as to whether they will continue the 5 star system.</p> <p>Patient experience projects include: (1) Working with Benchmark hospitalists to prioritize physician communication; (2) Working with pharmacy to implement discharge 1:1 meetings for medication education, as well as post-discharge calls from pharmacists; and (3) Partnering with patient care unit and support departments. to focus on communication.</p>	
7. POLICIES AND PROCEDURES	<i>Kidd</i>	Inform
	<p><u>Policies with Changes Made:</u> Antimicrobial Stewardship Notification to CDPH and Sonoma County Board of Supervisors Contract Administration, Patient Care Services Inspection of Nursing Units and Medication Storage Areas Moderate Sedation AN8610-102</p>	MOTION: by Kornblatt Idell to approve with changes to new policies, 2 nd by Eisenstark. All in favor.

AGENDA ITEM	DISCUSSION	ACTION
	Pharmaceutical Representatives MM8610-159 Rapid Sequence Intubation (RSI) Kit MM8610-161 Receiving Procedures Rotation of Stock Sterile Compounding MM8610-117 Unusual Occurrence Report to Governmental Agencies <u>Policies Reviewed – No Changes:</u> Blood and Body Fluid Spills Cleaning in Materials Management Construction or Renovation Projects, Infection Control Equipment Inspection Handling of Sharps Phone Tree Product Failure Security in Materials Management <u>Policy Recommended to Retire:</u> Hazardous Substances <u>New Policies:</u> COVID-19 Surge Planning - Pharmacy Renal Dosing – Pharmacy Protocol	
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		
9. REPORT OF CLOSED SESSION	<i>Mainardi</i>	
	The Medical Staff credentialing report was approved.	MOTION: by Eisenstark, 2 nd by Sheets. All in favor.
10. ADJOURN	<i>Mainardi</i>	
	6:12 pm	

Document Tasks by Committee

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

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 02/26/2021 4:08 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: 36

Committee: 09 BOD-Board of Directors

Committee Members: Woodall, Vivian (vwoodall)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Aerosol Transmissible Disease Exposure Control Policy <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	2/26/2021	0
Summary Of Changes: None. Will review Aerosol Transmissible Disease Plan. Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney) Lead Authors: Heinrich, Leah (lheinrich) Approvers: Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Airborne Infection Isolation Precautions <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	2/26/2021	0
Summary Of Changes: Appendix A, airborne isolation sign, location of PAPRs. Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney) Lead Authors: Heinrich, Leah (lheinrich) Approvers: Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Authority Statement <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	2/26/2021	0
Summary Of Changes: Removed Kathy's name. Moderators: Newman, Cindi (cnewman), Tierney, Pat (ptierney) Lead Authors: Heinrich, Leah (lheinrich) Approvers: Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Bloodborne Pathogen Exposure Control Policy <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	2/26/2021	0

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 02/26/2021 4:08 PM

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

Summary Of Changes: **Reviewed, no changes. Will review Bloodborne Pathogen Exposure Control Plan (in HR). This policy can be retired or kept to direct people to the Control Plan.**

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

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

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

Cleaning Schedules and Procedures	Pending Approval	2/26/2021	0
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: **New Policy to address CIHQ regulations**

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

Lead Authors: **Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**

Approvers: **Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Communicable Disease Reporting to Public Health	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **Added "CaIREDIE". Uploaded edited draft.**

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

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

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

Contact Isolation Precautions	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **Reviewed by IP on 12/28/20. Added "CDC Appendix A".**

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

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

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

Contact Plus Enteric Isolation Precautions	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **Added "CDC appendix A" and "DO NOT use hand gel when leaving the room. Go directly to the sink and scrub hands..."**

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

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

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

Diet Orders and Diet Changes	Pending Approval	2/26/2021	0
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: **Updated department name. Removed references to policies that no longer exist or have been reviewed. Added more information as to how to specifically order accurate orders.**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 02/26/2021 4:08 PM

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

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**
 Approvers: **Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Discharge Medication Charity Program <i>Discharge Planning (DP)</i>	Pending Approval	2/26/2021	0
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Summary Of Changes: **Updated process steps to include role responsibilities and reporting; changed parts of the form for better clarity**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Lovejoy, Leslie (llovejoy)**
 Approvers: **Jones, Danielle (djones) -> 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)**

Discharge Planning <i>Discharge Planning (DP)</i>	Pending Approval	2/26/2021	0
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Summary Of Changes: **No changes needed. Meets the entire language of the standard.**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Lovejoy, Leslie (llovejoy)**
 Approvers: **Jones, Danielle (djones) -> 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)**

Droplet Precautions <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	2/26/2021	0
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Summary Of Changes: **added "CDC appendix A"**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Heinrich, Leah (lheinrich)**
 Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Ebola Viral Disease Policy and Procedurere <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	2/26/2021	0
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Summary Of Changes: **reviewed. no changes.**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Heinrich, Leah (lheinrich)**
 Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Enteral and Oral Supplementation, Role of Dietitian <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	2/26/2021	0
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Summary Of Changes: **Changed title of policy and updated department name. Added purpose. Removed references to formulary as it is not finalized.**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 02/26/2021 4:08 PM

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

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**
 Approvers: **Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Hand Hygiene	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **Reviewed. No changes.**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Heinrich, Leah (lheinrich)**
 Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

HumidityTemperature Surgical Areas OI8610-102	Pending Approval	2/26/2021	0
<i>Operative & Invasive Services Policies (OI)</i>			

Summary Of Changes: **removed all verbiage referring to 'The Birthplace'.**

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)**

Infection Control Committee	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **Reviewed. No changes**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Heinrich, Leah (lheinrich)**
 Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Infection Control Mandatory Reporting	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **Reviewed. No changes.**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Heinrich, Leah (lheinrich)**
 Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Infection Control Water Management	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **Reviewed. No changes.**

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Heinrich, Leah (lheinrich)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 02/26/2021 4:08 PM

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

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

Infection Prevention and Control Training for Healthcare Workers	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: Reviewed. No changes.

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

Lead Authors: Heinrich, Leah (lheinrich)

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

Late Trays	Pending Approval	2/26/2021	0
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: Updated department name. Removed language that a diet order may be called into the kitchen as diet clerks cannot take verbal orders. Added early tray procedures as well.

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

Lead Authors: Harleman, Anna (aharleman), Guevara, Aaron (aguevara)

Approvers: Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Lice, Management of Infestation	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: added "notify infection prevention"

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

Lead Authors: Heinrich, Leah (lheinrich)

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

Management of Multi-Drug Resistant Organisms Policy	Pending Approval	2/26/2021	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: Added: notification and ongoing surveillance.

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

Lead Authors: Heinrich, Leah (lheinrich)

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

Menu Distribution	Pending Approval	2/26/2021	0
<i>Food & Nutrition Services Dept Policies</i>			

Summary Of Changes: Added Purpose, changed department name

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

Lead Authors: Harleman, Anna (aharleman), Guevara, Aaron (aguevara)

Approvers: Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (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: 02/26/2021 4:08 PM

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

Paging Codes Overhead	Pending Approval	2/26/2021	0
<i>Emergency Preparedness Policies (EP)</i>			
Summary Of Changes:	took out Code Silver. Took out Hostage/Active Shooter and changed to Active Shooter/Location		
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)		
Parenteral Nutrition, Role of the Dietitian	Pending Approval	2/26/2021	0
<i>Food & Nutrition Services Dept Policies</i>			
Summary Of Changes:	New policy outlining specific role of the Dietician with regard to parenteral feeding		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Harleman, Anna (aharleman), Guevara, Aaron (aguevara)		
Approvers:	Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Personal Hygiene and Food Safety	Pending Approval	2/26/2021	0
<i>Food & Nutrition Services Dept Policies</i>			
Summary Of Changes:	Added an entire section on employee health and addressing communicable diseases that are transmissible through food. Changed title from Dress Code and Personal Hygiene to Hygiene and Safe Food Handling		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Harleman, Anna (aharleman), Guevara, Aaron (aguevara)		
Approvers:	Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Purchase Order Returns	Pending Approval	2/26/2021	0
<i>Materials Management Dept</i>			
Summary Of Changes:	1/5/21 - Under Procedure - Added line 2. that establishes a means to retrieve returns from departments. Revised line 3. to state no item under \$50. Updated line 4. to reflect current work flow within Paragon Materials Management.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Dugger, James (jdugger)		
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Quality Improvement Plan	Pending Approval	2/26/2021	0
<i>Materials Management Dept</i>			
Summary Of Changes:	1/20/21 - Page 2 - deleted Patient Chargeable Revenue. No longer a function of Materials. Page 3 - replaced TJC with CIHQ. No other changes.		
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)		
Lead Authors:	Dugger, James (jdugger)		
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Rehabilitation Services with Patients in Contact Isolation Management	Pending Approval	2/26/2021	0
<i>Injection Prevention & Control Policies (IC)</i>			
Summary Of Changes:	Reviewed. No changes.		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 02/26/2021 4:08 PM

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

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Heinrich, Leah (lheinrich)**
 Approvers: **Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Safety in Materials Management	Pending Approval	2/26/2021	0
<i>Materials Management Dept</i>			

Summary Of Changes: **1/13/21 - Reviewed. Updated MSDS to SDS to match current standards/classification. Not other changes.**

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

Sales Representative Policy	Pending Approval	2/26/2021	0
<i>Materials Management Dept</i>			

Summary Of Changes: **changed no longer thru mm lobby Kiosk if people are wandering, can be reported and denied entry badge maintenance is out sourced**

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

Statement of Service	Pending Approval	2/26/2021	0
<i>Materials Management Dept</i>			

Summary Of Changes: **1/13/21 - Reviewed. No changes at this time.**

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

Storage of Food for Patients Brought in from Non-Facility Source	Pending Approval	2/26/2021	0
<i>Food (Nutrition) Services Policies (NU)</i>			

Summary Of Changes: **NEW POLICY Policy currently does not exist.**

WHY: Regulatory requirement to have procedure in place

Moderators: **Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
 Lead Authors: **Winkler, Jessica (jwinkler)**
 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)**

System Downtime Procedures	Pending Approval	2/26/2021	0
<i>Materials Management Dept</i>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 02/26/2021 4:08 PM

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

Summary Of Changes: **changed location for manual purchase order forms**
Changed reference to a manual reconciliation to instruct entering into Paragon after the system is back online:

"3. Once the computer system is back in operation all manually processed purchase orders must be entered in the Paragon system with a line note referencing the manual purchase order number."

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

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

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

Utilization Review Plan	Pending Approval	2/26/2021	0
<i>Utilization Review Policies (UR)</i>			

Summary Of Changes: **Clarified roles and responsibilities for PI Committee and the Physician Advisor; pulled out redundant statements, fixed grammar and brought some of the processes up to date. Deleted SNF referrals and the Optum EHR group. Took out TJC reference.**

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

Lead Authors: **Lovejoy, Leslie (llovejoy)**

Approvers: **Jones, Danielle (djones) -> 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)**



SUBJECT: Cleaning Schedules and Procedures

POLICY: 8340-174

DEPARTMENT: Food and Nutrition Services

PAGE 1 of 34

EFFECTIVE:

REVISED:

PURPOSE:

To maintain standards of cleanliness and define responsibilities for cleaning patient food and storage areas.

POLICY:

Food and Storage areas shall be clean at all times to prevent food borne illness and pest infestation.

PROCEDURE:

The food and storage areas shall be cleaned daily unless stated as follows:

Area To clean	Instructions	Position
Dish Room	Walls-behind and below dish machine (weekends)	DISH 1
	Silver Hood (weekends)	
	All Stainless Surfaces	
	All Garbage Cans, Lids, Wheels (weekends)	
	Floor Under Dish Machine (weekends)	
	White Cabinet Tops, Shelving and Top	
	All Patient carts and soiled tray carts	
Chef Frig (#022159)	Inside/Outside/Shelves and Top (weekends)	COOK1
	Walls and Floor Around	
"Dairy" Frig (#022151)	Inside/Outside/Shelves and Top (weekends)	COOK 2
	Walls and Floor Around	
Cold Prep Frig (#022100)	Inside/Outside/Shelves and Top	SALAD
	Walls and Floor Around	
Clerk Offices	All Surfaces	CL1/CL2
	Phones/Desktops/Keyboards	
Cook Station	Shelves Above and Below	COOK 1
	Walls and Floor Around	
Hot Box	Inside/Outside/Shelves and Top (weekends)	COOK 1



SUBJECT: Cleaning Schedules and Procedures

POLICY: 8340-174

DEPARTMENT: Food and Nutrition Services

PAGE **2** of **34**

EFFECTIVE:

REVISED:

	Walls and Floor Around	COOK 2
Hood Vents/Vent Filters	Wipe Down and Clean Vent Filters/Completed-Wed only.	CL2/FS W2
3 Compartment Sink	Walls-behind and below the sink (weekends)	FSW2
	All Shelving (weekends)	
	Floor under the sink	
Stoves, Ovens, Grill, Trayline Steam tables	Clean all surfaces	COOK1
	Clean the ovens (weekends)	
	Clean stove/grill tops (weekends)	
	Walls and floor around	
Cook Table	Clean all surfaces	COOK 2
	Mixer	
	Steamer	
	Convection Oven (weekends)	
	RoboCoupe	
	Walls (weekends)	
Tray Line Area	All Shelving	FSW 2
	All Stainless Surfaces	
	All Counter Top Equipment	
	Remove Excess Clutter	
Cold Food Prep Area	Sinks, Walls	SALAD
	Floor under the sink	
	All Surfaces	
Walk-in (refrigerator)	Clean all shelving	SALAD
	Change all pans	
	Clean floors	



SUBJECT: Cleaning Schedules and Procedures

POLICY: 8340-174

DEPARTMENT: Food and Nutrition Services

PAGE **3** of **34**

EFFECTIVE:

REVISED:

Walk-in (Freezer)	Clean all shelving (weekends)	FSW 2
	Clean floors (weekends)	
Chef Freezer (02214/022199)	Walls and Ceilings (weekends)	COOK 1
	All Surfaces (weekends)	
Tray line Hallway Area	Clean All Shelving	FSW 2
	Move carts and clean walls and floors (weekends)	
Dry Storage	Clean and Organize (Tuesdays/Fridays)	FSW 2
	Floors swept and mopped	
Kitchen Floors	Swept and Mopped	FSW 2
	Hose off Kitchen Mats (weekends)	
Tray Line Coffee Machine	Wipe Outside & Clean per Manufacturers instruction	CL2
Nourishment Rooms	Clean all food storage areas (Dry/Refrigerated)	CL1/ DISH1
Café	Clean all areas and equipment	CAFÉ A
	Floors: Cafe	EVS

REFERENCES:

CIHQ Standard 482.28 NU-1

AUTHORS/REVIEWERS:

Anna Harleman, MS, RD

APPROVALS:

Policy & Procedure Team: 3/4/20

PI Committee: 3/26/2020

Medical Executive Committee: 3/19/2020

Board Quality Committee: 12/24/2021

The Board of Directors: 03/02/2021



SUBJECT: Parenteral Nutrition, Role of the Dietitian

POLICY: 8340-180

DEPARTMENT: Food and Nutrition Services

PAGE 1

EFFECTIVE:

REVISED:

PURPOSE:

1. To meet the nutritional needs of patients whose GI tract is not functioning or cannot be accessed and whose nutritional needs cannot be met with oral diets or enteral tube feeding.
2. Parenteral nutrition will be used for patients who meet criteria as specified by the American Society for Enteral and Parenteral Nutrition (ASPEN).

POLICY:

Parenteral Nutrition will be provided for appropriate patients.

PROCEDURE:

Parenteral nutrition orders will be entered into the medical record by the physician.

The Dietitian is responsible for the following:

- Assessing patient's nutritional risk
- Documenting a Nutrition Assessment, Patient Plan of Care, Follow-up, Reassessment, Nutrition discharge plan, and recommendations for referrals for out-patient Dietitian follow-up as needed for patients on parenteral nutrition.
- Verifying appropriateness of parenteral nutrition according to criteria specified by the American Society for Enteral and Parenteral Nutrition (ASPEN). [Questions regarding appropriateness of parenteral nutrition will be discussed with the physician so consensus can be achieved.](#)
- Calculating nutritional requirements
- Recommending macronutrient composition of parenteral solution
- Providing on-going nutritional monitoring and assessment of tolerance and response to parenteral nutrition in collaboration with the physician, pharmacist, and nursing staff.
- Reassessing nutritional requirements based on changes in clinical status.
- Recommending weaning process of parenteral nutrition or transitional feedings when appropriate
- Recommending cycling parenteral nutrition for home as needed
- Recommending nutrition discharge plan
- Providing patient/family education pertaining to nutrition regimen

References:

A.S.P.E.N., The A.S.P.E.N. Nutrition Support Practice Manual, 2nd edition, 2005



SUBJECT: Parenteral Nutrition, Role of the Dietitian

POLICY: 8340-180

DEPARTMENT: Food and Nutrition Services

PAGE 1

EFFECTIVE:

REVISED:

A.S.P.E.N., The ASPEN Adult Nutrition Support Core Curriculum, 3rd edition, 2017

OWNER:

Food and Nutrition Services Manager

AUTHORS/REVIEWERS:

Anna Harleman, MS, RD,

APPROVALS:

Policy & Procedure Team: 3/4/20

PI Committee:3/26/2020

Medical Executive Committee: 3/19/2020

Board Quality Committee:02/24/2021

The Board of Directors: 03/02/2021

DRAFT



SUBJECT: Storage of Food for Patients Brought in from Non-Facility Source

Policy: NU8610-103

DEPARTMENT: Organizational

PAGE 1 OF 2

EFFECTIVE:

REVISED:

PURPOSE:

To provide guidelines for proper storage of food from a non-facility source to minimize the potential for food-borne illness and ensure compliance to the diet order in the electronic medical record.

POLICY:

Food brought in for patients from a non-facility source will be monitored and safely stored.

PROCEDURE:

1. The physician must write an order, in the comments field of the diet order window in the electronic medical record, indicating that the patient may have the non-facility source food unless the patient is on a Regular Diet.
2. All foods are brought to the nurse's station prior to delivery to the patient to ensure compliance to the diet order in the electronic medical record and to allow more accurate documentation of meal consumption. The Dietitian will be consulted by nursing if any questions arise regarding compatibility to the diet order in the electronic medical record.
3. The containers, before being placed in the refrigerator, will be labeled with the patient's name, medical record number, and that day's date.
4. Once a food has been brought into a patient room, any uneaten portion must be discarded.
5. The food must be stored in a microwave safe container with properly fitted lid or wrapped neatly if stored in the refrigerator.
6. Food will be kept only 2two days before being discarded
 - a. The patient, friend, or family will be notified by nursing that the food will only be kept for 2two days before it will be discarded.
7. Food will be stored separately from medications, specimens, and chemicals.
8. The Food and Nutrition Services worker or Nursing will discard any food from the refrigerator after 2two days and any food that is not properly labeled with the patient's



SUBJECT: Storage of Food for Patients Brought in from Non-Facility Source

Policy: NU8610-103

DEPARTMENT: Organizational

PAGE 2 OF 2

EFFECTIVE:

REVISED:

name, medical record number, and date the food item was initially placed in the refrigerator.

REFERENCES:

CIHQ Standard 482.28 NU-03

OWNER: Food and Nutrition Services

AUTHORS/REVIEWERS:

Anna Harleman, MS, RD
Jessica Winkler, RN, MSN

APPROVALS:

Policy & Procedure Team: 3/4/20
PI Committee: 3/26/2020
Medical Executive Committee: 3/19/2020
Board Quality Committee: 02/24/2021
The Board of Directors: 03/02/2021

DRAFT



To: Board of Directors
From: Lynn McKissock, Chief HR Officer
Date: March 4, 2021
Subject: Retirement Savings Plan Review & Recommendation

Recommendation:

It is recommended that the Board approve the recommendation set forth by the Finance Committee to transition the 403(b) and 457(b) retirement plan from Security Benefit to Empower Retirement and retain the Securities America team as advisors to the plan.

Background:

The purpose of this recommendation has been the result of a thoroughly competitive RFP (Request for Proposal) process to improve the transparency and financial fitness of the 403(b) & 457(b) currently being supported by Security Benefit. The advisor team has identified the following items as ongoing issues that remain unresolved:

1. Delayed response times resolving participant level service issues from Security Benefit since they changed their plan support to DST
2. Limited options for the advisor team to recommend investment options with lower fund expense ratios to the "Plan"
3. Overall limitations of the investment platform to offer lower investment management fees
4. No option to add competitively priced fiduciary services.

As a result, Empower Retirement, with their expertise in the healthcare and overall retirement plan space, was selected as the recommendation to transition both plans due to the items below:

- Greatly reduced overall investment cost and improved options generating participant savings of nearly \$200,000 per year
- Improved technology and participant integration capabilities to generate additional activity in the plan and help hospital employees better save for their financial futures
- Restructuring of current fees to better align with market best practices reducing fiduciary liability to the plan and stakeholders
- Offering new and upgraded features to support financial wellness (student loan assistance, multi-level financial integration, self-directed brokerage window, etc.)
- Extremely competitive price and service offering leading to overall reduction in participant cost while improving plan administrative efficiency
- High level of experience and track record with data security paired with record keeping services to ensure participant data protection.

Consequences of Negative Action/Alternative Actions:

Potential fiduciary liability to the plan and all associated individuals for not offering lower expense ratios and plan costs.

Financial Impact:

With a transition to Empower Retirement, the participating hospital employees will be saving a total of \$253,471 per year due to lower plan expenses and lower mutual fund expense ratios.



BUILDING A PARTNERSHIP

← Caregiver Lounge

↖ Down to 3N

← Learning Resource Center

↑ Restrooms

Kevin McAtamney
Regional Sales Director

Chris Dunham
Internal Sales Director

BUILDING A PARTNERSHIP

WORKING TOGETHER

Margaret Ratto-Young
Investment Advisor
Representative



Richard Maxey
Investment Advisor
Representative

Michael Felton
Investment Advisor
Representative





T H E E M P O W E R D I F F E R E N C E



ABOUT US

STABILITY, SCALE AND **LEADERSHIP**



\$583 BILLION*



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9.6 MILLION INDIVIDUALS***



LARGEST RECORDKEEPER**

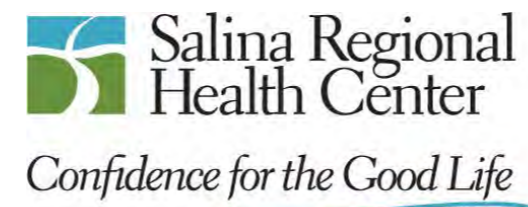
* As of March 31, 2020.

** Pension & Investments 2020 Defined Contribution Survey Ranking as of April 2020.

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A REPRESENTATIVE CLIENT LIST



A B O U T U S



EXPERTISE IN SERVING THE NEEDS OF **HEALTHCARE PROVIDERS**

SERVE MORE THAN
5,800 PLANS AND
1.5 MILLION PARTICIPANTS¹
IN HEALTHCARE INDUSTRY

**EXPERTISE ACROSS
ALL PLAN TYPES**

DEDICATED HEALTHCARE SERVICE TEAM

**ORGANIZED TO SERVE YOUR UNIQUE
EMPLOYEE NEEDS**







**LEADING EXPERIENCE WITH
M&A EXPANSION**

¹ As of December 31, 2019.

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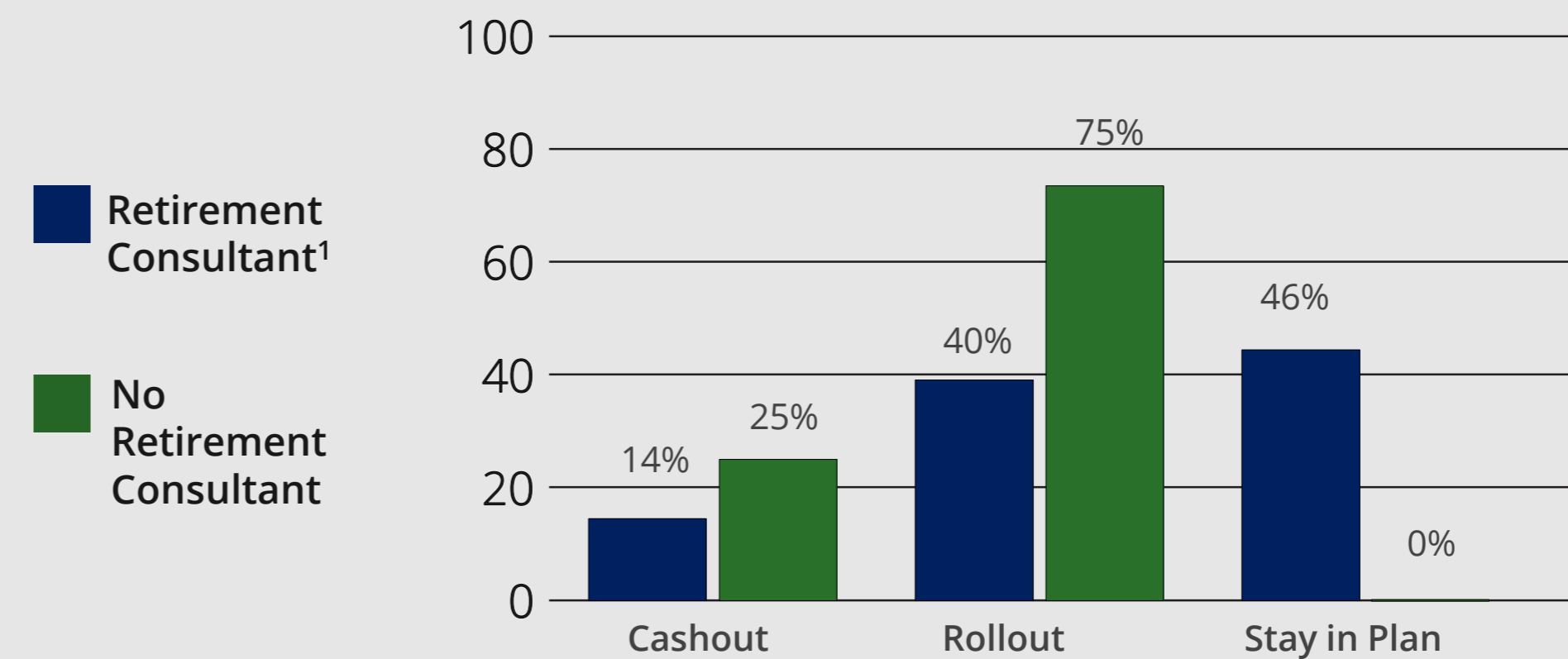
OUR VALUE

A FIDUCIARY MODEL THAT **DELIVERS ADVICE TO YOUR EMPLOYEES**

	Retirement planning		Rollover & distribution options
	Budgeting		Social Security
	Investment strategy		Retirement income

FOR PLAN SPONSOR OR FINANCIAL PROFESSIONAL USE ONLY

Fiduciary services provided for your employees ...



... that help improve your in-plan retention rates.²

Source: Government market plan data as of December 31, 2019.

1. "Engaged Retirement Consultant" represents participants working with Retirement Services Group (RSG) retirement consultants. "Stay in Plan" retention reflects participants who chose to stay in plan after speaking with a RSG retirement consultant.

1 Participant level 3(21) and 3(38) fiduciary services provided by Empower Retirement Advisory Services powered by Advised Assets Group, LLC a registered investment adviser.

Online Advice and the Professional Management Program are part of the Empower Retirement Advisory Services suite of services offered by Advised Assets Group, LLC, a registered investment adviser. 

OUR VALUE

ENGAGING EMPLOYEES WITH **INNOVATIVE AND INTUITIVE** RESOURCES



Top-rated mobile app



Health Cost Estimator



Integrated HSA



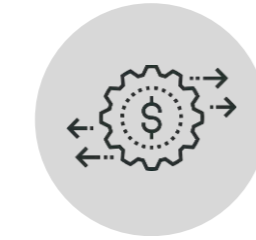
Financial wellness



Peer comparison



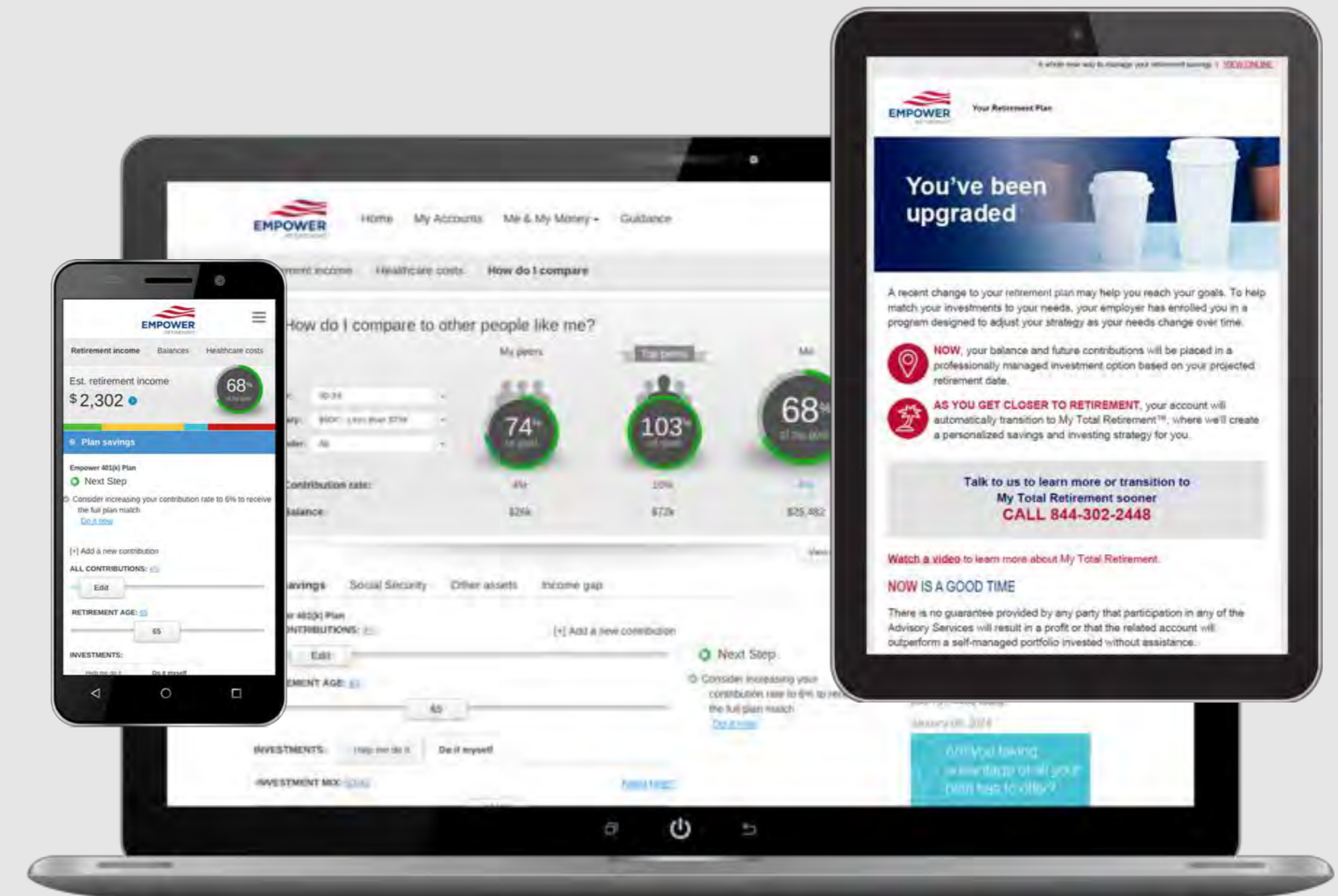
My Total Retirement^{TM1}



Empower Dynamic Retirement ManagerTM



Retirement Plan Advisors



There is no guarantee provided by any party that participation in any of the advisory services will result in a profit.

1 Online Advice and My Total RetirementTM are part of the Empower Retirement Advisory Services suite of services offered by Advised Assets Group, LLC, a registered investment adviser.

Empower Dynamic Retirement ManagerTM is provided by AAG.



YOUR **PLAN SPONSOR** EXPERIENCE



DAVE RAMIREZ
 Relationship Manager
 Annual Plan Review Assistance
 19 years of experience

ERIC MATHIEU
 Retirement Plan Advisor
 Onsite Participant Representative
 8 years of experience
 4 days in year 1, 3 days ongoing

LINDA MORRIS
 Customer Service Manager
 25 years of experience

PHYLLIS HENDERSON
 Implementation Manager
 25 years of experience

YOUR PLAN SPONSOR EXPERIENCE

PROFESSIONALS DEDICATED TO THE **SUCCESS** OF YOUR PLAN

A service experience that's both proactive and high touch

Extensive experience with plans like yours

A collaborative partnership between the team and you





SUPPORTED BY
INNOVATIVE TOOLS AND
TECHNOLOGY

Online Enrollment

Plan Document Review

Deferral recordkeeping

Beneficiary recordkeeping

QDRO approval¹

Hardship approval

Loans

Distributions

Required notice mailings

1. QDROs are processed by QDRO Consultants. Contracted separately with clients to qualify domestic relations orders (DROs) based on established terms and fees. The outsourcing includes the assumption of risk, complete review of DROs and the determination regarding the qualified status.

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IMPROVED PRICING STRATEGY

Results of Request For Proposal Process

	Empower	Voya	Lincoln
Admin Fee	0.06%	0.08%	0.028%
3(38) Fee	0.05%	0.07%	0.05%
Managed Account Fee	0.40%	0.50%	0.45%
Total Plan Level Fee Expense	0.51%	0.55%	0.528%

Fee Scenario Comparison

**TOTAL COST – assessed as %
of assets**

TOTAL COST - \$'s (ANNUALLY)

	TOTAL COST – assessed as % of assets	TOTAL COST - \$'s (ANNUALLY)
<p>Current Provider Security Benefit</p>	<p>Retirement Plan Charge (RPC): 0.08% *Avg. Investment Expense: 1.08% **Participant Managed Account Service: 0.90%</p> <p>Total Plan/Participant Cost: 2.06%</p>	<ul style="list-style-type: none"> • Plan Cost: \$26,500/year • Investment Cost: \$397,872/year • Managed Account Cost: \$86,528/year • Advisor Compensation: \$125,000/year <hr/> <ul style="list-style-type: none"> • Total Cost: \$635,900/year
<p>Recommended Provider Empower Retirement</p>	<p>Retirement Plan Charge (RPC): 0.06% *Avg. Investment Expense: 0.38% LeafHouse 3(38) Fiduciary: 0.05% **Participant Managed Account Service: 0.40%</p> <p>Total Plan/Participant Cost = 0.89%</p>	<ul style="list-style-type: none"> • Plan Cost: \$22,104/year • Managed Account Cost: \$76,913/year • Investment Cost: \$158,412/year • Advisor Compensation: \$125,000/year <hr/> <ul style="list-style-type: none"> • Total Cost: \$382,429/year <p>***ESTIMATED ANNUAL SAVINGS WITH EMPOWER: \$253,471</p>

*Paid for by the participants

**Opt-in Managed Account Service Fee, participant paid if electing to utilize the service

***based on total plan assets of \$36,840,033 as of 12/7/2020

- Managed Account Assets based on \$19,228,481 as of 12/7/2020



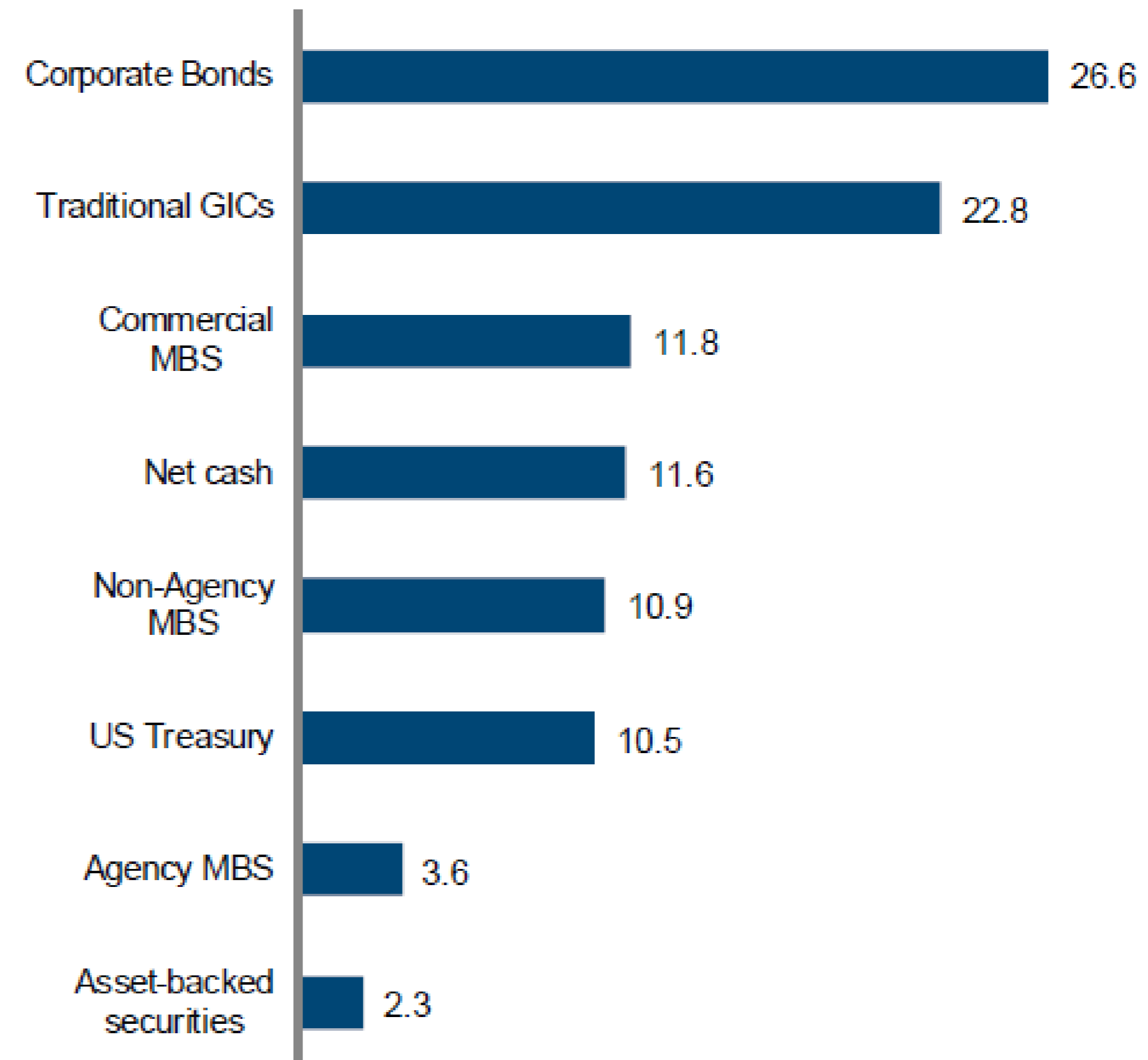


T H A N K Y O U

Putnam Stable Value Fund

Book value issuer description	Portfolio weight (%)
Net cash	7.35
Putnam Money Market Portfolio	2.95
Cash investments	4.40
Traditional GIC issuers	22.78
Metropolitan Life Ins. Co.	7.22
Principal Life Ins. Co.	6.89
Jackson National Life Ins. Co.	4.71
Minnesota Life Ins. Co.	1.34
Prudential Life Ins. Co. of America	1.23
Protective Life Insurance Co.	0.95
United of Omaha Life Ins. Co.	0.44
Structured cash flow strategy	32.49
Transamerica Life Insurance Co.	19.90
Massachusetts Mutual Life Insurance Co.	12.59
Actively managed strategy wrap providers	37.38
Pacific Life Ins. Co.	15.10
Prudential Life Ins. Co. of America	11.77
American United Life Ins.	6.48
Metropolitan Life Ins. Co.	4.03
Total	100.00

Sector distribution (%)



Stable Value liquidity provisions for participants

Participant-directed withdrawals

- Qualified withdrawals by plan participants are permitted at book value regardless of current market value.
- Additionally, transfers to other investment options within the plan are permitted, unless it is considered a “competing” fund.
- Participant transfers to competing funds must be held in a non-competing fund for a minimum of 90 days before the transfer to a competing fund takes place.
- This provision is known as the “equity wash” rule.

What is a competing fund?

- Generally speaking, a competing fund includes money market funds or other short-term bond funds with a duration less than 2 years.
- Some wrap providers consider self directed brokerage accounts in 401k plans as competing.
- Additionally, conservative or balanced asset allocation funds and target date funds, among others, may be considered competing.

Why does the equity wash rule exist?

- The equity wash rule is required by wrap providers as a risk mitigation feature.
- The purpose of the equity wash rule is to prevent participants from interest rate arbitrage, and reduce the risk of withdrawals from wraps, especially in a period of rising interest rates.



B U I L D I N G A P A R T N E R S H I P

DISCLOSURES

Carefully consider the investment option's objectives, risks, fees and expenses. Contact Empower Retirement for a prospectus, summary prospectus for SEC registered products or disclosure document for unregistered products, if available, containing this information. Read each carefully before investing.

Investing involves risk, including possible loss of principal.

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IMPORTANT: The projections, or other information generated on the website by the investment analysis tool regarding the likelihood of various investment outcomes, are hypothetical in nature, do not reflect actual investment results and are not guarantees of future results. The results may vary with each use and over time.

IMPORTANT: The projections and other information generated by PlanVisualizer™ are hypothetical in nature and are not guarantees of future results. The results may vary with each use, over time and as your inputs change.





BUILDING A PARTNERSHIP

DISCLOSURES

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*As of December 31, 2019. Information refers to the business of Great-West Life & Annuity Insurance Company and its subsidiaries, including Great-West Life & Annuity Insurance Company of New York. Of the total \$653B assets under administration, \$18B represents the AUA of GWL&A of NY. AUA do not reflect the financial stability or strength of a company. GWL&A assets total \$49.5B and liabilities total \$47.5B. GWL&A of NY assets total \$1.6B and liabilities total \$1.5B.

** Information refers to all retirement business of Great-West Life & Annuity Insurance Company and its subsidiaries and affiliates, including Great-West Life & Annuity Insurance Company of New York, marketed under the Empower Retirement brand. Ranking based on total participant accounts as of September, 20 2018. Source: Pension & Investments 2019 Defined Contribution Survey Ranking as of April 2019.

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Sonoma Valley Health Care District

Questions?

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michael.felton@securitiesamerica.com

Margie Ratto-Young (510)-599-2117

margaret.ratto-young@securitiesamerica.com

Richard Maxey, CFP® (916) 709-7798

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Margaret Ratto-Young, Representative – California Life Insurance License 0G73320

Richard Maxey, CFP® – California Life Insurance License 0B34213

Michael Felton, Representative – California Life Insurance License 0778845

Sonoma Valley Health Care District and the Securities America Companies are not affiliated.





Sonoma Valley Hospital

March 2021 Board Update

How it all started

- Unusual network activities were detected on October 11, 2020
- Ransomware note was discovered
- SVH Senior leadership was notified
- Incident Command Center protocol initiated



Containment Actions

- All computer systems were taken offline
- Hospital went on downtime protocol
- Except mammography, patient care continue with down time procedures
- Cyber security experts were engaged
- UCSF leadership helped us navigate throughout the 100 days
- Dell Recovery team came within a week
- Breach management & notification with Cyber attorney
- Cyber insurance company was notified
- Law enforcement agency was notified

What we know

- Started with a phishing email
- Privileged IT account was then used to gain access to other systems
- Some data was encrypted by the threat actors:
 - Shared drive
 - Fuji migration data
- Backup data was lost

Recovery & Notification Process

- Recovery:
 - Multiple teams are involved during recovery (approx. 4 months)
 - UCSF
 - Dell
 - Sonoma Valley staff
 - Consultants for staff augmentation
- Notification:
 - Regulatory reporting to all government agencies
 - Impacted individuals
 - Office of Civil Rights (OCR) Audit

Moving Forward



Improve internal IT processes:

Periodic validation of backup

Keep up with security patches

Build a sustainable plan to avoid end of support/end of life software and hardware (desktops, network)



Implement

Multi-factor authentication with regular password changes

Secured email

Offsite backup

24 hour security monitoring (in place)

Security training/education for all staff



IT is currently under invested

FY22 IT Incremental Ask

- Below is the minimum ask to shore up the critical areas:

• FY21 IT Security	\$208K
• FY22 IT Security Budget request	\$610K
• Incremental Ask:	\$402K



Information Technology Budget Impact FY2021

SVHCD BOARD OF DIRECTORS

March 4, 2021

By: Fe Sendaydiego

Significant Downtime Event: Cyberattack Overview

- Initial Discovery: October 11th
- On-call IT Staff was notified with a network issue
- All computer systems taken offline
- Engaged security experts
- The Incident Command Center immediately opened
- Breach assessment, mitigation, containment & recovery were immediately initiated with additional external resources such as UCSF IT
- Regulatory reporting to all government agencies & individuals completed on time
- Office of Civil Rights (OCR) Audit due March 1st
 - P&P review and updates in progress
 - Implementations of mandatory security enhancements underway

Cyberattack Recovery Cost

- Estimated Year-to-date Total \$1.4M
 - \$1.3M Recovery Efforts (Additional recovery staff, equipment & professional services)
 - \$147K Breach Response (i.e., Legal, forensics, call center, etc.)
- Anticipated Additional Cost - Pending
- Overall total cyberattack cost, estimated under \$2M insurance policy limit*

Minimum Necessary Security Enhancements

Enhancement	New Total Annual	Already In FY2021 Budget	FY2021 Additional Expenses
Advanced Endpoint Protection & Management	\$28K	\$24K	\$4K
Encrypted Secure Email	\$149K	\$73K	\$35K *Apr-June 2021
24/7 Monitoring for threat, detection & response (new Jan 2021)	\$85K	\$7K	\$42K *Jan – June 2021
Remote Access Multi Factor Authentication (new Apr 2021)	\$6K	None	\$2K *Apr – June 2021
1 FTE Desktop Engineer (*temp resource Feb – June 2021)	Est. \$140K	None	\$56K *Temp resource
1 FTE Security Administrator (new Date of Hire TBD) w/ benefits	Est. \$168K	None	*Unknown depending on hire
Sub Total:	\$576K	\$104K	\$139K

Minimum Necessary Business Continuity Services (New)

- Remote Backup – Cloud Storage (new) \$9K a year
- Sonoma Highway Internet Service Provider (new) \$10K a year
- Hospital Failover Internet Service Provider (new) \$15K a year
- **Total Annual Services** **\$34K a year**



Annual Minimum Necessary IT Security Cost Summary*

• Data Security Enhancements	\$576K
• Business Continuity Services	\$34K
• Total 12 Month Cost	\$610K
• FY2021 Budgeted IT Security Cost	\$208K*
• *Includes \$104K other IT Security in budget not changing	
• Additional Annual IT Security Cost	\$402K

*Does not represent a full FY2022 IT Operational Budget
Page 61 of 98

Industry Comparison

- IT Cost versus Hospital Operational Expenses
 - Range between 4%-10%
 - Varies size of organization and some may include capital
- FY2021 IT Percentage 5.2%
 - IT Approved Budget \$3M
 - Hospital Total Operational Expenses \$58M
- *Preliminary FY2022 IT Percentage 5.9%

*Does not represent a full FY2022 IT Operational Budget

Q&A

February 26, 2021

John Hennelly
2130 Birch Avenue
San Carlos, CA 94070

Dear John:

I am very pleased to offer you the position of Chief Executive Officer – Sonoma Valley Hospital, an affiliate of UCSF Health. Your effective start date is tentatively scheduled for April 19th, 2021 and you will have a dual reporting relationship to me and the Board of Directors at Sonoma Valley Health Care District.

As is standard with senior positions holding this level of responsibility, this offer is subject to approval by UCSF Chancellor Sam Hawgood. I have initiated the process of obtaining this approval and am confident this process will be completed soon.

The following paragraphs summarize the contingent terms and conditions of this offer of employment. If you agree with these terms, please sign and return this letter directly to me to indicate your acceptance.

- Annualized based salary of \$385,000 (\$184.38/hourly equivalent). Annual base salary is taxable income.
- Working Title: Chief Executive Officer – Sonoma Valley Hospital
- Payroll Title/Code/Grade: CLIN PROFL SVC MGR 4 / 6788 / 31
- Classification in the Management and Senior Professional (MSP) program. The MSP program is governed by UC Personnel Policies for Staff Members (PPSM): <http://policy.ucop.edu/manuals/personnel-policies-for-staff-members.html>.
- Eligibility to participate in the UCSF Incentive Award Plan/Clinical Enterprise Management Recognition Plan 1 (CEMRP1), Tier 3, in the fiscal year 2021-2022 program (July 1st, 2021 through June 30th 2022), with a target potential payout of 15% (\$57,750) and a maximum potential payout of 20% (\$77,000) of base salary pending achievement of organizational, department and individual goals at those levels.

Other eligibility criteria will also apply; refer to the CEMRP1 plan document for details: http://policy.ucop.edu/files/smg-docs/smg_cemrp.pdf. CEMRP1 participation and payments are subject to approval by the UC Administrative Oversight Committee. Incentive/recognition payments are taxable income.

- Reasonable reimbursement for moving and relocation expenses not to exceed \$40,000, part of which may be subject to applicable taxes as required by law, to be used within your first year of employment. Original receipts must be submitted for reimbursement. Relocation policy details: <https://policy.ucop.edu/doc/3420347/BFB-G-13>
 - *Should your employment with UCSF Health/Sonoma Valley Hospital end within six (6) months of your date of hire, you will be required to repay all moving expense reimbursement monies received.*
 - *Should your employment with UCSF Health/Sonoma Valley Hospital terminate after six (6) months but prior to twelve (12) months following your date of hire you will be required to repay 50% of moving expense reimbursement monies received.*

- You will receive a sign-on bonus of \$30,000, which will be paid within the first month after you begin your new position. Please note that this amount is taxable, per IRS regulations.
 - *Should your employment with UCSF Health/Sonoma Valley Hospital end within twelve (12) months of your date of hire, you will be required to repay all sign-on bonus monies received.*
 - *Should your employment with UCSF Health/Sonoma Valley Hospital terminate after twelve (12) months but prior to twenty-four (24) months following your date of hire you will be required to repay 50% of sign-on bonus monies received.*

- Eligibility for health and welfare benefits, and participation in the University of California Retirement Plan, subject to plan terms. Details on the retirement plans available can be found at this link: <https://ucnet.universityofcalifornia.edu/compensation-and-benefits/retirement-benefits/2016-retirement-choice/index.html>

For your reference, detailed information regarding University of California benefits is available at the following site: <http://ucnet.universityofcalifornia.edu/>. If you have any questions concerning benefits, please contact the Lead Benefits Analyst, Nicole Fagan: Nicole.Fagan@ucsf.edu

- As a member of the Management and Senior Professionals (MSP) personnel program in UCSF Health's Paid Time Off (PTO) program, you will accrue six (6) days of Extended Sick Time (EST), which can generally be used after three consecutive days of sick leave.
- Employment at an appointment of 100%.
- This position is funded through non-State funds.
- Your appointment is an "at will" position which means that it can be terminated at any time with or without cause.

- A background check will be required prior to your start date. You will receive further information on this requirement during the onboarding process.
- You will be a designated official of the University for purposes of the California Political Reform Act of 1974. You will complete and file with the UC Office of General Counsel a Form 700 report once your appointment begins and thereafter on an annual basis. More information can be found here: [UC Conflict of Interest Code \(http://ucop.edu/general-counsel/legal-resources/conflict-of-interest-code.html\)](http://ucop.edu/general-counsel/legal-resources/conflict-of-interest-code.html)

All elements of your compensation, benefits, perquisites, and outside compensation will be reported annually to the Board of Regents and will be made available to the public.

Please be aware that as an employee working for a public institution, your compensation is considered a public record under the California Public Records Act. Per University policy, compensation information may be released upon request as required by law.

These contingent terms and conditions, as detailed in this letter, represent the total compensation elements for your position.

This offer of employment is contingent upon meeting the following conditions:

- Chancellor approval;
- Completion of successful background check;
- Substance abuse screening;
- Pre-placement health clearance. Please note as part of your new hire health screening you will be tested for COVID-19.
- Providing proof of identity and right to work in the United States as required by the Immigration Reform Control Act of 1986; and
- Verification of documents/licensure/certifications necessary for your position.

John, it is a pleasure to offer you this appointment. I am absolutely confident that you will find the challenge and rewards in this position to be exceptional. I look forward to you joining our executive team.

Sincerely,

Shelby Decosta
Chief Strategy Officer and
President, UCSF Health Affiliates Network
UCSF Health

cc: President/Chief Executive Officer – UCSF Health, Mark Laret
Senior Vice President/Associate Vice Chancellor – HR, Corey Jackson
Vice President, HR – UCSF Health, Jeff Chiu
Director, Talent Acquisition – UCSF, Steven Wiseman
Director, Compensation – UCSF Health, Joe Hurt
Executive Leadership Coordinator – UCSF, Holly Rodriguez
Benefits Analyst – UCSF Health, Nicole Fagan

Acceptance

The provisions of these contingent terms and conditions have been read, understood, and are herewith accepted.

Signature: _____ Date: _____

John D. Hennelly

San Carlos, CA
650-489-1399
johndhennelly@gmail.com

QUALIFICATIONS

HEALTH CARE LEADER with a broad range of C-suite organizational experience in both large and small markets. Principle strengths are in strategic planning, operations management, financial analysis, building consensus and strong teams, community engagement, and capital project design and implementation.

BUSINESS EXPERIENCE

SAINT LOUISE REGIONAL HOSPITAL 2016-2019 Gilroy, CA
93-bed community hospital - 350 deliveries - 30,000 ER visits - 3,000 admissions each year - 400 staff -200 medical staff

Chief Executive Officer

Recruited by Verity Health System to lead the turnaround of failing hospital
Navigated beleaguered six hospital and medical foundation health system to secure funds for investments and redevelop operations. In 2019, SLRH was successfully sold to the County of Santa Clara.

Key accomplishments:

- Improvement in net income from (\$11M) in 2016 to (\$1M) through right sizing and revenue enhancement in 2018 on net revenue of \$90M. FY2019 was projected positive prior to sale.
- Secured \$10 million in capital for improvement projects focused on diagnostics, emergency services and campus beautification during budget freeze period
- Significant increases in patient satisfaction through employee engagement techniques, rounding, forums, new leader mentorship program and special employee events
- Incredibly strong employee/management relations despite 90% unionization including aversion of strike activity locally during system wide strike
- 3 fold increase in proceeds from annual fundraising events
- Advancement in quality metrics through strong medical staff engagement. Mortality rates consistently below benchmarks.

Retained to oversee transition to new buyer:

- 82% retention of hospital staff (normal annual retention 88%/ year)
- Volume maintained through aggressive physician and community engagement
- Identified and recruited personnel to form new leadership team
- Implemented a rapid conversion of EMR to EPIC in under 6 months, including gaining the buy-in and training of private medical staff
- Transitioned hospital fiduciary board to a Community Advisory Board in support of County of Santa Clara
- Exited after meeting transition goals and development and implementation of final organization chart eliminating CEO role

PRESENCE HEALTH, 2011 – 2016

Chicago, IL

11 hospitals - 30 long term and senior living facilities - 80 community based locations

Mid City Strategy and Growth Officer (2014-2016)

2 hospitals – cancer center - 2 MOB - 10 community based locations – Resurrection University

Responsible for identifying gaps and opportunities, developing plans, investing to enhance hospital services and grow the full continuum of Presence Health services, from primary care to long term care within the city of Chicago. Significant collaboration required with other regions and corporate HQ.

- Acquisition of multiple primary care practices for medical group to strengthen network
- Development of midwifery group in response to inadequate OB coverage and need for lower cost coverage model
- Investment in new primary care sites yielding most profitable location in system
- Leveraged city development dollars in the establishment of new cancer center to meet community need
- Development, design, and build out of space to install school of nursing on hospital campus utilizing city development funds
- Design, recruitment and build out of endocrine service to meet community need for specialized diabetes management

Despite mounting pressures from competitors (10+ hospitals within 5 miles) and payers, region consistently showed \$30-\$40 million profit annually due to constant market innovation, physician engagement, effective operations and conversion of opportunities.

VP Professional Services, Saints Mary and Elizabeth Medical Center (2011-2013)

2 hospitals - 500 beds - 1600 deliveries - 70,000 ER visits - 20,000 admissions - 1500 staff - 450 medical staff – Family Practice Residency

- Oversight of hospital ancillaries, operating rooms, cardiac cath labs, and health informatics on multiple campuses
- Responsible for >500 FTEs with annual division gross revenues exceeding \$400 million
- Improved operations with an FTE/AOB consistently under 3
- Strong labor/management relations through active communication tools such as forums, huddles and leader rounding. No strikes during any contract periods including SEIU, NNU

SAINT ANTHONY HOSPITAL, 2003-2011

Chicago, IL

*200 beds - 1800 deliveries - 35,000 ER visits - 7200 admissions - 600 staff - 200 medical staff
The market is very competitive with 4 hospitals within 3 miles and 6 hospitals within 5 miles.*

Vice President of Ancillary Services (2006 - 2011)

Assistant Vice President of Ancillary Services (2005 - 2006)

Director of Ancillary Services (2003 - 2005)

- Oversight of all clinical and non clinical ancillaries as well as all capital projects
- Management of 215 FTEs, annual division gross revenues exceeding \$100 million, expenses below \$20 million
- Realized profitability in 2005 through growth of service lines. Hospital remained profitable through 2011
- Completed \$8MM renovation of Emergency and Radiology Departments and \$2MM renovation of onsite physician clinics, medical records, admitting and Medical Staff Resource Center
- Pioneered installation of a \$1.7 million electronic imaging storage system (PACS)
- Developed relationship with county clinics yielding \$1 million increase in outpatient revenue annually
- Planned and completed the conceptual development of a \$286 million replacement hospital, including design, public applications and interface with city officials including Chicago Mayor Richard Daley. Construction begins 2021. www.focalpointchicago.org

UNIVERSITY OF CHICAGO HOSPITALS, 2001 - 2003

Chicago IL

2 hospitals - 800 beds - 2000 deliveries - 50,000 ER visits - 20,000 admissions - 5000 staff - 600 medical staff - numerous residencies and fellowships

Administrator

- Managed admission of patients to hospital via 25 clinics, 2 emergency rooms, and weekly planned admits. Objective was to maintain services available to community at all times.
 - Met objective of ALOS in ED > 8 hours
 - Objective of diversion hours/month > 60. Consistently beat goal through bed management and access to specialists.
- Determined necessity and supervised diversion alerts.
- Directed all disaster response efforts for internal and external disasters.

SELECT ORGANIZATIONS & AFFILIATIONS

American College of Healthcare Executives, 2006 - present

Rotary International, 2016 - present

Gilroy Chamber of Commerce, Board of Directors, 2017 - 2019

Morgan Hill Chamber of Commerce, 2017 - present

Board Member, Rauner YMCA, 2007- 2011

Board Member, Drummond Elementary, Chicago Public Schools, 2006-2011

EDUCATION

MBA - Washington University, St. Louis, Missouri (Mercantile Bank Scholar)

BA - International Studies, American University, Washington, DC

Regional Study - Universidad de Diego Portales, Santiago Chile.

Fluent in Spanish



February 12, 2021

Joshua Rymer
Chairman of the Board
Sonoma Valley Health Care District
347 Andrieux Street
Sonoma, California 95476

Dear Mr. Rymer:

Armanino^{LLP} ("Armanino," "we" or "us") is pleased to provide the services described below (the "Services") to Sonoma Valley Health Care District ("Client" or "you" or the "Organization"). The Services are subject to the terms and conditions of this engagement letter and the Terms & Conditions for Professional Services, located at <http://www.armaninollp.com/professionalservices> (together, this "Agreement").

ATTEST SERVICES

We will audit the financial statements of Sonoma Valley Health Care District, which comprise the statements of net position for each year ending June 30, 2021, June 30, 2022 and June 30, 2023, and the related statements of revenues and expenses and changes in net position and cash flows for each year then ended, and the related notes to the financial statements.

Also, the following supplementary information accompanying the financial statements will be subjected to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America, and we will provide an opinion on it in relation to the financial statements as a whole in a separate written report accompanying our auditor's report on the financial statements or in a report combined with our auditors report on the financial statements:

1. Management's Discussion and Analysis
2. Supplementary Information Related to Community Support



Audit Objective

The objective of our audits is to express an opinion about whether your financial statements are fairly presented, in all material respects, and in conformity with accounting principles generally accepted in the United States of America ("GAAP"). Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America ("GAAS") and will include tests of your accounting records and other procedures we consider necessary to enable us to express such an opinion. We will issue a written report upon completion of our audit of the Organization's financial statements. Our report will be addressed to the audit committee of the Organization. We cannot provide assurance that an unmodified opinion will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion or add an emphasis-of-matter or other-matter paragraph(s). If our opinion is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form an opinion, we may decline to express an opinion or withdraw from this engagement.

Audit Procedures

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain assets and liabilities by correspondence with selected individuals, funding sources, creditors and financial institutions. We will also request written representations from the Organization's attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the Organization or to acts by management or employees acting on behalf of the Organization.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with GAAS. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our audit will include obtaining an understanding of the Organization and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit, we will communicate to you and those charged with governance internal control related matters that are required to be communicated under professional standards.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities since performing those procedures or taking such action would impair our independence.

YOUR RESPONSIBILITIES

You are responsible for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with GAAP. You are also responsible for making all financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, and (3) unrestricted access to persons within the Organization from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the Organization involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the Organization received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the Organization complies with applicable laws and regulations.

You are responsible for the preparation of the supplementary information, in conformity with GAAP. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon or make the audited financial statements readily available for users of the supplementary information no later than the date the supplementary information is issued with our report thereon.

You agree to assume all management responsibilities relating to the tax services, financial statements preparation services, and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

NONATTEST SERVICES

As a part of our engagement, we will perform the following nonattest services (the "Nonattest Services"):

1. Assist with the preparation of the financial statements, including the related footnotes.

As noted in Section 2 of the Terms & Conditions for Professional Services, in order for us to remain independent, professional standards require us to maintain certain respective roles and relationships with you with respect to the Nonattest Services. Prior to performing the Nonattest Services in conjunction with our attest services, management must acknowledge its acceptance of certain responsibilities.

Therefore, you agree to perform the following functions in connection with our performance of the Nonattest Services:

- Make all management decisions and perform all management functions with respect to the Nonattest Services provided by us.
- Assign appropriate individual(s), possessing suitable skill, knowledge, and experience to oversee the Nonattest Services outlined above and evaluate the adequacy and results of these services. You will notify us of the individual(s) assigned and any subsequent changes in the individual(s) assigned.
- Accept responsibility for the results of the Nonattest Services.
- Establish and maintain internal controls related to the Nonattest Services.

The Nonattest Services are limited to those outlined above. We, in our professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as making management decisions or performing management functions. Your management must make all decisions with regard to our recommendations. By signing this agreement, you acknowledge acceptance of these responsibilities.

ENGAGEMENT ADMINISTRATION; PRICES

Bill Brause is the engagement partner and is responsible for supervising the Attest Services and signing the audit report. The engagement partner will assign work on the engagement to others at our firm, who may include CPAs and other staff and owners who are not CPAs.

We have agreed to commit to a price quote for future years as follows:

June 30, 2021 Financial Statement Audit	\$63,000
June 30, 2022 Financial Statement Audit	\$65,000
June 30, 2023 Financial Statement Audit	\$67,000

This price quote does not constitute an engagement letter for those years. We will issue an engagement letter for each future year with this price quote at the appropriate time.

You will also be billed for administrative, travel and other out-of-pocket expenses which typically range between 5% - 7% of the total price for the Services.

The price estimate anticipates that we do not encounter any unexpected circumstances, such as inadequate or incomplete accounting records, unexpected accounting issues, or delayed responses by you to our requests for information or documents. For example, if our work is delayed because you do not complete requested schedules or provide other information as requested, we will need to spend additional time that will be billed to you separately at our standard hourly rates.

You may terminate the Services at any time by giving us 30 days written notice. If you terminate the Services, you will pay for the Services performed and expenses incurred through the effective date of termination.

* * *

We appreciate the opportunity to be of service to you and believe this Agreement accurately summarizes the terms applicable to the Services. If you have any questions, please let us know. If you agree with the terms of this Agreement, please sign the enclosed copy and return it to us.

Sincerely,



Bill Brause
Partner

THIS AGREEMENT, INCLUDING THE TERMS & CONDITIONS FOR PROFESSIONAL SERVICES LOCATED AT [HTTP://WWW.ARMANINOLLP.COM/PROFESSIONALSERVICES](http://www.armaninollp.com/professionalservices), IS HEREBY APPROVED AND ACCEPTED:

Sonoma Valley Health Care District

By: _____
Joshua Rymer, Chairman of the Board

Date: _____



February 12, 2021

Joshua Rymer
Chairman of the Board
Sonoma Valley Health Care District
347 Andrieux Street
Sonoma, California 95476

Dear Mr. Rymer:

Armanino^{LLP} ("Armanino," "we" or "us") is pleased to provide the services described below (the "Services") to Sonoma Valley Health Care District ("Client" or "you" or the "Organization"). The Services are subject to the terms and conditions of this engagement letter and the Terms & Conditions for Professional Services, located at <http://www.armaninollp.com/professionalservices> (together, this "Agreement").

ATTEST SERVICES

We will audit the schedule of expenditures of federal awards ("schedule") for Provider Relief Funds for the year ended June 30, 2020.

Audit Objective

The objective of our audit is the expression of an opinion about whether the schedule is fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. The objective also includes reporting on internal control over compliance related to Provider Relief Funds and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on the program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

The report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. The paragraph will also state that the report is not suitable for any other purpose.



Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America ("GAAS"); the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of the accounting records of the program and other procedures we consider necessary to enable us to express an opinion. We will issue written reports upon completion of our audit. Our reports will be addressed to management and the governing board of Sonoma Valley Health Care District. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinion on the schedule or our opinion on compliance is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or issue reports, or we may withdraw from this engagement.

Audit Procedures - General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the schedule; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the schedule. We will plan and perform the audit to obtain reasonable assurance about whether the schedule is free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the Organization or to acts by management or employees acting on behalf of the Organization. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, an unavoidable risk exists that some material misstatements or noncompliance may exist and not be detected by us, even though the audit is properly planned and performed in accordance with GAAS and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the schedule or on the program. However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential, and of any material abuse that comes to our attention. We will include such matters in the reports required for a program-specific audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts and may include direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the schedule of expenditures of federal awards; federal award programs; compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by U.S. generally accepted auditing standards.

Audit Procedures - Internal Controls

Our audit will include obtaining an understanding of the Organization and its environment, including internal control, sufficient to assess the risks of material misstatement of the schedule and to design the nature, timing, and extent of further audit procedures. As required by the Uniform Guidance, we will perform test of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to the federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, and the Uniform Guidance.

Audit Procedures - Compliance

The Uniform Guidance requires that we plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with applicable federal statutes, regulations, and the terms and conditions of federal awards. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on the federal program. The purpose of these procedures will be to express an opinion on Sonoma Valley Health Care District's compliance with requirements applicable to the program in our report on compliance issued pursuant to the Uniform Guidance.

Other Services

We will also assist in preparing the schedule of expenditures of federal awards and related notes of Provider Relief Funds in conformity with U.S. generally accepted accounting principles and the Uniform Guidance based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the schedule of expenditures of federal awards, and related notes of services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

YOUR RESPONSIBILITIES

Management is responsible for (1) designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements; and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are also responsible for the selection and application of accounting principles; for the preparation and fair presentation of the schedule of the financial activities of Provider Relief Funds in conformity with U.S. generally accepted accounting principles; and for compliance with applicable laws and regulations (including federal statutes) and the provisions of contracts and grant agreements (including award agreements). Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

Management is also responsible for making all program financial records and related information available to us and for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the schedule, (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance, (3) additional information that we may request for the purpose of the audit, and (4) unrestricted access to persons within the Organization from whom we determine it necessary to obtain audit evidence.

Your responsibilities include adjusting the schedule to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the schedule as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the Organization involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the schedule. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the Organization received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the Organization complies with applicable laws, regulations, contracts, agreements, and grants. Management is also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provision of laws, regulations, contracts, and grant agreements, or abuse that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review on .

You are responsible for identifying all federal awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in conformity with the Uniform Guidance. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings, conclusions, and recommendations, as well as your planned corrective actions for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the schedule and related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the schedule of expenditures of federal awards and related notes and that you have reviewed and approved the schedule and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

NONATTEST SERVICES

As a part of our engagement, we will perform the following nonattest services (the "Nonattest Services"):

1. Assist with the preparation of the financial statements, including the related footnotes.

As noted in Section 2 of the Terms & Conditions for Professional Services, in order for us to remain independent, professional standards require us to maintain certain respective roles and relationships with you with respect to the Nonattest Services. Prior to performing the Nonattest Services in conjunction with our attest services, management must acknowledge its acceptance of certain responsibilities.

Therefore, you agree to perform the following functions in connection with our performance of the Nonattest Services:

- Make all management decisions and perform all management functions with respect to the Nonattest Services provided by us.
- Assign appropriate individual(s), possessing suitable skill, knowledge, and experience to oversee the Nonattest Services outlined above and evaluate the adequacy and results of these services. You will notify us of the individual(s) assigned and any subsequent changes in the individual(s) assigned.
- Accept responsibility for the results of the Nonattest Services.
- Establish and maintain internal controls related to the Nonattest Services.

The Nonattest Services are limited to those outlined above. We, in our professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as making management decisions or performing management functions. Your management must make all decisions with regard to our recommendations. By signing this agreement, you acknowledge acceptance of these responsibilities.

ENGAGEMENT ADMINISTRATION, PRICES, AND OTHER

We may, from time to time, and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

We understand that your employees will prepare all cash, accounts receivable, and other confirmations we request and will locate any documents selected by us for testing.

We will provide copies of our reports to the Organization; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

We understand that your employees will prepare all cash or other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditor's reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

We will provide copies of our reports to you; however, management is responsible for distribution of the reports and the schedule. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Armanino and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to Name of a Cognizant or oversight agency for audit or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Armanino personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date or for any additional period requested by the Name of a Cognizant or oversight agency for audit. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

Bill Brause is the engagement partner and is responsible for supervising the Attest Services and signing the audit report. The engagement partner will assign work on the engagement to others at our firm, who may include CPAs and other staff and owners who are not CPAs.

Our price for the Attest Services will be: \$ 12,000

You will also be billed for administrative, travel and other out-of-pocket expenses which typically range between 5% - 7% of the total price for the Services.

The price estimate anticipates that we do not encounter any unexpected circumstances, such as inadequate or incomplete accounting records, unexpected accounting issues, or delayed responses by you to our requests for information or documents. For example, if our work is delayed because you do not complete requested schedules or provide other information as requested, we will need to spend additional time that will be billed to you separately at our standard hourly rates.

You may terminate the Services at any time by giving us 30 days written notice. If you terminate the Services, you will pay for the Services performed and expenses incurred through the effective date of termination.

* * *

We appreciate the opportunity to be of service to you and believe this Agreement accurately summarizes the terms applicable to the Services. If you have any questions, please let us know. If you agree with the terms of this Agreement, please sign the enclosed copy and return it to us.

Sincerely,



Bill Brause
Partner

THIS AGREEMENT, INCLUDING THE TERMS & CONDITIONS FOR PROFESSIONAL SERVICES LOCATED AT [HTTP://WWW.ARMANINOLLP.COM/PROFESSIONALSERVICES](http://www.armaninollp.com/professionalservices), IS HEREBY APPROVED AND ACCEPTED:

Sonoma Valley Health Care District

By: _____
Joshua Rymer, Chairman of the Board

Date: _____



To: SVHCD Finance Committee
From: Ken Jensen, CFO & Sarah Dungan, Controller
Date: February 23, 2021
Subject: Fiscal Year 2022 Budget Assumptions

It continues to be a challenge to predict volumes during the COVID-19 pandemic. In previous years' budget assumptions we have based the budget on a rolling 12-month trend. However, this method does not seem appropriate given the last 12-months of fluctuating volumes. Therefore, the following assumptions will be applied to the actual experience from July 2020 through January 2021 annualized. Other adjustments will be made as necessary to reflect the hospital's lower volumes and any other current trends in healthcare going forward. Before finalizing the budget in May the finance team will review current volumes and trends.

VOLUME

- Based upon the 7 months from July 2020 to January 2021 annualized and adjusted for a 10% increase at January 2022 through June 2022.

GROSS REVENUE

- Gross price increase of 6% - this is allowed by most SVH commercial contracts.

CONTRACTUAL ALLOWANCES

- Assume current collection rates and adjust allowance for 6% price increase.
- Payer Mix will be based upon the 12-month ending January 2021.
- Intergovernmental and supplemental payments will be based upon input from the District Hospital Leadership Group (will be conservative).

WAGES AND BENEFITS

- 2.0% increase for salaries for 6-months beginning January 2022 through June 2022.
- Employee benefits will be based upon actual experience and estimates from the providers.

PHYSICIAN FEES & PROFESSIONAL FEES

- Based upon current costs or final contract arrangements.

SUPPLIES/FOOD

- Based on current lower volumes.
- 2% increase for inflation for 12 months ending January 2021.



PURCHASED SERVICES

- Assume actual 12 months ending January 2021.
- Increase in IT security costs – mandated.
- Purchased services to be reviewed by department and adjusted as needed.

DEPRECIATION

- Current, plus any adjustments for any new equipment.

INSURANCE

- Will confirm with insurance agent; expect a 3-5% increase.

INTEREST

- Current, will adjust for expiring leases/loans.

UTILITIES

- Assume current rates at January 2021 for July 2021 through February 2022.
- Assume Unison (alternative energy onsite electricity) project to be completed by February 2022 with an estimated savings of \$10,300 for March 2022 through June 2022.
- No increase expected with oil prices.

OTHER EXPENSES

- Rent/leases- current, will adjust for any new expected leases and remove any expiring.
- All other, no increase.
- Will review by department.





To: SVHCD Board of Directors
Meeting Date: March 4, 2021
Prepared by: Sabrina Kidd, MD, CMO, COO
Agenda Item Title: CMO Board Report

1. February highlights included:
 - a. Significant Downtime Security Event Recovery:
 - i. All major clinical systems are fully recovered.
 - ii. UCSF is assisting with implementation of enhanced IT Security Plan.
 - b. COVID-19: February COVID-19 census continued to be minimal with an average census of 0-2 inpatients per day. Recent highlights include:
 - i. Vaccinations
 1. Through the Sonoma Valley Health Partners group led by SVH, we have completed more than 4800 vaccinations in February.
 2. SVH vaccination rates are above reported national average.
 - a. Medical Staff: >99%
 - b. On-site Hospital Staff: >85%
 - ii. PPE (personal protective equipment) / Supplies:
 1. All PPE is sufficient at this time.
 - iii. Testing
 1. We have expanded in house testing with the addition of an antigen testing algorithm.
 2. We now offer: in house antigen testing, in house PCR testing, send out UCSF PCR testing.
 - iv. Monoclonal Antibodies
 1. Bamlanivimab & Regeneron continue to be offered as outpatient infusions (with a PCP order) at SVH. Use is steady.
 - c. GI Services:
 - i. Continuing to explore options with UCSF Affiliates Network.
 - d. Med-Surg / ICU / Surgery Updates:
 - i. We are welcoming a new Surgery Director March 1.
 - ii. Interviews are beginning for a new Radiology Director.
 - iii. Nursing (and soon hospitalists) are taking part in a palliative care lecture / education series.
2. Medical Staff:
 - a. The quarterly medical staff meeting was held in February. Morale remains positive despite on-going COVID concerns and the recent Cyberattack.
3. Quality Events:
 - a. Reportable Events: None
 - b. All patient care services have completed their 2021 QAPI plans.



365

To: SVHCD Board of Directors
 From: Administrative Team
 Date: 2/28/2021
 Subject: Administrative Report

Summary: February was busy with the Sonoma Valley Health Partners mass vaccination clinics and COVID numbers continued to decline. In addition, we held the first Joint Operating Committee meeting under the new UCSF-SVH executive management structure and work is progressing on the CT phase of the ODC.

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 continues to support SVH through the final stages of cyberattack recovery and is now assisting with implementing 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. ➤ The first JOC meeting for the new SVH-UCSF & UCSF Affiliates executives was held in February. We outlined the structure for moving forward. ➤ The joint search committee (Board + UCSF) for a CEO has selected a candidate and is in the final stages of negotiations with hopes this is accepted by all and approved at the March 4 board meeting.
Exceed Community Expectations especially in Emergency Services	<ul style="list-style-type: none"> ➤ The new CT is now on-site and the first phase of the ODC is expected to open with the new CT this spring. A marketing campaign is in the works. ➤ The Sonoma Health Partners provided over 4700 COVID-19 vaccines to the Sonoma community in February. ➤ SVH has expanded its in house COVID-19 testing capacity to provide faster test results to those seen in the ED. ➤ SVH Pharmacist 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"> ➤ We are welcoming a new Surgical Services Director March 1. ➤ We continue to recruit for a new Director of Imaging Services and have at least one promising candidate.
Provide Access to Excellent Physicians	<ul style="list-style-type: none"> ➤ UCSF continues to assist with the search for a gastroenterology solution for SVH. ➤ The quarterly medical staff meeting was held in February and morale is good despite COVID-19 and the recent Cyberattack.
Be a Healthy Hospital	<ul style="list-style-type: none"> ➤ The % of vaccinated staff and physicians at SVH is far ahead of the national average. ➤ The 2021 employee wellness program began in February.

DECEMBER 2020

			National Benchmark
Patient Experience	Current Performance	FY 2021 Goal	
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	4.63	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	9	< 10	17
Adverse Drug Events with Harm	0	0	0
Reportable HIPAA Privacy Events	N/A	0	0
Case Mix Index	1.44	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	8.3	< 15%	< 20%
Financial Stability	YTD Performance	FY 2021 Goal	Benchmark
EBDA	-9.7	>3%	3%
Paid FTE's	225	<235	235
Days Cash on Hand	30.6	>30	30
Days in Accounts Receivable	51.6	<45	50
Length of Stay	4.1	<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	449/523	850	862
Outpatient Visits	26820/29959	48,000	47,802
Emergency Visits	4828/6121	10,000	9784
Surgeries + Special Procedures	1103/1534	2000	2226
Community Benefit Hours	505/866	400	1332

Note: Colors demonstrate comparison to National Benchmark



Healing Here at Home

TRENDED MONTHLY RESULTS

MEASUREMENT	Goal FY 2021	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 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	6	7.3	7.3	8.2	8.2
Leave of Absences	<12	6	8	10	13	13	13	15	9	11	13	13	9
EBDA	>3%	-8	-7	-18	-4.4	-27		-26	10.5	25.7	-13.9	253	-8.9
Operating Revenue	>3.5m	3.58	3.52	3.19	3.7	3.0	5.1	3.2	4.1	8.3	2.8	1.3	3.4
Net Income	>50k	418	658	-576	-235	1.4	823	-529	307	2351	-297	3600	-565
Days Cash on Hand	>30	73	68.6	63	60	35.4	32.9	30.6	15.7	15.6	43.1	87.1	81
Receivable Days	<50	40	39	39	53.2	69.6	66.1	53.7	42.5	36.9	35.5	44	49
Accounts Payable Days	>50	35	31.6	40	58.3	53.3	45.4	47.4	42.2	53.4	41.9	35.2	40.7
Accounts Payable	<\$3m	2.3	2.1	2.85	4.0	3.8	2.9	3.4	3.0	3.7	2.9	2.4	2.8
Total Paid FTE's	<235	230	229	226	204	230	227	225	231	236	190	205	225
Inpatient Discharges	>80	75	65	60	64	57	65	63	86	63	39	44	65
Patient Days	>300	324	314	214	230	230	294	230	286	218	156	179	238
Observation Days	<20	20	21	32	18	11	21	15	16	16	13	9	16
Average Daily Census	>10	10.5	10.1	7.1	3.6	10.6	9.5	7.4	9.9	7	5.2	5.8	7.9
Outpatient Revenue	>\$15m	16.1	14.9	14.6	9.4	12.6	8.6	8.6	16.3	12.3	7.1	10.5	14.6
Surgeries	>120	115	114	115	121	111	123	102	145	80	17	34	116
Special Procedures	>50	37	34	57	47	50	50	27	79	43	1	8	46
Emergency Visits	>800	735	723	653	696	674	674	673	972	745	529	645	695
MRI	>120	93	84	N/A	114	145	159	100	146	70	39	68	116
Cardiology (Echos)	>65	63	71	N/A	88	46	85	56	68	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	934	684	420	572	797
Rehab	>2000	2206	1664	N/A	971	2207	3463	2062	2119	1626	566	1182	1984
CT	>350	382	426	N/A	117	356	525	340	388	335	263	367	401
Mammography	>200	213	179	N/A	75	129	158	192	243	243	15	87	228
Ultrasound	>250	228	253	N/A	76	189	248	188	238	198	110	163	272
Occupational Health	>550	580	426	N/A	534	331	458	365	572	544	392	380	462
Wound Care	>275	191	154	N/A	90	148	227	227	233	201	140	112	164



To: SVHCD Finance Committee
From: Ken Jensen, CFO
Date: February 23, 2021
Subject: Financial Report for the Month Ending January 31, 2021

For the month of January the hospital's actual operating margin of (\$1,401,890) was (\$768,032), unfavorable to the budgeted operating margin of (\$633,858). After accounting for all other activity, the net loss for January was (\$343,417) vs. the budgeted net income of \$165,926 with a monthly EBDA of (26.3%) vs. a budgeted (1.2%).

Gross patient revenue for January was \$18,841,164, or (\$4,956,652) under budget. Inpatient gross revenue was under budget by (\$1,572,005). Inpatient days were under budget by (86) days and inpatient surgeries were under budget by (12) cases. Outpatient gross revenue was under budget by (\$1,370,078). Outpatient visits were under budget by (1,112) cases; outpatient surgeries were under budget by (51) cases; and special procedures were under budget by (53) cases. The Emergency Room gross revenue was under budget by (\$2,014,569) with ER visits under budgeted expectations by (307) visits.

Deductions from revenue were favorable to budgeted expectations by \$4,071,339 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 (\$874,015).

Operating Expenses of \$4,600,997 were favorable to budget by \$105,983. Salaries and wages and agency fees were under budget by \$161,736 from flexing clinical staff due to lower than budgeted volumes and the CFO and CMO salary costs now in contracted labor. Employee benefits were over budget by (\$42,960) due to the PTO liability adjustment from the 2% salary increase. Contracted labor was over budget by (\$51,610) due to the UCSF contracted labor costs for the CFO and CMO which is offset by the savings in salaries and wages. Supplies were under budget by \$20,005 due to lower than budgeted volumes. Utilities were over budget by (\$20,094) due to an increase of PG&E (Electricity) costs over last year.

After accounting for all income and expenses, but not including Restricted Contributions and GO bond activity, the net loss for January was (\$1,093,346) vs. a budgeted net loss of (\$314,283). The hospital received \$563,895 in donations from the Sonoma Valley Hospital Foundation primarily for the



outpatient diagnostic center. The total net loss for January after all activity was (\$343,417) vs. a budgeted net income of \$165,926.

EBDA for the month of January was -26.3% vs. the budgeted -1.2%.

Patient Volumes – January

	ACTUAL	BUDGET	VARIANCE	PRIOR YEAR
Acute Discharges	63	84	-21	79
Acute Patient Days	230	316	-86	321
Observation Days	15	0	15	12
OP Gross Revenue	\$13,618	\$17,003	(\$3,385)	\$17,269
Surgical Cases	102	165	-63	150

Gross Revenue Overall Payer Mix – January

	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 January:

For the month of January the cash collection goal was \$2,945,493 and the Hospital collected \$4,069,521 or over the goal by \$1,124,028. The year-to-date cash collection goal was \$21,339,177 and the Hospital has collected \$20,130,450 or under goal by (\$1,208,727). 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 by February or March.

	CURRENT MONTH	PRIOR MONTH	VARIANCE	PRIOR YEAR
Days of Cash on Hand – Avg.	30.6	28.3	2.3	20.4
Accounts Receivable Days	53.7	66.1	-12.4	38.0
Accounts Payable	\$3,391,691	\$3,229,066	\$162,625	\$2,969,820
Accounts Payable Days	47.4	45.4	2.0	42.4



ATTACHMENTS:

- Attachment A is the Payer Mix Analysis which includes the projected collection percentage by payer. -
- Attachment B is the Operating Indicators Report
- Attachment C is the Balance Sheet
- Attachment D (two pages) is the Statement of Revenue and Expense. The first page breaks out the hospital operations and page two includes all other activity.
- Attachment E is the Variance Analysis
- Attachment F is the Cash Projection



Sonoma Valley Hospital
Payer Mix for the month of January 31, 2021

ATTACHMENT A

YTD

Gross Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	7,654,309	10,036,441	-2,382,132	-23.7%	55,572,000	62,546,659	-6,974,659	-11.2%
Medicare Managed Care	3,389,580	3,166,160	223,420	7.1%	21,022,539	19,737,990	1,284,549	6.5%
Medi-Cal	3,781,464	4,225,725	-444,261	-10.5%	25,853,926	26,345,859	-491,933	-1.9%
Self Pay	40,503	447,627	-407,124	-91.0%	1,789,758	2,793,396	-1,003,638	-35.9%
Commercial & Other Government	3,482,533	5,294,659	-1,812,126	-34.2%	29,460,704	33,102,689	-3,641,985	-11.0%
Worker's Comp.	492,775	627,204	-134,429	-21.4%	3,473,657	3,910,931	-437,274	-11.2%
Total	18,841,164	23,797,816	(4,956,652)		137,172,584	148,437,524	(11,264,940)	

Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	915,855	1,180,529	-264,674	-22.4%	6,559,369	7,479,738	-920,369	-12.3%
Medicare Managed Care	337,346	341,582	-4,236	-1.2%	2,331,838	2,167,998	163,840	7.6%
Medi-Cal	410,456	447,667	-37,211	-8.3%	2,695,817	2,819,455	-123,638	-4.4%
Self Pay	20,845	209,363	-188,518	-90.0%	858,536	1,263,580	-405,044	-32.1%
Commercial & Other Government	991,899	1,698,832	-706,933	-41.6%	8,934,999	10,468,577	-1,533,578	-14.6%
Worker's Comp.	92,592	114,068	-21,476	-18.8%	662,069	721,328	-59,259	-8.2%
Prior Period Adj/IGT	337,735	-	337,735	*	2,708,950	1,100,000	1,608,950	*
Total	3,106,728	3,992,041	(885,313)	-22.2%	24,751,578	26,020,676	(1,269,098)	-4.9%

Percent of Net Revenue:	Actual	Budget	Variance	% Variance	Actual	Budget	Variance	% Variance
Medicare	29.5%	29.6%	-0.1%	-0.3%	26.5%	28.7%	-2.3%	-8.0%
Medicare Managed Care	10.9%	8.6%	2.3%	26.7%	9.4%	8.3%	1.1%	13.3%
Medi-Cal	13.2%	11.2%	2.0%	17.9%	10.9%	10.8%	0.1%	0.9%
Self Pay	0.7%	5.2%	-4.5%	-86.5%	3.5%	4.9%	-1.4%	-28.6%
Commercial & Other Government	31.8%	42.5%	-10.7%	-25.2%	36.1%	40.3%	-4.2%	-10.4%
Worker's Comp.	3.0%	2.9%	0.1%	3.4%	2.7%	2.8%	-0.1%	-3.6%
Prior Period Adj/IGT	10.9%	0.0%	10.9%	*	10.9%	4.2%	6.7%	160%
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	12.0%	11.8%	0.2%	1.7%	11.8%	12.0%	-0.2%	-1.7%
Medicare Managed Care	10.0%	10.8%	-0.8%	-7.4%	11.1%	11.0%	0.1%	0.9%
Medi-Cal	10.9%	10.6%	0.3%	2.8%	10.4%	10.7%	-0.3%	-2.8%
Self Pay	51.5%	46.8%	4.7%	10.0%	48.0%	45.2%	2.8%	6.2%
Commercial & Other Government	28.5%	32.1%	-3.6%	-11.2%	30.3%	31.6%	-1.3%	-4.1%
Worker's Comp.	18.8%	18.2%	0.6%	3.3%	19.1%	18.4%	0.7%	3.8%

**SONOMA VALLEY HOSPITAL
OPERATING INDICATORS
For the Period Ended January 31, 2021**

ATTACHMENT B

	<u>CURRENT MONTH</u>				<u>YEAR-TO-DATE</u>			<u>YTD</u>
	<u>Actual 01/31/21</u>	<u>Budget 01/31/21</u>	<u>Favorable (Unfavorable) Variance</u>		<u>Actual 01/31/21</u>	<u>Budget 01/31/21</u>	<u>Favorable (Unfavorable) Variance</u>	<u>Prior Year 01/31/20</u>
Inpatient Utilization								
Discharges								
1	47	67	(20)	Med/Surg	359	418	(59)	458
2	16	17	(1)	ICU	90	105	(15)	107
3	63	84	(21)	Total Discharges	449	523	(74)	565
Patient Days:								
4	151	229	(78)	Med/Surg	1,211	1,420	(209)	1,582
5	79	87	(8)	ICU	634	540	94	566
6	230	316	(86)	Total Patient Days	1,845	1,960	(115)	2,148
7	15	-	15	Observation days	138	-	138	127
Average Length of Stay:								
8	3.2	3.4	(0.2)	Med/Surg	3.4	3.4	(0.0)	3.5
9	4.9	5.1	(0.2)	ICU	7.0	5.1	1.9	5.3
10	3.7	3.8	(0.1)	Avg. Length of Stay	4.1	3.7	0.4	3.8
Average Daily Census:								
11	4.9	7.4	(2.5)	Med/Surg	5.6	6.6	(1.0)	7.4
12	2.5	2.8	(0.3)	ICU	2.9	2.5	0.4	2.6
13	7.4	10.2	(2.8)	Avg. Daily Census	8.6	9.1	(0.5)	10.0
Other Utilization Statistics								
Emergency Room Statistics								
14	673	980	(307)	Total ER Visits	4,828	6,121	(1,293)	6,257
Outpatient Statistics:								
15	3,747	4,859	(1,112)	Total Outpatients Visits	26,820	29,959	(3,139)	31,598
16	13	25	(12)	IP Surgeries	109	156	(47)	164
17	89	140	(51)	OP Surgeries	692	876	(184)	977
18	27	80	(53)	Special Procedures	302	502	(200)	501
19	227	294	(67)	Adjusted Discharges	1,633	1,837	(204)	2,090
20	829	1,105	(277)	Adjusted Patient Days	6,666	6,888	(222)	7,932
21	26.7	35.7	(8.9)	Adj. Avg. Daily Census	31.0	32.0	(1.0)	36.9
22	1.3457	1.4000	(0.054)	Case Mix Index - Medicare	1.6229	1.4000	0.223	1.3720
23	1.4414	1.4000	0.041	Case Mix Index - All payers	1.5107	1.4000	0.111	1.5162
Labor Statistics								
24	200	220	20	FTE's - Worked	205	215	9.5	206
25	225	246	21	FTE's - Paid	227	239	12.4	230
26	46.07	45.84	(0.24)	Average Hourly Rate	46.42	45.10	(1.32)	44.71
27	8.42	6.90	(1.51)	FTE / Adj. Pat Day	7.32	7.47	0.15	6.23
28	48.0	39.3	(8.6)	Manhours / Adj. Pat Day	41.7	42.6	0.9	35.5
29	175.1	148.0	(27.1)	Manhours / Adj. Discharge	170.2	159.6	(10.6)	134.6
30	23.7%	22.1%	-1.7%	Benefits % of Salaries	21.6%	22.4%	0.8%	22.8%
Non-Labor Statistics								
31	33.5%	14.8%	-18.8%	Supply Expense % Net Revenue	18.4%	14.8%	-3.6%	13.9%
32	2,507	2,005	(502)	Supply Exp. / Adj. Discharge	2,360	2,095	(265)	1,835
33	20,664	16,326	(4,339)	Total Expense / Adj. Discharge	19,874	17,713	(2,161)	15,099
Other Indicators								
34	30.3			Days Cash - Operating Funds				
35	53.7	50.0	3.7	Days in Net AR	51.6	50.0	1.6	43.6
36	141%			Collections % of Net Revenue	94%			100.9%
37	47.4	55.0	(7.6)	Days in Accounts Payable	47.4	55.0	(7.6)	45.7
38	9.0%	16.8%	-7.8%	% Net revenue to Gross revenue	15.3%	17.6%	-2.2%	17.6%
39	15.8%			% Net AR to Gross AR	15.8%			16.6%

Sonoma Valley Health Care District
Balance Sheet
As of January 31, 2021

ATTACHMENT C

	<u>Current Month</u>	<u>Prior Month</u>	<u>Prior Year</u>
Assets			
Current Assets:			
1 Cash	\$ 2,494,590	\$ 2,861,564	\$ 796,491
2 Cash - Money Market	1,737,760	1,737,651	1,334,793
3 Net Patient Receivables	6,135,924	7,678,304	6,879,920
4 Allow Uncollect Accts	(817,681)	(1,013,225)	(1,219,109)
5 Net A/R	5,318,243	6,665,079	5,660,811
6 Other Accts/Notes Rec	1,258,821	610,501	156,233
7 Parcel Tax Receivable	1,753,089	1,753,089	1,691,803
8 GO Bond Tax Receivable	1,411,343	3,168,950	1,172,250
9 3rd Party Receivables, Net	2,204,474	1,871,339	2,665,272
10 Inventory	892,737	889,518	952,230
11 Prepaid Expenses	751,562	653,441	619,178
12 Total Current Assets	<u>\$ 17,822,619</u>	<u>\$ 20,211,132</u>	<u>\$ 15,049,061</u>
13 Property, Plant & Equip, Net	\$ 52,781,967	\$ 52,487,746	\$ 49,522,200
14 Trustee Funds - GO Bonds	5,111,640	3,353,994	4,749,788
15 Restricted Funds - Board Approved	1,000,000	1,000,000	-
16 Total Assets	<u><u>\$ 76,716,226</u></u>	<u><u>\$ 77,052,872</u></u>	<u><u>\$ 69,321,049</u></u>
Liabilities & Fund Balances			
Current Liabilities:			
17 Accounts Payable	\$ 3,391,691	\$ 3,229,066	\$ 2,969,820
18 Accrued Compensation	3,511,478	3,738,782	2,916,790
19 Interest Payable - GO Bonds	538,373	448,641	572,570
20 Accrued Expenses	1,620,609	1,639,114	1,542,200
21 Advances From 3rd Parties	-	-	-
22 Deferred Parcel Tax Revenue	1,583,319	1,899,986	1,583,323
23 Deferred GO Bond Tax Revenue	1,378,830	1,654,595	1,293,665
24 Current Maturities-LTD	300,918	308,922	383,942
25 Line of Credit - Union Bank	5,473,734	5,473,734	5,473,734
26 Other Liabilities	219,146	120,580	109,553
27 Total Current Liabilities	<u>\$ 18,018,098</u>	<u>\$ 18,513,420</u>	<u>\$ 16,845,597</u>
28 Long Term Debt, net current portion	\$ 27,223,657	\$ 26,721,564	\$ 28,717,517
29 Fund Balances:			
30 Unrestricted	\$ 17,081,227	\$ 17,988,539	\$ 15,649,549
31 Restricted	14,393,244	13,829,349	8,108,386
32 Total Fund Balances	<u>\$ 31,474,471</u>	<u>\$ 31,817,888</u>	<u>\$ 23,757,935</u>
33 Total Liabilities & Fund Balances	<u><u>\$ 76,716,226</u></u>	<u><u>\$ 77,052,872</u></u>	<u><u>\$ 69,321,049</u></u>

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended January 31, 2021**

ATTACHMENT D

	Month					Year-To-Date				YTD	
	This Year		Variance			This Year		Variance			Prior Year
	Actual		\$	%		Actual	Budget	\$	%		
1	63	84	(21)	-25%							
2	230	316	(86)	-27%							
3	15	-	15	0%							
4	13,618	17,003	(3,385)	-20%							
					Volume Information						
					Acute Discharges	449	523	(74)	-14%	565	
					Patient Days	1,845	1,960	(115)	-6%	2,148	
					Observation Days	138	-	138	*	127	
					Gross O/P Revenue (000's)	99,275	106,259	(6,984)	-7%	\$ 113,682	
					Financial Results						
					Gross Patient Revenue						
5	\$ 5,223,095	\$ 6,795,100	(1,572,005)	-23%	Inpatient	\$ 37,897,610	\$ 42,178,071	(4,280,461)	-10%	\$ 42,343,439	
6	8,600,636	9,970,714	(1,370,078)	-14%	Outpatient	59,819,190	62,342,440	(2,523,250)	-4%	66,318,748	
7	5,017,433	7,032,002	(2,014,569)	-29%	Emergency	39,455,784	43,917,013	(4,461,229)	-10%	47,611,293	
8	\$ 18,841,164	\$ 23,797,816	(4,956,652)	-21%	Total Gross Patient Revenue	\$ 137,172,584	\$ 148,437,524	(11,264,940)	-8%	\$ 156,273,480	
					Deductions from Revenue						
9	(15,862,171)	(19,592,667)	3,730,496	19%	Contractual Discounts	\$ (114,126,956)	\$ (122,025,092)	7,898,136	6%	\$ (127,226,924)	
10	(100,000)	(200,000)	100,000	50%	Bad Debt	(810,000)	(1,400,000)	590,000	42%	(1,480,000)	
11	(110,000)	(13,108)	(96,892)	-739%	Charity Care Provision	(193,000)	(91,756)	(101,244)	*	(65,900)	
12	337,735	-	337,735	*	Prior Period Adj/Government Program Revenue	2,708,950	1,100,000	1,608,950	146%	-	
13	\$ (15,734,436)	\$ (19,805,775)	4,071,339	-21%	Total Deductions from Revenue	\$ (112,421,006)	\$ (122,416,848)	9,995,842	-8%	\$ (128,772,824)	
					Net Patient Service Revenue	\$ 24,751,578	\$ 26,020,676	(1,269,098)	-5%	\$ 27,500,656	
14	\$ 3,106,728	\$ 3,992,041	(885,313)	-22%							
15	\$ 92,379	\$ 81,081	11,298	14%	Other Op Rev & Electronic Health Records	\$ 588,202	\$ 567,567	20,635	4%	\$ 458,901	
16	\$ 3,199,107	\$ 4,073,122	(874,015)	-21%	Total Operating Revenue	\$ 25,339,780	\$ 26,588,243	\$ (1,248,463)	-5%	\$ 27,959,557	
					Operating Expenses						
17	\$ 1,831,382	\$ 1,993,118	161,736	8%	Salary and Wages and Agency Fees	\$ 12,908,791	\$ 13,227,151	318,360	2%	\$ 12,583,239	
18	750,411	707,451	(42,960)	-6%	Employee Benefits	4,618,060	4,732,937	114,877	2%	4,592,485	
19	\$ 2,581,793	\$ 2,700,569	118,776	4%	Total People Cost	\$ 17,526,851	\$ 17,960,088	433,237	2%	\$ 17,175,724	
20	\$ 491,806	\$ 440,196	(51,610)	-12%	Med and Prof Fees (excl Agency)	\$ 2,980,434	\$ 3,000,843	20,409	1%	\$ 2,986,285	
21	569,034	589,039	20,005	3%	Supplies	3,855,369	3,848,492	(6,877)	0%	3,834,571	
22	421,542	426,750	5,208	1%	Purchased Services	3,039,761	2,870,166	(169,595)	-6%	2,612,063	
23	252,970	266,953	13,983	5%	Depreciation	1,791,560	1,868,671	77,111	4%	1,801,115	
24	107,293	87,199	(20,094)	-23%	Utilities	856,867	713,804	(143,063)	-20%	707,739	
25	43,196	42,599	(597)	-1%	Insurance	315,569	298,193	(17,376)	-6%	271,615	
26	16,456	23,821	7,365	31%	Interest	125,765	166,747	40,982	25%	246,676	
27	116,907	129,854	12,947	10%	Other	717,399	755,650	38,251	5%	702,746	
28	-	-	-	*	Matching Fees (Government Programs)	620,237	425,000	(195,237)	46%	451,221	
29	\$ 4,600,997	\$ 4,706,980	105,983	2%	Operating expenses	\$ 31,829,812	\$ 31,907,654	77,842	0%	\$ 30,789,755	
30	\$ (1,401,890)	\$ (633,858)	\$ (768,032)	-121%	Operating Margin	\$ (6,490,032)	\$ (5,319,411)	(1,170,621)	-22%	\$ (2,830,198)	

**Sonoma Valley Health Care District
Statement of Revenue and Expenses
Comparative Results
For the Period Ended January 31, 2021**

ATTACHMENT D

	Month				Year-To-Date				YTD	
	This Year		Variance		This Year		Variance		Prior Year	
	Actual		\$	%	Actual	Budget	\$	%		
31	\$ (8,123)	\$ 2,908	(11,031)	-379%	Non Operating Rev and Expense					
32	-	-	-	0%	Miscellaneous Revenue/(Expenses)					\$ 2,000,618
33	0	0	-	*	Donations					13,461
34	316,667	316,667	-	0%	Physician Practice Support-Prima					(93,912)
35	0	0	-	0%	Parcel Tax Assessment Rev					2,216,669
36	\$ 308,544	\$ 319,575	(11,031)	-3%	Extraordinary Items					(5,444)
					Total Non-Operating Rev/Exp					\$ 4,131,392
37	\$ (1,093,346)	\$ (314,283)	(779,063)	248%	Net Income / (Loss) prior to Restricted Contributions					\$ 1,301,194
38	\$ -	\$ -	-	0%	Capital Campaign Contribution					\$ -
39	\$ 563,895	\$ 294,175	269,720	0%	Restricted Foundation Contributions					\$ 1,239,684
40	\$ (529,451)	\$ (20,108)	(509,343)	2533%	Net Income / (Loss) w/ Restricted Contributions					\$ 2,540,878
41	186,034	186,034	-	0%	GO Bond Activity, Net					1,137,770
42	\$ (343,417)	\$ 165,926	(509,343)	-307%	Net Income/(Loss) w GO Bond Activity					\$ 3,678,648
	\$ (840,376)	\$ (47,330)	(793,046)		EBDA - Not including Restricted Contributions					\$ 3,102,309
	-26.3%	-1.2%								11.1%

* Operating Margin without Depreciation expense:

\$ (1,401,890)	\$ (633,858)	\$ (768,032)	-121%	Operating Margin	\$ (6,490,032)	\$ (5,319,411)	\$ (1,170,621)	-22%
252,970	266,953	13,983	5%	Add back Depreciation	1,791,560	1,868,671	77,111	4%
\$ (1,148,920)	\$ (366,905)	\$ (754,049)	-213%	Operating Margin without Depreciation expense	\$ (4,698,472)	\$ (3,450,740)	\$ (1,093,510)	-36%

**Sonoma Valley Health Care District
Variance Analysis
For the Period Ended January 31, 2021**

ATTACHMENT E

Operating Expenses	YTD Variance	Month Variance	
Salary and Wages and Agency Fees	318,360	161,736	Salaries and wages are under budget by \$178,825 and agency fees are over budget by (\$17,089). Nursing registry companies have increased their hourly costs due to COVID-19.
Employee Benefits	114,877	(42,960)	Employee health benefits over budget by (\$2,925) and PTO is over budget by (\$40,035) due to the annual true-up related to the 2% salary rate increase.
Total People Cost	433,237	118,776	
Med and Prof Fees (excl Agency)	20,409	(51,610)	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	(6,877)	20,005	Supplies are under budget due to lower than budgeted clinical volumes.
Purchased Services	(169,595)	5,208	
Depreciation	77,111	13,983	
Utilities	(143,063)	(20,094)	Increase costs for PG&E electricity bills over last year.
Insurance	(17,376)	(597)	
Interest	40,982	7,365	
Other	38,251	12,947	
Matching Fees (Government Programs)	(195,237)	-	
Operating expenses	77,842	105,983	

Sonoma Valley Hospital
Cash Forecast
FY 2021

ATTACHMENT F

	Actual July	Actual Aug	Actual Sept	Actual Oct	Actual Nov	Actual Dec	Actual Jan	Forecast Feb	Forecast Mar	Forecast Apr	Forecast May	Forecast Jun	TOTAL
Hospital Operating Sources													
1 Patient Payments Collected	3,655,695	3,057,733	3,407,984	2,690,146	615,541	3,531,959	4,446,430	3,835,139	3,883,065	3,729,608	3,841,302	3,844,621	40,539,223
2 Other Operating Revenue	38,268	137,152	105,236	168,211	117,406	166,223	123,679	81,081	81,081	81,081	81,081	81,081	1,261,581
3 Other Non-Operating Revenue	73,172	15,194	22,125	4,004	12,969	16,141	22,280	23,796	23,796	23,796	23,796	23,796	284,865
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	3,940,016	3,987,942	3,834,485	3,946,179	3,949,498	42,200,246
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	3,912,000	4,364,772	4,268,227	4,447,890	4,195,188	50,317,481
7 Add Capital Lease Payments	7,854	88,349	7,904	7,929	74,551	7,979	8,004						202,569
8 Additional Liabilities/LOC		-											-
9 Capital Expenditures	784,429	998,868	96,188	1,281,930	2,357,570	416,954	547,191	294,175	294,175	294,175	294,175	294,175	7,954,003
Total Hospital Uses	6,326,547	4,610,788	3,702,178	4,661,812	5,293,886	5,696,634	5,523,258	4,206,175	4,658,947	4,562,402	4,742,065	4,489,363	58,474,053
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)	(266,159)	(671,005)	(727,917)	(795,886)	(539,865)	(16,273,807)
Non-Hospital Sources													
10 Restricted Cash/Money Market	1,000,000	1,000,000			4,500,000						(5,000,000)		1,500,000
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	294,175	6,456,956
12 Parcel Tax Revenue	86,141					2,046,911				1,600,000			3,733,052
13 Other Payments - South Lot/Ins. Claims/HHS	340,068	49,150			10,839								400,057
14 Other:													-
15 IGT			108,320		(129,950)	30,856			1,984,768		4,470,424	120,000	6,584,417
16 IGT - AB915											337,735		337,735
17 PRIME		14,229	270,000			712,947							997,176
Sub-Total Non-Hospital Sources	2,210,637	2,036,729	449,652	-	6,687,451	3,181,892	459,231	294,175	2,278,943	1,894,175	102,334	414,175	20,009,394
Non-Hospital Uses of Cash													
18 Matching Fees		142,041			313,968	620,237			1,900,000	133,143			3,109,389
Sub-Total Non-Hospital Uses of Cash	-	142,041	-	-	313,968	620,237	-	-	1,900,000	133,143	-	-	3,109,389
Net Non-Hospital Sources/Uses of Cash	2,210,637	1,894,688	449,652	-	6,373,483	2,561,656	459,231	294,175	378,943	1,761,032	102,334	414,175	16,900,005
Net Sources/Uses	(348,775)	497,285	283,473	(1,798,952)	1,830,969	579,345	(366,974)	28,016	(292,062)	1,033,115	(693,552)	(125,690)	
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	2,522,606	2,230,544	3,263,659	2,570,107	
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	2,522,606	2,230,544	3,263,659	2,570,107	2,444,417	
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	1,737,760	1,737,760	1,737,760	6,737,760	6,737,760	
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	4,260,366	3,968,304	5,001,419	9,307,867	9,182,177	
Average Days of Cash on Hand	73.00	68.60	63.00	60.10	35.35	28.30	30.56	30.60	28.51	35.93	66.86	65.96	